



SSM Cardinal Glennon Children's Medical Center

Community Health

Needs Assessment 2012



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Executive Summary

SSM Cardinal Glennon Children’s Medical Center (CGCMC) is located in St. Louis City. For its Community Health Needs Assessment (CHNA), CGCMC has defined its community as St. Louis City. Although the patient origins of CGCMC patients represent a much larger geographic area, CGCMC has defined its community as St. Louis City due to greater pediatric health need and racial disparity within the local vicinity of the hospital.

Secondary data were collected from a variety of local, county and state sources in order to profile the demographics, social/health status and access to healthcare in the community served. When available, other community health assessments were reviewed for comparison of priority health issues. Analyses were conducted at the most local, age and race-specific level possible, based on availability and significance of the data.

Primary data collection for this Community Health Needs Assessment included use of community stakeholder focus group feedback. Because CGCMC and BJC Health System’s St. Louis Children’s Hospital (SLCH) both focus on addressing the health needs of pediatric patients in St. Louis City, the two hospitals combined efforts to seek input from community stakeholders. For a full list of organizations represented by the community stakeholders, reference Appendix A. The individuals in the community stakeholders’ group, who represent the broad interest of children and public health in St. Louis City, provided their feedback through two focus group presentations. The initial focus group was conducted to solicit feedback from these individuals on the needs of St. Louis City children. During the second focus group, the community stakeholders assisted the hospitals in ranking the health needs that were determined to be a priority in the community.

To validate the prioritized needs, the CGCMC Administrative team reviewed the final list of prioritized pediatric health needs for St. Louis City, considering magnitude of impact on the community and alignment with the SSM Mission and Strategic Plan. The amount of resources required to address the issue and the hospital’s ability to impact each issue were also considered. The resulting list comprises the top health needs on which the hospital has decided to focus its resources and integrate into strategic and operational plans.

The top three priority pediatric health needs for St. Louis City, as determined by CGCMC Administration and approved by the Regional Executive Team (RET), are :

1. Pediatric Injury and Violence (Safety)
2. Parental Health Literacy
3. Asthma

A copy of CGCMC’s CHNA and information about how the hospital participates in community health is made available to the public through the “Community Health” link on the CGCMC website, which can be found at www.cardinalglennon.com.

Next Steps

Based on the findings of this assessment, the top priority health needs will be reviewed by the hospital’s Strategic Implementation Plan (SIP) team to develop the SIP, identify champions, community partners and resources needed to implement the SIP and incorporate the strategic action items into the relevant operational plans. The champions will then implement and track performance of the SIP.

Introduction

SSM Health Care (SSMHC) is a faith-based, not-for-profit health care system rooted in the tradition of its founders, five Catholic sisters who came to St. Louis, Missouri from Germany in 1872 with \$5 to their name. Immediately upon their arrival, our sisters began serving the sick, suffering, and dying in whatever ways they could and by any means available to them, often at great risk to themselves.

The reason we exist is to serve our communities as reflected throughout our nearly 140 years of distinguished history serving the needs of people within their communities, especially the most vulnerable and those at the margins of society. At SSMHC, for instance, accounting ledgers from the late-1800s show a majority of patient names under the category "Our Dear Lord's," indicating they were unable to pay for the care they received. This commitment to caring for community members most in need, including the provision of charity care, was and remains a defining characteristic of SSMHC.

Since its inception, SSM Health Care (SSMHC) has been committed to improving community health through focused and collaborative efforts designed to address the unmet health needs of those within the communities we serve. In order to have the most meaningful impact on our community's health, we need to have a thorough understanding of its current needs. This assessment provides information on our community's health outcomes and factors. From these findings, in collaboration with our communities, we were able to identify health-related needs and establish a foundation for community health planning.

In a world where the value of individuals is often measured by their functional ability or social utility and health care is often seen as a commodity rather than a basic good, SSM Health Care remains committed to:

- Providing essential health care services to anyone in need, regardless of their ability to pay
- And to promoting the health and well-being of the communities we serve.

Our System Vision Statement:

Through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically and socially marginalized, will experience improved health in mind, body, spirit, and environment within the financial limits of the system.

Community Benefit

In recent years, concerns have been raised as to whether not-for-profit hospitals generally provide enough benefit to their communities to justify their tax-exempt status. Unfortunately, this debate has tended to focus almost entirely on how much charity care not-for-profit hospitals provide. However, more than simply charity care, Community Benefit encompasses three interrelated areas: charity care, government sponsored means tested health care and community benefit services.

The federal government has in recent years sought to increase transparency and enhance accountability through revisions to the Form 990, adding a Schedule H which outlines questions and information required on community benefit, and new Community Benefit requirements outlined in the Patient Protection and Affordable Care Act (PPACA) that address:

- Financial assistance policy
- Billing and collections practices
- Emergency medical care policy
- Limitation on charges
- Community health needs assessment
- Implementation strategies to address identified needs

The PPACA also requires each hospital to complete a community health needs assessment (CHNA) and to implement strategies, as demonstrated through the development of a Strategic Implementation Plan (SIP) to address identified needs.

Requirements of the CHNA include:

- The CHNA must take into account input from individuals who represent the broad interest of the community served by the hospital, including those with special knowledge or expertise in public health
- The CHNA must be made widely available to the public
- The hospital must adopt an implementation strategy (SIP) to meet the community health needs identified through the assessment
- As a part of Schedule H of the Form 990, the hospital is required to submit a narrative to the IRS detailing what the hospital is and is not doing to address the issues identified within the CHNA

Secondary Data Collection

Secondary data were collected from a variety of local, county and state sources in order to profile the demographics, social/health status and access to healthcare in the community served. When available, other community health assessments were reviewed for comparison of priority health issues. Analyses were conducted at the most local, age and race-specific level possible, based on availability and significance of the data.

Primary Data Collection

Primary data collection for this Community Health Needs Assessment included use of community stakeholder focus group feedback. A caveat to this data is that it measures opinions and perception rather than true health need. Due to small sample sizes, focus group results should not be considered statistically representative of the broader population.

Methodology

Because CGCMC and SLCH both focus on addressing the health needs of pediatric patients in St. Louis City, the two hospitals combined efforts to seek input from community stakeholders. For a full list of organizations represented by the community stakeholders, reference Appendix A. The individuals in the community stakeholders' group, who represent the broad interest of children and public health in St. Louis City, provided their feedback through two focus group presentations. The initial focus group was conducted to solicit feedback from these individuals on the needs of St. Louis City children. During the second focus group, the community stakeholders assisted the hospitals in ranking the health needs that were determined to be a priority in the community.

The stakeholders' responses from the first focus group (Appendix C) were the basis for identification of the community's perceived pediatric priority health needs in St. Louis City. Additional secondary data were collected to clarify and refine these needs and other priorities were added if data supported the need.

After the analysis was summarized, the stakeholders were convened to discuss the findings and rank the top pediatric health needs in St. Louis City. Each participant anonymously rated the individual health needs and the potential to unify around the health topic. A scale of one (lowest priority) to five (highest priority) was used to rank all health topics. Sixteen people completed a rankings sheet. The rankings were combined and integrated into a secondary prioritization matrix reviewed by the CGCMC Administrative team. The community stakeholders' final prioritization matrix can be found in Appendix D.

To validate the prioritized needs, the CGCMC Administrative team reviewed the final list of prioritized pediatric health needs for St. Louis City, considering magnitude of impact on the community and alignment with the SSM Mission and Strategic Plan. The amount of resources required to address the issue and the hospital's ability to impact each issue were also considered. The resulting list comprises the top health needs on which the hospital has decided to focus its resources and integrate into strategic and operational plans. The Administrative team's final prioritization matrix can be found in Appendix E.

The top three priority pediatric health needs for St. Louis City, as determined by CGCMC Administration and approved by the Regional Executive Team, are:

- 1) Pediatric Injury and Violence;
- 2) Parental Health Literacy and
- 3) Asthma.

Data Limitations

Throughout the data collection process, some data elements were either not found, unavailable or not significant enough to fully assess health needs. The following data elements presented such barriers to analysis and assessment:

Geography: Some data is only available at the state level.

Vulnerable Populations: There is very little available data for persons of low income and minority groups.

Readmissions Data: Lack of available source to determine top causes of hospital readmissions.

Pediatric Data: In general, pediatric data is limited and often not available at the local geography. Drill-down is often unavailable at the desired age groupings due to small sample size.

Small Sample Size: Data cannot always be significantly represented for racial and age breakdown due to small sample size.

Data Sources

For a comprehensive list of secondary data sources by data element, refer to Appendix F.

Background of Hospital

SSM Cardinal Glennon Children's Medical Center

SSM Cardinal Glennon Children's Medical Center, a 190-bed, not-for-profit pediatric medical center in mid-town St. Louis, treats children from across the U.S. and from countries around the world. It is a member of SSM Health Care – St. Louis, a Missouri Quality Award winner. SSM Cardinal Glennon is a Level 1 Pediatric Trauma Center and is home to a Level III Neonatal Intensive Care Unit, both the highest available classifications. There are also more than 60 medical specialty areas, including the St. Louis Fetal Care Institute, Dorothy and Larry Dallas Heart Center and Bob Costas Cancer Center. SSM Cardinal Glennon provides poison control services, perinatal outreach programs and a distributed network of pediatric programs throughout Missouri and Illinois. SSM Cardinal Glennon is a teaching hospital affiliated with the Saint Louis University Schools of Medicine and Nursing and nine other educational institutions. For more information, go to www.cardinalglennon.com.



Exceptional Services

Cardiology/Cardiothoracic Surgery

- We provide a full spectrum of the highest level of pediatric heart care. Our fetal cardiac team can diagnose complex heart problems in the womb. We have the only pediatric hybrid cardiac catheterization suite in the St. Louis region, which allows doctors to diagnose and fix complex heart problems in the same room and one procedure, making it safer and resulting in faster recovery for patients. Children who require surgery will receive care from the most experienced cardiothoracic team in St. Louis, with more than 40 years of combined experience.

Bob Costas Cancer Center

- Our physicians and scientists have world-class expertise in Pediatric Surgery, Neurosurgery, Tumor Orthopedic Surgery, Radiology, Radiation Oncology, Clinical Pathology and Bone Marrow Transplant. We utilize a team approach to diagnose and treat children with cancer and blood disorders.

Neonatal care

- The Dana Brown Neonatal Intensive Care Unit has 60 all-private suites that allow parents to stay with their babies. Our specialists are leaders and innovators in the field. Their expertise combined with our state-of-the-art technology leads to happy and healthy babies.

Neurosurgery

- Our board-certified pediatric neurosurgeon can fix the most complicated problems for children and help them on the path to healing. Our boardcertified pediatric neurosurgeon can fix the most complicated problems for children and help them on the path to healing. Special areas of expertise include pediatric brain and spinal tumors, craniofacial surgery, skull base surgery and minimally invasive surgery.

Surgery Services

- From minimally invasive surgery to organ transplant surgery and plastic surgery, our team of expert pediatric surgeons is available to help children with problems that range from a cleft lip/palate to severe trauma.

St. Louis Fetal Care Institute

- The most comprehensive fetal care program in middle America, the St. Louis Fetal Care Institute can diagnose and treat serious problems in babies still in the womb. Our specialists are experienced in treatments that range from minimally invasive procedures to open fetal surgery.



LOCATION:
1465 S. Grand Blvd.
St. Louis, MO 63104

CONTACT:
314-577-5600

LICENSED BEDS:
190

KEY STATISTICS:

- **Employees:** 1,857
- **Admissions:** 7,314
- **Emergency visits:** 44,836
- **Outpatient visits:** 131,091
- **Inpatient surgeries:** 2,055
- **Outpatient surgeries:** 5,372

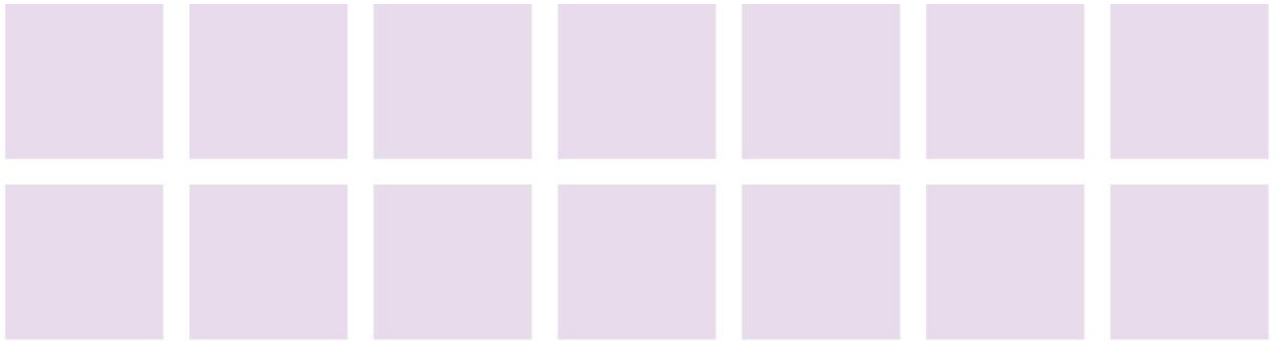
- Level I Pediatric Trauma Center
- Level III NICU

SSM Cardinal Glennon specialists help patients at convenient locations throughout the St. Louis, St. Charles and Metro East area. For a full list of locations, visit cardinalglennon.com/closetohome.



cardinalglennon.com

Through our exceptional health care services, we reveal the healing presence of God.



Services offered at SSM Cardinal Glennon Children's Medical Center include:

- Adolescent Medicine
- Allergy and Immunology
- Anesthesiology
- Audiology
- Bleeding and Blood Clotting Disorders
- Cardiology/Cardiothoracic Surgery
- Child Protection
- Cleft Lip/Palate and Craniofacial
- Clinical Nutrition
- Critical Care Medicine
- Cystic Fibrosis
- Dental Services
- Dermatology
- Developmental Pediatrics
- Diagnostic Imaging/Radiology
- Dialysis
- EEG/Neurophysiology
- Emergency Services
- Endocrinology/Diabetes
- ENT/Otolaryngology
- FACES: Foreign Adoption Clinic and Educational Services
- Feeding Team Services
- Fetal Care
- Gastroenterology/Hepatology
- General Academic Pediatrics
- Genetics
- Gynecology
- Hematology
- Hemophilia
- Infectious Disease
- Laboratory Medicine/Pathology
- Medical Diagnostic Clinic
- Minimally Invasive Surgery
- Musculoskeletal Oncology
- Neonatal Intensive Care Unit
- Neonatology
- Nephrology
- Neurofibromatosis
- Neurology
- Neuro-Oncology
- Neurosurgery
- Oncology
- Ophthalmology
- Orthopedics
- Plastic Surgery
- Psychiatry
- Psychology
- Pulmonary Medicine
- Research
- Respiratory Care
- Rheumatology
- Sleep Services
- Surgery Services
- Therapy Services
- Missouri Poison Center
- Transplant Services
- Urology
- Weight Management



Through our exceptional health care services, we reveal the healing presence of God.

Demographic and Socioeconomic Profile of the Community

St. Louis City Demographics - Population by Age Cohorts

Current (2011) and Projected (2016)

Overall, the Pediatric population in St. Louis City is expected to grow, with the biggest growth projected to occur in the 3-9 age group, while the number of children ages 0-2 is projected to remain flat.

More than 80% of the pediatric population in St. Louis City, the MSA and Missouri are between the ages of 3 - 17.

	St. Louis City				St. Louis MSA				Missouri			
	2011 Estimated	2016 Estimated	Change		2011 Estimated	2016 Estimated	Change		2011 Estimated	2016 Estimated	Change	
			11-'16 Abs Chg	11-16 % Chg			11-'16 Abs Chg	11-16 % Chg			11-'16 Abs Chg	11-16 % Chg
0-2	14,735	14,688	-47	-0.3%	82,500	84,913	2,413	2.9%	243,400	254,279	10,879	4.5%
Male	7,661	7,641	-20	-0.3%	42,200	43,570	1,370	3.2%	124,734	130,546	5,812	4.7%
Female	7,074	7,047	-27	-0.4%	40,300	41,343	1,043	2.6%	118,666	123,733	5,067	4.3%
3-9	31,619	33,592	1,973	6.2%	193,572	197,778	4,206	2.2%	557,151	579,669	22,518	4.0%
Male	15,990	17,037	1,047	6.5%	98,386	100,898	2,512	2.6%	284,085	296,077	11,992	4.2%
Female	15,629	16,555	926	5.9%	95,186	96,880	1,694	1.8%	273,066	283,592	10,526	3.9%
10-17	31,254	32,533	1,279	4.1%	228,994	223,453	-5,541	-2.4%	638,724	638,674	-50	0.0%
Male	15,872	16,657	785	4.9%	116,634	113,705	-2,929	-2.5%	327,257	326,978	-279	-0.1%
Female	15,382	15,876	494	3.2%	112,360	109,748	-2,612	-2.3%	311,467	311,696	229	0.1%
Total	77,608	80,813	3,205	4.1%	505,066	506,144	1,078	0.2%	1,439,275	1,472,622	33,347	2.3%
Male	39,523	41,335	1,812	4.6%	257,220	258,173	953	0.4%	736,076	753,601	17,525	2.4%
Female	38,085	39,478	1,393	3.7%	247,846	247,971	125	0.1%	703,199	719,021	15,822	2.3%

Source: Thomson Market Expert - Projected Population for Age Group & Sex

Population Under Age 5
2008

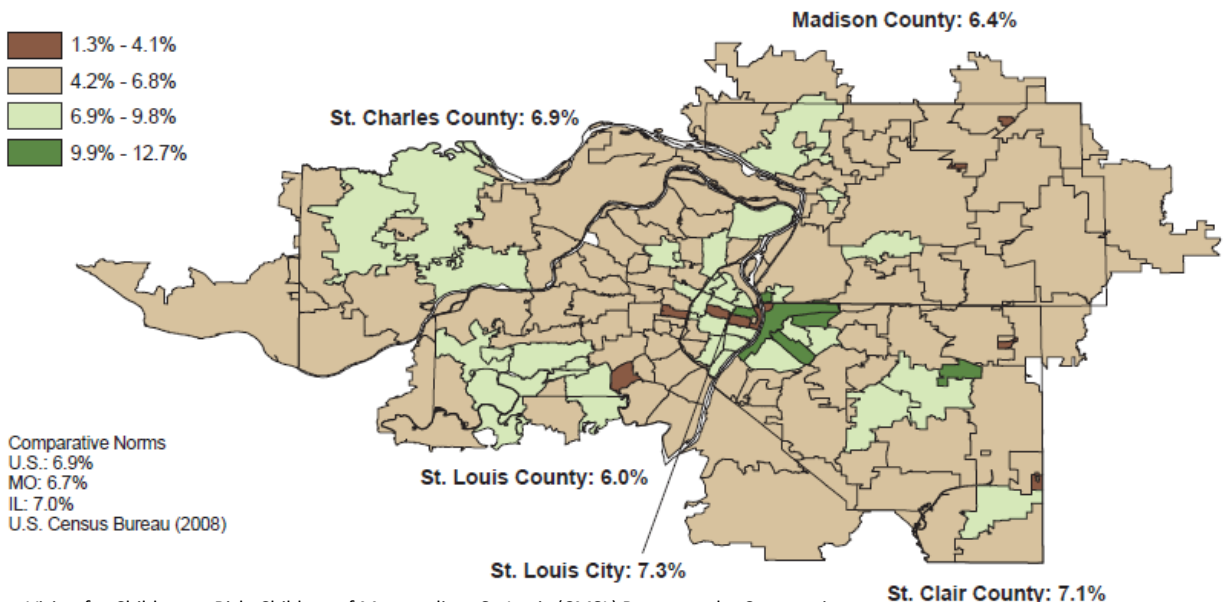
The highest concentrations of people under the age of 5 are sporadically distributed across this area. The Metro East has the largest contained concentration, with higher percentages also in St. Charles and South St. Louis Counties.

Percent of Population Under Age 5

CMSL INDICATOR POP2
DATA SOURCE: Claritas, Inc. (2008)

ZIP	% < 5	ZIP	% < 5	ZIP	% < 5	ZIP	% < 5	ZIP	% < 5	ZIP	% < 5
62001	4.5	62095	6.4	62260	6.3	63044	4.7	63121	6.5	63301	5.2
62002	7.0	62097	6.0	62264	6.1	63049	6.5	63122	6.0	63303	5.9
62010	6.1	62201	12.7	62265	6.2	63069	6.0	63123	5.0	63304	7.5
62012	6.1	62203	7.1	62269	6.6	63074	5.9	63124	4.9	†63332	4.5
62018	7.0	62204	10.1	62275	6.8	63088	8.0	63125	5.3	63341	5.7
†62021	5.2	62205	7.1	62281	6.2	63101	4.5	63126	4.5	63348	6.4
62024	6.6	62206	8.5	62282	*	†63102	1.3	63127	3.6	63357	6.2
62025	5.6	62207	10.2	62285	6.8	63103	3.0	63128	4.5	63366	7.6
62034	7.0	62208	5.9	62289	*	63104	8.9	63129	5.5	63367	6.0
62035	5.9	62220	6.9	62293	5.8	63105	3.7	63130	5.4	†63373	5.3
62040	6.3	62221	7.7	62294	6.7	63106	11.8	63131	5.6	63376	6.8
62046	*	62223	5.5	62298	6.0	63107	9.0	63132	5.7	63385	6.9
62048	6.1	62225	11.0	63005	6.7	63108	3.2	63133	7.4	†63386	4.2
62058	*	62226	6.1	63011	6.3	63109	6.1	63134	7.5		
62059	*	62232	6.1	63017	4.9	63110	8.0	63135	6.6		
62060	7.8	62234	6.2	63021	7.3	63111	8.3	63136	8.1		
62061	6.2	62236	6.0	63025	7.3	63112	7.2	63137	6.7		
62062	6.6	62239	6.6	63026	7.0	63113	7.5	63138	8.5		
62067	5.3	62240	6.7	63031	6.3	63114	6.5	63139	5.6		
62074	5.5	62243	6.1	63033	6.0	63115	7.9	†63140	9.3		
62084	7.0	62249	6.6	63034	5.1	63116	7.7	63141	5.0		
62086	*	62254	6.0	63038	7.1	63117	4.8	63143	5.6		
62087	7.0	62255	6.9	63040	8.7	63118	9.6	63144	5.1		
62088	5.7	62257	6.4	63042	5.8	63119	5.4	63146	4.6		
62090	11.0	62258	5.4	63043	5.5	63120	8.7	63147	6.5		

DATA NOTES
Calculation: (Total estimated 2008 population under age 5/Total estimated 2008 population) x 100.
Calculations made by Vision for Children at Risk.
† Denotes ZIP codes with a child population less than 300.
* Data Not Available.



Source: Vision for Children at Risk, Children of Metropolitan St. Louis (CMSL) Report to the Community

Population Under Age 18
2008

The highest concentrations of people under the age of 18 are sporadically distributed across this area. The Metro East has the largest contained concentration, with higher percentages also in St. Charles and South St. Louis Counties.

Percent of Population Under Age 18

CMSL INDICATOR POP1

DATA SOURCE: Claritas, Inc. (2008)

ZIP	% < 18	ZIP	% < 18	ZIP	% < 18	ZIP	% < 18	ZIP	% < 18	ZIP	% < 18
62001	18.1	62095	22.7	62260	23.4	63044	18.8	63121	24.3	63301	20.1
62002	24.4	62097	22.4	62264	22.4	63049	24.3	63122	23.0	63303	23.0
62010	23.1	62201	35.5	62265	23.4	63069	22.8	63123	19.3	63304	29.4
62012	23.2	62203	26.0	62269	24.8	63074	22.0	63124	19.6	†63332	19.0
62018	24.4	62204	34.9	62275	24.1	63088	26.9	63125	20.3	63341	24.0
†62021	20.3	62205	25.6	62281	22.9	63101	15.0	63126	18.2	63348	24.6
62024	23.5	62206	31.8	62282	*	†63102	3.8	63127	16.5	63357	22.4
62025	20.8	62207	33.4	62285	24.4	63103	9.0	63128	17.7	63366	27.5
62034	25.0	62208	21.8	62289	*	63104	27.4	63129	22.1	63367	23.3
62035	21.5	62220	24.4	62293	22.8	63105	16.2	63130	20.3	†63373	21.5
62040	23.0	62221	26.7	62294	25.5	63106	36.2	63131	22.5	63376	26.7
62046	*	62223	20.6	62298	22.8	63107	31.9	63132	21.8	63385	26.2
62048	22.3	62225	37.0	63005	28.4	63108	11.2	63133	29.0	†63386	20.4
62058	*	62226	22.6	63011	24.6	63109	20.8	63134	28.5		
62059	*	62232	22.8	63017	19.7	63110	27.2	63135	26.2		
62060	28.5	62234	22.5	63021	27.3	63111	26.5	63136	29.5		
62061	23.0	62236	23.7	63025	28.1	63112	24.6	63137	25.6		
62062	24.5	62239	23.0	63026	25.7	63113	26.6	63138	29.7		
62067	21.3	62240	24.1	63031	24.3	63114	24.4	63139	18.8		
62074	21.5	62243	23.7	63033	23.0	63115	26.8	†63140	36.2		
62084	24.1	62249	24.2	63034	22.0	63116	25.1	63141	19.9		
62086	*	62254	22.4	63038	29.4	63117	18.3	63143	19.7		
62087	25.5	62255	24.9	63040	32.2	63118	31.6	63144	20.0		
62088	22.0	62257	22.6	63042	21.8	63119	21.3	63146	18.4		
62090	35.9	62258	21.8	63043	21.4	63120	33.0	63147	23.3		

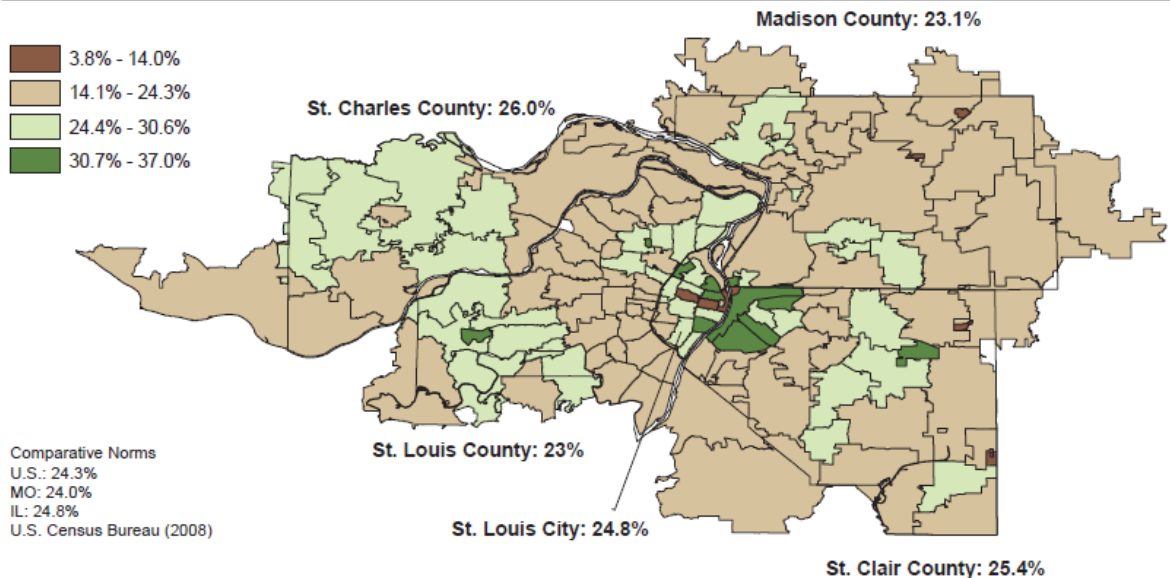
DATA NOTES

Calculation: (Total estimated 2008 population under age 18/Total estimated 2008 population) x 100.

Calculations made by Vision for Children at Risk.

† Denotes ZIP codes with a child population less than 300.

* Data Not Available.



Source: Vision for Children at Risk, Children of Metropolitan St. Louis (CMSL) Report to the Community

Minority Population
2008

The areas with the highest concentration of minorities are located around the Mississippi River. Areas outside of the Missouri Metro and Metro East have far lower concentrations of minorities.

Percent of Population Classified as Minority

CMSL INDICATOR POP3

DATA SOURCE: Claritas, Inc. (2008)

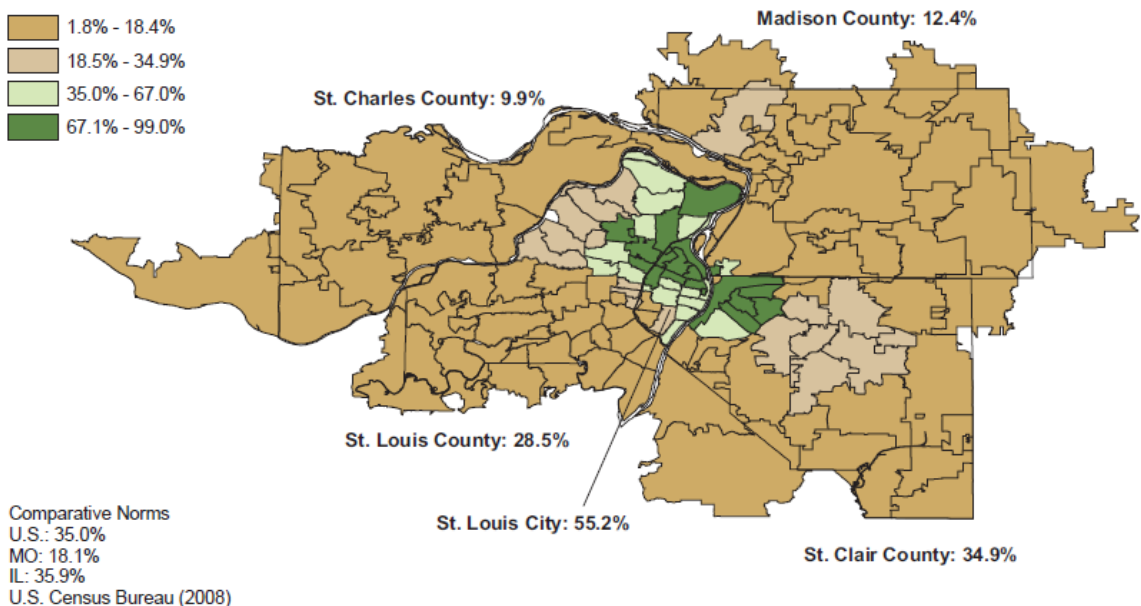
ZIP	% Minority	ZIP	% Minority	ZIP	% Minority	ZIP	% Minority	ZIP	% Minority	ZIP	% Minority
62001	2.5	62095	4.2	62260	2.5	63044	21.4	63121	88.3	63301	11.9
62002	26.8	62097	3.0	62264	2.7	63049	3.6	63122	9.4	63303	11.9
62010	3.6	62201	88.2	62265	5.8	63069	10.2	63123	7.4	63304	9.8
62012	4.3	62203	95.3	62269	20.8	63074	30.5	63124	10.1	†63332	3.7
62018	8.6	62204	97.4	62275	3.3	63088	15.9	63125	8.5	63341	3.8
†62021	3.4	62205	98.7	62281	3.6	63101	72.4	63126	6.6	63348	6.6
62024	5.0	62206	57.1	62282	*	†63102	38.8	63127	6.2	63357	3.4
62025	12.8	62207	97.9	62285	2.9	63103	53.3	63128	4.1	63366	9.3
62034	11.8	62208	29.1	62289	*	63104	57.5	63129	5.2	63367	6.7
62035	9.3	62220	20.5	62293	3.6	63105	21.9	63130	53.3	†63373	3.6
62040	10.4	62221	29.0	62294	7.0	63106	94.5	63131	7.8	63376	10.0
62046	*	62223	20.6	62298	2.6	63107	90.5	63132	49.7	63385	11.6
62048	2.8	62225	25.7	63005	11.2	63108	43.1	63133	92.4	†63386	1.8
62058	*	62226	24.9	63011	11.4	63109	8.8	63134	71.7		
62059	*	62232	16.2	63017	13.8	63110	59.2	63135	62.7		
62060	65.3	62234	12.2	63021	12.1	63111	37.9	63136	88.2		
62061	2.8	62236	5.0	63025	4.5	63112	78.6	63137	63.9		
62062	7.8	62239	3.8	63026	5.6	63113	98.5	63138	70.8		
62067	3.5	62240	3.1	63031	23.2	63114	37.3	63139	12.7		
62074	3.4	62243	5.1	63033	59.9	63115	99.0	†63140	84.3		
62084	1.8	62249	3.0	63034	52.4	63116	33.6	63141	16.3		
62086	*	62254	16.1	63038	8.3	63117	21.9	63143	30.1		
62087	3.6	62255	1.9	63040	9.2	63118	65.0	63144	14.6		
62088	2.7	62257	2.9	63042	30.0	63119	13.8	63146	24.0		
62090	94.4	62258	7.6	63043	21.9	63120	92.9	63147	90.2		

DATA NOTES

Calculation: $(\text{Total estimated 2008 population} - \text{Total estimated White/Non-Hispanic 2008 population}) / \text{Total estimated 2008 population} \times 100$.

Calculations made by Vision for Children at Risk.

* Data Not Available.



Source: Vision for Children at Risk, Children of Metropolitan St. Louis (CMSL) Report to the Community

St. Louis City Demographics – Median Household Income

Current 2011

St. Louis City residents have the lowest Median Household Income when compared to the St. Louis MSA and to the state of Missouri.

	St. Louis City	St. Louis MSA	Missouri
Median Household Income	\$44,675	\$69,077	\$58,796

Source: Thomson Market Expert - Demographic Snapshot

St. Louis City Demographics – Poverty Rates

2010

St. Louis City residents have a higher poverty rate and SNAP/Food Stamp eligibility than those of state residents overall and, generally, city rates are also higher for percent of Households with Food Uncertainty. A significantly higher percentage of children in the city are eligible for Free and Reduced School Lunch Program.

	St. Louis City	Missouri
Poverty Rates		
Population BELOW Poverty	24.0%	13.5%
<18 years	35.3%	18.9%
>64 years	16.7%	12.3%
Food Uncertainty		
% of Households Food Uncertainty	17.7%	15.8%
% HH w/ Children Food Uncertainty	25.7%	23.4%
% Food Uncertain w/Hunger	5.9%	7.2%
SNAP/Food Stamps		
% Total Pop Income Eligible	31.0%	18.2%
% <18 Years Income Eligible	45.1%	24.7%
Free & Reduced School Program		
% of Students Eligible	74.3%	42.9%

Source: Missouri Hunger Atlas (<http://missourifamilies.org/mohungeratlas/counties/>)

St. Louis City Demographics – Unemployment Rates

October 2011

St. Louis City residents have a higher Unemployment Rate when compared to St. Louis Region.

	St. Louis City	St. Louis Region
Civilian Labor Force	160,340	1,052,760
Employment	143,705	965,298
Unemployment	16,635	87,462
Unemployment Rate	10.4%	8.3%

Source: Missouri Economic Research and Information Center (MERIC) (<http://missourieconomy.org>)
 St. Louis Region includes Franklin, Jefferson, St. Charles and St. Louis Counties, and St. Louis City

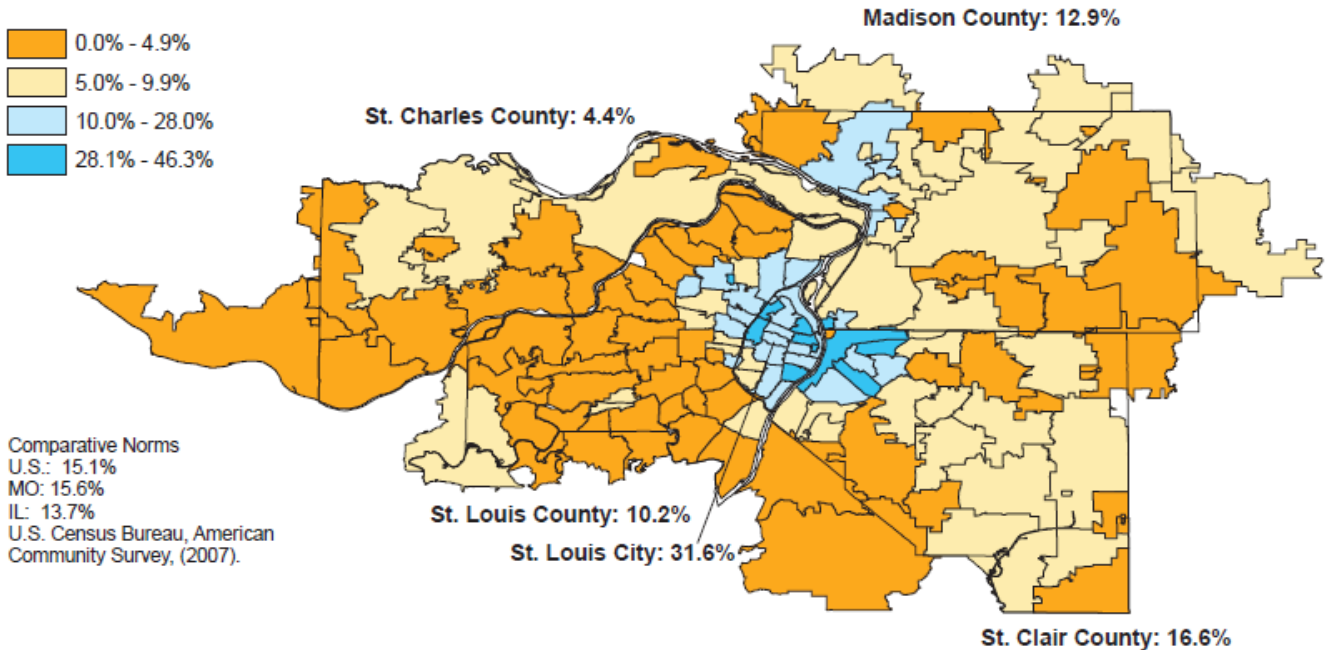
Families with Children Under 18 Living Below the Federal Poverty Level
2008

The areas with the highest concentration of families with children under 18 living below the federal poverty level are located around the Mississippi River. Areas outside of the Missouri Metro and Metro East have far lower concentrations.

CMSL INDICATOR #7

DATA SOURCE: Claritas, Inc. (2008)

ZIP	% Poverty	ZIP	% Poverty	ZIP	% Poverty	ZIP	% Poverty	ZIP	% Poverty	ZIP	% Poverty
62001	4.5	62095	12.2	62260	4.1	63044	3.5	63121	15.2	63301	5.6
62002	12.0	62097	6.4	62264	6.0	63049	4.1	63122	2.9	63303	2.8
62010	8.0	62201	43.3	62265	3.5	63069	5.6	63123	2.7	63304	2.1
62012	5.6	62203	20.1	62269	4.8	63074	10.5	63124	3.4	†63332	0.0
62018	11.6	62204	43.0	62275	5.9	63088	6.4	63125	6.4	63341	2.7
†62021	2.2	62205	23.0	62281	3.1	63101	30.9	63126	3.6	63348	3.3
62024	9.2	62206	24.6	62282	*	†63102	14.6	63127	2.0	63357	4.7
62025	5.3	62207	34.9	62285	4.3	63103	21.5	63128	1.6	63366	5.3
62034	3.4	62208	4.1	62289	*	63104	26.9	63129	2.1	63367	3.3
62035	4.6	62220	8.5	62293	3.3	63105	6.0	63130	10.5	†63373	2.8
62040	7.8	62221	6.1	62294	2.4	63106	46.3	63131	2.0	63376	1.7
62046	*	62223	5.8	62298	3.2	63107	34.4	63132	5.7	63385	5.3
62048	10.6	62225	1.9	63005	1.9	63108	17.8	63133	23.4	†63386	5.4
62058	*	62226	7.1	63011	2.2	63109	5.1	63134	16.1		
62059	*	62232	7.3	63017	2.1	63110	21.4	63135	9.7		
62060	21.7	62234	6.3	63021	1.9	63111	22.8	63136	17.2		
62061	7.7	62236	4.8	63025	1.9	63112	29.1	63137	10.5		
62062	2.8	62239	5.3	63026	4.2	63113	27.0	63138	9.6		
62067	6.8	62240	9.3	63031	3.0	63114	9.4	63139	7.5		
62074	6.8	62243	5.9	63033	2.8	63115	23.0	†63140	39.8		
62084	3.8	62249	4.4	63034	1.3	63116	14.6	63141	2.6		
62086	*	62254	8.8	63038	1.6	63117	6.3	63143	10.5		
62087	16.0	62255	5.0	63040	1.4	63118	29.0	63144	4.2		
62088	5.9	62257	3.9	63042	4.8	63119	3.1	63146	3.4		
62090	36.7	62258	8.6	63043	4.1	63120	31.8	63147	16.2		



Source: Vision for Children at Risk, Children of Metropolitan St. Louis (CMSL) Report to the Community

St. Louis City Demographics – Marriages/Divorces

Rate per 1,000
2009

While city and state marriage rates are fairly comparable, divorce measures for the state are more than double those of St. Louis.

	Marriages	Divorces	Divorces as a %
	Rate per 1,000	Rate per 1,000	of Marriages
St. Louis City	6.2	1.4	22.5%
Missouri	6.5	3.7	57.7%

Source: Missouri DHSS: Table 35A - Reported Marriages by County of Recording
(<http://health.mo.gov/data/vitalstatistics/mvs09/Table35A.pdf>)

St. Louis City Percent of Children in Single-Parent Families

Percent of Total Population
2008

The percent of children in single parent families in St. Louis City is nearly double the state rate.

	Children In Single Parent Families
St. Louis City	60.2%
Missouri	32.2%

Source: MO Kids Count 2010

Secondary Data Collection and Analysis Health Factors

Missouri Child Safety Seat Usage Rates
2009

Child Safety Seats are used in 91% of vehicles in the state of Missouri.

	Child Safety Seat Usage Rates
Missouri	91.0%

Source: Missouri Department of Transportation
(<http://www.modot.org/safety/SafetyBeltsandChildSafetySeats.htm>)

Missouri Childhood Obesity Rates
2007

Missouri's Childhood Obesity Rates (31.0%) are slightly below the national average (31.6%). African American, non-Hispanic Children have more than double the obesity rate of White, non-Hispanic Children.

	Childhood Obesity
Missouri	31.0%
African American, non-Hispanic	52.3%
White, non-Hispanic	25.1%
National Average	31.6%

Source: Data Resource Center for Child and Adolescent Health
(<http://www.childhealthdata.org/docs/nsch-docs/missouri-pdf.pdf>)

St. Louis City Pediatric Abuse/Neglect, by Race
Rate per 100,000
Ages 0-14
2009

Pediatric abuse and neglect is far greater in St. Louis City than in the St. Louis MSA or the state of Missouri, particularly among the African American population.

	Pediatric Abuse/Neglect, per 100,000		
	White	African American	Total
St. Louis City	NA	284.8	198.2
St. Louis MSA	NA	NA	89.2
Missouri	37.1	160.6	59.2

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Injury Data, Ages 0-14
MSA rates were calculated from 2009 population data by age, derived by discounting from 2011 population totals using the 2011-2016 average annual growth rate.

Child at Risk of Abuse/Neglect

Rate per 1,000
2008

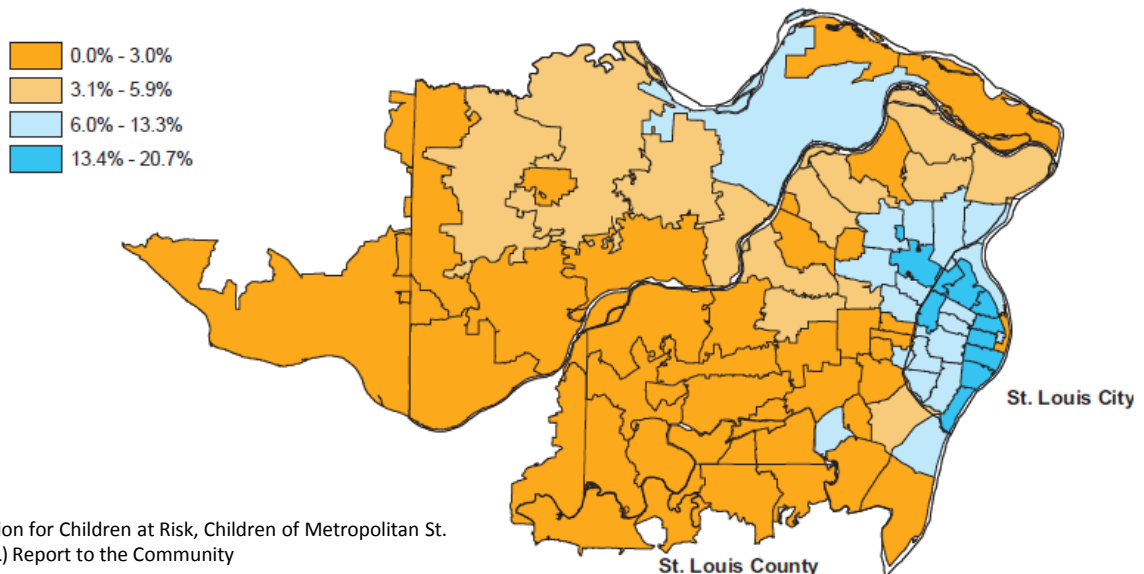
Children who reside in city zip codes are at higher risk for child abuse/neglect than children in St. Louis or St. Charles counties.

CMSL INDICATOR #6A

DATA SOURCE: Missouri Department of Social Services (2008)

ZIP	CA/N Rate	ZIP	CA/N Rate	ZIP	CA/N Rate	ZIP	CA/N Rate
63005	1.1	63108	12.7	63133	8.6	†63386	0.0
63011	1.5	63109	6.3	63134	8.9		
63017	1.1	63110	6.8	63135	8.8		
63021	1.0	63111	14.0	63136	9.7		
63025	1.3	63112	20.7	63137	6.4		
63026	0.9	63113	12.8	63138	4.7		
63031	2.8	63114	11.3	63139	7.3		
63033	3.4	63115	17.0	†63140	18.9		
63034	3.3	63116	9.7	63141	5.1		
63038	0.0	63117	2.3	63143	7.0		
63040	2.1	63118	19.1	63144	1.8		
63042	5.7	63119	2.4	63146	3.2		
63043	2.4	63120	17.3	63147	11.4		
63044	5.7	63121	14.4	63301	7.1		
63049	*	63122	2.2	63303	3.3		
63069	0.0	63123	4.7	63304	2.7		
63074	0.3	63124	1.0	†63332	0.0		
63088	2.6	63125	9.6	63341	1.2		
63101	11.8	63126	1.1	63348	2.2		
†63102	0.0	63127	8.3	63357	0.0		
63103	14.7	63128	1.2	63366	5.8		
63104	13.8	63129	0.8	63367	1.5		
63105	0.4	63130	6.0	†63373	0.0		
63106	15.2	63131	0.3	63376	3.3		
63107	15.5	63132	3.3	63385	5.8		

St. Charles County



Source: Vision for Children at Risk, Children of Metropolitan St. Louis (CMSL) Report to the Community

Child Abuse/Neglect Reports Requiring Follow-Up Services
2008

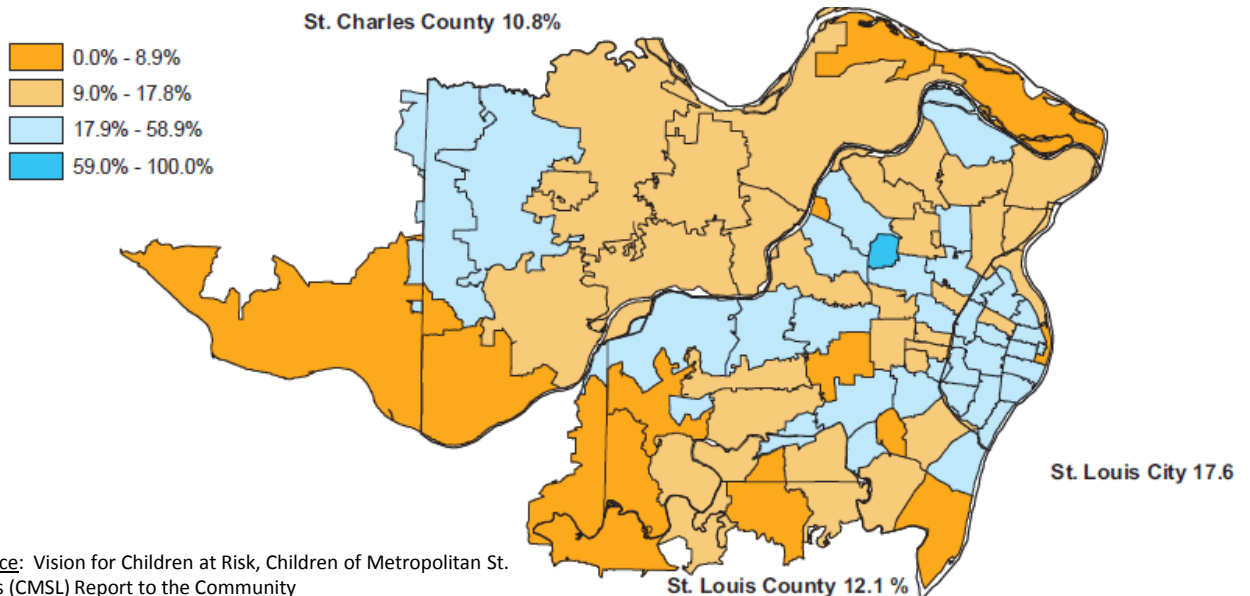
Need for follow-up services related to child abuse/neglect is much less in St. Charles County than it is in St. Louis City or County. Abuse/neglect cases reported from Zip Code 63074 in North St. Louis County have required follow-up services 100% of the time.

Percent of Child Abuse/Neglect Reports that Required Follow-Up Services (Missouri)

CMSL INDICATOR #5A

DATA SOURCE: Missouri Department of Social Services (2008)

ZIP	% Follow-Up	ZIP	% Follow-Up	ZIP	% Follow-Up	ZIP	% Follow-Up
63005	18.2	63108	25.0	63133	14.1	†63386	0.0
63011	16.9	63109	28.1	63134	14.8		
63017	20.0	63110	20.7	63135	20.9		
63021	14.9	63111	26.6	63136	15.1		
63025	14.3	63112	27.8	63137	13.0		
63026	14.8	63113	15.9	63138	12.7		
63031	11.8	63114	22.8	63139	22.1		
63033	13.4	63115	20.8	†63140	15.4		
63034	19.1	63116	23.5	63141	28.9		
63038	0.0	63117	15.8	63143	22.7		
63040	30.0	63118	26.3	63144	9.5		
63042	14.2	63119	21.1	63146	14.6		
63043	19.2	63120	19.1	63147	16.5		
63044	19.7	63121	21.3	63301	16.5		
63049	0.0	63122	23.7	63303	13.4		
63069	0.0	63123	16.1	63304	13.4		
63074	100.0	63124	10.0	†63332	0.0		
63088	19.2	63125	19.5	63341	16.7		
63101	37.5	63126	8.6	63348	42.9		
†63102	0.0	63127	26.3	63357	0.0		
63103	38.9	63128	11.8	63366	14.6		
63104	32.4	63129	7.5	63367	9.4		
63105	9.1	63130	18.1	†63373	0.0		
63106	20.0	63131	5.3	63376	13.8		
63107	18.0	63132	10.0	63385	19.2		



Source: Vision for Children at Risk, Children of Metropolitan St. Louis (CMSL) Report to the Community

Secondary Data Collection and Analysis Health Outcomes

St. Louis City Top Pediatric Emergency Room Visits

Ages 0-17

2008-2009

For all racial groups and totals, the main reasons for pediatric emergency room visits in St. Louis City are consistent with those in the St. Louis MSA and the state of Missouri. Overall, African Americans in all geographies are more likely to have emergency visits related to respiratory issues and whites are more likely to have emergency visits related to injury and poisoning.

	Top Pediatric Emergency Room Visits								
	St. Louis City			St. Louis MSA			Missouri		
	White	African American	Total	White	African American	Total	White	African American	Total
Under 1 Year									
Respiratory (throat and lung)	1	1	1	1	1	1	1	1	1
Brain - spinal cord - eyes - ears	4	2	2	2	2	2	3	2	3
Symptoms and ill-defined conditions	3	3	3	3	3	3	2	3	2
Digestive system	5	4	4	5	4	4	5	4	4
Injury and poisoning	2	6	5	4	6	5	4	6	5
Ages 1-9									
Respiratory (throat and lung)	2	1	1	2	1	1	2	1	1
Injury and poisoning	1	2	2	1	2	2	1	2	2
Brain - spinal cord - eyes - ears	4	3	3	3	3	3	3	3	3
Symptoms and ill-defined conditions	3	4	4	4	5	4	4	4	4
Infection	6	5	5	6	4	5	6	5	5
Ages 10-17									
Injury and poisoning	1	1	1	1	1	1	1	1	1
Respiratory (throat and lung)	2	2	2	2	2	2	2	2	2
Symptoms and ill-defined conditions	3	3	3	3	3	3	3	3	3
Brain - spinal cord - eyes - ears	4	4	4	4	4	4	4	4	4
Infection	8	5	5	9	5	5	9	5	9
Ages 0-17									
Injury and poisoning	1	2	1	1	2	1	1	2	1
Respiratory (throat and lung)	2	1	2	2	1	2	2	1	2
Brain - spinal cord - eyes - ears	4	3	3	4	3	3	4	4	4
Symptoms and ill-defined conditions	3	4	4	3	4	4	3	3	3
Digestive system	5	6	5	5	6	6	5	6	5

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Emergency Room Visits Data, Ages 0-17

Duplicate rankings may occur, as rank was identified by descending case counts. Emergency Room visit categories with the same case count will receive the same ranking

St. Louis City Top Causes for Pediatric Inpatient Hospitalizations

Ages 0-17
2008-2009

In total, the top causes of pediatric inpatient hospitalizations for infants below the age of 1 in St. Louis City are consistent with those in the St. Louis MSA and the state of Missouri for all racial groups. For children aged 1-9, most indicators are consistent when compared to the St. Louis MSA and the state, however African Americans in all geographies are more likely to have hospitalizations related to diseases of the blood. Pregnancy is a less common hospitalization among Whites in all geographies.

In St. Louis City, perinatal conditions are the most common hospitalizations for infants of all races and respiratory illness is the most common hospitalization for ages 1-9 of all races. Mental disorders and Pregnancy rise to the top reasons for inpatient hospitalization among the 10-17 age group, with pregnancy being more of a reason for the African American population in St. Louis City. Overall, respiratory illness and mental disorders top the list for inpatient hospitalizations in the City of St. Louis.

	Top Causes of Pediatric IP Hospitalizations Rankings								
	St. Louis City			St. Louis MSA			Missouri		
	White	African American	Total	White	African American	Total	White	African American	Total
Under 1 Year									
Perinatal conditions	1	1	1	2	2	2	2	2	2
Respiratory (throat and lung)	2	2	2	1	1	1	1	1	1
Congenital anomalies	3	5	3	3	3	3	3	3	3
Nutritional - metabolic - immunity	5	3	4	7	5	6	5	4	5
Digestive system	7	4	5	4	7	5	4	5	4
Ages 1-9									
Respiratory (throat and lung)	1	1	1	1	1	1	1	1	1
Injury and poisoning	2	2	2	2	2	2	4	2	2
Brain - spinal cord - eyes - ears	4	4	3	3	4	3	6	5	6
Blood and blood forming	11	3	4	16	5	11	11	3	8
Skin	6	5	5	7	3	4	7	6	7
Ages 10-17									
Mental disorders	1	2	1	1	1	1	1	1	1
Pregnancy - childbirth - reproduction	4	1	2	4	2	2	3	2	2
Injury and poisoning	2	4	3	2	4	3	2	4	3
Respiratory (throat and lung)	9	3	4	5	3	5	5	3	5
Blood and blood forming	15	5	5	18	5	11	16	5	12
Ages 0-17									
Respiratory (throat and lung)	1	1	1	1	1	1	1	1	1
Mental disorders	2	4	2	2	2	2	2	2	2
Injury and poisoning	4	3	3	3	3	3	4	3	3
Pregnancy - childbirth - reproduction	11	2	4	12	4	7	8	4	7
Perinatal conditions	3	6	5	7	5	6	6	7	5

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Inpatient Hospitalization data, Ages 0-17

Duplicate rankings may occur, as rank was identified by descending case counts. Hospitalization categories with the same case count will receive the same ranking

St. Louis City Top Causes for Pediatric Preventable Hospitalizations

Ages 0-17

2008

The top causes of pediatric preventable hospitalizations for infants below the age of one in St. Louis City are fairly consistent with those in the state of Missouri for all racial groups. Asthma-related hospitalizations for children in St. Louis City are the highest ranking preventable hospitalization, particularly among the African American pediatric population. This trend is consistent with the state of Missouri. Bacterial pneumonia ranks second for combined ages 0-17 across all racial groups, consistent with state trends.

	Top Causes of Pediatric Preventable Hospitalizations					
	St. Louis City			Missouri		
	White	African American	Total	White	African American	Total
Under 1 Year						
Dehydration - volume depletion	1	1	1	1	1	1
Bacterial pneumonia	3	2	2	2	2	2
Kidney/Urinary infection	2	6	3	3	7	3
Cellulitis	7	3	4	6	5	6
Asthma	7	4	5	8	6	7
Ages 1-9						
Asthma	1	1	1	3	1	2
Bacterial pneumonia	3	2	2	1	2	1
Cellulitis	2	3	3	4	4	4
Dehydration - volume depletion	4	4	4	2	3	3
Epilepsy	5	5	5	6	5	6
Ages 10-17						
Asthma	3	1	1	5	1	1
Bacterial pneumonia	2	2	2	3	5	4
Cellulitis	2	3	3	4	4	5
Dehydration - volume depletion	1	4	4	1	3	2
Epilepsy	3	5	5	7	6	7
Ages 0-17						
Asthma	3	1	1	3	1	3
Bacterial pneumonia	2	2	2	2	2	2
Dehydration - volume depletion	1	4	3	1	3	1
Cellulitis	4	3	4	4	4	4
Epilepsy	5	6	5	7	5	7

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Preventable Hospitalizations data, Ages 0-17
 Duplicate rankings may occur, as rank was identified by descending case counts. Hospitalization categories with the same case count will receive the same ranking

St. Louis City Pediatric Mental Health Emergency Room Visits and Inpatient Hospitalizations, by Race

Emergency Room Visit rate per 1,000; Inpatient Hospitalization rate per 10,000

Ages 0-14

2009

Pediatric emergency room visits and inpatient hospitalizations due to Mental Health are greater among the African American population for both the City of St. Louis and the state of Missouri. The state has a much higher Mental Health inpatient hospitalization rate for all racial groups. When comparing totals for all racial groups between St. Louis City, the St. Louis MSA and the state of Missouri, St. Louis City has the highest rate of Mental Health emergency room visits but the lowest rate of Mental Health inpatient hospitalizations.

	St. Louis City			Missouri		
	White	African American	Total	White	African American	Total
Emergency Room Visits per 1,000	1.7	4.4	3.4	2.4	3.9	2.7
Inpatient Hospitalizations per 10,000	18.1	25.4	29.4	42.5	60.4	52.8

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Emergency Room and Inpatient Hospitalizations Data, Ages 0-14

MSA rates were calculated from 2008 population data by age, derived by discounting from 2011 population totals using the 2011-2016 average annual growth rate.

St. Louis City Pediatric Asthma Emergency Room Visits and Inpatient Hospitalizations, by Race

Emergency Room Visit Rate per 1,000; Inpatient Hospitalization rate per 10,000

Ages 0-14

2008-2009

Overall, St. Louis City has a far higher rate of pediatric asthma emergency room visits and inpatient hospitalizations for all racial groups and Pediatric emergency room visits, and inpatient hospitalizations due to Asthma are notably greater among the African American population for both the City of St. Louis and the state of Missouri.

Among the white population, children in St. Louis City have a lower inpatient hospitalization rate due to Asthma than do those in the state overall. Conversely, among the African American population the St. Louis City rates for both inpatient hospitalizations and emergency room visit for pediatric asthma are higher than those of the state.

	St. Louis City			St. Louis MSA			Missouri		
	White	African American	Total	White	African American	Total	White	African American	Total
Emergency Room Visits per 1,000	5.2	42.4	28.1	NA	NA	14.6	5.1	32.7	9.9
Inpatient Hospitalizations per 10,000	9.7	82.9	55.7	NA	NA	31.5	13.4	67.3	22.9

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Emergency Room and Inpatient Hospitalizations Data, Ages 0-14

MSA rates were calculated from 2008 population data by age, derived by discounting from 2011 population totals using the 2011-2016 average annual growth rate.

St. Louis City Percent of Children with Lead Poisoning
2009

St. Louis City’s rate of children with lead poisoning is triple that of the state.

	Lead Poisoning
St. Louis City	3.1%
Missouri	1.0%

Source: Missouri Kids Count (<http://oseda.missouri.edu/kidscount/>)

St. Louis City Top Causes for Pediatric Deaths
Ages 0-14
2008-2009

The number one reason for pediatric deaths in St. Louis City (Conditions of perinatal period) is consistent with the rest of the St. Louis MSA and the state of Missouri, however accidents and homicide are more common causes of pediatric death in St. Louis City.

	Top Causes of Pediatric Death Rankings		
	St. Louis City	St. Louis MSA	Missouri
Conditions of perinatal period (early infancy)	1	1	1
All other accidents and adverse effects	2	3	3
Homicide	3	5	5
Birth defects	4	2	2
Other diseases (residual)	5	4	4

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Deaths data, Ages 0-14

St. Louis City Low Birth Weight Rates

Rates per 100 (Less than 2500 grams)
2009

The rate of low birth weight babies per 100 population in St. Louis City (12.5) is notably higher than the St. Louis MSA (8.8) and state overall (8.1). The rate among African Americans is similar across the three geographies and is also notably higher than the rate among Whites across all geographies.

	Low Birth Weight Rates		
	All	White	African American
St. Louis City	12.5	8.8	15.4
St. Louis MSA	8.8	6.7	14.6
Missouri	8.1	7.0	14.2

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Births Data

St. Louis City Infant Mortality Rate

Rates per 1,000
1999-2009

Infant Mortality is defined as the total number of resident deaths to babies born alive and dying before their first birthday. In total, the rate for St. Louis City exceeds that of the state, and in both geographies the rate among African Americans is notably higher than that of Whites.

	Infant Mortality Rate		
	Total	White	African American
St. Louis City	11.9	5.3	16.1
Missouri	7.5	6.2	15.6

Source: MO DHSS: Community Data Profiles (<http://health.mo.gov/data/CommunityDataProfiles/>)

Secondary Data Collection and Analysis Clinical Care/Access

Access – Appointment Availability for New and Returning Patients within 14 Days

2010, 2011

The number of safety net sites* offering appointments for new Pediatric patients within 14 days increased between 2010 and 2011. For return patients, the number of sites offering Pediatric services within 14 days has remained at 100% in 2010 and 2011.

*Table 1.3. Appointment availability for **new** patients within 14 days (2010-2011).*

	Sites offering appointments within 14 days	Total number of sites offering services	% of total sites offering services within 14 days
2010			
Adult	18	20	90%
Pediatric	15	19	79%
Obstetrical	17	17	100%
Dental	9	15	60%
2011			
Adult	12	19	63%
Pediatric	17	19	89%
Obstetrical	12	17	71%
Dental	0	14	0%

*Table 1.4. Appointment availability for **return** patients within 14 days (2010-2011).*

	Sites offering appointments within 14 days	Total number of sites offering services	% of total sites offering services within 14 days
2010			
Adult	19	20	95%
Pediatric	19	19	100%
Obstetrical	17	17	100%
Dental	9	15	60%
2011			
Adult	14	19	74%
Pediatric	19	19	100%
Obstetrical	16	17	94%
Dental	6	14	43%

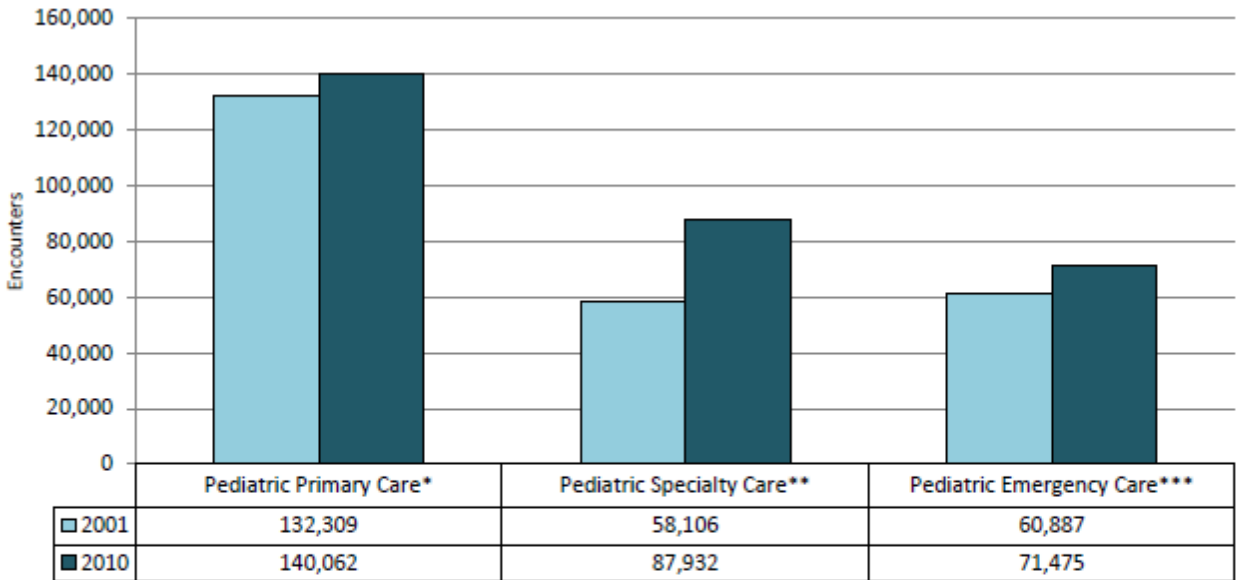
* Safety Net Site: health provider institutions whose mission is to serve all regardless of their ability to pay; in the St. Louis region, those institutions include community health centers (CHCs) and hospital/university based residency clinics.

Source: Regional Health Commission 2011 Access to Care Data Book

Access – Primary, Specialty, and ED Pediatric Care Provided by Safety Net Providers
2001-2010

Pediatric care volumes at St. Louis safety net sites increased substantially from 2001 – 2010. The biggest increase was seen in Pediatric Specialty Care, followed by Pediatric Emergency Care.

Figure 2.5. Safety net pediatric care encounters by sub-specialty (2001-2010).



Year	Safety net pediatric care specialty	Incremental change in encounter total by pediatric care specialty, count (%)
2001-10	Primary care	+7,753 (+5.9%)
2001-10	Specialty care	+29,826 (+51.3%)
2001-10	Emergency care	+10,588 (+17.4%)

*Due to data collection methodology limitations, pediatric primary care encounters include all payor categories at regional safety net sites.

**Pediatric specialty care encounters include uninsured and Medicaid volumes at medical school practices.

***Pediatric emergency care encounters include uninsured and Medicaid volumes at urban children’s hospitals.

Source: Regional Health Commission 2011 Access to Care Data Book

Children Receiving Medicaid/SCHIP
2008

The areas with the highest percentages of Children receiving Medicaid/SCHIP are in St. Louis City and North St. Louis County.

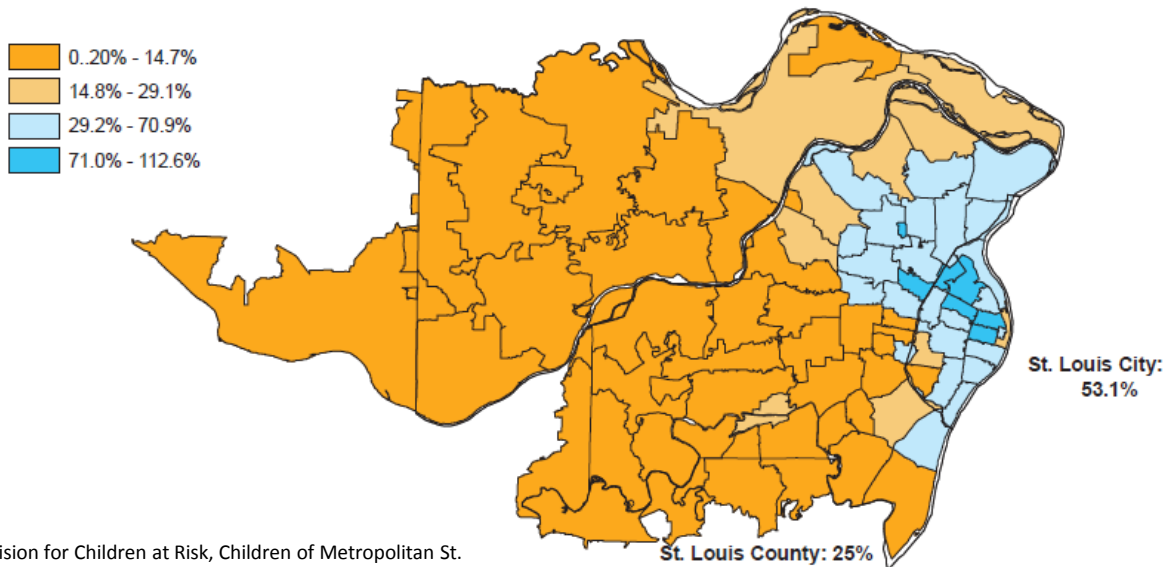
Percent of Children Receiving Medicaid/SCHIP

CMSL INDICATOR #3

DATA SOURCE: Missouri Department of Social Services (as of December 31, 2008)

ZIP	% Medicaid	ZIP	% Medicaid	ZIP	% Medicaid	ZIP	% Medicaid
63005	1.1	63108	50.7	63133	86.6	†63386	17.9
63011	4.5	63109	13.9	63134	69.4		
63017	5.1	63110	34.6	63135	56.0		
63021	5.7	63111	61.0	63136	66.6		
63025	3.8	63112	65.6	63137	66.4		
63026	4.0	63113	74.4	63138	51.9		
63031	20.8	63114	48.6	63139	17.7		
63033	32.7	63115	78.3	†63140	107.5		
63034	14.9	63116	38.9	63141	4.9		
63038	2.3	63117	10.4	63143	29.7		
63040	1.6	63118	58.0	63144	6.2		
63042	35.2	63119	8.7	63146	11.7		
63043	15.7	63120	71.8	63147	63.6		
63044	19.7	63121	62.4	63301	21.5		
63049	0.2	63122	7.1	63303	11.5		
63069	1.0	63123	21.8	63304	7.6		
63074	47.5	63124	2.2	†63332	8.4		
63088	16.3	63125	33.1	63341	5.9		
63101	32.4	63126	8.4	63348	3.8		
†63102	15.6	63127	13.7	63357	0.3		
63103	112.6	63128	7.3	63366	14.4		
63104	49.3	63129	10.1	63367	7.9		
63105	7.5	63130	30.5	†63373	1.4		
63106	91.2	63131	1.4	63376	8.4		
63107	67.8	63132	33.5	63385	12.3		

St. Charles County: 10.2%



Source: Vision for Children at Risk, Children of Metropolitan St. Louis (CMSL) Report to the Community

St. Louis City Health Professional Shortage Areas (HPSAs)

Another indicator of provider availability is if an area is federally designated as a Health Professional Shortage Area (HPSA). HPSAs are designated by Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental, or mental health providers and may be geographic, demographic, or institutional. Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty, and/or high elderly population.

In St. Louis City the HRSA has designated low-income population groups in North St. Louis, West St. Louis, Southeast St. Louis, East Central St. Louis, Southwest St. Louis City, West Central St. Louis, and Catchment Area 24. Also in St. Louis City the HRSA has designated these facilities as Federally Qualified Health Centers that provide access to care regardless of ability to pay: People's Health Centers, Myrtle Hilliard Davis Comprehensive Heal, Family Care Health Centers, and Grace Hill Neighborhood Community Health Center. Also HRSA points out in St. Louis City that there is a correctional facility, St. Louis Family Court Juvenile and another facility Adapt of Missouri.

Primary Data Collection and Analysis

Community Stakeholder Focus Groups

Focus Group #1

Key community stakeholders who represent the broad interests of children in St. Louis City, including stakeholders with special knowledge or expertise in public health, were identified by SSM and BJC Community Relations staff and asked to participate in a focus group to share their perspective on the top pediatric health needs of the community. The focus group convened on February 21, 2012. Eighteen individuals representing various St. Louis City organizations were in attendance. Each individual was sent a worksheet to complete prior to that evening, to identify their perceptions of the greatest healthcare needs of St. Louis City children. In the questionnaire, participants were asked to answer the following open-ended questions:

- 1) In your opinion, what are the three greatest health needs or challenges that exist within the St. Louis City population **specifically related to children**?
- 2) To your knowledge, what resources are currently available in St. Louis City for addressing each one of them? Who/what organization is trying to address them?
- 3) In your opinion, **when thinking about healthcare for children**, where is the largest gap between an existing need and available services?

The completed worksheets, combined with the qualitative summary of the focus group transcript, identified the top pediatric health concerns of the community stakeholders to be:

Access to Health Care	Injury & Violence
Appropriate Nutrition	Lead Poisoning
Asthma	Maternal/Infant Health
Behavioral Health	Mental Health
Childhood Immunizations	Oral Health
Cultural Barriers	Parental (Health) Literacy
Healthy, Nurturing Family Lifestyle	

Appendix G includes a list of the community stakeholders' responses to identify community resources by health need topic, combined with additional known resources in the community.

The suggested reasons for why there is a gap between available resources and unmet needs include the following:

Parental (Health) Literacy	Care Coordination between Providers
Access to Health Providers	Mental/Emotional Health Resources
Parental Follow-up Care for Children	Cost of Healthcare/Lack of Insurance

A list of community stakeholders can be found in Appendix A and detailed survey results can be found in Appendix C.

Focus Group #2

The top health concerns identified from the first focus group were the basis for identification of the community's perceived priority pediatric health needs in St. Louis City. Based on the priorities identified from the first focus group, additional secondary data were collected to clarify and refine these needs.

On March 20, 2012, the community stakeholders were convened to review the results of the pediatric needs assessment worksheets and corresponding secondary data analyses.

Highlights of the discussion during the second focus group included the following:

- Appropriate nutrition is not about overweight/obese children but low weight young children and lack of food or bad eating habits.
- Higher rates of abuse/neglect may be due to mandatory reporting.
- Children get caught up with vaccinations when they are entering Kindergarten, but they fall off the vaccination schedule as they become adolescents.
- Transportation is a big issue for getting needed services.
- Many families use the ED as their source of primary care.
- There is a big disconnect between primary care physicians and emergency/urgent care.
- Parents are not following up on necessary care/treatments.
- Healthcare is confusing; make the process simple so that all people know how to use it.

After review of the secondary data and discussion of findings, each participant anonymously rated the individual health needs and the potential to unify with other community organizations around the health topic. A scale of one (lowest priority) to five (highest priority) was used to rank all health topics. Sixteen participants completed a rankings sheet.

The individual responses were summarized, the scores of the two ranking criteria were combined and a weighted average was computed for each health concern. The combined community stakeholder rankings prioritized the health needs in the following order:

- 1 Injury and Violence (Safety)
- 2 Access to Healthcare
- 3 Maternal/Infant Health
- 4 Cultural Barriers
- 5 Behavioral Health
- 6 Appropriate Nutrition
- 7 Asthma
- 8 Parental (Health) Literacy
- 9 Mental Health
- 10 Oral Health Issues
- 11 Health, Nurturing Family Lifestyle/Environment
- 12 Childhood Immunizations
- 13 Lead Poisoning

Appendix D includes the participants' ranking detail of top health concerns.

Community Health Needs Assessment Findings and Prioritization

Key Findings

After the community stakeholder rankings of needs were combined and prioritized, the weighted average of each community need was integrated into a prioritization matrix and was reviewed with other contributing factors by the CGCMC Administrative team. The internal prioritization matrix was intended to introduce an objective element into the prioritization process, focusing prioritization of health needs on alignment with key strategies, resources, magnitude of the issue and overall capability.

The magnitude of each community need was pre-populated with a score which considered the rate of St. Louis City's performance versus the Missouri benchmark. The community need's alignment with SSM's Mission, key strategies and priorities was also pre-populated based on review of the 2012-2016 Strategic Financial and Human Resources Plan (SFHRP).

The CGCMC Administrative team ranked the level of resources needed to address each issue and the hospital's ability to impact the issue. A total priority score was computed for each issue by summing all rankings (Magnitude, Average Community Ranking, Alignment with Mission and Key Strategies, Resources Needed, and Ability to Impact) for that issue. The total priority scores were sorted in descending order to identify the prioritized health needs. The ranking of the community needs in the internal prioritization matrix for CGCMC is summarized below. The final prioritization matrix can be found in Appendix E.

- 1 Injury and Violence (Safety)
- 2 Parental (Health) Literacy
- 3 Cultural Barriers
- 4 Behavioral Health
- 5 Appropriate Nutrition
- 6 Asthma
- 7 Health, Nurturing Family Lifestyle/Environment
- 8 Lead Poisoning
- 9 Maternal/Infant Health
- 10 Mental Health
- 11 Access to Healthcare
- 12 Oral Health Issues
- 13 Childhood Immunizations

The CGCMC Administrative team chose to focus strategic efforts to improve:

1. Injury and Violence (Safety)
2. Parental (Health) Literacy
3. Asthma

Pediatric Injury and Violence (Safety): Focusing on pediatric injury, CGCMC will evaluate the possibility of providing education through classes or other educational methods to athletic trainers, coaches, parents, and players especially as it relates to head injuries and concussions. Metrics may include number of participants in classes/seminars.

Parental Health Literacy: CGCMC will collaborate with community partners to focus on improving health literacy among parents including, but not limited to, how/where to access appropriate medical care, importance of environment and nutrition, and mental/emotional health. This may also include reaching out to organizations that are respected in specific ethnic communities. Metrics may include number of parents participating in classes or seminars designed to improve health literacy.

Asthma: CGCMC will explore the possibility of providing environmental assessments of the patient's residence and asthma education to parents regarding asthma attack prevention to help reduce the number of asthma episodes requiring health provider intervention. Metric could include readmission rate, frequency of ED/Clinic visits, and severity/frequency of attacks.

As a pediatric hospital in the City of St. Louis, we selected Pediatric Injury and Violence, Parental Health Literacy, and Asthma as top health needs in the community. Not only did we feel that we had/could develop the necessary resources to address these community health needs but also that these health needs were closely aligned to our strategic plan and our Mission. As a result of implementing educational programs surrounding these health needs, we also feel other needs in the community will be addressed indirectly and improved. While other needs presented are also important, we felt that we could have the biggest impact on those selected.

Appendices

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Appendix A: Community Stakeholders

Community Stakeholders

CHNA Community Stakeholders Organizations	
Title	Organization
	St. Louis School Nurses' Association
Vice President of Development	Urban League
Pastor	Trinity Mt. Carmel
Pastor's Aid	Trinity Mt. Carmel
Senior, Vice President for Individuals and Families	International Institute
Director	Vision for Children at Risk
	Health and Dental Care for Kids
Executive Director	Maternal, Child & Family Health Coalition
	St. Louis Police Department
President	Herbert Hoover Boys & Girls Clubs of Greater St. Louis
	United Way
Chairman, Board of Directors	St. Louis Regional Asthma Consortium
Deputy Director	MO HealthNet
STL Health Commissioner	City of St. Louis
Executive Director	St. Louis Mental Health Board
Alderman	City of St. Louis, Ward 20
Parent Representative	SSM Cardinal Glennon Children's Medical Center
M.D.	Crisis Nursery
Vice President, Early Childhood Programs (Head Start East)	Youth In Need

Appendix B:

St. Louis City Zip Codes

Zip Codes Represented in St. Louis City

Zip	County	Submarket	Zip	County	Submarket
63101	St. Louis City	St. Louis City	63156	St. Louis City	St. Louis City
63102	St. Louis City	St. Louis City	63157	St. Louis City	St. Louis City
63103	St. Louis City	St. Louis City	63158	St. Louis City	St. Louis City
63104	St. Louis City	St. Louis City	63159	St. Louis City	St. Louis City
63106	St. Louis City	St. Louis City	63160	St. Louis City	St. Louis City
63107	St. Louis City	St. Louis City	63161	St. Louis City	St. Louis City
63108	St. Louis City	St. Louis City	63163	St. Louis City	St. Louis City
63109	St. Louis City	St. Louis City	63164	St. Louis City	St. Louis City
63110	St. Louis City	St. Louis City	63166	St. Louis City	St. Louis City
63111	St. Louis City	St. Louis City	63169	St. Louis City	St. Louis City
63112	St. Louis City	St. Louis City	63177	St. Louis City	St. Louis City
63113	St. Louis City	St. Louis City	63178	St. Louis City	St. Louis City
63115	St. Louis City	St. Louis City	63179	St. Louis City	St. Louis City
63116	St. Louis City	St. Louis City	63180	St. Louis City	St. Louis City
63118	St. Louis City	St. Louis City	63181	St. Louis City	St. Louis City
63120	St. Louis City	St. Louis City	63182	St. Louis City	St. Louis City
63139	St. Louis City	St. Louis City	63188	St. Louis City	St. Louis City
63147	St. Louis City	St. Louis City	63190	St. Louis City	St. Louis City
63150	St. Louis City	St. Louis City	63196	St. Louis City	St. Louis City
63152	St. Louis City	St. Louis City	63197	St. Louis City	St. Louis City
63154	St. Louis City	St. Louis City	63199	St. Louis City	St. Louis City
63155	St. Louis City	St. Louis City			

Appendix C:

Community Stakeholders' Identification of Priority Health Needs

Community Stakeholders' Identification of Priority Health Needs

St. Louis City Pediatric Community Stakeholders Survey Results		
# of Mentions	Identified Need	Available Resources
9	Appropriate nutrition: understanding healthy eating, access to healthy, affordable food; obesity;	St. Louis Dept of Public Health, Hospitals, Clinics/federally funded clinics Schools Boys and Girls Clubs Children's Hospital: Fit & Fun; Head-to-Toe (2) Cardinal Glennon Children's Medical Center Missouri Action for Healthy Kids
7	Safety issues/trauma/neighborhood safety-(recovery and restoration)/injury and violence (fumes from asphalt transfer station)	Very few organizations address war-related trauma for kids; there are some who address the issue for adults Better Family Life hospital-sponsored home visitation programs Wash U injury prevention center Crisis Nursery Family Resource Center
7	Asthma	St. Louis Dept of Public Health (2) American Lung Association Asthma Consortium (2) Asthma and Allergy Foundation (2) SLCH CGCMS
5	Behavioral health including (Lifestyle choices): alcohol/drugs /smoking (ages 15 -24)	BASIC (Black Alcohol/Drug Service Information Center) (drug treatment) Department of Public Health (smoking) Tobacco Free Missouri Children's Hospitals
5	Oral health issues: dental exams for 3 - 5 yo; follow up dental care; children with medical needs who also need dental care; kids who need sedation to receive dental care; kids who need root canals under the age of 8; preventive oral health;	Health and Dental Care for Kids (4), Healthy Kids Express (4), Give Kids a Smile (2), People's Health Center, Delta Dental, SLCH (non-specified) Cardinal Glennon Gracehill received a \$2M grant a few years ago to collect/correct (?) and have on school buses school counsellors Gateway Foundation (2) Accent Dental Myrtle Hillard and other FQHCs (2) MO Donated Dental Services Reachout (?) Vision and Dental Clinics
4	Access, in general/ to/maintaining a primary care provider	Gracehill (2) People's Health Center (2) Family Care Health Centers Various private providers 111 Institute for Family Medicine (3) Health and Dental Care for Kids School nurse

Community Stakeholders' Identification of Priority Health Needs Continued

St. Louis City Pediatric Community Stakeholders Survey Results		
# of Mentions	Identified Need	Available Resources
4	Childhood immunizations	Healthy Kids Express Institute for Family Medicine (2) Early childhood programs (Head Start) various community clinics St. Louis Health Dept (2) ShoMeVax allows an easier way to track immunizations but is not utilized by all providers (2) International Institute for refugee children MO Dept of Public Health
4	Parental literacy: cooperation for the chronically ill/need for dental treatment/epsdt(?)/knowing when to go to the ER vs managing minor illnesses	
4	Mental health (bullying) (emotional stability) (misdiagnosis of mental health issue due to cultural illiteracy)	Provident (counseling services) Hopewell Boys and Girls Clubs Big Brothers/Sisters Churches Schools Children's hospitals
3	Lead poisoning/Doctors not completing lead level testing	St. Louis Health Dept (2) Private physicians St. Louis Buildings Division Lead Coalition
3	Healthy, nurturing family lifestyle/environment (kids taking care of kids)	Social entities Churches Local recreational centers Schools
3	Reproductive health: preterm births/low birth rates/infant deaths; prenatal services	Planned Parenthood THRIVE Prenatal care at FQHCs, home visitation programs high risk clinics and case management level III NICUs prenatal outreach programs MCFHC (Fetal and Infant Mortality Review) March of Dimes
2	Personal hygiene	
2	Linking disadvantaged families to a medical home; lack of service coordination	
2	Transportation to clinics and doctor appts (or funds to access to transportation)	Call-a-Ride (if you qualify)
1	Poverty, resulting in other issues identified above	
1	Lack of awareness/education on available resources	

Community Stakeholders’ Identification of Priority Health Needs Continued

St. Louis City Pediatric Community Stakeholders Survey Results		
# of Mentions	Identified Need	Available Resources
1	Inadequate public education: children not ready for school, high school dropout rate, not prepared for college	Regional Early Childhood Council, St. Louis Children's Initiative, Black Leadership Roundtable Judge Jimmie Edwards - Innovative Concept School
1	Meaningful and safe day care	VCR Day Care Association
1	Health coaches - health system support outside of medical facility	RHC (?)

Appendix D:

Community Stakeholder Health Needs Prioritization

Community Stakeholders’ Health Needs Prioritization Matrix

	Level of Community Concern (1 [low] to 5 [high])																n	Sum	Avg.
Appropriate Nutrition	4	3	3	4	5	4	3	4	4	4	4	4	3	5	4	16	62	3.88	
Injury and Violence (Safety)	5	4	5	4	4	5	4	5	5	5	5	4	3	5	5	3	16	71	4.44
Asthma	4	4	3	4	5	5	4	5	3	4	4	5	5	4	2	3	16	64	4.00
Behavioral Health	4	5	5	5	4	4	5	5	4	5	5	5	3	3	5	4	16	71	4.44
Oral Health Issues	3	5	4	3	5	4	5	4	4	3	5	5	3	5	2	3	16	63	3.94
Access to Healthcare	5	5	2	5	5	5	5	5	5	5	3	4	4	5	5	4	16	72	4.50
Childhood Immunizations	3	4	2	4	3	4	3	4	2	2	4	3	3	2	2	3	16	48	3.00
Parental (Health) Literacy	3	4	5	5	4	3	5	5	4	5	3	4	5	3	5	4	16	67	4.19
Mental Health	4	5	4	5	4	4	5	5	3	5	4	5	4	2	3	3	16	65	4.06
Lead Poisoning	2	5	1	4	2	3	3	5	4	4	3	2	4	1	2	3	16	48	3.00
Health, Nurturing Family Lifestyle/Env	3	5	3	5	3	3	4	4	3	5	4	4	4	1	5	5	16	61	3.81
Maternal/Infant Health	5	5	4	4	4	4	4	5	5	4	3	5	5	3	3	4	16	67	4.19
Cultural Barriers	5	4	5	5	3	3	4	5	4	5	5	5	5	5	3	4	16	70	4.38

	Potential to Unify around Health Issue (1 [low] to 5 [high])																n	Sum	Avg.
Appropriate Nutrition	4	2	3	4	4	5	5	5	4	5	3	3	5	3	5	5	16	65	4.06
Injury and Violence (Safety)	4	5	4	5	5	4	5	5	5	5	4	4	5	4	5	4	16	73	4.56
Asthma	4	4	3	4	4	4	5	5	3	4	5	4	5	4	2	3	16	63	3.94
Behavioral Health	4	4	3	5	4	3	5	5	4	4	3	4	4	2	5	3	16	62	3.88
Oral Health Issues	3	4	4	4	3	5	5	5	3	3	5	3	4	3	2	3	16	59	3.69
Access to Healthcare	4	5	4	5	4	4	5	5	5	3	4	3	4	3	5	4	16	67	4.19
Childhood Immunizations	3	4	3	4	4	5	5	5	2	4	4	3	4	2	2	3	16	57	3.56
Parental (Health) Literacy	3	2	4	5	4	3	4	5	3	4	5	3	5	2	5	3	16	60	3.75
Mental Health	4	4	4	5	3	3	4	5	4	3	3	3	4	3	3	3	16	58	3.63
Lead Poisoning	2	4	4	3	2	4	3	5	4	5	5	2	4	3	2	3	16	55	3.44
Health, Nurturing Family Lifestyle/Env	3	3	2	5	4	3	4	5	2	3	3	3	4	1	5	4	16	54	3.38
Maternal/Infant Health	5	4	4	4	4	4	5	5	4	4	4	4	5	3	5	4	16	68	4.25
Cultural Barriers	4	3	3	4	4	3	5	5	4	4	5	3	5	5	3	4	16	64	4.00

	TOTAL RANKINGS																n	Sum	Avg.
Injury and Violence (Safety)	9	9	9	9	9	9	9	10	10	10	9	8	8	9	10	7	32	144	4.50
Access to Healthcare	9	10	6	10	9	9	10	10	10	8	7	7	8	8	10	8	32	139	4.34
Maternal/Infant Health	10	9	8	8	8	8	9	10	9	8	7	9	10	6	8	8	32	135	4.22
Cultural Barriers	9	7	8	9	7	6	9	10	8	9	10	8	10	10	6	8	32	134	4.19
Behavioral Health	8	9	8	10	8	7	10	10	8	9	8	9	7	5	10	7	32	133	4.16
Appropriate Nutrition	8	5	6	8	9	9	8	9	8	9	7	7	9	6	10	9	32	127	3.97
Asthma	8	8	6	8	9	9	9	10	6	8	9	9	10	8	4	6	32	127	3.97
Parental (Health) Literacy	6	6	9	10	8	6	9	10	7	9	8	7	10	5	10	7	32	127	3.97
Mental Health	8	9	8	10	7	7	9	10	7	8	7	8	8	5	6	6	32	123	3.84
Oral Health Issues	6	9	8	7	8	9	10	9	7	6	10	8	7	8	4	6	32	122	3.81
Health, Nurturing Family Lifestyle/Env	6	8	5	10	7	6	8	9	5	8	7	7	8	2	10	9	32	115	3.59
Childhood Immunizations	6	8	5	8	7	9	8	9	4	6	8	6	7	4	4	6	32	105	3.28
Lead Poisoning	4	9	5	7	4	7	6	10	8	9	8	4	8	4	4	6	32	103	3.22

Appendix E:

CGCMC Administrative Health Needs Prioritization

Cardinal Glennon Children's Medical Center's Administrative Health Needs Prioritization Matrix

Internal Prioritization: Once community members have created a list of priorities, using the newly prioritized list of needs, complete the ranking below. A high "total priority score" indicates the highest prioritized most pressing need.

Instructions: Please rank each of the identified needs using the following criteria and scale.

	Magnitude	Average Ratings from Community Stakeholders	Alignment with Mission, Key Strategies & Priorities	Resources Needed to Address the Issue	Hospital's ability to Impact	Total Priority Score
5	Greater than 10% unfavorable as compared to benchmark		Not currently addressed in SFHRP, but appropriate to add	No additional resources needed; service is currently in place	Can provide a service likely to measurably improve the community's health status	
3	10% unfavorable as compared to benchmark		Already addressed in 2012-2016 SFHRP	Minimal resources needed to extend a current service	Can provide a service likely to measurably improve the community's health status with expertise from a community organization partner	
1	Equal to or more favorable as compared to benchmark		Not currently addressed in SFHRP, and inappropriate to add	Requires significant resources	Don't have the ability to measurably improve this need	
Identified Community Needs						
Injury and Violence (Safety)	5	4.50	3	3	5	20.50
Parental (Health) Literacy	5	3.97	5	1	5	19.97
Cultural Barriers	5	4.19	5	1	3	18.19
Behavioral Health**	5	4.16	5	1	3	18.16
Appropriate Nutrition	5	3.97	5	1	3	17.97
Asthma	5	3.97	3	1	5	17.97
Health, Nurturing Family Lifestyle/Environment	5	3.59	5	1	3	17.59
Lead Poisoning	5	3.22	1	3	3	15.22
Maternal/Infant Health	5	4.22	1	1	3	14.22
Mental Health**	5	3.84	1	1	3	13.84
Access to Healthcare	1	4.34	3	1	3	12.34
Oral Health Issues	5	3.81	1	1	1	11.81
Childhood Immunizations	1	3.28	1	1	1	7.28

****Behavioral Health is not the same as "Mental Health" - Behavioral Health refers to behavioral risk factors**

Injury & Violence: Data reviewed in this category includes: Abuse/Neglect/Rape; Cut/Pierce; Drowning; Fall/Jump; Fire/Burn; Firearm; Machinery; Motor Vehicle Traffic; Motor Vehicle-non Traffic; Other Transport; Weather/Wildlife; Over-exertion; Poison/Overdose; Struck by/Against; Suffocate/Hang.

Cultural Barriers: Relates to the ability of City residents to access health care services. Examples include: men from some countries feel they don't need a translator; in some cultures, it is inappropriate for a caregiver to speak directly to a woman; cultural differences can often be misinterpreted and result in misdiagnosis as mental health issues

Health, Nurturing Family Lifestyle/Environment: Because of circumstances often related to employment, the family life of some children does not provide the support and encouragement that they need to grow and become responsible adults. Part of this is that their parents do not know how to access the resources that will assist them in creating a healthy nurturing home.

Appendix F: Secondary Data Sources

Secondary Data Sources

Indicator	Data Source
Demographics	
Population by Age	Thomson Market Expert - Demographic Snapshot
Pediatric Population by Age/Gender (Current 2011)	Thomson Market Expert - Projected Population for Age Group & Sex
Pediatric Population by Age/Gender (Projected 2016)	Thomson Market Expert - Projected Population for Age Group & Sex
Median Household Income	Thomson Market Expert - Demographic Snapshot
Literacy Rates	National Center for Education Statistics (NCES): State & County Estimates of Low Literacy (http://nces.ed.gov/naal/estimates/StateEstimates.aspx)
Marriage/Divorce Rates	MO DHSS: Table 35A - Reported Marriages by County of Recording with Rates per 1,000 Population (http://health.mo.gov/data/vitalstatistics/mvs09/Table35A.pdf)
Percent of Children in Single Parent Families (2008)	Missouri Kids Count (http://oseda.missouri.edu/kidscount/)
Unemployment Rates	Missouri Economic Research and Information Center (MERIC) (http://missourieconomy.org)
Poverty Rates	Missouri Hunger Atlas (http://missourifamilies.org/mohungeratlas/counties/)
Food Uncertainty Rates	Missouri Hunger Atlas (http://missourifamilies.org/mohungeratlas/counties/)
Population Eligible for SNAP/Food Stamps	Missouri Hunger Atlas (http://missourifamilies.org/mohungeratlas/counties/)
Health Factors	
Child Safety Seat Usage Rates	Missouri Department of Transportation (http://www.modot.org/safety/SafetyBeltsandChildSafetySeats.htm)
Childhood Obesity Rate (per 1000)	Data Resource Center for Child and Adolescent Health (http://www.childhealthdata.org/docs/nsch-docs/missouri-pdf.pdf)
Pediatric Abuse & Neglect (Ages 0-14; per 100,000 Population)	MO DHSS Missouri Information for Community Assessment (MICA) - Injury Data, Ages 0-14
Health Outcomes	
Pediatric Emergency Room Visits	Source: MO DHSS Missouri Information for Community Assessment (MICA) - Emergency Room Visits Data, Ages 0-17
Pediatric Inpatient Hospitalizations	MO DHSS Missouri Information for Community Assessment (MICA) - Inpatient Hospitalization data, Ages 0-17
Pediatric Preventable Hospitalizations	MO DHSS Missouri Information for Community Assessment (MICA) - Preventable Hospitalizations data, Ages 0-17
Pediatric Mental Health Inpatient Hospitalization Rate per 10,000	MO DHSS Missouri Information for Community Assessment (MICA) - Inpatient Hospitalization data, Ages 0-14
Pediatric Mental Health Emergency Visits per 1,000	MO DHSS Missouri Information for Community Assessment (MICA) - Emergency Visit data, Ages 0-14
Pediatric Asthma Emergency Room Visits (Ages 0-14; per 1,000 Population)	MO DHSS Missouri Information for Community Assessment (MICA) - Emergency Room Data, Ages 0-14
Pediatric Asthma Inpatient Hospitalizations (Ages 0-14; per 10,000 Population)	MO DHSS Missouri Information for Community Assessment (MICA) - Inpatient Hospitalizations Data, Ages 0-14
Percent of Children with Lead Poison (2009)	Missouri Kids Count (http://oseda.missouri.edu/kidscount/)
Cause of Death Rankings	MO DHSS Missouri Information for Community Assessment (MICA) - Deaths data, All Ages
Low Birth Weight Rates per 100 (2009)	MO DHSS Missouri Information for Community Assessment (MICA) - Births Data
Infant Mortality Rate per 1,000 (1999-2009)	MO DHSS: Community Data Profiles (http://health.mo.gov/data/CommunityDataProfiles/)
Clinical Care/Access	
Uninsured and Medicaid Coverage	Thomson Market Expert - Insurance Coverage Estimates
Health Professional Shortage Areas (HPSAs)	Health Resources and Services Administration (http://hpsafind.hrsa.gov/)
Other Sources	
Regional Health Commission, 2011 Access to Care Data Book	
Vision for Children at Risk, Children of Metropolitan St. Louis (CMSL) Report to the Community	

Appendix G: Community Resources

Community Resources Available to Address Specific Health Needs in St. Louis City

List of resources compiled from Community Stakeholder responses and custom query developed for SSM St. Louis by Vision for Children at Risk (VCR) community resources database

Currently Available Resources
Injury and Violence
Nurses for Newborns Foundation*
Better Family Life
Family Resource Center
International Institute
St. Louis Crisis Nursery
Washington University Injury Prevention Center
Health Literacy
St. Louis Integrated Health Network
Asthma
Asthma & Allergy Foundation of America*
Family Care Health Centers
St. Louis Regional Asthma Consortium
American Lung Association
Asthma Consortium
St. Louis Department of Public Health
Saint Louis Children's Hospital
Cardinal Glennon Children's Medical Center

*Resources available outside of St. Louis City are indicated with an asterisk

Appendix H: Detailed Data

Detailed Data

	St. Louis City	Benchmarks	
Indicator	City	St. Louis MSA*	Missouri State
Demographics			
Population by Age (Current 2011)			
0-14	67,302	413,919	1,189,812
15-17	12,752	90,574	249,468
18-34	97,822	470,779	1,375,353
35-64	137,394	858,473	2,351,409
65+	40,543	279,767	849,415
Population by Age (Projected 2016)			
0-14	71,733	419,015	1,229,492
15-17	11,676	86,638	243,148
18-34	87,660	470,006	1,387,878
35-64	141,724	859,773	2,357,769
65+	45,379	320,022	964,643
Pediatric Population by Age/Gender (Current 2011)			
0-2	14,735	82,500	243,400
Male	7,661	42,200	124,734
Female	7,074	40,300	118,666
3-9	31,619	193,572	557,151
Male	15,990	98,386	284,085
Female	15,629	95,186	273,066
10-17	31,254	228,994	638,724
Male	15,872	116,634	327,257
Female	15,382	112,360	311,467
Total	77,608	505,066	1,439,275
Male	39,523	257,220	736,076
Female	38,085	247,846	703,199
Pediatric Population by Age/Gender (Projected 2016)			
0-2	14,688	84,913	254,279
Male	7,641	43,570	130,546
Female	7,047	41,343	123,733
3-9	33,592	197,778	579,669
Male	17,037	100,898	296,077
Female	16,555	96,880	283,592
10-17	32,533	223,453	638,674
Male	16,657	113,705	326,978
Female	15,876	109,748	311,696
Total	80,813	506,144	1,472,622
Male	41,335	258,173	753,601
Female	39,478	247,971	719,021
Median Household Income	\$44,675	\$69,077	\$58,796
Poverty Rates			
Population BELOW Poverty	24.0%		13.5%
<18 years	35.3%		18.9%
>64 years	16.7%		12.3%
Food Uncertainty Rates			
% of Households Food Uncertain	17.7%		15.8%
% HH w/ Children Food Uncertain	25.7%		23.4%
% Food Uncertain w/Hunger	5.9%		7.2%

Detailed Data Continued

	St. Louis City	Benchmarks	
Indicator	City	St. Louis MSA*	Missouri State
Population Eligible for SNAP/Food Stamps			
% Total Pop Income Eligible	31.0%		18.2%
% <18 Years Income Eligible	45.1%		24.7%
Unemployment Rates			
Civilian Labor Force		1,052,760	
Employment		965,298	
Unemployment		87,462	
Unemployment Rate		8.3%	
Literacy Rates (% lacking Basic Prose Literacy Skills)	13.0%		7.0%
Marriage/Divorce Rates			
Marriage Rate (per 1000)	6.2		6.5
Divorce Rate (per 1000)	1.4		3.7
Divorces as a % of Marriages	22.5%		57.7%
Percent of Children In Single Parent Families (2008)	60.2%		32.2%
Health Factors			
Child Safety Seat Usage Rates			91.0%
Childhood Obesity Rate (per 1000)			31.0%
African American, non-Hispanic			52.3%
White, non-Hispanic			25.1%
Pediatric Abuse & Neglect (Ages 0-14; per 100,000 Population)			
White			37.1
African American	284.8		160.6
Total	198.2	89.2	59.2
Health Outcomes			
Pediatric Emergency Room Visit Rankings (1 is Leading Cause)			
White (Under 1)			
Blood and blood forming	14	15	15
Bone- connective tissue- muscle	12	12	12
Brain - spinal cord - eyes - ears	4	2	3
Congenital anomalies	12	13	14
Digestive system	5	5	5
Heart and circulation	15	14	13
Infection	6	6	6
Injury and poisoning	2	4	4
Kidneys - bladder - genitalia	9	9	9
Mental disorders	16	17	17
Neoplasms - malignant (cancer)	0	0	0
Neoplasms - other	13	16	16
Nutritional - metabolic - immunity	10	10	10
Other - unclassified	11	11	11
Perinatal conditions	7	7	7
Pregnancy - childbirth - reproduction	0	0	0
Respiratory (throat and lung)	1	1	1
Skin	8	8	8
Symptoms and ill-defined conditions	3	3	2

Detailed Data Continued

	St. Louis City	Benchmarks	
Indicator	City	St. Louis MSA*	Missouri State
Pediatric Emergency Room Visit Rankings (1 is Leading Cause) - Continued			
White (Ages 1-9)			
Blood and blood forming	13	14	14
Bone- connective tissue- muscle	9	9	9
Brain - spinal cord - eyes - ears	4	3	3
Congenital anomalies	14	15	16
Digestive system	5	5	5
Heart and circulation	12	13	12
Infection	6	6	6
Injury and poisoning	1	1	1
Kidneys - bladder - genitalia	8	8	8
Mental disorders	11	11	13
Neoplasms - malignant (cancer)	16	18	18
Neoplasms - other	16	17	17
Nutritional - metabolic - immunity	10	10	10
Other - unclassified	12	12	11
Perinatal conditions	15	16	15
Pregnancy - childbirth - reproduction	0	0	0
Respiratory (throat and lung)	2	2	2
Skin	7	7	7
Symptoms and ill-defined conditions	3	4	4
White (Ages 10-17)			
Blood and blood forming	15	15	15
Bone- connective tissue- muscle	5	7	7
Brain - spinal cord - eyes - ears	4	4	4
Congenital anomalies	16	16	17
Digestive system	6	6	5
Heart and circulation	11	11	11
Infection	8	9	9
Injury and poisoning	1	1	1
Kidneys - bladder - genitalia	10	8	6
Mental disorders	7	5	10
Neoplasms - malignant (cancer)	0	18	18
Neoplasms - other	0	17	16
Nutritional - metabolic - immunity	12	13	13
Other - unclassified	13	14	14
Perinatal conditions	0	19	19
Pregnancy - childbirth - reproduction	14	12	12
Respiratory (throat and lung)	2	2	2
Skin	9	10	8
Symptoms and ill-defined conditions	3	3	3

Detailed Data Continued

	St. Louis City	Benchmarks	
Indicator	City	St. Louis MSA*	Missouri State
Pediatric Emergency Room Visit Rankings (1 is Leading Cause) - Continued			
White (Ages 0-17)			
Blood and blood forming	15	16	16
Bone- connective tissue- muscle	8	9	9
Brain - spinal cord - eyes - ears	4	4	4
Congenital anomalies	16	17	17
Digestive system	5	5	5
Heart and circulation	12	11	11
Infection	6	6	6
Injury and poisoning	1	1	1
Kidneys - bladder - genitalia	9	8	8
Mental disorders	10	10	10
Neoplasms - malignant (cancer)	19	19	19
Neoplasms - other	18	18	18
Nutritional - metabolic - immunity	13	13	12
Other - unclassified	14	14	15
Perinatal conditions	11	12	13
Pregnancy - childbirth - reproduction	17	15	14
Respiratory (throat and lung)	2	2	2
Skin	7	7	7
Symptoms and ill-defined conditions	3	3	3
African American (Under 1)			
Blood and blood forming	0	13	15
Bone- connective tissue- muscle	13	12	14
Brain - spinal cord - eyes - ears	2	2	2
Congenital anomalies	11	10	12
Digestive system	4	4	4
Heart and circulation	12	11	13
Infection	5	5	5
Injury and poisoning	6	6	6
Kidneys - bladder - genitalia	9	9	9
Mental disorders	14	14	17
Neoplasms - malignant (cancer)	0	0	0
Neoplasms - other	14	13	16
Nutritional - metabolic - immunity	10	10	10
Other - unclassified	13	11	11
Perinatal conditions	7	7	7
Pregnancy - childbirth - reproduction	0	0	0
Respiratory (throat and lung)	1	1	1
Skin	8	8	8
Symptoms and ill-defined conditions	3	3	3

Detailed Data Continued

	St. Louis City	Benchmarks	
Indicator	City	St. Louis MSA*	Missouri State
Pediatric Emergency Room Visit Rankings (1 is Leading Cause) - Continued			
African American (Ages 1-9)			
Blood and blood forming	14	13	13
Bone- connective tissue- muscle	9	9	9
Brain - spinal cord - eyes - ears	3	3	3
Congenital anomalies	15	15	16
Digestive system	6	6	6
Heart and circulation	10	10	10
Infection	5	4	5
Injury and poisoning	2	2	2
Kidneys - bladder - genitalia	8	8	8
Mental disorders	11	11	12
Neoplasms - malignant (cancer)	17	17	18
Neoplasms - other	18	17	17
Nutritional - metabolic - immunity	13	14	14
Other - unclassified	12	12	11
Perinatal conditions	16	16	15
Pregnancy - childbirth - reproduction	0	0	0
Respiratory (throat and lung)	1	1	1
Skin	7	7	7
Symptoms and ill-defined conditions	4	5	4
African American (Ages 10-17)			
Blood and blood forming	15	15	14
Bone- connective tissue- muscle	7	7	9
Brain - spinal cord - eyes - ears	4	4	4
Congenital anomalies	16	17	16
Digestive system	8	8	8
Heart and circulation	11	11	11
Infection	5	5	5
Injury and poisoning	1	1	1
Kidneys - bladder - genitalia	9	9	7
Mental disorders	10	10	10
Neoplasms - malignant (cancer)	0	19	19
Neoplasms - other	17	16	17
Nutritional - metabolic - immunity	14	14	15
Other - unclassified	13	13	13
Perinatal conditions	18	18	18
Pregnancy - childbirth - reproduction	12	12	12
Respiratory (throat and lung)	2	2	2
Skin	6	6	6
Symptoms and ill-defined conditions	3	3	3

Detailed Data Continued

Indicator	St. Louis City	Benchmarks	
	City	St. Louis MSA*	Missouri State
Pediatric Emergency Room Visit Rankings (1 is Leading Cause) - Continued			
African American (Ages 0-17)			
Blood and blood forming	16	16	16
Bone- connective tissue- muscle	9	9	9
Brain - spinal cord - eyes - ears	3	3	4
Congenital anomalies	17	17	17
Digestive system	6	6	6
Heart and circulation	11	11	11
Infection	5	5	5
Injury and poisoning	2	2	2
Kidneys - bladder - genitalia	8	8	8
Mental disorders	10	10	10
Neoplasms - malignant (cancer)	19	19	19
Neoplasms - other	18	18	18
Nutritional - metabolic - immunity	15	15	15
Other - unclassified	14	14	14
Perinatal conditions	13	13	13
Pregnancy - childbirth - reproduction	12	12	12
Respiratory (throat and lung)	1	1	1
Skin	7	7	7
Symptoms and ill-defined conditions	4	4	3
Total (Under 1)			
Blood and blood forming	16	15	15
Bone- connective tissue- muscle	13	14	12
Brain - spinal cord - eyes - ears	2	2	3
Congenital anomalies	12	12	13
Digestive system	4	4	4
Heart and circulation	14	13	14
Infection	6	6	6
Injury and poisoning	5	5	5
Kidneys - bladder - genitalia	9	9	9
Mental disorders	17	17	17
Neoplasms - malignant (cancer)	0	0	0
Neoplasms - other	15	16	16
Nutritional - metabolic - immunity	10	10	10
Other - unclassified	11	11	11
Perinatal conditions	7	7	7
Pregnancy - childbirth - reproduction	0	0	0
Respiratory (throat and lung)	1	1	1
Skin	8	8	8
Symptoms and ill-defined conditions	3	3	2

Detailed Data Continued

Indicator	St. Louis City	Benchmarks	
	City	St. Louis MSA*	Missouri State
Pediatric Emergency Room Visit Rankings (1 is Leading Cause) - Continued			
Total (Ages 1-9)			
Blood and blood forming	14	14	14
Bone- connective tissue- muscle	9	9	9
Brain - spinal cord - eyes - ears	3	3	3
Congenital anomalies	15	15	16
Digestive system	6	6	6
Heart and circulation	10	10	12
Infection	5	5	5
Injury and poisoning	2	2	2
Kidneys - bladder - genitalia	8	8	8
Mental disorders	11	12	13
Neoplasms - malignant (cancer)	17	18	18
Neoplasms - other	18	17	17
Nutritional - metabolic - immunity	13	13	10
Other - unclassified	12	11	11
Perinatal conditions	16	16	15
Pregnancy - childbirth - reproduction	0	0	0
Respiratory (throat and lung)	1	1	1
Skin	7	7	7
Symptoms and ill-defined conditions	4	4	4
Total (Ages 10-17)			
Blood and blood forming	15	15	15
Bone- connective tissue- muscle	7	7	8
Brain - spinal cord - eyes - ears	4	4	4
Congenital anomalies	16	16	17
Digestive system	6	6	5
Heart and circulation	11	11	11
Infection	5	5	9
Injury and poisoning	1	1	1
Kidneys - bladder - genitalia	9	9	6
Mental disorders	10	8	10
Neoplasms - malignant (cancer)	0	18	18
Neoplasms - other	17	16	16
Nutritional - metabolic - immunity	14	14	13
Other - unclassified	13	13	14
Perinatal conditions	18	17	19
Pregnancy - childbirth - reproduction	12	12	12
Respiratory (throat and lung)	2	2	2
Skin	8	10	7
Symptoms and ill-defined conditions	3	3	3

Detailed Data Continued

	St. Louis City	Benchmarks	
Indicator	City	St. Louis MSA*	Missouri State
Pediatric Emergency Room Visit Rankings (1 is Leading Cause) - Continued			
Total (Ages 0-17)			
Blood and blood forming	16	16	16
Bone- connective tissue- muscle	9	9	9
Brain - spinal cord - eyes - ears	3	3	4
Congenital anomalies	17	17	17
Digestive system	5	6	5
Heart and circulation	11	11	11
Infection	6	5	6
Injury and poisoning	1	1	1
Kidneys - bladder - genitalia	8	8	8
Mental disorders	10	10	10
Neoplasms - malignant (cancer)	19	19	19
Neoplasms - other	18	18	18
Nutritional - metabolic - immunity	14	15	14
Other - unclassified	13	14	15
Perinatal conditions	12	12	12
Pregnancy - childbirth - reproduction	15	13	13
Respiratory (throat and lung)	2	2	2
Skin	7	7	7
Symptoms and ill-defined conditions	4	4	3
Cause of Inpatient Hospitalization Rankings (1 is Leading Cause)			
White - Pediatric (Under 1)			
Blood and blood forming	13	17	14
Bone- connective tissue- muscle	18	15	17
Brain - spinal cord - eyes - ears	6	5	7
Congenital anomalies	3	3	3
Digestive system	8	4	4
Heart and circulation	11	14	12
Infection	4	9	9
Injury and poisoning	10	8	10
Kidneys - bladder - genitalia	7	6	8
Mental disorders	16	18	18
Neoplasms - malignant (cancer)	12	16	16
Neoplasms - other	14	13	13
Nutritional - metabolic - immunity	5	7	5
Other - unclassified	19	12	15
Perinatal conditions	1	2	2
Pregnancy - childbirth - reproduction	17		19
Respiratory (throat and lung)	2	1	1
Skin	15	11	11
Symptoms and ill-defined conditions	9	10	6

Detailed Data Continued

	St. Louis City	Benchmarks	
Indicator	City	St. Louis MSA*	Missouri State
Pediatric Inpatient Hospitalization Rankings (1 is Leading Cause) - Continued			
White - Pediatric (Ages 1-9)			
Blood and blood forming	13	16	11
Bone- connective tissue- muscle	10	13	14
Brain - spinal cord - eyes - ears	4	3	6
Congenital anomalies	7	10	10
Digestive system	3	5	2
Heart and circulation	15	17	16
Infection	9	12	12
Injury and poisoning	2	2	4
Kidneys - bladder - genitalia	8	8	8
Mental disorders	12	6	5
Neoplasms - malignant (cancer)	14	14	15
Neoplasms - other	16	15	13
Nutritional - metabolic - immunity	5	4	3
Other - unclassified	17	11	17
Perinatal conditions	18	18	18
Pregnancy - childbirth - reproduction	19		19
Respiratory (throat and lung)	1	1	1
Skin	6	7	7
Symptoms and ill-defined conditions	11	9	9
White - Pediatric (Ages 10-17)			
Blood and blood forming	15	18	16
Bone- connective tissue- muscle	12	10	8
Brain - spinal cord - eyes - ears	6	6	7
Congenital anomalies	7	15	14
Digestive system	5	3	4
Heart and circulation	16	16	15
Infection	11	14	13
Injury and poisoning	4	2	2
Kidneys - bladder - genitalia	9	8	9
Mental disorders	2	1	1
Neoplasms - malignant (cancer)	17	17	17
Neoplasms - other	14	12	12
Nutritional - metabolic - immunity	8	7	6
Other - unclassified	18	13	18
Perinatal conditions	3	19	19
Pregnancy - childbirth - reproduction	19	4	3
Respiratory (throat and lung)	1	5	5
Skin	10	11	11
Symptoms and ill-defined conditions	13	9	10

Detailed Data Continued

	St. Louis City	Benchmarks	
Indicator	City	St. Louis MSA*	Missouri State
Pediatric Inpatient Hospitalization Rankings (1 is Leading Cause) - Continued			
White - Pediatric (All ages 0-17)			
Blood and blood forming	15	19	16
Bone- connective tissue- muscle	13	13	13
Brain - spinal cord - eyes - ears	7	5	7
Congenital anomalies	6	9	9
Digestive system	5	4	3
Heart and circulation	16	18	17
Infection	10	15	14
Injury and poisoning	3	3	4
Kidneys - bladder - genitalia	9	8	11
Mental disorders	4	2	2
Neoplasms - malignant (cancer)	17	17	18
Neoplasms - other	14	16	15
Nutritional - metabolic - immunity	8	6	5
Other - unclassified	18	14	19
Perinatal conditions	2	7	6
Pregnancy - childbirth - reproduction	19	12	8
Respiratory (throat and lung)	1	1	1
Skin	11	10	10
Symptoms and ill-defined conditions	12	11	12
African American - Pediatric (Under 1)			
Blood and blood forming	12	17	12
Bone- connective tissue- muscle	17	15	15
Brain - spinal cord - eyes - ears	10	5	7
Congenital anomalies	5	3	3
Digestive system	4	4	5
Heart and circulation	14	14	13
Infection	9	9	9
Injury and poisoning	8	8	8
Kidneys - bladder - genitalia	11	6	11
Mental disorders	18	18	18
Neoplasms - malignant (cancer)	15	16	16
Neoplasms - other	16	13	17
Nutritional - metabolic - immunity	3	7	4
Other - unclassified	13	12	14
Perinatal conditions	1	2	2
Pregnancy - childbirth - reproduction	19		19
Respiratory (throat and lung)	2	1	1
Skin	6	11	10
Symptoms and ill-defined conditions	7	10	6

Detailed Data Continued

	St. Louis City	Benchmarks	
Indicator	City	St. Louis MSA*	Missouri State
Pediatric Inpatient Hospitalization Rankings (1 is Leading Cause) - Continued			
African American - Pediatric (Ages 1-9)			
Blood and blood forming	3	16	3
Bone- connective tissue- muscle	10	13	13
Brain - spinal cord - eyes - ears	4	3	5
Congenital anomalies	13	10	10
Digestive system	6	5	7
Heart and circulation	15	17	14
Infection	12	12	11
Injury and poisoning	2	2	2
Kidneys - bladder - genitalia	11	8	12
Mental disorders	9	6	4
Neoplasms - malignant (cancer)	16	14	17
Neoplasms - other	14	15	15
Nutritional - metabolic - immunity	7	4	8
Other - unclassified	18	11	16
Perinatal conditions	17	18	18
Pregnancy - childbirth - reproduction	19		19
Respiratory (throat and lung)	1	1	1
Skin	5	7	6
Symptoms and ill-defined conditions	8	9	9
African American - Pediatric (Ages 10-17)			
Blood and blood forming	5	18	5
Bone- connective tissue- muscle	10	10	8
Brain - spinal cord - eyes - ears	11	6	7
Congenital anomalies	15	15	16
Digestive system	6	3	6
Heart and circulation	13	16	14
Infection	14	14	15
Injury and poisoning	4	2	4
Kidneys - bladder - genitalia	9	8	10
Mental disorders	2	1	1
Neoplasms - malignant (cancer)	17	17	17
Neoplasms - other	16	12	13
Nutritional - metabolic - immunity	7	7	9
Other - unclassified	19	13	18
Perinatal conditions	18	19	19
Pregnancy - childbirth - reproduction	1	4	2
Respiratory (throat and lung)	3	5	3
Skin	8	11	11
Symptoms and ill-defined conditions	12	9	12

Detailed Data Continued

	St. Louis City	Benchmarks	
Indicator	City	St. Louis MSA*	Missouri State
Pediatric Inpatient Hospitalization Rankings (1 is Leading Cause) - Continued			
African American - Pediatric (All ages 0-17)			
Blood and blood forming	5	19	5
Bone- connective tissue- muscle	13	13	14
Brain - spinal cord - eyes - ears	7	5	8
Congenital anomalies	14	9	13
Digestive system	9	4	6
Heart and circulation	16	18	16
Infection	15	15	15
Injury and poisoning	3	3	3
Kidneys - bladder - genitalia	12	8	12
Mental disorders	4	2	2
Neoplasms - malignant (cancer)	19	17	19
Neoplasms - other	17	16	17
Nutritional - metabolic - immunity	10	6	9
Other - unclassified	18	14	18
Perinatal conditions	6	7	7
Pregnancy - childbirth - reproduction	2	12	4
Respiratory (throat and lung)	1	1	1
Skin	8	10	10
Symptoms and ill-defined conditions	11	11	11
Total - Pediatric (Under 1)			
Blood and blood forming	12	15	14
Bone- connective tissue- muscle	17	16	17
Brain - spinal cord - eyes - ears	6	4	7
Congenital anomalies	3	3	3
Digestive system	5	5	4
Heart and circulation	13	14	12
Infection	7	8	10
Injury and poisoning	8	9	9
Kidneys - bladder - genitalia	11	7	8
Mental disorders	18	18	18
Neoplasms - malignant (cancer)	15	17	16
Neoplasms - other	16	13	13
Nutritional - metabolic - immunity	4	6	5
Other - unclassified	14	12	15
Perinatal conditions	1	2	2
Pregnancy - childbirth - reproduction			19
Respiratory (throat and lung)	2	1	1
Skin	10	10	11
Symptoms and ill-defined conditions	9	11	6

Detailed Data Continued

Indicator	St. Louis City	Benchmarks	
	City	St. Louis MSA*	Missouri State
Pediatric Inpatient Hospitalization Rankings (1 is Leading Cause) - Continued			
Total - Pediatric (Ages 1-9)			
Blood and blood forming	4	11	8
Bone- connective tissue- muscle	10	14	13
Brain - spinal cord - eyes - ears	3	3	6
Congenital anomalies	12	10	11
Digestive system	6	6	3
Heart and circulation	15	17	16
Infection	13	13	12
Injury and poisoning	2	2	2
Kidneys - bladder - genitalia	11	8	9
Mental disorders	8	7	4
Neoplasms - malignant (cancer)	16	15	15
Neoplasms - other	14	16	14
Nutritional - metabolic - immunity	7	5	5
Other - unclassified	17	12	17
Perinatal conditions		18	18
Pregnancy - childbirth - reproduction			19
Respiratory (throat and lung)	1	1	1
Skin	5	4	7
Symptoms and ill-defined conditions	9	9	10
Total - Pediatric (Ages 10-17)			
Blood and blood forming	5	11	12
Bone- connective tissue- muscle	10	8	8
Brain - spinal cord - eyes - ears	11	6	7
Congenital anomalies	16	16	15
Digestive system	6	4	4
Heart and circulation	15	17	16
Infection	13	15	14
Injury and poisoning	3	3	3
Kidneys - bladder - genitalia	9	10	9
Mental disorders	1	1	1
Neoplasms - malignant (cancer)	17	18	17
Neoplasms - other	14	14	13
Nutritional - metabolic - immunity	8	7	6
Other - unclassified	18	13	18
Perinatal conditions	19	19	19
Pregnancy - childbirth - reproduction	2	2	2
Respiratory (throat and lung)	4	5	5
Skin	7	12	11
Symptoms and ill-defined conditions	12	9	10

Detailed Data Continued

Indicator	St. Louis City	Benchmarks	
	City	St. Louis MSA*	Missouri State
Pediatric Inpatient Hospitalization Rankings (1 is Leading Cause) - Continued			
Total - Pediatric (All ages 0-17)			
Blood and blood forming	6	13	13
Bone- connective tissue- muscle	15	15	15
Brain - spinal cord - eyes - ears	8	5	8
Congenital anomalies	11	11	10
Digestive system	7	4	4
Heart and circulation	16	18	17
Infection	14	14	14
Injury and poisoning	3	3	3
Kidneys - bladder - genitalia	13	10	12
Mental disorders	2	2	2
Neoplasms - malignant (cancer)	18	19	18
Neoplasms - other	17	17	16
Nutritional - metabolic - immunity	10	8	6
Other - unclassified	19	16	19
Perinatal conditions	5	6	5
Pregnancy - childbirth - reproduction	4	7	7
Respiratory (throat and lung)	1	1	1
Skin	9	9	9
Symptoms and ill-defined conditions	12	12	11
Pediatric Preventable Hospitalizations			
White - Pediatric (Under 1)			1
Angina	12		22
Asthma	8		6
Bacterial pneumonia	3		8
Cellulitis	9		3
Chronic obstructive pulmonary	13		15
Congenital syphilis	14		
Congestive heart failure	15		13
Convulsions	5		9
Dehydration - volume depletion	1		2
Dental conditions	16		12
Diabetes	17		10
Epilepsy	4		5
Failure to thrive	10		11
Gastroenteritis	6		4
Hypertension	18		17
Hypoglycemia	19		18
Immunization preventable	20		20
Kidney/Urinary infection	2		16
Nutritional deficiencies	11		21
Pelvic inflammatory disease	21		14
Severe ENT infections	7		7
Tuberculosis	22		19

Detailed Data Continued

Indicator	St. Louis City	Benchmarks	
	City	St. Louis MSA*	Missouri State
Pediatric Preventable Hospitalizations - Continued			
White - Pediatric (Ages 1-9)			
Angina	14		19
Asthma	1		3
Bacterial pneumonia	3		1
Cellulitis	2		4
Chronic obstructive pulmonary	11		11
Congenital syphilis	15		20
Congestive heart failure	16		14
Convulsions	8		7
Dehydration - volume depletion	4		2
Dental conditions	17		12
Diabetes	7		10
Epilepsy	6		6
Failure to thrive	12		18
Gastroenteritis	9		8
Hypertension	18		17
Hypoglycemia	19		15
Immunization preventable	20		16
Kidney/Urinary infection	5		5
Nutritional deficiencies	13		13
Pelvic inflammatory disease	21		21
Severe ENT infections	10		9
Tuberculosis	22		22
White - Pediatric (Ages 10-17)			
Angina	14		19
Asthma	4		5
Bacterial pneumonia	3		3
Cellulitis	2		4
Chronic obstructive pulmonary	9		12
Congenital syphilis	15		21
Congestive heart failure	16		15
Convulsions	8		9
Dehydration - volume depletion	1		1
Dental conditions	17		11
Diabetes	6		2
Epilepsy	5		7
Failure to thrive	12		20
Gastroenteritis	10		8
Hypertension	18		14
Hypoglycemia	19		17
Immunization preventable	20		18
Kidney/Urinary infection	7		6
Nutritional deficiencies	13		16
Pelvic inflammatory disease	21		13
Severe ENT infections	11		10
Tuberculosis	22		22

Detailed Data Continued

Indicator	St. Louis City	Benchmarks	
	City	St. Louis MSA*	Missouri State
Pediatric Preventable Hospitalizations - Continued			
White - Pediatric (All ages 0-17)			
Angina	15		20
Asthma	3		3
Bacterial pneumonia	2		2
Cellulitis	5		4
Chronic obstructive pulmonary	11		12
Congenital syphilis	16		22
Congestive heart failure	17		15
Convulsions	7		9
Dehydration - volume depletion	1		1
Dental conditions	18		13
Diabetes	8		6
Epilepsy	6		7
Failure to thrive	12		11
Gastroenteritis	10		10
Hypertension	19		18
Hypoglycemia	20		19
Immunization preventable	14		17
Kidney/Urinary infection	4		5
Nutritional deficiencies	13		14
Pelvic inflammatory disease	21		16
Severe ENT infections	9		8
Tuberculosis	22		21
African American - Pediatric (Under 1)			
Angina	13		18
Asthma	4		6
Bacterial pneumonia	2		2
Cellulitis	3		5
Chronic obstructive pulmonary	14		13
Congenital syphilis	15		19
Congestive heart failure	16		14
Convulsions	8		8
Dehydration - volume depletion	1		1
Dental conditions	17		15
Diabetes	18		16
Epilepsy	9		9
Failure to thrive	7		4
Gastroenteritis	12		10
Hypertension	19		17
Hypoglycemia	20		20
Immunization preventable	10		11
Kidney/Urinary infection	6		7
Nutritional deficiencies	11		12
Pelvic inflammatory disease	21		21
Severe ENT infections	5		3
Tuberculosis	22		22

Detailed Data Continued

	St. Louis City	Benchmarks	
Indicator	City	St. Louis MSA*	Missouri State
Pediatric Preventable Hospitalizations - Continued			
African American - Pediatric (Ages 1-9)			
Angina	17		20
Asthma	1		1
Bacterial pneumonia	2		2
Cellulitis	3		4
Chronic obstructive pulmonary	18		13
Congenital syphilis	19		21
Congestive heart failure	13		15
Convulsions	7		6
Dehydration - volume depletion	4		3
Dental conditions	12		12
Diabetes	10		9
Epilepsy	5		5
Failure to thrive	15		19
Gastroenteritis	9		11
Hypertension	20		16
Hypoglycemia	21		17
Immunization preventable	16		14
Kidney/Urinary infection	8		8
Nutritional deficiencies	11		10
Pelvic inflammatory disease	22		22
Severe ENT infections	6		7
Tuberculosis	14		18
African American - Pediatric (Ages 10-17)			
Angina	18		17
Asthma	1		1
Bacterial pneumonia	2		5
Cellulitis	3		4
Chronic obstructive pulmonary	19		15
Congenital syphilis	20		22
Congestive heart failure	16		14
Convulsions	6		7
Dehydration - volume depletion	4		3
Dental conditions	13		11
Diabetes	8		2
Epilepsy	5		6
Failure to thrive	10		21
Gastroenteritis	11		10
Hypertension	21		13
Hypoglycemia	22		19
Immunization preventable	14		18
Kidney/Urinary infection	9		8
Nutritional deficiencies	12		16
Pelvic inflammatory disease	15		9
Severe ENT infections	7		12
Tuberculosis	17		20

Detailed Data Continued

Indicator	St. Louis City	Benchmarks	
	City	St. Louis MSA*	Missouri State
Pediatric Preventable Hospitalizations - Continued			
African American - Pediatric (All ages 0-17)			
Angina	18		21
Asthma	1		1
Bacterial pneumonia	2		2
Cellulitis	3		4
Chronic obstructive pulmonary	19		16
Congenital syphilis	20		22
Congestive heart failure	16		18
Convulsions	7		8
Dehydration - volume depletion	4		3
Dental conditions	13		13
Diabetes	9		6
Epilepsy	6		5
Failure to thrive	10		10
Gastroenteritis	11		11
Hypertension	21		17
Hypoglycemia	22		20
Immunization preventable	14		15
Kidney/Urinary infection	8		9
Nutritional deficiencies	12		12
Pelvic inflammatory disease	15		14
Severe ENT infections	5		7
Tuberculosis	17		19
Total - Pediatric (Under 1)			
Angina	20		20
Asthma	7		7
Bacterial pneumonia	2		2
Cellulitis	6		6
Chronic obstructive pulmonary	11		11
Congenital syphilis	21		21
Congestive heart failure	14		14
Convulsions	8		8
Dehydration - volume depletion	1		1
Dental conditions	15		15
Diabetes	16		16
Epilepsy	10		10
Failure to thrive	4		4
Gastroenteritis	9		9
Hypertension	17		17
Hypoglycemia	18		18
Immunization preventable	13		13
Kidney/Urinary infection	3		3
Nutritional deficiencies	12		12
Pelvic inflammatory disease	19		19
Severe ENT infections	5		5
Tuberculosis	22		22

Detailed Data Continued

	St. Louis City	Benchmarks	
Indicator	City	St. Louis MSA*	Missouri State
Pediatric Preventable Hospitalizations - Continued			
Total - Pediatric (Ages 1-9)			
Angina	21		21
Asthma	2		2
Bacterial pneumonia	1		1
Cellulitis	4		4
Chronic obstructive pulmonary	11		11
Congenital syphilis	22		22
Congestive heart failure	14		14
Convulsions	7		7
Dehydration - volume depletion	3		3
Dental conditions	12		12
Diabetes	10		10
Epilepsy	6		6
Failure to thrive	19		19
Gastroenteritis	9		9
Hypertension	17		17
Hypoglycemia	16		16
Immunization preventable	15		15
Kidney/Urinary infection	5		5
Nutritional deficiencies	13		13
Pelvic inflammatory disease	20		20
Severe ENT infections	8		8
Tuberculosis	18		18
Total - Pediatric (Ages 10-17)			
Angina	17		17
Asthma	1		1
Bacterial pneumonia	4		4
Cellulitis	5		5
Chronic obstructive pulmonary	13		13
Congenital syphilis	22		22
Congestive heart failure	15		15
Convulsions	8		8
Dehydration - volume depletion	2		2
Dental conditions	11		11
Diabetes	3		3
Epilepsy	7		7
Failure to thrive	21		21
Gastroenteritis	9		9
Hypertension	14		14
Hypoglycemia	19		19
Immunization preventable	18		18
Kidney/Urinary infection	6		6
Nutritional deficiencies	16		16
Pelvic inflammatory disease	12		12
Severe ENT infections	10		10
Tuberculosis	20		20

Detailed Data Continued

	St. Louis City	Benchmarks	
Indicator	City	St. Louis MSA*	Missouri State
Pediatric Preventable Hospitalizations - Continued			
Total - Pediatric (All ages 0-17)			
Angina	20		20
Asthma	3		3
Bacterial pneumonia	2		2
Cellulitis	4		4
Chronic obstructive pulmonary	12		12
Congenital syphilis	22		22
Congestive heart failure	16		16
Convulsions	9		9
Dehydration - volume depletion	1		1
Dental conditions	13		13
Diabetes	6		6
Epilepsy	7		7
Failure to thrive	11		11
Gastroenteritis	10		10
Hypertension	18		18
Hypoglycemia	19		19
Immunization preventable	17		17
Kidney/Urinary infection	5		5
Nutritional deficiencies	14		14
Pelvic inflammatory disease	15		15
Severe ENT infections	8		8
Tuberculosis	21		21
Inpatient Mental Health Hospitalization Discharge Rate per 10,000			
White (Under 15)	18.1		42.5
African American (Under 15)	25.4		60.4
All Races (Under 15)	29.4	39.0	52.8
Mental Health Emergency Visits per 1,000			
White (Under 15)	1.7		2.4
African American (Under 15)	4.4		3.9
All Races (Under 15)	3.4	3.3	2.7
Pediatric Asthma Emergency Room Visits (Ages 0-14; per 1,000 Population)			
White	5.2		5.1
African American	42.4		32.7
Total	28.1	14.6	9.9
Pediatric Asthma Inpatient Hospitalizations (Ages 0-14; per 10,000 Population)			
White	9.7		13.4
African American	82.9		67.3
Total	55.7	31.5	22.9
Percent of Children with Lead Poison (2009)	3.1%		0.1%

Detailed Data Continued

	St. Louis City	Benchmarks	
Indicator	City	St. Louis MSA*	Missouri State
Cause of Death Rankings (1 is Leading Cause)			
Total (Age 0-15)			
AIDS (HIV disease)			
All other accidents and adverse eff.	2	3	3
Alzheimer's disease			
Atherosclerosis			
Birth defects	4	2	2
Cancer		13	8
Cerebrovascular disease (Stroke)	9	18	17
Chronic liver disease and cirrhosis			
Chronic lower respiratory diseases	3	14	14
Conditions of perinatal period (early infancy)	1	1	1
Diabetes			
Essential hypertension			
Heart disease		8	9
Homicide	3	5	5
Kidney disease (nephritis/nephrotic syndrome/nephrosis)			18
Motor vehicle accidents	12	7	6
Other digestive diseases	11	15	16
Other diseases (residual)	5	4	4
Other external causes	8	11	13
Other infections and parasites		12	12
Other major cardiovascular diseases			20
Other respiratory diseases	6	6	10
Peptic ulcer			
Pneumonia and influenza	7	9	11
Pneumonitis due to solids and liquids			
Pregnancy complications			
Septicemia		17	19
Sudden Infant Death Syndrome (SIDS)		10	7
Suicide		16	15
Syphilis			
Tuberculosis			
Low Birth Weight Rates per 100 (2009)			
All	12.5	8.8	8.1
White	8.8	6.7	7.0
African American	15.4	14.6	14.2
Infant Mortality Rate per 1,000 (1999-2009)			
All	11.9		7.5
White	5.3		6.2
African American	16.1		15.6
Access			
Uninsured Children Percentage (2011)	13.6%	5.3%	6.7%
Percent of Children on Medicaid (2011)	53.6%	26.2%	31.2%

Note: Duplicate rankings may occur in the ranked indicators, as rank was identified by descending case counts. Hospitalization categories with the same case count will receive the same ranking.