

SSM Health DePaul Hospital
SSM Health Rehabilitation Network

Approved by SSM Health St. Louis Regional Board on November 26, 2018



2018

Community Health Needs *Assessment*



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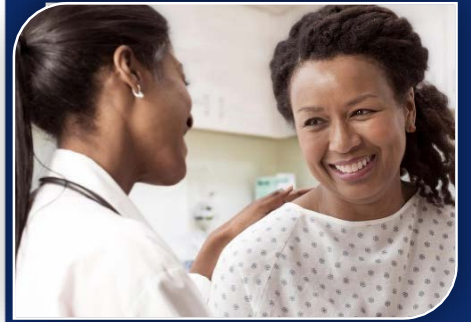
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Message to Our Community

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.

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 – St. Louis and SSM Health Rehabilitation Network are 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. The SSM Health DePaul Hospital and SSM Health Rehabilitation Network 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 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, Heart and Vascular Disease, Stroke

strategies

Mental Health and Substance Abuse

Resources include St. Louis Partnership for a Healthy Community, St. Vincent's Behavioral Health Center and SSM Health DePaul Hospital's LAI Clinic and Substance Abuse Clinic

Access to Care

Resources include partnerships with Federally Qualified Health Centers (FQHCs) and St. Louis Integrated Health Network (IHN) community referral coordinator program

Chronic Disease – Infectious Disease / Hepatitis C, Heart and Vascular Disease, Cerebrovascular Disease

Resources include St. Louis Partnership for a Healthy Community and SSM Health DePaul Hospital St. Louis Hepatitis C Clinic, cardiologists, cardiothoracic surgeons, SSM Day Institute.

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

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

SSM Health Rehabilitation Network



The SSM Health Rehabilitation Network is a Joint Venture Arrangement between SSM Health and Select Medical. Over 1500 Select Medical Employees serve the St. Louis market and its continuum of post acute services. The Network's scope of programs and services include, contracted therapy, (OT, PT, ST) for the acute care hospitals, contracted therapy services for Health at Home, contracted therapy services for SNF facilities, Acute Inpatient Rehabilitation facilities, Neuropsychology services, Outpatient Physical Therapy locations and Day Institute Programs. In addition, Select Medical operates two Long Term Care Hospitals (LTACH's) in St. Louis. As a joint venture market this is one of the most comprehensive Post Acute Care Models in Select Medical and very unique in the United States. All of the staff are employees of Select Medical, are well educated in identifying patients in need of post acute care and making recommendations for the proper level of care and medical spend.

This comprehensive focus on patient outcomes, patient satisfaction, patient safety and extensive scope of service permits the SSM Health Rehabilitation Network to provide an unprecedented continuum of care for all patients. No matter the physical or medical need there is a place within the SSM Health Rehabilitation Network for your patient.

SSM Health Rehabilitation Network has 125 inpatient rehabilitation beds at three locations: SSM Health St. Mary's Hospital- St. Louis, SSM Health DePaul Hospital (free-standing hospital location) and SSM Health St. Joseph – Lake Saint Louis. Specialty programs include: spinal cord injury, brain injury, stroke, severe disorders of consciousness, amputation, cardiac, oncology and general rehabilitation.

For the past 3 years SSM Health Rehabilitation Network has been named a TOP Workplace in St. Louis – Large employer and has been the only healthcare provider to be named in this category. The dedication to Servant Leadership by Select Medical is how a for profit organization is able to work so well with the SSM Health faith based organization.



SSM Health DePaul Hospital

The community served by SSM Health DePaul Hospital is defined as North St. Louis County, which accounts for 80% of the total patients served by the hospital. There are 20 zip codes that are contained within or overlap the service area. The hospital is located in Bridgeton, zip code 63044. In 2017, North St. Louis County had an estimated population of 350,000 persons.



our community by the numbers

Population

Age Group	2018	% of Total
0-14	63,328	19.8%
15-17	12,847	4.0%
18-24	28,029	8.8%
25-34	44,480	13.9%
35-54	80,320	25.1%
55-64	41,773	13.1%
65+	48,749	15.3%
Total	319,526	100.0%

Household Income

2018 Household Income	HH Count	% of Total
<\$15K	16,532	12.7%
\$15-25K	14,889	11.4%
\$25-50K	37,490	28.8%
\$50-75K	26,042	20.0%
\$75-100K	15,794	12.1%
Over \$100K	19,319	14.9%
Total	130,066	100.0%

Education Level

2018 Adult Education Level	Pop Age 25+	% of Total
Less than High School	6,008	2.8%
Some High School	16,925	7.9%
High School Degree	65,631	30.5%
Some College/Assoc. Degree	78,617	36.5%
Bachelor's Degree or Greater	48,141	22.4%
Total	215,322	100.0%

Race / Ethnicity

Race/Ethnicity	2018 Pop	% of Total
White Non-Hispanic	122,807	38.4%
Black Non-Hispanic	169,039	52.9%
Hispanic	11,800	3.7%
Asian & Pacific Is. Non-Hispanic	6,534	2.0%
All Others	9,346	2.9%
Total	319,526	100.0%

The Health of Our Community



About the data- St. Louis County

Below is a statistical overview of strengths and weaknesses within the community that factored into our discussions with local stakeholders regarding the priority health needs of the population within our service area. Data was derived from a number of sources including Think Health St. Louis - St. Louis Partnership for a Healthy Community and Healthy Communities Institute with topics in the areas of population health, determinants of health and quality of life.



Cancer

The St. Louis County age-adjusted death rate due to cancer is lower than the statewide value..



Heart Disease

The death rate of coronary heart disease is much lower in St. Louis County than the state of Missouri.

Health Insurance

90.9% of adults in St. Louis County have health insurance. However, health insurance utilization remains a problem.



Access to Exercise

95% of St. Louis County residents reported to have adequate access to exercise which is significantly higher than the state average of 77%.



Excessive Drinking

20% of adults in St. Louis County are reported to drink excessively. Additionally, 28% of driving deaths are alcohol impaired.



Access to Primary Care

St. Louis County has 1 primary care provider per 810 residents, higher than the state average of 1 provider per 1420 residents

Diabetes

24.8% of the Medicare population is diabetic. The age-adjusted death rate due to diabetes is 16.7% compared to 20.08% at the state level.



Depression

20.6% of Medicare population struggles with depression.









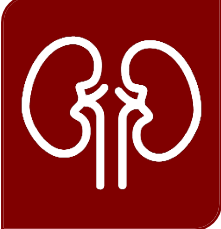



The Health of Our Community



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	<h3>Dental Care</h3> <p>The dentist rate is higher for St. Louis County is higher than the rest of the state, with 1190 patients per dentist as opposed to 1810..</p>		<h3>Stroke</h3> <p>The stroke rate in St. Louis County is higher than both the state and national averages.</p>
<h3>Mental Health Disorders</h3> <p>The number of adults with mental health disorders has been increasing in St. Louis County.</p>		<h3>Asthma</h3> <p>10.1% of adults in St. Louis County currently have asthma.</p>	
	<h3>Preterm Births</h3> <p>The preterm birth rate in St. Louis County is higher than the state of Missouri.</p>		<h3>Mammography Screening</h3> <p>The St. Louis County Medicare Mammography Screening rate is higher than the state and national rate.</p>
<h3>Smoking</h3> <p>15.3% of adults smoke in St. Louis County,</p>		<h3>Hepatitis C</h3> <p>St. Louis City and St. Louis County have the highest rates of Hepatitis C in the state.</p>	
	<h3>Chronic Kidney Disease</h3> <p>St. Louis County has a higher rate of chronic kidney disease than the nation.</p>		<h3>65+ Living Alone</h3> <p>The percent of people 65+ living alone is higher than the national percentage at 29.2%..</p>

The Health Needs of Our Community

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

Access to Care: Per 100,000 persons, there are 123 providers in St. Louis County. Access to primary care providers increases the likelihood that community members will have routine checkups and screenings.

Chronic Disease:

Infectious Disease / Hepatitis C: Per 10,000 St. Louis County adults ages 45-64, 3.6 will be hospitalized for Hepatitis C. Hepatitis, the inflammation of the liver may be acute or chronic. Chronic forms can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. St. Louis County and St. Louis City have the highest rates of Hepatitis C in the state. There are accessible treatment options for Hepatitis C once the disease is diagnosed.

Heart and Vascular Disease: Age-adjusted hospitalization rate due to heart failure: Per 10,000 persons, 44.7 in St. Louis County. Heart failure is a condition in which the heart can't pump enough blood to the body's other organs. This can result from a variety of conditions including coronary artery disease, diabetes, past heart attack, hypertension, heart infections, diseases of the heart valves or muscle, and congenital heart defects. According to the Centers for Disease Control and Prevention, approximately round 5.7 million people in the United States have heart failure, and about half of people who develop heart failure will die within five years of diagnosis.

Cerebrovascular Disease: Age-adjusted death rate due to cerebrovascular disease (stroke): Per 100,000 persons, 38 in St. Louis County. Cerebrovascular disease refers to conditions, including stroke, caused by problems with the blood vessels supplying the brain with blood. The most important modifiable risk factor for cerebrovascular disease and stroke is high blood pressure. Other risk factors include high cholesterol, heart disease, diabetes mellitus, physical inactivity, obesity, excessive alcohol use, and tobacco use.

Behavioral Health / Substance Abuse: ER visits related to substance abuse per 10,000 persons over 18 years: 17.9 St. Louis County. 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.

Our Progress Since 2015

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)		
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		

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)		
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		
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		

Access to Care

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Decrease the number of preventable hospital stays in St. Louis County 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)		
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)		
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		

Our Progress Since 2015

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 Rehabilitation Network

Access to Care

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Decrease the number of preventable hospital stays in St. Louis County from 52 cases per 1,000 Medicare enrollees, reported in 2015, to 45 cases per 1,000 Medicare enrollees by 2018. (HCI)	HCI	2015	52	48 (3 year lag 2013 data)	48 (3 year lag 2013 data)	48 (3 year lag 2013 data)	48 (3 year lag 2013 data)		
Reduce overall acute care transfers at SSM Rehabilitation Hospital from 15.6% in 2015 to 13% by 2018. (Source: e-Rehab Database)	Source e-Rehab Database	2015	15.6%	15.5%	15.5%	14.0%	14.0%		
Increase community discharges at SSM Rehabilitation Hospital from 64.85% in 2015 to 68% by 2018. (Source: e-Rehab Database)	Source e-Rehab Database	2015	64.85%	67.6%	67.6%	69.3%	68.7%		

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 126.3 deaths per 100,000 persons, reported in 2015, to 113 deaths per 100,000 person by 2018. (HCI)*	HCI	2015	126.3 (2011-2013)	114 (2013-2015)	114 (2013-2015)	114 (2013-2015)	114 (2013-2015)		
Reduce Cardiac-related acute care transfers from 12.1% in 2015 to 10.0% in 2018. (Source: e-Rehab Database)	e-Rehab Database	2015	12.1%	22.0%	22.0%	14.9%	16.9%		
Increase Cardiac FIM (Functional Independence Measure) from 25.1 in 2015 to 27.0 by 2018. (Source: e-Rehab Database)	e-Rehab Database	2015	25.1	23.4	23.4	25.2	24.1		

Cerebrovascular Disease (Stroke)

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the age-adjusted death rate due to cerebrovascular disease in St. Louis County from 36.5 (2012-2014) per 100,000 persons, as reported in 2015, to 35.6 deaths per 100,000 by 2018. (HCI)	HCI	2015	36.5	37.6 (2013-2015)	37.6 (2013-2015)	37.6 (2013-2015)	37.6 (2013-2015)		
Reduce stroke acute care transfers from SSM Rehabilitation Hospital from 16.0% in 2015 to 13% by 2018. (Source: e-Rehab Database)	e-Rehab Database	2015	16.0%	15.9%	15.9%	14.0%	14.2%		
Increase Stroke community discharges from 62.8% in 2015 to 65% by 2018. (Source: e-Rehab Database)	e-Rehab Database	2015	62.8%	65.3%	65.3%	65.7%	65.1%		
Increase stroke FIM (Functional Independence Measure) from 24.6 in 2015 to 27.0 by 2018. (Source: e-Rehab Database)	E-Rehab Database	2015	24.6	27.8	27.8	26.3	24.9		

SSM Health DePaul Hospital

12303 DePaul Drive | city, state zip



2019 – 2021 *Appendices*

Primary and Secondary Data Collection

Primary

The primary data consisted of a community focus group including key stakeholders within the North St. Louis County community including representation from St. Louis County Department of Health. This focus group was conducted in June 2018 in collaboration with Christian Hospital.

Secondary

In addition to a review of demographics, we gathered and reviewed data from broad sources to set the initial direction and priorities of the community health needs assessment. The secondary data was derived from a variety of sources including Think Health St. Louis - St. Louis Partnership for a Health Community, which includes data pulls from Health Communities Institute covering topics in areas of health, determinants of health and quality of life.

Community Representation

<u>Name</u>	<u>Organization</u>
Michael Kodjo Anani	African Diaspora Council
Jenny Armbruster	NCADA
Christian Bertel	Hazelwood School District
Karen Bradshaw	Integrated Health Network
Kate Donaldson	St. Louis County Dept. of Health
Dave Dotson	Pattonville Fire Protection District
Chris Kilbride	Ritenour School District
LaKeysha Fields	Salvation Army
Rose Jackson-Beavers	Behavioral Health Network
Dwayne James	Ferguson City Council (former)
Venus Martz	Greater North County Chamber
Alison Means	Crisis Nursery
Lee Robinson	Third Presbyterian Church
Keith Street	St. Louis County Dept. of Health
Rance Thomas	NCCU
Mark Tranel	UMSL Public Policy Research Center
Rebecca Zoll	North County Inc.

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

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.

Search this site



HEALTH DATA

ST. LOUIS CITY

ST. LOUIS COUNTY

REGIONAL EFFORTS
















RESOURCES

Home > Community Dashboard > All Data

Search for Indicators

All Data

St. Louis

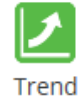
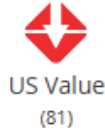
	VALUE	COMPARED TO:		
Adults with Health Insurance	90.1% (2016)	 MO Counties	 U.S. Counties	 MO Value (87.2%)
		 Prior Value (90.3%)	 Trend	 HP 2020 Target (100.0%)
Children with Health Insurance	96.8% (2016)	 U.S. Counties	 MO Value (95.5%)	 US Value (95.5%)
		 Prior Value (96.7%)	 Trend	 HP 2020 Target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

Appendix

St. Louis County Health Dashboard www.thinkhealthstl.org

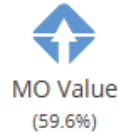
Non-Physician Primary Care Provider Rate

75
Providers per 100,000 population
(2017)



Persons with Private Health Insurance Only

66.7%
(2016)



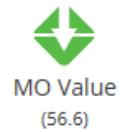
Persons with Public Health Insurance Only

15.3%
(2016)



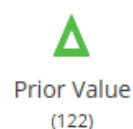
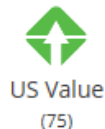
Preventable Hospital Stays: Medicare Population

46.8
Discharges per 1,000 Medicare enrollees
(2015)



Primary Care Provider Rate

123
Providers per 100,000 population
(2015)

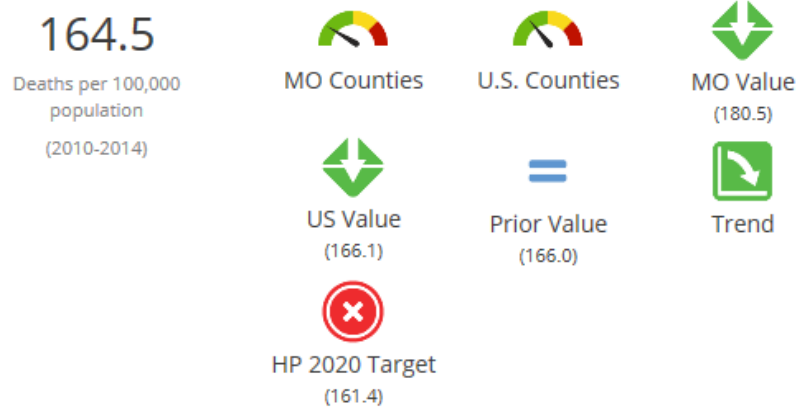


Health / Cancer

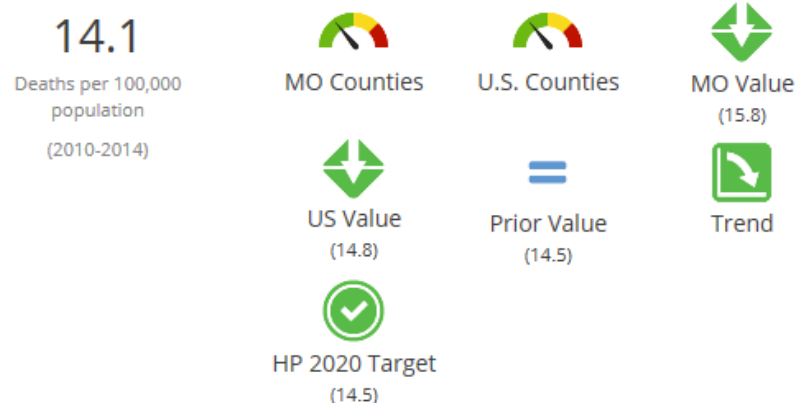
Age-Adjusted Death Rate due to Breast Cancer



Age-Adjusted Death Rate due to Cancer



Age-Adjusted Death Rate due to Colorectal Cancer

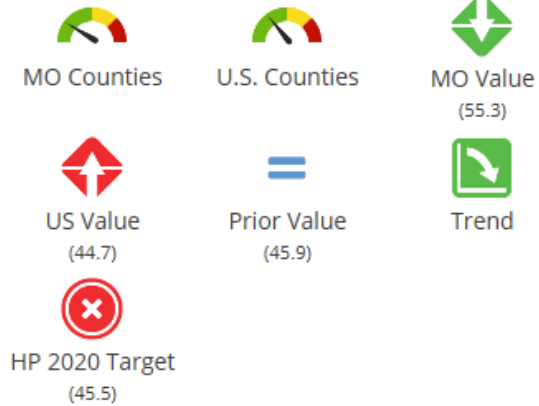


Appendix

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Age-Adjusted Death Rate due to Lung Cancer

46.0
Deaths per 100,000 population
(2010-2014)



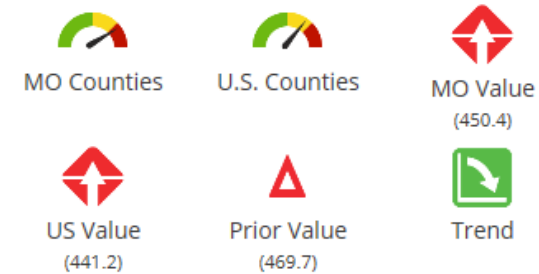
Age-Adjusted Death Rate due to Prostate Cancer

16.3
Deaths per 100,000 males
(2010-2014)



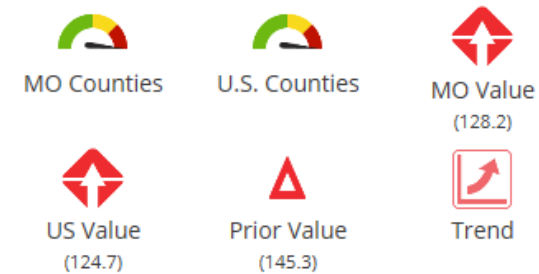
All Cancer Incidence Rate

470.3
Cases per 100,000 population
(2011-2015)



Breast Cancer Incidence Rate

146.4
Cases per 100,000 females
(2011-2015)

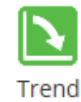
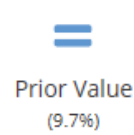
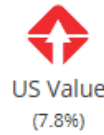
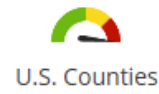


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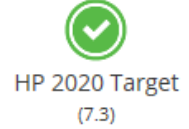
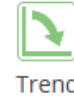
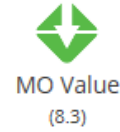
Cancer: Medicare Population

9.7%
(2015)



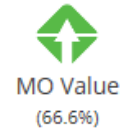
Cervical Cancer Incidence Rate

6.7
Cases per 100,000
females
(2011-2015)



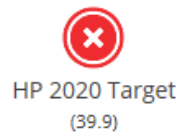
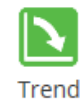
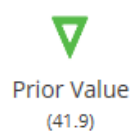
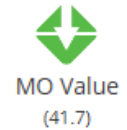
Colon Cancer Screening: Sigmoidoscopy or Colonoscopy

70.8%
(2011)



Colorectal Cancer Incidence Rate

41.1
Cases per 100,000
population
(2011-2015)

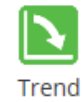
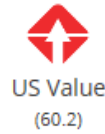
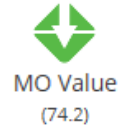


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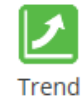
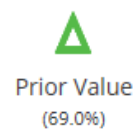
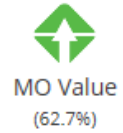
Lung and Bronchus Cancer Incidence Rate

64.1
Cases per 100,000 population
(2011-2015)



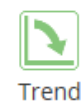
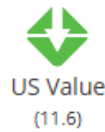
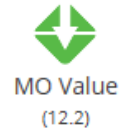
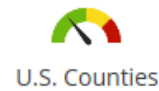
Mammography Screening: Medicare Population

70.2%
(2015)



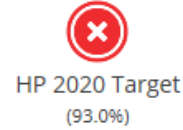
Oral Cavity and Pharynx Cancer Incidence Rate

11.4
Cases per 100,000 population
(2011-2015)



Pap Test in Past 3 Years

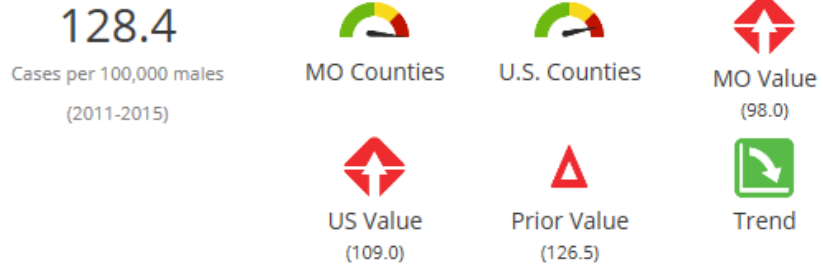
79.4%
(2011)






Appendix

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Prostate Cancer Incidence Rate



Health / County Health Rankings

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

Health / Diabetes

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

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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

Appendix

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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

Persons with a Cognitive Difficulty (5-year)

VALUE
4.8%
(2012-2016)


COMPARED TO:

 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

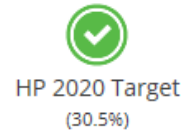
	VALUE	COMPARED TO:		
Adult Fruit and Vegetable Consumption	13.3% (2011)	 MO Counties	 MO Value (12.5%)	 US Value (23.4% in 2009)
		 Prior Value (24.5%)		
Adults 20+ who are Sedentary	22.7% (2014)	 MO Counties	 U.S. Counties	 MO Value (25.8%)
		 US Value (23.0%)	 Prior Value (23.0%)	 Trend
		 HP 2020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

Appendix

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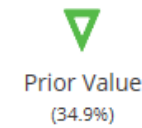
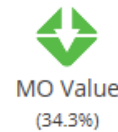
Adults who are Obese

28.2%
(2011)



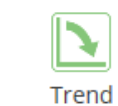
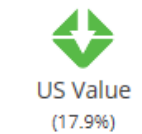
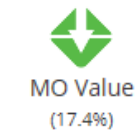
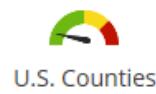
Adults who are Overweight

32.6%
(2011)



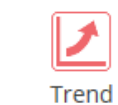
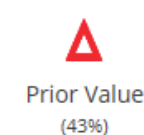
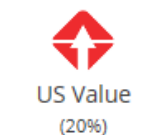
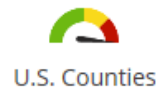
Child Food Insecurity Rate

14.8%
(2016)



Food Insecure Children Likely Ineligible for Assistance

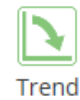
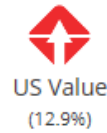
45%
(2016)



St. Louis County Health Dashboard www.thinkhealthstl.org

Food Insecurity Rate

14.7%
(2016)

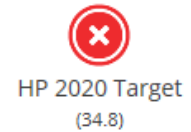
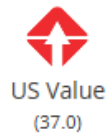
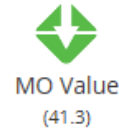


Health / Heart Disease & Stroke

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

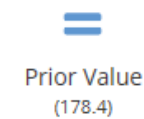
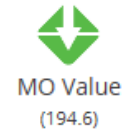
VALUE
38.0
Deaths per 100,000 population
(2011-2015)

COMPARED TO:



Age-Adjusted Death Rate due to Heart Disease

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



Age-Adjusted ER Rate due to Heart Failure

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



Age-Adjusted ER Rate due to Hypertension

30.2
ER visits per 10,000 population 18+ years
(2012-2014)



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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

Appendix

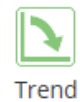
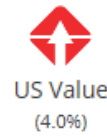
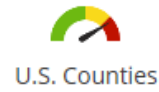
St. Louis County Health Dashboard www.thinkhealthstl.org

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)

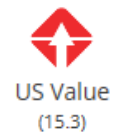
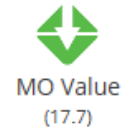


Health / Immunizations & Infectious Diseases

Age-Adjusted Death Rate due to Influenza and Pneumonia

VALUE
16.2
Deaths per 100,000 population
(2011-2015)

COMPARED TO:



Age-Adjusted ER Rate due to Community Acquired Pneumonia

13.3
ER visits per 10,000 population 18+ years
(2012-2014)



Age-Adjusted ER Rate due to Hepatitis

0.5
ER visits per 10,000 population 18+ years
(2012-2014)



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 County Health Dashboard www.thinkhealthstl.org

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

Prior Value
(4,297.1)


MO Value
(3,607.0)



US Value
(3,229.0)


Trend

Health / Maternal, Fetal & Infant Health

Babies with Low Birth Weight


VALUE
9.1%
(2014)


COMPARED TO:

MO Counties


MO Value
(8.2%)


US Value
(8.0%)

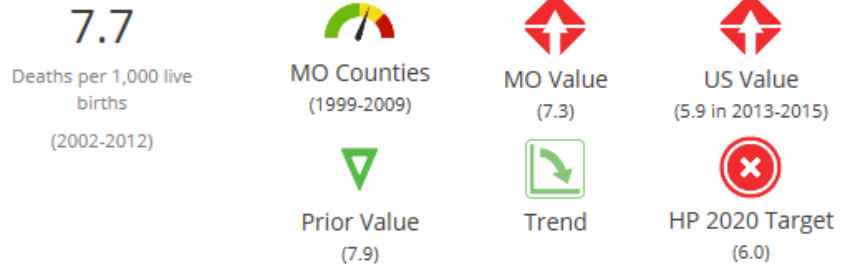

Prior Value
(8.9%)


Trend

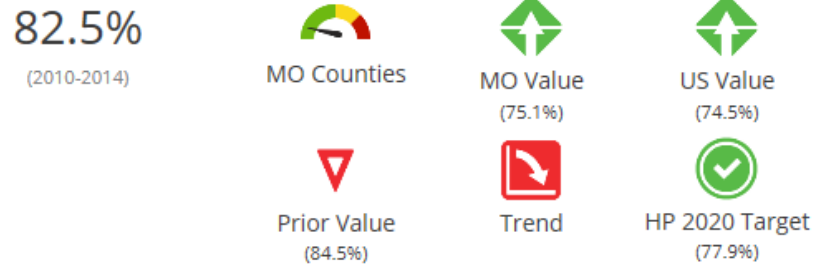

HP 2020 Target
(7.8%)

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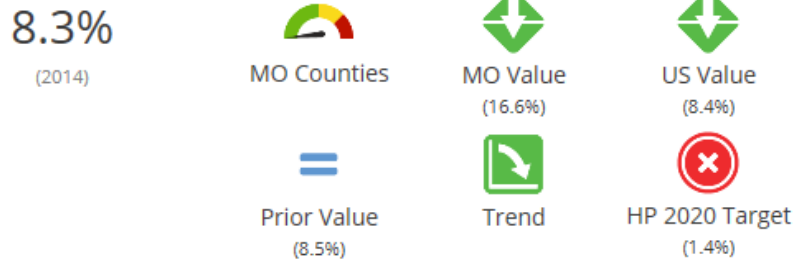
Infant Mortality Rate



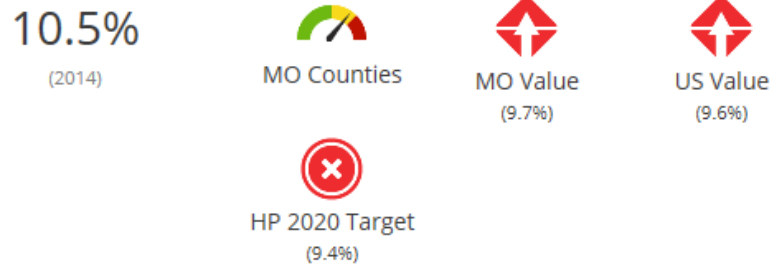
Mothers who Received Early Prenatal Care





















Mothers who Smoked During Pregnancy



Preterm Births



Health / Mental Health & Mental Disorders

	VALUE	COMPARED TO:		
Adults with a Mental Health Disorder	<p>134.8</p> <p>Per 10,000 population (2014)</p>	<p></p> <p>Prior Value (128.4)</p>	<p></p> <p>Trend</p>	
Adults with a Mental Health Disorder Except Drug and Alcohol Induced	<p>117.6</p> <p>Per 10,000 population (2014)</p>	<p></p> <p>Prior Value (110.4)</p>	<p></p> <p>Trend</p>	
Adults with a Mood or Depressive Disorder	<p>76.6</p> <p>Per 10,000 population (2014)</p>	<p></p> <p>Prior Value (71.4)</p>	<p></p> <p>Trend</p>	
Adults with a Schizophrenic Disorder	<p>27.3</p> <p>Per 10,000 population (2014)</p>	<p></p> <p>Prior Value (25.8)</p>	<p></p> <p>Trend</p>	
Age-Adjusted Death Rate due to Suicide	<p>12.8</p> <p>Deaths per 100,000 population (2011-2015)</p>	<p></p> <p>MO Counties (2005-2009)</p>	<p></p> <p>MO Value (15.7)</p>	<p></p> <p>US Value (12.8)</p>
		<p></p> <p>Prior Value (12.7)</p>	<p></p> <p>Trend</p>	<p></p> <p>HP 2020 Target (10.2)</p>
Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	<p>35.7</p> <p>ER visits per 10,000 population aged 12-17 (2012-2014)</p>	<p></p> <p>St. Louis City Value (57.2)</p>	<p></p> <p>Prior Value (34.5)</p>	
Age-Adjusted ER Rate due to Mental Health	<p>75.8</p> <p>ER visits per 10,000 population 18+ years (2012-2014)</p>	<p></p> <p>St. Louis City Value (131.9)</p>	<p></p> <p>Prior Value (76.1)</p>	

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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)

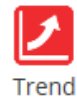
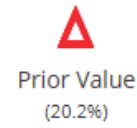
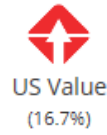
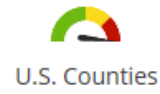

Prior Value
(53.5)

Appendix

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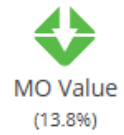
Depression: Medicare Population

20.6%
(2015)



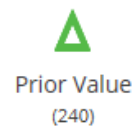
Frequent Mental Distress

11.3%
(2016)



Mental Health Provider Rate

258
Providers per 100,000
population
(2017)

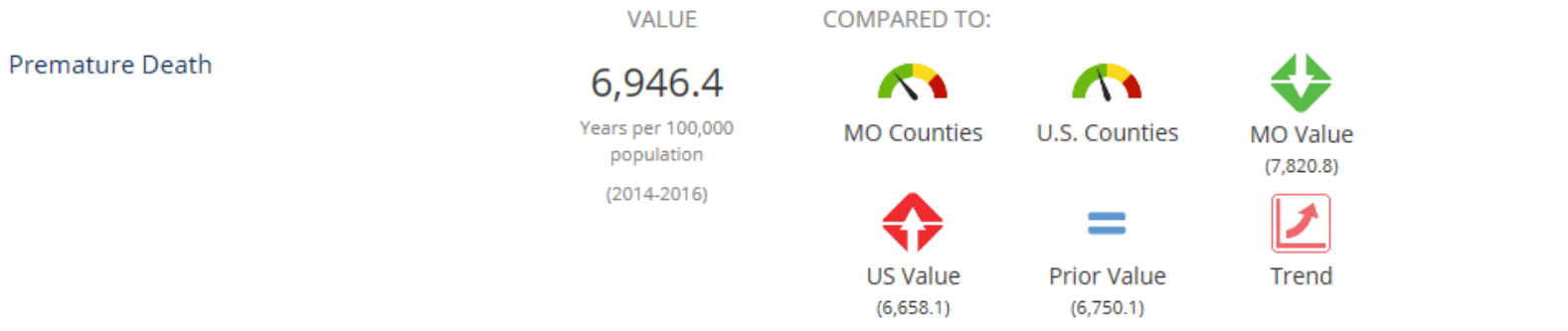


Poor Mental Health: Average Number of Days

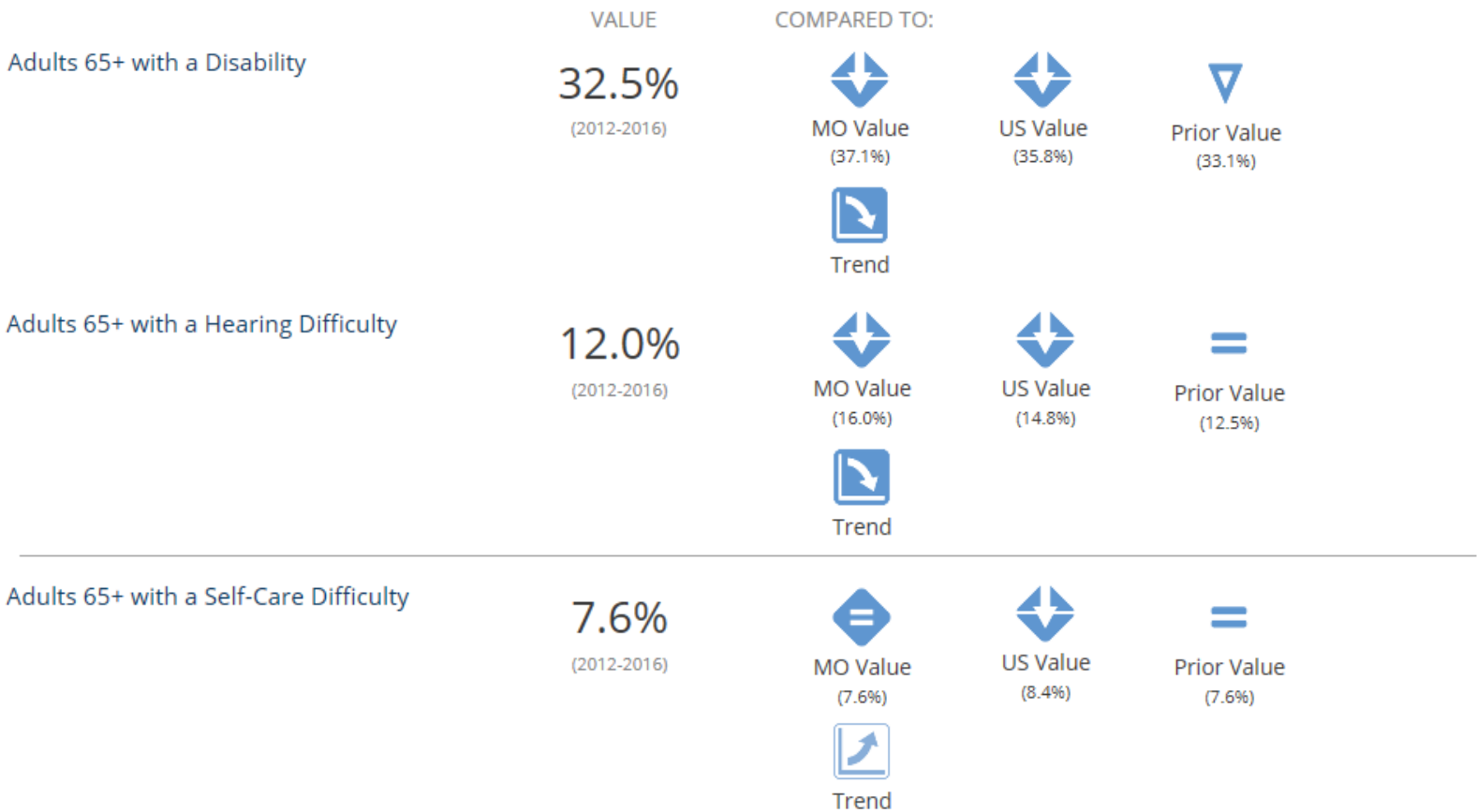
3.8
Days
(2016)



Health / Mortality Data



Health / Older Adults & Aging



Appendix

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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%)

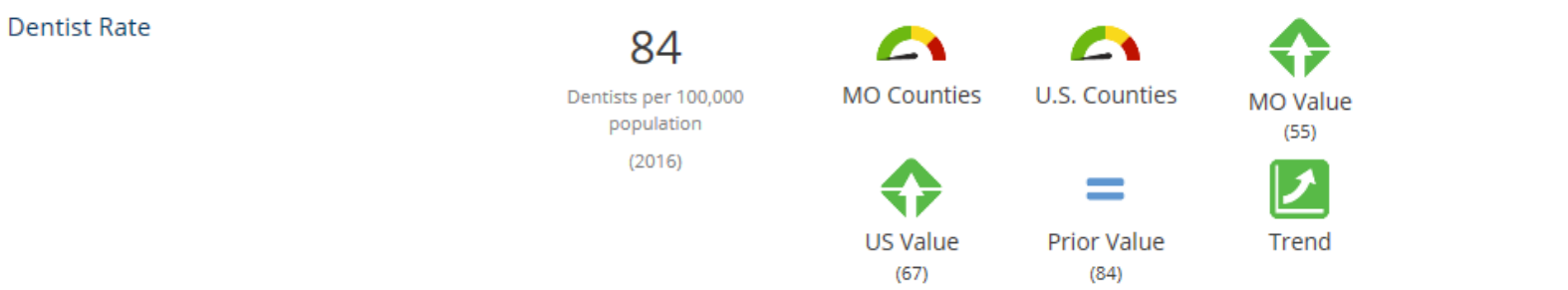
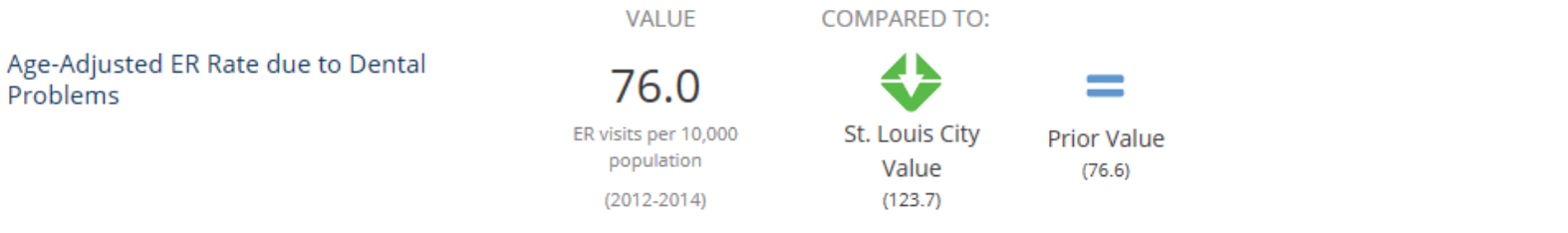


Prior Value
(11.4%)

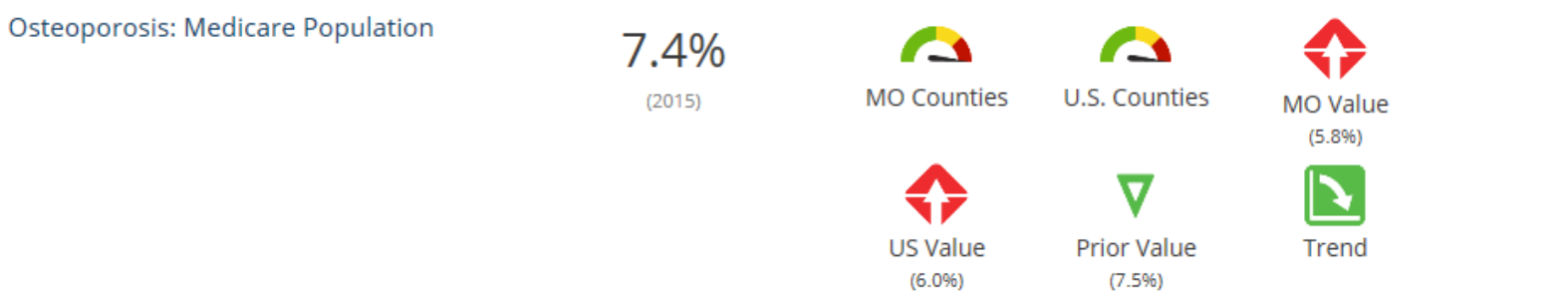
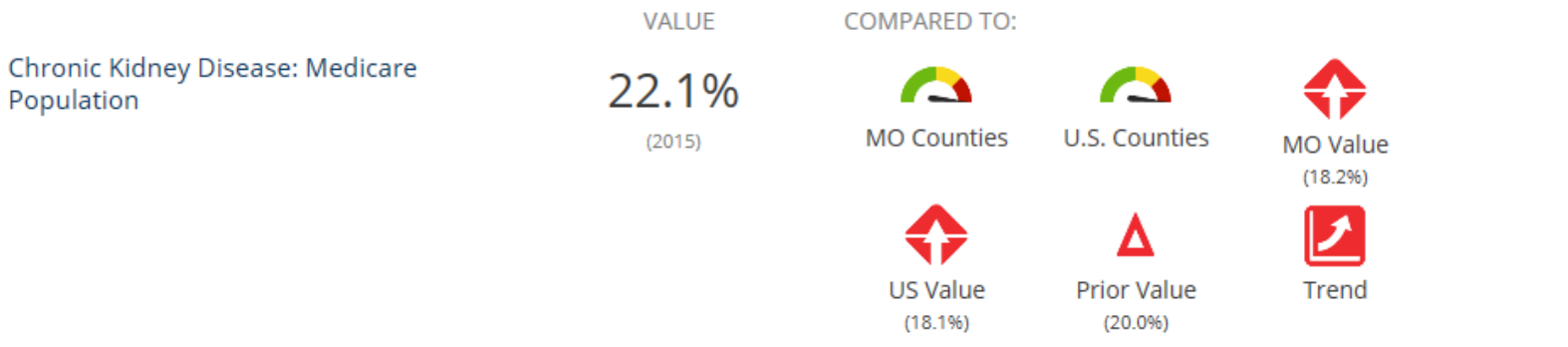


Trend

Health / Oral Health



Health / Other Chronic Diseases




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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

Age-Adjusted ER Rate due to Dehydration

VALUE
13.0
ER visits per 10,000
population 18+ years
(2012-2014)

COMPARED TO:




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)



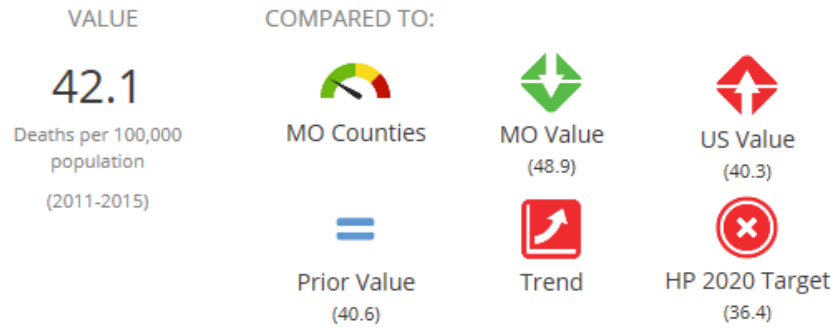
St. Louis City
Value
(22.9)



Prior Value
(19.9)

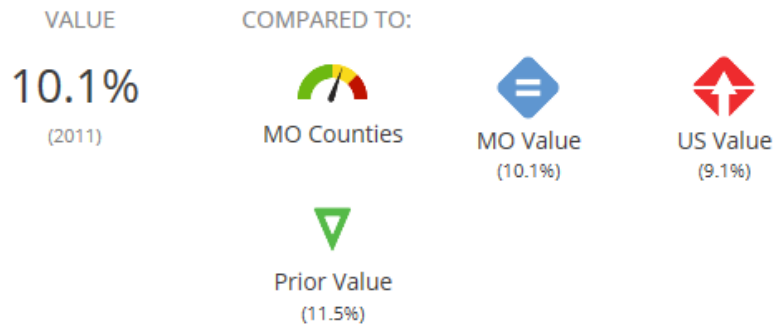
Health / Prevention & Safety

Age-Adjusted Death Rate due to Unintentional Injuries

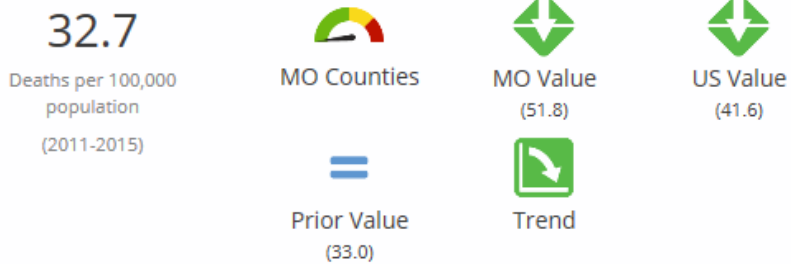


Health / Respiratory Diseases

Adults with Current Asthma



Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases



Age-Adjusted ER Rate due to Adult Asthma

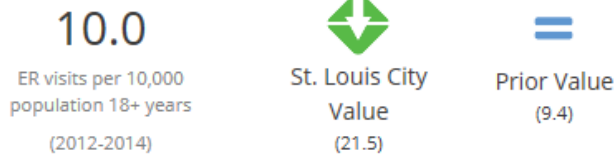


Age-Adjusted ER Rate due to Asthma



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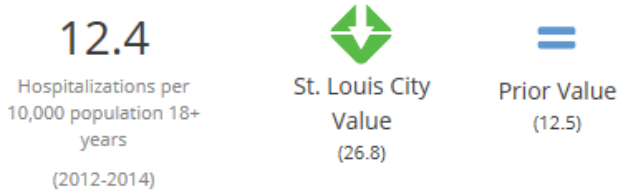
Age-Adjusted ER Rate due to COPD



Age-Adjusted ER Rate due to Pediatric Asthma



Age-Adjusted Hospitalization Rate due to Adult Asthma



Age-Adjusted Hospitalization Rate due to Asthma



Age-Adjusted Hospitalization Rate due to COPD



Age-Adjusted Hospitalization Rate due to Pediatric Asthma

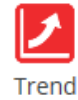
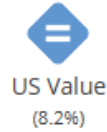
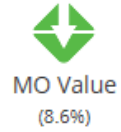
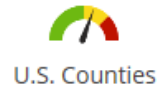


Appendix

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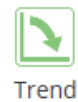
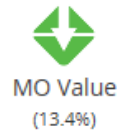
Asthma: Medicare Population

8.2%
(2015)



COPD: Medicare Population

10.0%
(2015)

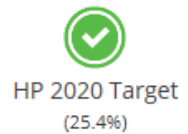


Health / Substance Abuse

Adults who Drink Excessively

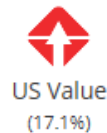
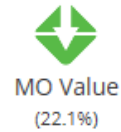
VALUE
19.7%
(2016)

COMPARED TO:



Adults who Smoke

18.4%
(2016)















Age-Adjusted ER Rate due to Alcohol Abuse

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








Appendix

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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

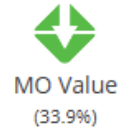
	VALUE	COMPARED TO:		
Frequent Physical Distress	10.9% (2016)	 MO Counties	 U.S. Counties	 MO Value (13.3%)
		 US Value (15.0%)	 Prior Value (10.5%)	

Appendix

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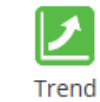
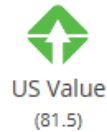
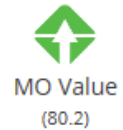
Insufficient Sleep

31.8%
(2016)



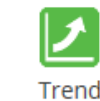
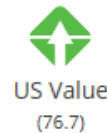
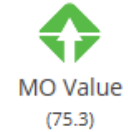
Life Expectancy for Females

81.7
Years
(2014)



Life Expectancy for Males

77.0
Years
(2014)



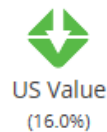
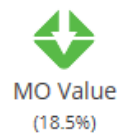
Poor Physical Health: Average Number of Days

3.6
Days
(2016)



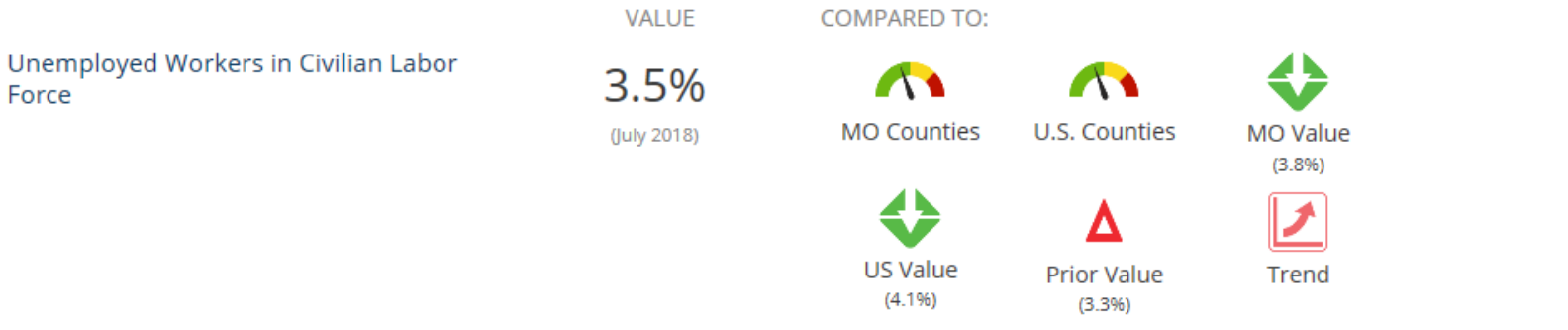
Self-Reported General Health Assessment: Poor or Fair

14.6%
(2016)

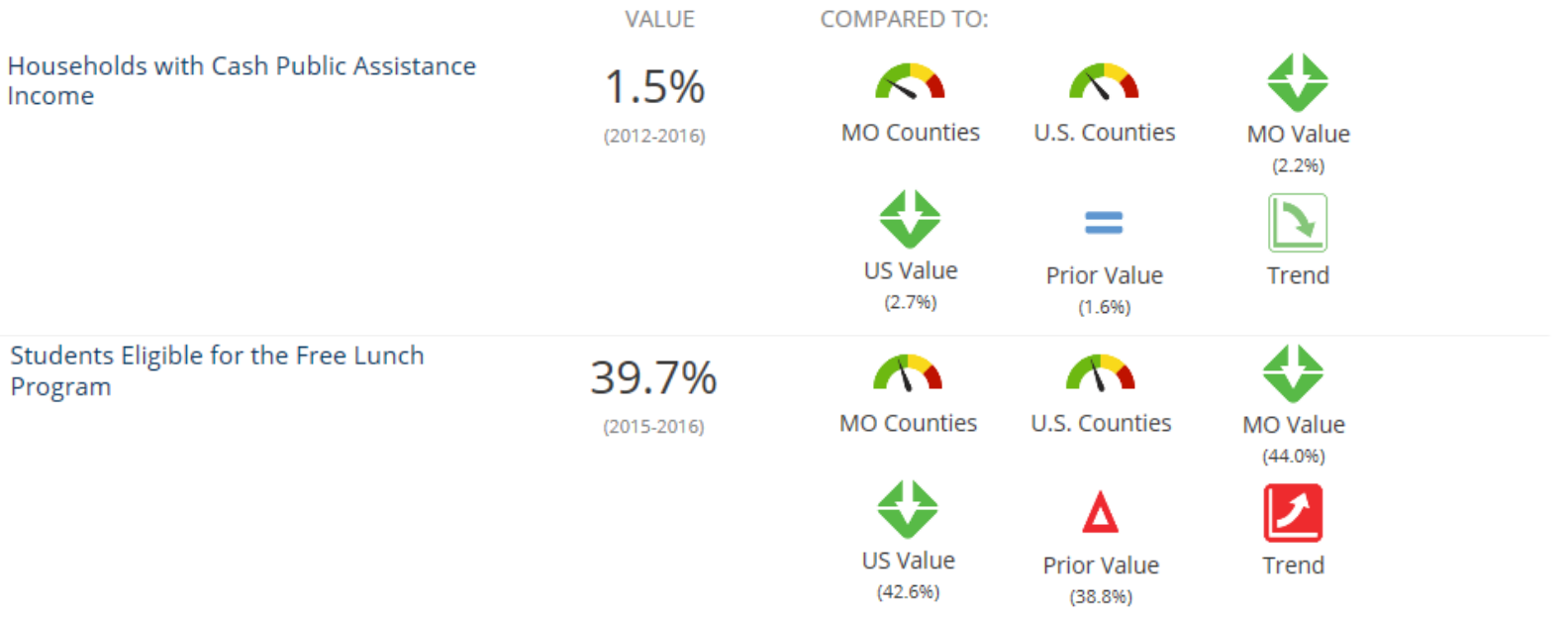


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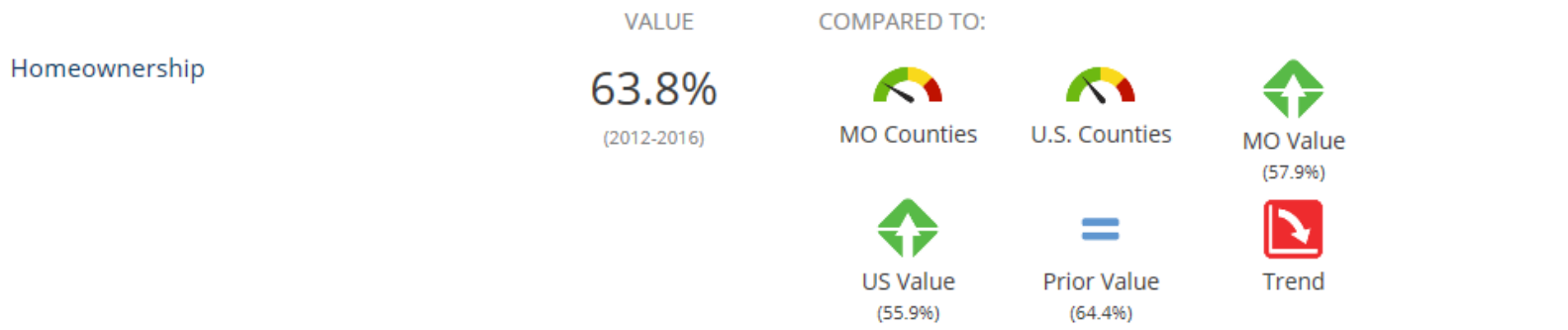
Economy / Employment



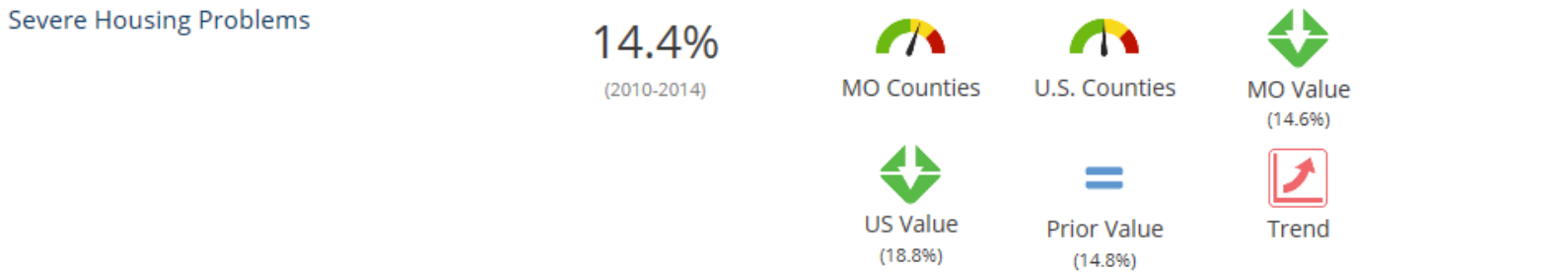
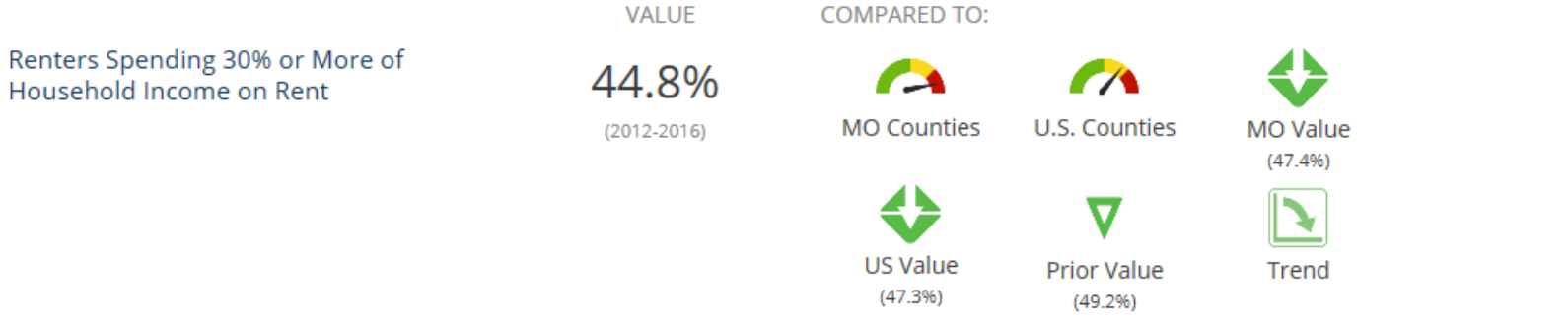
Economy / Government Assistance Programs



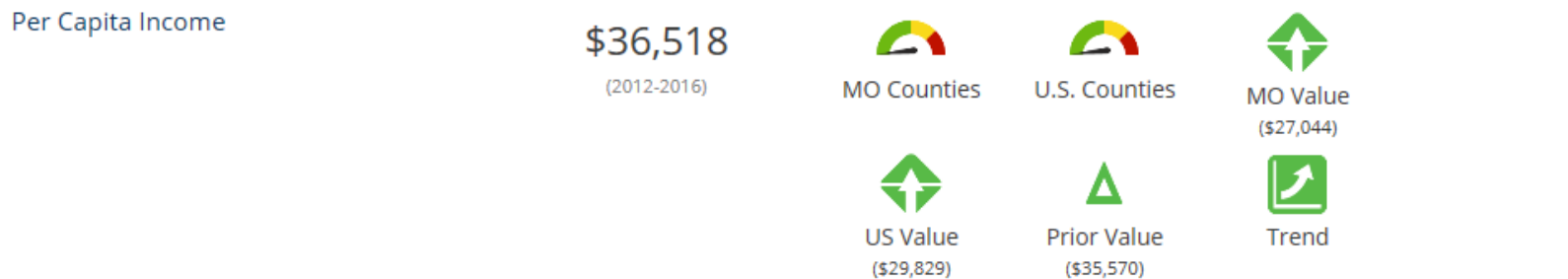
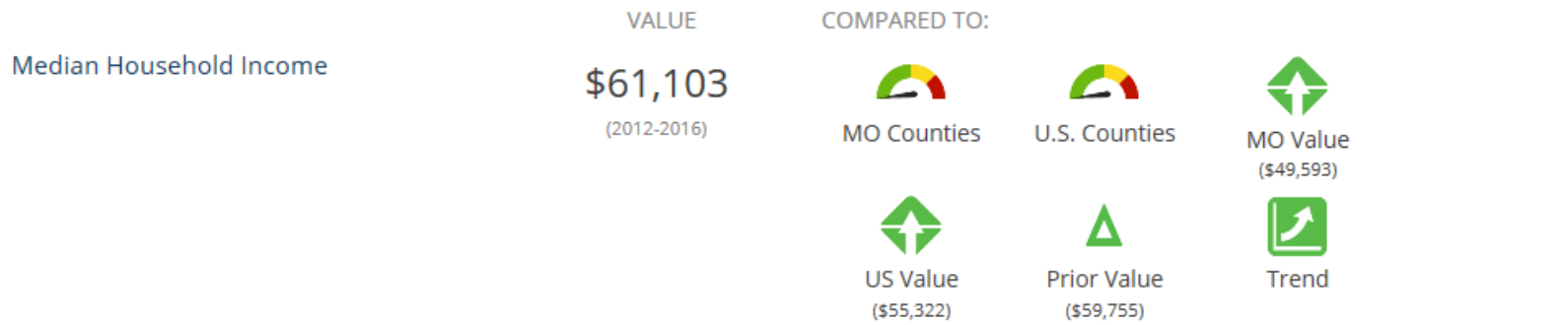
Economy / Homeownership

























Economy / Housing Affordability & Supply



Economy / Income



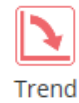
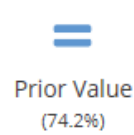
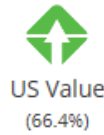
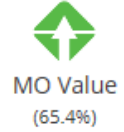
Economy / Poverty

	VALUE	COMPARED TO:		
Children Living Below Poverty Level	<p>15.1%</p> <p>(2012-2016)</p>	 MO Counties	 U.S. Counties	 MO Value (21.1%)
		 US Value (21.2%)	 Prior Value (16.1%)	 Trend
Families Living Below Poverty Level	<p>7.4%</p> <p>(2012-2016)</p>	 MO Counties	 U.S. Counties	 MO Value (10.8%)
		 US Value (11.0%)	 Prior Value (7.9%)	 Trend
Households with Children Receiving SNAP	<p>53.8%</p> <p>(2012-2016)</p>	 MO Value (51.5%)	 US Value (53.0%)	 Prior Value (55.3%)
		 Trend		
People 65+ Living Below Poverty Level	<p>6.2%</p> <p>(2012-2016)</p>	 MO Counties	 U.S. Counties	 MO Value (8.9%)
		 US Value (9.3%)	 Prior Value (6.3%)	 Trend

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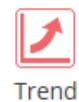
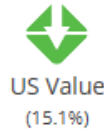
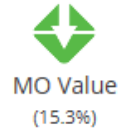
People Living 200% Above Poverty Level

75.0%
(2012-2016)



People Living Below Poverty Level

10.3%
(2012-2016)



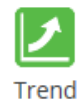
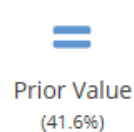
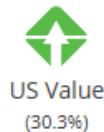
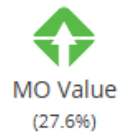
Education / Educational Attainment in Adult Population

VALUE

COMPARED TO:

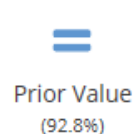
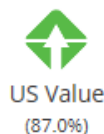
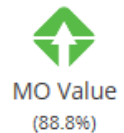
People 25+ with a Bachelor's Degree or Higher

42.4%
(2012-2016)

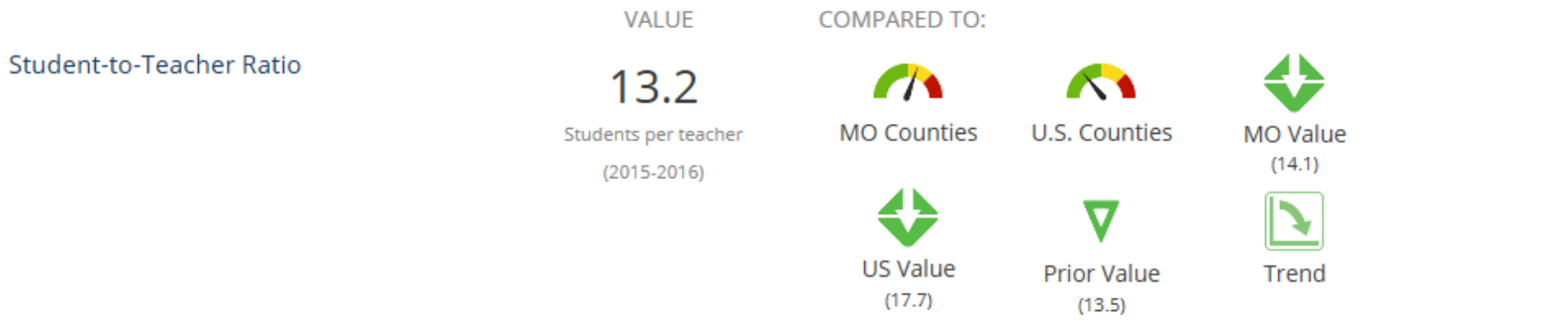


People 25+ with a High School Degree or Higher

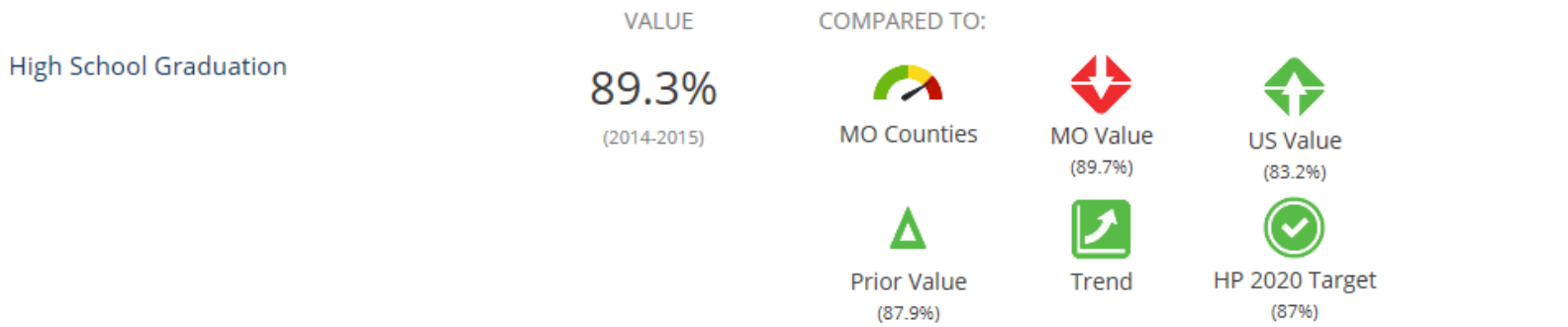
93.0%
(2012-2016)



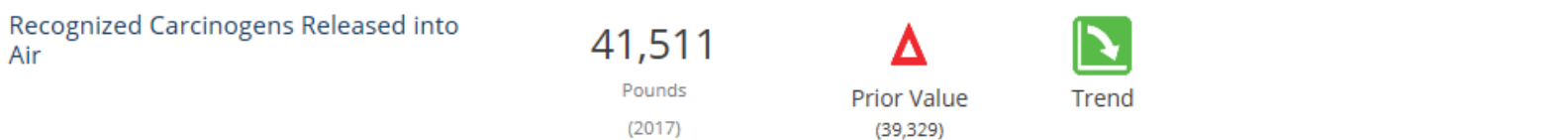
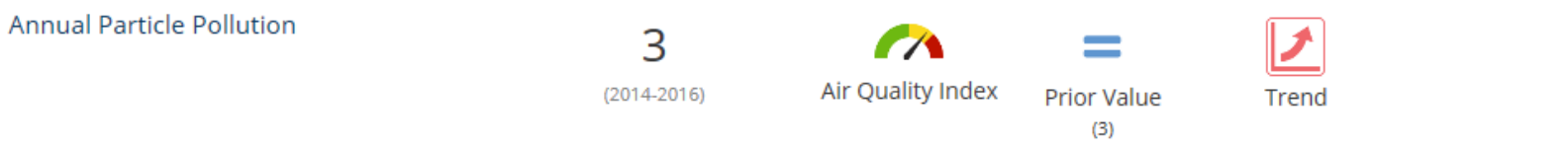
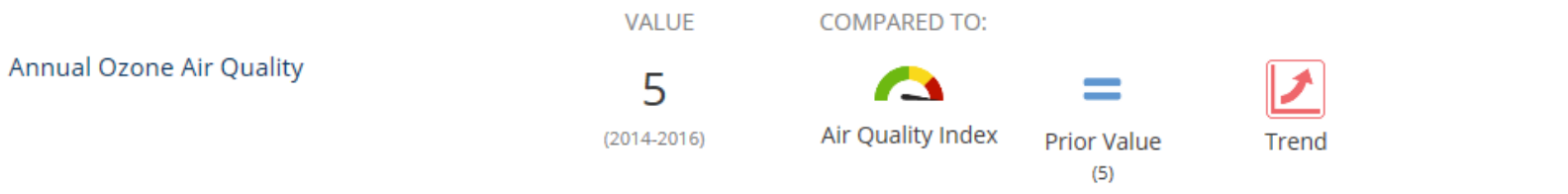
Education / School Resources























Education / Student Performance K-12



Environment / Air




























Environment / Built Environment

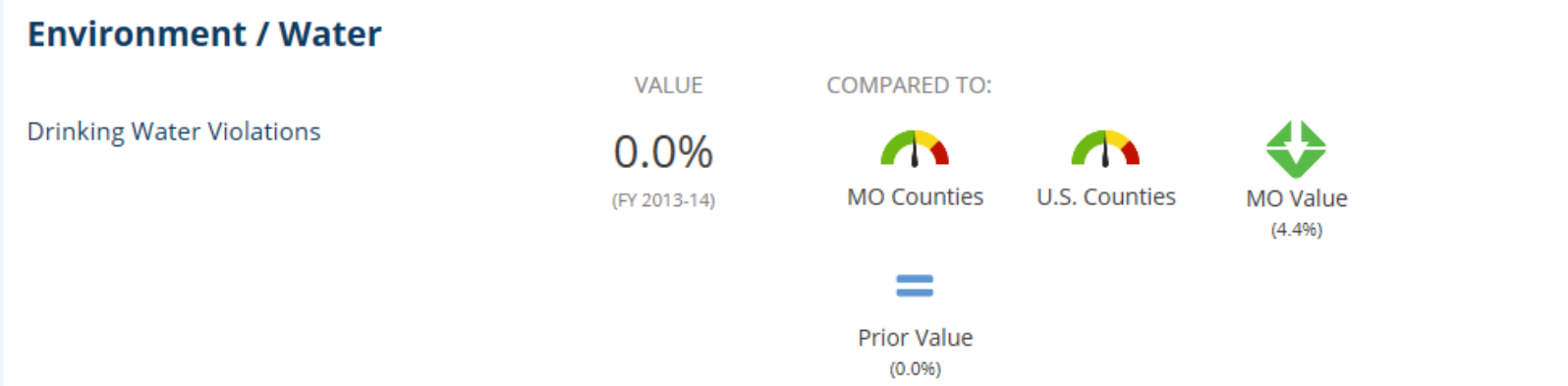
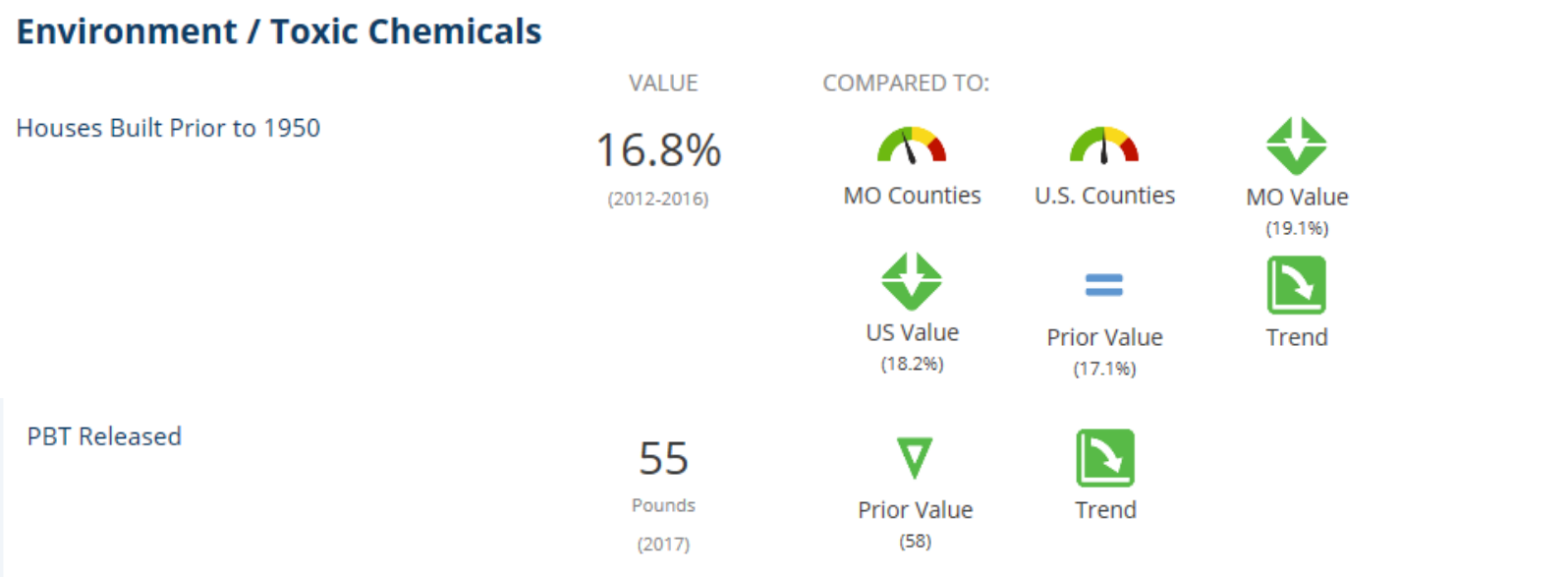
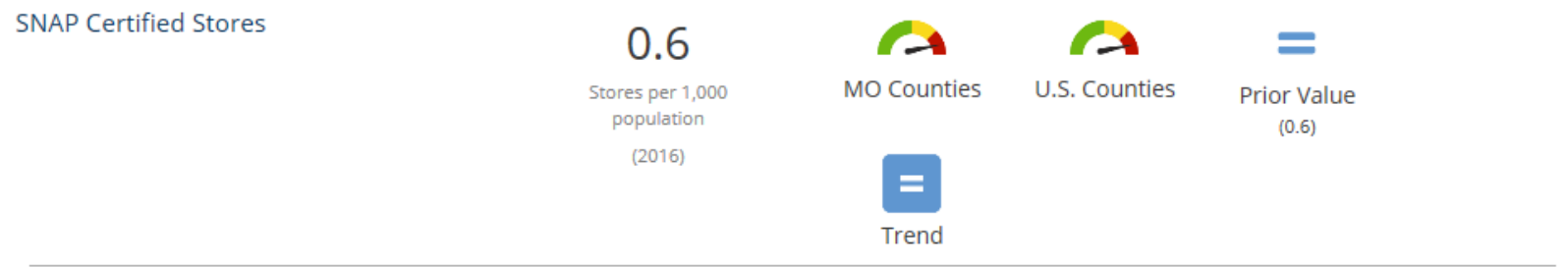
	VALUE	COMPARED TO:		
Access to Exercise Opportunities (2018)	94.7%	 MO Counties	 U.S. Counties	 MO Value (77.4%)
		 US Value (83.1%)		
Children with Low Access to a Grocery Store (2015)	6.6%	 MO Counties	 U.S. Counties	 Prior Value (6.5%)
Farmers Market Density Markets per 1,000 population (2016)	0.02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

Appendix

St. Louis Health Dashboard www.thinkhealthstl.org

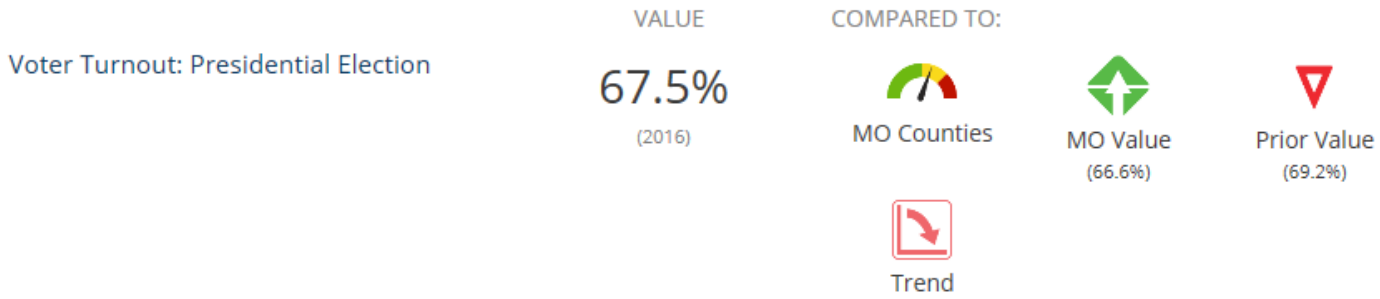
Grocery Store Density	0.18 Stores per 1,000 population (2014)	 MO Counties	 U.S. Counties	 Prior Value (0.19)
		 Trend		
Households with No Car and Low Access to a Grocery Store	1.6% (2015)	 MO Counties	 U.S. Counties	 Prior Value (1.1%)
Liquor Store Density	7.7 Stores per 100,000 population (2015)	 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

St. Louis County Health Dashboard www.thinkhealthstl.org



St. Louis County Health Dashboard www.thinkhealthstl.org

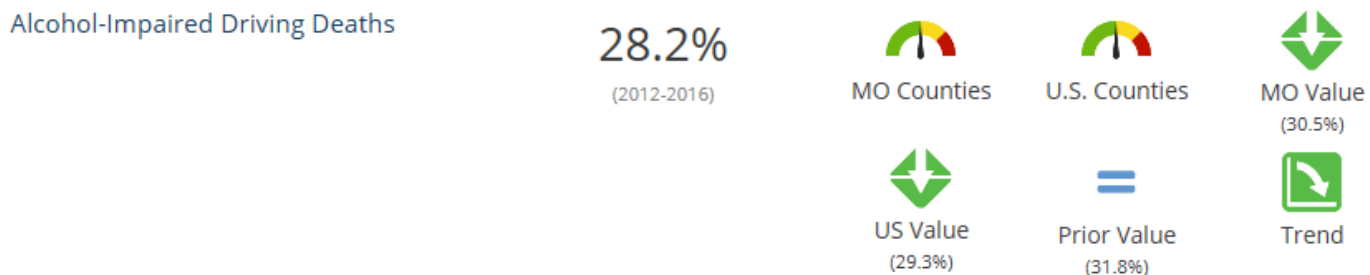
Government & Politics / Elections & Voting



Public Safety / Crime & Crime Prevention



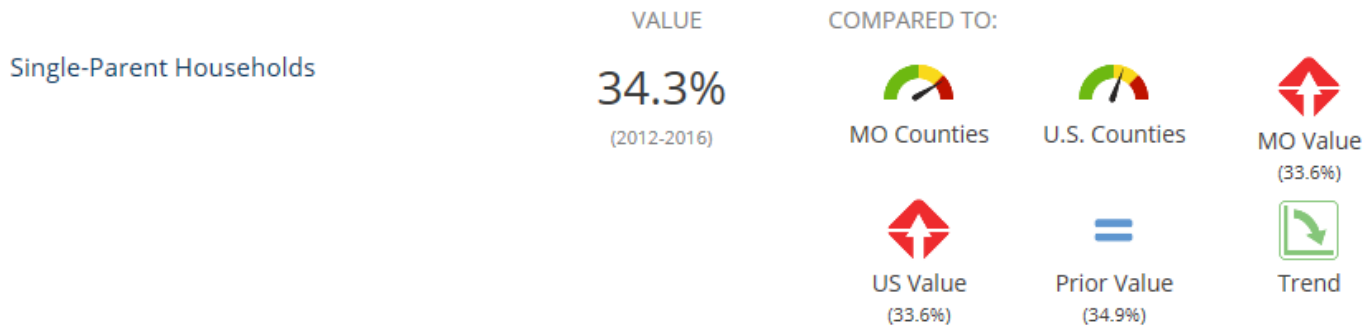
Public Safety / Transportation Safety



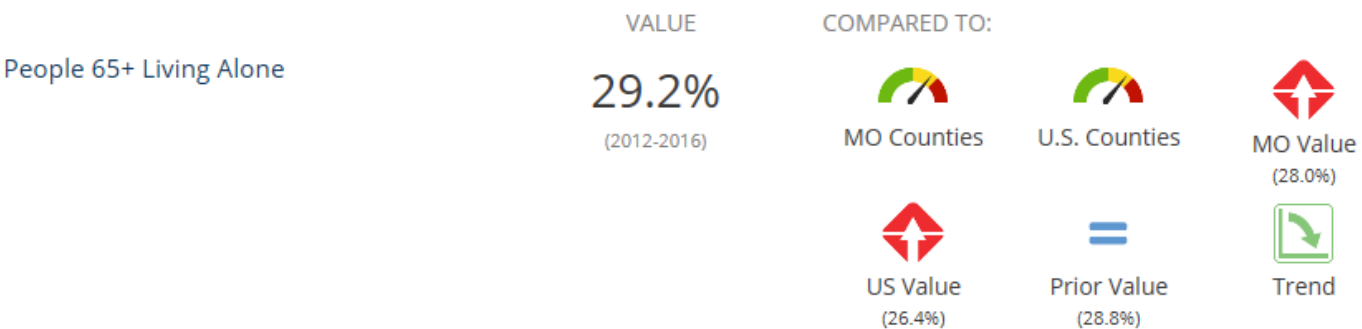
Social Environment / Children's Social Environment



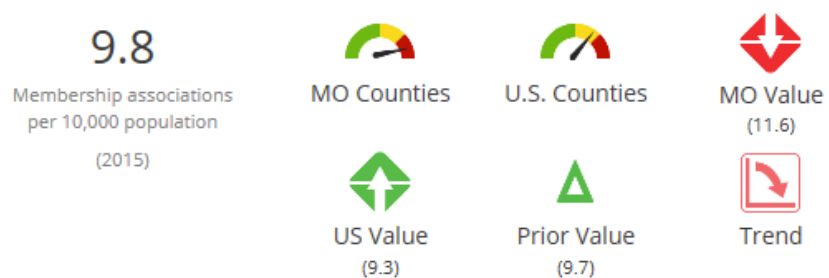
Social Environment / Family Structure




























Social Environment / Neighborhood/Community Attachment



Social Associations



Transportation / Commute To Work

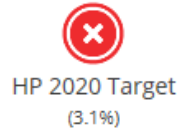
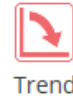
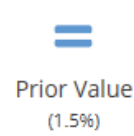
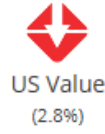
	VALUE	COMPARED TO:		
Mean Travel Time to Work	<p>24.0 Minutes (2012-2016)</p>	 MO Counties	 U.S. Counties	 MO Value (23.4)
		 US Value (26.1)	 Prior Value (23.7)	 Trend
Solo Drivers with a Long Commute	<p>32.0% (2012-2016)</p>	 MO Counties	 U.S. Counties	 MO Value (30.9%)
		 US Value (34.7%)	 Prior Value (31.3%)	 Trend
Workers Commuting by Public Transportation	<p>2.6% (2012-2016)</p>	 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	<p>83.3% (2012-2016)</p>	 MO Counties	 U.S. Counties	 MO Value (81.6%)
		 US Value (76.4%)	 Prior Value (83.5%)	 Trend

Appendix

St. Louis County Health Dashboard www.thinkhealthstl.org

Workers who Walk to Work

1.5%
(2012-2016)



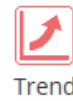
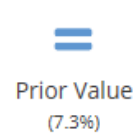
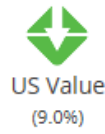
Transportation / Personal Vehicle Travel

VALUE

Households without a Vehicle

7.2%
(2012-2016)

COMPARED TO:



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