SSM Health DePaul Hospital
12303 DePaul Drive, Bridgeton MO 63044
Approved by SSM Health St. Louis Regional Board on March 25, 2019

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2019 - 2021

Community Health Needs
Implementation Strategy

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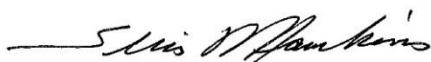
Message to Our Community

SSM Health DePaul Hospital – St. Louis, a member of SSM Health, has delivered exceptional, compassionate care to North St. Louis County and surrounding areas for many years. Inspired by our founding Franciscan Sisters of Mary and guided by our Mission – Through our exceptional health care services, we reveal the healing presence of God – we cherish the sacredness and dignity of each person as demonstrated through our Values of compassion, respect, excellence, stewardship and community.

Our sustained community commitment can be seen through our collaborative partnerships with residents and organizations. We rely on these relationships to help us identify and develop plans to address high-priority community health needs. We are grateful for the opportunity to partner with the following organizations: St. Louis Partnership for a Healthy Community, Integrated Health Network, Archdiocese of North St. Louis County Schools Partnership, Pattonville School District and Child-Center Marygrove.

Over the last 12 months, in collaboration with our community partners, we have conducted a community health needs assessment by gathering health-related information from Think Health St. Louis – St. Louis Partnership for a Healthy Community regarding the north St. Louis County community. We have also conducted a community focus group to identify concerns about the health of our community and the number of area-based programs and organizations that exist to address their needs. These discussions identified needs that were prioritized based on the level of importance to community members and the hospital's ability to truly make an impact.

This document specifically addresses the Community Health Needs Assessment Implementation Plan for SSM Health DePaul Health Hospital.

Sincerely,

Ellis Hawkins
President & CEO
SSM Health DePaul Hospital – St. Louis

SSM Health DePaul Hospital
12303 DePaul Drive
Bridgeton, MO 63044

SSM Health Rehabilitation Hospital
12380 DePaul Drive
Bridgeton, MO 63044

Contact us for more information or to take part in improving the health of our community by visiting our website at **ssmhealth.com**

Executive Summary

background

SSM Health DePaul Hospital is pleased to present the 2018 Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the health needs and priorities associated with our service area. The goal of this report is to provide individuals with a deeper understanding of the health needs in their community, as well as help guide the hospital in its community benefit planning efforts and development of the 2019-2021 implementation strategy to address evaluated needs. SSM Health DePaul Hospital last conducted a CHNA in 2015.

The Affordable Care Act (ACA) requires 501©(3), tax-exempt hospitals to conduct a CHNA every three tax years and adopt a strategic implementation plan for addressing identified needs.

priorities

SSM Health DePaul Hospital in collaboration with SSM Health Rehabilitation Network and Christian Hospital held a meeting with local, regional, and corporate members to determine priorities for the 2019-2021 community health needs strategic implementation plan. Priorities chosen include:

1. Mental Health and Substance Abuse

2. Access to Care

3. Chronic Disease - Infectious Diseases / Hepatitis C

strategies

Mental Health and Substance Abuse	**Access to Care**	**Chronic Disease – Infectious Disease / Hepatitis C**
Resources include St. Louis Partnership for a Healthy Community, St. Vincent's Behavioral Health Center and SSM Health DePaul Hospital's LAI Clinic and Intensive OP and IP services.	Resources include partnerships with Federally Qualified Health Centers (FQHCs) and St. Louis Integrated Health Network (IHN) community referral coordinator program, and SSM Health DePaul's Transitional Care Center.	Resources include St. Louis Partnership for a Healthy Community and SSM Health DePaul Hospital St. Louis Hepatitis C Clinic.

SSM Health DePaul Hospital – St. Louis

SSM Health

SSM Health is a Catholic not-for-profit health system serving the comprehensive health needs of communities across the Midwest through a robust and fully integrated health care delivery system. Headquartered in St. Louis, SSM Health has care delivery sites in Missouri, Illinois, Oklahoma and Wisconsin. The health system includes 24 hospitals, more than 300 physician offices and other outpatient care sites, 10 post-acute facilities, comprehensive

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

home care and hospice services, a pharmacy benefit company, an insurance company, a technology company and an Accountable Care Organization.

With more than 10,000 providers and 40,000 employees in four states, SSM Health is one of the largest

employers in every community it serves. An early adopter of the electronic health record (EHR), SSM Health is a national leader for the depth of its EHR integration.

SSM Health DePaul Hospital – St. Louis

highlight of services

SSM Health DePaul Hospital – St. Louis offers a comprehensive array of acute inpatient services, along with an ambulatory network consisting of urgent care, primary care and specialist providers.

Highlights of our clinical programs include behavioral health, breast care, cancer care, diabetes care, executive health, the fetal care institute, heart and vascular, home health and hospice, imaging services, maternity services, neurosciences, orthopedics, pain management, rehabilitation, sleep services, urgent care and weight loss services.

community partnerships

SSM Health DePaul Hospital – St. Louis is also affiliated with SSM Health Cardinal Glennon Children's Hospital, which provides world class pediatric care.

…

…

community benefit

In 2017, SSM Health DePaul Hospital provided $35.1 million in community benefit, comprised of charity care, community services and unpaid costs of Medicaid and other public programs.

additional affiliations and partnerships

SSM Health DePaul Hospital – St. Louis is proud to be part of community projects that improve health outcomes in our community. Partners include:

- Archdiocese of North St. Louis County Catholic Schools
- Integrated Health Network community referral program
- North County Incorporated
- Marygrove

2017 Hospital at a Glance

Admissions	23,389
Outpatient Visits	158,322
ER Visits	74,383
Births	1,066
Beds	474
Employees	2,288
Medical Staff	938
Volunteers	214
Charity Care	$35.1MM

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SSM Health DePaul Hospital and SSM Health Rehabilitation Network in collaboration with Christian Hospital conducted a focus group to identify the health needs of the community. The community group represented a broad and diversified interests of North St. Louis County and surrounding areas including representatives from St. Louis County Department of Health.

Participants were asked to identify the primary health issues affecting constituents that they represent. After exhausting individual concerns, the focus was shifted towards issues identified in the 2016 cycle. Items not previously discussed were re-evaluated by the participants. After all discussion had concluded, a survey inclusive of all topics discussed was distributed. Participants were asked to score each health issue in terms of their perception of its importance and the ability of the hospital to make an impact. The results were collected, analyzed and reviewed by senior leadership prior to identifying the top priorities to be addressed.

key priorities

17.9 St. Louis County ER visits related to substance abuse per 10,000 persons

17.9 / 10,000

In St. Louis County, there are 123 Providers per 100,000 persons

123 / 100,000

3.6 persons ages 45-64 hospitalized per 10,000 in St. Louis County due to Hepatitis C

3.6 / 10,000

Substance Abuse

Substance abuse contributes to a wide range of social, physical, mental, and public health problems such as teenage pregnancy, HIV/AIDs, STIs, domestic violence, child abuse, motor vehicle crashes, crime, homicide, and suicide.

Access to Care

Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations. Communities that lack a sufficient number of primary care providers typically have members who delay necessary care when sick and conditions can become more severe and complicated.

Chronic Disease – Infectious Disease / Hepatitis C

Hepatitis refers to an inflammation of the liver resulting from a viral or non-viral infection, an autoimmune or metabolic condition, or alcohol or drug use. The disease may be acute or chronic. Chronic forms can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

Our last Community Health Needs Assessment was conducted in 2015. Below are the health needs identified in the 2016-2018 CHNA implementation plan and the strategies to address the issues.
SSM Health DePaul Hospital

Diabetes

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Decrease the age-adjusted death rate due to diabetes in St. Louis County from 16.5 deaths per 100,000 persons reported in 2015 to 15 deaths per 100,000 persons by 2018 (HCI)	HCI	2yr lag	16.5 (2011-2013)	15.6 (2012-2014)	15.6 2012 - 2014	28.7 (2013 - 2015)	14.5 (2013-2015)		N/A Date Source Change
Reduce the average hemoglobin A1C level of patients seen in the SSM Health DePaul Hospital - St. Louis Comprehensive Diabetes Clinic from 8.41% in 2015 to 7.5% by 2018 (Clinic Reporting)	Clinic Reporting	Ad hoc	8.41%	7.66%	8.2	8.2	8.2		N/A Data Source Change

Heart and Vascular Disease

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Decrease the age-adjusted death rate due to coronary heart disease in St. Louis County from 126.5 deaths per 100,00 persons reported in 2015 to 115 deaths per 100,00 persons by 2018 (HCI)	HCI	2yr lag	126.5 (2011-2013)	119.6 (2012-2014)	119.6 2012-2014	135.9 (2013 — 2015)	114.0 (2013-2015)		N/A Data Source Change
Decrease STEMI average door-to-balloon time from 61 minutes reported in 2015 to 55 minutes by 2018 (Epic)	Epic	Ad hoc	61	62.1	66.7	63	61		61
Reduce the number of STEMI outliers by 10% and achieve zero outliers going forward between 2016 and 2018 (Epic)	Epic	Ad hoc	10%	3.12%	8.0	3.0	4.0		
Decrease the 30-day congestive heart failure (CHF) readmission rate from 19.87% reported in 2015 to 13.53% by 2018 (PIR)	PIR	Ad hoc	19.87%	16.67%	12.5	19.9	18.7		1.23

Access to Care

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Decrease the number of preventable hospital stays in St. Louis Country from 52 cases per 1,000 Medicare enrollees, as reported in 2015, to 45 cases per 1,000 Medicare enrollees by 2018 (HCI)	HCI	3yr lag	52 (2012)	48 (2013)	48 2013	58.9 2014	47.7 (2014)		N/A Data Source Change
Improve overall Health Behaviors Ranking of St. Louis County from 7 (2015 rank) to 6 by 2018 (HCI)	HCI	Annual	7	2	2 2016	2 2017	2 (2017)		N/A Data Source Change
Reduce overall readmission rate at SSM Health DePaul Hospital - St. Louis from 11.9% (Aug YTD) in 2015 to 9% by 2018 (Readmissions Report)	Readmissions Report	Ad hoc	11.9%	12.65%	12.5	10.8	10.6		1.12**

Readmission reporting changed and is now based on risk criteria versus percentage

Strategic Implementation Plan

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SSM Health DePaul Hospital in collaboration with SSM Rehabilitation Network and Christian Hospital conducted a focus group that represented the broad interest and diversity of north St. Louis County. Representation also included stakeholders from St. Louis County Health Department. Participants were asked to identify the primary health issues affecting constituents that they represent. After exhausting individual concerns, the focus was shifted towards issues identified in the 2016 cycle. Items not previously discussed were re-evaluated by the participants. After all discussion had concluded, a survey inclusive of all topics discussed was distributed. Participants were asked to score each health issue in terms of their perception of its importance and the ability of the hospital to make an impact.

In addition to the primary data collected, secondary data was derived from a variety of sources including Think Health St. Louis – St. Louis Partnership for a Healthy Community, which includes data pulls from Healthy Communities Institute covering topics in area of health, determinants of health and quality of life.

Primary and secondary data was reviewed and analyzed by the campus executive team and top priorities were identified for the 2019-2021 community health needs assessment / strategic implementation plan cycle.

Priority #1 **Substance Abuse / Mental Health**

Priority #2 **Access to Care**

Priority #3 **Chronic Disease –Hepatitis C**

Substance Abuse / Mental Health

Substance abuse is a major public health issue that has a strong impact on individuals, families, and communities. The use of illicit drugs, abuse of alcohol, and addiction to pharmaceuticals is linked to serious health conditions such as heart disease, cancer, and liver diseases, exacting over $600 billion annually in costs related to lost work productivity, healthcare, and crime. Substance abuse also contributes to a wide range of social, physical, mental, and public health problems. Because of these far-reaching consequences of substance abuse, treatment programs have been developed to counter addiction.

- ER visits related to substance abuse per 10,000 persons over 18 year is 17.9 in St. Louis County

- Nationally, the incidence of drug-poisoning deaths involving natural and semisynthetic opioids, which include drugs such as oxycodone and hydrocodone, increased from 1.0 in 1999 to 4.4 in 2016.

- The incidence of drug-poisoning deaths involving methadone increased from 0.3 in 1999 to 1.8 in 2006, then declined to 1.0 in 2016.

- The incidence of drug-poisoning deaths involving heroin increased from 0.7 in 1999, to 1.0 in 2010, to 4.9 in 2016.

- Missouri is statistically higher than the US average of 19.8 drug-poisoning deaths per 100,000 people (age-adjusted). In 2017, Missouri averaged 23.4 drug-poisoning deaths per 100,000 people.

- In 2017, the peak age group in Missouri for heroin and non-heroin opioid deaths is 25-34

Priority #1

action plan

- Provide education to physicians for opioid tapering, monitor to ensure a decrease in the opioid/opiate prescribing rates within SSM Health DePaul Hospital
- Advocate for a state-wide Prescription Drug Monitoring Program in Missouri
- Increase the number of north St. Louis County residents able to access appropriate, quality substance use treatment
- Support educational efforts in our community and schools
- Prescription Take Back Day(s) – in collaboration with local law enforcement, establish/support programs that accept expired, unwanted, or unused medicines from designated users and dispose of them responsibly
- Expand SSM Health DePaul Hospital LAI clinic to treat 300 patients per month with readmission for these patients under 10% includes partnership with local civic and social organizations to education population on LAI options for treatment
- In partnership with Behavioral Health Network and other non-profit organizations addressing social determinants of health, develop a behavioral health walk-in clinic

community partners

- Community Resources United to Stop Heroine (CRUSH)
- Behavioral Health Network
- School districts
- First responders
- Local Municipalities

supporting resources

- SSM Behavioral Health Medicine
- SSM Medical Group Physicians
- Federally Qualified Health Centers (FQHC)
- Residential Detoxification Programs

Access to Care

Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations. Communities that lack sufficient access to primary care, regardless of insurance, typically have members who delay necessary care until they are more ill than those that have greater access.

- Per 100,000 persons, there are 123 providers in St. Louis County

- St. Louis County ranks number 11 in the morbidity ranking. This indicator shows the ranking of the county in overall quality of life according to the County Health Rankings. The ranking is based on a summary composite score calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and low birthweight.

- 43% of St. Louis County residents have a bachelor's degree or greater 21% of St. Louis County residents have a high school graduation degree

- Approximately 10% of St. Louis County residents don't have health insurance

- 6.7% of St. Louis County families live below the poverty line

- 82.5% of St. Louis County expecting mothers receive prenatal care and the infant mortality rate for St. Louis County is 7.7 out of 1,000 live births

Priority #2

Strategic Implementation – Access to Care

action plan

- In partnership with the Integrated Health Network utilized community referral coordinators to ensure continuity of care for patents and timely access to primary care follow-up

- Evaluate opportunity to provide mobile health services through partnerships with philanthropic grant, local school districts, local municipalities and Just Moms STL

- Evaluate opportunity to partner with Pattonville Fire Protection District to provide community paramedicine / mobile integrated health program

- Increase patients' health-related knowledge via efforts to simplify health education materials, improve patient-provider communication, and increase overall literacy

- Provide health insurance outreach and support to assist individuals whose employers do not offer affordable coverage, who are self-employed, or who are unemployed

- Partner with community groups to educate residents regarding the importance of prenatal care and the services available regardless of health insurance at OB Care Center at SSM Health DePaul Hospital.

- Expand the capacity of the Transitional Care Clinic, with the goal of reducing readmissions of participants by 40%

community partners

- Integrate Health Network
- St. Louis County Department of Health
- School districts
- First Responders
- Local Municipalities
- Just Moms STL

supporting resources

- St. Louis Partnership for a Health Community
- SSM Health Medical Group
- Church Groups

Chronic Disease - Hepatitis C

The term hepatitis refers to an inflammation of the liver resulting from a viral or non-viral infection, an autoimmune or metabolic condition, or alcohol or drug use. Hepatitis can also result from obstruction of the bile duct (due to gallstones, for example). The disease may be acute or chronic. Chronic forms can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Certain types of hepatitis are extremely contagious; some are spread via blood or sexual contact, while others are spread via fecal-oral contact. Vaccines are available for some types of hepatitis, and it is recommended that all children and adults receive the hepatitis A and B vaccines.

- Per 10,000 St. Louis adults ages 45-64, 3.6 will be hospitalized for Hepatitis C

- St. Louis County and St. Louis City have the highest rates of Hepatitis C in the state

- Once diagnosed, highly effective treatment options are now available for Hepatitis C that have fewer side effects than earlier treatments. These new medication options have 95% cure rates and reduce the risk of death from liver cancer and cirrhosis
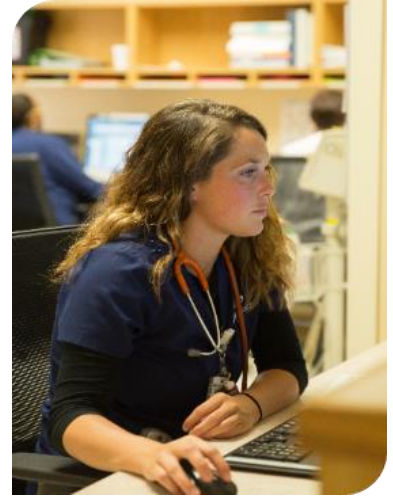
Priority #3

Strategic Implementation – Chronic Disease Hepatitis C

action plan

- Evaluate partnership opportunities within the community to serve as referral and educational resources to residents that could benefit from the SSM Health DePaul Hospital Hepatitis C Clinic
- Partner with SUD treatment center(s) to provide screenings for at-risk patients
- Increase clinic capacity by 33% (to 16 patients per month)

community partners

- St. Louis County Department of Health
- Local municipalities
- Primary Care Providers
- Federally Qualified Health Centers
- Local churches

supporting resources

- St. Louis Partnership for a Health Community
- SSM Health St. Louis Hepatitis C Clinic
- SSM Health Substance Stabilization Services

Going Forward

Achieving our Goals, Now and in the Future

We are committed to improving the health of our community through focused and collaborative efforts to address unmet needs.

Visit us online at
www.ssmhealth.com

 facebook.com/ssmhealth
 @ssmhealth

www.thinkhealthstl.org
www.countyhealthrankings.org

online tools

SSM Health DePaul Hospital is pleased to make this source of reliable, current community health and population available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement.

Please visit ssmhealth.com/system for more information.

The St. Louis Partnership for a Healthy Community is comprised of a broad range of public health stakeholders from leading community organizations and individual advocates who subscribe to a comprehensive definition of health. Their resource, www.thinkhealthstl.org, is a valuable online tool for looking at community data, especially in terms of the social determinants of health. Their community health dashboards allow anyone to search for indicators by location, topics, age group, classification, subgroup or comparison. In addition, a Health People Progress Tracker is also available on this website. With these tools, it is possible to measure the community's health but also measure it in comparison to the state of Missouri.

	VALUE	COMPARED TO:		
h Insurance	90.1% (2016)	MO Counties	U.S. Counties	MO Value (87.2%)
		Prior Value (90.3%)	Trend	HP 2020 Target (100.0%)
alth Insurance	96.8% (2016)	U.S. Counties	MO Value (95.5%)	US Value (95.5%)
		Prior Value (96.7%)	Trend	HP 2020 Target (100.0%)
care Costs	9,883 Dollars per enrollee (2015)	MO Value (9,750)	US Value (9,729)	Prior Value (9,610)
		Trend		

Contact our Community Benefit Leader for more information at

Ryan.Pratt@ssmhealth.com

2019 – 2021

Appendices

prioritizing health needs

To be maximally effective, health programs and initiatives must meet a tangible need of the community. The programming must be presented to, and accessible by the very people who need it most. The study of demographics, community health indicators and community feedback is necessary to assist the hospitals in the planning, development, implementation and evaluation of population health programs in order to reduce disease burden within the community. SSM Health acknowledges the populations for which disparities exist and the unique burdens associated with their demographic status.

Prior to review of the data, a list of criteria was developed to aid in the selection of priority areas. During the data-review process, attention was directed to health issues that met any of these criteria:

- Health issues that impact a lot of people or for which disparities exist, and which put a greater burden on some population groups

- Poor rankings for health issues in the St. Louis County as compared to the state of Missouri, other counties or Healthy People 2020 national health targets

- Health issues for which trends are worsening

A two-step prioritization process is utilized. Step one of this process focuses on community-specific criteria that are rated by community members to evaluate the identified needs. This step is subjective and measures community member's perceptions of the identified needs using a strongly agree to strongly disagree 5-point Likert scale. Once the community has evaluated their needs based on their perceptions, step two is that this list is sorted in descending order by priority and then reviewed by your internal prioritization team using system feasibility criteria. The internal criteria are more objective and focus on alignment to key strategies, resources, magnitude of issue and overall capability. Based on internal prioritization, the top ranking priorities establish the areas of focus for the Strategic Implementation Plan.

In addition, "social determinants of health," or factors in the community that can either contribute to poor health outcomes or support a healthy community are considered. This data is available on the at www.thinkhealthstl.org, www.countyhealthrankings.org and Health Communities Institute.

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focus group objectives:

The main objective of the focus group meeting is to solicit feedback on the health needs of the community from experts and those with special interest in the health of the community served by the hospitals of North St. Louis County.

Specifically, the discussion focused around the following ideas:

1. Determine whether the needs identified in the 2016 CHNA are still the right area on which to focus

2. Explore whether there are any needs on the list that should no longer be a priority

3. Determine where there are gaps in the plans to address the prioritized need

4. Identify other organizations with whom the hospital should consider collaborating

5. Discuss what has changed since 2015/2016 when these needs were prioritized, and whether there are new issues which should be addressed

6. Understand what other organizations are doing to impact the health of the community and how those activities might complement the hospital's initiatives

7. Evaluate what issues the stakeholders anticipate becoming a greater concern in the future that we need to consider now

The following topics were discussed at the focus group: mental health, violence, access / service and care coordination, diabetes, socioeconomic factors, child welfare, substance abuse, obesity, cancer, heart and vascular disease, asthma, senior health care, medication management, dental health, infectious disease, reproductive health, smoking / tobacco use

Needs SSM Health DePaul Hospital will not address and the reasons:

Because SSM Health DePaul Hospital – St. Louis has limited resources, not every health indicator which has an identified need for improvement could be addressed. Those community needs identified but not "prioritized" for improvement included the following:

- Obesity, inactivity and nutrition: We continue to grow our SSM Health Weight Loss Institute and its scope within the community.

- Medication management: SSM Health RxExpress Pharmacy continues to grow and work the community to improve medication education and availability.

- Economic issues, poverty, unemployment: SSM Health DePaul Hospital – St. Louis will continue to provide jobs and work collaborators to create opportunities for employment.

- Violence: SSM Health DePaul Hospital – St. Louis works with law enforcement in St. Louis County and depends on them for help in collaboration related to community violence.

- Smoking and tobacco use: SSM Health DePaul Hospital – St. Louis is a tobacco-free campus and has pulmonary programs and education available on campus for smoking and tobacco cessation.

- Cerebrovascular disease: SSM Health DePaul Hospital – St. Louis is the first hospital in St. Louis County to achieve Joint Commission Comprehensive Stroke Center certification. We will continue to provide excelled stroke care to the community going forward.

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St. Louis County Health Dashboard   www.thinkhealthstl.org

Think Health
St. Louis
St. Louis Partnership
for a **Healthy Community**

| HEALTH DATA | ST. LOUIS CITY | ST. LOUIS COUNTY | REGIONAL EFFORTS | RESOURCES |

Home > **Community Dashboard** > All Data

Search this site

Q **Search for Indicators**

🏠 All Data

St. Louis ▾

	VALUE	COMPARED TO:		
Adults with Health Insurance	**90.1%** (2016)	MO Counties	U.S. Counties	MO Value (87.2%)
		= Prior Value (90.3%)	↗ Trend	⊗ HP 2020 Target (100.0%)
Children with Health Insurance	**96.8%** (2016)	U.S. Counties	MO Value (95.5%)	US Value (95.5%)
		= Prior Value (96.7%)	↗ Trend	⊗ HP 2020 Target (100.0%)
Medicare Healthcare Costs	**9,883** Dollars per enrollee (2015)	MO Value (9,750)	US Value (9,729)	Prior Value (9,610)

St. Louis County Health Dashboard   www.thinkhealthstl.org

| Non-Physician Primary Care Provider Rate | **75**
Providers per 100,000 population
(2017) | MO Counties | U.S. Counties | MO Value
(79) |
| | | US Value
(81) | Prior Value
(64) | Trend |

| Persons with Private Health Insurance Only | **66.7%**
(2016) | MO Value
(59.6%) | US Value
(56.0%) | Prior Value
(66.1%) |
| | | Trend | | |

| Persons with Public Health Insurance Only | **15.3%**
(2016) | MO Value
(19.8%) | US Value
(23.0%) | Prior Value
(16.4%) |

| Preventable Hospital Stays: Medicare Population | **46.8**
Discharges per 1,000 Medicare enrollees
(2015) | MO Counties | U.S. Counties | MO Value
(56.6) |
| | | US Value
(49.4) | Prior Value
(47.7) | Trend |

| Primary Care Provider Rate | **123**
Providers per 100,000 population
(2015) | MO Counties | U.S. Counties | MO Value
(71) |
| | | US Value
(75) | Prior Value
(122) | Trend |
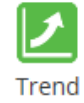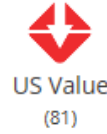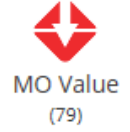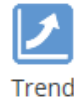
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St. Louis County Health Dashboard   www.thinkhealthstl.org

Health / Cancer

	VALUE	COMPARED TO:		
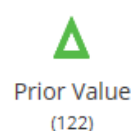
Age-Adjusted Death Rate due to Breast Cancer

23.3

Deaths per 100,000 females

(2010-2014)

MO Counties (2007-2011)

U.S. Counties

MO Value (22.5)

US Value (21.2)

Prior Value (24.4)

Trend

HP 2020 Target (20.7)

Age-Adjusted Death Rate due to Cancer

164.5

Deaths per 100,000 population

(2010-2014)

MO Counties

U.S. Counties

MO Value (180.5)

US Value (166.1)

Prior Value (166.0)

Trend

HP 2020 Target (161.4)
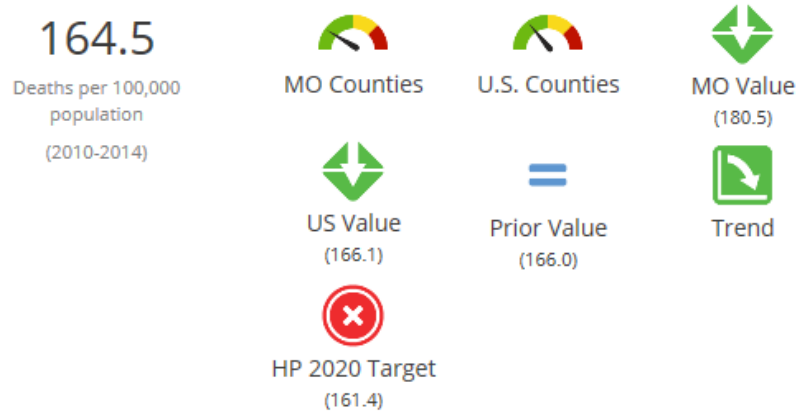
Age-Adjusted Death Rate due to Colorectal Cancer

14.1

Deaths per 100,000 population

(2010-2014)

MO Counties

U.S. Counties

MO Value (15.8)

US Value (14.8)

Prior Value (14.5)

Trend

HP 2020 Target (14.5)

SSMHealth.
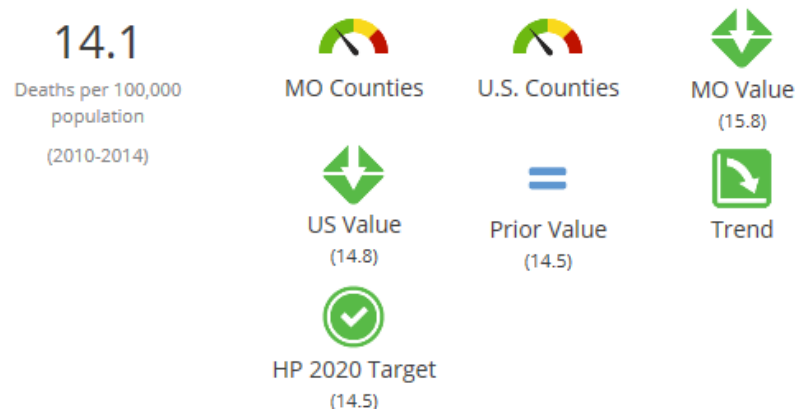
St. Louis County Health Dashboard   www.thinkhealthstl.org

Age-Adjusted Death Rate due to Lung Cancer

46.0

Deaths per 100,000 population

(2010-2014)

MO Counties

U.S. Counties

MO Value (55.3)

US Value (44.7)

Prior Value (45.9)

Trend

HP 2020 Target (45.5)
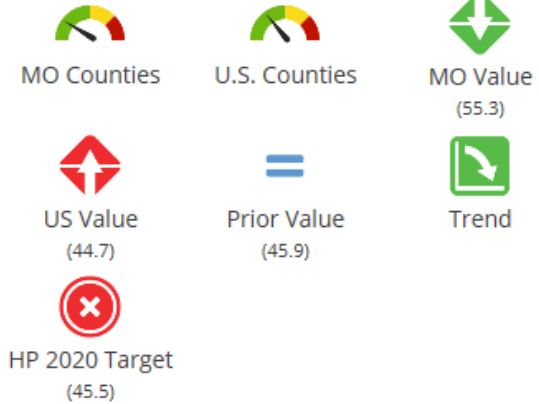
Age-Adjusted Death Rate due to Prostate Cancer

16.3

Deaths per 100,000 males

(2010-2014)

U.S. Counties

MO Value (18.2)

US Value (20.1)

Prior Value (17.7)

Trend

HP 2020 Target (21.8)

All Cancer Incidence Rate

470.3

Cases per 100,000 population

(2011-2015)

MO Counties

U.S. Counties

MO Value (450.4)

US Value (441.2)

Prior Value (469.7)

Trend
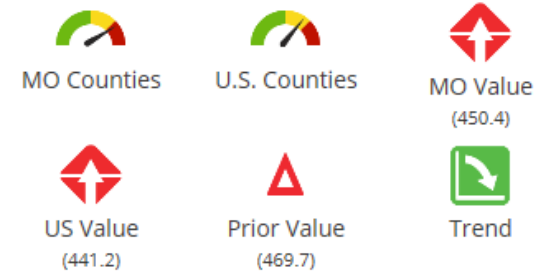
Breast Cancer Incidence Rate

146.4

Cases per 100,000 females

(2011-2015)

MO Counties

U.S. Counties

MO Value (128.2)

US Value (124.7)

Prior Value (145.3)

Trend
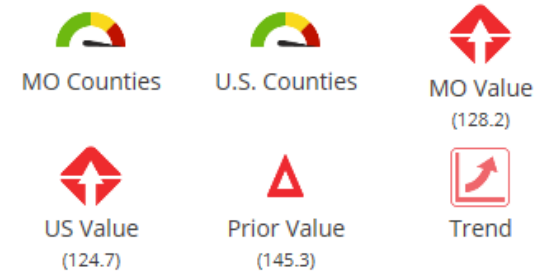
Appendix

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Cancer: Medicare Population

9.7%

(2015)

MO Counties	U.S. Counties	MO Value (7.8%)
US Value (7.8%)	Prior Value (9.7%)	Trend
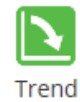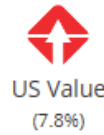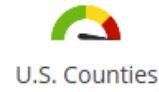
Cervical Cancer Incidence Rate

6.7

Cases per 100,000 females

(2011-2015)

U.S. Counties	MO Value (8.3)	US Value (7.5)
Prior Value (6.6)	Trend	HP 2020 Target (7.3)
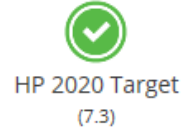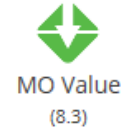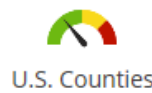
Colon Cancer Screening: Sigmoidoscopy or Colonoscopy

70.8%

(2011)

MO Counties	MO Value (66.6%)	US Value (69.3% in 2014)
Prior Value (67.5%)		
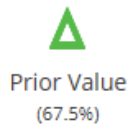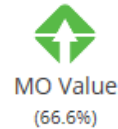
Colorectal Cancer Incidence Rate

41.1

Cases per 100,000 population

(2011-2015)

MO Counties	U.S. Counties	MO Value (41.7)
US Value (39.2)	Prior Value (41.9)	Trend
HP 2020 Target (39.9)		
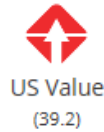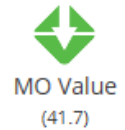
St. Louis County Health Dashboard   www.thinkhealthstl.org

Lung and Bronchus Cancer Incidence Rate

64.1

Cases per 100,000 population

(2011-2015)

| MO Counties | U.S. Counties | MO Value (74.2) |
| US Value (60.2) | Prior Value (65.0) | Trend |
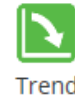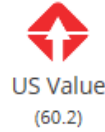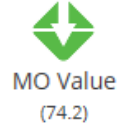
Mammography Screening: Medicare Population

70.2%

(2015)

| MO Counties | U.S. Counties | MO Value (62.7%) |
| US Value (63.2%) | Prior Value (69.0%) | Trend |
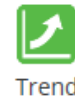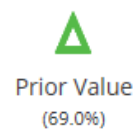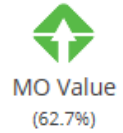
Oral Cavity and Pharynx Cancer Incidence Rate

11.4

Cases per 100,000 population

(2011-2015)

| MO Counties | U.S. Counties | MO Value (12.2) |
| US Value (11.6) | Prior Value (11.2) | Trend |
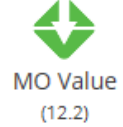
Pap Test in Past 3 Years

79.4%

(2011)

| MO Counties | MO Value (74.9%) | US Value (75.2% in 2014) |
| | Prior Value (86.1%) | HP 2020 Target (93.0%) |

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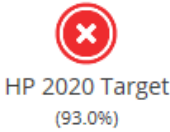
St. Louis County Health Dashboard   www.thinkhealthstl.org

Prostate Cancer Incidence Rate

128.4
Cases per 100,000 males
(2011-2015)

MO Counties	U.S. Counties	MO Value (98.0)
US Value (109.0)	Prior Value (126.5)	Trend
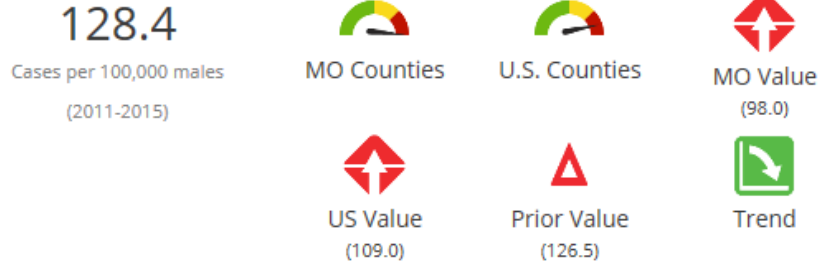
Health / County Health Rankings

	VALUE	COMPARED TO:
Clinical Care Ranking	2 (2018)	MO Counties
Health Behaviors Ranking	2 (2018)	MO Counties
Morbidity Ranking	11 (2018)	MO Counties
Mortality Ranking	24 (2018)	MO Counties
Physical Environment Ranking	112 (2018)	MO Counties
Social and Economic Factors Ranking	17 (2018)	MO Counties

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Health / Diabetes

	VALUE	COMPARED TO:		
Adults 20+ with Diabetes	**11.6%** (2014)	MO Counties	U.S. Counties	MO Value (11.3%)
		US Value (10.0%)	Prior Value (10.8%)	Trend
Age-Adjusted Death Rate due to Diabetes	**15.7** Deaths per 100,000 population (2011-2015)	MO Counties	MO Value (19.9)	US Value (21.2)
		Prior Value (16.0)	Trend	
Age-Adjusted ER Rate due to Diabetes	**17.9** ER visits per 10,000 population 18+ years (2012-2014)	St. Louis City Value (35.3)	Prior Value (17.9)	
Age-Adjusted ER Rate due to Long-Term Complications of Diabetes	**5.8** ER visits per 10,000 population 18+ years (2012-2014)	St. Louis City Value (11.4)	Prior Value (6.1)	
Age-Adjusted ER Rate due to Short-Term Complications of Diabetes	**0.9** ER visits per 10,000 population 18+ years (2012-2014)	St. Louis City Value (1.8)	Prior Value (0.8)	

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Age-Adjusted ER Rate due to Uncontrolled Diabetes	**1.3** ER visits per 10,000 population 18+ years (2012-2014)	⬥ St. Louis City Value (2.3)	= Prior Value (1.2)
Age-Adjusted Hospitalization Rate due to Diabetes	**24.3** Hospitalizations per 10,000 population 18+ years (2012-2014)	⬥ St. Louis City Value (43.6)	= Prior Value (24.6)
Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes	**12.9** Hospitalizations per 10,000 population 18+ years (2012-2014)	⬥ St. Louis City Value (23.3)	= Prior Value (13.1)
Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes	**8.6** Hospitalizations per 10,000 population 18+ years (2012-2014)	⬥ St. Louis City Value (14.7)	= Prior Value (8.3)
Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes	**2.1** Hospitalizations per 10,000 population 18+ years (2012-2014)	⬥ St. Louis City Value (4.3)	= Prior Value (2.5)

Diabetes: Medicare Population   **24.8%** (2015)

MO Counties	U.S. Counties	MO Value (25.8%)
US Value (26.5%)	= Prior Value (24.8%)	Trend

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Diabetic Monitoring: Medicare Population	86.0% (2015)	MO Counties	U.S. Counties	MO Value (86.3%)
		US Value (85.7%)	Prior Value (85.0%)	Trend

Health / Disabilities

	VALUE	COMPARED TO:		
Persons with a Cognitive Difficulty (5-year)	4.8% (2012-2016)	MO Value (5.9%)	US Value (5.0%)	
Persons with a Disability	12.1% (2016)	MO Value (14.6%)	US Value (12.8%)	Prior Value (11.7%)
		Trend		
Persons with a Disability (5-year)	11.9% (2012-2016)	MO Value (14.4%)	US Value (12.5%)	Prior Value (11.7%)
		Trend		
Persons with a Hearing Difficulty (5-year)	3.0% (2012-2016)	MO Value (4.1%)	US Value (3.5%)	

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Persons with a Self-Care Difficulty (5-year)	**2.5%** (2012-2016)	MO Value (2.8%)	US Value (2.7%)
Persons with a Vision Difficulty (5-year)	**1.9%** (2012-2016)	MO Value (2.5%)	US Value (2.3%)
Persons with an Ambulatory Difficulty (5-year)	**6.6%** (2012-2016)	MO Value (8.2%)	US Value (7.0%)
Persons with Disability Living in Poverty (5-year)	**20.5%** (2012-2016)	MO Counties / MO Value (29.5%)	US Value (27.6%)

Health / Exercise, Nutrition, & Weight

	VALUE	COMPARED TO:		
Adult Fruit and Vegetable Consumption	**13.3%** (2011)	MO Counties	MO Value (12.5%)	US Value (23.4% in 2009)
		Prior Value (24.5%)		
Adults 20+ who are Sedentary	**22.7%** (2014)	MO Counties	U.S. Counties	MO Value (25.8%)
		US Value (23.0%)	Prior Value (23.0%)	Trend
		HP 2020 Target (32.6%)		

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Adults who are Obese

28.2%
(2011)

MO Counties

MO Value
(30.0%)

US Value
(29.9% in 2016)

Prior Value
(26.1%)

HP 2020 Target
(30.5%)
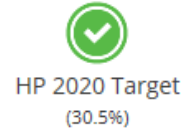
Adults who are Overweight

32.6%
(2011)

MO Counties

MO Value
(34.3%)

US Value
(35.8%)

Prior Value
(34.9%)
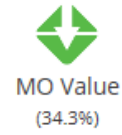
Child Food Insecurity Rate

14.8%
(2016)

MO Counties

U.S. Counties

MO Value
(17.4%)

US Value
(17.9%)

Prior Value
(15.5%)

Trend
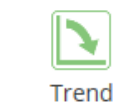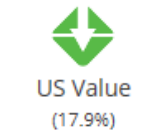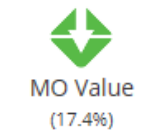
Food Insecure Children Likely Ineligible for Assistance

45%
(2016)

MO Counties

U.S. Counties

MO Value
(34%)

US Value
(20%)

Prior Value
(43%)

Trend
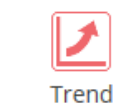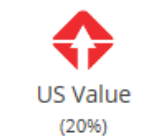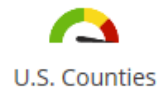
St. Louis County Health Dashboard   www.thinkhealthstl.org

Food Insecurity Rate

14.7%
(2016)

MO Counties   U.S. Counties   MO Value
(14.7%)

US Value   Prior Value   Trend
(12.9%)   (15.4%)
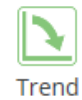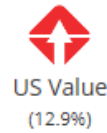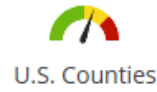
Health / Heart Disease & Stroke

	VALUE	COMPARED TO:

Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)

38.0
Deaths per 100,000 population
(2011-2015)

MO Counties   MO Value (41.3)   US Value (37.0)

Prior Value (38.0)   Trend   HP 2020 Target (34.8)
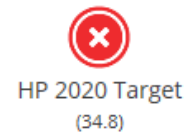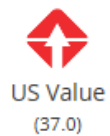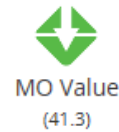
Age-Adjusted Death Rate due to Heart Disease

176.1
Deaths per 100,000 population
(2011-2015)

MO Counties   MO Value (194.6)   US Value (167.0 in 2014-2016)

Prior Value (178.4)   Trend

Age-Adjusted ER Rate due to Heart Failure

3.5
ER visits per 10,000 population 18+ years
(2012-2014)

St. Louis City Value (5.9)   Prior Value (3.2)

Age-Adjusted ER Rate due to Hypertension

30.2
ER visits per 10,000 population 18+ years
(2012-2014)
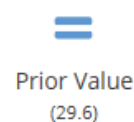
St. Louis City Value (46.7)   Prior Value (29.6)

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Age-Adjusted Hospitalization Rate due to Heart Failure	**44.7** Hospitalizations per 10,000 population 18+ years (2012-2014)	St. Louis City Value (67.2)	Prior Value (44.7)		

Age-Adjusted Hospitalization Rate due to Hypertension	**6.3** Hospitalizations per 10,000 population 18+ years (2012-2014)	St. Louis City Value (16.9)	Prior Value (6.7)		

Atrial Fibrillation: Medicare Population	**9.0%** (2015)	MO Counties	U.S. Counties	MO Value (8.1%)
		US Value (8.1%)	Prior Value (8.9%)	Trend

Heart Failure: Medicare Population	**15.2%** (2015)	MO Counties	U.S. Counties	MO Value (13.7%)
		US Value (13.5%)	Prior Value (14.8%)	Trend

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High Blood Pressure Prevalence

31.9%
(2011)

MO Counties

MO Value
(32.6%)

US Value
(30.9% in 2015)

Prior Value
(17.5%)

HP 2020 Target
(26.9%)

High Cholesterol Prevalence: Adults 35+

39.9%
(2011)

MO Counties

MO Value
(42.9%)

Prior Value
(17.9%)

Hyperlipidemia: Medicare Population

44.9%
(2015)

MO Counties

U.S. Counties

MO Value
(41.8%)

US Value
(44.6%)

Prior Value
(45.0%)

Trend

Hypertension: Medicare Population

57.0%
(2015)

MO Counties

U.S. Counties

MO Value
(54.6%)

US Value
(55.0%)

Prior Value
(57.1%)

Trend

Ischemic Heart Disease: Medicare Population

25.8%
(2015)

MO Counties

U.S. Counties

MO Value
(26.6%)

US Value
(26.5%)

Prior Value
(26.6%)

Trend

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Stroke: Medicare Population

4.4%

(2015)

| MO Counties | U.S. Counties | MO Value (3.9%) |
| US Value (4.0%) | Prior Value (4.2%) | Trend |
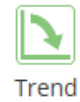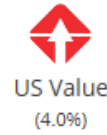
Health / Immunizations & Infectious Diseases

	VALUE	COMPARED TO:		

Age-Adjusted Death Rate due to Influenza and Pneumonia

16.2

Deaths per 100,000 population

(2011-2015)

| MO Counties | MO Value (17.7) | US Value (15.3) |
| Prior Value (16.1) | Trend | |
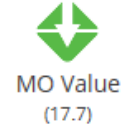
Age-Adjusted ER Rate due to Community Acquired Pneumonia

13.3

ER visits per 10,000 population 18+ years

(2012-2014)

| St. Louis City Value (16.7) | Prior Value (12.5) |
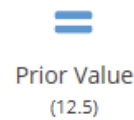
Age-Adjusted ER Rate due to Hepatitis

0.5

ER visits per 10,000 population 18+ years

(2012-2014)

| St. Louis City Value (1.2) | Prior Value (0.5) |

Age-Adjusted ER Rate due to Immunization-Preventable Pneumonia and Influenza

11.7

ER visits per 10,000 population 18+ years

(2012-2014)

| St. Louis City Value (11.8) | Prior Value (9.2) |

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Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia

24.1

Hospitalizations per 10,000 population 18+ years

(2012-2014)

St. Louis City Value
(29.3)

Prior Value
(25.6)

Age-Adjusted Hospitalization Rate due to Hepatitis

2.0

Hospitalizations per 10,000 population 18+ years

(2012-2014)

St. Louis City Value
(5.6)

Prior Value
(2.1)

Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza

3.2

Hospitalizations per 10,000 population 18+ years

(2012-2014)

St. Louis City Value
(3.2)

Prior Value
(2.2)

Chlamydia Incidence Rate: Females 15-19

4,119.5

Cases per 100,000 females aged 15-19

(2010-2014)

MO Counties

MO Value
(3,607.0)

US Value
(3,229.0)

Prior Value
(4,297.1)

Trend

Health / Maternal, Fetal & Infant Health

	VALUE	COMPARED TO:		
Babies with Low Birth Weight	**9.1%** (2014)	MO Counties	MO Value (8.2%)	US Value (8.0%)
		Prior Value (8.9%)	Trend	HP 2020 Target (7.8%)

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Infant Mortality Rate

7.7
Deaths per 1,000 live births
(2002-2012)

MO Counties (1999-2009)

MO Value (7.3)

US Value (5.9 in 2013-2015)

Prior Value (7.9)

Trend

HP 2020 Target (6.0)
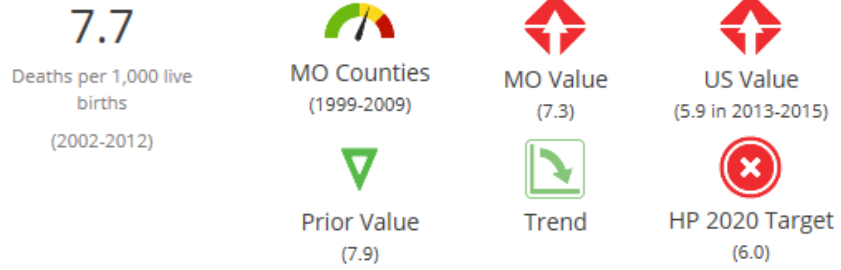
Mothers who Received Early Prenatal Care

82.5%
(2010-2014)

MO Counties

MO Value (75.1%)

US Value (74.5%)

Prior Value (84.5%)

Trend

HP 2020 Target (77.9%)
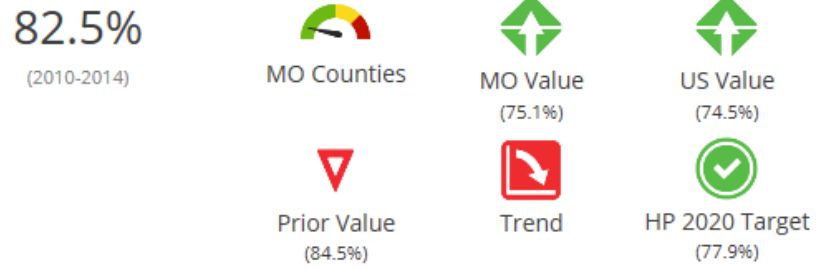
Mothers who Smoked During Pregnancy

8.3%
(2014)

MO Counties

MO Value (16.6%)

US Value (8.4%)

Prior Value (8.5%)

Trend

HP 2020 Target (1.4%)

Preterm Births

10.5%
(2014)

MO Counties

MO Value (9.7%)

US Value (9.6%)

HP 2020 Target (9.4%)

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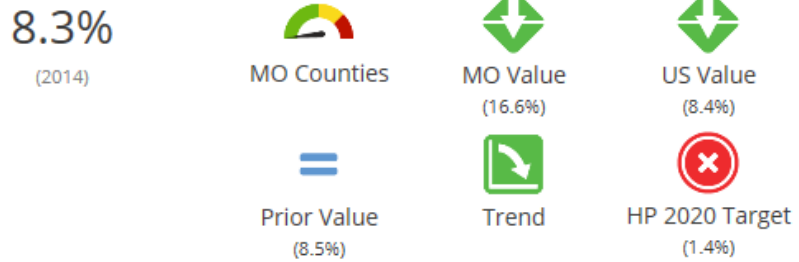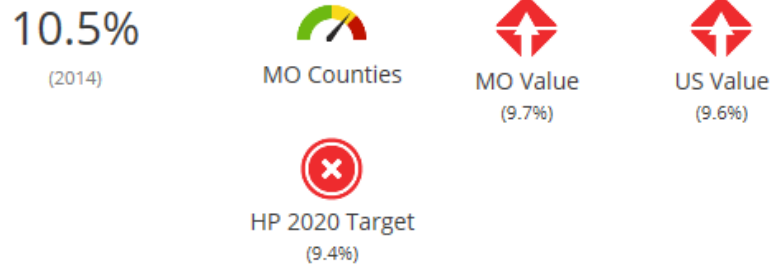
Health / Mental Health & Mental Disorders

	VALUE	COMPARED TO:	
Adults with a Mental Health Disorder	**134.8** Per 10,000 population (2014)	△ Prior Value (128.4)	↗ Trend
Adults with a Mental Health Disorder Except Drug and Alcohol Induced	**117.6** Per 10,000 population (2014)	△ Prior Value (110.4)	↗ Trend
Adults with a Mood or Depressive Disorder	**76.6** Per 10,000 population (2014)	△ Prior Value (71.4)	↗ Trend
Adults with a Schizophrenic Disorder	**27.3** Per 10,000 population (2014)	= Prior Value (25.8)	↗ Trend

Age-Adjusted Death Rate due to Suicide

VALUE	MO Counties (2005-2009)	MO Value (15.7)	US Value (12.8)
12.8 Deaths per 100,000 population (2011-2015)	(gauge)	⬇	=
	Prior Value (12.7) =	Trend ↗	HP 2020 Target (10.2) ⊗

	VALUE		
Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	**35.7** ER visits per 10,000 population aged 12-17 (2012-2014)	⬇ St. Louis City Value (57.2)	= Prior Value (34.5)
Age-Adjusted ER Rate due to Mental Health	**75.8** ER visits per 10,000 population 18+ years (2012-2014)	⬇ St. Louis City Value (131.9)	= Prior Value (76.1)

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| Age-Adjusted ER Rate due to Pediatric Mental Health | **53.3** ER visits per 10,000 population under 18 years (2012-2014) | ⬥ St. Louis City Value (78.1) | = Prior Value (51.1) |

| Age-Adjusted ER Rate due to Suicide and Intentional Self-inflicted Injury | **16.3** ER visits per 10,000 population 18+ years (2012-2014) | ⬥ St. Louis City Value (48.5) | = Prior Value (17.0) |

| Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury | **85.0** Hospitalizations per 10,000 population aged 12-17 (2012-2014) | ⬥ St. Louis City Value (61.2) | △ Prior Value (70.7) |

| Age-Adjusted Hospitalization Rate due to Mental Health | **110.4** Hospitalizations per 10,000 population 18+ years (2012-2014) | ⬥ St. Louis City Value (188.3) | = Prior Value (109.7) |

| Age-Adjusted Hospitalization Rate due to Pediatric Mental Health | **62.2** Hospitalizations per 10,000 population under 18 years (2012-2014) | ⬥ St. Louis City Value (55.5) | = Prior Value (58.8) |

| Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-inflicted Injury | **58.6** Hospitalizations per 10,000 population 18+ years (2012-2014) | ⬥ St. Louis City Value (103.8) | △ Prior Value (53.5) |

Appendix

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Depression: Medicare Population

20.6%
(2015)

MO Counties

U.S. Counties

MO Value
(20.0%)

US Value
(16.7%)

Prior Value
(20.2%)

Trend
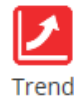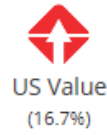
Frequent Mental Distress

11.3%
(2016)

MO Counties

U.S. Counties
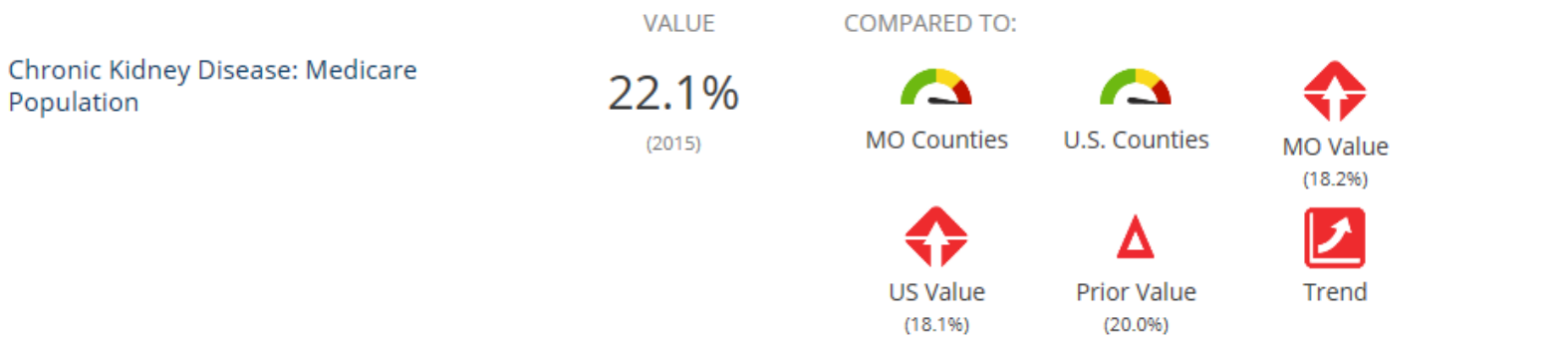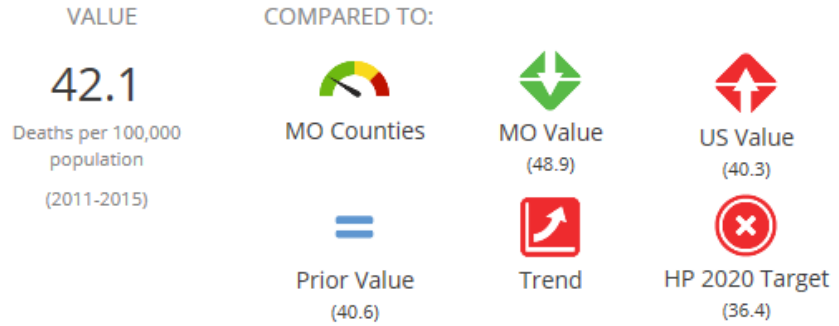
MO Value
(13.8%)

US Value
(15.0%)

Prior Value
(11.0%)
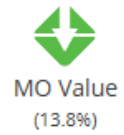
Mental Health Provider Rate

258
Providers per 100,000
population
(2017)

MO Counties

U.S. Counties

MO Value
(170)

US Value
(214)

Prior Value
(240)

Trend

Poor Mental Health: Average Number of Days

3.8
Days
(2016)

MO Counties

U.S. Counties

MO Value
(4.4)

US Value
(3.8)

Prior Value
(3.4)

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Health / Mortality Data

	VALUE	COMPARED TO:		
Premature Death	**6,946.4** Years per 100,000 population (2014-2016)	MO Counties	U.S. Counties	MO Value (7,820.8)
		US Value (6,658.1)	Prior Value (6,750.1)	Trend
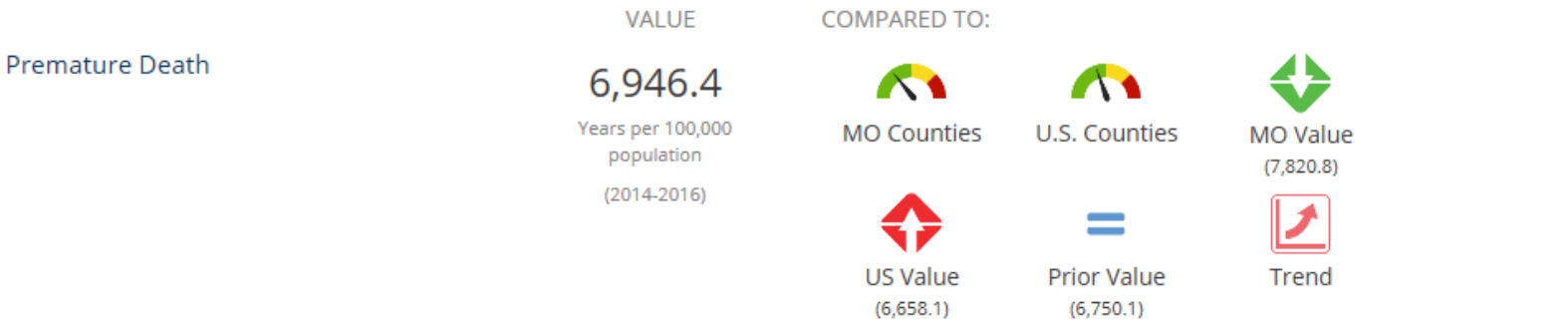
Health / Older Adults & Aging

	VALUE	COMPARED TO:		
Adults 65+ with a Disability	**32.5%** (2012-2016)	MO Value (37.1%)	US Value (35.8%)	Prior Value (33.1%)
		Trend		
Adults 65+ with a Hearing Difficulty	**12.0%** (2012-2016)	MO Value (16.0%)	US Value (14.8%)	Prior Value (12.5%)
		Trend		
Adults 65+ with a Self-Care Difficulty	**7.6%** (2012-2016)	MO Value (7.6%)	US Value (8.4%)	Prior Value (7.6%)
		Trend		

Appendix

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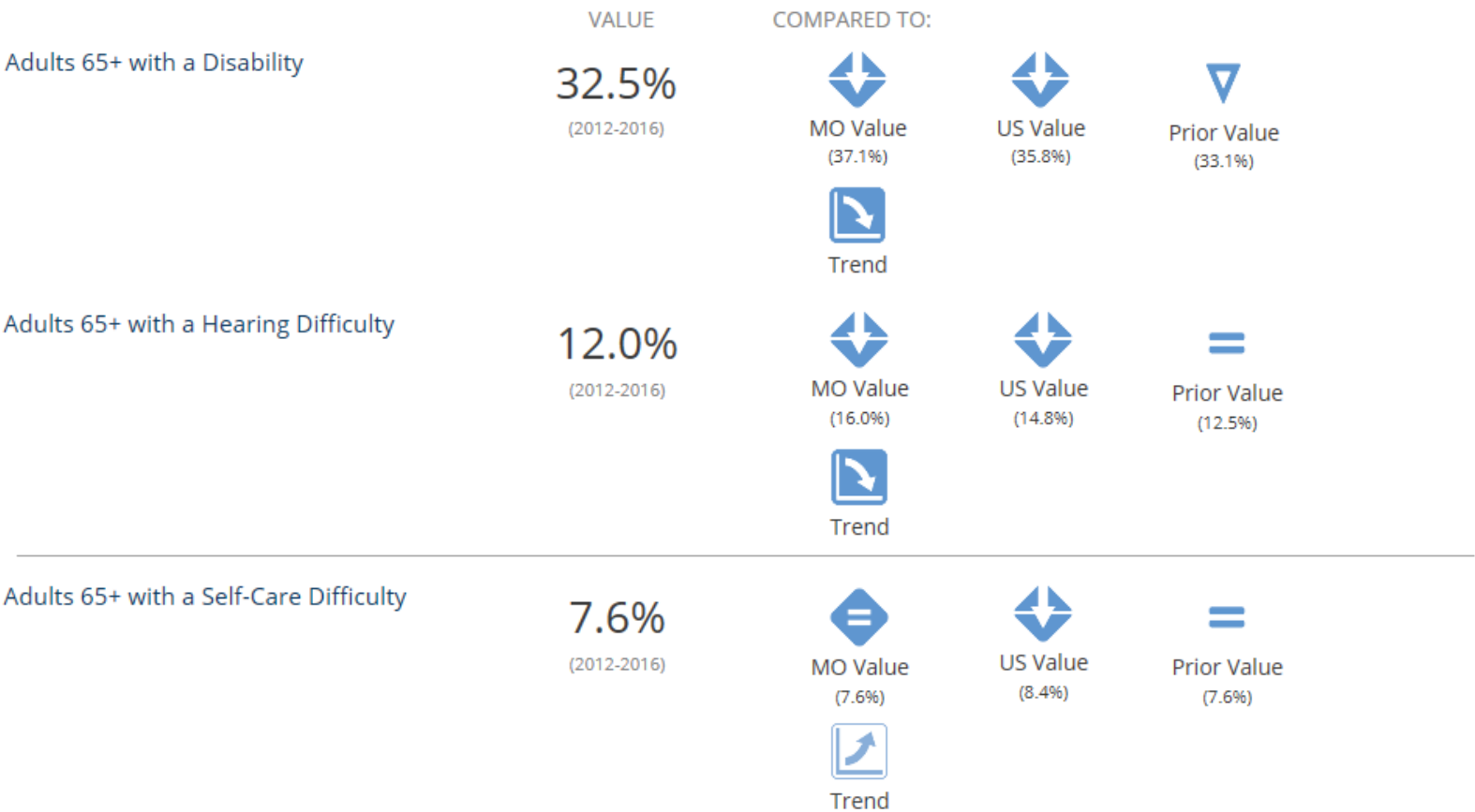
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Adults 65+ with a Vision Difficulty

5.1%
(2012-2016)

MO Value
(6.7%)

US Value
(6.6%)

Prior Value
(5.4%)

Trend

Adults 65+ with an Independent Living Difficulty

15.1%
(2012-2016)

MO Value
(14.4%)

US Value
(15.2%)

Prior Value
(15.5%)

Trend

Age-Adjusted Death Rate due to Alzheimer's Disease

22.0
Deaths per 100,000 population
(2011-2015)

MO Counties

MO Value
(27.3)

US Value
(25.4)

Prior Value
(20.0)

Trend

Alzheimer's Disease or Dementia: Medicare Population

11.6%
(2015)

MO Counties

U.S. Counties

MO Value
(10.2%)

US Value
(9.9%)

Prior Value
(11.4%)

Trend

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Health / Oral Health

	VALUE	COMPARED TO:	

Age-Adjusted ER Rate due to Dental Problems

76.0
ER visits per 10,000 population
(2012-2014)

St. Louis City Value (123.7)

Prior Value (76.6)

Dentist Rate

84
Dentists per 100,000 population
(2016)

MO Counties

U.S. Counties

MO Value (55)

US Value (67)

Prior Value (84)
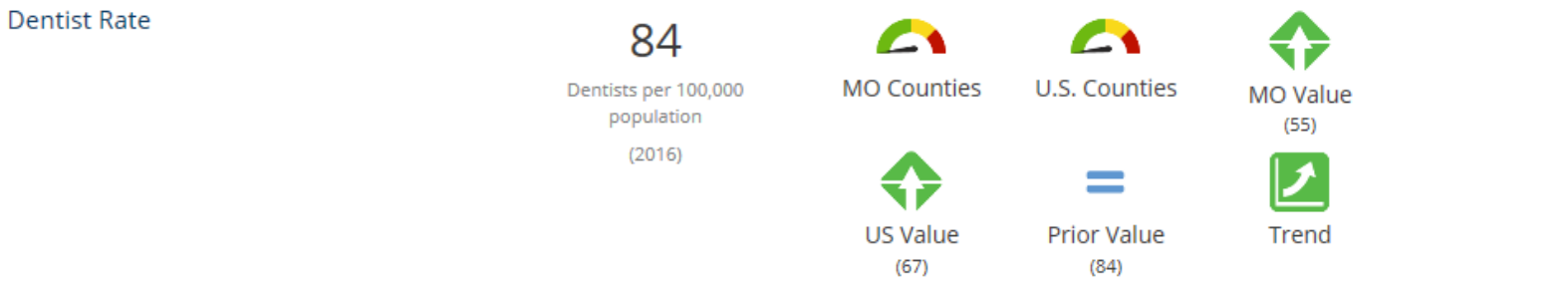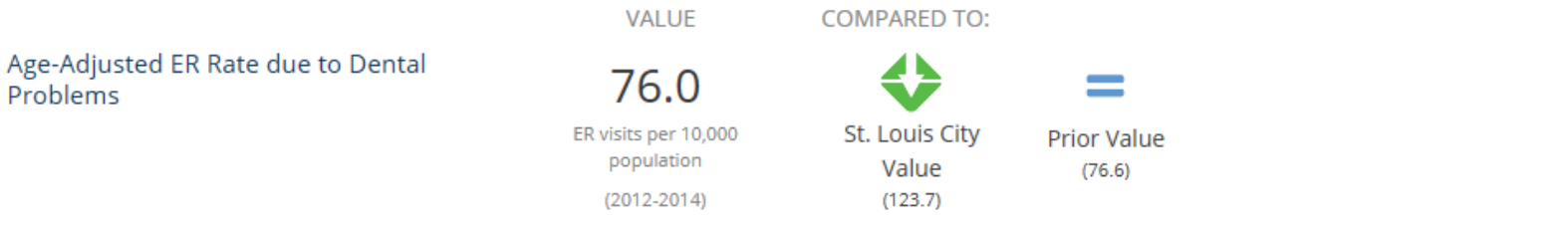
Trend

Health / Other Chronic Diseases

	VALUE	COMPARED TO:	

Chronic Kidney Disease: Medicare Population

22.1%
(2015)

MO Counties

U.S. Counties

MO Value (18.2%)

US Value (18.1%)

Prior Value (20.0%)

Trend

Osteoporosis: Medicare Population

7.4%
(2015)

MO Counties

U.S. Counties

MO Value (5.8%)

US Value (6.0%)

Prior Value (7.5%)

Trend

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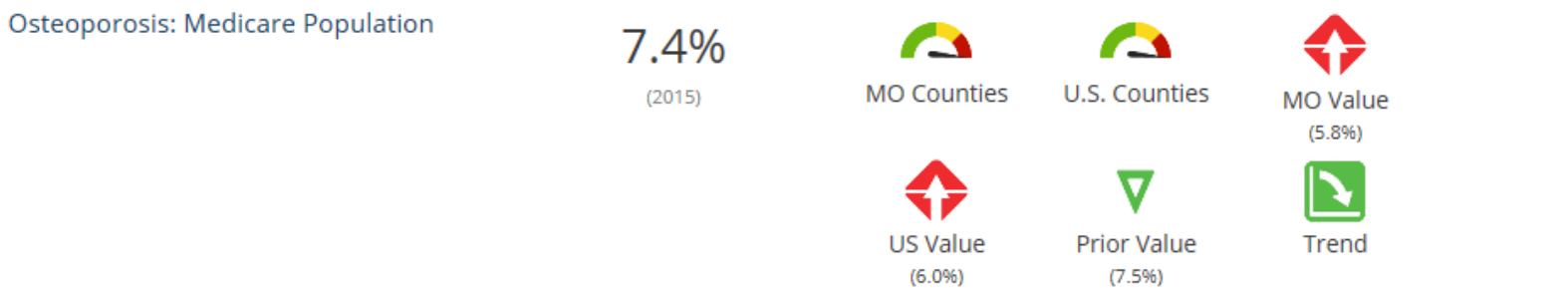
St. Louis County Health Dashboard   www.thinkhealthstl.org

Rheumatoid Arthritis or Osteoarthritis: Medicare Population	34.6% (2015)	MO Counties	U.S. Counties	MO Value (32.3%)
		US Value (30.0%)	Prior Value (33.5%)	Trend

Health / Other Conditions

	VALUE	COMPARED TO:	
Age-Adjusted ER Rate due to Dehydration	13.0 ER visits per 10,000 population 18+ years (2012-2014)	St. Louis City Value (13.8)	Prior Value (12.0)
Age-Adjusted ER Rate due to Urinary Tract Infections	82.9 ER visits per 10,000 population 18+ years (2012-2014)	St. Louis City Value (102.1)	Prior Value (74.7)
Age-Adjusted Hospitalization Rate due to Dehydration	16.5 Hospitalizations per 10,000 population 18+ years (2012-2014)	St. Louis City Value (22.2)	Prior Value (18.2)
Age-Adjusted Hospitalization Rate due to Urinary Tract Infections	18.6 Hospitalizations per 10,000 population 18+ years (2012-2014)	St. Louis City Value (22.9)	Prior Value (19.9)

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Health / Prevention & Safety

Age-Adjusted Death Rate due to Unintentional Injuries

VALUE

42.1

Deaths per 100,000 population

(2011-2015)

COMPARED TO:

MO Counties

MO Value
(48.9)

US Value
(40.3)

Prior Value
(40.6)

Trend

HP 2020 Target
(36.4)

Health / Respiratory Diseases

Adults with Current Asthma

VALUE

10.1%

(2011)

COMPARED TO:

MO Counties

MO Value
(10.1%)

US Value
(9.1%)

Prior Value
(11.5%)
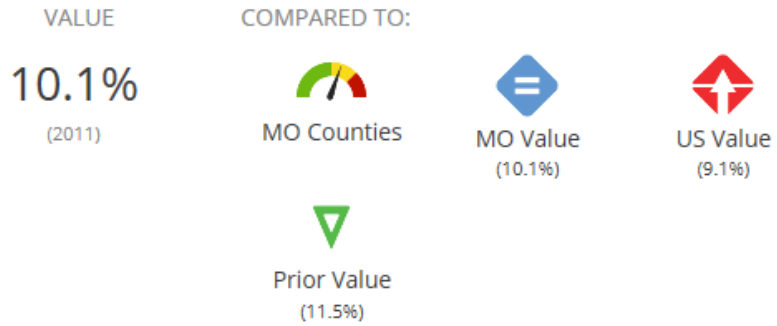
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases

32.7

Deaths per 100,000 population

(2011-2015)

MO Counties

MO Value
(51.8)

US Value
(41.6)

Prior Value
(33.0)

Trend

Age-Adjusted ER Rate due to Adult Asthma

46.2

ER visits per 10,000 population 18+ years

(2012-2014)

St. Louis City Value
(81.2)

Prior Value
(45.0)

Age-Adjusted ER Rate due to Asthma

77.0

ER visits per 10,000 population

(2012-2014)

St. Louis City Value
(143.0)

Prior Value
(75.7)

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Age-Adjusted ER Rate due to COPD	**10.0** ER visits per 10,000 population 18+ years (2012-2014)	⬦ St. Louis City Value (21.5)	= Prior Value (9.4)
Age-Adjusted ER Rate due to Pediatric Asthma	**166.0** ER visits per 10,000 population under 18 years (2012-2014)	⬦ St. Louis City Value (320.7)	= Prior Value (164.0)
Age-Adjusted Hospitalization Rate due to Adult Asthma	**12.4** Hospitalizations per 10,000 population 18+ years (2012-2014)	⬦ St. Louis City Value (26.8)	= Prior Value (12.5)
Age-Adjusted Hospitalization Rate due to Asthma	**14.1** Hospitalizations per 10,000 population (2012-2014)	⬦ St. Louis City Value (31.6)	= Prior Value (14.4)
Age-Adjusted Hospitalization Rate due to COPD	**17.4** Hospitalizations per 10,000 population 18+ years (2012-2014)	⬦ St. Louis City Value (31.9)	= Prior Value (17.6)
Age-Adjusted Hospitalization Rate due to Pediatric Asthma	**19.0** Hospitalizations per 10,000 population under 18 years (2012-2014)	⬦ St. Louis City Value (45.4)	= Prior Value (19.7)

Appendix

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Asthma: Medicare Population

8.2%
(2015)

| MO Counties | U.S. Counties | MO Value (8.6%) |
| US Value (8.2%) | Prior Value (5.6%) | Trend |
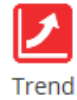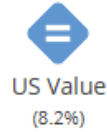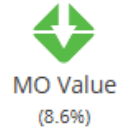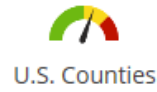
COPD: Medicare Population

10.0%
(2015)

| MO Counties | U.S. Counties | MO Value (13.4%) |
| US Value (11.2%) | Prior Value (9.8%) | Trend |
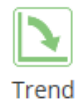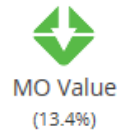
Health / Substance Abuse

Adults who Drink Excessively

VALUE   COMPARED TO:

19.7%
(2016)

| MO Counties | U.S. Counties | MO Value (19.5%) |
| US Value (18.0%) | Prior Value (17.8%) | HP 2020 Target (25.4%) |
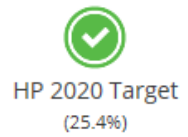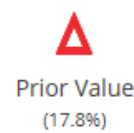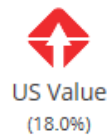
Adults who Smoke

18.4%
(2016)

| MO Counties | U.S. Counties | MO Value (22.1%) |
| US Value (17.1%) | Prior Value (16.1%) | HP 2020 Target (12.0%) |
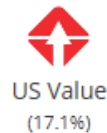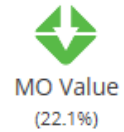
Age-Adjusted ER Rate due to Alcohol Abuse

22.0
ER visits per 10,000 population 18+ years
(2012-2014)

| St. Louis City Value (67.9) | Prior Value (22.4) |

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| Age-Adjusted ER Rate due to Substance Abuse | **17.9** ER visits per 10,000 population 18+ years (2012-2014) | St. Louis City Value (39.9) | Prior Value (18.2) | | | |

| Age-Adjusted Hospitalization Rate due to Alcohol Abuse | **12.9** Hospitalizations per 10,000 population 18+ years (2012-2014) | St. Louis City Value (21.9) | Prior Value (12.7) | | | |

| Age-Adjusted Hospitalization Rate due to Substance Abuse | **11.2** Hospitalizations per 10,000 population 18+ years (2012-2014) | St. Louis City Value (27.8) | Prior Value (12.1) | | | |

| Death Rate due to Drug Poisoning | **20.7** Deaths per 100,000 population (2014-2016) | MO Counties (2006-2012) | U.S. Counties | MO Value (19.2) |
| | | US Value (16.9) | Prior Value (17.7) | Trend |

Health / Wellness & Lifestyle

	VALUE	COMPARED TO:		
Frequent Physical Distress	**10.9%** (2016)	MO Counties	U.S. Counties	MO Value (13.3%)
		US Value (15.0%)	Prior Value (10.5%)	

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Insufficient Sleep

31.8%
(2016)

MO Counties

U.S. Counties

MO Value
(33.9%)

US Value
(38.0%)

Prior Value
(32.5%)
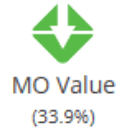
Life Expectancy for Females

81.7
Years
(2014)

MO Counties

U.S. Counties

MO Value
(80.2)

US Value
(81.5)

Prior Value
(81.6)

Trend
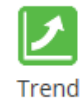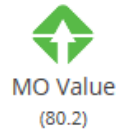
Life Expectancy for Males

77.0
Years
(2014)

MO Counties

U.S. Counties

MO Value
(75.3)

US Value
(76.7)

Prior Value
(77.2)

Trend
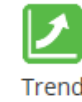
Poor Physical Health: Average Number of Days

3.6
Days
(2016)

MO Counties

U.S. Counties

MO Value
(4.2)

US Value
(3.7)

Prior Value
(3.3)
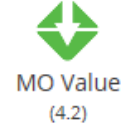
Self-Reported General Health Assessment: Poor or Fair

14.6%
(2016)

MO Counties

U.S. Counties

MO Value
(18.5%)

US Value
(16.0%)

Prior Value
(13.8%)

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Economy / Employment

	VALUE	COMPARED TO:		
Unemployed Workers in Civilian Labor Force	**3.5%** (July 2018)	MO Counties	U.S. Counties	MO Value (3.8%)
		US Value (4.1%)	Prior Value (3.3%)	Trend
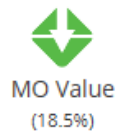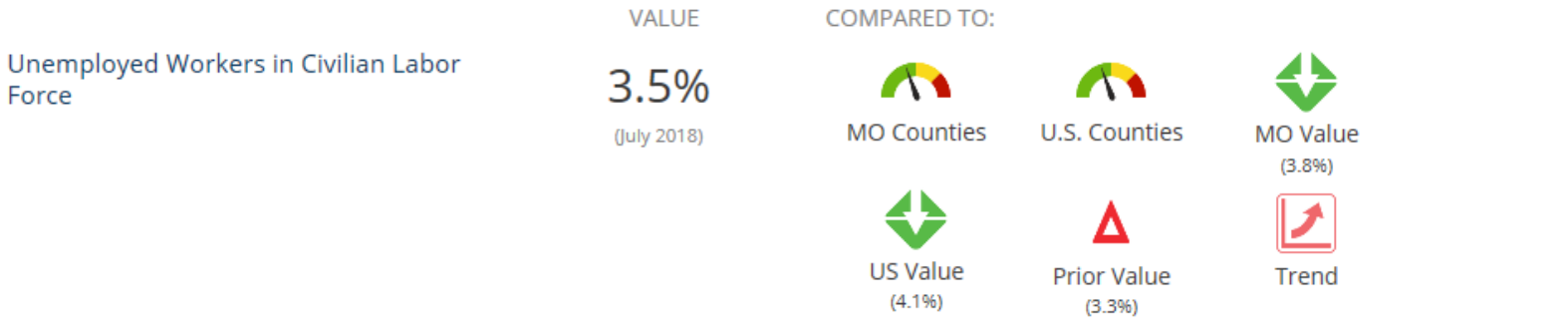
Economy / Government Assistance Programs

	VALUE	COMPARED TO:		
Households with Cash Public Assistance Income	**1.5%** (2012-2016)	MO Counties	U.S. Counties	MO Value (2.2%)
		US Value (2.7%)	Prior Value (1.6%)	Trend
Students Eligible for the Free Lunch Program	**39.7%** (2015-2016)	MO Counties	U.S. Counties	MO Value (44.0%)
		US Value (42.6%)	Prior Value (38.8%)	Trend

Economy / Homeownership

	VALUE	COMPARED TO:		
Homeownership	**63.8%** (2012-2016)	MO Counties	U.S. Counties	MO Value (57.9%)
		US Value (55.9%)	Prior Value (64.4%)	Trend

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Economy / Housing Affordability & Supply

	VALUE	COMPARED TO:		
Renters Spending 30% or More of Household Income on Rent	**44.8%** (2012-2016)	MO Counties	U.S. Counties	MO Value (47.4%)
		US Value (47.3%)	Prior Value (49.2%)	Trend
Severe Housing Problems	**14.4%** (2010-2014)	MO Counties	U.S. Counties	MO Value (14.6%)
		US Value (18.8%)	Prior Value (14.8%)	Trend

Economy / Income

	VALUE	COMPARED TO:		
Median Household Income	**$61,103** (2012-2016)	MO Counties	U.S. Counties	MO Value ($49,593)
		US Value ($55,322)	Prior Value ($59,755)	Trend
Per Capita Income	**$36,518** (2012-2016)	MO Counties	U.S. Counties	MO Value ($27,044)
		US Value ($29,829)	Prior Value ($35,570)	Trend

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Economy / Poverty

	VALUE	COMPARED TO:		

Children Living Below Poverty Level

15.1%
(2012-2016)

MO Counties · U.S. Counties · MO Value (21.1%)

US Value (21.2%) · Prior Value (16.1%) · Trend

Families Living Below Poverty Level

7.4%
(2012-2016)

MO Counties · U.S. Counties · MO Value (10.8%)

US Value (11.0%) · Prior Value (7.9%) · Trend

Households with Children Receiving SNAP

53.8%
(2012-2016)

MO Value (51.5%) · US Value (53.0%) · Prior Value (55.3%)

Trend

People 65+ Living Below Poverty Level

6.2%
(2012-2016)

MO Counties · U.S. Counties · MO Value (8.9%)

US Value (9.3%) · Prior Value (6.3%) · Trend

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People Living 200% Above Poverty Level

75.0%
(2012-2016)

MO Counties   U.S. Counties   MO Value
(65.4%)

US Value
(66.4%)   Prior Value
(74.2%)   Trend
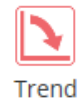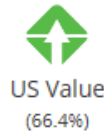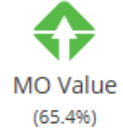
People Living Below Poverty Level

10.3%
(2012-2016)

MO Counties   U.S. Counties   MO Value
(15.3%)

US Value
(15.1%)   Prior Value
(10.9%)   Trend
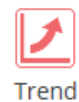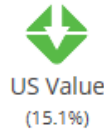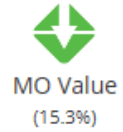
Education / Educational Attainment in Adult Population

VALUE   COMPARED TO:

People 25+ with a Bachelor's Degree or Higher

42.4%
(2012-2016)

MO Counties   U.S. Counties   MO Value
(27.6%)

US Value
(30.3%)   Prior Value
(41.6%)   Trend
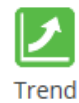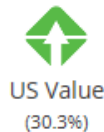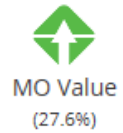
People 25+ with a High School Degree or Higher

93.0%
(2012-2016)

MO Counties   U.S. Counties   MO Value
(88.8%)

US Value
(87.0%)   Prior Value
(92.8%)   Trend

SSMHealth.

St. Louis County Health Dashboard   www.thinkhealthstl.org
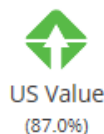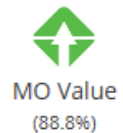
Education / School Resources

Student-to-Teacher Ratio	VALUE	COMPARED TO:		

Student-to-Teacher Ratio

VALUE

13.2

Students per teacher

(2015-2016)

COMPARED TO:

MO Counties

U.S. Counties

MO Value
(14.1)

US Value
(17.7)

Prior Value
(13.5)

Trend
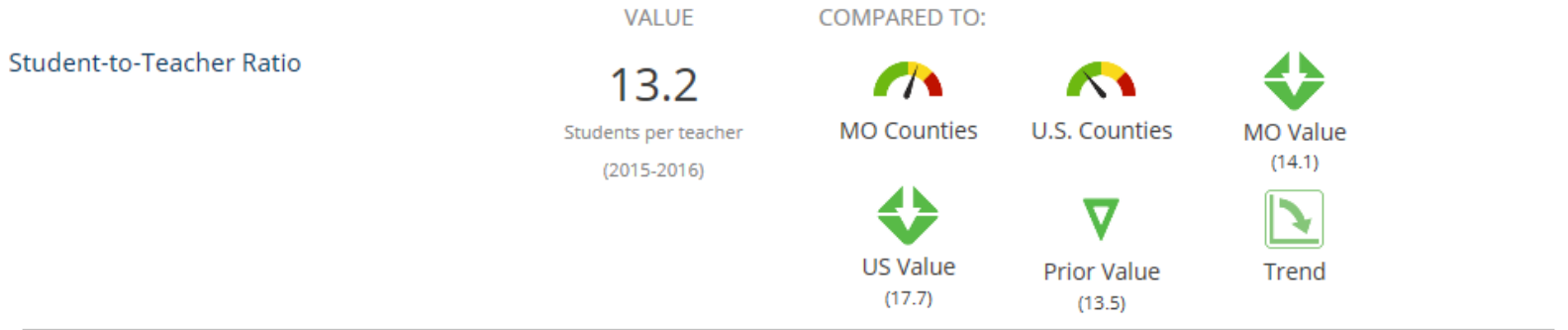
Education / Student Performance K-12

High School Graduation

VALUE

89.3%

(2014-2015)

COMPARED TO:

MO Counties

MO Value
(89.7%)

US Value
(83.2%)

Prior Value
(87.9%)

Trend

HP 2020 Target
(87%)

Environment / Air

Annual Ozone Air Quality

VALUE

5

(2014-2016)

COMPARED TO:

Air Quality Index

Prior Value
(5)

Trend

Annual Particle Pollution

3

(2014-2016)

Air Quality Index

Prior Value
(3)

Trend

Recognized Carcinogens Released into Air

41,511

Pounds

(2017)

Prior Value
(39,329)

Trend

SSMHealth.

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Environment / Built Environment

	VALUE	COMPARED TO:		
Access to Exercise Opportunities	94.7% (2018)	MO Counties	U.S. Counties	MO Value (77.4%)
		US Value (83.1%)		
Children with Low Access to a Grocery Store	6.6% (2015)	MO Counties	U.S. Counties	Prior Value (6.5%)
Farmers Market Density	0.02 Markets per 1,000 population (2016)	US Value (0.03)	Prior Value (0.01)	Trend
Fast Food Restaurant Density	0.80 Restaurants per 1,000 population (2014)	MO Counties	U.S. Counties	Prior Value (0.83)
		Trend		
Food Environment Index	7.4 (2018)	MO Counties	U.S. Counties	MO Value (6.7)
		US Value (7.7)	Prior Value (7.0)	Trend

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Grocery Store Density	0.18		
	Stores per 1,000 population (2014)	MO Counties	U.S. Counties
		Trend	Prior Value (0.19)

Households with No Car and Low Access to a Grocery Store	1.6%		
	(2015)	MO Counties	U.S. Counties
			Prior Value (1.1%)

Liquor Store Density	7.7		
	Stores per 100,000 population (2015)	MO Counties	U.S. Counties	MO Value (6.3)
		US Value (10.5)	Prior Value (7.1)	Trend

Low-Income and Low Access to a Grocery Store	6.0%		
	(2015)	MO Counties	U.S. Counties
			Prior Value (5.0%)

People 65+ with Low Access to a Grocery Store	3.7%		
	(2015)	MO Counties	U.S. Counties
			Prior Value (3.8%)

People with Low Access to a Grocery Store	26.8%		
	(2015)	MO Counties	U.S. Counties
			Prior Value (26.5%)

Recreation and Fitness Facilities	0.13		
	Facilities per 1,000 population (2014)	US Value (0.06)	Prior Value (0.13)	Trend

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SNAP Certified Stores

0.6

Stores per 1,000 population

(2016)

MO Counties

U.S. Counties

= Prior Value

(0.6)

= Trend

Environment / Toxic Chemicals

Houses Built Prior to 1950

VALUE

COMPARED TO:

16.8%

(2012-2016)

MO Counties

U.S. Counties

MO Value

(19.1%)

US Value

(18.2%)

= Prior Value

(17.1%)

Trend

PBT Released

55

Pounds

(2017)

▽ Prior Value

(58)

Trend

Environment / Water

Drinking Water Violations

VALUE

COMPARED TO:

0.0%

(FY 2013-14)

MO Counties

U.S. Counties

MO Value

(4.4%)

= Prior Value

(0.0%)

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Government & Politics / Elections & Voting

Voter Turnout: Presidential Election

VALUE

67.5%

(2016)

COMPARED TO:

MO Counties

MO Value
(66.6%)

Prior Value
(69.2%)

Trend
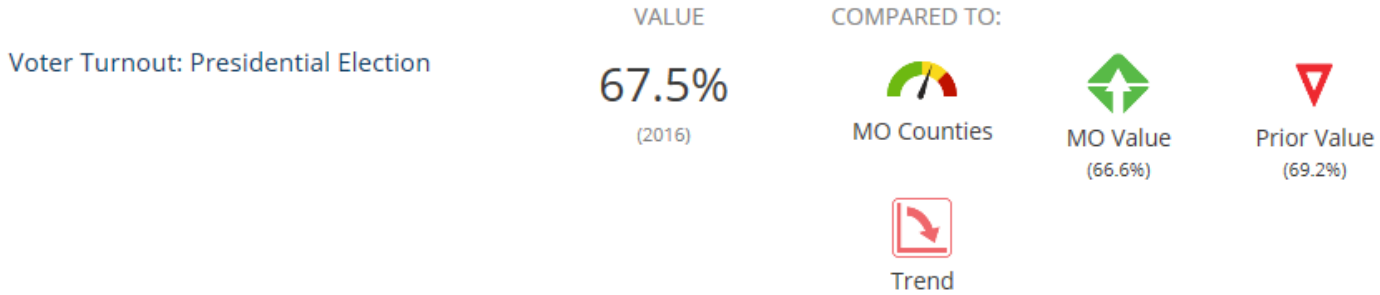
Public Safety / Crime & Crime Prevention

Violent Crime Rate

VALUE

297.7

Crimes per 100,000
population

(2012-2014)

COMPARED TO:

MO Counties

MO Value
(442.4)

Prior Value
(311.9)

Trend

Public Safety / Transportation Safety

Age-Adjusted Death Rate due to Motor
Vehicle Collisions

VALUE

7.1

Deaths per 100,000
population

(2011-2015)

COMPARED TO:

MO Counties

MO Value
(13.4)

Prior Value
(7.0)

Trend

Alcohol-Impaired Driving Deaths

28.2%

(2012-2016)

MO Counties

U.S. Counties

MO Value
(30.5%)

US Value
(29.3%)

Prior Value
(31.8%)

Trend

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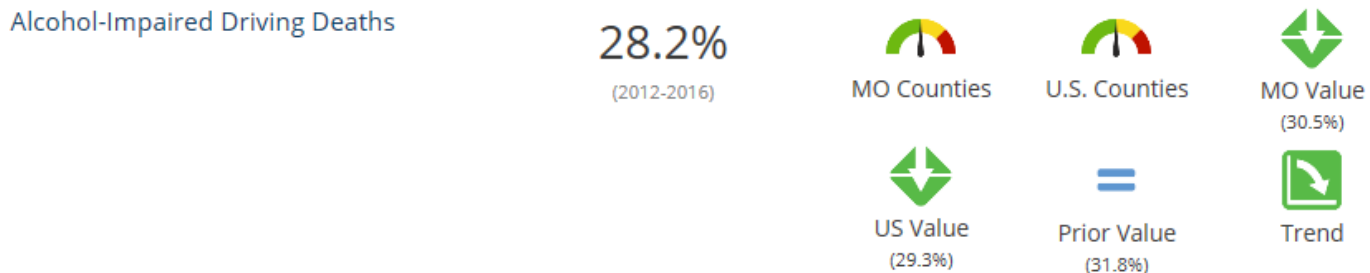
Social Environment / Children's Social Environment

	VALUE	COMPARED TO:		
Substantiated Child Abuse Rate	**2.1** Cases per 1,000 children (2013)	MO Counties	MO Value (4.3)	US Value (8.8)
		Prior Value (2.0)	Trend	
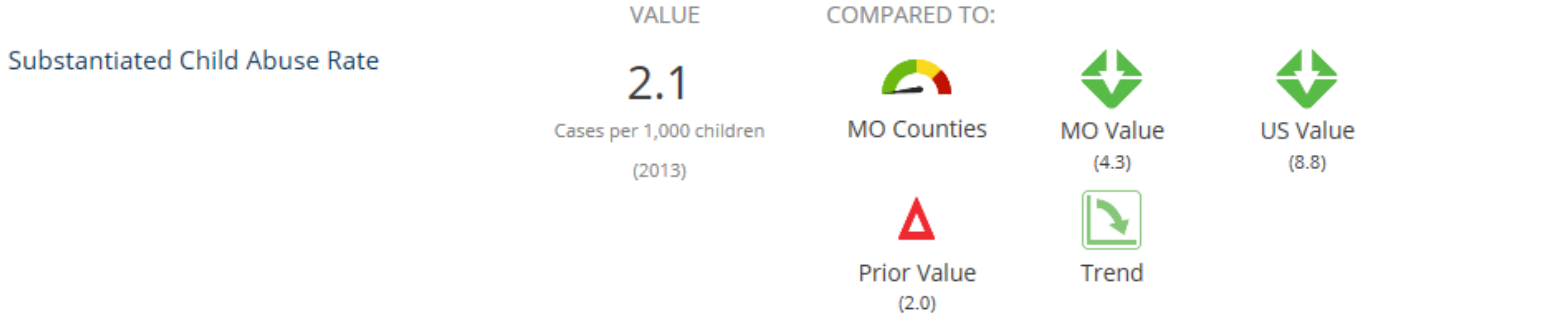
Social Environment / Family Structure

	VALUE	COMPARED TO:		
Single-Parent Households	**34.3%** (2012-2016)	MO Counties	U.S. Counties	MO Value (33.6%)
		US Value (33.6%)	Prior Value (34.9%)	Trend
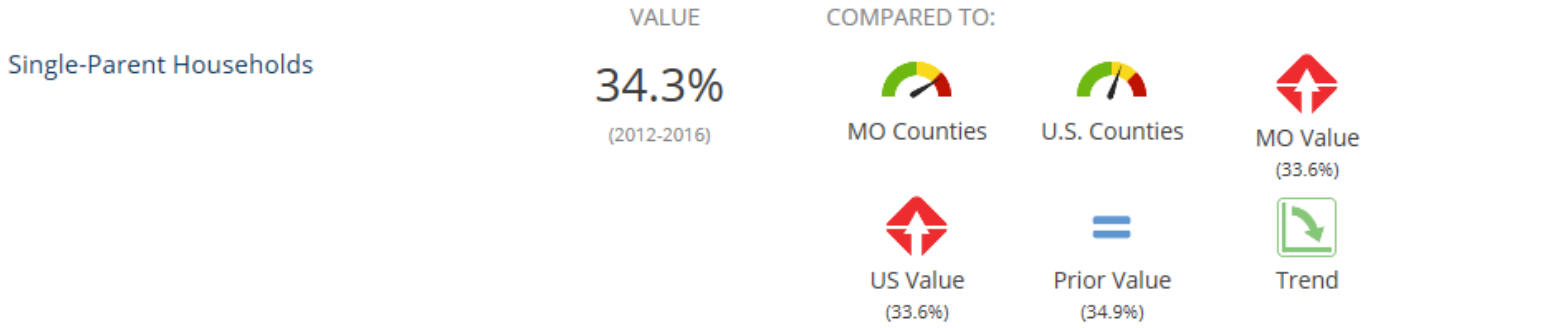
Social Environment / Neighborhood/Community Attachment

	VALUE	COMPARED TO:		
People 65+ Living Alone	**29.2%** (2012-2016)	MO Counties	U.S. Counties	MO Value (28.0%)
		US Value (26.4%)	Prior Value (28.8%)	Trend
Social Associations	**9.8** Membership associations per 10,000 population (2015)	MO Counties	U.S. Counties	MO Value (11.6)
		US Value (9.3)	Prior Value (9.7)	Trend

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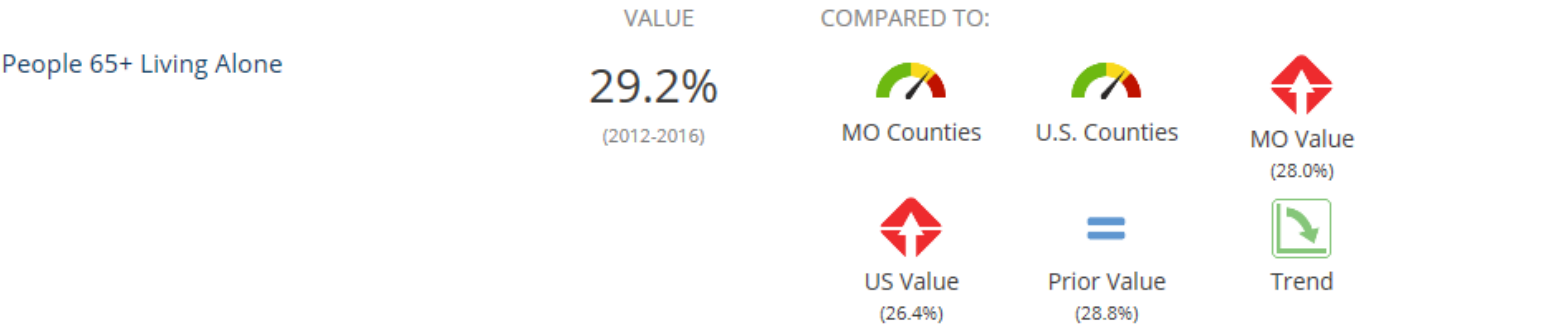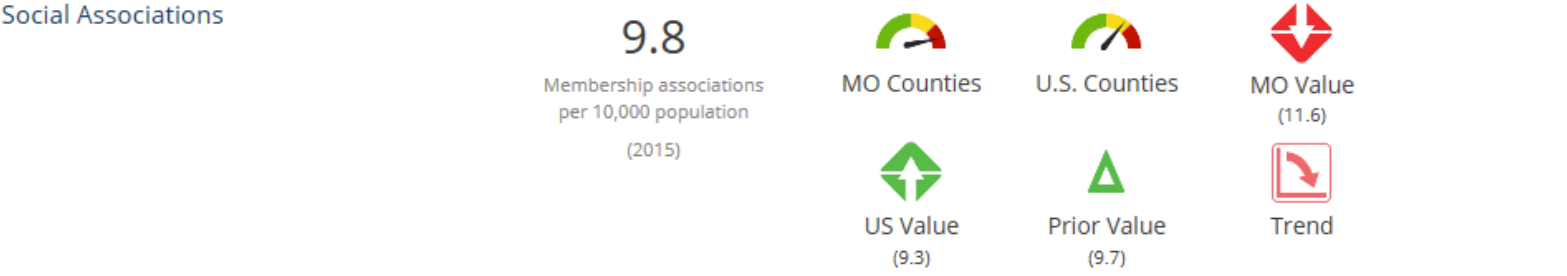
Transportation / Commute To Work

	VALUE	COMPARED TO:		

Mean Travel Time to Work

24.0
Minutes
(2012-2016)

MO Counties U.S. Counties MO Value (23.4)

US Value (26.1) Prior Value (23.7) Trend

Solo Drivers with a Long Commute

32.0%
(2012-2016)

MO Counties U.S. Counties MO Value (30.9%)

US Value (34.7%) Prior Value (31.3%) Trend

Workers Commuting by Public Transportation

2.6%
(2012-2016)

MO Counties U.S. Counties MO Value (1.5%)

US Value (5.1%) Prior Value (2.6%) Trend

HP 2020 Target (5.5%)

Workers who Drive Alone to Work

83.3%
(2012-2016)

MO Counties U.S. Counties MO Value (81.6%)

US Value (76.4%) Prior Value (83.5%) Trend

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Workers who Walk to Work

1.5%
(2012-2016)

MO Counties

U.S. Counties

MO Value
(1.9%)

US Value
(2.8%)

Prior Value
(1.5%)

Trend

HP 2020 Target
(3.1%)

Transportation / Personal Vehicle Travel

VALUE

COMPARED TO:

Households without a Vehicle

7.2%
(2012-2016)

MO Counties

U.S. Counties

MO Value
(7.3%)

US Value
(9.0%)

Prior Value
(7.3%)

Trend

CHNA collaborators

Christian Hospital

St. Louis Partnership for a Health Community – a collaboration of St. Louis County Department of Health, City of St. Louis Health Department and a broad range of public health stakeholders. www.thinkhealthstl.org