



Jefferson Memorial Community Foundation Assessment of Unmet Needs in Jefferson County

Executive Summary

Introduction

The mission of the Jefferson Memorial Community Foundation is to “provide support for charitable and educational activities that promote individual and community health and well-being.” The Foundation is relatively new; as Foundation staff and the Board of Directors develop the framework for the Foundation’s ongoing role in Jefferson County, they are committed to an approach to grant making that targets funds to meet the greatest individual, family, and community needs. To assist the staff and board in this work, consultants from The Mission Center L3C, an organization that provides evaluation, research and capacity-building services to the nonprofit and social impact community, conducted a community-wide assessment of unmet needs in Jefferson County from August 2014 to January 2015.

Methodology

Methodology for this needs assessment included the following: 1) A review of incidence data¹ on health, social conditions and education-related indicators across Jefferson County; 2) Phone and in-person interviews with 10 individuals representing various sectors of Jefferson County’s health and human service community across Jefferson County; and 3) the administration of surveys through mail and the Internet to approximately 280 associations and organizations providing health, human services, and education throughout Jefferson County. Of these, responses were received from 55 individuals/organizations for a response rate of 20%.

Results

According to available statistics on the health and well-being of the residents of Jefferson County, Jefferson County compares favorably to nearby counties and to the state of Missouri as a whole on a number of important indicators. These include lower rates of infant mortality and higher high school graduation rates. However, Jefferson County has surprisingly higher rates of the following: deaths from suicide, unintentional injuries, and motor vehicle accidents than neighboring counties or the state as whole; higher rates of child abuse and neglect and out-of-home placements of mistreated children; higher percentages of preventable hospital stays among low-income individuals; and rates of lung cancer, lung

¹ From CommunityCommons.org, a comprehensive website providing current data on health and social indicators across the U.S.

disease mortality, cancer mortality, heart disease mortality, and stroke mortality. The county is also experiencing increasing rates of poverty among young children, increasing median rents for families who don't own their own homes, lower percentages of residents who have attended college, a relatively high poverty and unemployment rate, higher percentages of "overburdened" renters who pay more than 30% of their income for housing, growing problems with heroin use, increasing numbers of DUI arrests, and low access to mental health treatment, dental care, and primary health care.

These statistics provide context to the top areas of unmet needs according to the 65 people service providers who were interviewed or completed needs assessment surveys. These areas include:

- The need for **affordable and safe low-income housing** for families, older adults, and those with special needs, along with emergency shelter and transitional housing for homeless families, victims of domestic violence, and those released from incarceration or treatment programs
- The need for **transportation services for low-income families and individuals** to help them access jobs as well as needed medical, mental health and social services
- The need for **more substance abuse treatment and prevention programs**, particularly as heroin use among youth (as well as adults) increases and waiting lists for treatment grow
- The need for **dental care for adults** who lack private dental insurance
- The need for **child psychiatric services** with access to MDs who can prescribe drugs for problems like autism and severe behavior disorders
- The need to **support youth/young adults who have been released from foster care or have left unstable homes** who lack housing, education, employment, and other services
- **Affordable and accessible health care** for those who have "fallen through the cracks" between Medicaid and coverage through the insurance marketplace
- **New approaches to prevent smoking**, particularly among pregnant women and parents of young children
- **Substance abuse treatment and prevention of drug overdoses** (including from heroin and prescription drugs), including among youth
- Outreach and early childhood services to address the growing number of **children with developmental delays, severe behavior problems and problems like autism**
- **The need for jobs and economic development** to enable more heads of household to earn wages that are high enough to support families

Although differences exist in the levels of priority interview participants and survey respondents assigned to these areas, there was a relatively high level of agreement on the above as the key issues facing Jefferson County.



**Jefferson Memorial Community Foundation
Assessment of Unmet Needs in Jefferson County
Final Report**

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March 17, 2015**

Introduction

The mission of the Jefferson Memorial Community Foundation is to “provide support for charitable and educational activities that promote individual and community health and well-being.” The Foundation is relatively new; as Foundation staff and the Board of Directors develop the framework for the Foundation’s ongoing role in Jefferson County, they are committed to an approach to grant making that targets funds to meet the greatest individual, family, and community needs. To assist the staff and board in this work, consultants from The Mission Center L3C, an organization that provides evaluation, research and capacity-building services to the nonprofit and social impact community, conducted a community-wide assessment of unmet needs in Jefferson County from August 2014 to January 2015.

Community-wide needs assessments can take many forms. Currently, a number of sources provide county-wide data on the incidence of problems in Jefferson County like substance abuse, teen pregnancy, high school drop out, health problems and child abuse. However, incidence reports, while revealing general trends in community issues, don’t necessarily reflect the availability of services and resources to address these issues. For example, the use of illegal drugs may be increasing in a community but the problem is not necessarily a lack of services; there may be plenty of programs available to drug users, but these individuals may not willing to participate in services. Other approaches to community assessments can involve public hearings, focus groups, and telephone polls to gather broadly-based feedback on unmet community needs. While these large-scale, “high touch” approaches may serve a number of different functions within a community, they may not be the most cost-effective way to gather the needed information.

This project used a less traditional approach that focused on reaching out to a range of human service and public health providers, school personnel, selected county government departments, and others in regular contact with under-resourced individuals who are not able to access effective programs or services in Jefferson County. Using phone and in-person interviews with key informants along with mailed

surveys, consultants have prepared this report that identifies the areas in which 1) significant waiting lists for services exist, 2) services are provided but are not readily accessible to those in need, 3) funding for needed services have been cut significantly, and/or 3) client needs that are not addressed by existing services located within Jefferson County.

Methodology

To begin the process, Jamie Kleinsorge, Vice President of The Mission Center, accessed incidence data² on health, social conditions and education-related indicators across Jefferson County. A summary of this data was shared with Foundation staff and helped inform the content of interviews with key informants. Following the review of incidence data, Leslie Scheuler, Director of Impact Evaluation at The Mission Center, conducted phone and in-person interviews with 10 individuals representing various sectors of the health and human service community across Jefferson County. These 10 individuals include representatives from public health, county-wide services for the disadvantaged, school districts, mental health providers, agencies/associations serving older adults and the disabled, the criminal justice system, and a chamber of commerce.

In addition, surveys were mailed to approximately 300 associations and organizations providing health, human services and education throughout Jefferson County. This list included nonprofit organizations, daycare centers, organized support groups, school principals of public and parochial schools, nursing homes, churches that provide services to those in need, law enforcement, county offices and food pantries. Individuals were able to reply to the survey by mail, by fax, or through an online survey system. Of the 300 that were mailed, approximately 20 were returned as undeliverable. Out of the 280 that were delivered, responses were received from 55 individuals/organizations for a response rate of 20%, a healthy response rate for mailed surveys.³ The following section details the results of interviews and surveys with statistics showing key indicators for Jefferson County as they compare to other counties and/or to the state and the U.S. as a whole.

Study Context: Key Indicators of Well-Being for Jefferson County

Researchers, policy makers and civic leaders tend to agree that a number of indicators are key to understanding levels of health and well-being across communities and other border-defined areas (including states and countries). The following graphs⁴ show comparisons of how Jefferson County

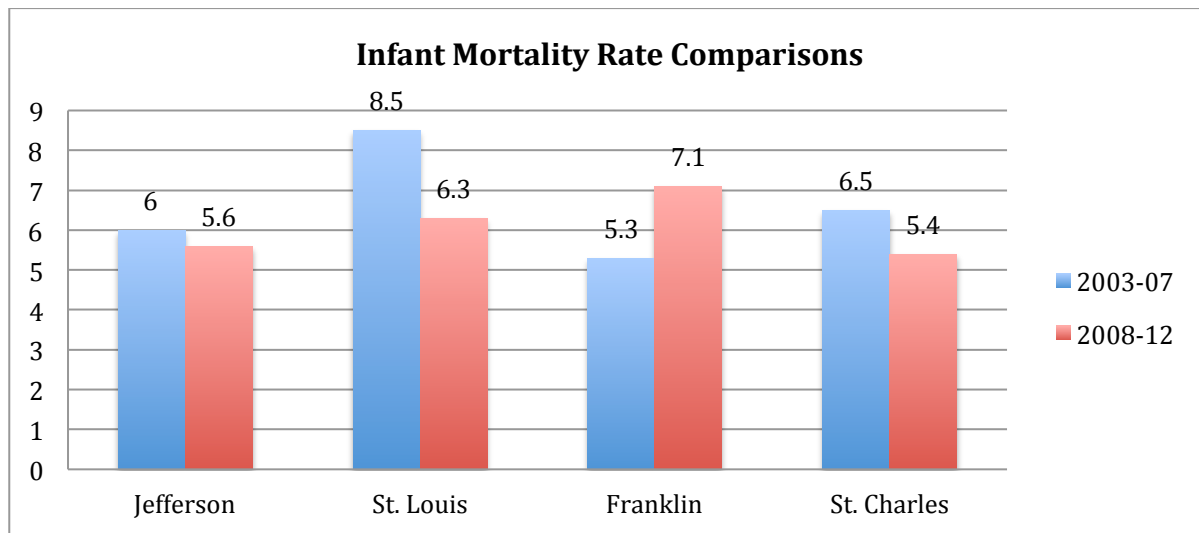
² From CommunityCommons.org, a comprehensive website providing current data on health and social indicators across the U.S.

³ Nonprofit researchers consider 15% an acceptable response rate for organizational surveys (see Hager, Wilson, Pollak & Rooney, 2003: *Response rates for mail surveys of nonprofit organizations: A review and empirical test*, in *Nonprofit and Voluntary Sector Quarterly*, Vol. 32, No. 2, pp. 252-276).

⁴ Data shown was accessed through County Health Rankings, a project of the Robert Wood Johnson Foundation (<http://www.countyhealthrankings.org>)

measures up to neighboring counties⁵ on rates of infant mortality, high school dropout, teen childbearing, unemployment, and poverty. In a number of these areas, Jefferson County compares favorably to St. Louis, Franklin, and St. Charles Counties⁶; however, as detailed in other sections of this report, the County scores much lower in other areas.

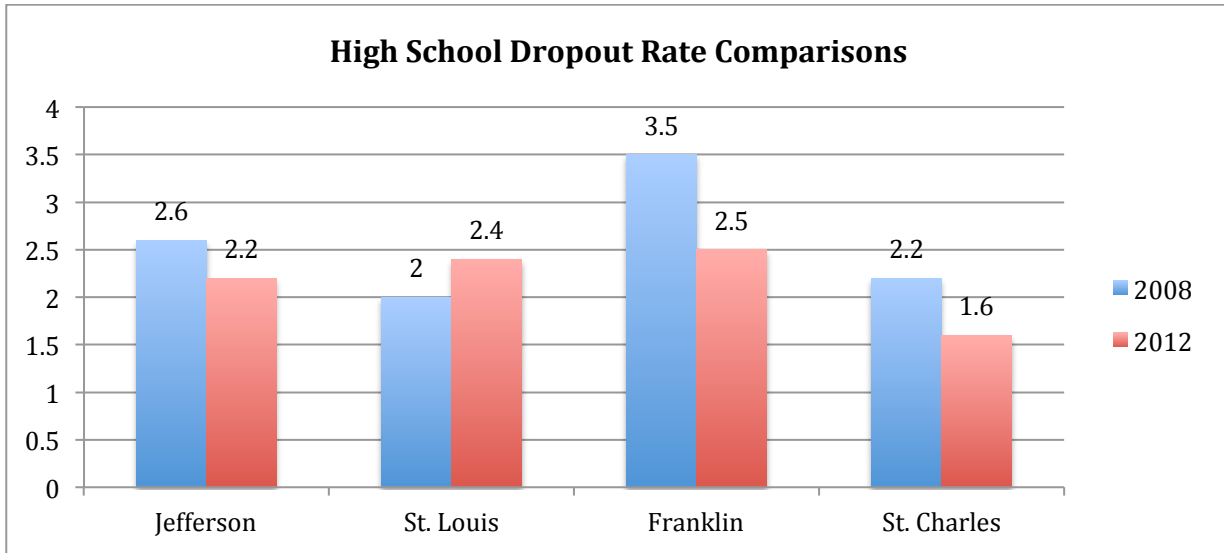
Infant Mortality: The infant mortality rate in Jefferson County is significantly lower than the same rate for its northern neighbor (St. Louis County) and comparable to St. Charles County. Unlike Franklin County, where the infant mortality has increased over the past 10 years, the rate in Jefferson County has decreased slightly. While this indicator of public health is favorable, rates of cancer, cardiovascular disease, suicide, and accidental deaths among Jefferson County residents (which are discussed in later sections of this report) are higher than among those who live in comparison counties.



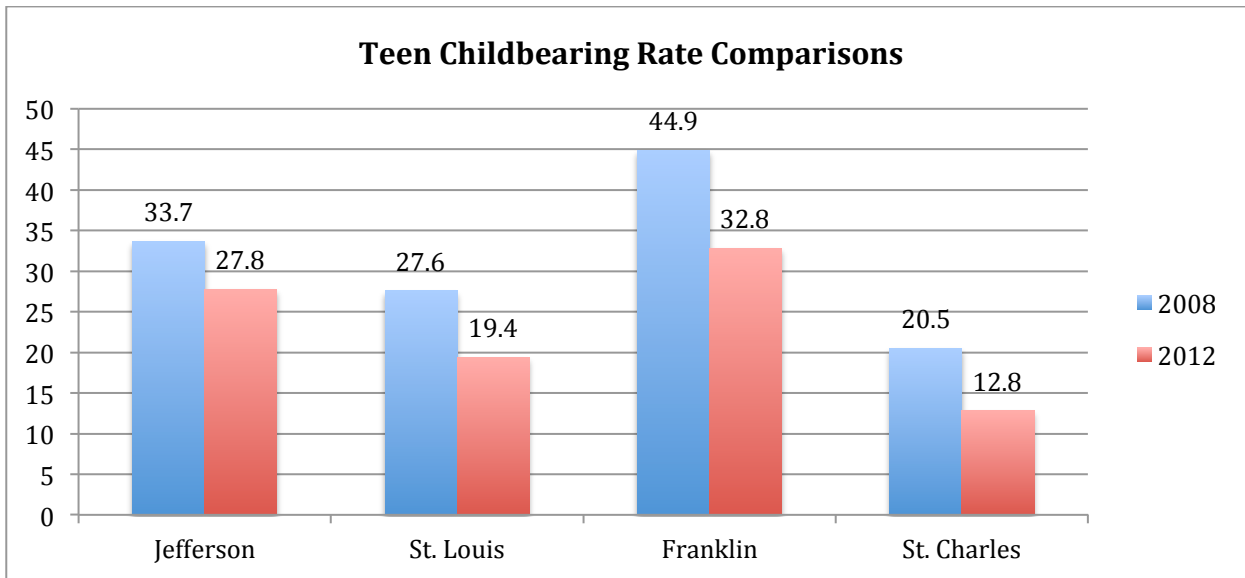
High School Dropout: High school dropout rates in Jefferson County also compare favorably with other counties, with lower rates than in both St. Louis and Franklin Counties. As another positive indicator, the dropout rate decreased somewhat between 2008 and 2012 (while it increased in neighboring St. Louis County). However, as reported in a later section of the report, Jefferson County has a smaller percentage of residents who have attended at least some college.

⁵ Although St. Charles County does not directly border Jefferson County, it is comparable to Jefferson County on a number of socioeconomic characteristics and is also a more rural neighbor of St. Louis County that has experienced significant population growth in the past 15-20 years.

⁶ Jefferson County also tends to compare favorably in terms of crime rates.

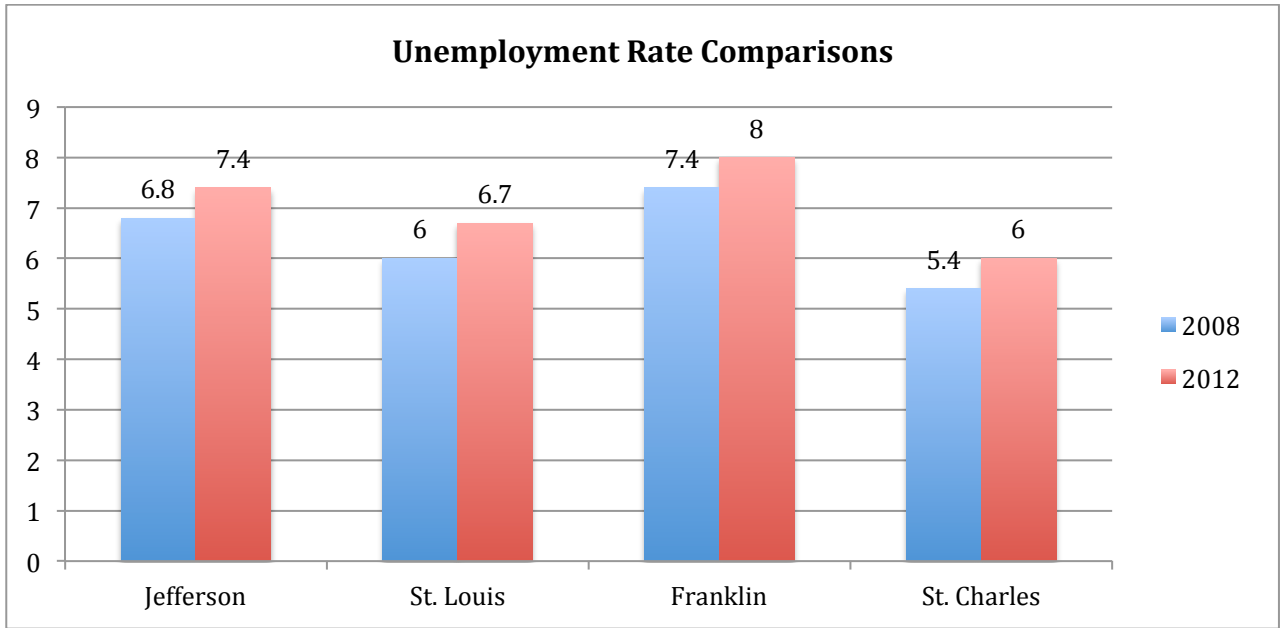


Teen Childbearing: Rates of teen childbearing are higher in Jefferson County than in St. Louis and St. Charles Counties. However, Jefferson County’s teen childbearing rate showed a decreased from 2008 to 2012, which follows the trend evidenced in other counties (and across the U.S.) as well.



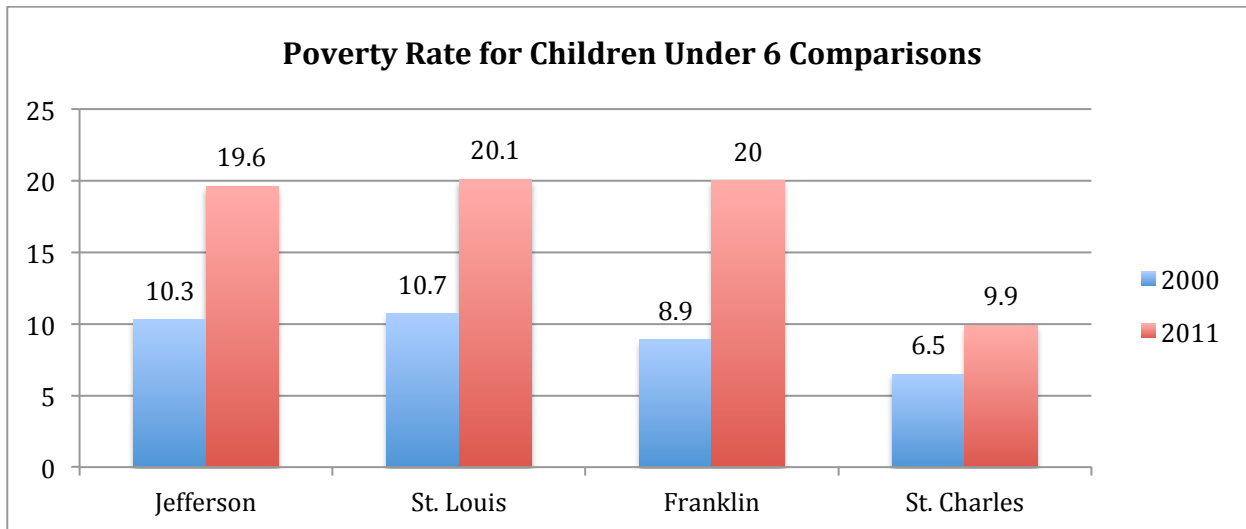
Unemployment Rate: The unemployment rate in Jefferson County is higher than in St. Louis and St. Charles Counties. From 2008 to 2012, it increased somewhat, which is consistent with trends in the other counties. The unemployment rate has shown modest declines across the U.S. since 2012⁷.

⁷ See the Bureau of Labor Statistics (<http://data.bls.gov/timeseries/LNS14000000>)



Poverty Rate: In 2009 (the most recent date for which figures for these counties are available), the poverty rate for Jefferson County was 11.0%, compared to lower rates for St. Louis and St. Charles Counties. What is striking about levels of poverty, however, is shown in the graph following the table, which shows striking increases in the rates of poverty among children under the age of 6 from 2000 to 2011; thus, the statistics illustrate the changing face of poverty, suggesting growing levels of hardship among families with young children.

	2009 Poverty Rate
Jefferson County	11.0%
St. Louis County	9.6%
Franklin County	12.3%
St. Charles County	4.6%
State of Missouri	14.6%



Taken together, these indicators of community life and well-being among residents of Jefferson County provide an overall context for the interpretation of the results of this needs assessment. It shows that Jefferson County tends to fare relatively well on a number of overall measures of quality of life, and also illustrates that trends in Jefferson County are not unlike those in neighboring counties. Results of this study, including interview and survey results, go beyond these statistics to show the complexities behind the issues of Jefferson County residents and detail areas in which the county does not fare as well as other communities.

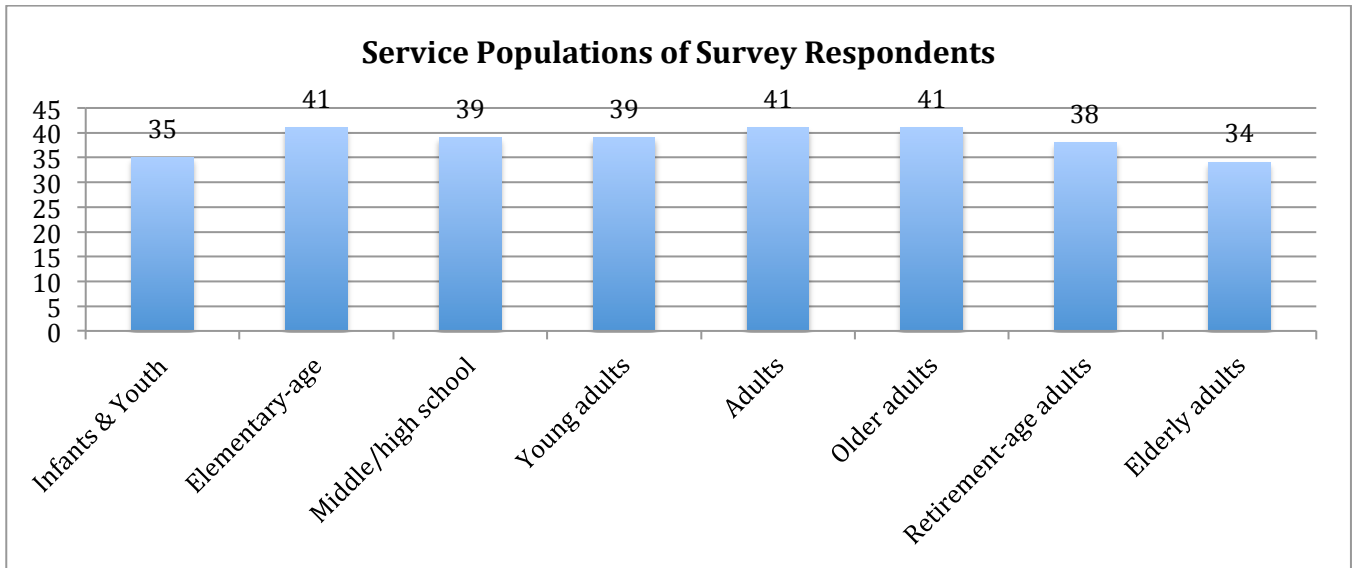
Study Results

Description of Needs Assessment Participants: As previously mentioned, interviews were completed with 10 individuals while 55 people completed surveys; thus, results in this report are based on the feedback received from 65 people representing approximately 58 organizations. Survey respondents included respondents from low-income housing providers, drug action coalitions, local high schools, local police departments, skilled nursing facilities, hospitals and treatment centers, county government and government agencies, food pantries, public and parochial schools, assisted living facilities, church-based service programs, and services for the disabled.

As shown in the following graph:

- 35 survey respondents (64%) worked for organizations that served young children ages 0 to 5
- 41 (74%) for organizations serving elementary-age children from ages 6 to 10
- 39 (71%) serving middle- and high-school age children and youth from 11 to 18
- 39 (71%) serving older adolescents and young adults ages 19 to 22
- 41 (74%) serving adults from 23 to 49
- 41 (another 74%) serving older adults from 50 to 64
- 38 (69%) serving retirement-age adults ages 65 to 79
- 34 (62%) serving elderly adults over the age of 79.

Thus, respondents worked with a full range of individuals according to age, from the very young to the very old, without one age group being over-represented.

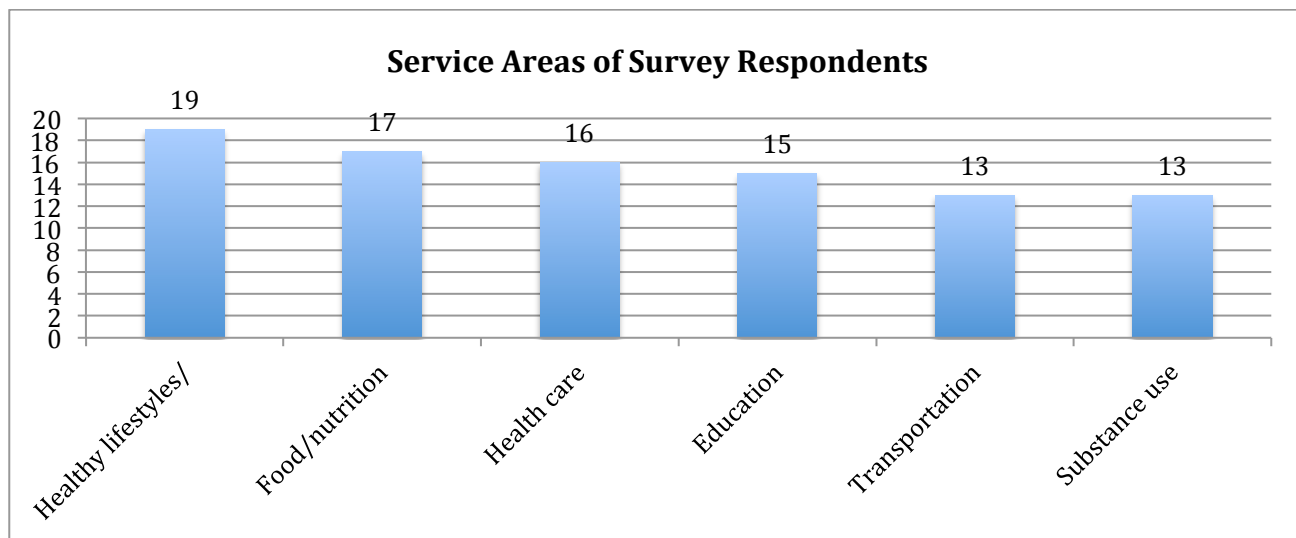


The top service areas provided by respondents' organizations are:

- Healthy lifestyles and prevention (19 respondents; 34% of the total)
- Food and nutrition assistance (17 respondents; 31%)
- Health care (16 respondents; 29%)
- Academic education for children and youth (15 respondents; 27%)
- Transportation (13 respondents; 24%)
- Substance abuse treatment and prevention (13 respondents; 24%)
- Services for seniors (11 respondents; 20%)
- Services for the disabled and those with special needs (11 respondents; 20%)
- Early childhood and early intervention for young children at risk (10 respondents; 18%)
- Life skills (10 respondents; 18%)

Other services provided by respondents include: housing safety (9 respondents), mental health and counseling (8 respondents), affordable housing (7 respondents), utility assistance and other basic needs (6 respondents), child welfare and family preservation (6 respondents), community safety/corrections (6 respondents), youth development (5 respondents), emergency shelter (5 respondents), adult education (5 respondents), family education (5 respondents), youth development (5 respondents), residential care (3 respondents), hospice (2 respondents), and employment assistance and job training (1 respondent). The total number of service areas equals more than 55 (more than 100%) because most respondents

indicated their organizations provided more than one type of service. Again, this breakdown shows that diverse service areas were represented by respondents without over-representation from any one area⁸.



Top Areas of Unmet Need:

“Transportation is the county’s number one problem, followed by the need for housing and health care.”

“We work with families who are barely surviving. Even if they own their own homes, they don’t have the money necessary to keep their homes safe. So many of these families are one step away from homelessness.”

“So many of the families living in poverty in Jefferson County are in crisis all the time.”

-- Interview Respondents

The 10 individuals who were interviewed for this needs assessment were identified as **key informants** due to their positions in the community, the types of service areas they represented, and the reach of their organizations. Their feedback on top service priorities was used to design the survey that was sent to the other individuals and organizations. The areas of need (representing crisis levels) mentioned most often by interview respondents include the following:

- The need for **affordable and safe low-income housing** for families, older adults, and those with special needs, along with transitional housing for victims of domestic violence, those who have

⁸ There was also good representation from all areas of the county. See Appendix 1 for a breakdown of geographical service areas represented.

been evicted from their homes, and those newly released from incarceration or substance abuse treatment programs

- The need for **transportation services for low-income families and individuals** to help them access needed medical, mental health and social services, and for low-income working adults, seniors, and those with special needs
- The need for **more substance abuse treatment and prevention programs**, particularly as heroin use among youth (as well as adults) increases and waiting lists for treatment grow
- The need for **dental care for adults** who lack private dental insurance, particularly because very few dentists in Jefferson County accept Medicaid
- The need for **child psychiatric services** with MDs on staff who can prescribe drugs for problems like ADD, ADHD, autism, and severe behavior disorders
- The need to **support youth/young adults who have been released from foster care or have left unstable homes** who lack housing, education, and employment, and who need mental health and substance abuse treatment as well as health care
- The need for **emergency shelter**, including places for children removed from drug-infested homes, domestic violence victims with children, and homeless families (including those newly evicted from their homes)

While not mentioned as often as the above, other unmet needs include:

- **Affordable and accessible health care** for those who have “fallen through the cracks” between Medicaid and coverage through the insurance marketplace
- **Home repair services** for those living in unsafe and unhealthy conditions
- **New approaches to prevent smoking**, particularly among pregnant women and parents of young children
- Additional outreach, home visiting, early childhood services, and teacher education to address the growing number of **children with developmental delays, severe behavior problems, and problems like autism**
- Expansion of **education and support networks for families** dealing with substance abuse and/or mental illness

- **Food assistance** for those who have experienced cuts in food stamps; food pantries are unable to keep up with the demand
- **Better access to grocery stores and farmers' markets for the poor**, for access to fresh fruits and vegetables, and for healthy cooking classes
- **Sidewalks, parks, and walking/biking trails to encourage exercise and healthy lifestyles** and to prevent/manage diabetes, obesity, and cardiovascular disease
- Additional re-entry supports for those newly released from incarceration, including the **more timely provision of substance abuse and mental health services**
- **Prevention of unintentional injuries**, including those from four-wheeler accidents, falls, farm accidents, and auto accidents
- **More residential and day services for the disabled**, from medically fragile children to the aged
- **Training and capacity-building for nonprofits** to support their long-term sustainability
- **More screenings and regulations** related to lead and mercury contamination of soil, sod, and water
- More **services for returning veterans and their families** dealing with PTSD and multiple forms of trauma
- **Respite services** for those caring for the elderly and for disabled children
- **Outreach and on-site support for low-income pregnant women (for prenatal care)** and for others eligible for federal and state assistance who are not currently accessing services

Consensus Among Interview Informants and Survey Respondents: A majority of survey respondents (39 out of 55) contributed their own comments and ideas on what they believed to be the top areas of unmet need in the county. The actual survey question was:

*In your own words, please tell us **about services and resources that the people your organization serves currently need but are not being met, due to long waiting lists, inability to access existing services, funding cuts, or simply because the right types of services are not offered in Jefferson County.***

The table below shows the areas mentioned by two or more survey respondents. As the results show, **there was a relatively high degree of agreement between those who were interviewed and those who completed surveys in terms of the top areas of need⁹.**

Areas of Need Mentioned by Survey Respondents	No. of Comments
Housing/Shelter Temporary housing/shelter, low-income housing, housing for men, shelters for homeless families, emergency housing, transitional housing, affordable housing, handicapped-accessible apartments, housing for homeless children	14
Mental Health/Psychiatry Doctors to treat behavior disorders, psychologists, counselors, suicide prevention, “step-down” settings for adults with serious and chronic/persistent mental illness, mental health help for children and families, respite hours for families caring for the mentally ill	9
Transportation For low-income families, to substance abuse treatment services, to medical care for those in rural areas	8
Early Intervention/Children with Special Needs Resources for children with educational issues, foster parents for children, shelter for homeless children, early intervention for victims of abuse, need to restore funding and services for/from Parents As Teachers, waiting lists for Head Start, more educational readiness needed	7
Access to Healthcare People left out due to Missouri’s lack of Medicaid expansion, Medicaid coverage gaps, lack of health insurance among the poor, lack of access to cancer screening and treatment among the poor and indigent (including women for breast cancer), lack of access in rural areas, lack of prenatal care due to length of time it takes for women to be Medicaid-approved, high prescription drug costs for those with chronic illnesses	6
In-home Care/Respite Services/Day Services Respite care for families caring for someone with a developmental disability or someone who is seriously mentally ill, chore services for seniors and the disabled, homemaker services for the elderly, day services for the severely disabled	5
Substance Abuse Prevention/Treatment Lack of resources for early intervention with substance abuse, lack of early drug use prevention in schools, and drug abuse treatment, support and aftercare	4
High Risk/Homeless Youth Homeless youth shelter, lack of resources for intervention with youth who use drugs/who have a history of abuse	3

⁹ The number of respondents who commented on certain issues is related to the number of people from various service areas who responded to the survey. For example, those who served children exclusively tended to be more focused on the educational needs of children while those who worked with the disabled and the aged tended to be more focused on the need for in-home care services.

Areas of Need Mentioned by Survey Respondents, continued	No. of Comments
Food Access to healthy food, In-home meals for seniors, meals for disabled adults under age 60	3
Dental Care Services for adults, specialty services for children	3
Utility Assistance Help for the poor in paying utility bills	2

Topline Survey Results: The surveys administered to community service providers consisted mostly of closed-ended items representing areas of need identified through the interview process for which respondents were asked to assign priority levels using the following 5-point scale:

1 = Not a priority – there are too many other more important things that need attention

2 = Somewhat a priority – there are needs but others are still more important

3 = Medium priority – these things should be addressed but they aren't top priority

4 = High priority – people are in need with few places to turn to or they have to wait too long for services

*5 = Highest priority: we see levels of ongoing need that are at or near to **crisis level***

The following table shows, in rank order, the level of need assigned to each community issue by survey respondents.

Issue	Percentage of respondents indicating this is a “crisis-level” or “high” priority
1: Dental care for adults	72%
2: Affordable healthcare for those who don't qualify for Medicaid or the health insurance marketplace	70%
Tied for 3: Substance abuse treatment	69%
Tied for 3: Needs of youth who lack stable living situations	69%
5: Substance abuse prevention	66%
Tied for 6: Mental health/ psychiatric services for children	59%
Tied for 6: Jobs that pay beyond the minimum wage/economic development	59%
Tied for 8: Safe, affordable housing	57%
Tied for 8: Transportation to services	57%
Tied for 10: Early intervention /outreach to families with young children at risk for developmental delays	56%
Tied for 10: Affordable, nutritious food	56%
Tied for 10: Youth development programming (including mentoring and employment training)	56%

13: Adult mental health services	55%
14: Emergency shelter	53%
15: Transportation to jobs	52%
16: Counseling/education for families	50%
17: Jobs for adults with special needs	45%
18: Adult education/vocational training	44%
19: Smoking (a new approach to prevention)	43%
20: Unsafe/substandard housing	41%

Each of these areas is reviewed in the following report sections in greater detail.

Housing and Shelter

“A top need is for safe and affordable housing. There are approximately 1,000 units of subsidized housing available across Jefferson County, but all these units are taken and there’s a waiting list that has approximately 1,000 people on it.”

“Housing is a serious issue. There is a new housing complex being built in Festus, but there’s already a 300-person waiting list. There is a great need for subsidized and income-based housing for seniors and those who are disabled.”

“There is a crisis need for housing and shelter for the homeless. Many families are ‘couch hopping’ [staying temporarily with a series of friends and family members] because they can’t find housing they can afford.”

“Services and shelters for women and children suffering from domestic violence are badly needed. There’s only one domestic violence shelter in Jefferson County.”

--Interview Respondents

Context: As its population has grown, Jefferson County has experienced a significant increase in housing costs over the past 15 to 20 years. This increase has a disproportionate effect on low-income families, who spend higher percentages of their total income on housing than families who earn more. **In Jefferson County, the median rent in 2000 was \$502 per month; by 2012, median rent had increased to \$670 per month, a 34% increase¹⁰.** The following table shows comparisons by county for median household rent and related indicators for 2009¹¹.

¹⁰ Jefferson County Planning Report

¹¹ www.city-data.com/county

	Median Household Rent (Rank)	Median Family Income/Rank	Percent of Renters "Overburdened" ¹²	Section 8 (Subsidized Rental Housing) Waiting List Status
Jefferson County	\$772 (2)	\$61,972 (3)	41.1% (2)	Closed
St. Louis County	\$865 (1)	\$74,165 (2)	46.1% (1)	Soon to Open
Franklin County	\$645 (4)	\$60,425 (4)	37.5% (4)	Open
St. Charles County	\$667 (3)	\$83,020 (1)	40.1% (3)	Open

As the table above shows, while Jefferson County ranks third among the four Missouri counties in terms of median family income, it ranks second (behind St. Louis County, the most urban of the four counties) in median household rent and second in the percentage of renters who pay more than 30% of their income for housing. Additionally, the waiting list for the federally assisted (subsidized) housing program Section 8 is closed in Jefferson County, meaning that the current waiting list is too long to add more people¹³.

According to Jefferson County planning documents, in 2010, 45.3% of renters paid more than 30% of their total monthly income for rent¹⁴. The U.S. Department of Housing and Urban Development (HUD)¹⁵ has noted that "Families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care... A family with one full-time worker earning the minimum wage cannot afford the local fair-market rent for a two-bedroom apartment anywhere in the United States."

Another issue in meeting residents' needs for shelter and housing is that emergency shelters (including homeless shelters and domestic violence shelters) are nearly non-existent in Jefferson County. According to a search for these types of shelters through the websites *womenshelters.org*, *www.shelterlistings.org*, and *www.homelesshelterdirectory.org*, there are only two: the Jefferson County Rescue Mission in Pevely and Comtrea's A Safe Place for women victims of domestic violence.

Interview informants also discussed the need to address unsafe housing. One service provider noted that many of the homes of their clients have severe indoor air quality problems: *"Two years ago, we worked with 50 families who had significant problems, and last year, that figure had increased to 65. Approximately 95% of the family homes we visit are unsafe or unfit."* Health and safety issues include leaking roofs, plumbing problems, mold problems, collapsing floors, and collapsed septic systems causing issues with sewage seeping up through floors and yards. Mold and sewage can cause severe allergy and asthma problems, especially among children. One service provider commented that, *"Forgivable loans*

¹² Overburdened renters are defined as those paying more than 30% of their income for housing (http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/affordablehousing/)

¹³ Information accessed through <http://affordablehousingonline.com/housing-search/Missouri/>

¹⁴ Jefferson County Planning Report.

¹⁵ See Note 14.

are needed so homeowners can make needed repairs.” Other issues include increasing the energy efficiency of low-income housing, the need to fund emergency repairs (like repairing furnaces that go out in the middle of winter), and environmental issues that have arisen from the use of contaminated dirt and sod that have been exposed to mercury- and lead-contaminated water along the Big River; the dirt and sod are used in new subdivisions and other Jefferson County neighborhoods.

The temporary shelter needs for individuals and families in Jefferson County include emergency shelters, transitional housing, housing for homeless youth, and places where families who have been evicted can go immediately upon leaving their former homes. One interview informant noted: *“The domestic violence shelter is always full. It can serve 18 to 22 people at a time. It used to be that women’s situations could become stabilized over a shorter period of time, but now it takes longer because the affordable housing stock has declined. A second shelter is needed that has expanded services, including helping women attain orders of protection and getting kids back in school. Then a drop-down setting is needed to help these families transition back to rental housing.”* Another informant commented, *“To address the low stock of affordable housing, seed money is needed for new housing developments by commercial developers.”* She noted that a coalition of providers has been interested in implementing models similar to the Gateway Housing First and Places for People programs in St. Louis. Another recommendation included increased support for landlords so they can afford to maintain rentals that are safe and affordable.

Survey Results: The table below shows responses to survey items related to housing and emergency shelter:

- 17% of those surveyed believe the need for **affordable housing** is at a crisis level, but more (40%) believe affordable housing is a “high priority.”
- 41% indicated addressing **unsafe housing** was either a “high” or “crisis-level” priority.
- 18% indicated **emergency shelter** is a “crisis-level priority” while another 35% believe it is a “high priority.”

	1: Not a priority	2: Some-what a priority	3: Medium priority	4: High priority	5: Crisis-level priority
Need for Affordable Housing (n=48 responses ¹⁶)	6%	19%	19%	40%	17%
Need to Address Unsafe Housing (n=48 responses)	15%	23%	21%	31%	10%
Need for Emergency Shelter (n=50 responses)	9%	15%	12%	35%	18%

¹⁶ Not all respondents answered every survey question. From a review of response patterns, it appears that a number of people only answered the questions about which they were directly knowledgeable, or that were directly related to their areas of service.

Transportation

"[A county-wide partnership] has developed a county/regional plan and has received funding to serve the Highway 30 corridor. However, the needs are so great, a range of new options is badly needed throughout the county."

"Transportation is a huge issue for people with disabilities."

"Transportation is the biggest problem in the county for older adults. The OATS bus only runs once per week."

"Transportation problems for ex-offenders are horrific. No businesses are willing to sponsor transportation services for employees, so ex-offenders can't get to jobs."

--Interview Respondents

One of the issues most often mentioned by interview informants from across service areas is the need for safe and reliable transportation to services and jobs. This is true for low-income adults and families as well as for special populations, like the disabled, seniors, those with chronic health needs, and those who have been released from incarceration.

Context: According to statistics gathered by the Jefferson County Planning Department, **two-thirds of workers 16 years and older work outside the County**¹⁷. This statistic suggests a geographic mismatch between County residents and available employment. Overall, average commute time for workers in Jefferson County averages more than 28 minutes for most areas except for areas around Fetus, High Ridge, and Arnold, where commute times average between 21 and 24 minutes. In addition, data from the Community Commons website¹⁸ suggests that Jefferson County residents lack ready access to health care and grocery stores; access problems are due in part to the lack of transportation.

Survey Results:

- 19% of survey respondents indicated that the need for transportation to needed services was a "crisis-level priority", while 38% believe it is a "high priority." Only 2% believe it is "not a priority."
- More than half (52%) believe that transportation to jobs is a "crisis-level" or "high" priority.

	1: Not a priority	2: Somewhat a priority	3: Medium priority	4: High priority	5: Crisis-level priority
Need for Transportation to Services (n=48 responses)	2%	8%	33%	38%	19%
Need for Transportation to Jobs (n=48 responses)	4%	12%	31%	42%	10%

¹⁷ <http://www.jeffcomo.org/uploads/Planning/2013%20Databook%20Final.pdf>

¹⁸ <http://www.communitycommons.org>

Substance Abuse

“There is a crisis in our high schools in terms of drugs. A lot of the research says that addicts need to participate in a rehab program three times before rehab finally works. Most families cannot even afford to send their teens to rehab once.”

“Younger and younger people are dying of heroin and drug overdoses. There’s also increased alcohol use among youth which is related to ATV and other accidents.”

“Substance use is a root cause of a lot of the problems we see. This is closely related to mental health problems. Waiting lists for substance abuse treatment and mental health services are so long that people get tired of waiting and give up on treatment.”

“Parents use drugs to the extent they can’t afford food for their children...A lot more grandparents are raising children due to drug issues among parents.”

--Interview Respondents

Interview informants and survey respondents agreed that problems associated with substance abuse are a persistent barrier to well-being in Jefferson County. Issues discussed by informants included the rise in heroin use and overdoses (especially among youth), the needs of children who are removed from drug-infested homes, the shortage of residential and out-patient treatment in general and for those who are opiate-dependent in particular, and the dire poverty that exists in families with drug- or alcohol-addicted heads of household.

Context: According to the Jefferson County Division of Behavioral Health¹⁹, the number of residents admitted for the treatment of substance abuse and compulsive gambling disorders (another addiction that shares an etiology and method of treatment similar to drug and alcohol addiction) grew to 1,672 in 2013, up from 1,220 in 2012 and 1,265 in 2011. While these numbers are not accurate indicators of the scope of substance abuse in Jefferson County (since a significant percentage do not seek treatment or even refuse treatment), they do show some trends in primary addictions (with increases in the use of methamphetamines and heroin) as well as increases in the the number of those with multiple DUI arrests.

It is also helpful to note the increasing numbers of those who seek treatment as a result of the criminal justice system and in those who also have identifiable mental health problems (although, as percentages of all those who were treated for substance abuse, the proportions declined slightly from 2012 to 2013).

¹⁹ <http://dmh.mo.gov/docs/ada/countylinks/indicators2011/e201.pdf>

	No. of People Treated		
	2011 (Total treated: 1,265)	2012 (Total treated: 1,220)	2013 (Total treated: 1,672)
Primary Drug Problem (top 6)			
Alcohol	480	480	528
Marijuana/Hashish	292	281	294
Cocaine	40	24	20
Methamphetamine	118	126	155
Heroin	241	229	289
Analgesic except Heroin	54	56	69
Lifetime DUI/DWI Arrests			
1 or 2	353	266	362
3 or more	194	203	243
Referred by Criminal Justice System	720 (56.9%)	724 (59.3%)	812 (48.6%)
Co-Occurring Psychological Problem	467 (36.9%)	480 (39.3%)	569 (34.0%)

Problems of drug and alcohol abuse are often associated with rates of unintentional injuries, motor vehicle deaths, and suicide. **Jefferson County exceeds the state in rates of death from all these causes.** This finding also applies to youth aged 15 to 19, with the exception of the suicide rate.

Cause of Death	Rates for the Population as a Whole (2001-2011)		Rates for Youth 15-19 Years (2001-2011)	
	Jefferson County	State of Missouri	Jefferson County	State of Missouri
Unintentional Injuries	60.5	46.8	47.0	40.2
Motor Vehicle Accidents	20.9	17.6	32.8	31.7
Suicide	15.1	13.2	9.0	18.4

One service provider commented extensively on the rise in substance abuse among young people:

“Five to seven years ago, meth was the thing. That problem has been somewhat addressed. Over the past 3 to 4 years, the use of heroin has risen. It’s become cheap and accessible, and we’re seeing problems among youth from private Catholic schools to poor public schools. Kids are raiding their parents’ medicine chests and trading prescription drugs for heroin. Heroin is getting more potent while the users are getting younger. We’re seeing more deaths among first-time heroin users. ‘Pharm Parties’ are popular now, and we’re seeing an increased use of opiates, the painkiller Vicodin, morphine, and alcohol.”

According to additional comments from interview informants and survey respondents, some of the specific needs for substance abuse treatment include: 1) the need for longer-term, more highly skilled care that is required for detoxing from heroin, opiates and alcohol due to the medical risks associated with coming off these drugs (cardiac arrest, seizures, etc.): *“Hospitalization is too expensive for many to afford, even if they have some type of insurance;”* 2) the need for family education and counseling for those who have household members who are drug or alcohol abusers; 3) the need for community education – particularly about the growth of heroin use and its dangers – in order to help prevent substance abuse; 4) the need for “safe places” for housing recovering addicts who are in out-patient treatment or newly released from treatment so they don’t go back to the same environment in which they were using; 5) the need for physician education so that they can be more aware of prescription drug abuse and how to help prevent it. A respondent also noted that the County Drug Courts are showing some signs of success but that more treatment options are needed in order for them to be truly effective in getting offenders into treatment instead of incarceration.

Survey Results:

- 22% reported that substance abuse prevention is a “crisis-level” need with another 44% reporting it’s a high priority.
- 23% believe the need for substance abuse treatment is at a crisis level, while 46% assigned substance abuse treatment as a “high priority.”
- About half indicated the need for family counseling and education was a “high” or “crisis-level” priority.

	1: Not a priority	2: Somewhat a priority	3: Medium priority	4: High priority	5: Crisis-level priority
Need for Substance Abuse Prevention (n=49 responses)	11%	4%	20%	44%	22%
Need for Substance Abuse Treatment (n=44 responses)	14%	4%	14%	46%	23%
Need for Family Counseling/Education (n=46 responses)	2%	6%	41%	39%	11%

Mental Health

“Mental health is a top priority. Immediate access to acute or emergency care is hard to come by, particularly in terms of outpatient care. There is also a serious lack of ongoing monitoring for the mentally ill after they’re released from inpatient care.”

“Kids and young adults are showing big increases in trauma. There is more hopelessness, and funding for the supports they need have decreased. Military families are coping with PTSD, family abuse, and domestic violence. We have a need for more trauma-informed care and training

as well as integrated treatment programs.”

“Child psychiatrists are badly needed....There is one child psychiatrist [at the county’s primary mental health services provider] but there’s a huge waiting list. Doctors are needed who can prescribe medications for children.”

“Families need greater access to psychiatric services as well as counseling and education to engage families in substance abuse and mental health treatment.”

--Interview Respondents

Context: While a primary focus of interview informants in the area of mental health was on the dire need for child psychiatrists, they also spoke of the need for increased access to affordable treatment. As statistics available from the County Rankings website show, research suggests that indicators of mental health and well-being among residents in Jefferson County lag behind those in neighboring counties. For example, Franklin County (in spite of its higher poverty and unemployment rates) ranked 36 among the more than 100 counties in Missouri in terms of Quality of Life²⁰, while Jefferson County ranked 56 (indicating a lower Quality of Life than not only Franklin County but also St. Louis and St. Charles Counties). In addition, residents of Jefferson County who participated in national surveys reported more “poor mental health days” (an average of 4.7 days over a six-month time period) than residents in other counties, as well as among Missouri residents as a whole. Finally, in a testament to the need for more mental health services, there is only one mental health service provider for every 2,622 county residents, a ratio that is much less desirable than for the state of Missouri as a whole and for neighboring St. Louis County. While residents from middle or upper income levels who are in need of treatment may be successful in accessing both public and private services in St. Louis, those who are poor, who have transportation problems, and/or have problems taking off from work during the workday to get services are at a marked disadvantage.

	Quality of Life (Rank)	Poor Mental Health Days (Average over 6 months)	Mental Health Providers
Jefferson County	56	4.7	2,622:1
Franklin County	36	4.0	2,415:1
St. Louis County	50	3.1	607:1
St. Charles County	11	3.1	1,562:1
Missouri	--	3.8	947:1

As another indicator of the need for mental health treatment and prevention, the suicide rate among Jefferson County residents is higher than it is for Missourians as a whole and for the country as a whole.

²⁰ Researchers based Quality of Life rankings on various indicators of health and well-being for county residents

	Jefferson County	Missouri	U.S.
Suicide rate (age-adjusted suicide rate per 100,000 population)	16.66	13.67	11.57

Specific needs include more short-term residential treatment beds and more subsidies for psychiatric medications for those who are uninsured. Additional comments include: *“Many [of our clients] have to go to St. Louis [for mental health services] where the waiting lists are ridiculous,”* and *“[One of the county’s service providers] has been looking for another child psychiatrist to work in Jefferson County for the past 10 years. There’s been a huge drop in the number of psychiatrists [serving both children and adults] in the county.”*

Survey Results:

- 14% of those who completed surveys believe that adult mental health services are a “crisis-level priority” while 41% believe it is a “high priority.”
- 24% indicated that mental health services for children and youth are a “crisis-level priority” while another 36% believe it to be a “high priority.”

	1: Not a priority	2: Somewhat a priority	3: Medium priority	4: High priority	5: Crisis-level priority
Need for Adult Mental Health Services (n=49 responses)	4%	6%	35%	41%	14%
Need for Children’s/Youth Mental Health Services (n=45 responses)	7%	7%	27%	36%	24%

A final comment describes the problems faced by those who are newly released from incarceration who need both mental health and substance abuse treatment:

“We’ve been fighting for years to get aftercare services for people who’ve been in institutions, including those who have been in 120 day treatment programs. [One organization] is the only game in town. It has services but there are huge bottlenecks in getting treatment for ex-offenders. They have to show up at 8 a.m. and are served on a first come, first served basis. Many have to wait all day without getting seen. There’s no funding for other programs.”

Jobs

“From what we’ve seen with those we serve, the problems [of poverty] have doubled or even tripled over the past three years. A lot of families with heads of household who were laid off are no longer eligible to receive unemployment assistance – long-term unemployment is a huge problem.”

--Interview Respondent

The need for more jobs or higher wages in Jefferson County was not a frequent topic during interviews with community informants. However, comments about the rise in poverty (and problems associated with poverty) suggest a need for more jobs that pay a living wage (enough to support a family), greater access to existing jobs, and perhaps more economic development (particularly in areas that are further south or away from the more populated communities in the county).

Context: As mentioned earlier in this report, the **unemployment rate** in Jefferson County (at just over 7%) is higher than in St. Louis and St. Charles Counties. And although the population in Jefferson County has increased by more than 10% since 2000, its **job growth since the same year is negative** (with a decrease of 0.26%)²¹. According to statistics available in the 2013 Jefferson County Data Book, 39.0% of the county’s 2010 employment distribution was in the Service Industry with another 11.8% in Retail Trade (two industries that are associated with lower skill levels, low wages, and fewer opportunities for advancement than in other industries). Industries like Manufacturing, Construction, and Finance (which typically provide higher wages, opportunities to develop specialized skills, and more opportunities for advancement) comprise only about 20% of Jefferson County’s available jobs.

The table below again shows a comparison of unemployment rates (with Jefferson County showing a higher rate than Missouri as a whole and the comparison counties of St. Louis and St. Charles) along with other comparisons related to income employment. For example, as previously mentioned, Jefferson County has a favorable rate of high school graduation (which supports the employability of county residents at a basic level) but a less-than-favorable percentage of those who have completed at least some college (which could be related to the higher unemployment rate and/or lower wages among those in poverty). In addition, Jefferson County residents tend to have a much longer commute time to work in comparison to those in other counties and to Missourians as a whole. This finding suggests that there is a spatial mismatch between where workers tend to live and where the jobs are; this also emphasizes the problems of those who can’t afford their own individual means of transportation in finding and maintaining employment.

²¹ Data accessed through the Community Commons website

	Unemployment Rate	Percent High School Graduates	Percent Who Have Completed Some College	Percent with a Long Commute to Work
Jefferson County	7.4%	85%	64%	50%
Franklin County	8.0%	82%	61%	38%
St. Louis County	6.7%	82%	75%	31%
St. Charles County	6.0%	85%	77%	38%
Missouri	6.9%	82%	63%	30%

Survey Results: Those who completed needs assessment surveys tended to agree that jobs and economic development are high priorities for Jefferson County.

- A relatively high percentage (24%) of respondents believe the need for economic development, for the creation of more jobs that pay beyond the minimum wage, is at a “crisis-level” while another 33% agree this is a “high priority.”
- 45% indicated that the need for employment for adults with special needs was of particular concern.
- 15% believe that adult education and vocational training is needed at a crisis level, followed by 29% who think this is a “high priority.”

	1: Not a priority	2: Somewhat a priority	3: Medium priority	4: High priority	5: Crisis-level priority
Need for Economic Development/More Jobs Beyond Minimum Wage (n=49 responses)	7%	6%	20%	33%	24%
Need for Employment for Adults with Special Needs (n=48 responses)	4%	17%	31%	37%	8%
Need for Basic Adult Education/Vocational Training (n=49 responses)	4%	10%	42%	29%	15%

Children and Youth

“High needs children are not ready when they get to school. Early intervention makes a difference, but it needs to be available on a more widespread basis for it to be truly effective at the community or county level.”

“More and more children are coming to early childhood programs and kindergarten who appear to be autistic. There are more and more severe behavior problems.”

“We need more services for children and youth, particularly those in foster care or those who age out of foster care; there is no support for these youth.”

“Transitional youth (ages 17-25 who have been removed from their homes or who have

left home of their own accord) need services, emergency housing, education, and skills development. These youth have no skills, very few supports, no income, and are hugely vulnerable.”

“Jefferson County needs youth employment programs. We have a good summer youth leadership program in the county, but only about 15 youth participate each year.”

--Interview Respondents

Context: Service providers who completed interviews mentioned a range of needs related to children and youth. Key areas of need included mental health, crisis assistance for children removed from drug-impacted homes, the prevention of severe behavior problems in young children, and shelter and services for displaced youth.

The increase in child poverty rates in Jefferson County was shown in an earlier section of this report. As an additional indicator of increased poverty and need among children, the percentage of students enrolled in free/reduced lunch programs in Jefferson County schools increased from 30.2% in 2008 to 39.5% in 2012²².

The problems of poverty, drug abuse, and untreated mental health issues are reflected in rates of child abuse and neglect, including incidents in which out-of-home placements are warranted. As shown in the following table, data reported in Kids Count in Missouri shows that Jefferson County leads the way in both the rate of child abuse/neglect and family assessments for abuse and neglect and in the rate of out-of-home placements due to abuse and neglect. Jefferson County outranked comparison counties on both indicators in 2008 as well as 2012. Like other counties, these rates increased from 2008 to 2012 at a time when funding for family services was also decreasing (meaning that the increases are not likely due to an increase in surveillance²³). These statistics are strong indicators of the need for more support and more effective outreach and support to families with children across service areas – mental health, substance abuse treatment, and the alleviation of persistent poverty which creates toxic levels of parental stress (as well as stress and strain on children and youth themselves)²⁴.

²² Kids Count in Missouri 2013 Data Book

²³ “With tax revenue still declining as a result of the recession and budget reserves largely drained, the vast majority of states have made spending cuts that hurt families and reduce necessary services. These cuts, in turn, have deepened states’ economic problems because families and businesses have less to spend. Federal recovery act dollars and funds raised from tax increases have greatly reduced the extent, severity, and economic impact of these cuts, but only to a point. And federal aid to states is slated to expire well before state revenues have recovered.” In Missouri, state services have been cut in the following areas: public health, housing, services for the elderly and disabled, K-12 and early childhood education, and in the state workforce (see the Center for Budget Priorities and Policies website: <http://www.cbpp.org/cms/?fa=view&id=1214>)

²⁴ “With the changing economy many more families are experiencing financial crisis, unemployment, and homelessness. During such crisis, children are especially at-risk for neglect or abuse as their parents struggle to cope with crushing circumstances and emotions.” (http://www.safe-families.org/whatis_whoehelp.aspx)

	Child Abuse/Neglect & Family Assessment Rate ²⁵		Out-of-Home Placement Rate ²⁶	
	2008	2012	2008	2012
Jefferson County	30.5	35.0 (+)	5.2	7.0 (+)
St. Louis County	16.1	18.0 (+)	1.9	1.7 (-)
Franklin County	28.6	34.0 (+)	2.7	5.5 (+)
St. Charles County	14.6	20.0 (+)	1.4	1.8 (+)

As examples of the issues faced by youth in Jefferson County, as previously mentioned, numerous key informants commented on the increasing number of youth who are homeless, either because they've been released from foster care, or they've been recently removed from the family home due to abuse or neglect, or because they've left home voluntarily; these young people are often "couch shopping" without programs to turn to for support. Providers commented that there are no current funding sources for the level of assistance that is needed:

"Some of these kids are very ill, both mentally and physically. There is no residential setting for these youth, but they don't really need full residential care. But they do need a significant level of support. The Division of Social Services doesn't serve youth under the age of 21."

Also according to interview respondents, a system of care collaboration has been initiated in Jefferson County that seeks to address needs for legal assistance, substance abuse treatment, mental health treatment, and dealing with family issues, but the group lacks the resources it needs to sustain its work.

Other unmet needs for children and families include the following: 1) the need for a Crisis Nursery and immediate placements for children whose parents can't care for them or who have been arrested for various crimes (including drug-related offenses); 2) increased funding for prevention programs like Safe Families and Parents As Teachers; 3) funding for accident prevention, including protective head gear for children and youth who ride bicycles and four-wheelers; and 4) additional parenting education in supporting healthy child development for those with children ages 4 to 8.

Survey Results: Survey responses confirm the need for more assistance to children and youth. As the next table shows:

- The need for early intervention and outreach to families with children at risk is a priority for the county, with 39% believing it is a "high priority" and 17% indicating it is a "crisis-level priority".
- Slightly fewer (15%) assigned a "crisis-level" rating to the needs of at-risk youth and young adults who lack stable living situations, but more (54%) believe this is a "high priority."

²⁵ Per 1,000

²⁶ See Note 25

- More than half (56%) indicated that the need for youth development programming is at least a “high priority.”

	1: Not a priority	2: Some-what a priority	3: Medium priority	4: High priority	5: Crisis-level priority
Need for Early Intervention/Outreach to Families with Young Children at Risk (n=46 respondents)	8%	6%	28%	39%	17%
Needs of At-risk Youth/Young Adults Who Lack Stable Living Situations (n=46 respondents)	6%	2%	22%	54%	15%
Need for Youth Development Programming (including mentoring and job opportunities) (n=45 respondents)	7%	7%	31%	36%	20%

Dental Care and Affordable Health Care

“Dental care is a huge problem. Most people don’t know where to go to get services. [One service provider] started a dental program but it needs to serve more people. Most people have to go to St. Louis, but there are long waiting lists and sometimes they go and wait but they don’t get in.”

“The lack of dentists who accept Medicaid is a terrible problem.”

“In spite of the insurance marketplace, there are still a lot of health care needs. Since Missouri did not expand Medicaid coverage, lots of people (including seniors) are falling through the cracks.”

“Many adults who do have health insurance have high deductibles so they don’t get services like flu shots [or other vaccinations] and wellness screenings.”

“A lot of pregnant women lack prenatal care, especially during the past year. It’s due to the lack of insurance and cutbacks plus the lack of Medicaid expansion, plus glitches in the system. There are some prenatal care assistance programs that low-income women are not even aware of.”

--Interview Respondents

Context: Statistics from County Health Rankings support the need for dentists and greater access to health care in Jefferson County. As the table below shows, there is a critical shortage, not only of dentists, but also of primary care physicians (including for those who have health insurance in addition to those who are low income). The ratio of dentists to residents in Jefferson County is 3,863 to 1, which is

less favorable than the other comparison counties and significantly less favorable than the ratio for Missouri residents as a whole. The same is true for the availability of primary care physicians, which, at 4,304 to 1, is even worse than the ratio for dental care providers.

	Dentists (Ratio)	Primary Care Physicians (Ratio)
Jefferson County	3,863:1	4,304:1
Franklin County	2,415:1	1,521:1
St. Louis County	1,283:1	850:1
St. Charles County	1,920:1	2,123:1
Missouri	1,985:1	1,455:1

Additional data on health indicators for residents of Jefferson County shows that, while the percentage of those who are uninsured compares somewhat favorably to other Missouri counties, other indicators suggest that there are high rates of premature death and preventable hospital stays among the poor.

	Length of Life (Rank)	Poor Physical Health Days (Rate)	Premature Death (number per 100,000)	Uninsured (Percentage)	Preventable Hospital Stays²⁷ (per 1,000)
Jefferson County	35	3.6	7,594	13%	93
Franklin County	66	3.6	8,591	15%	66
St. Louis County	18	2.9	6,710	13%	58
St. Charles County	2	3.0	5,171	10%	64
Missouri	N/A	3.7	7,821	16%	72

Interview results suggest that a particularly high need for dental care occurs in DeSoto and also extends to children²⁸: *“Sixty percent of the children screened in DeSoto and including the Sunrise School District need ongoing care.”* Related to the county as a whole, *“The Dental Coalition was started more than 10 years ago but it needs more providers. We need community education on the importance of oral health. Services provided on a sliding scale are still unaffordable for many low-income families and individuals.”*

Survey Results:

- Nearly three-quarters of those who completed surveys (72%) agreed with key informants that dental care for adults is a “high” or “crisis-level” need in Jefferson County.
- Slightly fewer (70%), but still a significant proportion, agreed with the same about the need for affordable healthcare for those not covered by Medicaid and who don’t earn enough to qualify for the health insurance marketplace.

²⁷ Hospitalization rate for conditions that typically require only out-patient treatment per 1,000 Medicare enrollees

²⁸ Children in other areas of the county tend to be served by existing programs

	1: Not a priority	2: Somewhat a priority	3: Medium priority	4: High priority	5: Crisis-level priority
Need for Dental Care for Adults (n=47 respondents)	8%	4%	15%	40%	32%
Need for Healthcare Among Those Not Eligible for Medicaid or the Health Insurance Marketplace (n=49 respondents)	4%	8%	18%	39%	31%

Healthy Lifestyles and Disease Prevention: Nutrition and Smoking Cessation

“Senior citizens and homeless youth and families have issues with hunger. Their food benefits and food stamps have been cut.”

“Many of the poor in rural areas do not have access to grocery stores. They buy their food at gas stations. WIC families aren’t using their benefits for fruits and vegetables because they don’t have a place to buy them.”

“People in Jefferson County need to learn how their physical health and lifestyle impact diseases like diabetes. Nothing pays for this kind of education, including family education and support groups.”

“There is a high social tolerance for tobacco use in Jefferson County. Smoking cessation classes are offered but people won’t participate. We see a lot of young mothers who smoke and expose their children in utero or to second-hand smoke. We need to raise awareness of the dangers of smoking.”

--Interview Respondents

Context: Needs for health care and overall indicators of well-being are related to the health behaviors of Jefferson County residents. Statistics from County Health Rankings show that, on composite measures of healthy behaviors that help prevent diseases (like diabetes, heart disease, and cancer, Jefferson County residents rank 86th in the state, behind Franklin, St. Louis, and St. Charles Counties. Rates of smoking among adults is much higher in Jefferson County than in St. Louis and St. Charles Counties, and outpaces the smoking rate for adult Missourians as whole. More than one-third of Jefferson County residents are reported to be obese, with 30% also reporting a lack of exercise or other physical activity.

	Health Behaviors Composite (Rank)	Adult Smoking (Percent)	Adult Obesity (Percent)	Physical Inactivity (Percent)
Jefferson County	86	28%	35%	30%
Franklin County	58	27%	35%	28%
St. Louis County	7	17%	28%	24%
St. Charles County	6	17%	31%	25%
Missouri	--	23%	31%	27%

These high rates of smoking, physical inactivity, and obesity are related to higher than average rates of lung cancer, lung disease mortality, and heart disease mortality (and possibly cancer mortality) for Jefferson County as compared to Missouri residents and the U.S. as a whole²⁹. These rates of mortality from diseases like lung cancer and heart disease, which are partly preventable, not only tax the health care system in Jefferson County but also contribute to lower levels of workforce productivity and additional strains for those in low-income and isolated areas that have problems accessing health care.

Report Area	Jefferson County	Missouri	U.S.
Lung Cancer Incidence (annual incidence rate per 100,000 population)	90.00	77.40	64.90
Cancer Mortality (age-adjusted death rate per 100,000 population)	211.45	189.39	176.66
Lung Disease Mortality (rate of death due to chronic lower respiratory disease)	63.83	51.44	42.40
Heart Disease Mortality (rate of death due to coronary heart disease)	192.87	153.04	134.65
Stroke Mortality (rate of death due to cardiovascular disease or stroke)	58.09	47.57	41.78

Additional comments from interview respondents provide more insight into how issues related to smoking, nutrition, and exercise represent unmet needs in the county:

“Food sold at gas stations or convenience stores is more expensive, high in fat and sugar, and lower in the nutrients contained in fresh fruits and vegetables. DeSoto has a Farmer’s Market and some communities are trying to develop Farm to School³⁰ programs, but more efforts are needed to get fresh fruits and vegetables into children’s and families’ diets.

“The southern part of the county lacks the right types of infrastructure that supports healthy behaviors. Infrastructure like sidewalks, parks, and walking and biking trails (including trails along the rivers) would help encourage Jefferson County residents to exercise more in outdoor settings, given a lack of indoor exercise facilities in most areas of the county.”

Related to high rates of smoking, interview respondents commented:

²⁹ Rates shown are for a five-year average (2006 to 2010)

³⁰ Farm to School is a nationwide initiative in which “schools buy and feature locally produced, farm-fresh foods such as fruits and vegetables, eggs, honey, meat, and beans on their menus. Schools also incorporate nutrition-based curriculum and provide students with experiential learning opportunities such as farm visits, gardening, and recycling programs. As a result of Farm to School, students have access to fresh, local foods, and farmers have access to new markets through school sales. Farmers are also able to participate in programs designed to educate kids about local food and agriculture” (http://en.wikipedia.org/wiki/Farm_to_School).

“Local school efforts are needed to prevent smoking, including the use of smokeless tobacco, and the risks associated with vapors – we still don’t know the impact these have on children. We need a grassroots campaign on how smoking affects health, including the effects of vitamin deficiencies that result from smoking.”

Study Results:

- 43% of those who completed surveys believed the need for a new approach to smoking prevention was a “high” or “crisis-level” priority.
- 56% indicated the need for nutrition and affordable, healthy food was either a “high” or “crisis-level” priority.

	1: Not a priority	2: Somewhat a priority	3: Medium priority	4: High priority	5: Crisis-level priority
Need for Nutrition/Affordable, Healthy Food (n=50 respondents)	6%	8%	30%	44%	12%
Need for New Approach to Smoking Prevention (including for expecting/new mothers, parents of young children) (n=47 respondents)	13%	8%	36%	28%	15%

Survey Results Summary:

Overall study results suggest there is a relatively high level of consensus among service providers and other individuals/organizations in Jefferson County who participated in this needs assessment on primary areas of unmet need among individuals and families. Both key informants and survey respondents tended to agree on the areas that need to be addressed, although there were some differences in the levels of priority suggested or assigned by the two groups. The majority (more than 50%) of survey respondents agreed that the following were “high” or “crisis-level” priorities:

- Healthcare for those not eligible for Medicaid or coverage through the health insurance marketplace (70%)
- Substance abuse treatment (69%)
- The needs of transitional youth who lack stable living situations and vital supports (67%)
- Transportation to needed services (67%)
- Economic development/more jobs that pay over the minimum wage (66%)
- Substance abuse prevention (66%)
- Dental care for low-income adults (62%)
- Mental health services for children and youth (60%)
- More affordable housing (57%)
- Youth development programming (56%)

- Better nutrition and affordable, healthy food (56%)
- Early intervention and outreach targeting families with at-risk children (56%)
- Adult mental health services (55%)
- Emergency shelter (53%)
- Transportation to jobs (52%)

Second-tier needs (according to survey respondents) include:

- Family education and counseling (50%)
- Employment for adults with special needs (45%)
- Adult education and vocational training (44%)
- New approaches to smoking prevention (43%)
- Repairs for unsafe homes (41%)

However, it should be noted that even second-tier needs were believed to be at least a “medium priority” among most (more than 80% of) survey respondents. Unlike interview informants, survey respondents also had the opportunity to address the following question:

*What are some of your thoughts about the **root causes** of the problems/needs you identified as top priorities? That is, what are some of the areas you believe need to be addressed first, before progress can be made in other areas?*

The table below shows perceptions of these root causes, which tended to echo interview and survey results in general. However, some responses suggest re-examining some of the top areas of need as previously identified by interviews and surveys. An example worth noting is that **unemployment/the need for more economic opportunity** was mentioned most often as the root cause of many of the unmet needs that currently exist among Jefferson County residents. This finding suggests that jobs and economic development may be a higher priority for the county than what is suggested, at face value, by interview respondents’ comments and priority ratings from survey respondents.

Root Causes Mentioned by Respondents	No. of Comments
Unemployment/Need for More Jobs Lack of economic opportunity, lack of well-paying stable employment, lack of job training and skills, need for employment among special needs adults (1)	10
Individual/Family/Community Characteristics Lack of pride, poor parenting, government dependence, dysfunctional attitudes (NIMBY and the lack of emergency/homeless shelters), cycle of poverty, attitudes toward mental health, unwillingness to take care of physical health	12
Lack of Transportation Infrastructure For low-income families, to substance abuse treatment services, to medical care for those in rural areas compounds other problems	8

Root Causes Mentioned by Respondents	No. of Comments
Funding Cuts Funding cuts at the federal and state levels have decreased assistance for the poor	8
Lack of Education Too few with college degrees, lack of other kinds of education	7
Medicaid Coverage Gaps and Lack of Access to Healthcare Missouri's lack of Medicaid expansion causing service gaps	6
Lack of Housing Lack of good, affordable, healthy housing, lack of stable living situations	4
Substance Abuse Problems Drug abuse leads to other problems, need for more outreach	4
Lack of Mental Health Treatment Options and Psychiatry Untreated mental health problems compound other problems	3

The Needs of Nonprofits in Jefferson County:

Although the unmet needs of individuals and families in Jefferson County were the primary focus of this study, the service providers who were interviewed also mentioned the needs of the nonprofit organizations that are working to address the needs of county residents. Overall, key informants suggested that nonprofits need training and consultation in a number of important areas, including resource and business development, strategic planning, and evaluation of services and programs – all areas that support the health and sustainability of the nonprofit sector and its ability to meet the needs of vulnerable children, adults, and families in these times of growing hardships and decreased levels of government and charitable funds. Specific comments about organizational capacity-building needs include the following:

“Training is needed for nonprofits in Jefferson County. Professionals/consultants are needed to work with smaller organizations to help them incorporate best practices and evaluate the effectiveness of their services.”

“Nonprofits in Jefferson County are in need of capacity-building services, something like the Nonprofit Resource Centers in Kirkwood and St. Charles, where libraries have subscriptions to funding directories and resources from places like the Foundation Center. Volunteers help staff many nonprofits in Jefferson County and could use additional training in resource development, grant writing, effective boards, expectations of board members, and changing laws regarding personnel/human resources.”

“There is a huge need among nonprofits in Jefferson County for sustainability consulting and training. They need to know more about how to run a business, generating their own income, budgeting, long-range planning, and evaluation.”

“Nonprofits need training in strategic planning and business acumen and including the areas of financial planning, implementing capital campaigns, and sustainability.”

“We need a county-wide strategic plan to address needs for transportation, education, housing and treatment so services are comprehensive, non-duplicated and organized. We need a guided process to facilitate strategic planning.”

“We need something like the Leadership Roundtable for Executive Directors where leaders can discuss importance topics (like health insurance, bylaws, and board development). Training is needed to address best practices in nonprofit management, like program development, logic modeling, program evaluation, grant writing, fundraising, and managing diverse funding streams.”

A question about the priority respondents would assign to training and capacity building for nonprofits was included on the written version of the survey. Thirty-three people responded to this item:

- Fifty-seven percent rated nonprofit needs as a “high” or “crisis-level” priority, while another 33% considered nonprofit training and capacity building as a “medium priority.”

	1: Not a priority	2: Somewhat a priority	3: Medium priority	4: High priority	5: Crisis-level priority
Needs of Nonprofits for Training/Capacity Building in New Business Models and Sustainability (n=33 responses)	2%	8%	33%	38%	19%

These results suggest that training and consultation for nonprofits in Jefferson County could be considerably helpful in helping them address the growing needs of individuals and families in uncertain times.

Conclusions and Recommendations

According to available statistics on the health and well-being of its residents, Jefferson County compares favorably to nearby counties and to the state of Missouri as a whole on a number of important indicators. These include rates of infant mortality and high school graduation, and on other indicators not included in this report. However, Jefferson County has surprisingly higher rates of death from suicide, unintentional injuries, and motor vehicle accidents; higher rates of child abuse and neglect and out-of-home placements of mistreated children; higher percentages of preventable hospital stays among low-income individuals; and rates of lung cancer, lung disease mortality, cancer mortality, heart disease mortality, and stroke

mortality. The county is also experiencing increasing rates of poverty among young children, increasing median rents for families who don't own their own homes, lower percentages of residents who have attended college, a relatively high poverty and unemployment rate, higher percentages of "overburdened" renters who pay more than 30% of their income for housing, growing problems with heroin use, increasing numbers of DUI arrests, and low access to mental health treatment, dental care, and primary health care.

The incidence of problems like these provide the context for examining, understanding, and applying the results of this study of unmet needs for services and resources among Jefferson County residents.

In many ways, Jefferson County reflects the overall social and economic shifts occurring in the rest of Missouri and in the U.S. as whole, with increasing gaps between the rich and the poor, the continued decline in manufacturing and in other sectors paying wages sufficient for providing for families, the significant cuts in health and human services evident at the federal and state levels, the continued isolation of the poor in rural areas from jobs and needed services, and the increase in individual and family stress levels that are linked to substance use and mental health. But in other ways, Jefferson County is an anomaly, most notably in the high rates of disease and mortality from conditions that are partially preventable by healthy behaviors and/or reductions in risk-taking behaviors (like smoking and activities that can lead to accidental injuries and death).

Thus, the finding of this needs assessment that one of the county's top priorities is **providing affordable and accessible healthcare (and dental care)** for those who have "fallen through the cracks" should perhaps be expanded to include the need for **significant efforts to educate the public about the dangers of smoking, poor diets, the lack of physical activity, and risk-taking behaviors that lead to accidental injuries and death.** The prevention of high rates of suicide (to a large extent) and accidental deaths (to some extent) can also be supported by community education efforts as well as by **increasing the availability and access of children, youth and adults to affordable and timely mental health and substance abuse prevention and treatment.**

Due to the close relationships among physical and mental health and substance abuse, one approach for collective action in Jefferson County could focus on **health needs**, using a broader definition of health that includes dental care as well as treatment programs for those with mental illness and addictions.

Another approach would be to examine the alignment of the top issues in the county with Maslow's hierarchy of need. Human needs for shelter (including both affordable, stable housing as well as needs for emergency shelter for those who have no other place to go) along with other basics (food, water, warmth, sleep, and air) are located at the base of Maslow's hierarchy. (Because this base is related to the biological and physiological needs of human beings, the need for health and dental care is also included at this level.) Thus, safe, **affordable housing plus emergency shelter and transitional housing** could be another focus for community-wide action.

Other crisis-level priorities in Jefferson County are closely related to the problem areas mentioned above (and may in fact cause some of them) and serve to impact and isolate the poor and perpetuate problems of poverty. These include the **lack of transportation** that currently keeps low-income individuals isolated from needed services and jobs (and the elderly and disabled isolated from the services and resources they need), and the need for **more and better jobs that help alleviate** poverty on a long-term basis. As survey respondents' comments about root causes suggest, **economic development and job creation** in Jefferson County could go a long way in addressing a number of the unmet needs of county residents. Addressing these issues on a long-term and sustainable basis may go beyond the scope of individual programs and organizations seeking short-term wins; problems like the need for a county-wide transportation system and economic development typically require collective impact efforts involving stakeholders from various sectors and organizations (business as well as government and nonprofit) and high-level decision makers who can leverage long-term investments in sustainable solutions. County-wide training, strategic planning, research and evaluation, and other capacity-building approaches could help increase the ability of nonprofits and other stakeholders in Jefferson County to plan for and implement collective impact initiatives.

This study contributes to what is known about a number of the top priorities in Jefferson County, even though these needs have been evident to service providers for a long time. These needs are significant and ever changing. The best contribution that could be made by this report would be to: 1) stimulate additional, ongoing conversations across sectors and nonprofit service areas about collectively addressing these unmet needs, and 2) stimulate additional, ongoing collaborative efforts among funders, organizations, and government agencies to implement change, use current resources as effectively as possible, evaluate the efficacy of services and initiatives, and utilize ongoing evaluation (data) to make continuing, sustainable improvements that lead to systemic change. The ultimate goal is to foster countywide solutions that lead to healthier, more productive lives for the children, youth, adults, and families of Jefferson County.

Appendix One: Geographic Coverage of Respondents' Organizations

Geographic Area/City/District	Number of Respondents
All of Jefferson County	30
Festus	8
DeSoto	7
Hillsboro	7
Imperial	6
Crystal City	4
Arnold	4
Fenton	4
Barnhart	3
House Springs	2
Cedar Hill	2
Dittmer	2
Herculaneum	1
Ware	1
High Ridge	1
Morse Mill	1

