

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



Community Health Needs Assessment and Implementation Plan **2022**



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Executive Summary

Missouri Baptist Sullivan Hospital (MBSH), located in Sullivan, Missouri, provides high quality health care services to the residents of Franklin, Crawford and Washington counties. The hospital has also established effective partnerships towards the goal of improving the health of the community. (See Appendix A for additional information)

Like all nonprofit hospitals, MBSH 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. MBSH completed its first CHNA and implementation plan in 2013 and again in 2016 and 2019. Reports were posted to the hospital's website to ensure easy access to the public.

As part of this assessment, each hospital is required to define its community. Once the community is defined, input must be solicited from those who represent the broad interests of the community served by the hospital, as well as those who have special knowledge and expertise in the area of public health. This process occurred in two phases.

In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion. Due to COVID-19, BJC HealthCare, along with collaborative health system and hospital partners, conducted an online survey for the safety of community stakeholders. The survey provided stakeholders an opportunity to rank community health needs compiled by these partners.

During phase two, findings from the stakeholder survey were reviewed and analyzed by an internal hospital work group of clinical and non-clinical staff. Using multiple sources, including Conduent Healthy Communities Institute, a secondary data analysis was conducted to further assess the identified needs. This analysis identified unique health disparities and trends evident in Crawford County when compared to the state.

At the conclusion of the comprehensive assessment process, MBSH identified two needs where focus is most needed to improve the health of the community it serves: 1) Heart Health and 2) Diabetes.

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

Community Description

Missouri Baptist Sullivan Hospital (MBSH) 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.

MBSH and the Crawford County Health Department are the primary facilities providing health care, screenings and education to the county. There are no other hospitals in Crawford County. The rural setting and limited access to health care facilities, coupled with the following demographic risk factors listed, create significant challenges in providing health care and health resources to county residents.

GEOGRAPHY

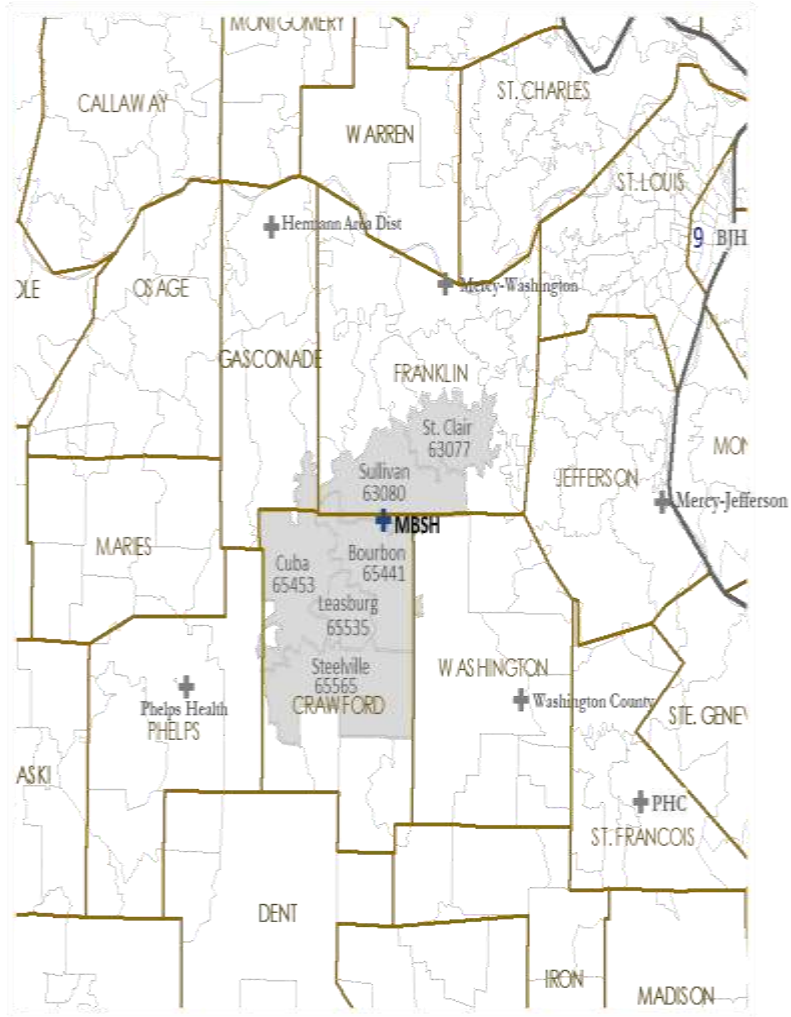
MBSH is located along Interstate Highway 44 in Sullivan, Missouri. The hospital also operates rural medical clinics in the Crawford County towns of Bourbon, Cuba and Steelville.



Located in Southeast Missouri, the land area of Crawford County includes 742.52 square miles with 33.3 persons per square mile (2010).

MBSH's Primary Service Area

- Sullivan - 63080
- St. Clair - 63077
- Cuba - 65453
- Steelville - 65565
- Bourbon - 65441
- Leasburg - 65535



POPULATION

Population data are necessary to understand the health of the community and plan for future needs. Based on the 2019 census tract, the county includes 0.4 percent of Missouri's total population. In 2019, Crawford County reported a total population 23,920 compared to the state population of 6,137,428. From 2010-2019, the county population decreased 3.0 percent while the state experienced a 2.5 percent increase in its population.

RACE AND ETHNICITY

In 2019, Crawford County reported 95.0 percent of its population identified as White alone, not Hispanic or Latino compared to 79.1 percent in the state. Additionally, 0.5 percent of its population identified as African American compared to 11.8 percent in the state.

TABLE 1: 2019 CRAWFORD COUNTY VS. MISSOURI POPULATION BY GENDER AND RACE/ETHNICITY		
	CRAWFORD COUNTY	MISSOURI
TOTAL POPULATION	23,920	6,137,428
PERCENT POPULATION BY GENDER		
GENDER	CRAWFORD COUNTY	MISSOURI
Female	50.3	50.9
Male	49.7	49.1
PERCENT POPULATION BY RACE/ETHNICITY		
RACE/ETHNICITY	CRAWFORD COUNTY	MISSOURI
White, not Hispanic or Latino	95.0	79.1
Hispanic or Latino	2.1	4.4
Two or More Races	1.6	2.4
American Indian & Alaska Native	0.7	0.6
African American	0.5	11.8
Asian	0.3	2.2
Native Hawaiian & other Pacific Islander	0.1	0.2

Source: Conduent Healthy Communities Institute

AGE

The age structure of a community is an important determinant of its health and the health services it will need. In 2019, Crawford County reported 20.1 percent of persons 65 years and over compared to 17.3 percent in the state.

INCOME

The per capita income reported for the county was \$23,082 compared to state per capita income of \$30,810. Crawford County’s median household income totaled \$44,380 while the state median household income was \$55,461. (2015-2019)

Federal poverty thresholds are set every year by the Census Bureau and vary by size of the family and ages of the family members. A high poverty rate is both a cause and a consequence of poor

economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower-quality schools and decreased business survival.

Persons living below the poverty level in Crawford County totaled 17.8 percent compared to 13.7 percent in the state. (2015-2019)

The county experienced a 26.3 percent decline in the rate of families living below the poverty level when comparing the 5-year period ending in 2020 versus the 5-year period ending in 2016.

The county experienced a 20.6 percent decline in the rate of children living below the poverty level (2016-2020).

Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Seniors often live on a fixed income from pensions or other retirement plans and Social Security. If this income is insufficient in the face of increasing prescription costs and other costs of living, most seniors have no way to supplement their income. Retirement plans may be vulnerable to fluctuations in the stock market as well; the increasing reliance of retirees on stock market-based retirement plans may explain why more seniors nationwide are now slipping into poverty.

In Crawford County, people 75 and older had a higher rate (13.8 percent) of living below the poverty level compared to people age 65-74 (11.2 percent). (2016-2020)

The rate of females 65 and over living in poverty in the county was 14.5 percent when compared to males at 9.7 percent. (2016-2020)

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 2030 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 90.7 percent. In Crawford County, 81.7 percent of the population ages 25 and older had a high school diploma compared to 89.9 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 over their lifetimes than their non-graduate peers. In Crawford County, 11.9 percent of the population ages 25 and older had a bachelor's degree or higher compared to 29.2 percent in the state.

Previous CHNA Measurement and Outcomes Results

At the completion of the 2019 CHNA, MBSH identified Heart & Vascular: Heart Health and Mental/Behavioral Health: Substance Abuse 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.

HEART AND VASCULAR: HEART HEALTH	MENTAL / BEHAVIORAL HEALTH: SUBSTANCE ABUSE
PROGRAM GOALS	PROGRAM GOALS
Improve cardiovascular health and quality of life through early detection and education of risk factors for heart attack and stroke to prevent cardiovascular events	Increase access to resources and education for the prevention and treatment of substance abuse disorder
PROGRAM OBJECTIVES	PROGRAM OBJECTIVES
<p>a) Between 2020 and 2022, utilizing the previously established database of participants, decrease the risk factors for heart disease in patients previously determined to have lipid panel, blood pressure, glucose and BMI above normal ranges by 10 percent</p> <p>b) Between 2020 and 2022, increase the percentage of knowledge gained in heart health risk factors to participants of the MBSH health fair with lipid panel, blood pressure, glucose and BMI above normal ranges by 5 percent</p> <p>c) Between 2020 and 2022, increase the percentage of knowledge gained in heart health risk factors to participants of Community Connections STEMI/Stroke Education events by 5 percent</p>	<p>a) Increase the percentage of individuals who are aware of available substance abuse resources in the area by 5 percent by the end of 2021 by tracking the number of hits on the MBSH Community Resources website page</p> <p>b) By May 2020, establish a baseline of the number of maternal health patients who present to MBSH Labor and Delivery with positive drug screens during pregnancy and seek treatment post-partum</p> <p>c) Increase the percentage of maternal health patients presenting to MBSH Labor and Delivery with positive drug screens during pregnancy who seek treatment post-partum by 5 percent</p>
CURRENT STATUS	CURRENT STATUS
Due to Covid-19 the heart health implementation strategy was put on hold since 2020 .	<p>2020: There were 425 web hits to access the resources available for substance abuse.</p> <p>2021: There were 425 web hits to access the resources available for substance abuse.</p>

Conducting the 2022 CHNA

Primary Data Collection: Focus Group

Due to COVID-19, BJC HealthCare, along with collaborative partners SSM Health; Mercy Hospital St. Louis and Mercy Hospital South; and the St. Luke's network of care, which includes St. Luke's Hospital and St. Luke's Des Peres Hospital, conducted online surveys for the safety of our employees and of our community stakeholders who represent the broad interests of the community served by each hospital and those with special knowledge or expertise in public health. In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion. (See Appendix D for the Stakeholder Assessment Report and Appendix E for the list of Participating Community Stakeholders)

Summary: Stakeholder Key Findings

Drug abuse, mental health and vaping were noted as the needs of greatest concern in Crawford County.

Stakeholders rated drug abuse as having the highest level of concern and greatest potential for collaboration.

Stakeholders identified barriers related to substance abuse and mental health treatment services as having the greatest impact on access to health services in Crawford County. Most stakeholders identified low-income populations as being at greatest risk for poor health outcomes in Crawford County, followed by those suffering from substance abuse.

Stakeholders overwhelmingly agreed that exposure to drug use/abuse is the social factor having had the greatest impact on the health of those living in Crawford County. Poverty ranked second followed by transportation.

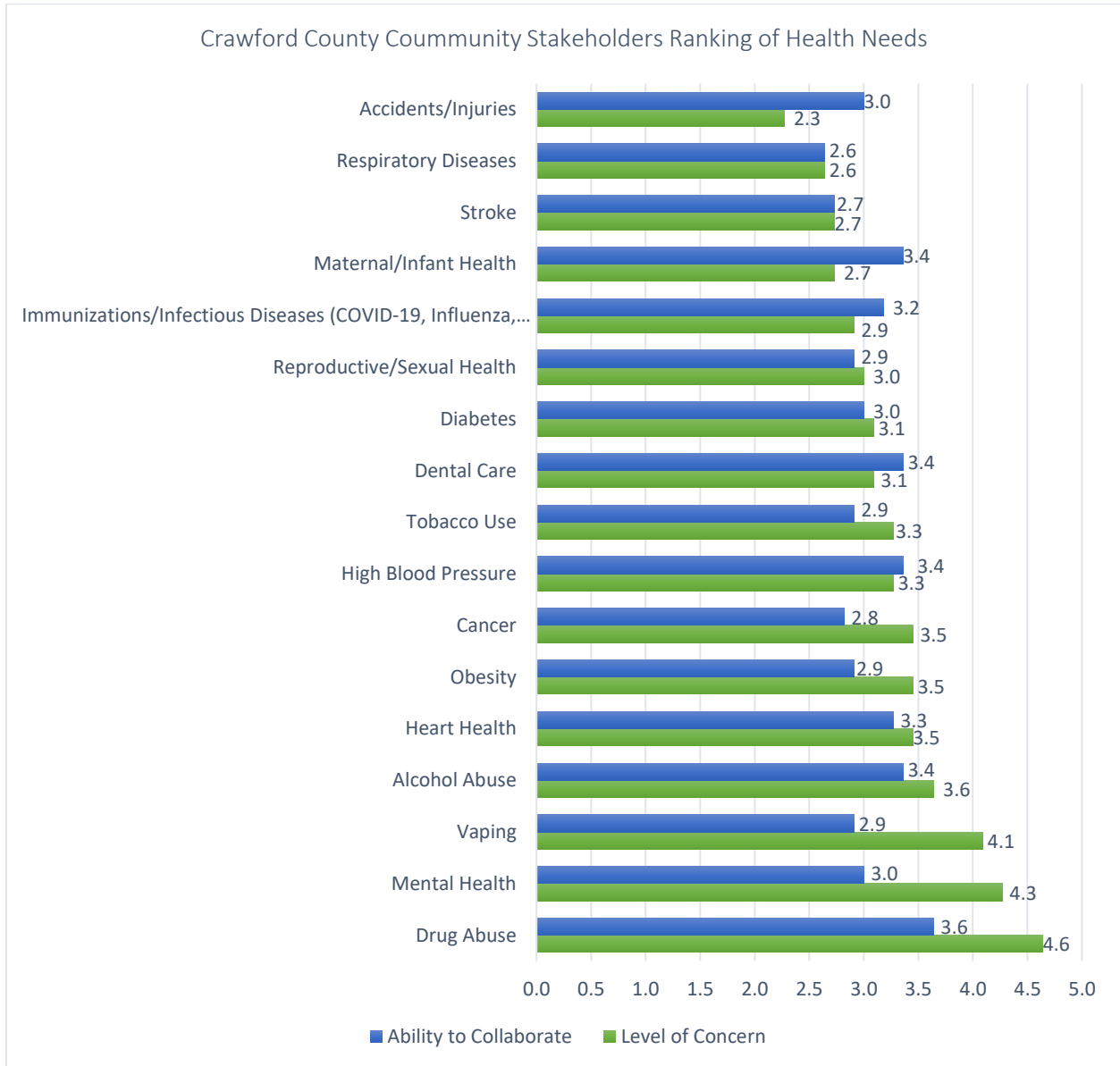
Stakeholders strongly agreed that the greatest impact of COVID-19 has been on the increasing symptoms of depression, stress and anxiety among Crawford County residents. The pandemic has also created increased feelings of loneliness and social isolation, which tied for second in importance with difficulty managing remote learning.

Stakeholders identified the largest gaps in Crawford County around access to transportation, followed substance abuse.

A few stakeholders suggested forming a community coalition to help address the health of the community. Another suggested more government intervention to provide financial support for services.

RATING OF NEEDS

Community stakeholders were given the list of community health needs compiled by survey partners using results from the previous CHNA. Stakeholders were directed to rank these needs 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.



Drug Abuse rated highest in terms of level of concern followed by Mental Health. Drug Abuse was also ranked highest for ability to collaborate.

Secondary Data Summary

Based on the needs reviewed by community stakeholders (see graph on previous page), key areas were identified for a secondary data analysis. These represent the areas of greatest concern identified by the stakeholders.

The majority of the analysis was completed comparing Crawford County and Missouri. In order to provide a comprehensive analysis of disparity and to identify trends, the most up-to-date secondary data was included on the needs listed below.

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 and 2030 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.

Other data sources included:

Missouri Department of Mental Health provides numerous comprehensive reports and statistics on mental health diseases, alcohol and drug abuse.

[Missouri Information for Community Assessment](#) (MICA) is an online system that helps to prioritize diseases using publicly available data. The system also provides for the subjective input of experts to rank their perceived seriousness of each issue.

- Cancer
- Heart Health
- Maternal and Infant Health
- Mental/Behavioral Health

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

CANCER

Cancer is a leading cause of death in the U.S., 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 terms of the greatest number of annual deaths.

For the four-year period ending 2018, females in Crawford County had a 19% percent higher age-adjusted incident rate for all cancers when compared to the female rate statewide. Males in the county had 9.7 percent higher incidence than males statewide.

For the five-year period ending in 2019, Crawford County had a 5.5 percent increase in the age-adjusted death rate due to all cancers compared to the five-year period ending 2015. The statewide rate for the same time periods decreased 6.6 percent.

HEART HEALTH

Heart disease and stroke are among the most preventable diseases in the U.S. yet are the most widespread and costly health conditions facing the nation today. Heart disease and stroke are the first and third leading causes of death for both women and men.

For the five-year period ending in 2019, Crawford County's age-adjusted death rate due to heart disease is 1.6 times higher than the rate statewide. The rates for both males and females were about 1.6 times higher than the same gender statewide.

For the five-year period ending in 2019, Crawford County had a 8.9 percent increase in the age-adjusted death rate due to heart disease compared to the five-year period ending 2015. The statewide rate for the same time periods decreased 16.6 percent.

MATERNAL AND INFANT HEALTH

Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, preterm delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. This is a Healthy People 2030 Leading Health Indicator. The Healthy People 2030 national health target is to reduce the rate of infant deaths to 5.0 deaths per 1,000 live births.

For the 11-year period ending in 2019, Crawford County's Infant Mortality Rate (Deaths per 100,000 live births) was 0.2 lower than the state's rate (6.2 vs. 6.4). However, since 2015, Crawford County's rate increased 5 percent while the state's rate declined 7.3 percent during the same time period.

Crawford County's rate of preterm births was 13.4 percent compared to the state rate of 10.9 percent. This was driven primarily by mothers between the ages of 35-39.

MENTAL/BEHAVIOR HEALTH

Individuals struggling with serious mental illness are at higher risk for homicide, suicide, and accidents as well as chronic conditions, including cardiovascular and respiratory diseases and substance use disorders. In state fiscal year 2020, 465 Crawford County residents received treatment for serious mental illness at publicly-funded facilities. In Crawford County, 17.4 percent of adults aged 18 years and older did not have a good mental health for 14 days or more. While there are data on those who receive treatment, data on mental health in the general population is very limited. This is especially true at the local level.

Serious mental illness is defined as any of the mental disorders asked about and these disorders resulted in substantial impairment in carrying out major life activities. In Southeast Missouri, 21.5 percent of those 18 and older had a mental illness in the past year, and 6.1 percent had a serious mental illness. A major depressive episode is characterized by an extended period of depressed mood, loss of interest or pleasure, and impaired functioning. Approximately 8.7 percent of Southeast Missouri residents ages 18+ had at least one major depressive episode in the past year. Typically, females are more likely to report having had a major depressive episode.

Suicide is the 2nd leading cause of death for ages 10-34 in Missouri. In 2019, 6 Crawford County residents died by suicide. Crawford County had a significantly higher increase in the age-adjusted death rate due to suicide compared to the statewide rate. Crawford County’s rate increased 48 percent for the five-year period ending 2019 compared to the five-year period ending 2015, while the state rate increased 16.6 percent.

Work Group Prioritization Meetings

MBSH selected 11 employees to participate on an internal CHNA work group from various hospital departments. (See Appendix F)

To prepare for the work group meeting, members were sent the list of the needs identified by the stakeholders. (Table 3)

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

Accidents/Injuries	Heart Health	Reproductive/Sexual Health
Alcohol Abuse	High Blood Pressure	Respiratory Diseases
Cancer	Immunization/Infectious Diseases	Stroke
Dental Care	Maternal/Infant Health	Tobacco Use
Diabetes	Mental Health	Vaping
Drug Abuse	Obesity	

Additionally, the work group was instructed to rank the seriousness and feasibility of addressing these health needs online using a Likert scale of 1-5. A Likert scale is a psychometric scale commonly used in research that employs questionnaires. The scores were then averaged for seriousness and feasibility and ranked.

The work group met on May 3, 2022, to review the purpose for the CHNA, role of the work group and goals for the project. The team reviewed the key findings from the 2019 report and the current findings from the stakeholders group. The 2021 stakeholder group perceptions were then discussed.

During the meeting the results of the ranking were thoroughly discussed by the work group. Table 4 shows the results of this ranking.

TABLE 4: MISSOURI BAPTIST SULLIVAN HOSPITAL INTERNAL WORK GROUP PRELIMINARY HEALTH RANKING BY SERIOUSNESS AND FEASIBILITY OF THE HEALTH NEEDS

RANK	HEALTH NEEDS	SERIOUSNESS: AVERAGE	HEALTH NEEDS	FEASIBILITY AVERAGE
1	Mental Health	4.86	Alcohol Abuse	3.86
2	Drug Abuse	4.71	Diabetes	3.86
3	Diabetes	4.14	Heart Health	3.71
4	Tobacco Use	4.14	High Blood Pressure	3.71
5	Alcohol Abuse	4.14	Drug Abuse	3.57
6	Obesity	4.00	Tobacco Use	3.57
7	Heart Health	3.86	Maternal / Infant Health	3.57
8	High Blood Pressure	3.71	Mental Health	3.43
9	Maternal / Infant Health	3.71	Obesity	3.43
10	Vaping	3.67	Vaping	3.43
11	Respiratory diseases (Allergies, Asthma, COPD)	3.50	Accidents / Injuries	3.43
12	Cancer	3.43	Stroke	3.43
13	Accidents / Injuries	3.29	Cancer	3.29
14	Stroke	3.29	Immunizations / Infectious Diseases (COVID-19, influenza, pneumonia)	3.14
15	Immunizations / Infectious Diseases (COVID-19, Influenza, Pneumonia)	3.14	Dental Care	3.14
16	Dental Care	3.00	Reproductive / Sexual Health (including sexually transmitted infections)	2.86
17	Reproductive / Sexual Health (Including Sexually Transmitted Infections)	2.86	Respiratory diseases (allergies, asthma, COPD)	2.57

The following points summarize the discussion of the work group members. The members reviewed both the seriousness and feasibility of addressing needs. Much of the discussion focused on Mental Health, Alcohol Abuse and Drug Abuse.

- While Mental Health ranked highest in terms of seriousness (4.86), this need was not ranked in the top 5 for feasibility. Drug Abuse was ranked second highest (4.71) for seriousness but ranked fifth for feasibility.
- The rankings in each domain for Diabetes were similar; it ranked third for seriousness (4.14) and second highest for feasibility.
- Heart Health was ranked seventh (3.86) for seriousness yet third for feasibility.
- In terms of feasibility, Alcohol Abuse ranked highest, but it ranked fifth in terms of seriousness.

Following further discussion of these results, the work group agreed upon needs for priority ranking. The team made its decision considering available resources, including receipt of a Care Coordination & Outpatient Psychotherapy Program grant, which is American Rescue Plan Act Funding

through the Meramec Regional Planning Commission. MBSH is approved for the grant but the grant has yet to be formalized. (Table 5)

TABLE 5: MISSOURI BAPTIST SULLIVAN HOSPITAL INTERNAL WORK GROUP TOP FIVE NEEDS
Alcohol Abuse
Diabetes
Drug Abuse
Health Heart
Mental Health

To rank these top five (5) health needs, the work group used a ranking process to assign weight to criteria by using the established criteria for priority setting below. Criteria of overriding importance were weighted as “3,” important criteria were weighted as “2,” and criteria worthy of consideration, but not a major factor, were weighted as “1.” Health needs were then assigned a rating ranging from one (low need) to five (high need) for each criteria. The total score for each need was calculated by multiplying weights by the rating. This was a group process.

TABLE 6: CRITERIA FOR PRIORITY RANKING			
	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?			
THE TOTAL SCORE			

Source: Catholic Health Association

Table 7 shows the results of the priority ranking by the work group.

TABLE 7: COMMUNITY HEALTH NEEDS ASSESSMENT INTERNAL WORK GROUP RANKING		
RANK	COMMUNITY HEALTH NEEDS RANKED HIGHEST TO THE LOWEST	TOTAL SCORE
1	Drug Abuse	55
2	Mental Health	45
3	Alcohol Abuse	43
4	Diabetes	43
5	Heart Health	36

Table 8 highlights the needs ranked by the Crawford County stakeholders and the MBSH work group. Similarities observed in the top needs include Mental Health, Drug Abuse and Alcohol Abuse.

TABLE 8: MISSOURI BAPTIST SULLIVAN HOSPITAL VS. CRAWFORD COMMUNITY STAKEHOLDERS PRIMARY HEALTH NEEDS RANKING		
RANK	CRAWFORD COUNTY COMMUNITY STAKEHOLDERS RANKING	MISSOURI BAPTIST SULLIVAN HOSPITAL RANKING
1	Mental Health	Drug Abuse
2	Drug Abuse	Mental Health
3	Vaping	Diabetes
4	Obesity	Alcohol Abuse
5	Alcohol Abuse	Heart Health
6	Diabetes	Tobacco Use
7	Maternal/Infant Health	Obesity
8	Dental Care	High Blood Pressure
9	Tobacco Use	Maternal / Infant Health
10	Cancer	Vaping
11	Reproductive/Sexual Health	Respiratory Diseases (Allergies, Asthma, COPD)
12	Immunization/Infectious Disease	Cancer
13	Heart Health	Accidents / Injuries
14	High Blood Pressure	Stroke
15	Respiratory Diseases	Immunizations / Infectious Diseases (COVID-19, Influenza, Pneumonia)
16	Accidents/Injuries	Dental Care
17	Stroke	Reproductive / Sexual Health (Including Sexually Transmitted Infections)

The work group also 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 the county and helps prioritize the needs. The scoring is based on how a county compared to other similar counties within the state, the U.S. and Healthy People 2030 targets, depending on data availability. The team reviewed the scores by indicators.

The table below shows:

- primary data from the stakeholder ranking
- needs identified by the internal work group ranking
- results of HCI scoring tools

TABLE 9: HEALTH NEED ASSESSMENT MBSH INTERNAL WORK GROUP RANKING VS. CRAWFORD COUNTY STAKEHOLDERS AND SECONDARY DATA

RANK	CRAWFORD COUNTY COMMUNITY STAKEHOLDERS RANKING	MISSOURI BAPTIST SULLIVAN HOSPITAL INTERNAL WORK GROUP HEALTH NEEDS RANKING	CONDUENT HEALTHY COMMUNITIES INSTITUTE
1	Mental Health	Drug Abuse	Oral Health
2	Drug Abuse	Mental Health	Women's Health
3	Vaping	Diabetes	Mental Health & Mental Disorders
4	Obesity	Alcohol Abuse	Cancer
5	Alcohol Abuse	Heart Health	Health Care Access & Quality
6	Diabetes	Tobacco Use	Maternal, Fetal & Infant Health
7	Maternal/Infant Health	Obesity	Older Adults
8	Dental Care	High Blood Pressure	Wellness & Lifestyle
9	Tobacco Use	Maternal / Infant Health	Prevention & Safety
10	Cancer	Vaping	Heart Disease & Stroke
11	Reproductive/Sexual Health	Respiratory Diseases (Allergies, Asthma, COPD)	Respiratory Diseases
12	Immunization/Infectious Disease	Cancer	Alcohol & Drug Use
13	Heart Health	Accidents / Injuries	Children's Health
14	High Blood Pressure	Stroke	Physical Activity
15	Respiratory Diseases	Immunizations / Infectious Diseases (COVID-19, Influenza, Pneumonia)	Environmental Health
16	Accidents/Injuries	Dental Care	Diabetes
17	Stroke	Reproductive / Sexual Health (Including Sexually Transmitted Infections)	Immunizations & Infectious Diseases

- Mental Health and Drug Abuse were highly ranked by the stakeholders, work group and the HCI scoring tool.
- The work group ranked Diabetes slightly higher than the stakeholders.
- Heart Health was ranked fifth by the work group; however, the stakeholders ranked this as a lower need.

Time for the meeting ended without members reaching a final consensus of the needs to be addressed. Work group members were contacted on May 4, 2022, via email and asked to provide their recommendation for the hospital's focus areas for the 2022 CHNA Implementation Plan by reviewing the five needs and scoring from the priority ranking (Table 7). Members were instructed to recommend a minimum of one health need to a maximum of all five of health needs.

CONCLUSION

In the final ranking from work group members Heart Health was noted nine times, Diabetes was mentioned eight times, and Drug Abuse was cited two times

After a comprehensive review, the work group determined that the Care Coordination & Outpatient Psychotherapy Program grant would not meet the resource requirements to address Mental Health, Alcohol Abuse and Drug Abuse. Further, based on its comprehensive review of all the data, the work group concluded that although Mental Health, Alcohol Abuse and Drug Abuse are needs of great concern in the community, the hospital does not possess the resources to address these needs at this time.

The team felt strongly that MBSH should continue the work the hospital began to address Heart Health, identified as a community need in 2019 and put on hold due to COVID-19. Additionally, the group agreed that implementation plans, similar to the plans in place for Heart Health, could be replicated for Diabetes.

At the conclusion of the comprehensive assessment process to determine the most critical needs in the Crawford County community, MBSH identified two health needs where focus is most needed to improve the health of the community it serves:

- Heart Health
- Diabetes

Appendix A: ABOUT MISSOURI BAPTIST SULLIVAN HOSPITAL

Missouri Baptist Sullivan Hospital is a critical access hospital committed to providing quality health care services to the residents in Crawford, Franklin and Washington counties. The hospital's physicians and staff members offer excellent medical care and take pride in their community service.

In recent years, the hospital has improved and expanded the health care services available to the greater Sullivan community. In the early 1990s, a new and expanded Emergency Department was added along with updated admitting, and renovated Cardiac Rehabilitation and Physical Rehabilitation departments. In 1995, a new 12,000-square-foot Medical Office Building opened, home to numerous primary care physicians, and a variety of visiting medical and surgical specialists from the St. Louis area.

The latest accomplishment is completion of the facility replacement project. On December 15, 2010, an open house and ribbon cutting was held to celebrate the completion of the final \$6 million, 25,000 square-foot wing. Since 2002 the original 1962 building has been removed and replaced with a brand-new facility. This represents an investment of nearly \$35 million by BJC HealthCare to build the new hospital in the community.

In 2020, Missouri Baptist Sullivan Hospital provided \$7,184,971 in financial assistance and programs serving 36,925 persons. This total includes:

- \$4,774,544 in financial assistance and means-tested programs serving 19,597 individuals
- 11,387 individuals on Medicaid at a total net benefit of \$1,861,327

Missouri Baptist Sullivan Hospital also provided a total of \$2,410,427 to 17,328 persons in other community benefits including, community health improvement services, subsidized health services and in-kind donations. (See Appendix B for Community Benefit Expenses)

Appendix B: 2020 NET COMMUNITY BENEFIT

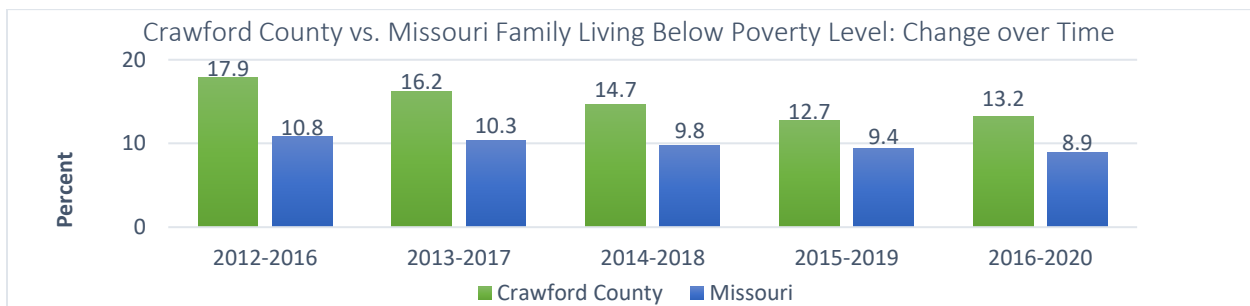
MISSOURI BAPTIST SULLIVAN HOSPITAL: 2020 TOTAL NET COMMUNITY BENEFIT EXPENSES		
CATEGORY	PERSONS SERVED	TOTAL NET BENEFIT
FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS		
Financial Assistance at Cost	8,210	\$2,913,217
Medicaid	11,387	\$1,861,327
TOTAL FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS	19,597	\$4,774,544
OTHER COMMUNITY BENEFITS		
Community Health Improvement Services	12,555	\$566,683
Health Professional	0	\$0
Subsidized Health Services	4,773	\$1,841,829
In-Kind Donation		\$1,915
TOTAL OTHER COMMUNITY BENEFITS	17,328	\$2,410,427
GRAND TOTAL	36,925	\$7,184,971

Appendix C: CRAWFORD COUNTY DEMOGRAPHIC

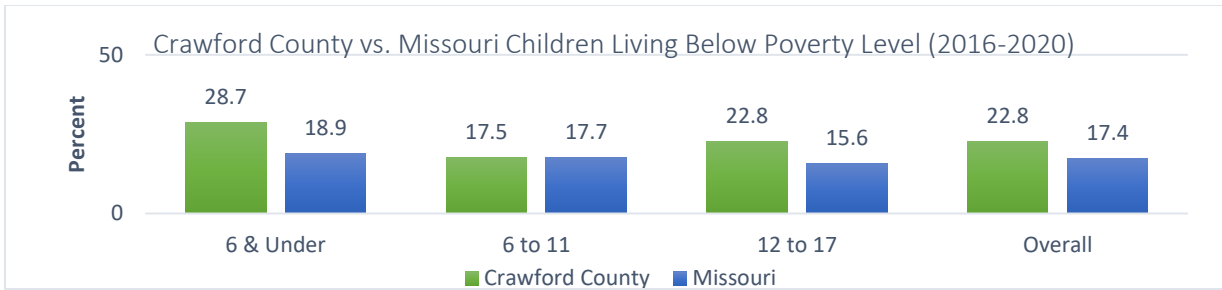
DEMOGRAPHIC OF CRAWFORD COUNTY VS. MISSOURI		
	CRAWFORD COUNTY	MISSOURI
GEOGRAPHY		
Land area in square miles, 2010	742.5	6,874,1.52
Persons per square mile, 2010	33.3	87.1
POPULATION		
Population, 2010	24,650	5,988,923
Population, 2019	23,920	6,137,428
Population, Percent Change - 2010 -2019	-3.0	2.5
AGE		
Persons Under 5 Years, Percent, 2019	5.7	6.0
Persons Under 18 Years, Percent, 2019	22.5	22.3
Persons 65 Years and over, Percent, 2019	20.1	17.3
GENDER		
Female Person, Person, 2019	50.3	50.9
Male Persons, Percent, 2019	49.7	49.1
RACE / ETHNICITY		
White, Percent, 2019	96.8	82.9
White Alone, not Hispanic or Latino, Percent, 2019	95.0	79.1
Hispanic or Latino, Percent, 2019	2.1	4.4
Two or More Races, Percent, 2019	1.6	2.4
American Indian and Alaska Native alone, Percent, 2019	0.7	0.6
African American Alone, Percent, 2019	0.5	11.8
Asian Alone, Percent, 2019	0.3	2.2
Native Hawaiian and Other Pacific Islander Alone, Percent, 2019	0.1	0.2
LANGUAGE		
Foreign Born Persons, Percent, 2015-2019	0.7	4.2

CRAWFORD COUNTY DEMOGRAPHIC INCLUDING EDUCATION / INCOME / HOUSING VS. MISSOURI		
	CRAWFORD COUNTY	MISSOURI
HOUSING		
Housing Units, 2019	12,102	2,819,383
Homeownership, 2015-2019	58.9	57.8
Median Housing Units Value, 2015-2019	124,400	157,200
FAMILY & LIVING ARRANGEMENTS		
Households, 2015-2019	9,798	2,414,521
Average Household Size (2015-2019)	2.4	2.5
Population Age 5+ with Language other than English Spoken at Home, Percent, 2015-2019	0.0	6.3
EDUCATION		
High School Graduate or Higher, Percent of Persons Age 25+, 2015-2019	81.7	89.9
Bachelor's Degree or Higher, Percent of Persons Age 25+, 2015-2019	11.9	29.2
INCOME & POVERTY		
Median Household Income, 2015-2019	\$44,380.00	\$55,461.00
Per Capita Income, 2015-2019	\$23,082.00	\$30,810.00
People Living Below Poverty Level, Percent, 2015-2019	17.8	13.7

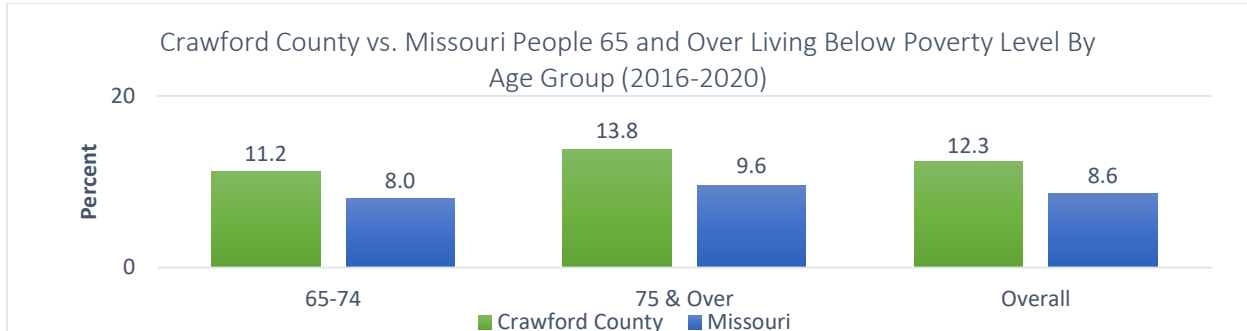
Source: Conduent Healthy Communities Institute



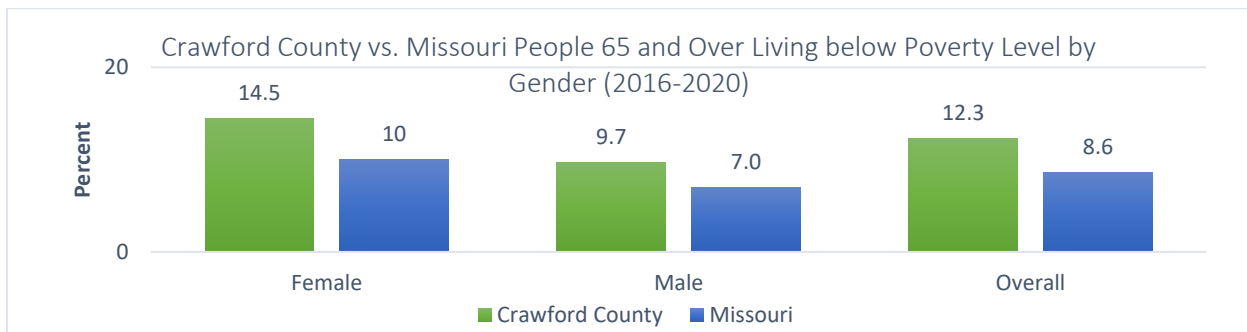
Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

Appendix D: FOCUS GROUP REPORT

Stakeholder Assessment of the Health Needs
of Crawford County

Prepared by:
BJC Market Research
February 3, 2022

BACKGROUND & OBJECTIVE

The Patient Protection & Affordable Care Act (PPACA) was passed in March 2010. It required that

- Each 501(c)3 hospital must conduct a Community Health Need Assessment (CHNA) every three years.
- Each hospital must adopt an implementation strategy to meet the community health needs identified in the CHNA
- The CHNA and Implementation Plan must be widely available to the public.

The assessment is required to consider **input from those who represent the broad interests of the community served by the hospital**, including those with special knowledge or expertise in public health.

METHODOLOGY

- In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion.
- Due to COVID-19, BJC HealthCare, along with its collaborative partners, decided to conduct an online survey for the safety of our community stakeholders.
- On June 7th, an email invitation was sent by Natalie Counts on behalf of Tony Schwarm, president of Missouri Baptist Sullivan Hospital, to 24 Crawford County community stakeholders, inviting them to participate in the survey. Several reminders were sent out before it was closed for analysis on June 30th.
- 11 community stakeholders completed the survey, for a 46% response rate. Please note that a majority of those who completed the survey were affiliated with a school system.

MARKET DEFINITION: CRAWFORD COUNTY

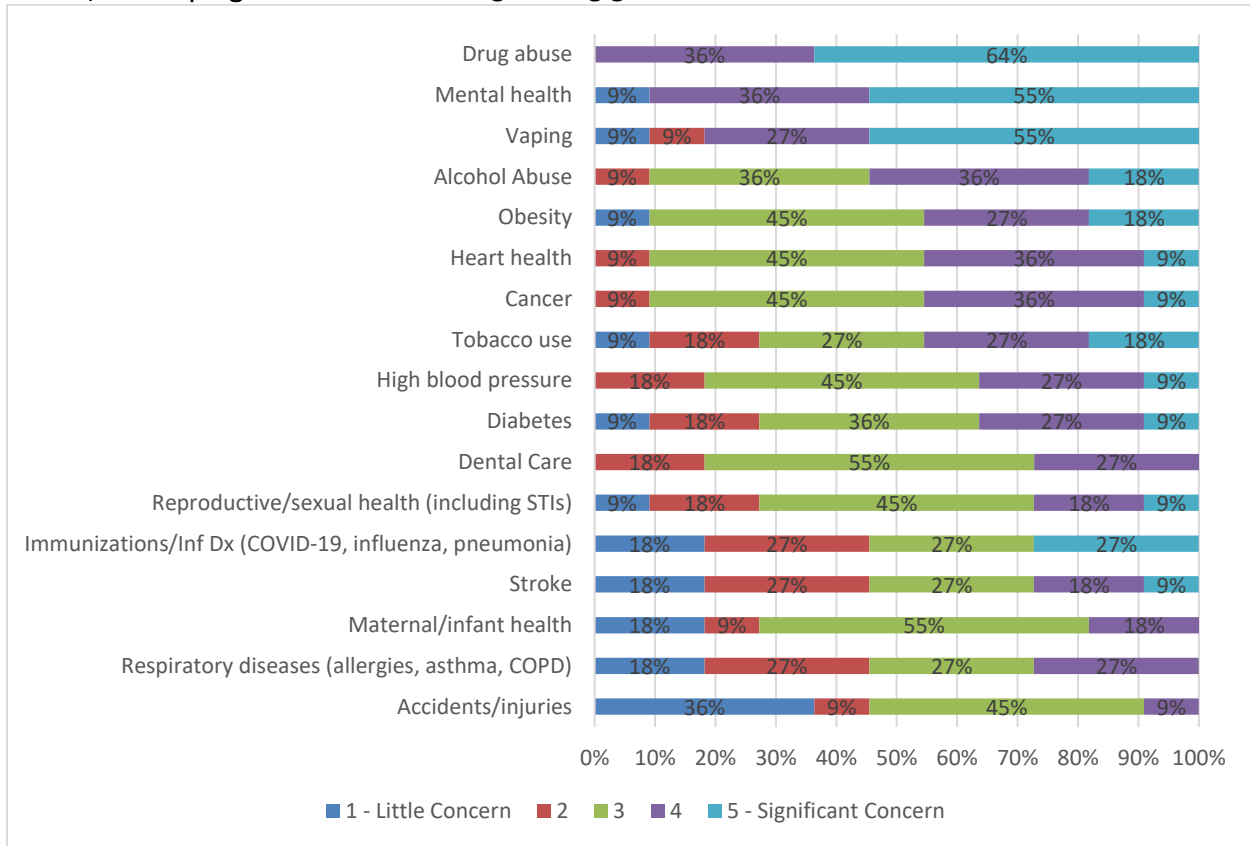


KEY FINDINGS

- There are three needs that are of greatest concern in Crawford County: **drug abuse, mental health, and vaping**. Each had an average rating greater than 4 on a 1 to 5 scale.
- Crawford County stakeholders did not indicate strong feelings about the ability to collaborate to address community needs, as demonstrated by the fact that no need received an average score of four or higher. Stakeholders feel most strongly about the potential to work together around the issue of **drug abuse**.
- Stakeholders rate **drug abuse** as having the highest in level of concern and potential for collaboration. As mentioned earlier, the scores for collaboration are appreciably low compare to other markets that have been evaluated.
- Stakeholders identify barriers related to **substance abuse** and **mental health treatment services** as having the greatest impact on access to health services in Crawford County. Concerns related to **transportation** and **inability to pay deductibles** are ranked 3rd and 4th. However, many of the stakeholders indicate they had a lack of knowledge about the latter.
- Most stakeholders identify **low-income populations** as being at greatest risk for poor health outcomes in Crawford County, followed by those **suffering from substance abuse**.
- Stakeholders overwhelmingly agree that **exposure to drug use/ abuse** is the social factor having has the greatest impact on the health of those living in Crawford County. **Poverty** ranked second followed by **transportation**.
- Stakeholders strongly agree that the greatest impact of COVID-19 has been on the **increasing symptoms of depression, stress and anxiety** among Crawford County residents. The pandemic has also created **increased feelings of loneliness and social isolation**, which tied for second in importance with **difficulty managing remote learning**.
- Stakeholders identified the largest gaps in Crawford County around **access to transportation**, followed **substance abuse**.
- Stakeholders identified new issues of concern around **mental health** and **substance abuse**.
- Only one stakeholder commented on available community assets that promote health and cited the community agency Life House Youth Center.
- A few stakeholders suggested forming a **community coalition** to help address the health of the community. Another suggested more **government intervention** to provide financial support for services.
- No one community was identified by stakeholders as being at greatest risk of poor health outcomes by Crawford County stakeholders.

PRIORITY HEALTH NEEDS FOR CRAWFORD COUNTY

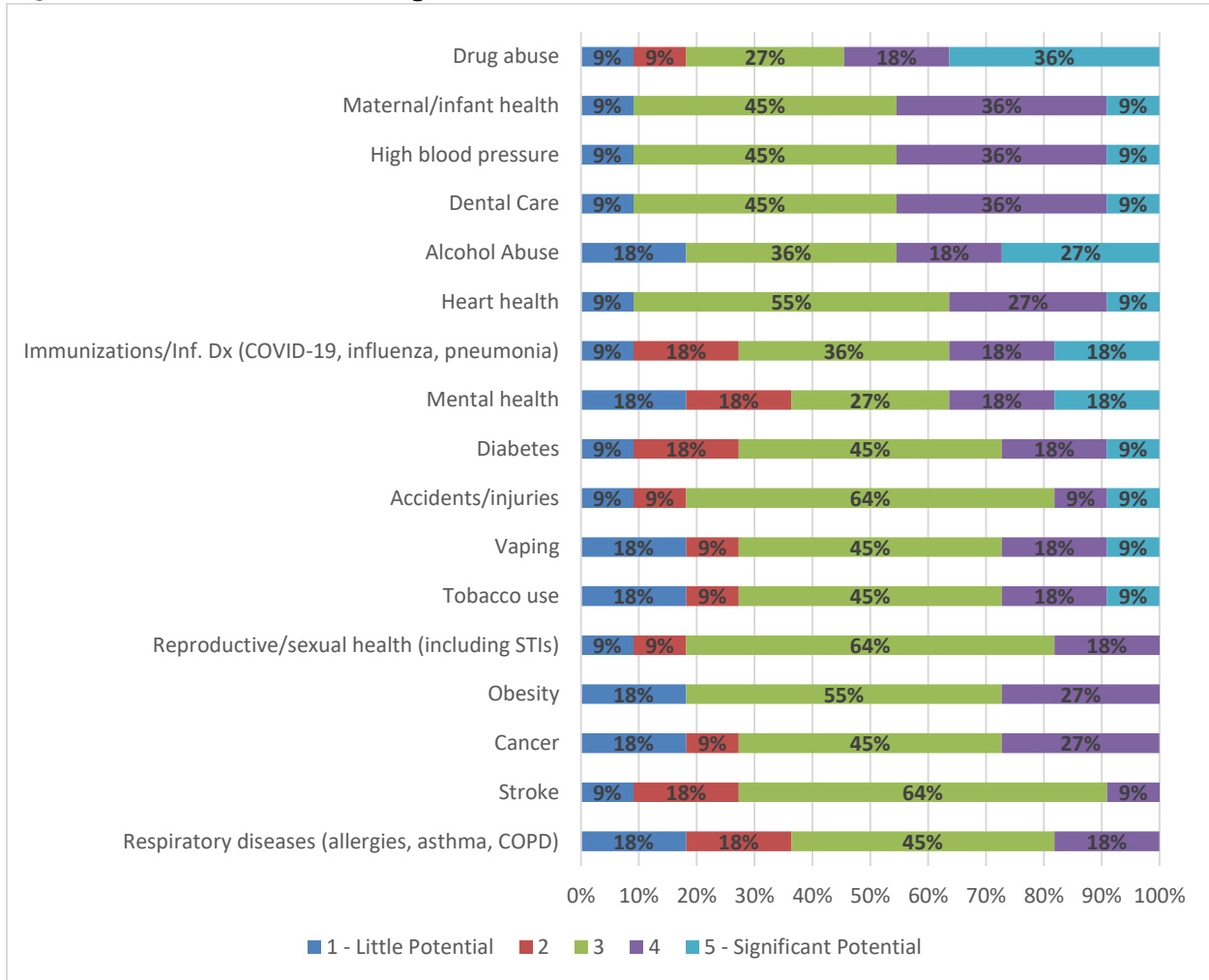
There are three needs that are of greatest concern in Crawford County: **drug abuse, mental health, and vaping**. Each had an average rating greater than 4 on a 1 to 5 scale.



Q3 & Q4: Thinking about Crawford County, please rate your level of concern about each of these health needs on a scale 1 (little concern) to 5 (significant concern).

NEEDS WITH GREATEST POTENTIAL FOR COLLABORATION IN CRAWFORD COUNTY

Crawford County stakeholders did not demonstrate strong feelings about the ability to collaborate to address community needs, as indicated by the fact that no need received an average score of four or higher. Stakeholders feel most strongly about the potential to work together around the issue of **drug abuse**.

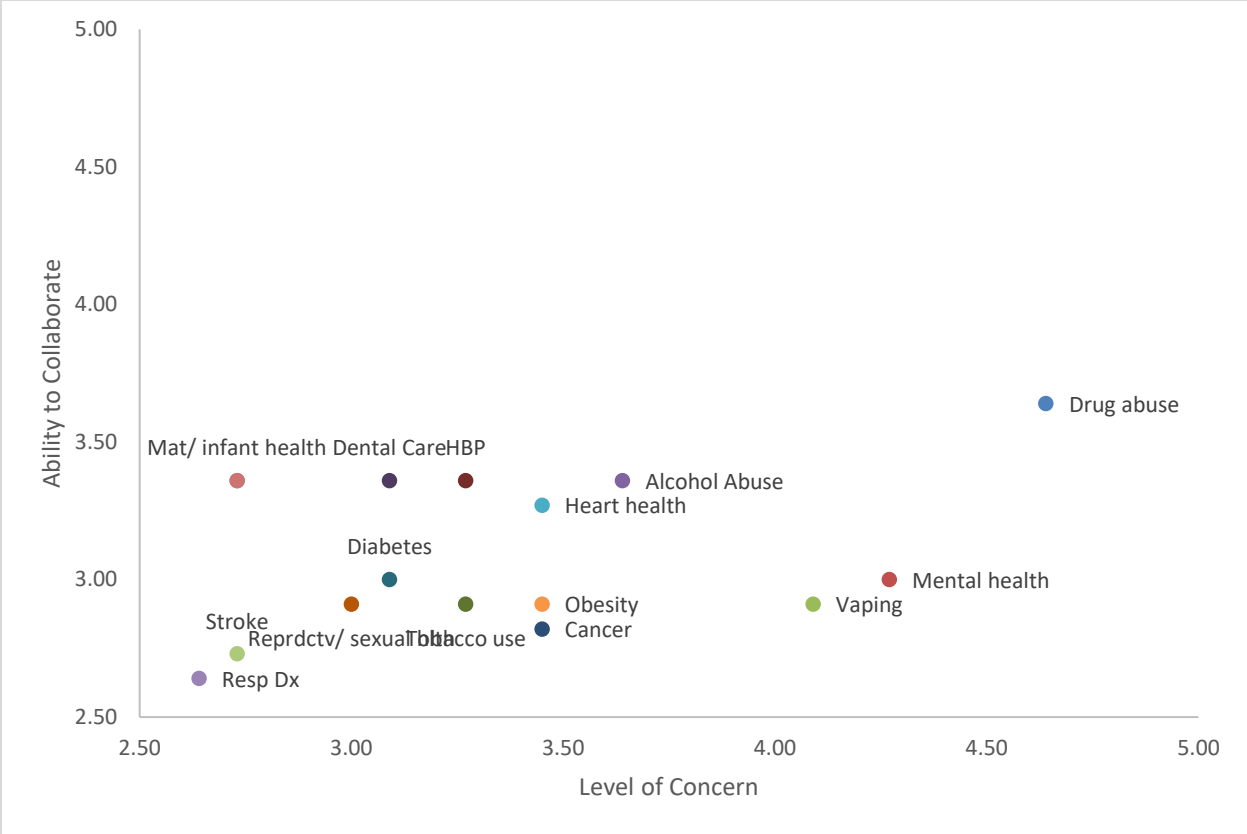


Q5 & Q6: How would you rate the potential of community partners in Crawford County to work together to address each of these health needs? Please rate each on a scale 1 (little potential) – 5 (significant potential).

LEVEL OF CONCERN BY ABILITY TO COLLABORATE

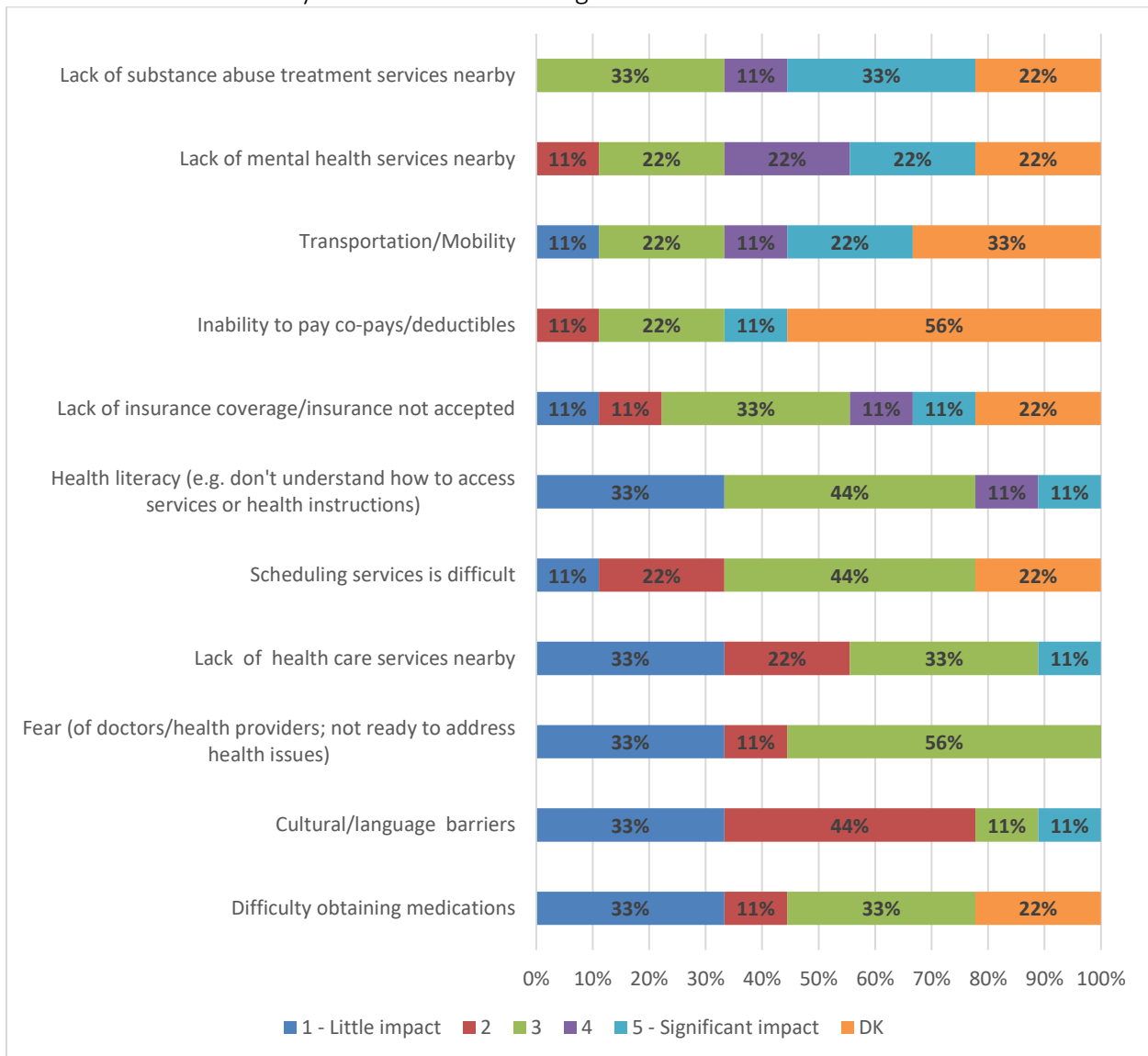
Stakeholders rate **drug abuse** as having the highest in level of concern and potential for collaboration. As mentioned in the earlier slide, the scores for ability to collaborate are appreciably low compare to other markets that have been evaluated. Mental health and vaping rate high in level of concern but relatively low in collaboration.

Health Needs	Level of Concern	Ability to Collaborate
Drug Abuse	4.64	3.64
Mental Health	4.27	3.00
Vaping	4.09	2.91
Alcohol Abuse	3.64	3.36
Heart Health	3.45	3.27
Obesity	3.45	2.91
Cancer	3.45	2.82
HBP	3.27	3.36
Tobacco Use	3.27	2.91
Dental Care	3.09	3.36
Diabetes	3.09	3.00
Reproductive/Sexual Health	3.00	2.91
Immunizations/Infectious Diseases (COVID-19, Influenza, Pneumonia)	2.91	3.18
Maternal/Infant Health	2.73	3.36
Stroke	2.73	2.73
Respiratory Diseases	2.64	2.64
Accidents/Injuries	2.27	3.00



GREATEST BARRIERS TO ACCESS IN CRAWFORD COUNTY

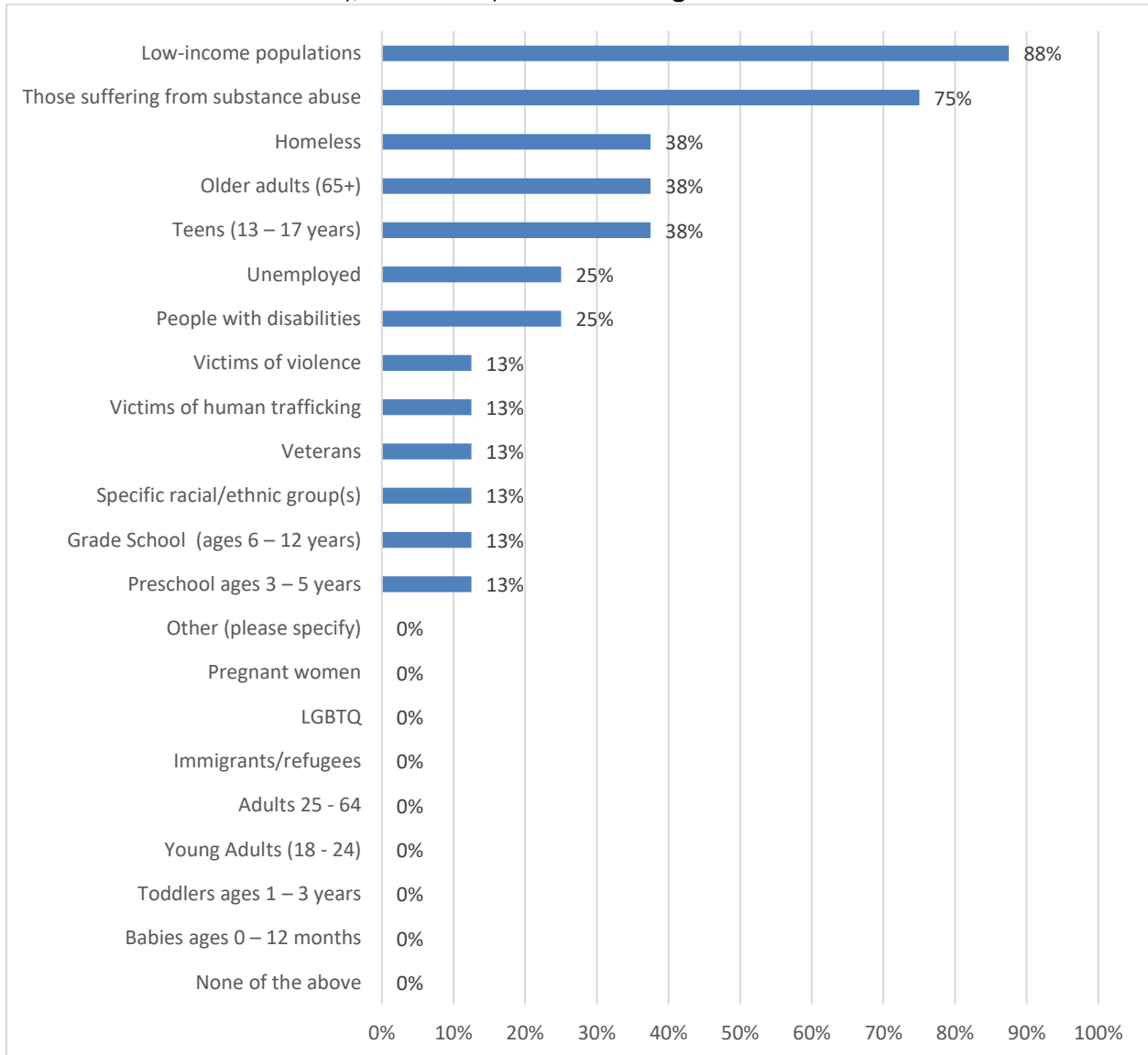
Stakeholders identify barriers related to **substance abuse and mental health treatment services** as having the greatest impact on access to health services in Crawford County. Concerns related to **transportation** and **inability to pay deductibles** are ranked 3rd and 4th. However, many of the stakeholders indicate they had a lack of knowledge about the latter.



Q7: How impactful are each of the following barriers in Crawford County to accessing health care? Rate each on a scale of 1 (little impact) – 5 (significant impact).

POPULATIONS AT GREATEST RISK IN CRAWFORD COUNTY

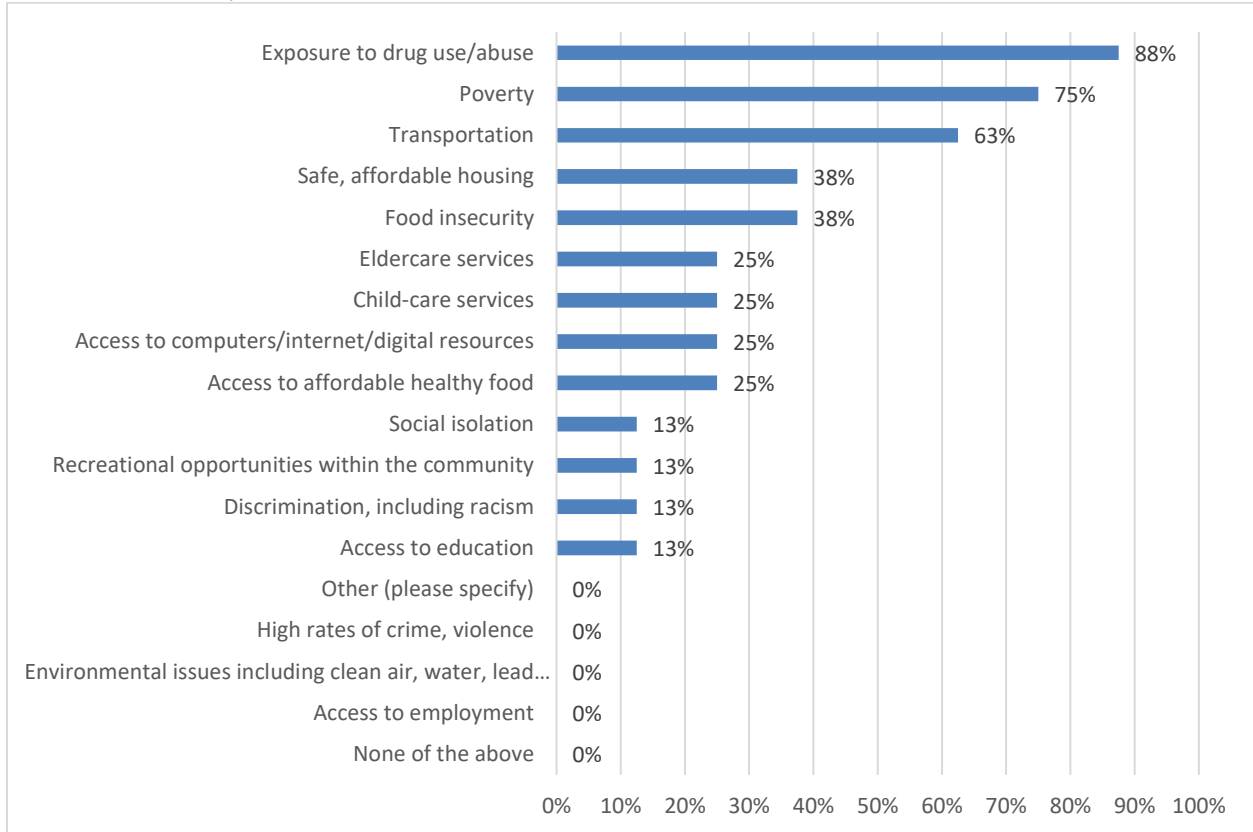
Most stakeholders identify **low-income populations** as being at greatest risk for poor health outcomes in Crawford County, followed by **those suffering from substance abuse**.



Q8: Among those you serve in Crawford County, which of the following populations are most at risk for poor health outcomes? Pick no more than five.

SOCIAL FACTORS IMPACTING CRAWFORD COUNTY

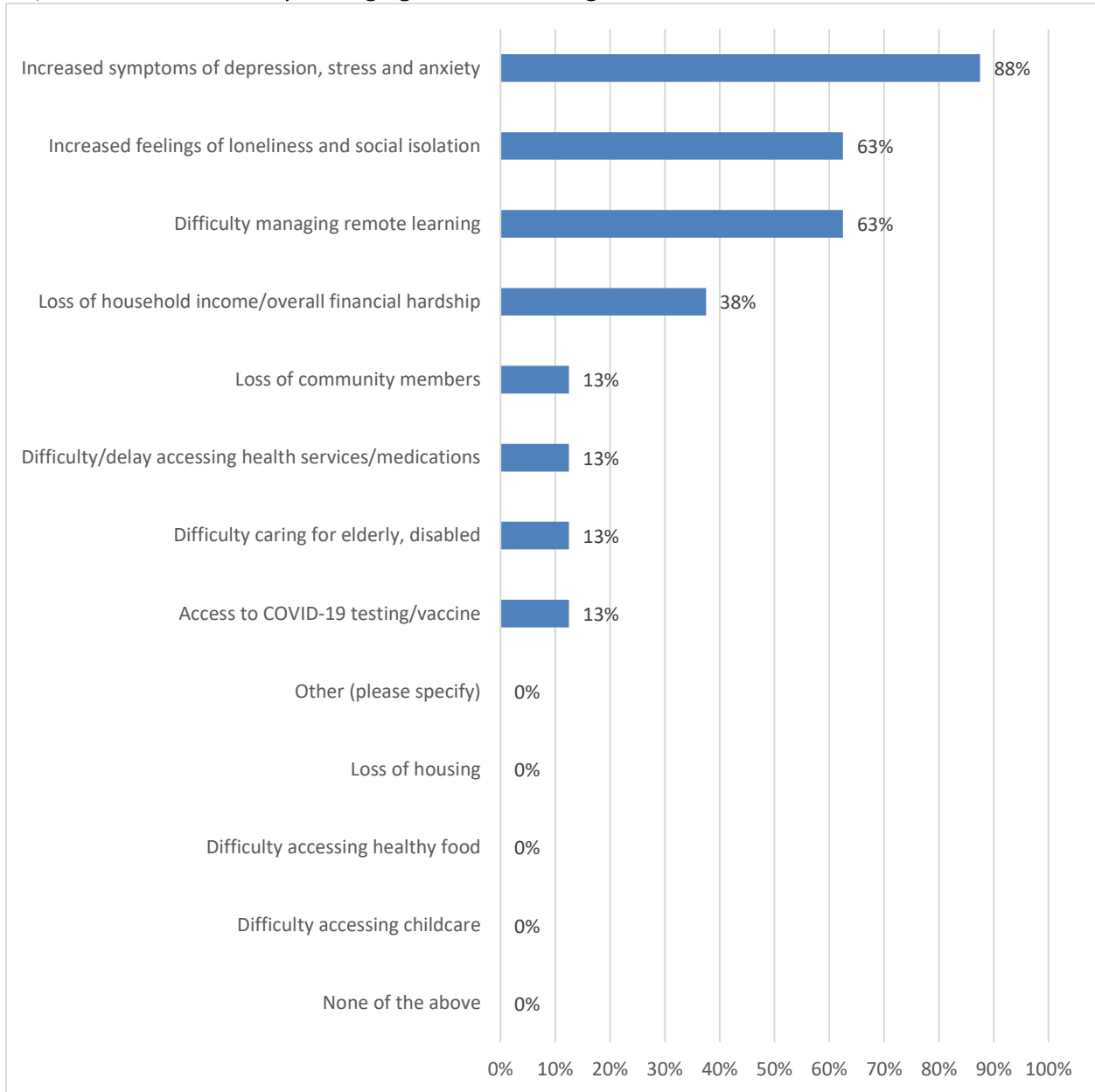
Stakeholders overwhelmingly agree that **exposure to drug use/abuse** is the social factor that has the greatest impact on the health of those living in Crawford County. **Poverty** ranked second followed by **transportation**.



Q9: Which of the following social factors have historically had the greatest impact on the health of the communities you serve in Crawford County. Pick no more than five.

COVID-19'S IMPACT ON CRAWFORD COUNTY

Stakeholders strongly agree that the greatest impact of COVID-19 has been on the **increasing symptoms of depression, stress and anxiety** among Crawford County residents. The pandemic has also created **increased feelings of loneliness and social isolation**, which tied for second in importance with **difficulty managing remote learning**.



Q10: Thinking about the COVID-19 pandemic and its impact on Crawford County, which of the following have had the greatest impact on the health of the community? Pick no more than three.

BIGGEST GAPS IN RESOURCES

Stakeholders identified the largest gaps in Crawford County around **access to transportation**, followed **substance abuse**.

NEED	GAP
Transportation (2 comments)	Quick and easy access to free/affordable transportation.
	Transportation for Seniors or those unable to drive
	Too easy access to vaping, alcohol, and drugs in our community. We are seeing a rise in the youth and want to work to slow it down.
Substance use/abuse (2 comments)	Drug Addition, Additional Policing of Drugs
	Reducing the stigma behind getting help/medication, information about how to get access to help

Q11: What are the biggest gaps in resources within this community to address the needs that you have identified? Please mention the need along with the missing resources.

NEW/ADDITIONAL HEALTH/SOCIAL ISSUES

Stakeholders identified several issues related to **mental health** as being new issues of concern. Other issues were also mentioned including **career support for youth, childcare, and safe housing for men**.

NEED	DESCRIPTION
Mental Health (two comments)	Mental Health is playing a huge role in teens' life. Having adequate resources for kids.
	The total number of people suffering from mental illness that are homeless
Substance use/abuse	And the increasing drug action

Q12: What new/additional health or social issues are you aware of in this community that may not be widely known, yet are a concern for the future?

COMMUNITY ASSETS THAT PROMOTE COMMUNITY HEALTH

Only one stakeholder commented on available community assets that promote health and cited the community agency Life House Youth Center.

RESOURCE TYPE	RESOURCE
Community Agencies	Life House Youth Center

Q13: Think about health assets or resources as people, institutions, services, supports built resources (i.e. parks) or natural resources that promote a culture or health. What are the health assets or resources in Crawford County that we may not be aware of?

IDEAS FOR IMPROVING THE HEALTH OF THE COMMUNITY

A few stakeholders suggested forming a **community coalition** to help address the health of the community. Another suggested more **government intervention** to provide financial support for services.

NEED	DESCRIPTION
Create a Community Work Group	Visibility would make a big difference.
	Some kind of coalition would be great
Government Intervention	More government facilities to assist those that are unable to pay for treatment (mental-drug addition) which requires intervention or assistance

Q14: *How can community stakeholders in Crawford County work together to use their collective strengths to improve the health of the community?*

COMMUNITIES AT GREATEST RISK

No one community was identified by stakeholders as being at greatest risk of poor health outcomes by Crawford County stakeholders.

NEED	DESCRIPTION
All (2 mentions)	I believe all communities are at risk. No one town is less vulnerable.
	ALL

Q15: *Within Crawford County, which communities, neighborhoods or ZIP codes are especially vulnerable or at risk?*

NEXT STEPS

Using the input received from community stakeholders, Missouri Baptist Sullivan Hospital will consult with its internal workgroup to evaluate this feedback. They will also consider other secondary data and determine whether/how their priorities should change. The final needs assessment and implementation plan is due by December 31, 2022.

Appendix E: Online Survey Participating Stakeholders

CRAWFORD COUNTY ONLINE SURVEY PARTICIPATING STAKEHOLDERS				
LAST NAME	FIRST NAME	ORGANIZATION	TITLE	CITY/TOWN
Chandler	Eric	Steelville Ambulance District	Administrator	Steelville
Dace	Christine	Meramec Community Mission	Director	Sullivan
Evans	Honor	Crawford County Health Department	Administrator	Steelville
Jenkins	Jeannie	Spring Bluff R-XV	Superintendent	Sullivan
Massie-Fadler	Jennifer	Life House Center	Executive Director	Sullivan
Merkel	Jason	Sullivan High Crawford	Principal	Sullivan
Negretti	Grace	Crawford Co R-1 School District	Lead District RN	Bourbon
Peregoy	Matt	Bourbon High School	Principal	Bourbon
Shoemaker	Marie	Crawford Co R-2 School District	Principal	Cuba
Thornsberry, Dr.	Jana	Sullivan School District	Superintendent	Sullivan
Wigger	Lisa			Fenton

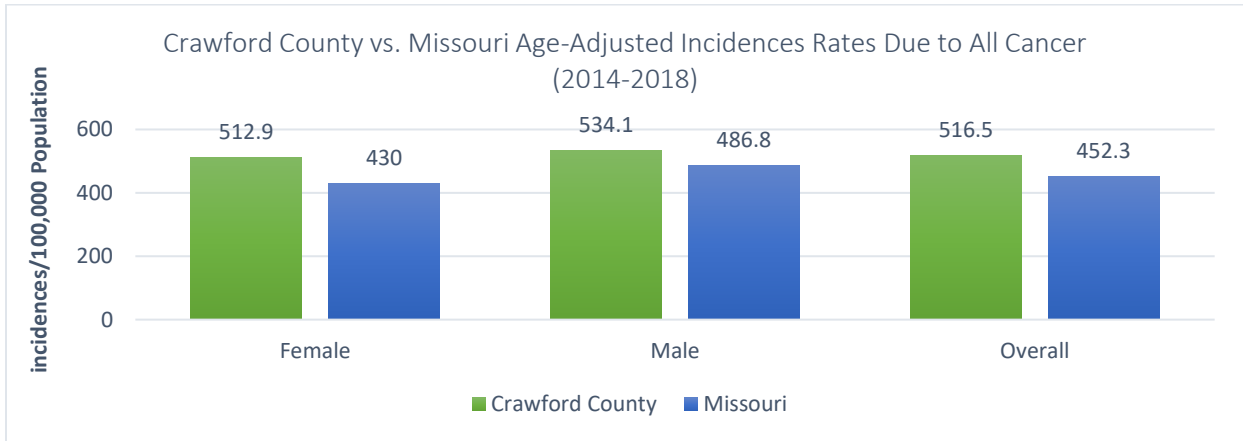
Appendix F: INTERNAL WORK GROUP

MISSOURI BAPTIST SULLIVAN HOSPITAL COMMUNITY HEALTH NEED ASSESSMENT INTERNAL WORK GROUP

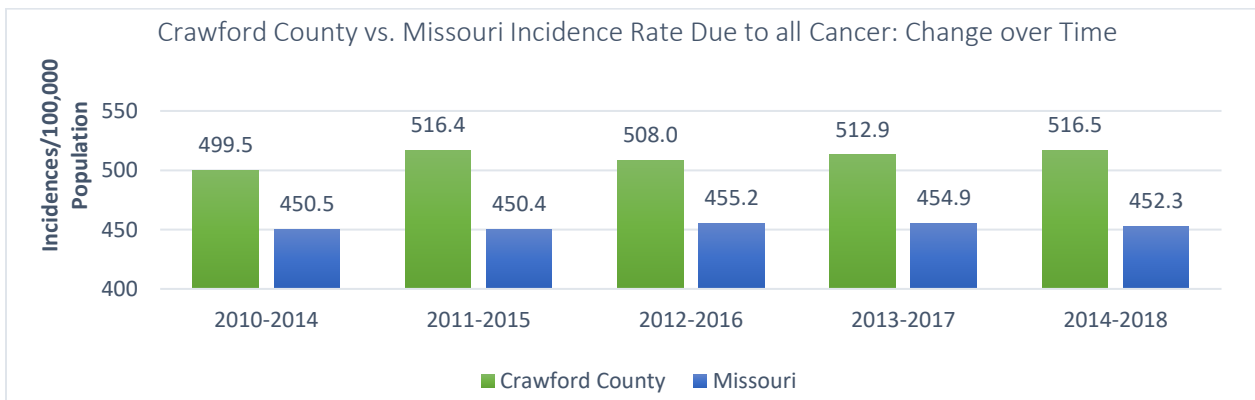
LAST NAME	FIRS NAME	TITLE	DEPARTMENT
Alu	Samantha	Manager, Risk Management/Safety	Risk Management
Bjornstad	Mary	Nurse Practitioner	Sullivan Clinics
Branson	Megan	Manager IV, Patient Care	Emergency Room
Counts	Natalie	Sr. Consultant	Marketing & Communication
Duncan	Dustin	Supervisor, Respiratory Care	Respiratory Therapy
Frey	Lynn	Manager, Practice	Sullivan Clinics
Jeffrey	Christopher	Manager, Social Work	Social Services
King	Karley	Program Manager	Marketing/Communication
Morgan	Alisha	Supervisor, Patient Access	RCM-PT Community Access
Reed	Kathleen	Director, Human Resouerces	Personnel
Saltzman	Rachel	Manager, Support Services	Food Services
Thormure	Rachel	Manager, Administrative Support	Medical Staff Office
Wildhaber	Amy	Director, Compliance/Safety/Risk	General Administration

Appendix G: SECONDARY DATA

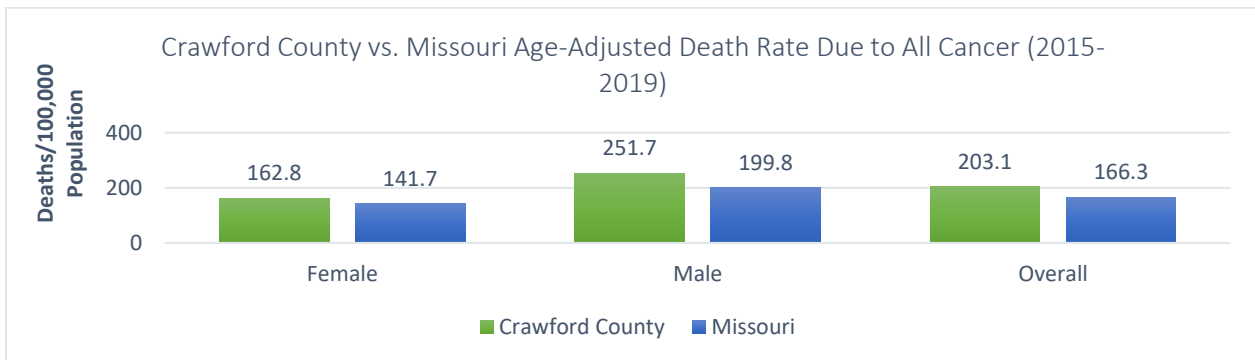
CANCER



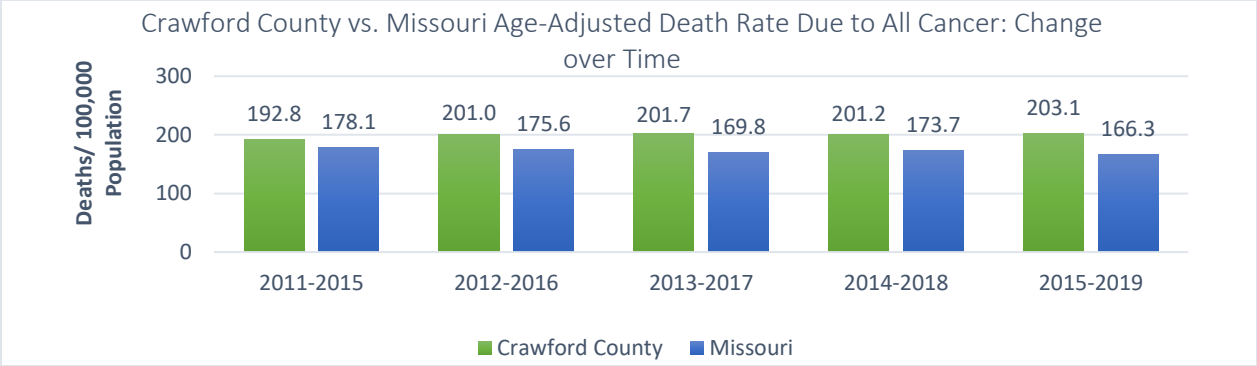
Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

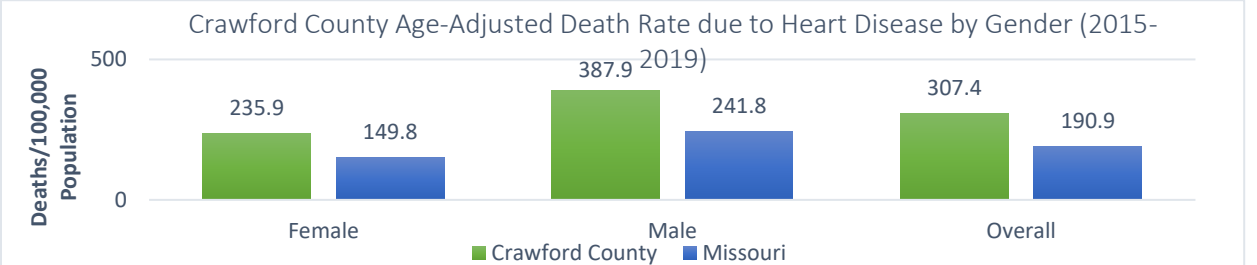


Source: Conduent Healthy Communities Institute

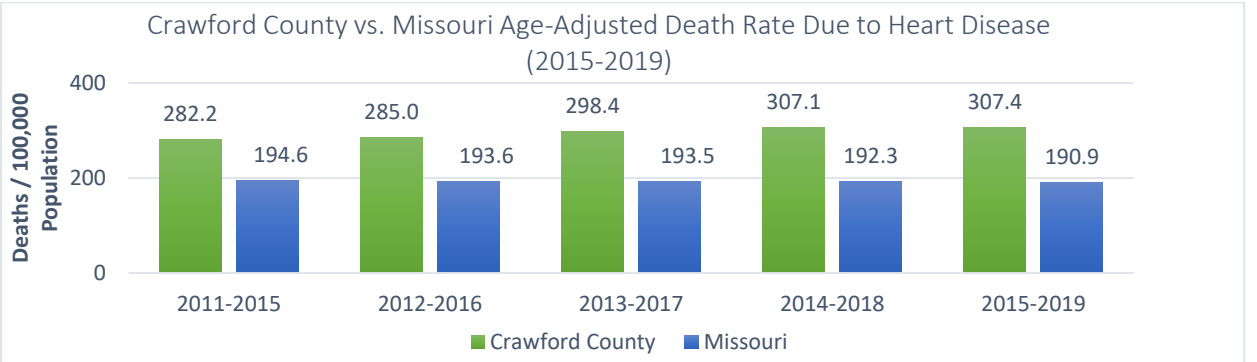


Source: Conduent Healthy Communities Institute

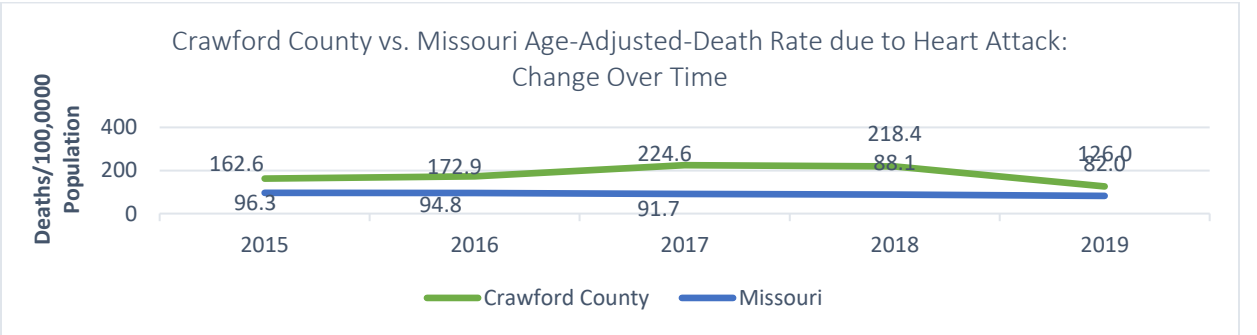
HEART HEALTH



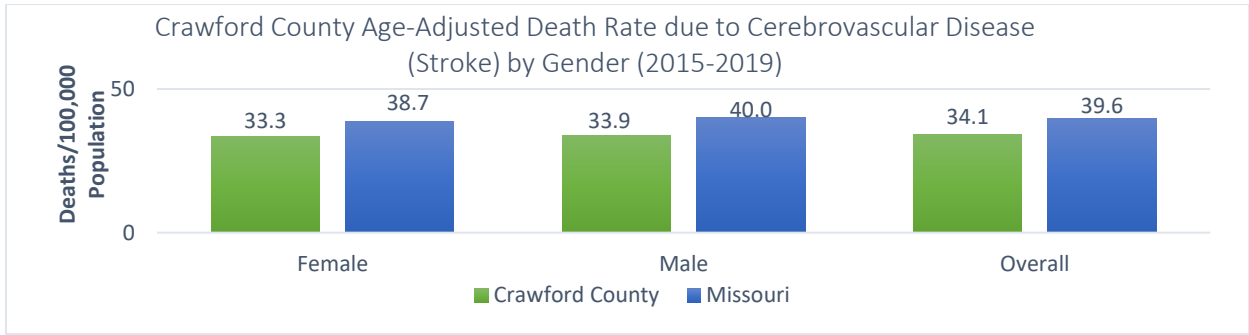
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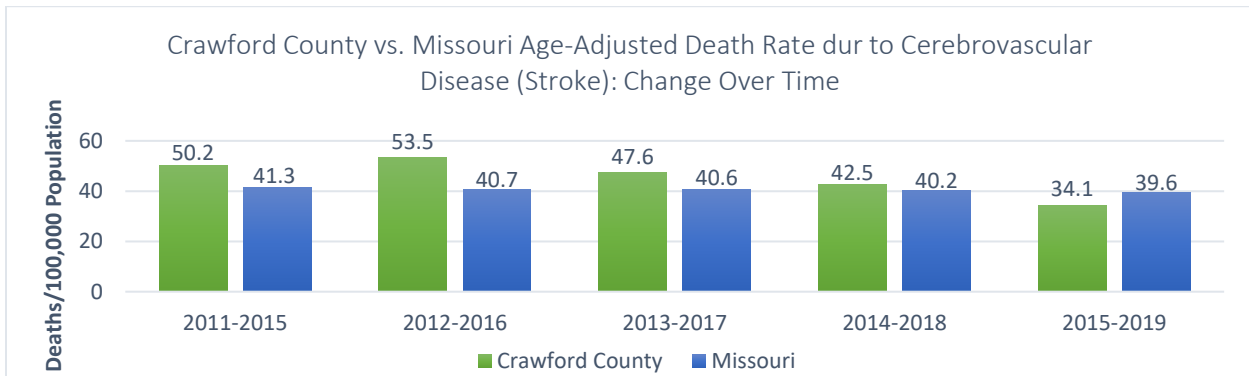
Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute



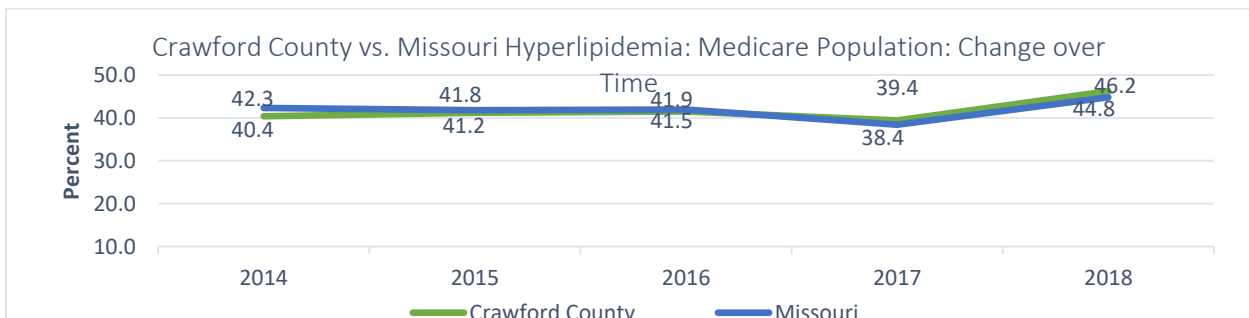
Source: Conduent Healthy Communities Institute



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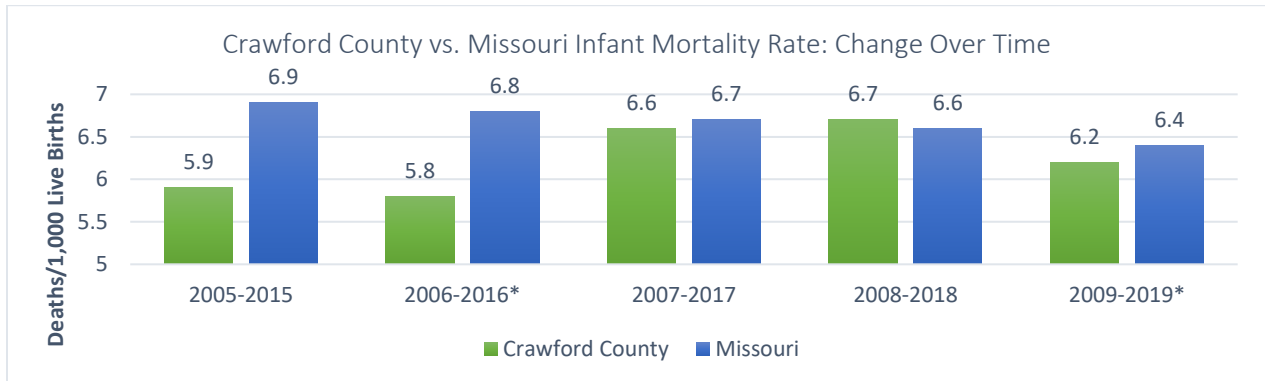
HEART DISEASE & STROKE: CRAWFORD COUNTY VS MISSOURI AGE-ADJUSTED RATE		
HEALTH TOPICS	CRAWFORD COUNTY	MISSOURI
HEART DISEASE		
Deaths / 100,000 Population (2009-2019)	299.16	193.95
Hospitalizations / 10,000 Population (2011-2015)	103.83	109.46
ER Visits / 1,000 Population (2011-2015)	21.42	15.12
ISCHEMIC HEART DISEASE		
Deaths / 100,000 Population (2009-2019)	226.47	115.62
Hospitalizations / 10,000 Population (2011-2015)	36.42	32.53
ER Visits / 1,000 Population (2011-2015)	2.39	0.57
STROKE / OTHER CEREBROVASCULAR DISEASE		
Deaths / 100,000 Population (2009-2019)	43.83	41.02
Hospitalizations / 10,000 Population (2011-2015)	26.93	27.85
ER Visits / 1,000 Population (2011-2015)	1.67	0.77

Source: Missouri Department of Health & Senior Services, MICA

CRAWFORD COUNTY THREE-YEAR MOVING HEART DISEASE AVERAGE RATES COMPARED TO MISSOURI						
HEALTH TOPICS	CRAWFORD COUNTY	MISSOURI	CRAWFORD COUNTY	MISSOURI	CRAWFORD COUNTY	MISSOURI
DEATHS / 100,000 POPULATION	2015-2017		2016-2018		2017-2019	
Heart Disease	306.33	193.5	323.67	190.44	311.06	188.49
Ischemic Heart Disease	229.18	108.36	241.69	105.2	227.15	102.31
Stroke / Other Cerebrovascular Disease	38.91	40.65	37.45	39.94	27.61	39.00
HOSPITALIZATION / 10,000 POPULATION	2011-2013		2012-2014		2013-2015	
Heart Disease	107.48	115.58	100.27	108.12	99.47	102.68
Ischemic Heart Disease	38.24	34.89	35.5	31.91	36.05	30.04
Stroke / Other Cerebrovascular Disease	26.18	28.44	26.22	27.47	25.81	27.16
ER VISITS / 1,000 POPULATION	2011-2013		2012-2014		2013-2015	
Heart Disease	22.56	15.25	21.09	15.1	20.23	14.97
Ischemic Heart Disease	2.58	0.6	2.34	0.57	2.17	0.54
Stroke /Other Cerebrovascular Disease	1.85	0.78	1.66	0.76	1.52	0.75

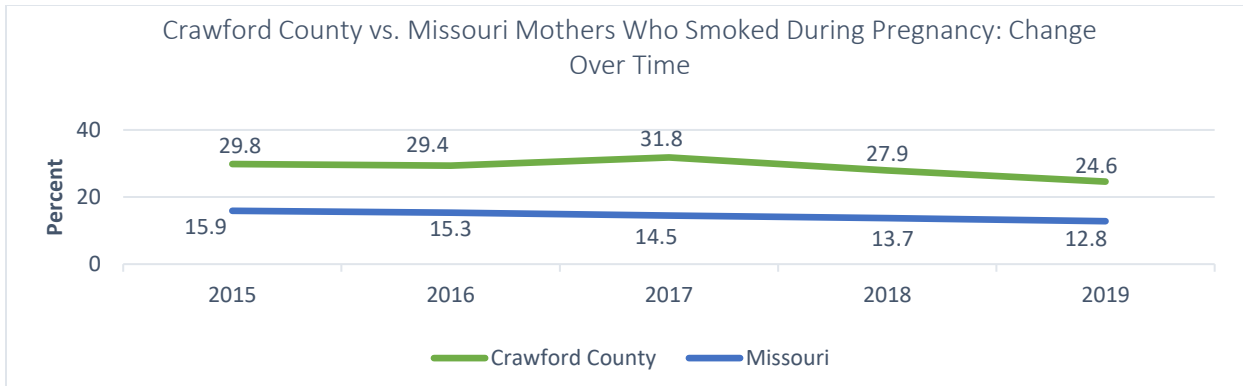
Source: Missouri Department of Health & Senior Services, MICA

MATERNAL AND INFANT HEALTH

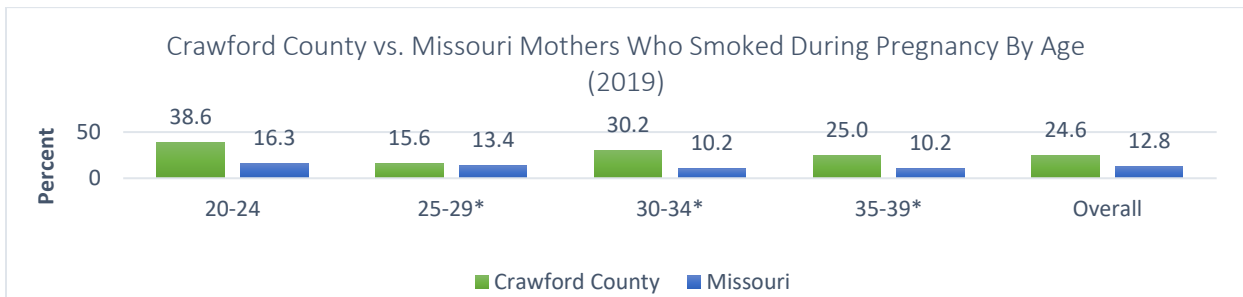


Source: Conduent Healthy Communities Institute

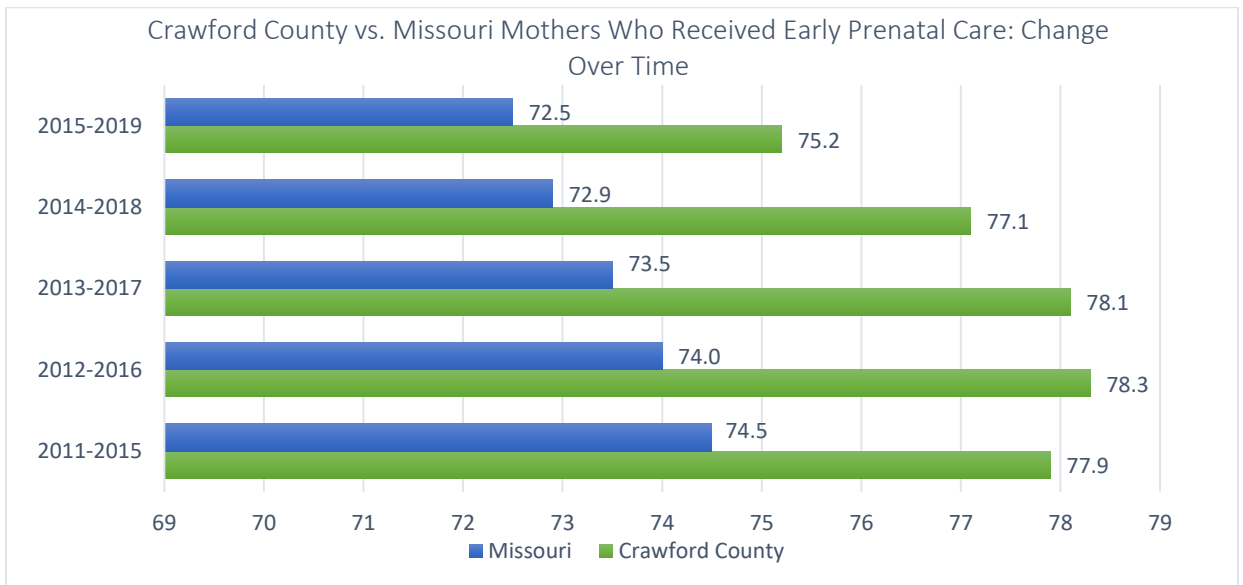
(*) Crawford County value may be statistically unstable and should be interpreted with caution.



Source: Conduent Healthy Communities Institute

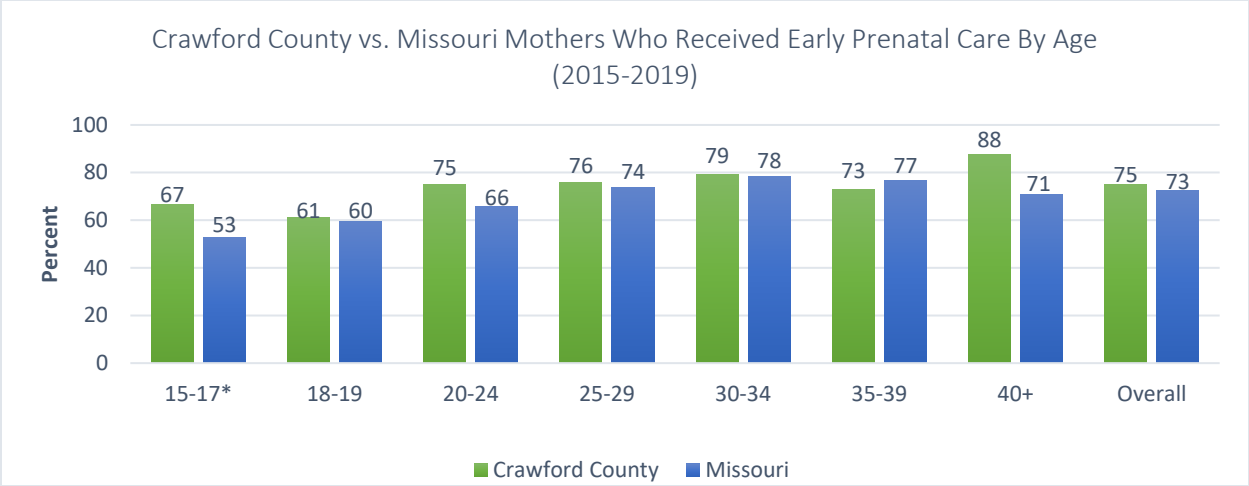


Source: Conduent Healthy Communities Institute

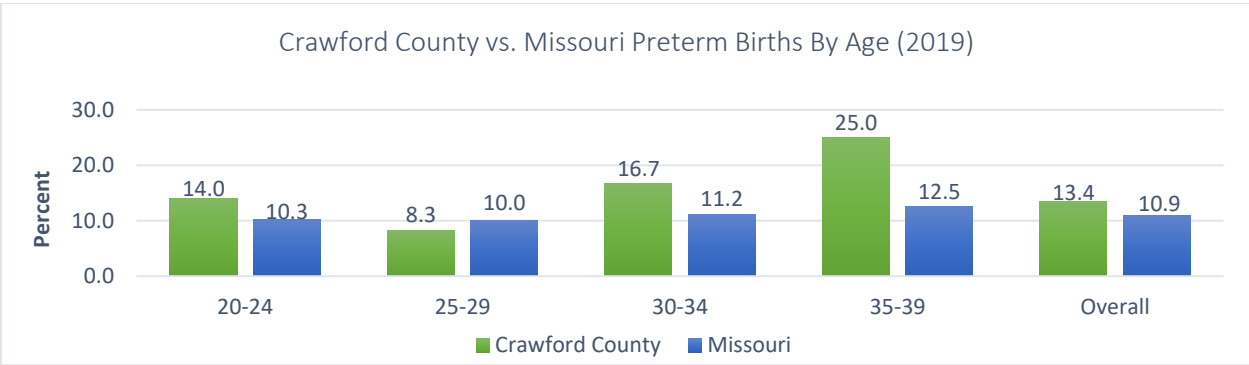


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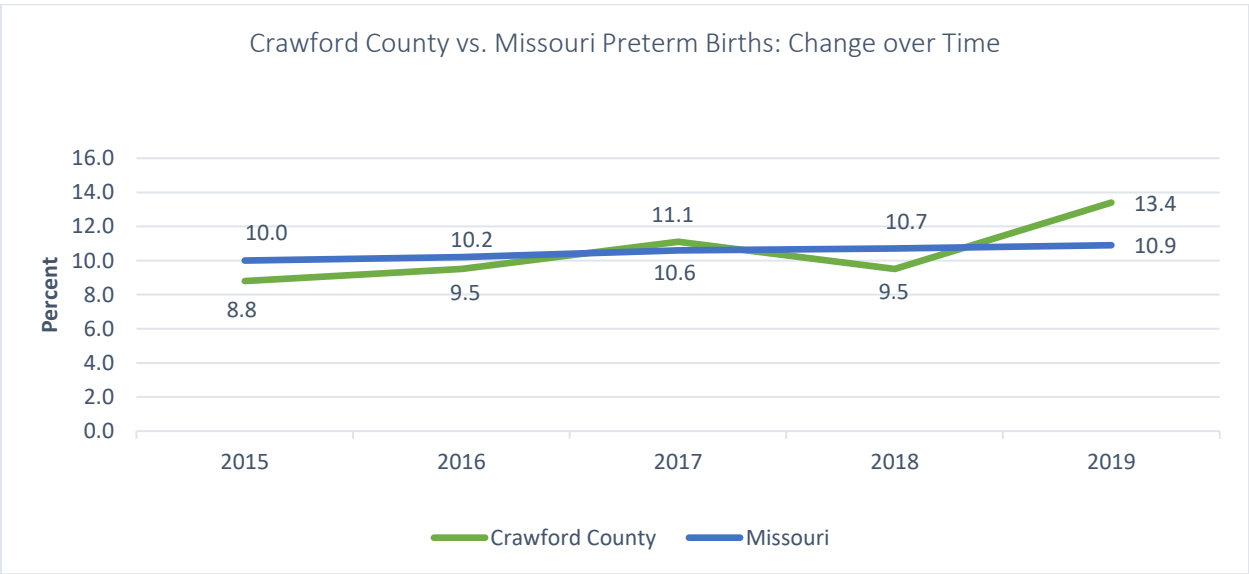
(* Crawford County value may be statistically unstable and should be interpreted with Caution)



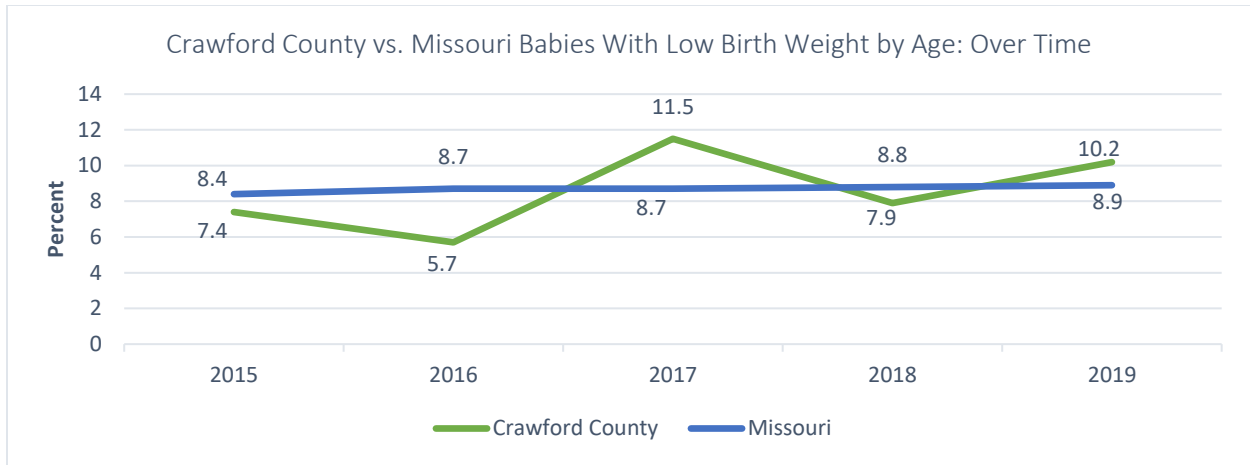
Source: Conduent Healthy Communities Institute



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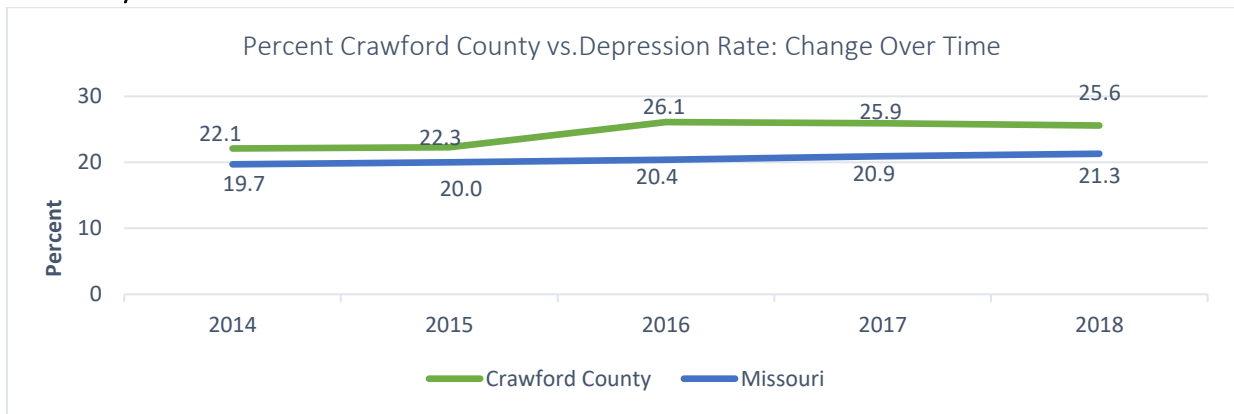


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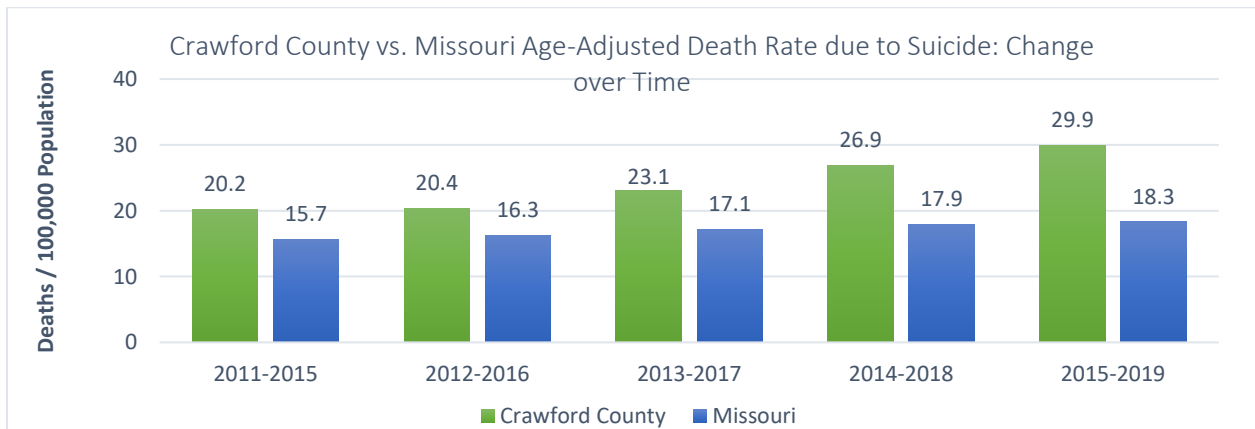


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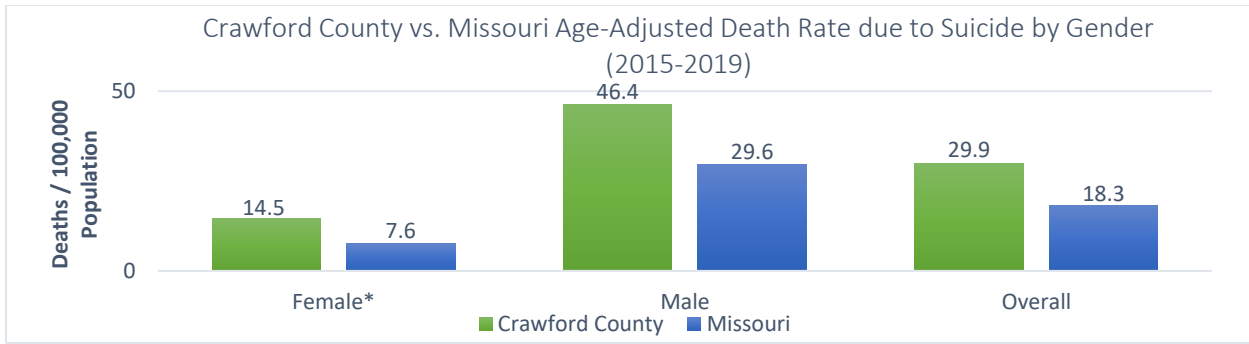
MENTAL / BEHAVIORAL HEALTH



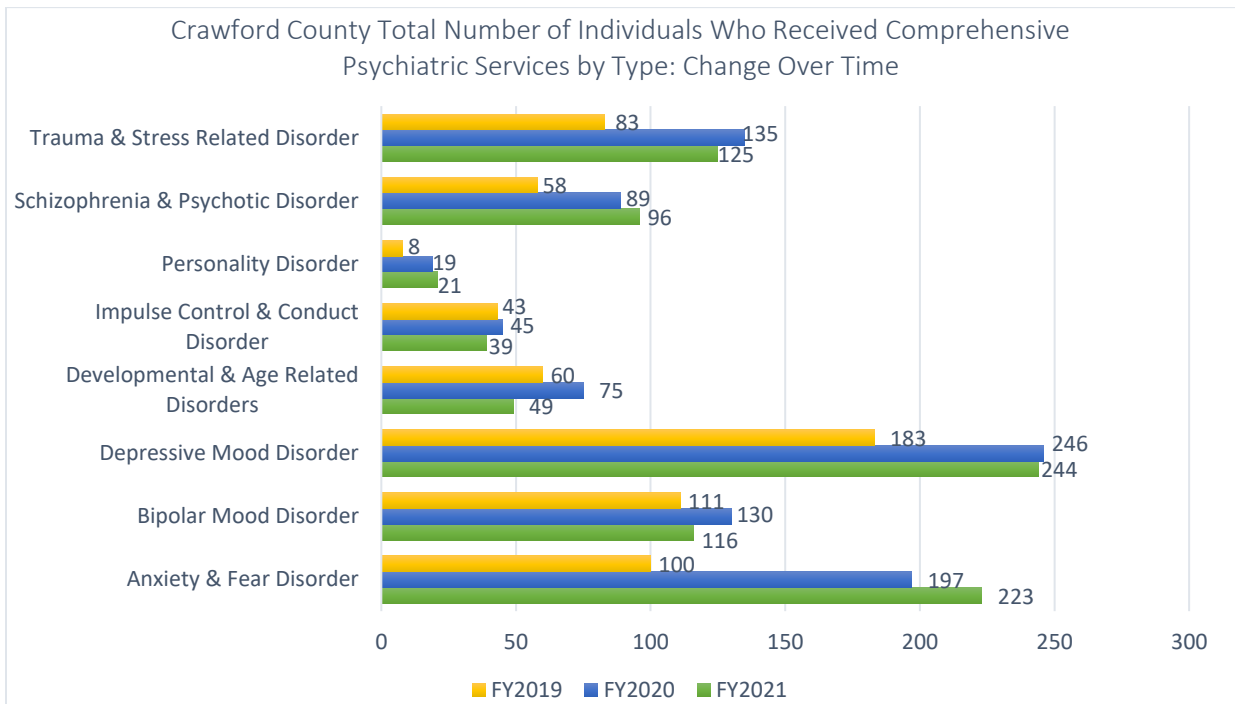
Source: Conduent Healthy Communities Institute



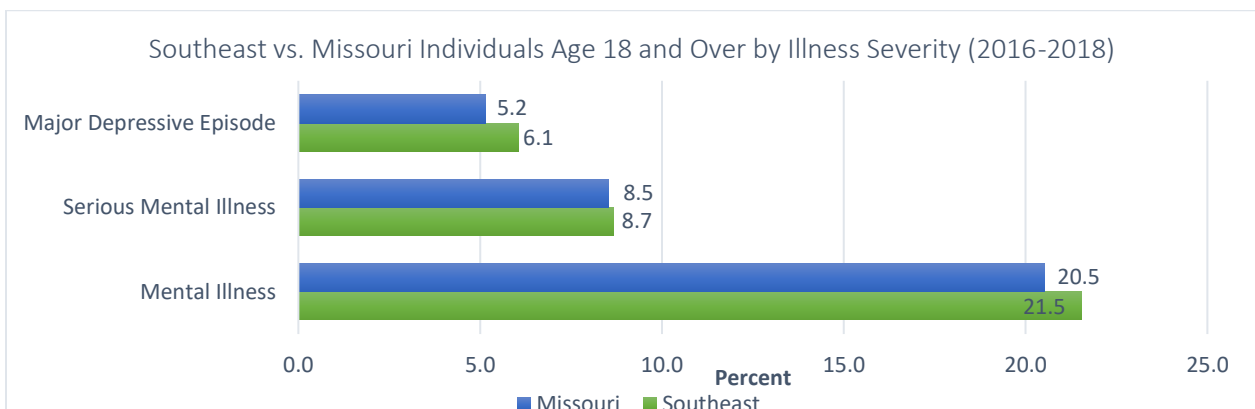
Source: Conduent Healthy Communities Institute



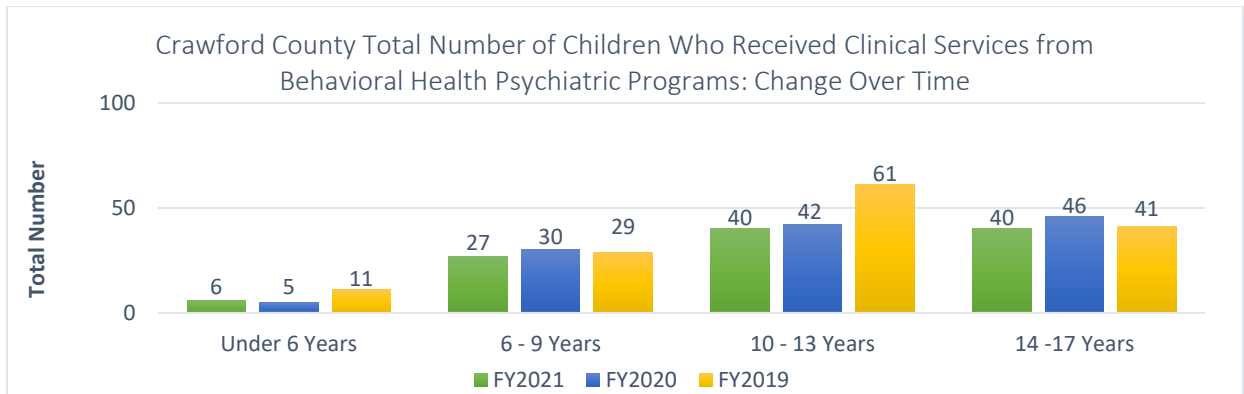
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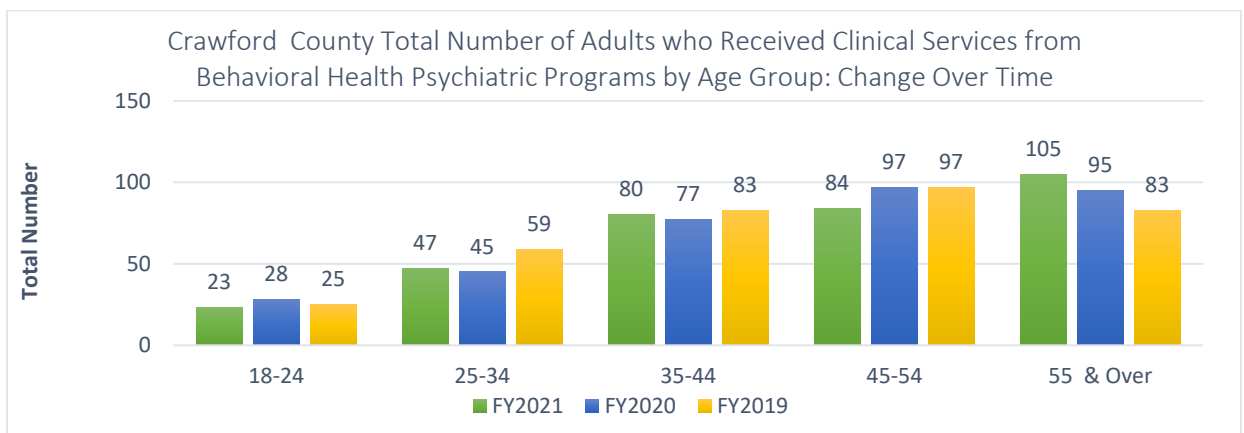
Source: Missouri Department of Mental Health



Source: Missouri Department of Mental Health



Source: Mo Department of Mental Health



Source: Mo Department of Mental Health

CRAWFORD COUNTY ADULTS EVER DIAGNOSED WITH DEPRESSION BY CITY	
CITY	PERCENT
Cuba	27.3
West Sullivan	27.1
Leasburg	26.2
Bourbon	25.9
Sullivan	25.9
Steelville	24.4

Source: Conduent Healthy Communities Institute

MENTAL/BEHAVIORAL HEALTH: SUBSTANCE USE AND ABUSE

The Missouri Student Survey provides estimates for youth in most Missouri counties. This survey is administered in even-numbered years to 6th -12th-grade students in participating school districts. (Missouri Department of Mental Health). For Crawford County (2018):

SMOKING

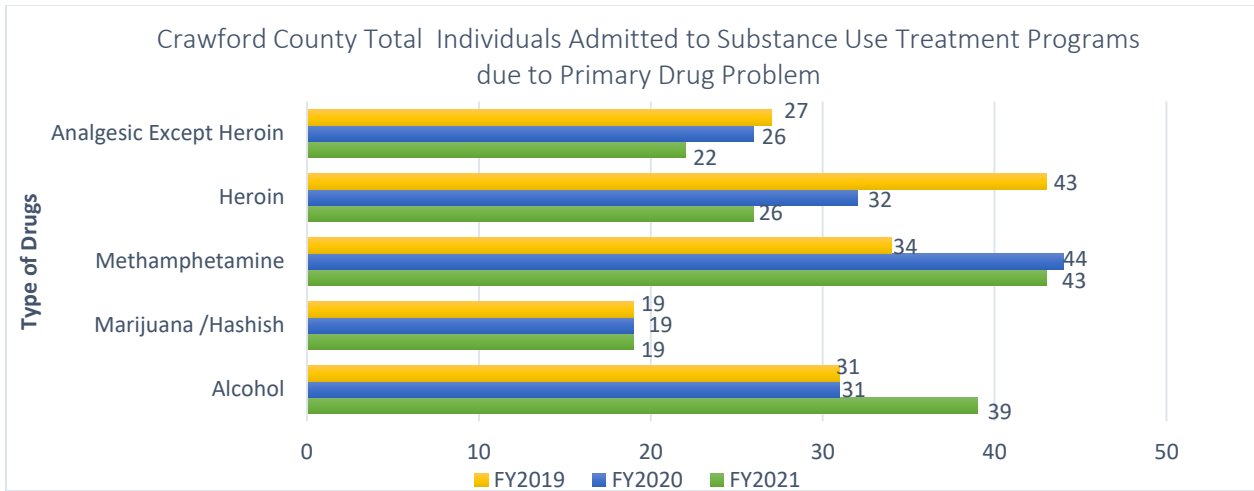
- 49.3 percent of youth believe that it would be easy to get standard cigarettes and 47.9 percent to get e-cigarettes
- 44.8 percent have friends who smoke
- An estimated 27.7 percent of youth believe there is slight or no risk to smoking standard cigarettes, while 45.0 percent believe there is slight or no risk to smoking e-cigarettes

ALCOHOL

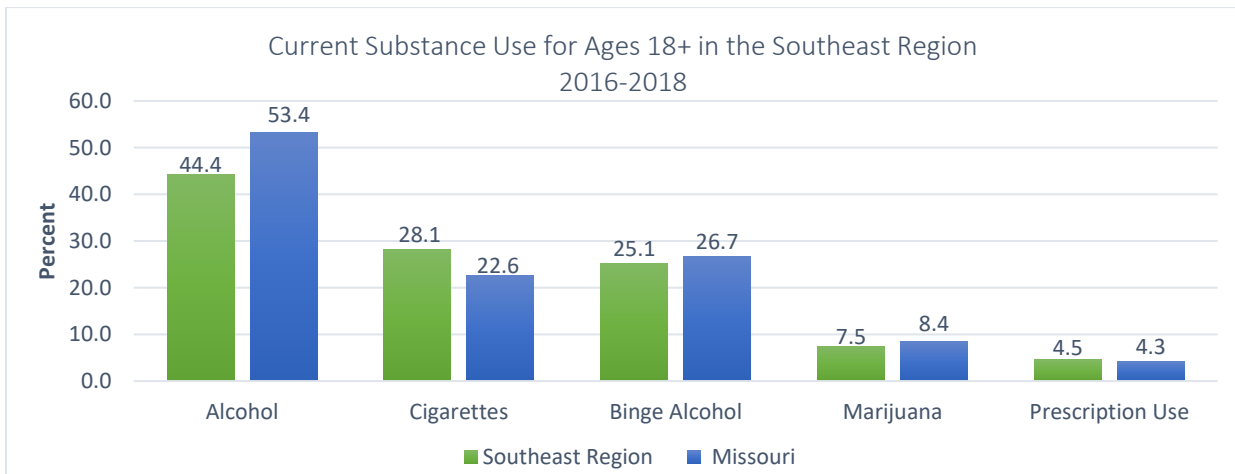
- An estimated 43.1 percent of youth in Crawford County believe that it would be easy to get alcohol
- An estimated 51.9 percent believe that using alcohol presents only slight or no risk of harm.
- Approximately 50.9 percent of youth believe there is slight or no risk of harm in binge drinking once or twice a week
- 56.6 percent have friends who drink alcohol

DRUGS

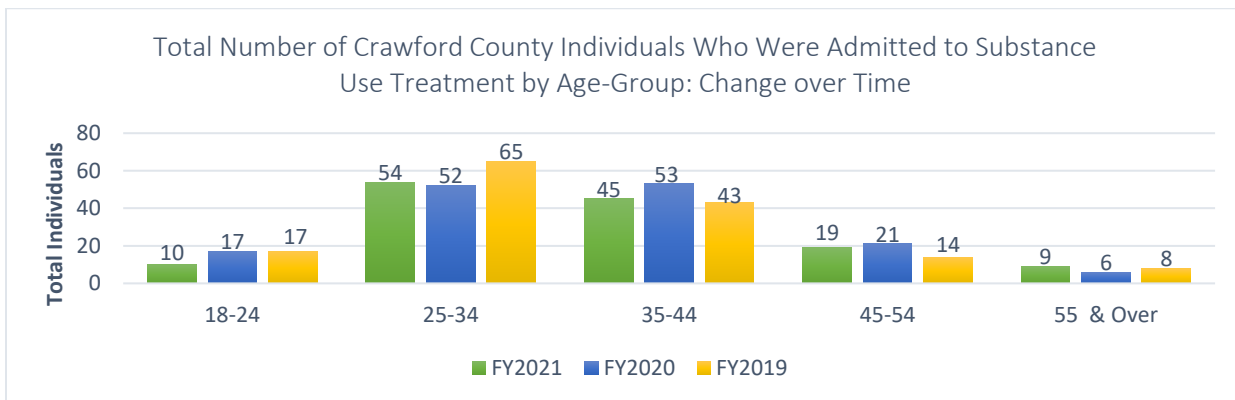
- 41.6 percent of county youth said that marijuana is easy to get
- 53.2 percent report having at least one friend that uses it
- 46.9 percent said that smoking marijuana is slight or no risk of harm
- 34.1 percent of youth believe that it would be easy to get prescription drugs



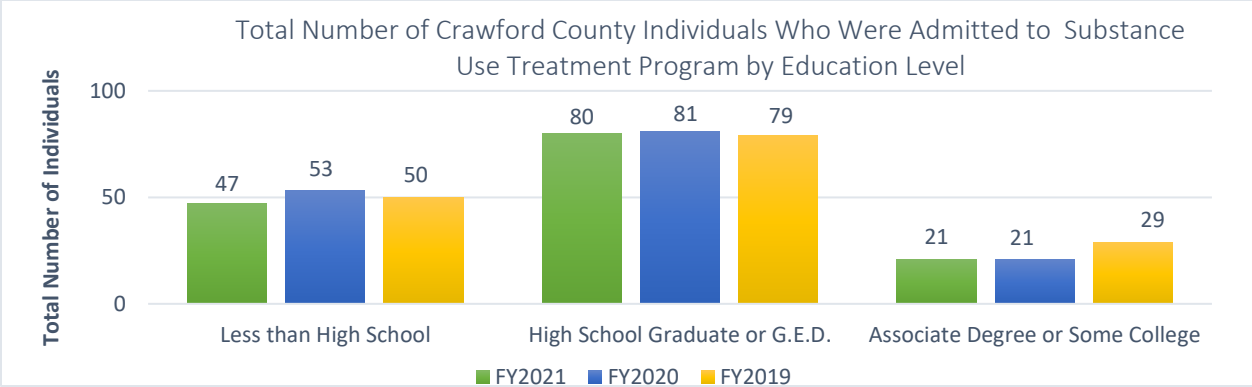
Source: Missouri Department of Mental Health



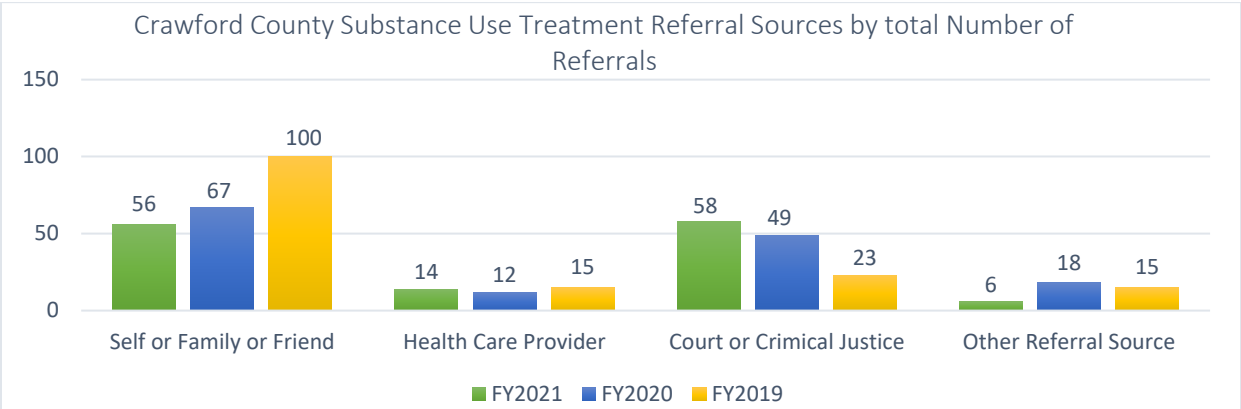
Source: Missouri Department of Mental Health



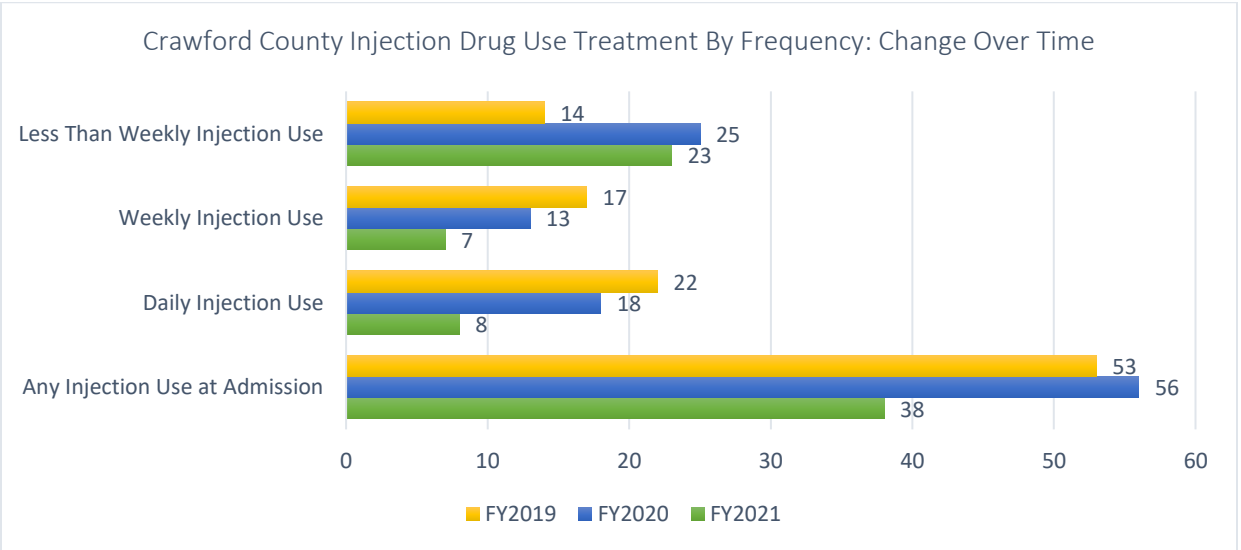
Source: Missouri Department of Mental Health



Source: Mo Department of Mental Health



Source: Mo Department of Mental Health



Source: Mo Department of Mental Health

Implementation Strategy



I. Community Health Needs to be Addressed

A. DIABETES

HEALTH NEEDS RATIONALE (Healthy People 2030)

- More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death.
- Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it. Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications.
- In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

STRATEGY GOALS

- I. Reduce the disease burden of diabetes and improve the quality of life for all persons who have or are at risk for diabetes.

STRATEGY OBJECTIVES

- I. Increase early detection of pre-diabetes and improve the quality of life for all persons living in Crawford and Franklin counties who have or are at risk for diabetes by 10% within a year using baseline data from the first half of 2023.
- II. Increase the proportion of persons living in Crawford and Franklin Counties who receive formal diabetes education by 10% within a year of diagnosis using baseline data from the first half of 2023.

STRATEGY OBJECTIVE I: Increase early detection of pre-diabetes and improve the quality of life for all persons living in Crawford and Franklin counties who have or are at risk for diabetes by 10% within a year using baseline data from the first half of 2023.

STRATEGY OBJECTIVE I ACTION PLAN

- Partner with hospitals, health departments and community programs to gather baseline data around diabetes screenings and formal diabetes education in our region.
- MBSH registered nurses, dietitians and trained staff will screen 50 adults in 2023 and 100 adults each year following for elevated glucose at MBSH, local business and community events.
- MBSH will provide opportunities for an annual community based HbA1C test.
- MBSH community health worker, dietician and/or other trained staff will connect at-risk individuals with formal education programs offered through Outpatient Nutrition Services and additional community resources. At-risk individuals include those in the pre-diabetes range (fasting glucose: 100-125 mg/dl, non-fasting: 140-199 mg/dl) and the diabetes range (fasting glucose: greater or equal to 126 mg/dl, non-fasting - greater than 200) as well as those defined as at risk by evidence-based practice.

STRATEGY OBJECTIVE II: Increase the proportion of persons living in Crawford and Franklin counties who receive formal diabetes education by 10% within a year with diagnosed diabetes using baseline data from the first half of 2023.

STRATEGY OBJECTIVE II ACTION PLAN

MBSH community health worker, dietician and/or other trained staff will connect individuals diagnosed with diabetes with formal education programs offered through Outpatient Nutrition Services and additional community resources.

ADDITIONAL ACTIONS BEING CONSIDERED

Health coaching follow-up for those screened who opt into program via:

- Email throughout the year including nutrition advice, exercise suggestions and information around prevention such as smoking cessation programs and early warning signs.
- Phone call program with individuals at 6 weeks, 4 months, 8 months and one year.
- Explore stronger partnership with the American Diabetes Association.
- Utilize digital platforms to educate a wider audience including online HRA for diabetes.
- Determine best practice for tracking referrals to primary care physicians.
- Be aware of their blood glucose level.
- Understand if their blood glucose level is out of normal range based on above-defined criteria.
- Understand other factors that may impact their risk level including age, diet, activity level, blood pressure and BMI.
- Be connected to resources for formal education programs if they are defined as high risk of diabetes or pre-diabetic.
- Participants who are at elevated risk will show knowledge of modifiable risk factors. These participants can make changes through the follow-up process to improve risk factors such as diet, exercise, and stress management.

EXPECTED OUTCOMES

- Early detection of type I and type II diabetes in a person will help prevent damage to the heart, kidneys, eyes, nerves and other vital organs.
- Diabetes education will provide understanding and management items for people living with both type I and type II diabetes.

OUTCOMES MEASUREMENT

- Document number of total individuals screened for diabetes.
- Document number of individuals screened with a result in elevated blood glucose range.
- Document number of individuals who have other modifiable risk factors that place them in an elevated risk level (age, activity level, diet, family history, high blood pressure etc.).
- Physician follow-up.

B. HEART AND VASCULAR: HEART HEALTH AND STROKE

RATIONALE: (Healthy People 2030)

- Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. Healthy People 2030 focuses on preventing and treating heart disease and stroke and improving overall cardiovascular health.
- Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.
- In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest get timely recommended treatment to reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

STRATEGY GOALS

- i. Improve cardiovascular health and quality of life for all persons living in Crawford and Franklin counties who have or are at risk for heart disease through prevention, detection, and access to treatment of risk factors for heart attack and stroke.
- ii. Increase early identification and treatment of heart attacks and strokes and prevention of repeat cardiovascular events.

STRATEGY OBJECTIVES

- i. MBSH registered nurses, dietitians and trained staff will screen 50 adults living in Crawford and Franklin counties in 2023, and 100 adults each year following for blood pressure, cholesterol (total and high-density lipoprotein, HDL) and blood glucose at MBSH, local business and community events.
- ii. Provide 12 months of additional follow-up with 40% of clients who opt-in and are identified in the high-risk range for heart disease during in-person screening process.

OBJECTIVE I. MBSH registered nurses, dietitians and trained staff will screen 50 adults in 2023, and 100 adults each year following for blood pressure, cholesterol (total and high-density lipoprotein, HDL) and blood glucose at MBSH, local business and community events.

STRATEGY OBJECTIVE I ACTION PLAN

- MBSH registered nurses, dietitians and trained staff will screen 50 adults in 2023, and 100 adults each year following. This screening will include blood pressure, cholesterol (total and high-density lipoprotein, HDL) and blood glucose.
- MBSH will provide opportunities for an annual community screening that include blood pressure, cholesterol (total and high-density lipoprotein, HDL) and blood glucose.
- Screenings will include individualized counseling regarding presence or absence of personal risk factors including interpretation of results, educational materials regarding

healthy lifestyle changes including diet that may reduce risk factors as well as the importance of calling 911 and the signs and symptoms of stroke.

- A stroke risk assessment developed in collaboration with the hospital's TCD Coordinator and the American Stroke Association and performed by MBSH health professionals.
- Referrals to smoking cessation programs and blood pressure self-management programs.

STRATEGY OBJECTIVE II. Provide 12 months of additional follow-up with 40 percent of clients who opt-in and are identified in the high-risk range for heart disease during in-person screening process.

STRATEGY OBJECTIVE II ACTION PLAN

- Staff will educate individuals on the long-term risks associated with uncontrolled high blood pressure and provide education around how to properly measure blood pressure and best practices for ongoing tracking.
- Provide these clients with ongoing education. Document an increase in knowledge of healthy lifestyle changes with each follow-up encounter.
- Provide additional quarterly and relevant health coaching which may include nutrition advice, exercise suggestions, and information around prevention such as smoking cessation programs and early warning signs.
- Offer re-screening between six months and one year to determine any changes in risk factors behaviors.

ADDITIONAL ACTIONS BEING CONSIDERED

- Create and implement a process for tracking referrals to physicians, dietitians and external programs for individuals with high risk of heart disease or stroke.
- Work with TCD coordinator and communications for preventative steps in younger individuals to avoid chronic conditions early on.
- Work with TCD coordinator for continued communications with EMS Outreach Team to disseminate education materials on prevention and risk-factor reduction.

EXPECTED OUTCOMES

- Early detection of heart disease which will decrease disability and premature death and improve overall quality of life.

STRATEGY EXPECTED OUTCOMES

- In-person screenings: Healthy lifestyle changes among those at risk for the diseases.
- Early detection and prevention of heart diseases and stroke.
- Individuals are aware of how elevated blood pressure and/or cholesterol as well as those whose family history may impact their risk level and what modifiable lifestyle changes can reduce their risk.

- Clients set a SMART goal to change a modifiable risk factor for better heart health.
- Opt-in participants receive new and relevant information about blood pressure self-management techniques, connection to cardiologists, and tools to better understand risk factors.

STRATEGY OUTCOMES MEASUREMENT

- Document if knowledge level has improved, ability to maintain lifestyle changes, and any further support/education given.
- Document self-assessments.
- Track client's progress.
- Explore opportunities that could be shared to reach a wider audience reducing barriers to access.

II. Community Health Needs that Will Not be Addressed

COMMUNITY HEALTH NEEDS THAT WILL NOT BE ADDRESSED

ACCIDENTS/INJURIES

While MBSH does offer education on safety during community outreach events, the hospital does not have sufficient resources to expand on this need at the present time.

ALCOHOL / DRUG ABUSE

MBSH does provide a drug and alcohol inpatient treatment program. In addition, MBSH supports local programs that are administered by other agencies and aimed at educating the public on the dangers of substance abuse.

CANCER: BREAST

MBSH will offer mammograms at the annual health fair, however mammograms will not be provided free of charge.

CANCER: PROSTATE

MBSH will continue to provide free PSA screenings at the annual health fair.

DENTAL CARE

MBSH does not provide dental services. Patients seen in its emergency department for dental caries are referred to local dental providers. However, Crawford County lacks providers who accept uninsured or underinsured patients. The hospital realizes that lack of dental services for low income, underinsured or uninsured community members is a significant need.

Unfortunately, the hospital does not have the resources, staffing or community support to address this need at the present time.

HIGH BLOOD PRESSURE

MBSH will be focusing efforts on heart disease, stroke and their effects, high blood pressures will be a part of this focus regarding education and importance of medication compliance and mitigation efforts.

INFANT/MATERNAL HEALTH

MBSH currently has insufficient resources to address the socioeconomic factors and other risk factors that contribute to poor infant and maternal health outcomes. However, the hospital currently provides minimal fees for childbirth education classes and a program to help parents track infant growth and development. The hospital's Mother/Baby Unit also collaborates with St. Louis Children's Hospital to offer telehealth consultations with neonatologists on an as-needed basis.

IMMUNIZATION/INFECTIOUS DISEASES

MBSH does offer education on some infectious disease and importance on immunization during community outreach efforts, the hospital does not have sufficient resources to put a formal program in place at the present time.

MENTAL HEALTH

MBSH currently has insufficient resources and facilities to address this need. There are a limited number of practicing psychiatrists in the area, which makes addressing this need especially challenging. Organizations are in place to address mental health issues in children and adult, although some of these organizations are in neighboring communities:

- Child Advocacy Center (CAC)
- Court Appointed Special Advocates (CASA)
- Crider Center
- St. Louis Children's Hospital
- Compass Health Network

OBESITY

Although obesity is not a primary area of focus, MBSH will focus on bringing awareness and education in the health risks of obesity and diabetes during community outreach events. The hospital does not have sufficient resources to expand on this need at the present time.

REPRODUCTIVE/SEXUAL HEALTH

Importance of reproductive and sexual health is shared within the community, MBSH has insufficient resources to expand this effort at the present time.

RESPIRATORY DISEASES

MBSH currently has insufficient resources and facilities to address this need at the present time.

TOBACCO USE / VAPING

Education is provided at local school districts and health fairs regarding the dangers of use of tobacco including vaping. MBSH does not have sufficient resources to expand these efforts at the present time.