

# Community Health Needs Assessment

Mercy Hospital Washington

Fiscal Year 2022

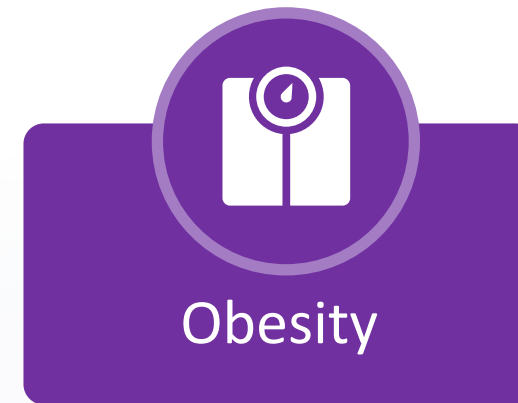


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# Impact Evaluation of Previous CHNA

The 2019 community health needs assessment identified three priority health areas:



A community health improvement plan was developed and implemented to address these significant needs. Mercy Washington developed and implemented a variety of programs and initiatives to address the needs identified in the 2019 CHNA.



# Impact Evaluation of Previous CHNA

## Access to Care

The **Community Health Worker** (CHW) program, which was piloted beginning in 2018 and adopted and expanded across Mercy hospitals in 2019, was further integrated into Mercy Hospital Washington's Emergency Department through the piloting of a new social needs screening program beginning in December 2020. New workflows were adopted to screen all uninsured/self-pay ED patients for pressing social needs, with referrals then made to one of three (3) CHWs serving the hospital.

CHWs serve three primary functions in the Emergency Department: connect patients to community resources for social needs, assist patients with applying for Medicaid, marketplace insurance, disability, or hospital charity care, collaborate with Care teams to establish patients with primary care.

The **McAuley Clinic** has been developed to serve community members on the margins of society that lack various access due to low income and other social barriers. To enhance the impact of this community clinic, we have integrated a Clinic CHW to help these patients through the functions above.





# Impact Evaluation of Previous CHNA

## Behavioral Health

Through partnership with Behavioral Health Network, Mercy Hospital Washington implements several behavioral health programs for Emergency Department and inpatients:

- **Emergency Room Enhancement Project (ERE)** focus on enhancing support for adult high utilizers of ER with the primary goal of reducing preventable hospital contacts across the region by fostering engagement through support, intensive outreach and improving outcomes through connection to community.
- **Engaging Patients in the Care Coordination Program (EPICC):** focus on intensive referral and linkage services by Recovery Coaches, peers with lived experience, to impact those who have overdosed on opioids to establish immediate linkages to substance use and medication assisted treatment services.



# Impact Evaluation of Previous CHNA

## Obesity

Mercy Clinic Four Rivers started a **Weight & Wellness Clinic** with a primary care physician who is expert in the field to address patients who suffer from obesity. The patient demand for this service is so great that the wait list to get in is long, prompting Mercy to make even greater investment in recruiting more clinical professionals to the program to offer more patients this service.

Mercy Washington has developed important relationships with key **Food Access community-based organizations** including Loving Hearts and Agape Help House. Our Community Health Workers leverage these connections to improve access to nutritious food for underserved patients.

The **Food Pantries** program has enabled open access for community members at certain Mercy Clinics throughout the region to wholesome foods. These spaces were built and maintained with Foundations for Franklin County. Approximately 12 pantries have been created to serve patients that need real-time food access.



# Our Mission

As the Sisters of Mercy before us,  
we bring to life the healing ministry of Jesus  
through our compassionate care  
and exceptional service.

# Our Values

Dignity  
Excellence  
Justice  
Service  
Stewardship

# Executive Summary

Mercy Washington is committed to carrying out its mission to deliver compassionate care and exceptional service for all members of the communities it serves, with special attention to those who are marginalized, underserved, and most vulnerable. As part of this CHNA, Mercy convened a collaboration of area health care and non-profit partners to conduct a comprehensive community health survey and various focus group sessions. Available secondary health data was also obtained, and Washington indicators were compared to those of Missouri and the United States.

Mercy Washington is a 100-bed acute-care hospital located in Washington, Missouri affiliated with Mercy, a large Catholic health system. Headquartered in St. Louis, Mercy serves millions of people each year in multiple states across the central United States. For the purposes of this Community Health Needs Assessment (CHNA), the community served by Mercy Washington will be defined as the four-county Washington region made up of Franklin, Crawford, Gasconade, and Warren Counties.





# Executive Summary *(continued)*

The Mercy Washington Community Health Council reviewed and prioritized the needs based on several criteria. 2022 prioritized community health needs are: Housing Instability, Food Insecurity and Substance Use

These prioritized needs will be the basis of Mercy Washington's three-year community health improvement plan (CHIP), which will guide the coordination and targeting of resources and the planning, implementation, and evaluation of new and existing programs and interventions.

This cycle, the community health assessment process was inevitably impacted by the COVID-19 pandemic. At Mercy and among our key collaborative partners, resources and energy were redirected to essential pandemic response functions, including COVID-19 testing and vaccination, and many organizations experienced fundamental shifts in the workforce and work structure that continue to shape a new normal. Also impacted by the pandemic were the methods by which our partners collaborated and collected data. All meetings, surveys, and focus groups were conducted online in compliance with social distancing precautions.

# Community Profile

## Population

Age  
Structure

Population  
Growth

Employment  
Opportunity

Insurance  
Status



# Washington Community Demographics

Service Area - 2020	Service Area - 2025	5-Year Growth	Missouri	US
152,514	156,338	2.5%	6,144,633	329,835,269

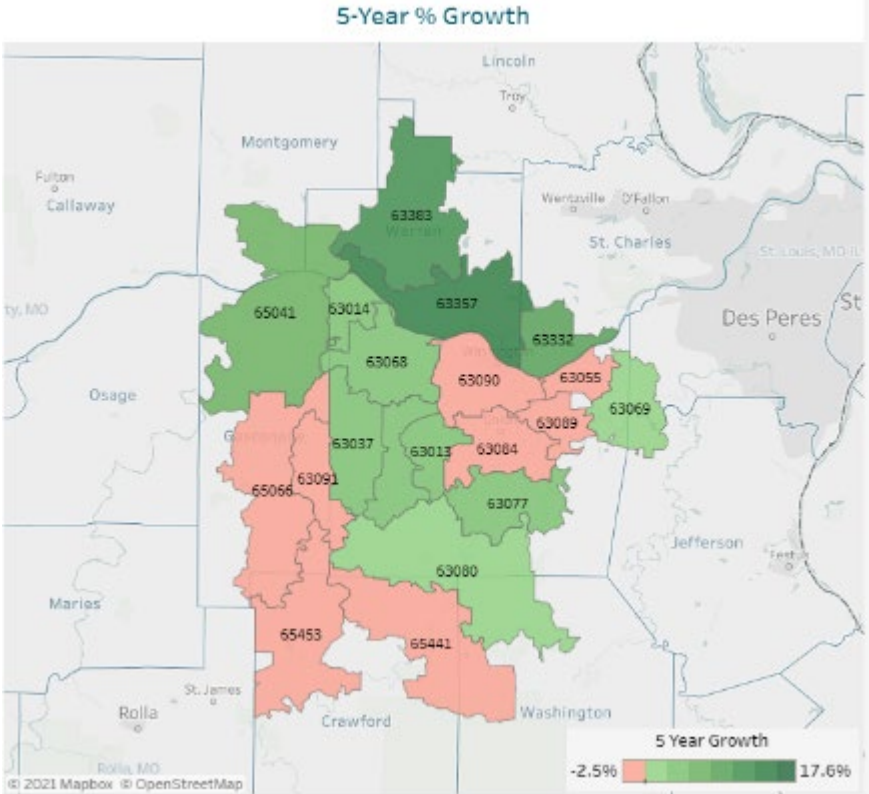
## Age Groups

0-17	33,643	22.1%	34,021	21.8%	1.1%	1,342,953	21.9%	71,929,687	21.8%
18-44	47,780	31.3%	49,392	31.6%	3.4%	2,166,226	35.3%	119,191,112	36.1%
45-64	41,608	27.3%	38,523	24.6%	-7.4%	1,544,581	25.1%	82,853,449	25.1%
65+	29,483	19.3%	34,402	22.0%	16.7%	1,090,873	17.8%	55,861,021	16.9%

PSA	State	US	Missouri
Median Age	43	41	41
Median Household Income	\$62k	\$56k	\$66k
High School Grad or Greater	89%	91%	89%

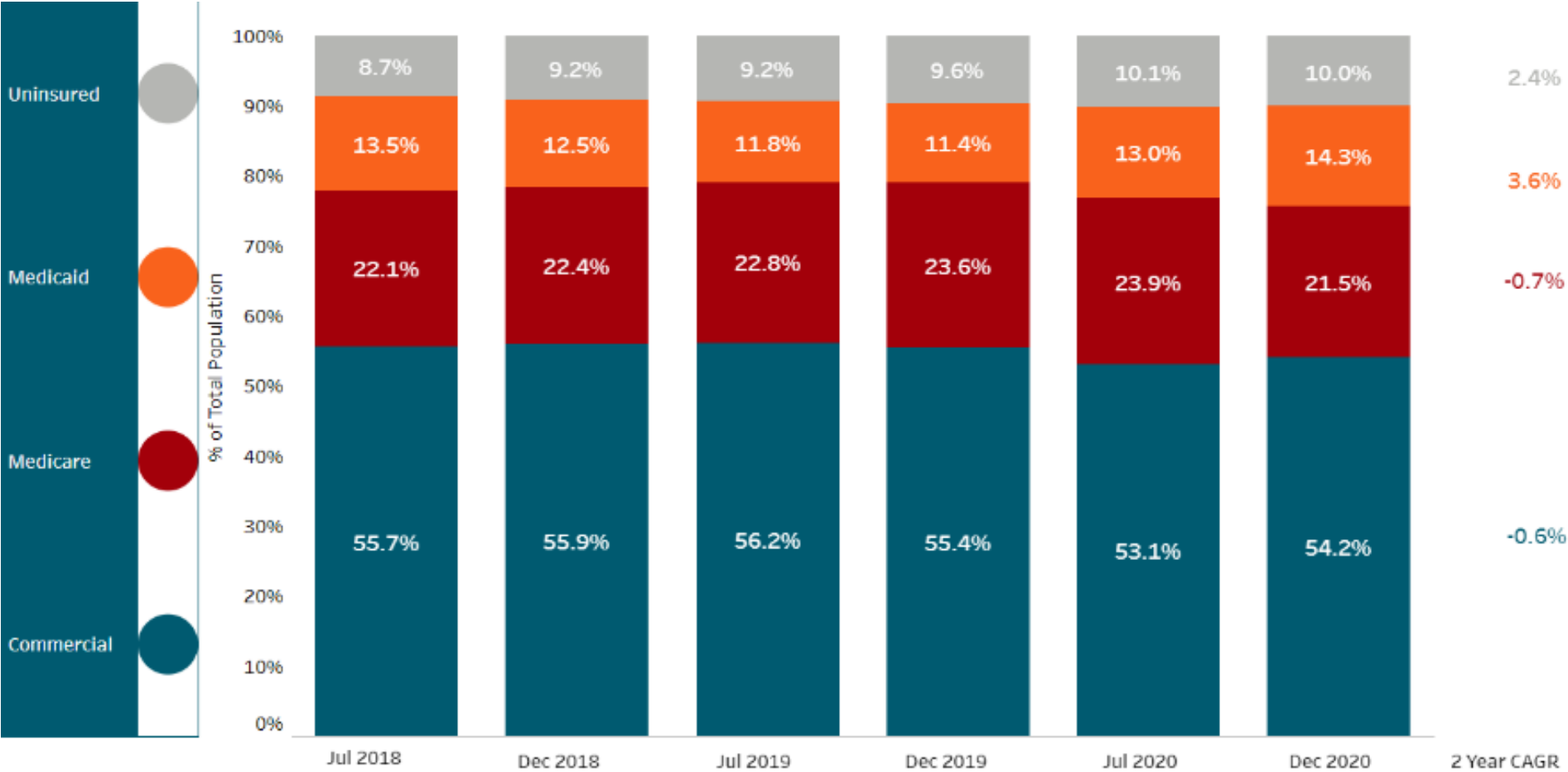
## Top Employers

Company	Industry	Staff
Mercy Hospital Washington	Health Care	1,706
Parker Hanifin-Sporlan Valve	Manufacturing	969
Washington School District	Education	669
WEG Transformers	Transformers	442
Walmart	Retail	400
The Magnet Group	Advertising	320
Frick's Quality Meats	Meat Processing	300
Arconic/RTI Advanced Forming, Inc.	Aircraft Parts	275
Canam Steel Corporation	Steel Manufacturer	170
Rawlings Sporting Goods, Inc.	Sporting Goods	170



# Community Profile

## Insurance Status





# Community Profile

## Access to Care

System Affiliation	ID	Hospital	City, State	Type	Total Hospital Beds	Total Inpatient Discharges	Total Births
Mercy	1	Mercy Hospital St. Louis	St. Louis, MO	Acute	859	37,916	8,869
	2	Mercy Hospital Jefferson	Crystal City, MO	Acute	321	8,437	520
	3	Mercy Hospital Lincoln	Troy, MO	Critical Access	25	674	1
	4	Mercy Hospital South	St. Louis, MO	Acute	767	22,569	809
	5	Mercy Hospital Washington	Washington, MO	Acute	148	6,604	791

# Our Assessment Process

## Finding the Real Community Needs

This CHNA process was designed to: use data to identify those who may not be flourishing; use information provided from focus groups and community surveys to help community members and organizations identify systems that perpetuate inequity; and test programmatic changes that have the potential to disrupt these systems. By doing this we hope the long-term outcome will be the creation of conditions where everyone has the opportunity to achieve health and well-being, by addressing the root causes of poor health outcomes.

The following methods were used to understand the community health needs:

- **Community Survey** – a survey of the general public to better understand what they view as the most significant health issues.
- **Community Focus Groups** – discussions with community members and community champions to delve deeper into individual experiences with health-related issues
- **Secondary Data Research** – information related to the current state of our community's economic, social, and health status published by established sources

# Our Assessment Process

## Community Input

### Community Health Survey

Mercy convened a community coalition of 12 Washington and surrounding area health care and social service organizations to conduct a comprehensive community health survey in 2021. The final survey was made up of 30 questions focused on health issues and needs most important to the respondents, wellness, mental health, barriers to care, and childhood immunizations. Various community partners promoted the survey on social media while also distributing the survey electronically to their co-workers, patients, clients, and community members by email and through social media.

446 responses were included in the final analytic sample. 93% of respondents were from Franklin County, 3% from Warren County, 2% from Gasconade County, and 1% from Crawford County. Complete results of the 2022 Washington Community Health Survey are included in the Appendix.





# Our Assessment Process

## Community Input (continued)

### Community Health Focus Groups

The facilitation team was made up of a lead facilitator and scribe during the three focus groups. The participants included individuals served by collaborating organizations as well as employees of the organizations. The facilitator led each community focus group and followed a written script to ensure consistent messaging at all events. The scribe then recorded quotes and ideas from individuals as they responded to each question. Each focus group was held virtually due to COVID restrictions, thus enabling the recording of the conversations to be done.

Participants convened discussions regarding the state of health in the Washington region. Key community health issues were discussed whether they were clinical in scope (diabetes) or non-clinical (access to healthy food). Then the group talked through currently available community resources along with the barriers to accessing these benefits. Finally, the community members brainstormed future solutions towards the top needs that included expanding/increasing current programs or developing new initiatives.



# From Our Focus Group:

*If you would ask community members, they would say there is no homeless or substance use problem – it is all up in St. Louis City/County. These local citizens do not seem to see the people among them that suffer from these issues right in their backyard.*

# Our Assessment Process

## Secondary Data Research

**The following external sources of published data are examples of those utilized in the data collection process.**

- U.S. Census Bureau, 2020 Census Results. <https://www.census.gov/>
- U.S. Census Bureau American Community Survey, 2019. <https://www.census.gov/programs-surveys/acs/data.html>
- The Robert Wood Johnson Foundation and The University of Wisconsin-Public Health Institute  
<http://www.countyhealthrankings.org/>

# Our Assessment Process

A list of community partners involved in the CHNA process is provided below:

- Franklin County Community Resource Board
- Foundations for Franklin County
- Franklin County Health Department
- Prevent+Ed
- United Way of Greater Franklin County
- Franklin County Service Providers



# Prioritized Needs

## Prioritizing Identified Health Needs

The Community Health Council of Mercy Washington met in April 2022 to prioritize the identified health needs. The committee reviewed the primary and secondary data collected during the CHNA process, evaluated the strengths and resources of the community, and took into account the hospital's strategic plan. The committee narrowed the list of identified health needs by using a strategy grid. Criteria used to prioritize the needs using the strategy grid were Severity of the Need and Availability of Resources to address the need. The strategy grid narrowed the list of health needs to six: **Internet Access, Substance Use, Food Insecurity, Housing Instability, Transportation and Health Education.**

Based on the results of the **2022 CHNA**, Mercy Washington has prioritized three health needs: **Housing Instability, Obesity** and **Substance Use/Behavioral Health**. Based on the Mercy Washington CHNA Survey and in-depth hospital board feedback, obesity was made a key priority. The decision was also made to expand the Substance Use priority to include Behavioral Health, thus allowing for more robust focus on general mental health services. Mercy Washington will maintain current strategies which have been implemented and have been shown to make positive impacts in these priority areas and will continue to seek out programs, interventions, and community partnerships to meet all the prioritized health needs.



# Prioritized Needs

## Prioritizing Identified Health Needs *(continued)*

### Strategy Grid Results

		Magnitude of Need		
		High	Medium	Low
Resources Available	High			Health Education
	Medium	Substance Use, Food		
	Low	Internet, Housing, Transportation		

### Nominal Group Ranking Results

Identified Health Need	Ranking Score*	Chosen as Priority Need
Substance Use	28	Yes
Housing Instability	47	Yes
Food Insecurity	61	Yes
Transportation	69	No
Health Education	100	No
Internet	114	No

\*Lower Score = Higher Priority: High 1 – 6 Low

# Prioritized Needs - 2022



Housing Instability



Obesity



Substance Use/  
Mental Health

# Prioritized Needs

## Housing Instability



- Housing remains one of the most integral influencers of an individual's health. Various social service agencies have even adopted the "Housing First" model in order to uplift underserved communities.
- Homelessness has continued to affect the Washington region, especially with the reduction in employment and benefits among already struggling families. There is strong evidence that people who are unhoused are forced to unnecessarily utilize the Emergency Department and can develop chronic behavioral health conditions.
- Within the Mercy Washington community, there does not exist many organizations developed to intervene during times of housing instability. Prioritizing housing within this CHNA will create solutions to uplift unhoused people in our community.

# Prioritized Needs

## Obesity



- Mercy Washington will continue our focus on this health condition epidemic. Obesity can be prevented or delayed with an achievable amount of weight loss and moderate physical activity. Mercy has been a leader in implementing and expanding the Weight and Wellness Clinic over the last two years and will continue to work towards reducing the burden of obesity in the community.
- Food insecurity is a lack of consistent access to nutritious, affordable food for an active, healthy life. Many people do not have the resources to meet obtain the nutritious food nor have the education on preparing these meals – forcing them to eat unhealthy, high-fat foods. Though food insecurity is closely related to poverty, not all people living below the poverty line experience food insecurity.
- Mercy will leverage both clinical services and key community programs to provide people of the community awareness and ability to maintain a healthy weight and lifestyle.





# Prioritized Needs

## Substance Use / Mental Health



- Substance use was noted as a top health concern in many instances of the primary data collection. Drug abuse was noted as the 1<sup>st</sup> safety concern in the community survey results. This community health concerns was mentioned throughout all three of the focus groups and all listed as having a high ability to collaborate on from a multi-organizational standpoint.
- Accompanied with the increases in depression and anxiety prevalence throughout the nation during the COVID pandemic, using substances as unique coping mechanisms will also climb to higher levels. Being able to educate and communicate the risks and alternatives will be vital.
- Behavioral Health was chosen as a priority health need for Mercy Washington's 2019 CHNA – but now taking more focused approach with Substance Use. Mercy remains committed to increasing access to care for uninsured, economically poor, and vulnerable persons and has instituted a number of programs to address this need.

# Resources

Mercy Washington collaborates with many local community agencies and organizations that have similar missions and personnel dedicated to improving the health and quality of life for individuals within the region. Some of these partners include:

- Aging Ahead
- Compass Health
- Foundations for Franklin County
- Franklin County Community Resource Board
- Franklin County Health Department
- Jefferson Franklin Community Action Corporation
- The Harvest Table
- Loving Hearts Outreach
- Our Lady of Lourdes Catholic Church
- Preferred Family Health
- Prevent+Ed
- St. Francis Borgia Catholic Church
- St. Vincent de Paul Society
- United Way of Greater Franklin County
- Other community- and faith-based organizations



*Your life is our life's work.*

# Appendix

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2. Focus Group Notes
3. CHNA Secondary Data
4. Mercy Washington ER Community Data

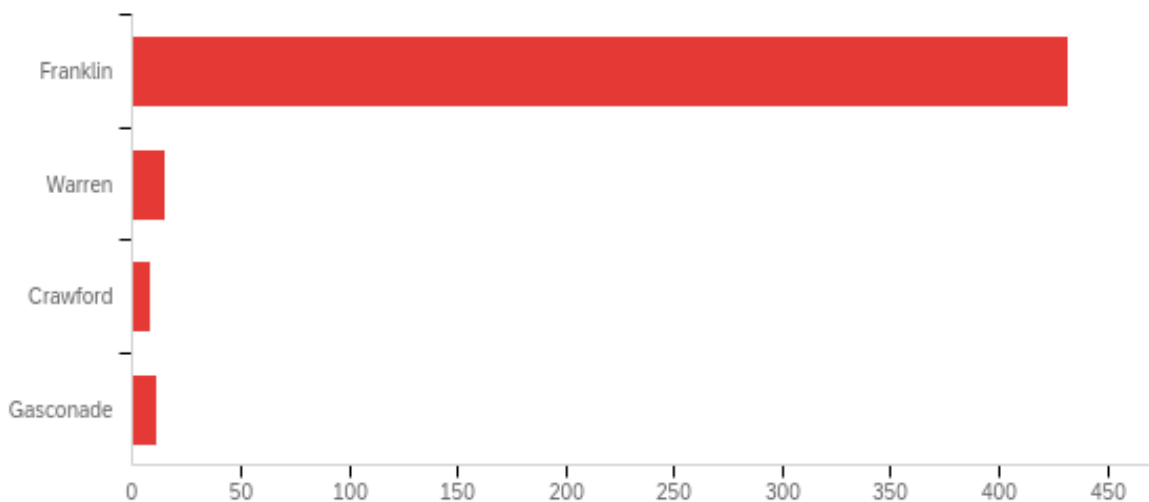


# Mercy Washington/Four Rivers 2022

Mercy Community Health Needs Assessment Survey

June 23rd 2022, 10:30 am CDT

**Q4 - Please select the MISSOURI COUNTY where you receive most of your health care.**



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Please select the MISSOURI COUNTY where you receive most of your health care.	35.00	51.00	36.09	3.88	15.04	466

#	Answer	%	Count
39	Franklin	92.70%	432
33	Warren	3.22%	15
50	Crawford	1.72%	8
35	Gasconade	2.36%	11
	Total	100%	466

**Q6 - Please enter your zip code in the space provided:**

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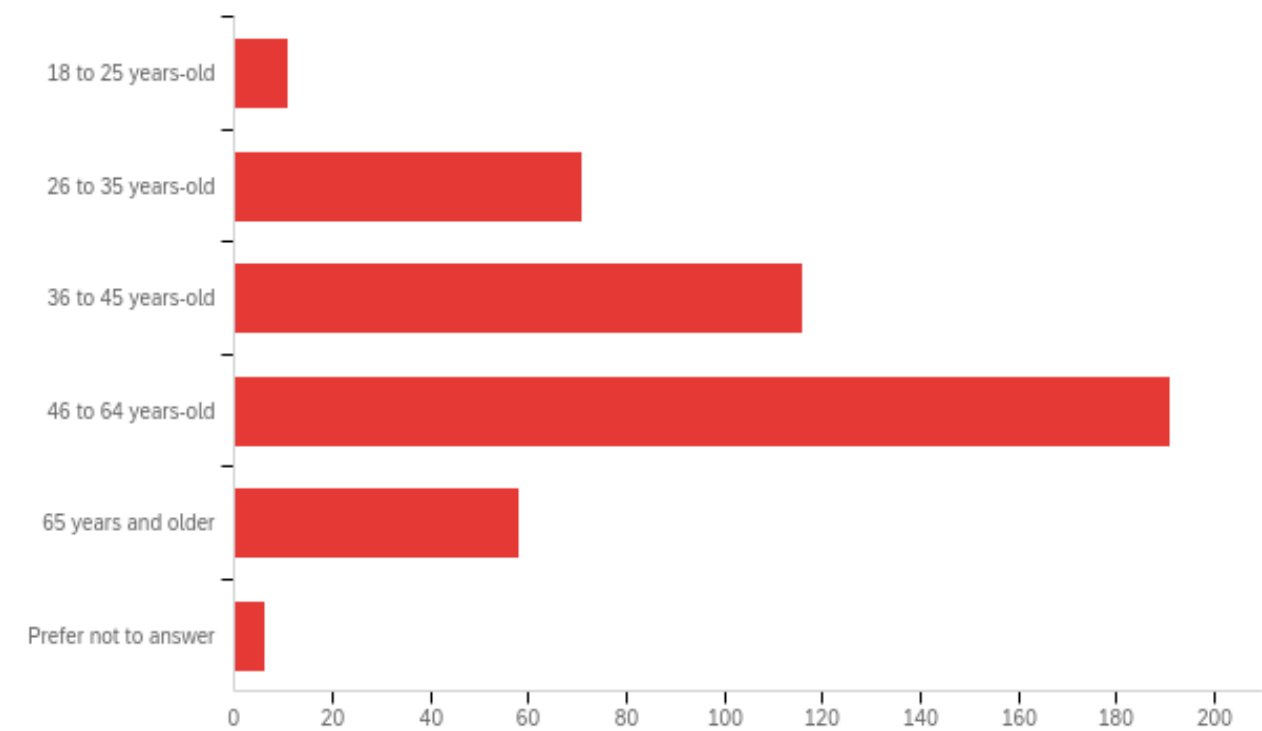
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Q7 - Please select the age range that best fits you.

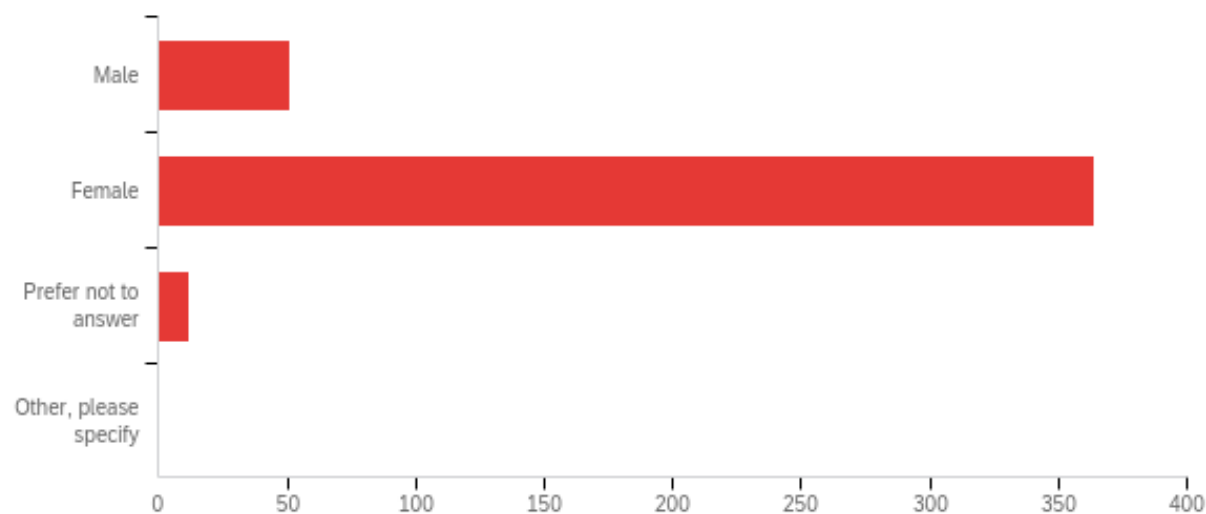


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Please select the age range that best fits you.	1.00	6.00	3.51	1.02	1.04	453

#	Answer	%	Count
1	18 to 25 years-old	2.43%	11
2	26 to 35 years-old	15.67%	71
3	36 to 45 years-old	25.61%	116
4	46 to 64 years-old	42.16%	191
5	65 years and older	12.80%	58
6	Prefer not to answer	1.32%	6
	Total	100%	453



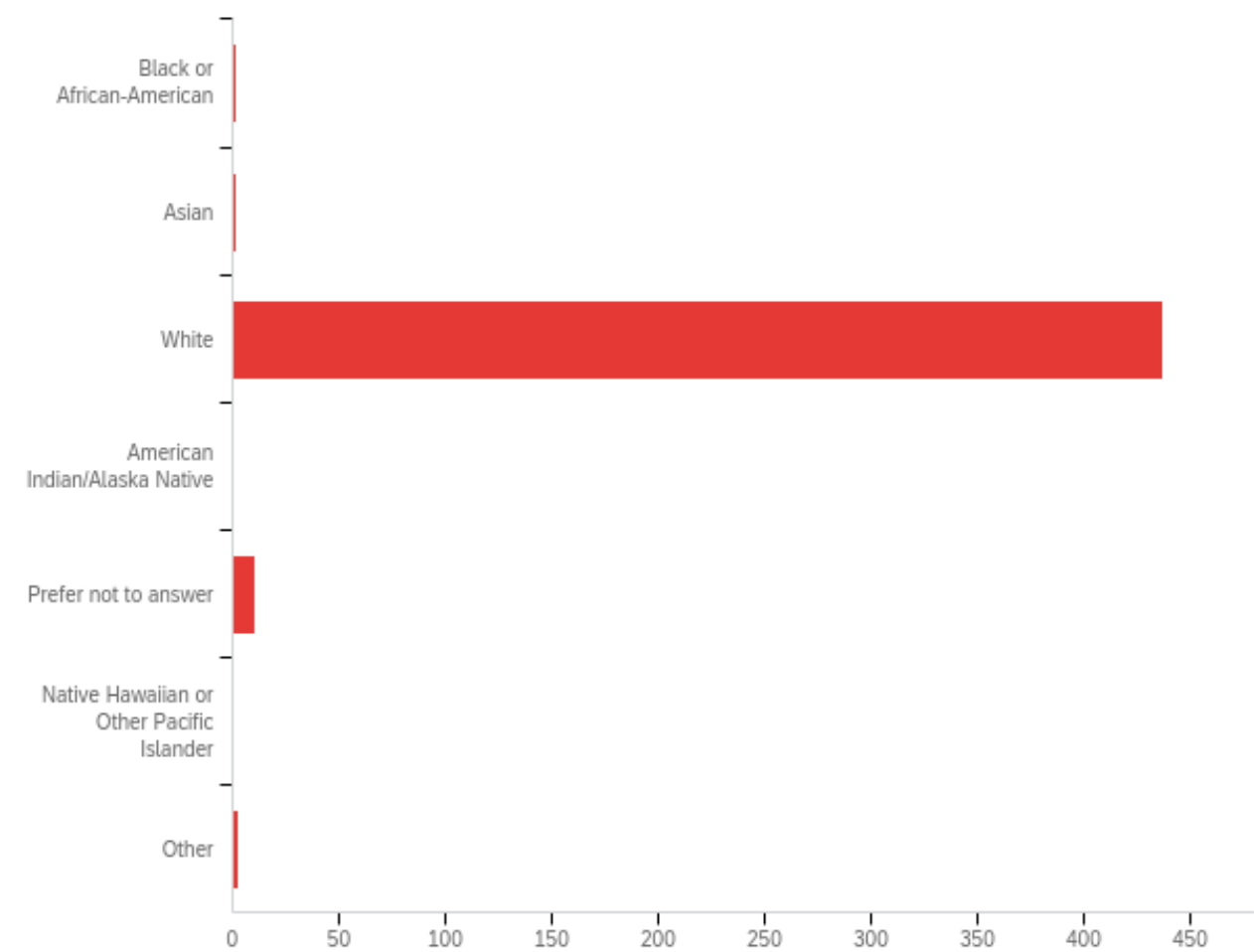
Q8 - What is your gender identity?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your gender identity? - Selected Choice	1.00	6.00	1.99	0.75	0.57	427

#	Answer	%	Count
1	Male	11.94%	51
2	Female	85.25%	364
6	Prefer not to answer	2.81%	12
7	Other, please specify	0.00%	0
	Total	100%	427

Q9 - Please choose the race/ethnicity that best fits you. Select all that apply or you can simply choose "prefer not to answer."



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Please choose the race/ethnicity that best fits you. Select all that apply or you can simply choose "prefer not to answer." - Selected Choice	1.00	8.00	4.05	0.43	0.19	451

#	Answer	%	Count
1	Black or African-American	0.22%	1
2	Asian	0.22%	1
4	White	96.90%	437

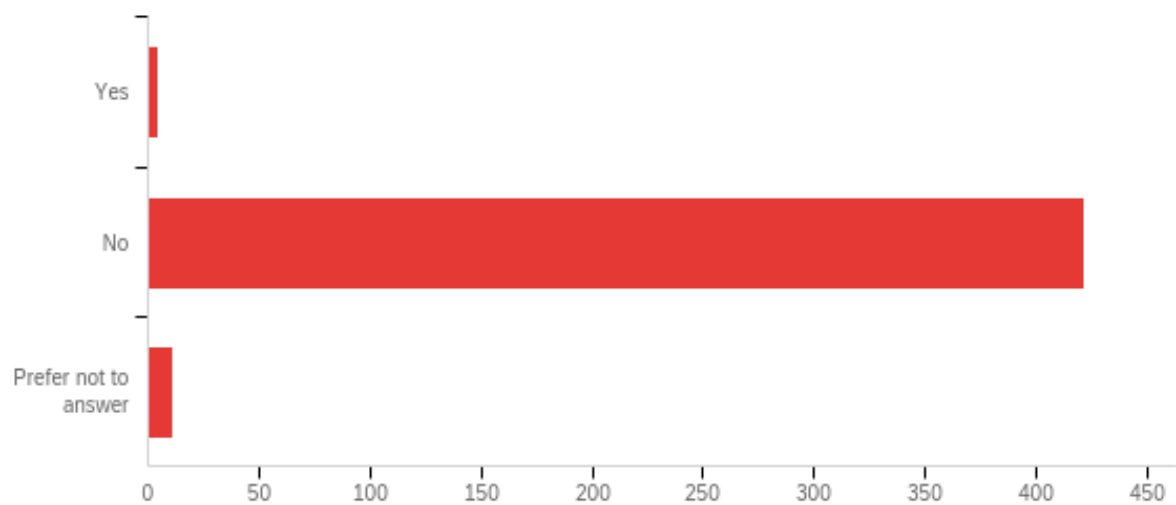
5	American Indian/Alaska Native	0.00%	0
6	Prefer not to answer	2.22%	10
7	Native Hawaiian or Other Pacific Islander	0.00%	0
8	Other	0.44%	2
	Total	100%	451

Q9\_8\_TEXT - Other

Other - Text

HISPANIC

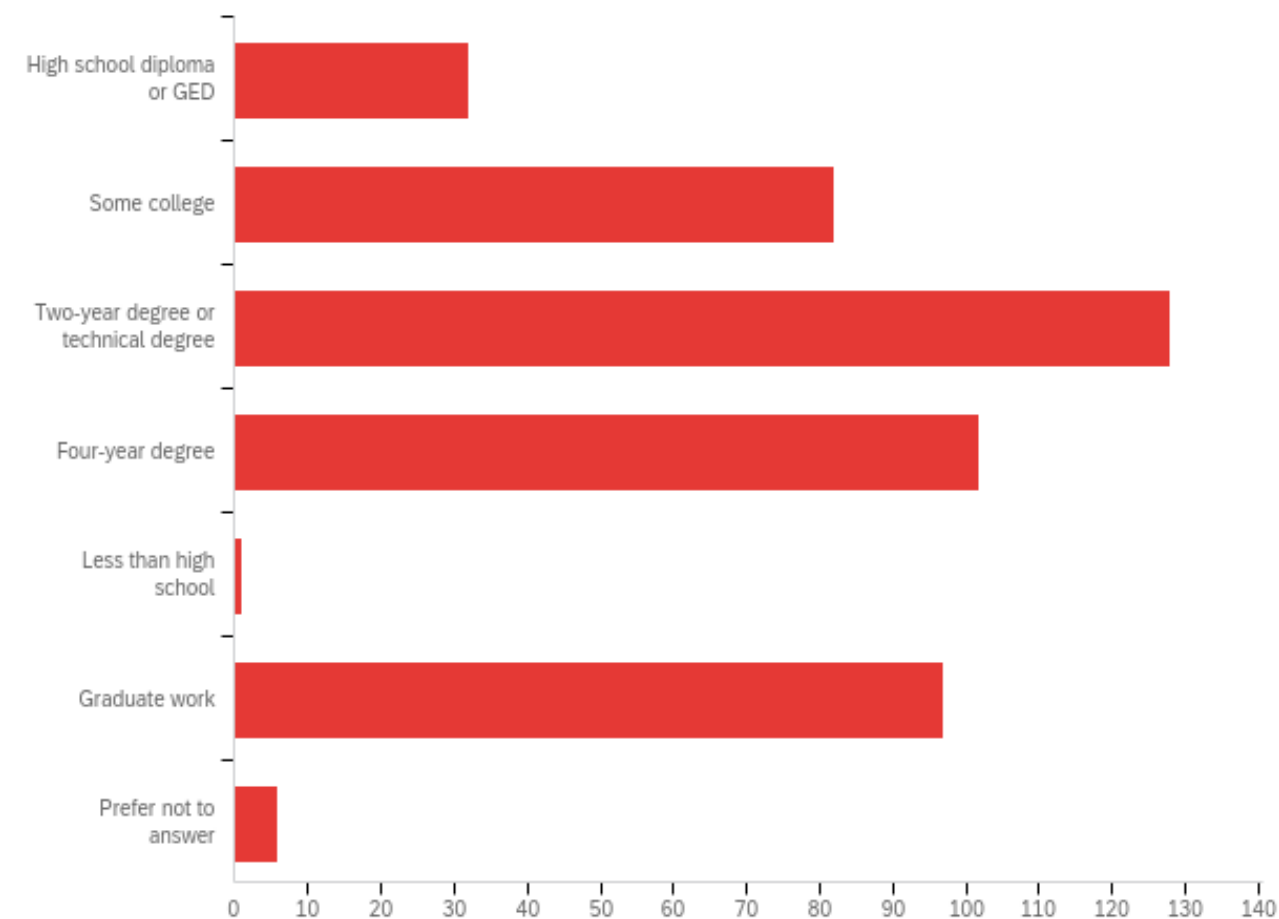
Q10 - Do you identify yourself as Hispanic or Latino?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you identify yourself as Hispanic or Latino?	1.00	3.00	2.02	0.18	0.03	437

#	Answer	%	Count
1	Yes	0.92%	4
2	No	96.57%	422
3	Prefer not to answer	2.52%	11
	Total	100%	437

Q11 - Please select the education level that best describes you.



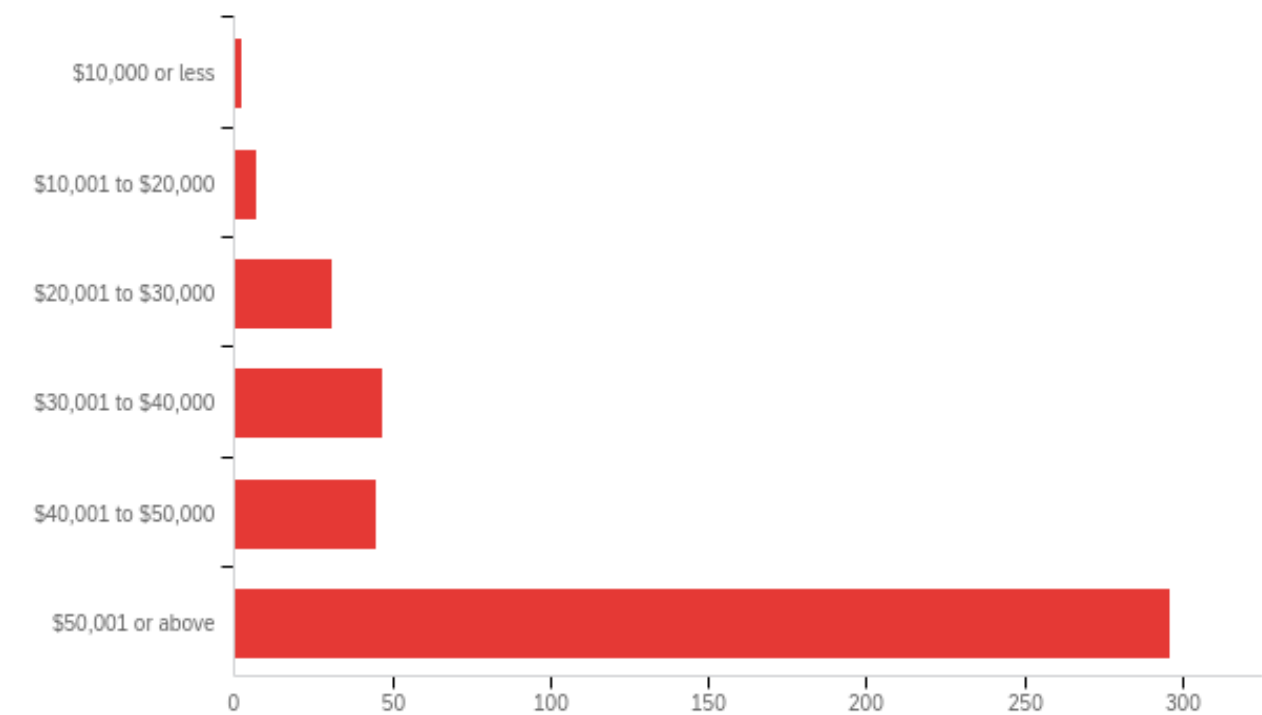
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Please select the education level that best describes you.	2.00	15.00	6.92	4.03	16.26	448

#	Answer	%	Count
2	High school diploma or GED	7.14%	32
4	Some college	18.30%	82
5	Two-year degree or technical degree	28.57%	128
6	Four-year degree	22.77%	102
7	Less than high school	0.22%	1



14	Graduate work	21.65%	97
15	Prefer not to answer	1.34%	6
	Total	100%	448

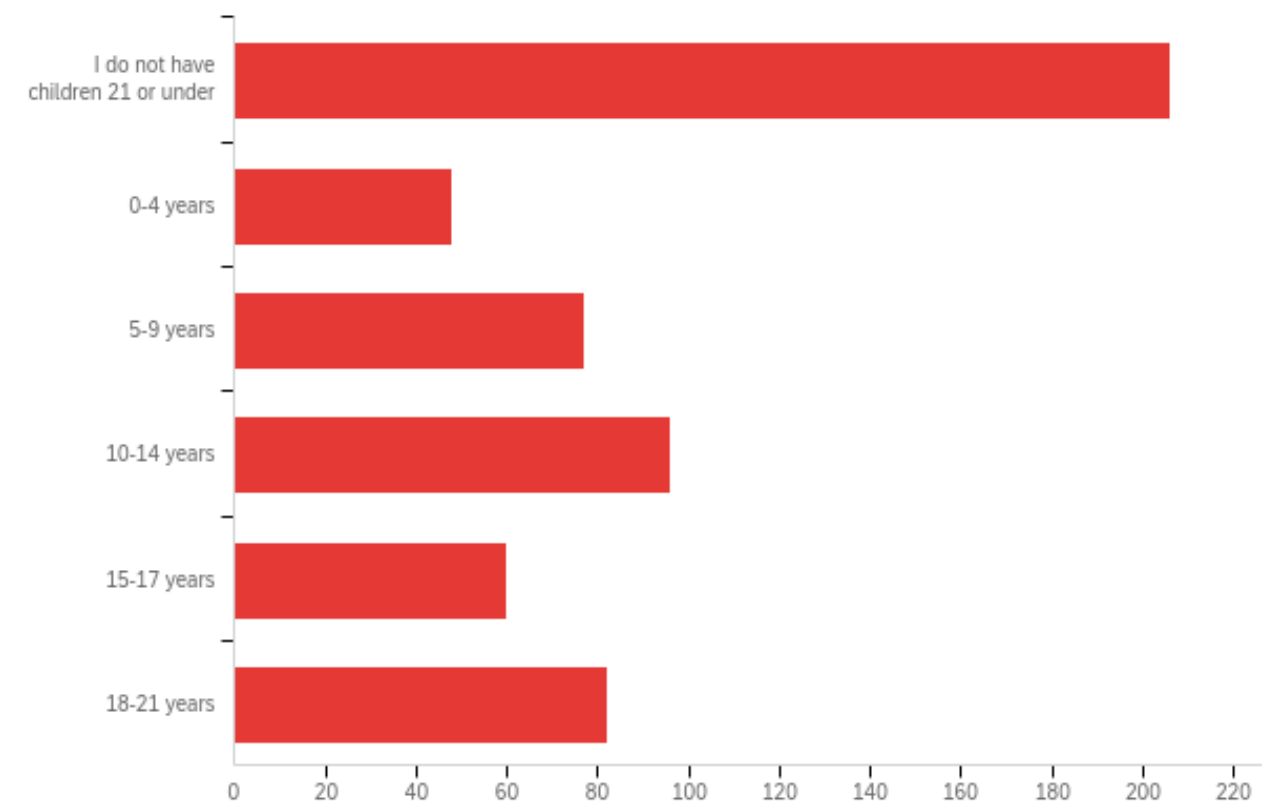
Q12 - Last year, what was your total household income from all sources, before taxes?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Last year, what was your total household income from all sources, before taxes?	1.00	6.00	5.37	1.08	1.18	428

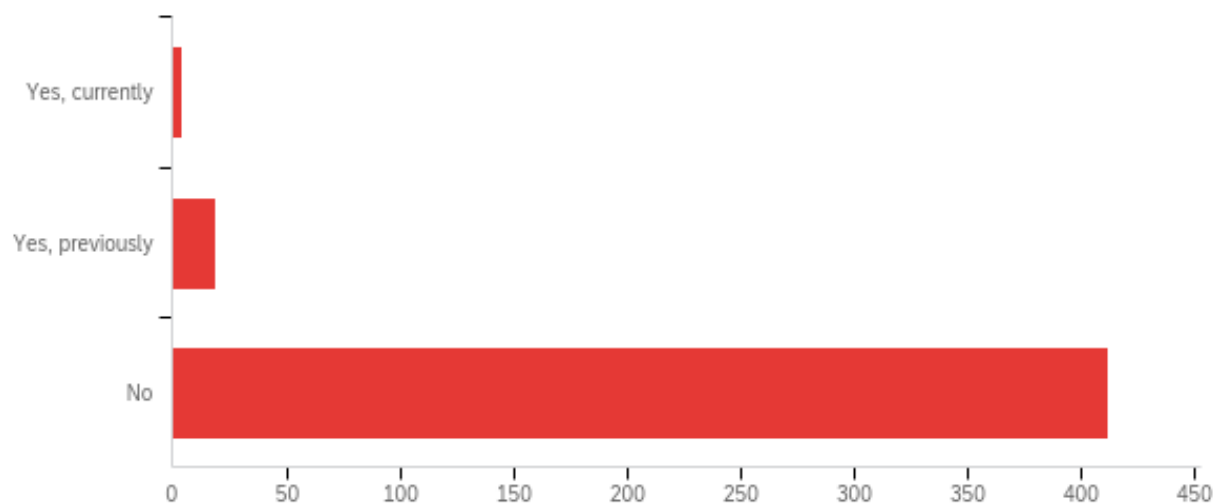
#	Answer	%	Count
1	\$10,000 or less	0.47%	2
2	\$10,001 to \$20,000	1.64%	7
3	\$20,001 to \$30,000	7.24%	31
4	\$30,001 to \$40,000	10.98%	47
5	\$40,001 to \$50,000	10.51%	45
6	\$50,001 or above	69.16%	296
	Total	100%	428

Q13 - If you have children 21 years of age or younger, how old are they? (Check all that apply)



#	Answer	%	Count
1	I do not have children 21 or under	36.20%	206
2	0-4 years	8.44%	48
3	5-9 years	13.53%	77
4	10-14 years	16.87%	96
5	15-17 years	10.54%	60
6	18-21 years	14.41%	82
	Total	100%	569

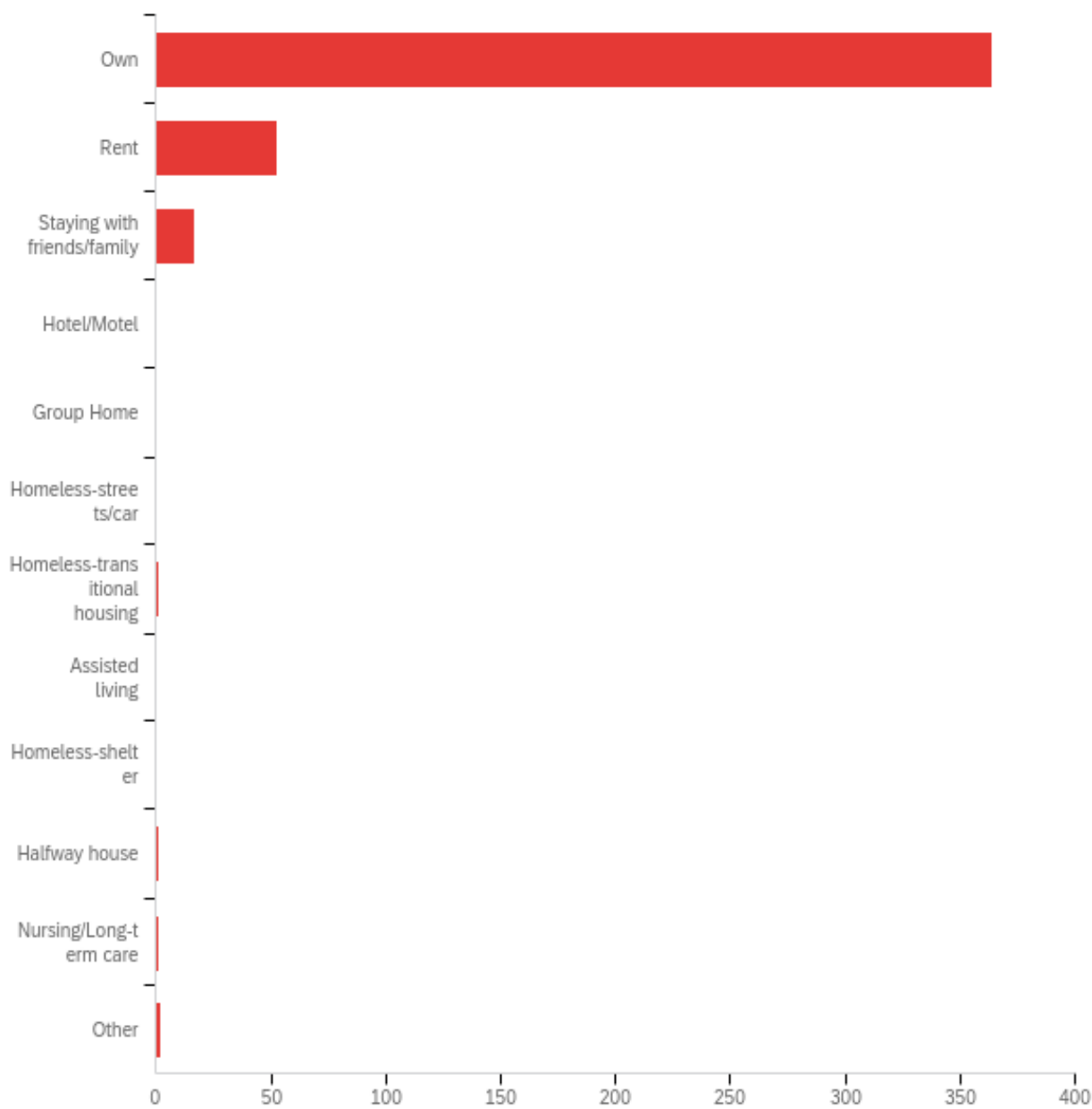
Q14 - Are you currently, or have you ever been, without stable housing? This includes sleeping in a tent, car, camper, make-shift shelter, couch surfing, etc.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Are you currently, or have you ever been, without stable housing? This includes sleeping in a tent, car, camper, make-shift shelter, couch surfing, etc.	1.00	10.00	9.87	0.88	0.77	435

#	Answer	%	Count
1	Yes, currently	0.92%	4
9	Yes, previously	4.37%	19
10	No	94.71%	412
	Total	100%	435

Q15 - What is your housing status?



#	Answer	%	Count
1	Own	82.92%	364
2	Rent	12.07%	53
3	Staying with friends/family	3.87%	17
4	Hotel/Motel	0.00%	0
5	Group Home	0.00%	0

6	Homeless-streets/car	0.00%	0
7	Homeless-transitional housing	0.23%	1
8	Assisted living	0.00%	0
9	Homeless-shelter	0.00%	0
10	Halfway house	0.23%	1
11	Nursing/Long-term care	0.23%	1
12	Other	0.46%	2
	Total	100%	439

## Q15\_12\_TEXT - Other

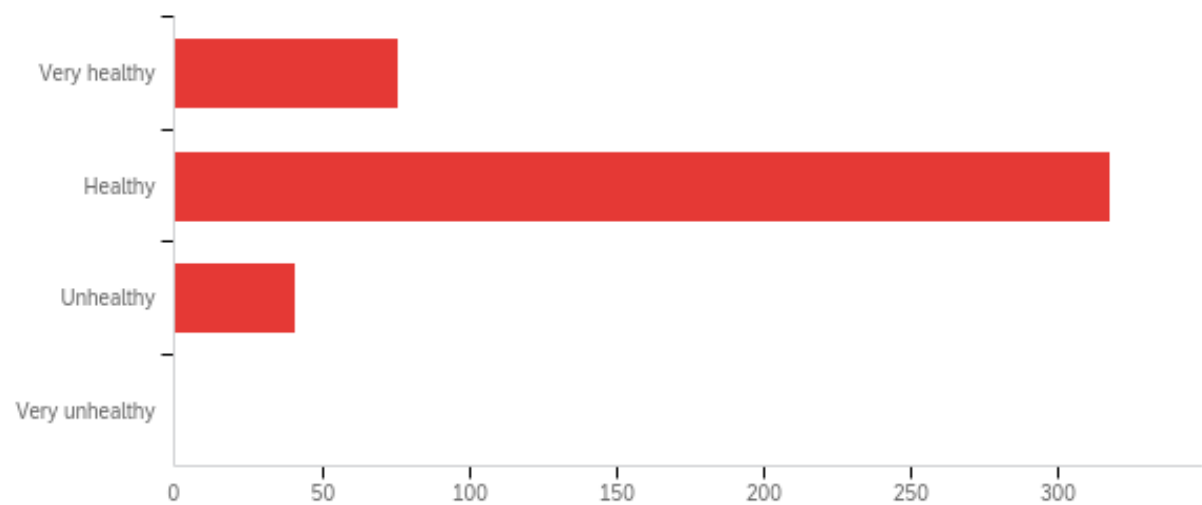
Other - Text

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single mortgage



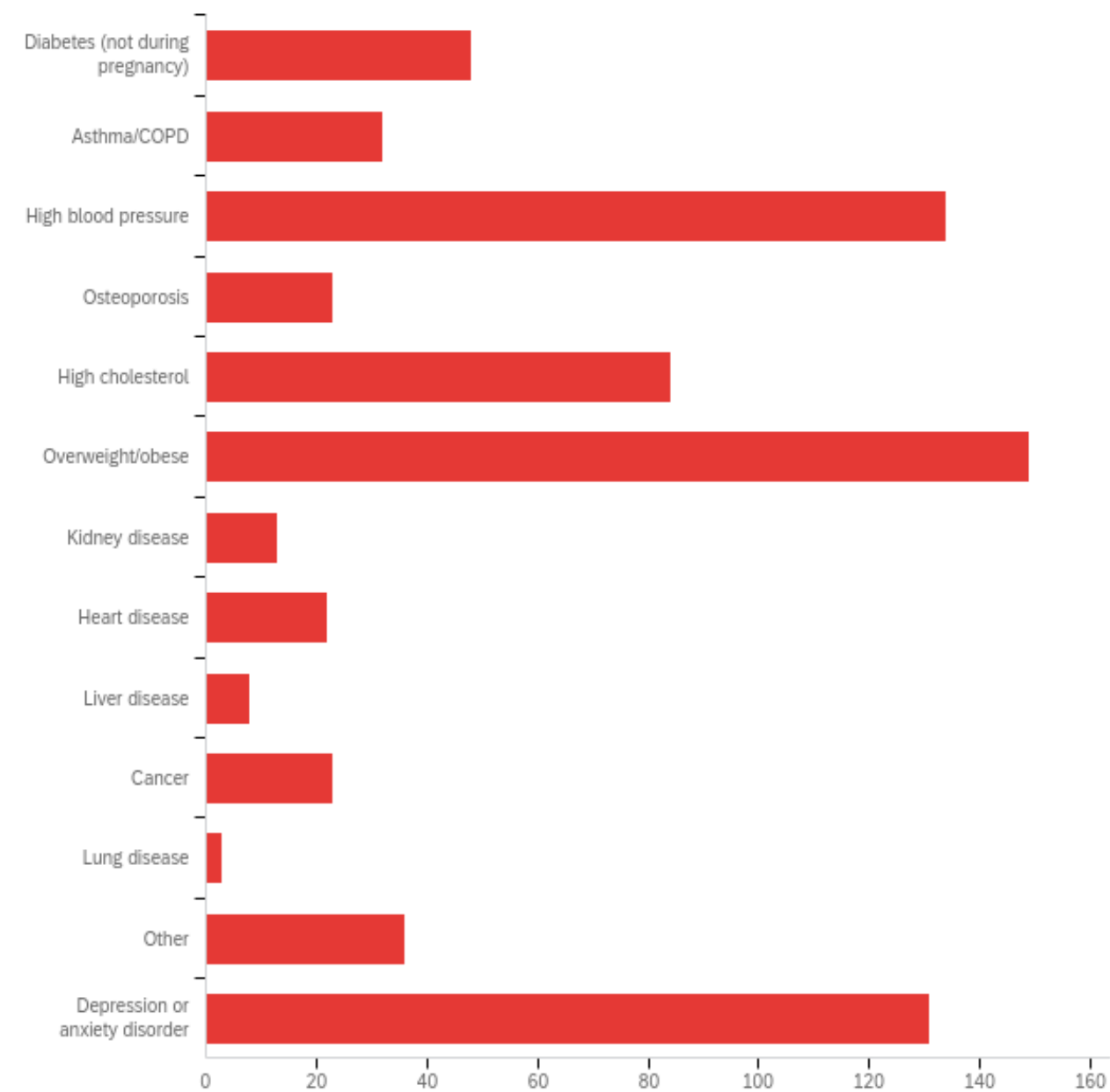
Q16 - How would you rate your own health?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How would you rate your own health?	1.00	3.00	1.92	0.51	0.26	435

#	Answer	%	Count
1	Very healthy	17.47%	76
2	Healthy	73.10%	318
3	Unhealthy	9.43%	41
4	Very unhealthy	0.00%	0
	Total	100%	435

Q17 - Have you ever been told by a doctor, nurse, or other health professional that you have any of the following conditions? (Select all that apply)



#	Answer	%	Count
1	Diabetes (not during pregnancy)	6.80%	48
2	Asthma/COPD	4.53%	32
3	High blood pressure	18.98%	134
4	Osteoporosis	3.26%	23

5	High cholesterol	11.90%	84
6	Overweight/obese	21.10%	149
7	Kidney disease	1.84%	13
8	Heart disease	3.12%	22
9	Liver disease	1.13%	8
10	Cancer	3.26%	23
11	Lung disease	0.42%	3
12	Other	5.10%	36
13	Depression or anxiety disorder	18.56%	131
	Total	100%	706

## Q17\_12\_TEXT - Other

### Other - Text

none

Sleep Apnea, Thyroid, Vitamin Deficiency

skin cancer

had colorectal cancer 25 years ago, no recurrence

no

anemia

Thyroid Disease

anemia

ADHD

lupus

pre-diabetic

auto immune disorder

Anemic

hyperthyroidism

anemia

Epilepsy

Multiple Schlerosis

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None

---

spinal stenosis

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Neuropathy, vestibular migraines

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breathing problems from covid

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Bulging disc in back

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arthritis

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ADHD

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Glaucoma

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Low back disc bulge

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ADHD

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Hypothyroidism

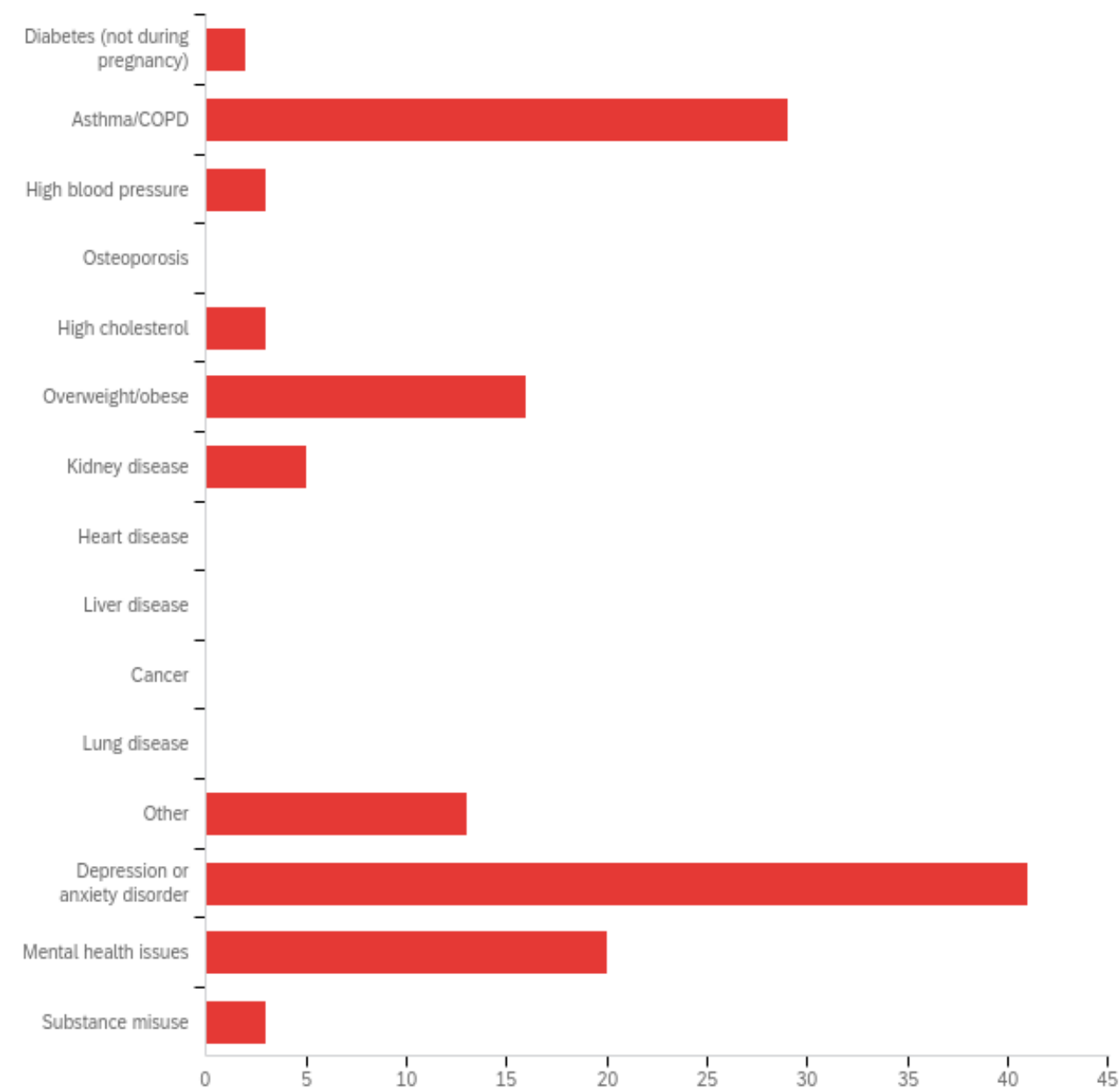
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Hypothyroidism

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Multiple Sclerosis, Stroke

Q18 - If you have children under the age of 21, have your children ever been diagnosed with any of the following ? (Select all that apply)



#	Answer	%	Count
1	Diabetes (not during pregnancy)	1.48%	2
2	Asthma/COPD	21.48%	29
3	High blood pressure	2.22%	3
4	Osteoporosis	0.00%	0

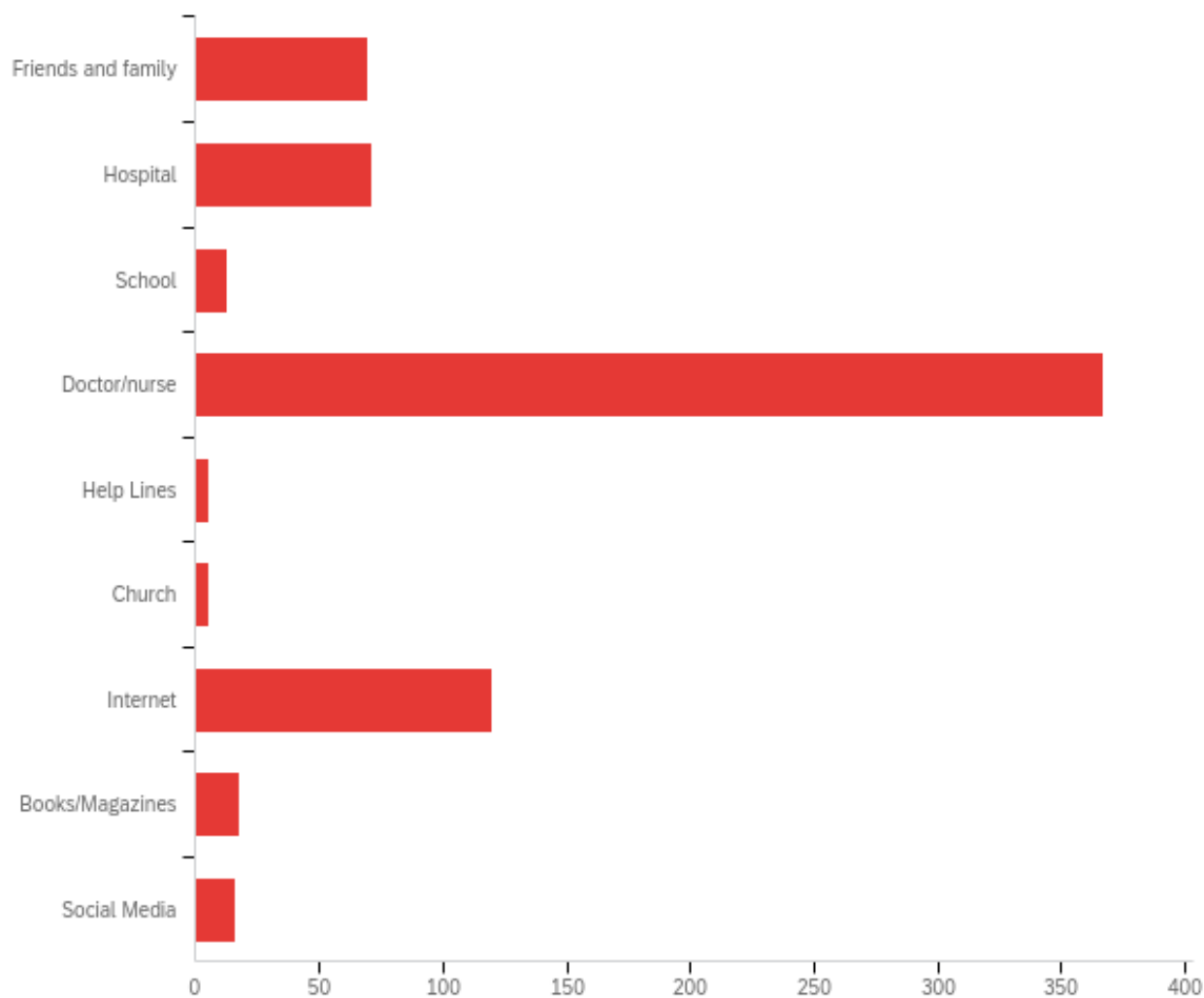
5	High cholesterol	2.22%	3
6	Overweight/obese	11.85%	16
7	Kidney disease	3.70%	5
8	Heart disease	0.00%	0
9	Liver disease	0.00%	0
10	Cancer	0.00%	0
11	Lung disease	0.00%	0
12	Other	9.63%	13
13	Depression or anxiety disorder	30.37%	41
14	Mental health issues	14.81%	20
15	Substance misuse	2.22%	3
	Total	100%	135

## Q18\_12\_TEXT - Other

### Other - Text

none
none
Celiac disease
herniated disk, spinal cyst
none
epilepsy, autistic
autism
Cardiac Dysrhythmia
Celiac disease and essential tremors
hypothyroidism
childhood ptsd

Q19 - Where do you get most of your health-related information?



#	Answer	%	Count
1	Friends and family	10.22%	70
2	Hospital	10.36%	71
3	School	1.90%	13
4	Doctor/nurse	53.58%	367
5	Help Lines	0.73%	5
6	Church	0.73%	5
7	Internet	17.52%	120
8	Books/Magazines	2.63%	18
9	Social Media	2.34%	16

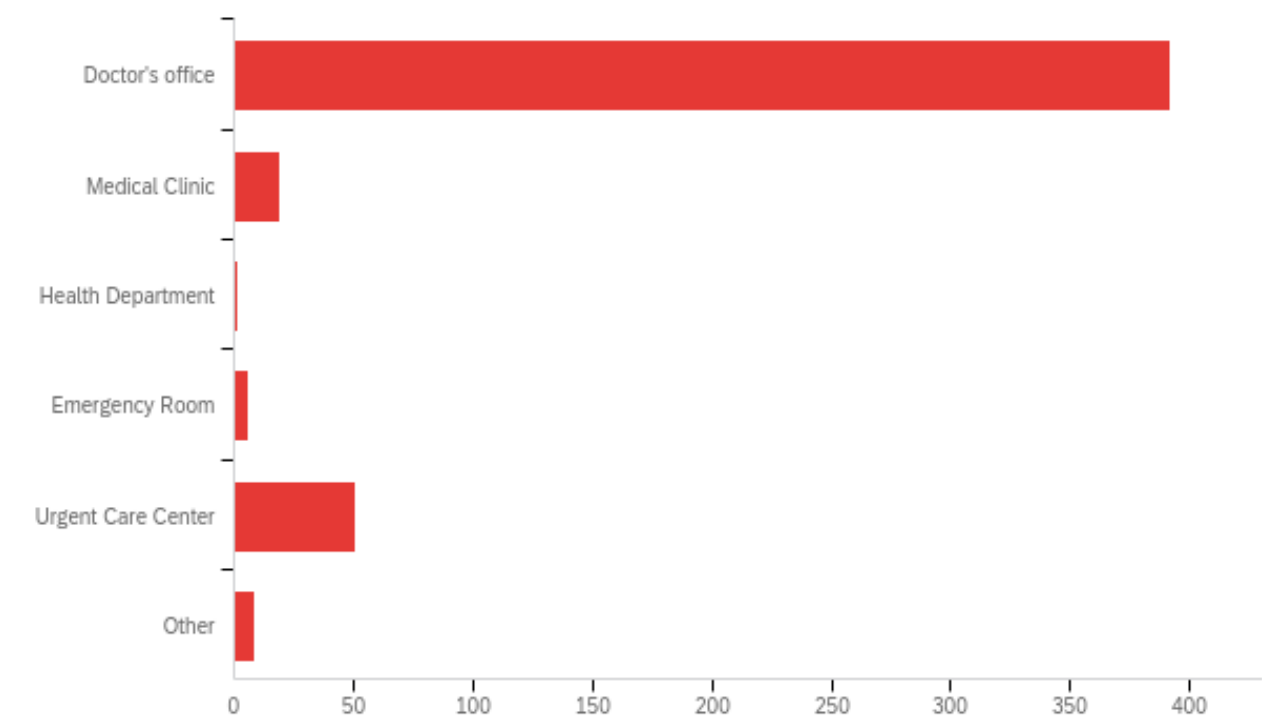


Total

100%

685

Q20 - Where do you go most often when you are sick or need advice about your health?  
(Choose the one you use most often.)



#	Answer	%	Count
1	Doctor's office	82.18%	392
2	Medical Clinic	3.98%	19
3	Health Department	0.21%	1
4	Emergency Room	1.26%	6
5	Urgent Care Center	10.69%	51
6	Other	1.68%	8
	Total	100%	477

Q20\_6\_TEXT - Other

Other - Text

nurse friend

The Lord

skilled facility

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google

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contact Dr via messaging app

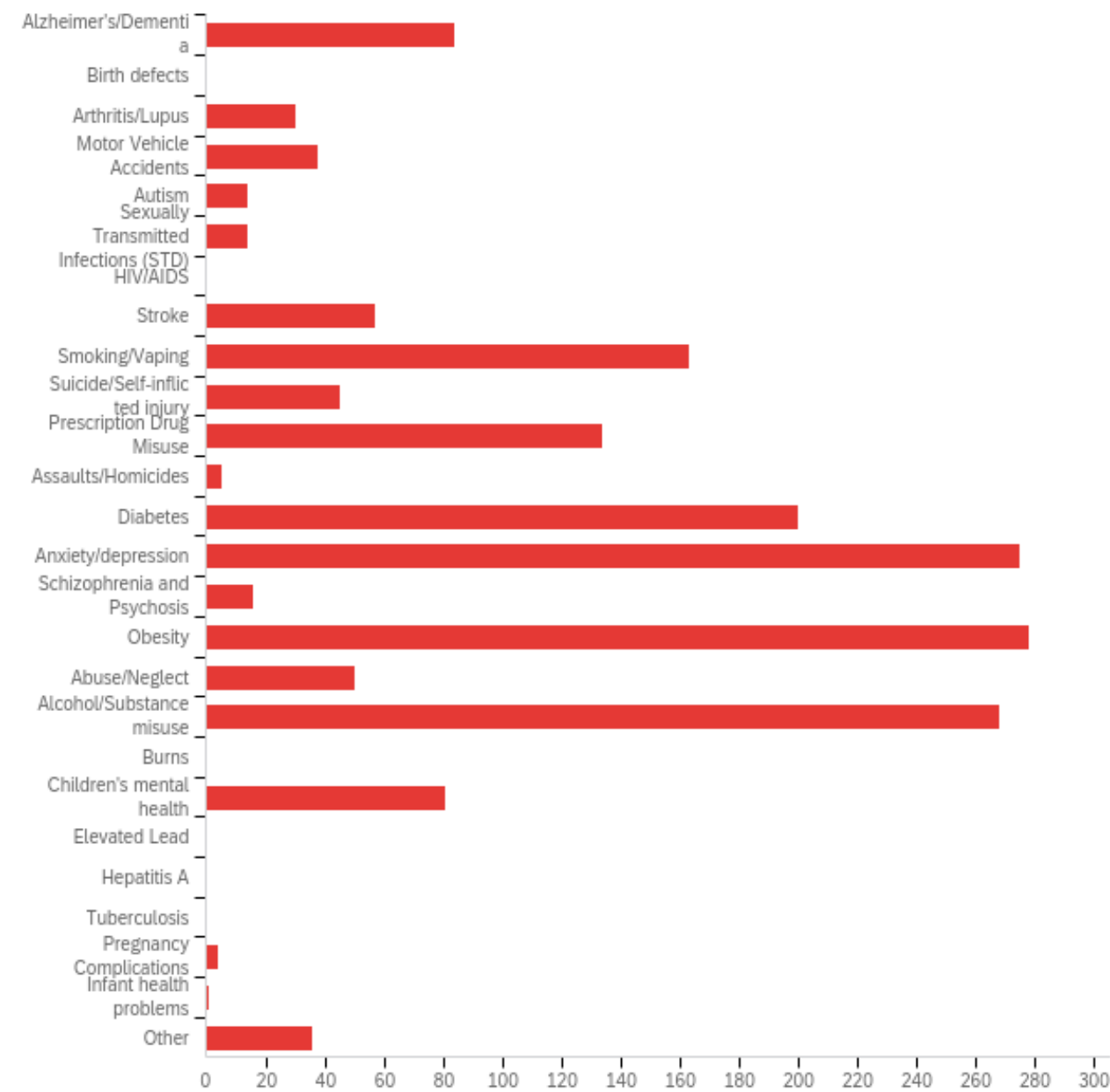
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I don't go. I wait out the illness

---

Functional Doctor

Q21 - What are the TOP 5 most common health issues in your city?



#	Answer	%	Count
1	Alzheimer's/Dementia	4.68%	84
2	Birth defects	0.00%	0
3	Arthritis/Lupus	1.67%	30
4	Motor Vehicle Accidents	2.12%	38
5	Autism	0.78%	14

6	Sexually Transmitted Infections (STD)	0.78%	14
7	HIV/AIDS	0.00%	0
8	Stroke	3.18%	57
9	Smoking/Vaping	9.09%	163
10	Suicide/Self-inflicted injury	2.51%	45
11	Prescription Drug Misuse	7.47%	134
12	Assaults/Homicides	0.28%	5
13	Diabetes	11.15%	200
14	Anxiety/depression	15.34%	275
15	Schizophrenia and Psychosis	0.89%	16
16	Obesity	15.50%	278
17	Abuse/Neglect	2.79%	50
18	Alcohol/Substance misuse	14.95%	268
19	Burns	0.00%	0
20	Children's mental health	4.52%	81
21	Elevated Lead	0.00%	0
22	Hepatitis A	0.00%	0
24	Tuberculosis	0.00%	0
25	Pregnancy Complications	0.22%	4
26	Infant health problems	0.06%	1
27	Other	2.01%	36
	Total	100%	1793

## Q21\_27\_TEXT - Other

Other - Text

I don't know

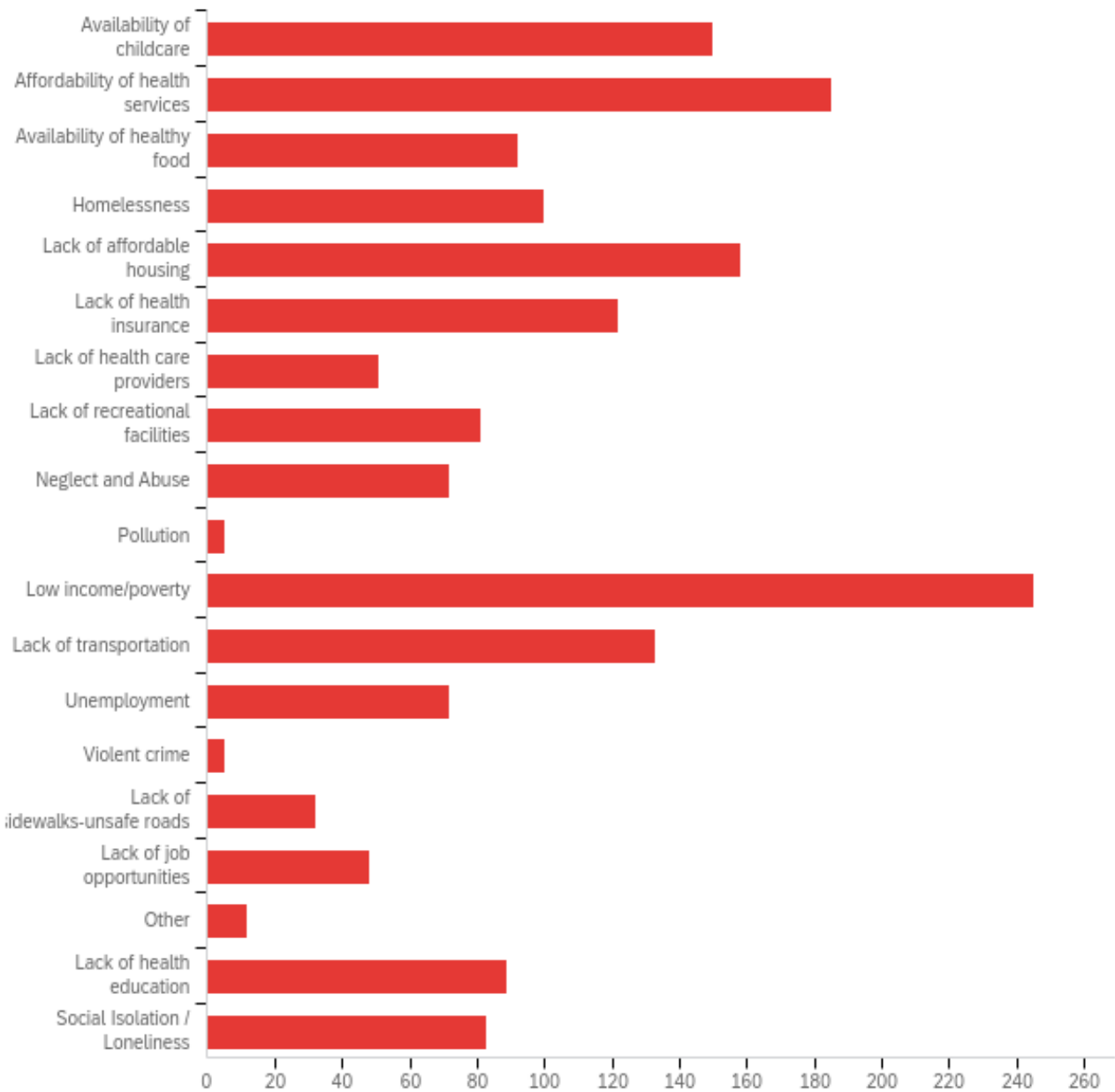
Heart disease, CHF

heart disease

Mental Health across the lifespan

homeless
CHF
I don't know
heart disease not listed, per personal opinion, not on statistics
hypertension
Heart Disease/ HTN
Hypertension
CHF
lack of exercise opportunities, food, inactivity
unhealthy lifestyle for fitness
Heroin and Drug addiction
HTN
Heart Disease & obesity
vertigo
I don't have a clue
COPD, HTN
covid fear
I don't know
large percentage of children with cancer
Heart disease and cancer
Cancer
Illegal drug use
Not sure
Don't know
Cancer
Parkinson's

Q22 - What are the TOP 5 social issues that have the greatest effect on quality of life in your city?



#	Answer	%	Count
1	Availability of childcare	8.65%	150
2	Affordability of health services	10.66%	185
3	Availability of healthy food	5.30%	92
4	Homelessness	5.76%	100



5	Lack of affordable housing	9.11%	158
6	Lack of health insurance	7.03%	122
7	Lack of health care providers	2.94%	51
8	Lack of recreational facilities	4.67%	81
9	Neglect and Abuse	4.15%	72
10	Pollution	0.29%	5
11	Low income/poverty	14.12%	245
12	Lack of transportation	7.67%	133
13	Unemployment	4.15%	72
14	Violent crime	0.29%	5
15	Lack of sidewalks-unsafe roads	1.84%	32
16	Lack of job opportunities	2.77%	48
17	Other	0.69%	12
18	Lack of health education	5.13%	89
19	Social Isolation / Loneliness	4.78%	83
	Total	100%	1735

## Q22\_17\_TEXT - Other

### Other - Text

Affordability of healthy food

adult care

Resources for older adults

adult care

Support of education

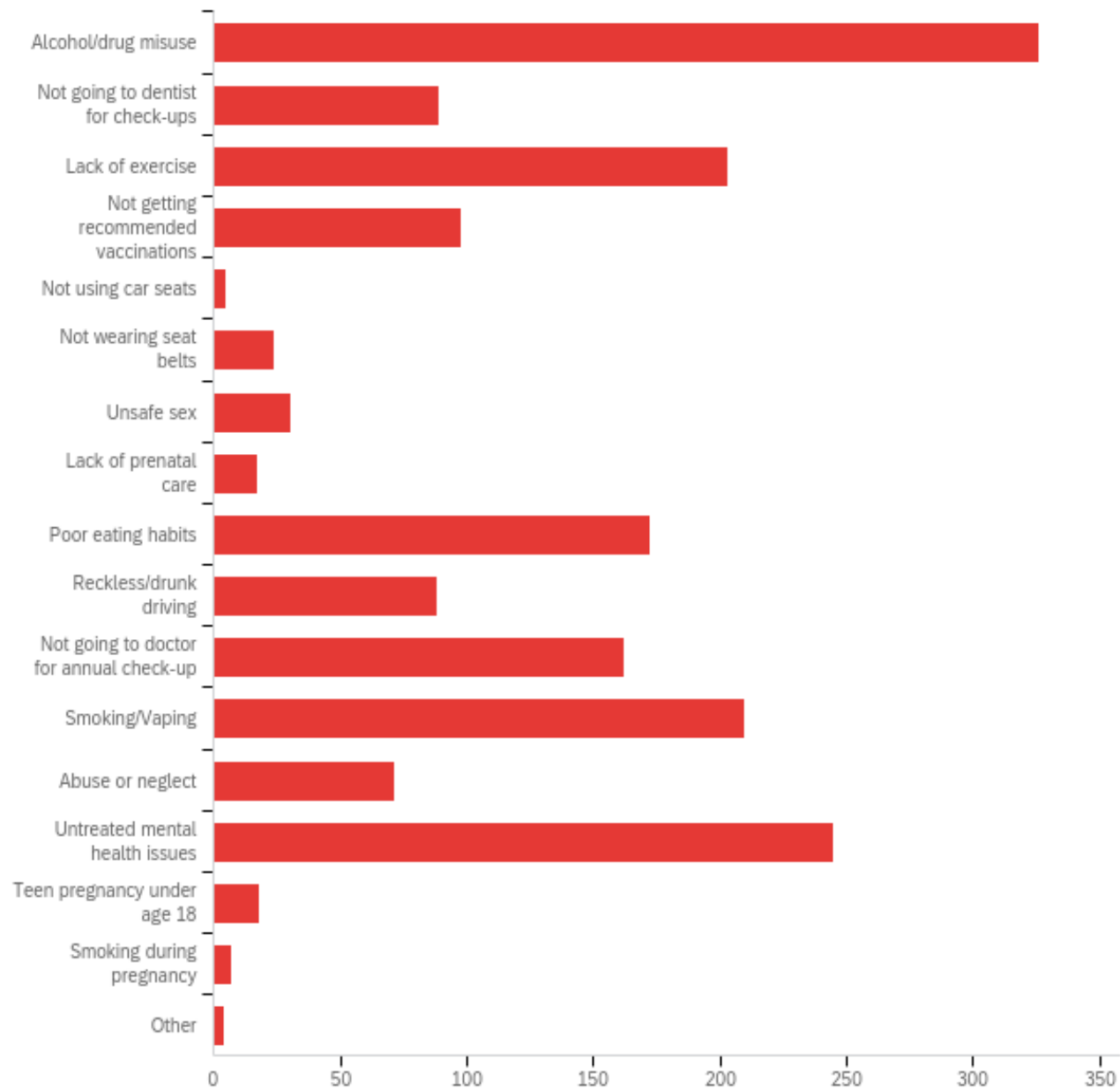
Lack of accountability

lack of affordable public transportation

Not sure

Addiction: We NEED outpatient drug treatment

### Q23 - What are the TOP 5 risk behaviors that impact health in your city?



#	Answer	%	Count
1	Alcohol/drug misuse	18.43%	326
4	Not going to dentist for check-ups	5.03%	89
5	Lack of exercise	11.48%	203
6	Not getting recommended vaccinations	5.54%	98
7	Not using car seats	0.28%	5

8	Not wearing seat belts	1.36%	24
9	Unsafe sex	1.70%	30
10	Lack of prenatal care	0.96%	17
11	Poor eating habits	9.72%	172
12	Reckless/drunk driving	4.97%	88
13	Not going to doctor for annual check-up	9.16%	162
14	Smoking/Vaping	11.87%	210
15	Abuse or neglect	4.01%	71
17	Untreated mental health issues	13.85%	245
18	Teen pregnancy under age 18	1.02%	18
19	Smoking during pregnancy	0.40%	7
20	Other	0.23%	4
	Total	100%	1769

## Q23\_20\_TEXT - Other

Other - Text

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Filth/Uncleanlyness

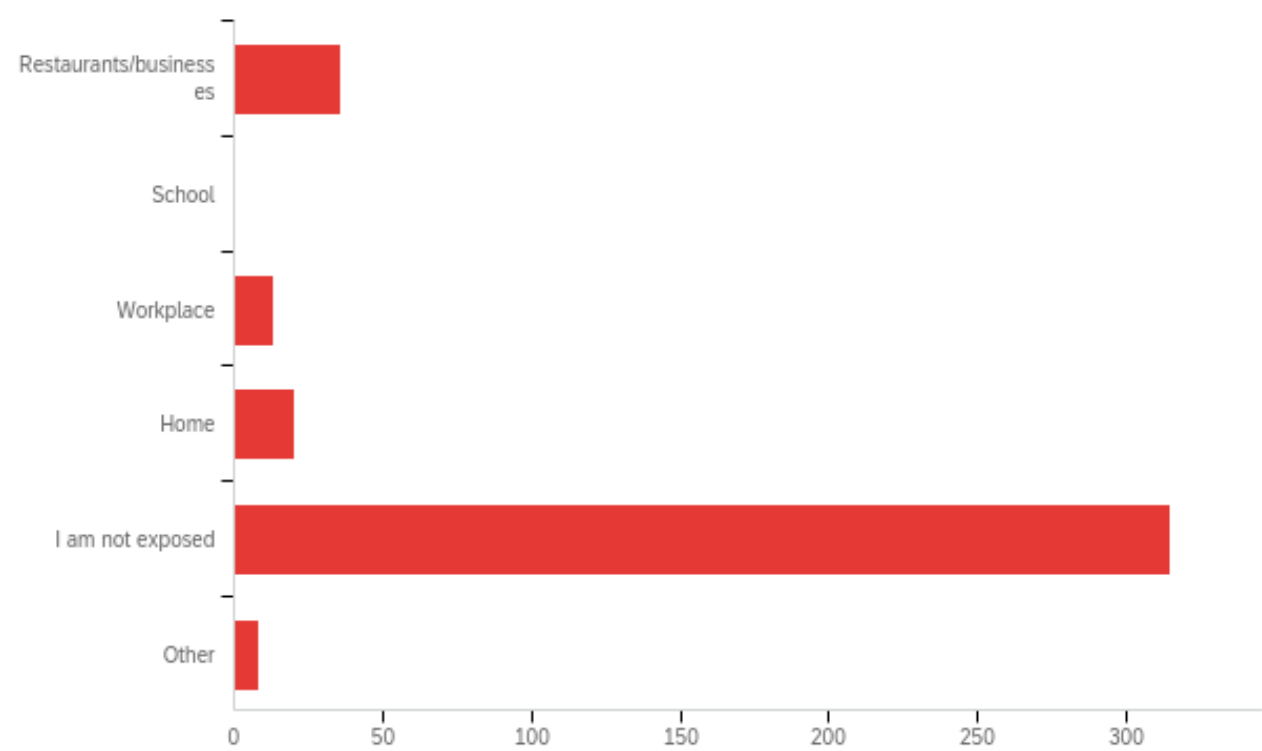
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inattentive driving

---

Not sure

Q24 - Are you exposed to secondhand smoke in any of the following places? (Select all that apply)



#	Answer	%	Count
1	Restaurants/businesses	9.18%	36
2	School	0.00%	0
3	Workplace	3.32%	13
4	Home	5.10%	20
5	I am not exposed	80.36%	315
6	Other	2.04%	8
	Total	100%	392

Q24\_6\_TEXT - Other

Other - Text

My parents' home when I visit

I am no longer exposed. My husband quit.

---

I am a current smoker

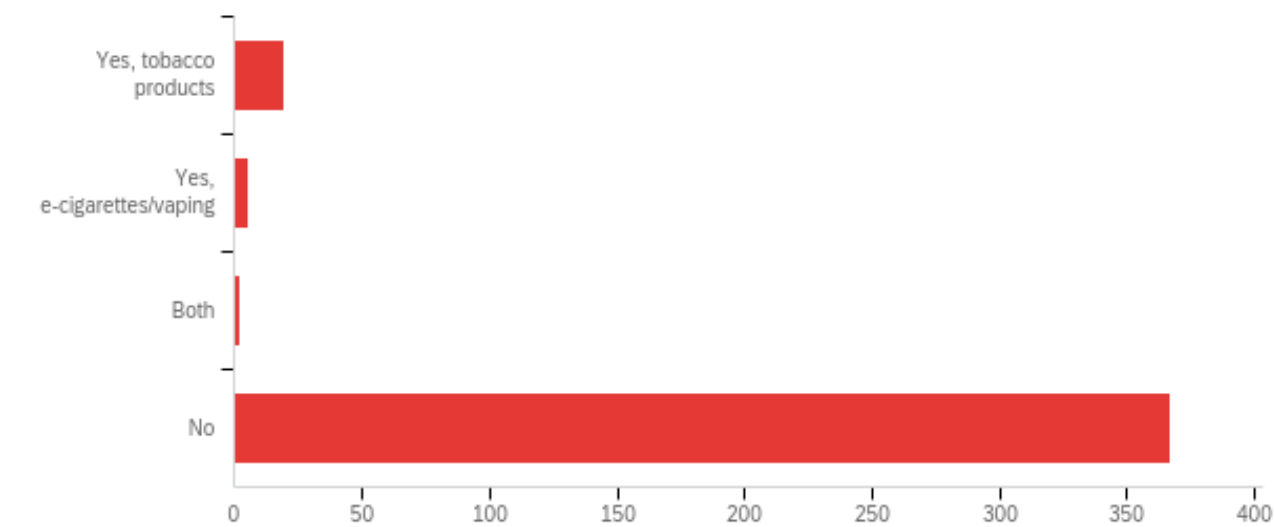
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In New Haven, a lot of the restaurants still allow smoking inside. It is awful and shouldn't be allowed (especially for children and pregnant women).

---

Client's home

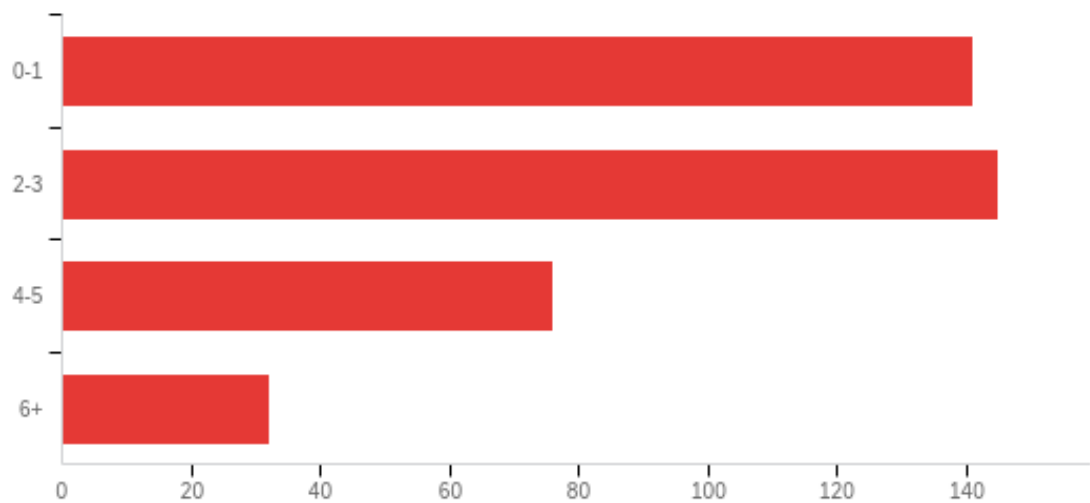
Q25 - Do you currently smoke or use tobacco products including e-cigarettes/vaping?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you currently smoke or use tobacco products including e-cigarettes/vaping?	1.00	4.00	3.82	0.68	0.46	393

#	Answer	%	Count
1	Yes, tobacco products	4.83%	19
2	Yes, e-cigarettes/vaping	1.27%	5
3	Both	0.51%	2
4	No	93.38%	367
	Total	100%	393

Q26 - In a normal week, how many times do you exercise at least 30 minutes?

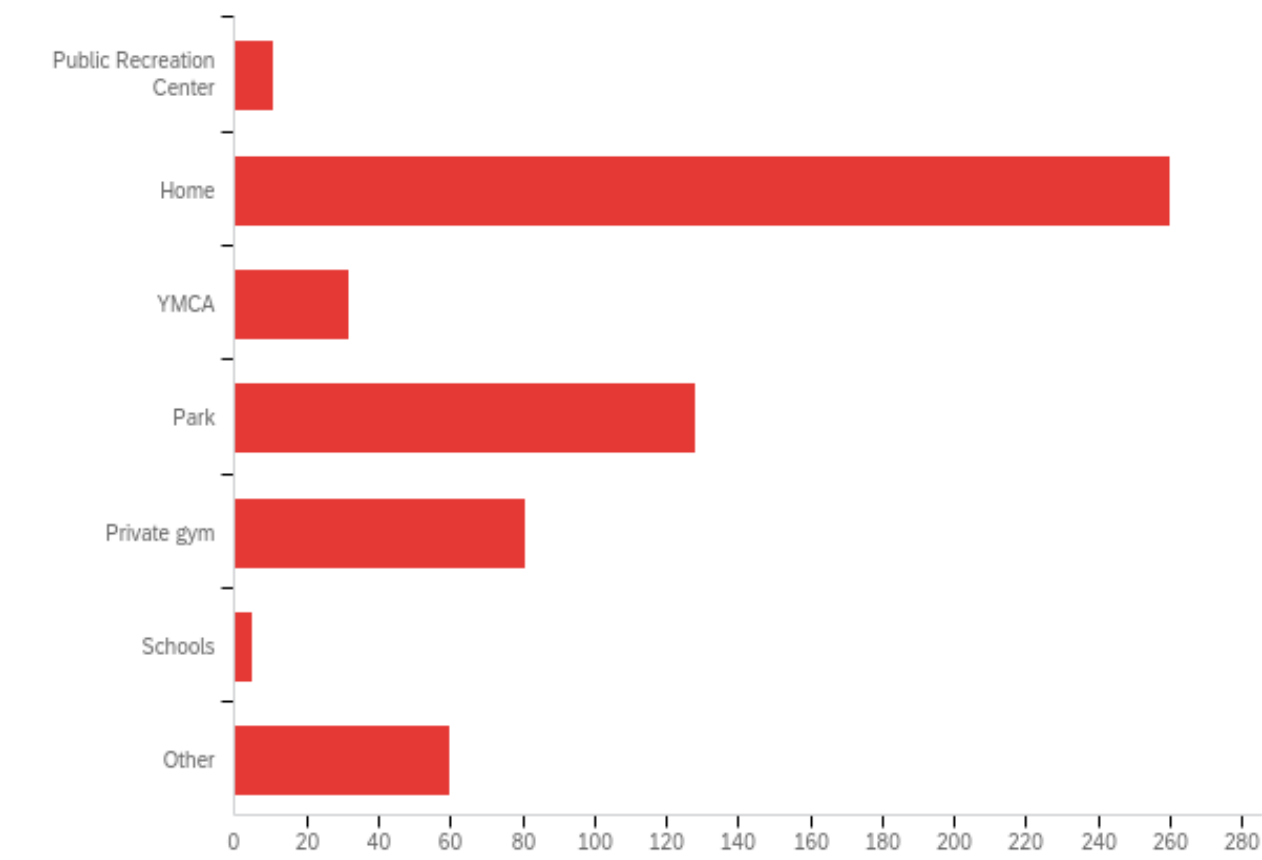


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	In a normal week, how many times do you exercise at least 30 minutes?	1.00	4.00	2.00	0.94	0.88	394

#	Answer	%	Count
1	0-1	35.79%	141
2	2-3	36.80%	145
3	4-5	19.29%	76
4	6+	8.12%	32
	Total	100%	394



Q27 - Where do you go to engage in exercise or physical activity? (Select all that apply)



#	Answer	%	Count
1	Public Recreation Center	1.91%	11
2	Home	45.06%	260
3	YMCA	5.55%	32
4	Park	22.18%	128
5	Private gym	14.04%	81
6	Schools	0.87%	5
7	Other	10.40%	60
	Total	100%	577

Q27\_7\_TEXT - Other

Other - Text

Yard

Run outdoors

Walk around neighborhood

planet fitness

Outdoors

work

Work

ride bicycle 200 miles per week on Riverfront Trail and KATY trail

walking

KATY TRAIL

Riverfront

Outdoors

bike trails

work

my neighborhood

Gym

work

outdoor cycling

walk the streets of my neighborhood

disc golf

Planet fitness

I don't

Work

outside

live on a farm and do chores

shopping for groceries

Golf course

public indoor waling space

Walk in neighborhood

Run thru town

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On the dtreets

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local hiking trails

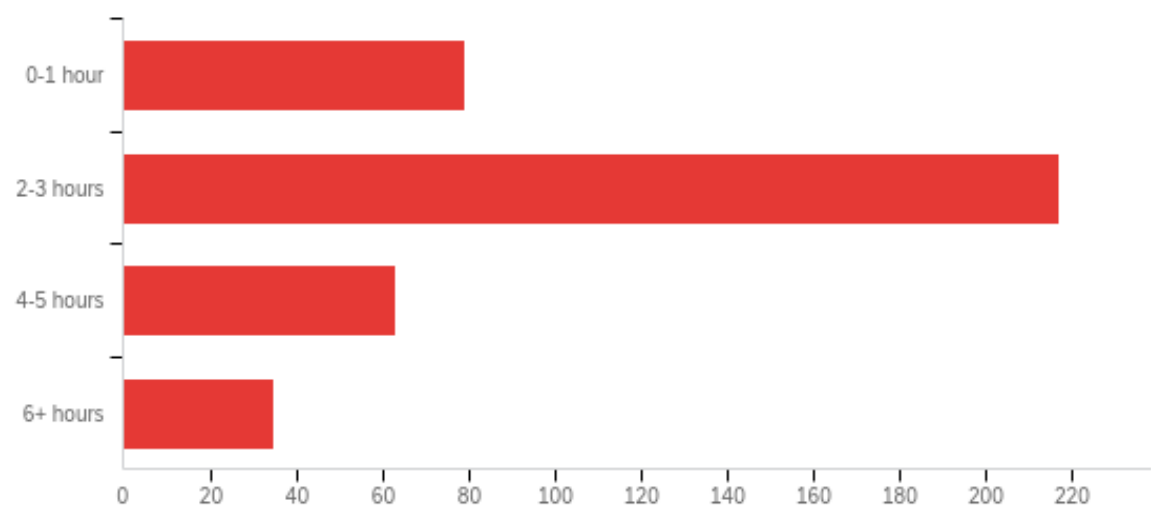
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Work

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Home

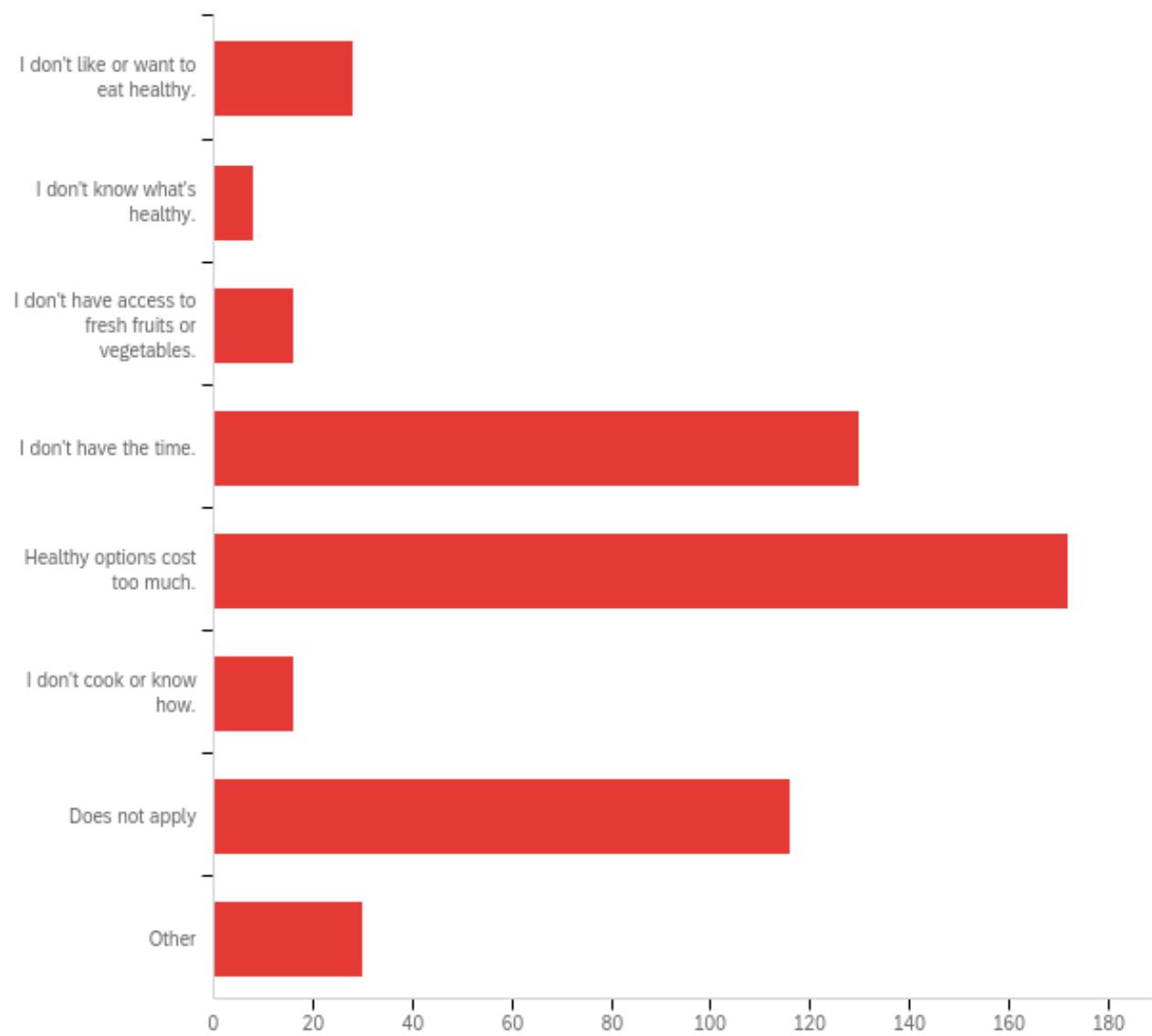
Q28 - How many hours per day do you watch TV, play video games, or use the computer or a smart device for recreation?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How many hours per day do you watch TV, play video games, or use the computer or a smart device for recreation?	1.00	4.00	2.14	0.83	0.70	394

#	Answer	%	Count
1	0-1 hour	20.05%	79
2	2-3 hours	55.08%	217
3	4-5 hours	15.99%	63
4	6+ hours	8.88%	35
	Total	100%	394

Q29 - What barriers prevent you from eating healthy foods? (Select all that apply)



#	Answer	%	Count
1	I don't like or want to eat healthy.	5.43%	28
2	I don't know what's healthy.	1.55%	8
3	I don't have access to fresh fruits or vegetables.	3.10%	16
4	I don't have the time.	25.19%	130
5	Healthy options cost too much.	33.33%	172
6	I don't cook or know how.	3.10%	16
7	Does not apply	22.48%	116

8	Other	5.81%	30
	Total	100%	516

## Q29\_8\_TEXT - Other

### Other - Text

Unhealthy foods are the most easy to assess and taste good.

I perceive absolutely no barriers to healthy eating. If you can't eat healthy food now, don't eat, when you can get healthy food, eat then

I can afford healthy options but the time to keep up with food prep or grocery shopping hinders me

enjoy eating

I try to eat Healthy

often the short expiration of fresh foods and infrequent trips to the grocery stores

No barriers

I eat healthy

Habits and cravings, lack of support

Family preferences

Don't currently have a full functioning kitchen

I live alone and don't cook for myself

I hate cooking. I know how and am good at it, I just hate doing it.

I don't know how to cook them tastefully

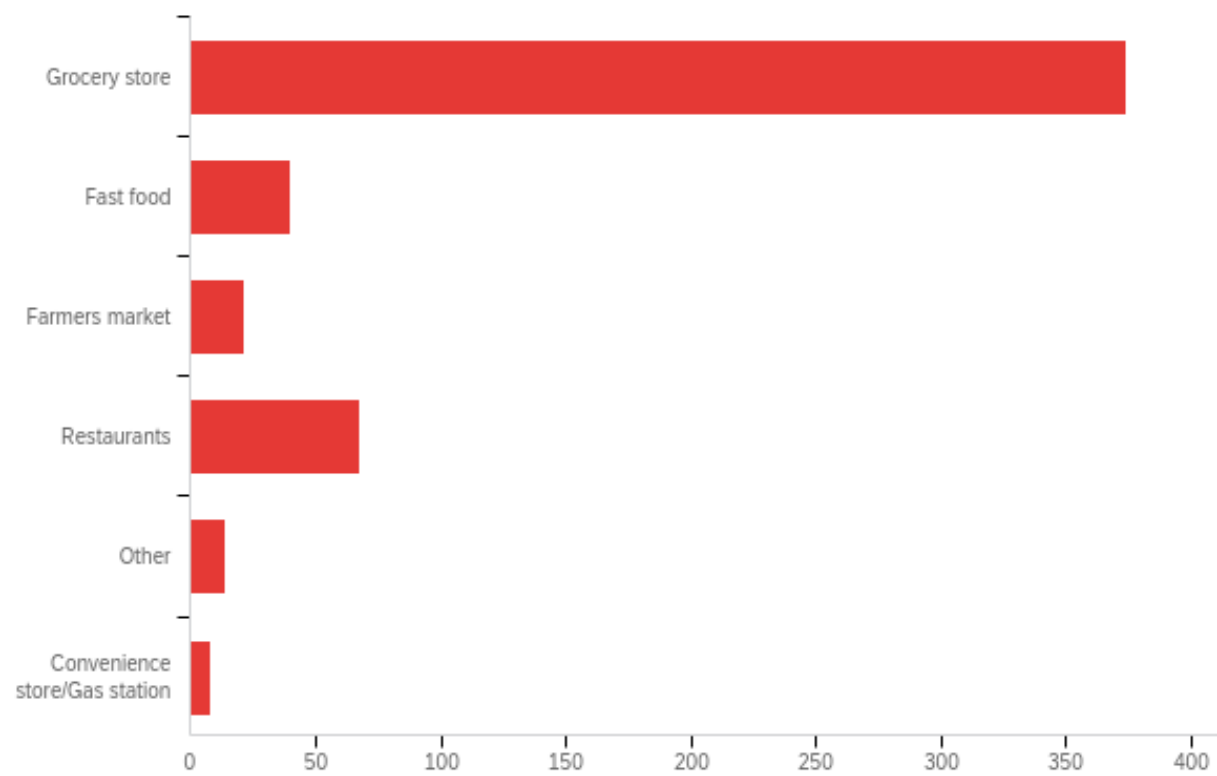
Laziness

Time

Family are picky eaters

sometimes choose unhealthy option

Q30 - Where do you obtain most of your meals?



#	Answer	%	Count
1	Grocery store	71.24%	374
2	Fast food	7.62%	40
3	Farmers market	4.00%	21
4	Restaurants	12.95%	68
5	Other	2.67%	14
6	Convenience store/Gas station	1.52%	8
	Total	100%	525

Q30\_5\_TEXT - Other

Other - Text

garden; process own meats

Grow my own vegetables during summer

home

---

cafeteria

---

Cook all meals at home

---

Garden in the summer

---

raise my own meat

---

home

---

I don't cook for myself

---

Grow my own

---

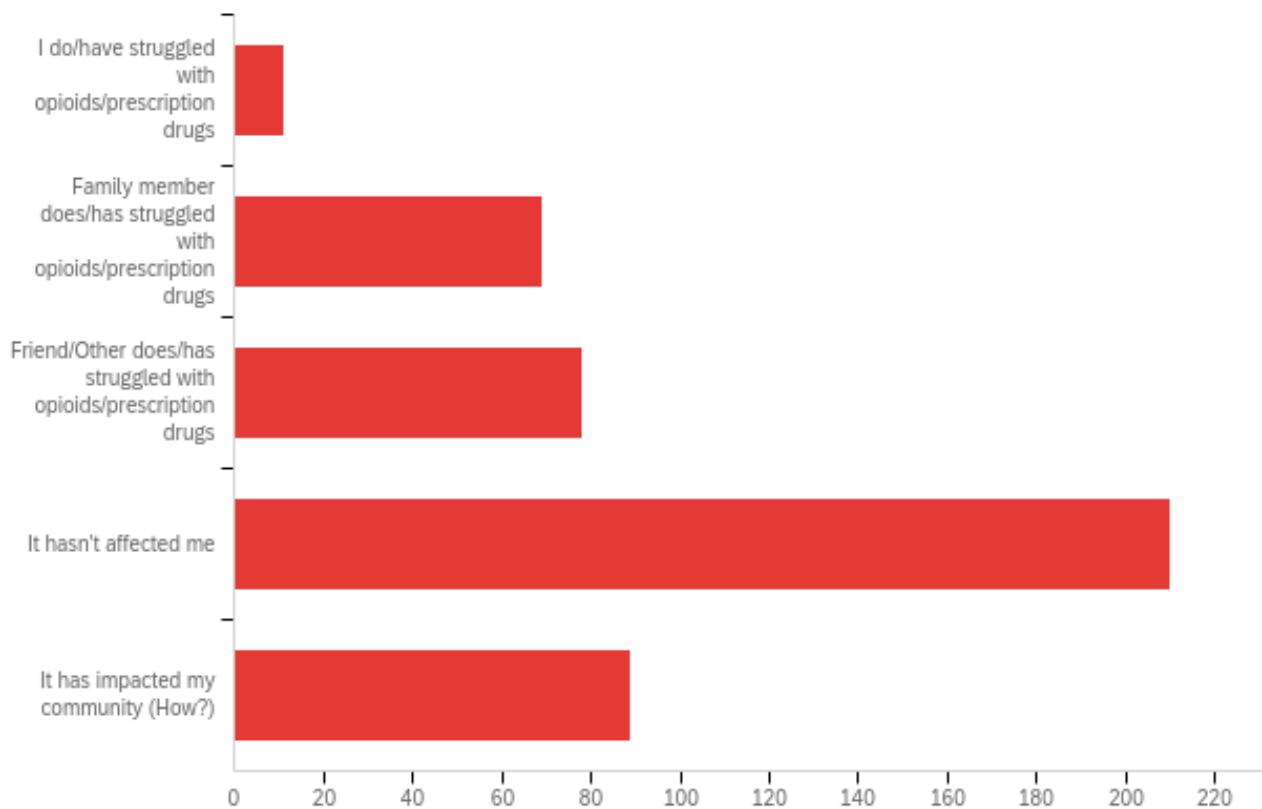
Home

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Meal delivery



Q31 - How has opioid/prescription drug misuse affected you?



Data source misconfigured for this visualization

#	Answer	%	Count
1	I do/have struggled with opioids/prescription drugs	2.41%	11
2	Family member does/has struggled with opioids/prescription drugs	15.10%	69
3	Friend/Other does/has struggled with opioids/prescription drugs	17.07%	78
4	It hasn't affected me	45.95%	210
5	It has impacted my community (How?)	19.47%	89
	Total	100%	457

Q31\_5\_TEXT - It has impacted my community (How?)

It has impacted my community (How?) - Text

I have witnessed many overdoses as a nurse in our locality.

A lot of people make questionable decisions when they are using.

many people struggling, especially young people

It impacts my job

crime, homeless

I am a prescriber and struggle to limit the opioid epidemic

There are a lot of prescription abuse in my county and a lot of Pt who seek medications or use the ED as their primary doctors office for care.

I fear for our young people.

It's impacted every community. It's terrible what has happened and the easy access that got these people addicted.

over-availability of narcotics leading to misuse and addiction

there is a lot in the community, unsafe driving, suicide

nephew clean former addict, I am a nurse and take care of many community members with problems of and caused by addiction

lots of overdoses

I know of many people who have struggled with this

I know that it is a problem in my community: crime, child abuse, suicides

death of teenagers

Increased drug related robberies. Increased drug overdoses.

It's a widely known problem, which leads to unemployment, low-income, troubled teens/adults.

I see my neighbors struggling with addiction and how their entire help line in assistance is mainly other drug users which only leads them back to the drugs. It's a vicious cycle.

I don't know of anyone that takes that.

Increased problems with crime related to drug use

read about it in the paper

too many young people dying of overdose

it is everywhere to where so many children are affected by parents/family with the issue

Healthcare workers treat those with addictions. Theft in the community to support addictions. Increased deaths due to overdose. It is so sad, because it is hard to help because the brain changes.

Near deaths being saved

It's an epidemic. Lack of resources and no consequences for this

Most of them are drug seekers

More theft and unemployment in the community.

The overdose rate in the hospital is always up

Many of my neighbors and clients have addictions
Loss in the community
Increase in drug usage and overdoses
It hasn't personally affected me, but I know it is a problem in the community.
the large prevalence of misuse.
First responder time responding to OD. Cost of reversal medication to ambulance district / community taxpayers.
I work in education - so I am affected because my students are affected
Emergency workers, theft & burglaries,homelessness
Instability (unable to function as a productive member of society), Overdose and death
Homelessness, members coming into the Y
Multiple overdoses
Franklin County has a high rate of opioid misuse. It has impacted my volunteer work with CASA and my place of employment w/customers.
Too many over doses victims
Peer pressure6
too many accidental overdoses
overdoses are an issue in my area
i see the impact of opioid/rx misuse in the number of people impacted by substance use
causes homelessness, abuse/neglect of spouse and children, drains community resources
Others being injured by opioid users what are out of control
Washington has had many overdoses and property crimes related to opioid use.
Too many young people have passed away from ODing. Additionally, ODing and being resuscitated with Narcan is far too often of an occurrence...especially when it's happening in public places like the library or restaurants.
Arrests for domestic violence or burglary
Overdoses are on the rise
My daughters have several friends who come from homes where a family member has a drug problem. Those children's needs are often not met.
Parent Incarceration; neglectful parents; risky teen behaviors; children in unsafe homes or in foster care.
Many children come from homes that expose them to drugs
Addiction/Deaths
Children in foster care due to parents' drug use, kids dropping out of school to do drugs, shootings in our area over drugs, etc.
I am a social worker and I work with a high amount of addicts in our area

Know parents who have lost kids to overdose

---

I am a social worker and it is common to work with adults who have had substance use/abuse currently or previously. I can name classmates who have died from overdose.

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Rise in crime. Increase in medical service needs and emergency service calls. Increase in death rate. Loss of monetary impact for community.

---

Have problem hiring workers that are "clean"

---

I work in a school district. I see lots of families/children with 1 parent household OR living with grandparents because parent/s drug behavior. So sad.

---

crime, students have addicted parents.

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Crime, homelessness, death of community members, overburden police department, parks feel unsafe, trash/debris from drug/alcohol use.

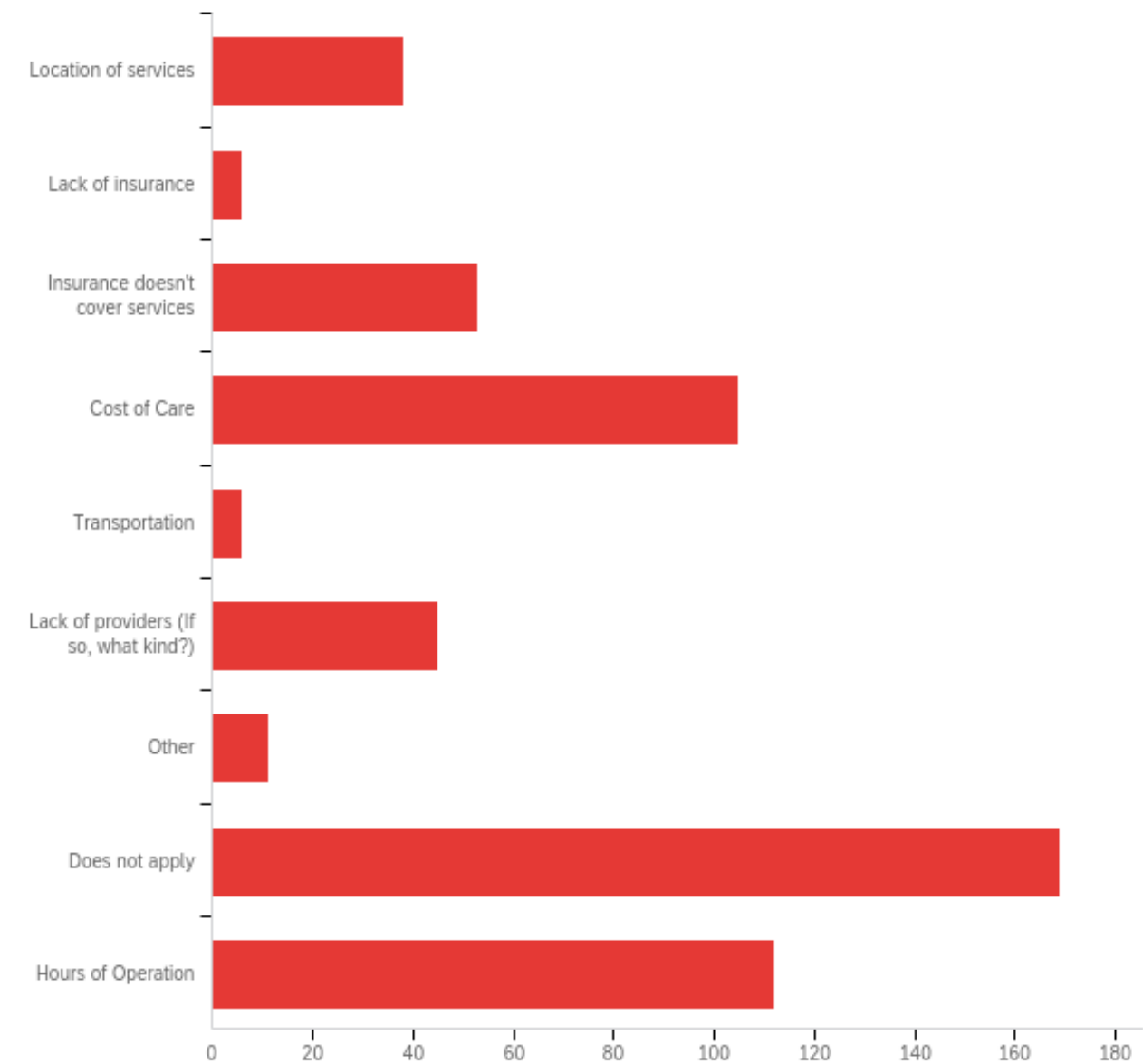
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theft, overdoses....

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lots of overdose

Q32 - What barriers prevent you from using health services?



#	Answer	%	Count
1	Location of services	6.97%	38
2	Lack of insurance	1.10%	6
3	Insurance doesn't cover services	9.72%	53
4	Cost of Care	19.27%	105
5	Transportation	1.10%	6
6	Lack of providers (If so, what kind?)	8.26%	45

7	Other	2.02%	11
8	Does not apply	31.01%	169
9	Hours of Operation	20.55%	112
	Total	100%	545

## Q32\_6\_TEXT - Lack of providers (If so, what kind?)

### Lack of providers (If so, what kind?) - Text

This is a rural area that has a lack of providers which prevents proper care to this area and the facilities that are here are far from some of this population. I have a vehicle so this does not affect me personally but others in this area struggle to get care from overloaded providers.

Chiropractor Endocrinology

Theres not enough mental health agentices to take care of this ongoing problem throughout this country. Its worse than most people know or care!

Lack of specialists

neurologist- I do not need one but take care of many patients that lack access to neurologist due to distance needing to travel

PCP

none

Pediatric specialist (GI,Endocrinologist), adult rheumatologist

rheumatologists

Physciatrist

NONE

I have to take PTO to go to an appt

speciality

we do not have really any specialist in the Mercy system close to home

specialist

not having specialists closer or not having them booked out so far; especially neurology, rheumatology

dermatologist

anytime i am sick and need to go to the doctor they cannot get me in so i have to go to urgent care

Allergist

Pediatrics Specialties are all in the St. louis. Long drive and Mercy doesn't offer many of them.

Dermatology

MS specialist
GOOD psychiatric providers
Mental Health
neurologist for my seizures
Primary doctor Eye Care
Neurology
Mental health
Mercy no longer has an allergist. I was established with one - went through all of the allergy shots, followed up with him every six months and now there isn't one to follow up with and my allergies are bad.
mental health
I would like to see more holistic providers to instruct people if they do not want to take medications, but how to use eating and holistic healing approaches.
dermatology
That I can trust
An Urgent Care or walk-in clinic in Union, MO would be nice.
local specialists limited times available
mental health services
Local endocrinologist
neurology, psychiatry, general practitioners,
All specialists--takes months to get an appointment
Neurologist, not enough dermatologist, or ENT's
No Neurologist in town or at hospital.have to see them is computer screen when I had my stroke
GOOD mental health providers who are accepting patients and are doing more than prescribing medications.

## Q32\_7\_TEXT - Other

Other - Text
no barriers
I don't want to know if something is wrong.
cost to much to see the specialist
lack of primary care assoiated with Mercy

technology; so much is done online and people can't afford internet or devices to have those resources

---

I also needed to see a neurologist last year....I hurt so bad I could hardly walk - it took me 9 months to get an appointment to see one.

---

I only go when I have to for insurance purposes or when pain becomes unbearable.

---

No barriers

---

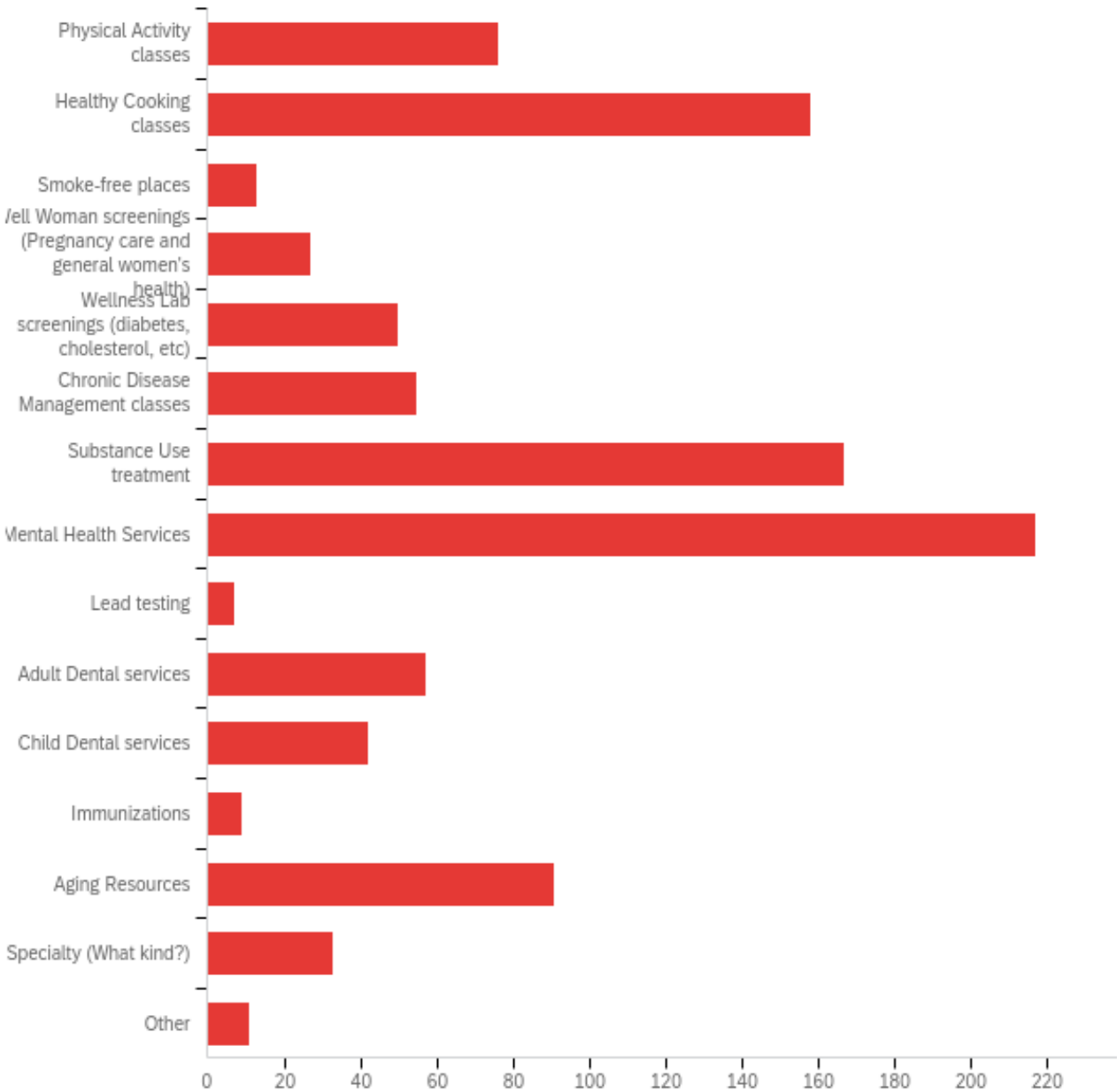
Mercy Go is a joke. Worst care ever.

---

I don't go to the doctor unless I am feeling ill. With COVID, I feel the need to stay away unless it is an emergency.



**Q33 - What services are needed in your community that are not currently available or accessible? (Select all that apply)**



#	Answer	%	Count
1	Physical Activity classes	7.50%	76
2	Healthy Cooking classes	15.60%	158
3	Smoke-free places	1.28%	13
4	Well Woman screenings (Pregnancy care and general women's health)	2.67%	27

5	Wellness Lab screenings (diabetes, cholesterol, etc)	4.94%	50
6	Chronic Disease Management classes	5.43%	55
7	Substance Use treatment	16.49%	167
8	Mental Health Services	21.42%	217
9	Lead testing	0.69%	7
10	Adult Dental services	5.63%	57
11	Child Dental services	4.15%	42
12	Immunizations	0.89%	9
13	Aging Resources	8.98%	91
14	Specialty (What kind?)	3.26%	33
15	Other	1.09%	11
	Total	100%	1013

### Q33\_14\_TEXT - Specialty (What kind?)

#### Specialty (What kind?) - Text

Substance abuse treatment facilities are far from our zip code. At the hospital I work at we have limited cardiology services for example no weekend cardiology services so we have to defer to a larger mercy which is a delay in care. At times we do not have even an ultra sound technician available for emergencies. Also we do not have OBGYN services at all for our growing community.

dermatology

Endocrinology

Transportation

neurology

Diabetes Education

dermatologist, neurologist, endocrinologist

need more providers

neurology

Rheumatologist, more dermatology, pediatric specialties

Endocrinology Neurology

neurology, physc

endocrinology

endocrinology, neurology, rheumatology

---

Dermatology, rheumatology, GI

---

allergy

---

better counseling options that take all health insurance

---

dermatology/rheumatology- both have a waiting list of a year or more. Mercy rheumatology is not accepting new patients. Where do we go?

---

Allergist

---

Dermatology

---

More mental health providers

---

weight loss programs

---

neurologist

---

endocrinologist

---

Social classes to help with isolation Knitting board games puzzles etc

---

rheumatology neurology psychiatrists who actually accept patients

---

neurology

---

Diabetes specialists

---

Autism support services

---

pediatric orthopedist

---

Something to take homeless off the street and prevent them from making community unsafe through drug use and crime.

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## Q33\_15\_TEXT - Other

Other - Text

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NA

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For people that do not have insurance, but need help

---

I don't know

---

Mental Health services are badly needed. There are providers, but insurance often doesn't cover them and it can get expensive very fast

---

affordable/ low income housing

---

impact of Covid restrictions

---

Not sure

---

In-home health care for disabled individuals

Q6 - Parent Topics



No results to show

Answer	%	Count
Total		undefined

Q6 - Topics



No results to show

Answer	%	Count
Total		undefined

## Mercy Washington CHNA Focus Group

1/13/2022 Prevent+ED / Foundations for Franklin Co.

Attendance – Rocco Gonzalez (host, Mercy), Erica Wiley (scribe, PreventEd), Gary Wyatt, Ryan Daugherty, Tricia Seely, Pastor Kenneth Lawson.

**Introduction** –transportation, housing, economics / income, other social determinants of health.

-thank you to HOPE for Franklin County, Julie Hook specifically, as well as Daphne at Foundations for Franklin County, and YOU, the participants.

-we're looking today to listen to YOU, the residents of Franklin County, and hear what you're seeing and what you think are the issues affecting your community.

### **Problems**

-**substance use disorders**, issues accessing MAT services, overdose rates

-Methamphetamine and Fentanyl are the main substances

-**transportation**, people getting places (like to medical and/or mental health treatment), compounded by age (**aging and elderly** might have issues driving), driver's license suspended/revoked, can't make appointments.

-no buses, lack of cars, gasoline prices, taxis are expensive

-**health education and information** being made available throughout the community, what services exist, how to access those services, and info being shared to churches and other places in the community

-the average individual isn't sure how to start the process, "where do I go", "who do I contact?"

-**food insecurity** and that issue is compounded by age and circumstances and health issues too.

-palliative care options, end-of-life care, what is it, how to access it, informing the family about resources, caregiving support and physical support in the home (as opposed to nursing home).

-Sullivan treatment specifically, the E.R. was full, and without health insurance and/or transportation could see hospital physicians, but their needs may have been better met with a lower level of care (not the E.R.).

-health care navigation is confusing for many people

-the doctors could also use some information about resources and options in the community and within the healthcare field. A doctor could've provided more information about palliative care.

-COVID has impacted social gatherings, meals on wheels services, mental health related to COVID stress and social isolation and lack of social interactions.

-tools to open communication with families, support for telecommunication, internet and technology barriers as well (compounded by lack of technology skills).

-homeless population is growing

- food pantries, like House of Hope in Sullivan, are overwhelmed, lines out the door and around the building, people are seeking/needing food.
- substance use issues leading to legal issues, which could lead to other mental health issues.
- other mental health issues (depression, anxiety, poor coping skills, trauma) leading to other mental health issues (like substance use disorders).
- access to Medicaid and Medicare, other insurance carriers, support on how to apply and obtain insurance
- unemployment, loss of employment, becoming evicted, economic issues etc.
- some governmental assistance programs (housing, rental assistance etc) sometimes benefits the individual, but the more they help, sometimes the more they take away “they give one, but take away two”

### **Resources and barriers to access**

- Mercy MAT services
- Agape House, for food and rent assistance, clothing closet
- local churches in the area available to help with temporary assistance
- for assistance with substance use disorders - PreventEd’s MAT services, partnering with ARCA
- House of Hope food pantry in Sullivan
- Spiritual Solutions – sober living housing in Sullivan (you have to pay to stay there though).
- LifeHouse in Sullivan for teens
- Second Blessing in Union (food pantry)
- Franklin County transportation bus system (but even with bus services, it’s difficult to access the buses, patrons are waiting/riding with other folks.
- an organization (unknown name), provided motel shelter for a month or so, and when that ran out, they went back to sleeping in a car.
- Clergy coalition among churches in Franklin County.
- hotel/motel stays may ban people if they mistreat the rooms, which makes finding housing even harder.
- unaware of strategic plan to address unhoused population and related issues in Franklin County.
- lack of homeless shelter
- lack of resources, lack of knowledge of those barriers, eligibility and access unknown, confusing

### **Solutions**



-there is a homeless taskforce in Union with the Freedom Center, but it's in the early stages, working on strategic planning at the moment. Current plans is to give out hygiene packages, and backpacks/school supplies, coats, blankets, and other clothing.

-create a homeless shelter

-some churches just had some preliminary discussions of creating transitional housing, but there are some challenges related to creating temporary housing for individuals.

-money is always a factor, but the will of the people or the support of the people is even more important than the people. The "not in my backyard" syndrome that exists everywhere is also an issue in Franklin County. Denial that we even have a problem. If you asked community members they'd talk about the city and the county of St. Louis instead of FC. Even engaging and getting governmental officials and gov't bodies to admit and start to address some of the social issues in the county.

-they were going to put a homeless shelter in Washington, MO, but the local residents didn't want it, so they didn't build it, but there's still an issue with housing.

-partnering with the Catholic Church, another community built a homeless shelter.

-Food access- increasing the access of HOT meals, can goods are fine, but folks could also use hot meals, like that with Meals on Wheels. Looking at how we can do that in rural areas, all areas of the county, and staging that out, maybe with schools or somewhere else in that specific parts of Franklin County could help provide those hot meals to residents. COVID + precautions has impacted the willingness and availability to get meals to residents.

-the schools in Sullivan during summer school were providing food for any resident, just walk in and get it, there was no need for proof of reason, anyone could go in and eat. But, did they stop that service and we need something year round, not just summer?

-Places to get food in the area: Wal-mart, Aldi's, B and H, Save-a-Lot. There are issues getting meat, so that's another barrier, especially re: Agape house. But B and H is partnering with Agape to get that meat out.

-Second Blessing (all volunteer), utilizing the Presbyterian Church, hands out food, second Tuesday of the month, and MANY people utilize this resource.

-Transportation- some sort of free taxi service, current taxis charge a lot, and people can't afford it. In our county, we're rural, so it takes a while to get places.

-Idea: creating a free medical walk in clinic to reach those folks who live further out.

-Be culturally sensitive when creating informational brochures, and thinking of what outreach is being used to those communities that already have a lack of access to resources. Make sure to evaluate and assess and figure out and lean into those resources and services that already exist in particular areas.

-Buy in from the community. And also helping the community understand and have a buy in from the community to support these resources. Like knowing that the sober living participants are working to be responsible and upkeep the facility and also being respectful of the area, and then letting the community know that that's the goal.

-reentry from jail, having a safe place to go after leaving prison is really important for many reasons, but especially to avoid recurrence of SUD (relapse).

-Stations for a ride to get picked up and get a ride, to get to town or get to their medical appointments.

1/19/2022 Franklin Co Community Resource Board (FCCRB)

Attendance – Rocco Gonzalez (host, Mercy), Annie Foncannon (scribe, FCCRB),

### **Introduction**

-Thank you to Franklin County Community Resource Board and YOU, the participants.

-we're looking today to listen to YOU, the residents of Franklin County and the surrounding area, and hear what you're seeing and what you think are the issues affecting your community.

### **Problems**

- **Transportation**
- **Internet Broadband**
- **Resource Education/Navigation**
- **Emotional/Behavioral Health** (specifically for youth and the elderly)
- **Dental/Oral Health Care**

### **Community Resources and Barriers to Access**

- Transportation
  - o OATS, Medicaid Transportation Companies, Taxis
- Internet Broadband
  - o Library programs – laptop/hotspot rental
- Emotional/Behavioral Health
  - o Compass Health providers, School District Social Work/counselors, Churches/Faith Ministries
- Resource Education/Navigation
  - o Senior Resource Team → Collaborative across organizations
  - o Headstart → Youth

### **Solutions**

- System of Care → High Need Adults for Resource Navigation
- Legislative Support for Internet Broadband development
- Scheduled Public Transit and/or incentivize Uber/Lyft options
- Family Services Division Capability Expansion

1/27/2022 United Way of Franklin County

Attendance – Rocco Gonzalez (host, Mercy), Kim Strubberg (scribe, United Way), Parvi Govindaswamy, Christine Brinkmann, Kasey Owens, Gretchen Riley

### **Introduction**

-thank you to United Way of Franklin County, and YOU, the participants.

- we're looking today to listen to YOU, the residents of Franklin County and the surrounding area, and hear what you're seeing and what you think are the issues affecting your community.

Problems related to health care:

- Connecting people to resources
- Internet in rural areas/computer navigation
- Transportation
- Lack of knowledge

Resources available:

- OATS – lack of availability, capacity, financial barrier
- Libraries have internet access
- Hot spots – how to use?

Solutions:

- Internet access
  - Mobile van to access telehealth
  - Allow walk-in patients at clinics
  - Open hot spots
- Transportation
  - School buses
  - Incentives for drivers
  - Leverage private industry
  - Public transit system

Health Education:

- Town hall meetings specific to audience
- Senior Centers
- Churches
- Volunteer force to educate
- Community conversations to share ideas

Secondary Data Analysis

	Franklin County	Gasconade County	Warren County	Missouri State Avg
<b>Housing</b>				
Owner-occupied housing unit rate	74.5%	78.4%	78.9%	66.8%
Median gross rent	\$746	\$611	\$812	\$830
<b>Families &amp; Living Arrangements</b>				
Language other than English spoken at home	1.9%	1.7%	2.9%	6.3%
Persons per household	2.50	2.38	2.70	2.46
Households with a broadband internet subscription	80.4%	77.9%	80.1%	80.2%
<b>Education</b>				
High school graduate or higher	88.4%	87.8%	88.7%	89.9%
Bachelor's degree or higher	20.9%	19.2%	19.1%	29.2%
<b>Health</b>				
With a disability, under age 65 years	10.0%	11.5%	11.4%	10.3%
Persons without health insurance, under age 65 years	11.8%	14.1%	11.5%	12.0%
<b>Economy</b>				
In civilian labor force, age 16 years+	63.9%	60.1%	61.6%	62.6%
In civilian labor force, female, age 16 years+	58.9%	55.0%	54.8%	58.8%
<b>Transportation</b>				
Mean travel time to work (minutes)	28.5	27.4	30.7	23.9
<b>Income &amp; Poverty</b>				
Median household income (2019)	\$57,214	\$54,885	\$60,125	\$55,461
Per capita income (2019)	\$30,278	\$28,617	\$28,641	\$30,810
Persons in poverty	9.1%	11.2%	9.0%	12.1%

Source:

<https://www.census.gov/quickfacts/fact/table/gasconadecountymissouri,warrencountymissouri,franklincountymissouri/PST045221>