

SSM Health Rehabilitation Network
12380 DePaul Drive, Bridgeton MO 63044

Approved by St. Louis Regional Board on March 25, 2019



2019 - 2021

Community Health Needs
Implementation **Strategy**



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Message to Our Community

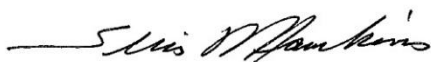
SSM Health DePaul Hospital – St. Louis, a member of SSM Health, has delivered exceptional, compassionate care to North St. Louis County and surrounding areas for many years. Inspired by our founding Franciscan Sisters of Mary and guided by our Mission – Through our exceptional health care services, we 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 Rehabilitation 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 Rehabilitation Network 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 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 Rehabilitation Network in collaboration with SSM Health DePaul Hospital 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. Access to Care
2. Chronic Disease – Heart and Vascular Disease
3. Chronic Disease - Cerebrovascular

strategies

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 – Heart and Vascular Disease

Resources include SSM Health cardiologists and cardiothoracic surgeons, community organizations

Chronic Disease – Cerebrovascular Disease

Resources include SSM Health Neuro Science, SSM Day Institute

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 hospitals, Neuropsychology services, Outpatient Physical Therapy locations and Day Institute Programs. 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.

SSM Health Rehabilitation Network has 125 inpatient rehabilitation beds at three locations: SSM Health Rehabilitation Hospital- Richmond Heights, SSM Health Rehabilitation Hospital- Bridgeton and SSM Health Rehabilitation Hospital- Lake Saint Louis. Specialty programs include: spinal cord injury, brain injury, stroke, severe disorders of consciousness, amputation, cardiac, oncology and general rehabilitation.

SSM also participates in an external survey conducted by the St. Louis Post-Dispatch, a major regional newspaper in St. Louis, Missouri. This newspaper recognizes 150 companies and organizations in St. Louis as Top Workplaces based on surveys about the workplace completed by their employees. SSM has participated in this survey beginning in 2015 and has received the designation of Top Places to Work in 2015, 2016, 2017, and 2018.



The Health Needs of Our Community

SSM Health Rehabilitation Network and SSM Health DePaul Hospital 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

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

123 /
100,000

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.

In St. Louis County, 176.1 persons per 100,000 die from heart disease

176.1 /
100,000

Chronic Disease – Heart and Vascular Disease

Heart disease is a term that encompasses a variety of different diseases affecting the heart and is the leading cause of death in the United States, accounting for 25.4% of total deaths. There are many modifiable risk factors for atherosclerosis, including tobacco smoking, obesity, sedentary lifestyle, and high levels of low-density lipoprotein in blood serum. Moreover, it is important to note that heart disease is the number one killer of women in the United States.

In St. Louis County, 38 persons per 100,000 die from a stroke

3.6 /
10,000

Chronic Disease – Cerebrovascular Disease

Cerebrovascular disease refers to conditions, including stroke, caused by problems with the blood vessels supplying the brain with blood. Cerebrovascular disease is a leading cause of death in the United States, and although it is more common in older adults, it can occur at any age. The most important modifiable risk factor for cerebrovascular disease and stroke is high blood pressure.

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)		N/A Data Source Change
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%	12.8%	13.0%
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%	70.6%	70.6%

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 100,000 persons, reported in 2015, to 115 deaths per 100,000 person by 2018. (HCI)*	HCI	2015	126.5 (2011-2013)	114 (2013-2015)	114 (2013-2015)	114 (2013-2015)	114 (2013-2015)		N/A Data Source Change
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%	10.8%	12.5%
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	25.1	25.1

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)		N/A Data Source Change
Reduce stroke acute care transfers from SSM Health 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%	15.4%	14.8%
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%	66.7%	67.0%
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	25.8	25.1

SSM Health Rehabilitation Network in collaboration with SSM Health DePaul Hospital 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 **Access to Care**

Priority #2 **Chronic Disease – Heart and Vascular Disease**

Priority #3 **Chronic Disease – Cerebrovascular Disease**



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.

- Per 100,000 persons, there are 123 providers in St. Louis County
- Clinical Care Ranking - The quality and accessibility of clinical care heavily impacts the health of a community. Without a sufficient number of providers or adequate insurance coverage, people often do not seek care services and are thus at higher risk of developing preventable illnesses or chronic conditions. People with access to high-quality care are more likely to receive effective treatment for their conditions and enjoy better health. St. Louis County is ranked at 2 (1-2 is healthiest). The ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.
- 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 #1

action plan

- Partner with SSM Health St. Louis ministries and community collaborations to address access to care barriers, provide screenings and health education materials
- Monitor Durability of outcomes post discharge through IT HealthTrack and create action plans, if appropriate.
- Utilize Care Partner Program to increase community discharges from 70.6% in 2018 to 73.6% by 2021.
- Partner with Emergency Rooms at St. Mary's Hospital and DePaul Hospital to prevent unnecessary admissions to acute care from SSM Health Rehabilitation Hospital.
- Transition to Medical Model at SSM Health Rehabilitation Hospital- Bridgeton in 2019 to enhance medical management coverage and increase in-house physician presence.
- Develop Meds to Beds Program to increase access to prescribed medications at time of patients' discharge from inpatient rehabilitation stay.

community partners

- SSM Health St. Mary's Hospital – St. Louis
- SSM Health DePaul Hospital – St. Louis
- SSM Health St. Joseph Hospital – Lake St. Louis

supporting resources

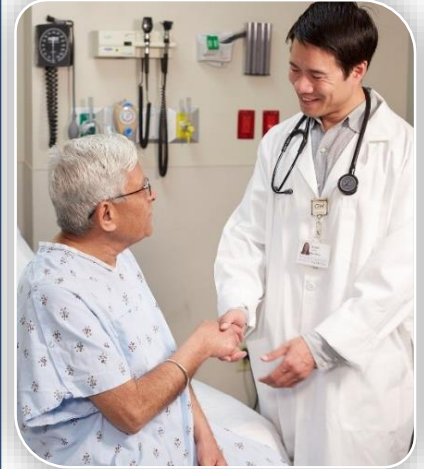
- SSM Day Institute



Chronic Disease – Heart and Vascular

Heart disease is a term that encompasses a variety of different diseases affecting the heart and is the leading cause of death in the United States, accounting for 25.4% of total deaths. The most common type in the United States is coronary artery disease, which can cause heart attack, angina, heart failure, and arrhythmias. Coronary artery disease occurs when plaque builds up in the arteries that supply blood to the heart and the arteries narrow (atherosclerosis). There are many modifiable risk factors for atherosclerosis, including tobacco smoking, obesity, sedentary lifestyle, and high levels of low-density lipoprotein in blood serum. Moreover, it is important to note that heart disease is the number one killer of women in the United States.

- 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. Because the heart is not able to work efficiently, blood backs up in the tissues causing edema or swelling. Edema can occur in the legs and ankles as well as in the lungs, where it causes shortness of breath, especially while lying down. 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.
- Age-adjusted ER rate due to heart failure is 3.5 per 10,000 persons in St. Louis County compared to 5,9 in St. Louis City.
- The percentage of overweight adults is an indicator of the overall health and lifestyle of a community. Being overweight affects quality of life and puts individuals at risk for developing many diseases, especially heart disease, stroke, diabetes, and cancer. 32.6% of St. Louis County adults are overweight.
- High blood pressure is the number one modifiable risk factor for stroke. In addition to stroke, high blood pressure also contributes to heart attacks, heart failure, kidney failure, and atherosclerosis. The higher your blood pressure, the greater your risk of heart attack, heart failure, stroke, and kidney disease. In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware that they have it. 31.9% of St. Louis County adults have high blood pressure.



Priority #2

action plan

- Partner with SSM Health St. Louis ministries and community collaborations to provide screenings and health education materials to the community
- Reduce cardiac-related acute care transfers 12.5% in 2018 to 10% in 2021
- Monitor Durability of outcomes post discharge through IT HealthTrack and create action plans, if appropriate.
- Utilize Care Partner Program to increase community discharges from 70.6% in 2018 to 73.6% by 2021.
- Partner with Emergency Rooms at St. Mary's Hospital and DePaul Hospital to prevent unnecessary admissions to acute care from SSM Health Rehabilitation Hospital.
- Transition to Medical Model at SSM Health Rehabilitation Hospital- Bridgeton in 2019 to enhance medical management coverage and increase in-house physician presence.
- Develop Meds to Beds Program to increase access to prescribed medications at time of patients' discharge from inpatient rehabilitation stay.

community partners

- SSM Health St. Mary's Hospital – St. Louis
- SSM Health DePaul Hospital – St. Louis
- SSM Health St. Joseph Hospital – Lake St. Louis

supporting resources

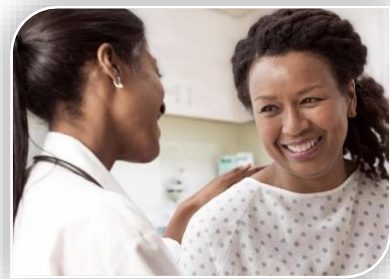
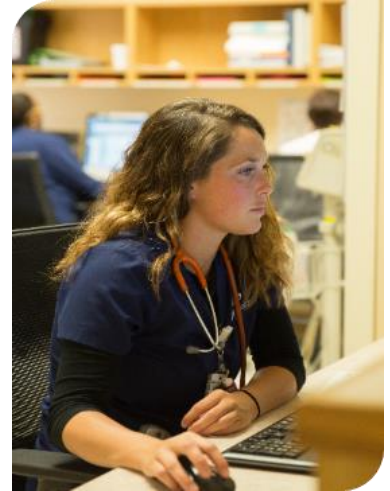
- SSM Day Institute



Chronic Disease - Cerebrovascular

Cerebrovascular disease refers to conditions, including stroke, caused by problems with the blood vessels supplying the brain with blood. A stroke occurs when blood vessels carrying oxygen to the brain burst or become blocked, thereby cutting off the brain's supply of oxygen and other nutrients. Lack of oxygen causes brain cells to die, which can lead to brain damage and disability or death. Cerebrovascular disease is a leading cause of death in the United States, and although it is more common in older adults, it can occur at any age. 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.

- The age-adjusted death rate due to Cerebrovascular Disease is 38 adults out of 100,000 persons in St. Louis County
- . The percentage of overweight adults is an indicator of the overall health and lifestyle of a community. Being overweight affects quality of life and puts individuals at risk for developing many diseases, especially heart disease, stroke, diabetes, and cancer. 32.6% of St. Louis County adults are overweight.
- High blood pressure is the number one modifiable risk factor for stroke. In addition to stroke, high blood pressure also contributes to heart attacks, heart failure, kidney failure, and atherosclerosis. The higher your blood pressure, the greater your risk of heart attack, heart failure, stroke, and kidney disease. In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware that they have it. 31.9% of St. Louis County adults have high blood pressure.
- Nearly three-quarters of all strokes occur in people over the age of 65. The Centers for Disease Control and Prevention (CDC) states that stroke is the fourth leading cause of death in the United States, is a leading cause of long-term disability, and is the cause of almost 133,000 deaths annually. According to the CDC, strokes cost the United States an estimated \$38.6 billion each year. 4.4% of the Medicare population in St. Louis County were treated for a stroke.



Priority #3

action plan

- Partner with SSM Health St. Louis ministries and community collaborations to provide screenings and health education materials
- Increase stroke community discharges from 67% in 2018 to 70% in 2021
- Stroke Program Team to monitor durability of outcomes post discharge through IT HealthTrack and create action plans, if appropriate.
- Decrease Stroke Fall Rate per 1000 patient days by 10%.
- Participate in community events annually.
- Improve stroke G.G. self care admission to discharge change to meet national average.
- Improve stroke G.G. mobility admission to discharge change to meet national average.
- Host Stroke Support Group monthly.

community partners

- SSM Health St. Mary’s Hospital – St. Louis
- SSM Health DePaul Hospital – St. Louis
- SSM Health St. Joseph Hospital – Lake St. Louis

supporting resources

- National Stroke Association
- Mid-America Stroke Network
- SSM Day Institute



Going Forward



Visit us online at
www.ssmhealth.com

facebook.com/ssmhealth
[@ssmhealth](https://twitter.com/ssmhealth)

www.thinkhealthstl.org
www.countyhealthrankings.org

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.

online tools

SSM Health Rehabilitation Network 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:		
Health Insurance	90.1% (2016)	MO Counties	U.S. Counties	MO Value (87.2%)
		Prior Value (90.3%)	Trend	HP 2020 Target (100.0%)
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%)
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

NSchaeffer@ssm-select.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.

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 Rehabilitation Hospital will not address and the reasons:

Because SSM Rehabilitation Hospital 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:

- Mental Health/Geriatric Psychology and Substance Abuse: Both topics were discussed as issues of concern for the community. SSM Rehabilitation Hospital is not licensed to care for patients with behavioral health needs. Inpatient and outpatient behavioral health needs are currently being addressed at other local SSM Health and non-SSM Health behavioral facilities.
- Smoking and tobacco use: SSM Health Rehabilitation Hospital is a tobacco-free campus. Education is available on campus for smoking and tobacco cessation.
- Obesity: While the hospital does not have resources to focus on obesity as a community goal, the disease is managed through individual disease-based programs.
- Care Coordination: While this was not chosen has a priority, it will be indirectly addressed through the access to care component of the strategic implementation plan.
- Health literacy: SSM Health Rehabilitation Hospital does not have the infrastructure or resources to effectively meet this need alone. It is currently being addressed by other community organizations.

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 for Indicators

All Data

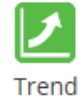
St. Louis

	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

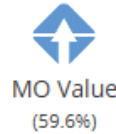
Non-Physician Primary Care Provider Rate

75
Providers per 100,000 population
(2017)



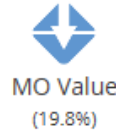
Persons with Private Health Insurance Only

66.7%
(2016)



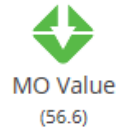
Persons with Public Health Insurance Only

15.3%
(2016)



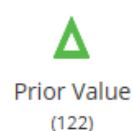
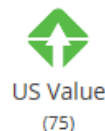
Preventable Hospital Stays: Medicare Population

46.8
Discharges per 1,000 Medicare enrollees
(2015)



Primary Care Provider Rate

123
Providers per 100,000 population
(2015)

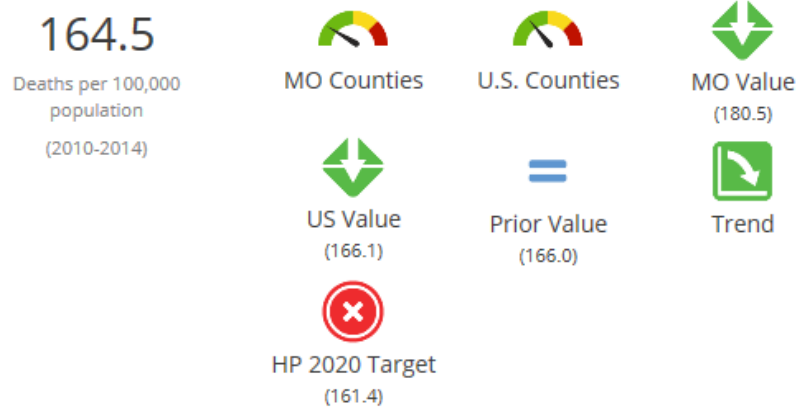


Health / Cancer

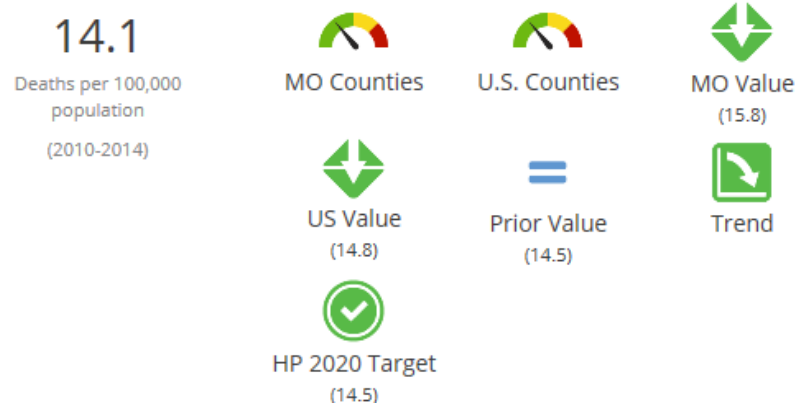
Age-Adjusted Death Rate due to Breast Cancer



Age-Adjusted Death Rate due to Cancer



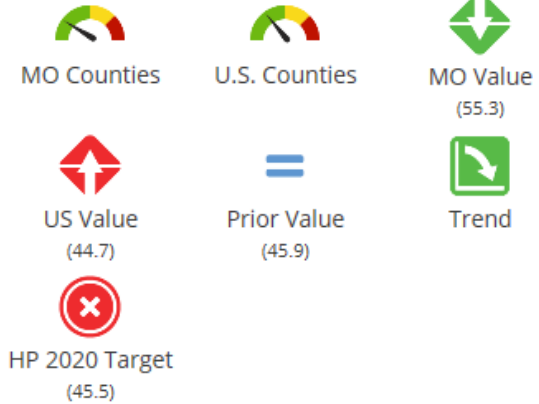
Age-Adjusted Death Rate due to Colorectal Cancer



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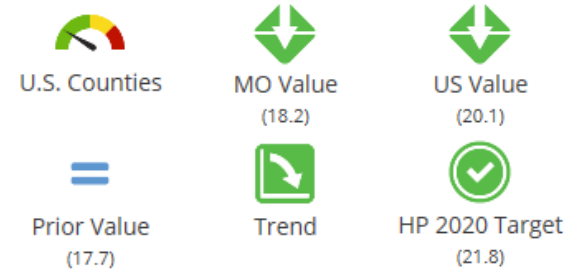
Age-Adjusted Death Rate due to Lung Cancer

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



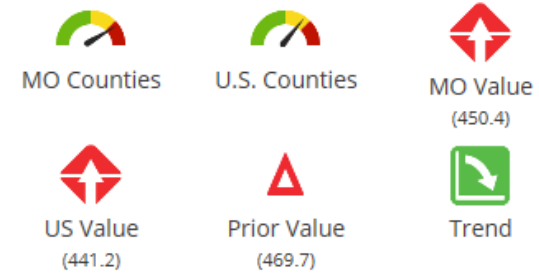
Age-Adjusted Death Rate due to Prostate Cancer

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



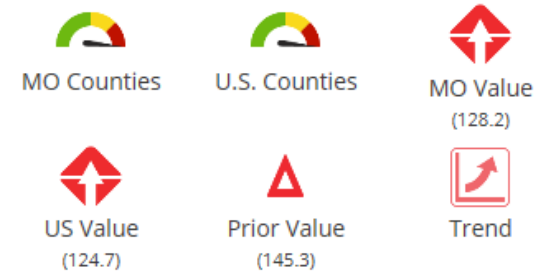
All Cancer Incidence Rate

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



Breast Cancer Incidence Rate

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

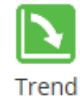
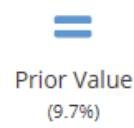
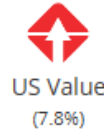


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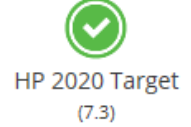
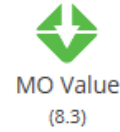
Cancer: Medicare Population

9.7%
(2015)



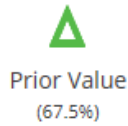
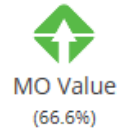
Cervical Cancer Incidence Rate

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



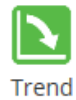
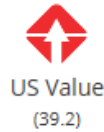
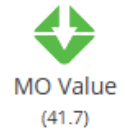
Colon Cancer Screening: Sigmoidoscopy or Colonoscopy

70.8%
(2011)



Colorectal Cancer Incidence Rate

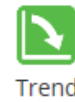
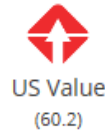
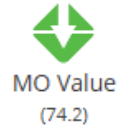
41.1
Cases per 100,000
population
(2011-2015)



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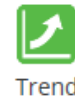
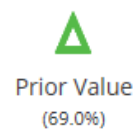
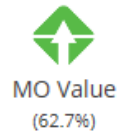
Lung and Bronchus Cancer Incidence Rate

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



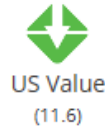
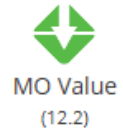
Mammography Screening: Medicare Population

70.2%
(2015)



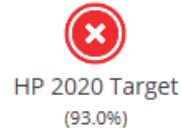
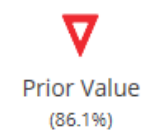
Oral Cavity and Pharynx Cancer Incidence Rate

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



Pap Test in Past 3 Years

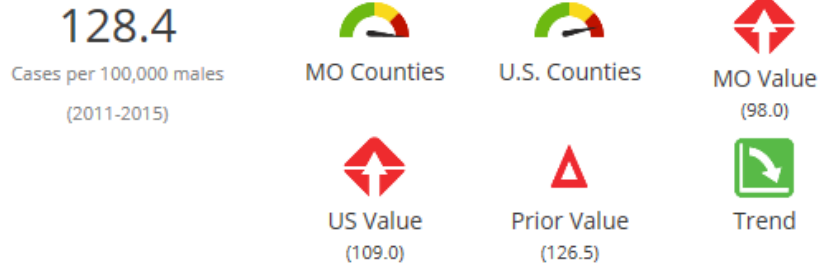
79.4%
(2011)







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

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>	

Appendix

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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

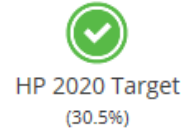
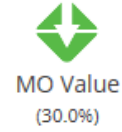
	VALUE	COMPARED TO:		
Adult Fruit and Vegetable Consumption	13.3% (2011)	 MO Counties	 MO Value (12.5%)	 US Value (23.4% in 2009)
		 Prior Value (24.5%)		
Adults 20+ who are Sedentary	22.7% (2014)	 MO Counties	 U.S. Counties	 MO Value (25.8%)
		 US Value (23.0%)	 Prior Value (23.0%)	 Trend
		 HP 2020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

Appendix

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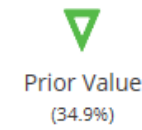
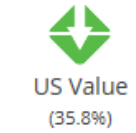
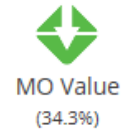
Adults who are Obese

28.2%
(2011)



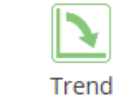
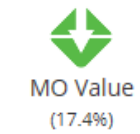
Adults who are Overweight

32.6%
(2011)



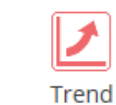
Child Food Insecurity Rate

14.8%
(2016)



Food Insecure Children Likely Ineligible for Assistance

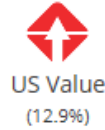
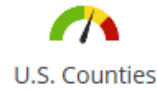
45%
(2016)



St. Louis County Health Dashboard www.thinkhealthstl.org

Food Insecurity Rate

14.7%
(2016)

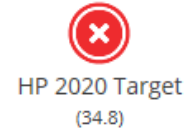
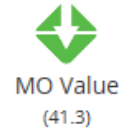


Health / Heart Disease & Stroke

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

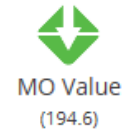
VALUE
38.0
Deaths per 100,000 population
(2011-2015)

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)



Appendix

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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

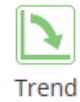
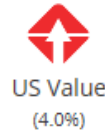
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High Blood Pressure Prevalence	<p>31.9% (2011)</p>	 MO Counties	 MO Value (32.6%)	 US Value (30.9% in 2015)
		 Prior Value (17.5%)	 HP 2020 Target (26.9%)	
High Cholesterol Prevalence: Adults 35+	<p>39.9% (2011)</p>	 MO Counties	 MO Value (42.9%)	 Prior Value (17.9%)
Hyperlipidemia: Medicare Population	<p>44.9% (2015)</p>	 MO Counties	 U.S. Counties	 MO Value (41.8%)
		 US Value (44.6%)	 Prior Value (45.0%)	 Trend
Hypertension: Medicare Population	<p>57.0% (2015)</p>	 MO Counties	 U.S. Counties	 MO Value (54.6%)
		 US Value (55.0%)	 Prior Value (57.1%)	 Trend
Ischemic Heart Disease: Medicare Population	<p>25.8% (2015)</p>	 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)

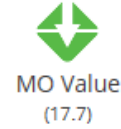


Health / Immunizations & Infectious Diseases

Age-Adjusted Death Rate due to Influenza and Pneumonia

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

COMPARED TO:



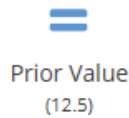
Prior Value
(16.1)



Trend

Age-Adjusted ER Rate due to Community Acquired Pneumonia

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



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)



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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

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%)



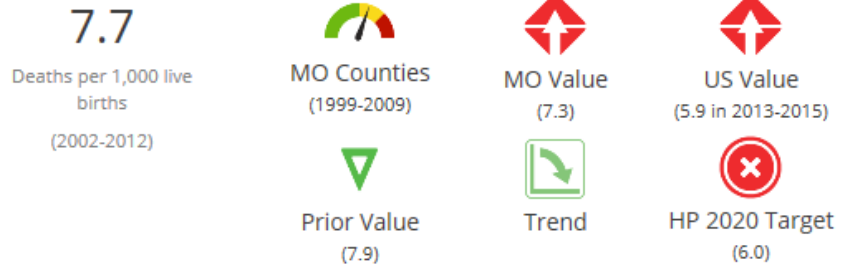
Trend



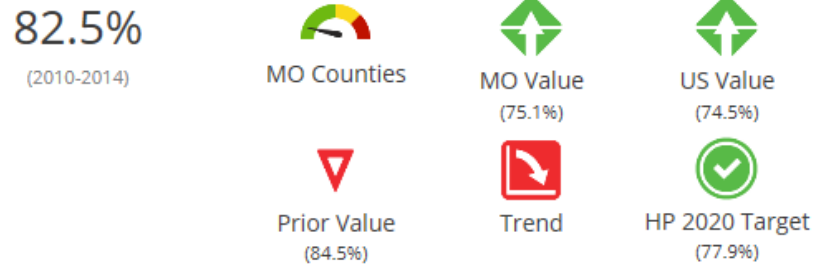
HP 2020 Target
(7.8%)

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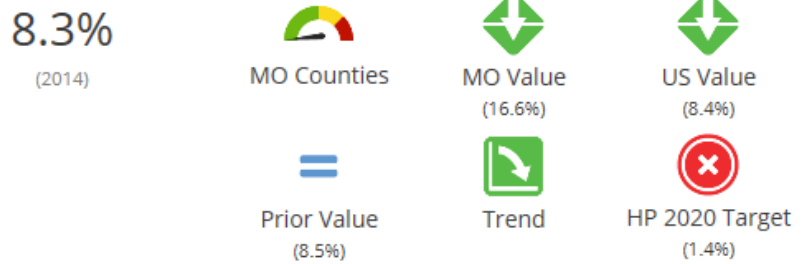
Infant Mortality Rate



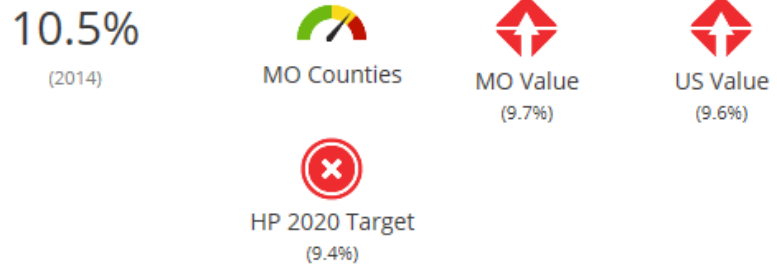
Mothers who Received Early Prenatal Care





















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>	

St. Louis County Health Dashboard www.thinkhealthstl.org

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)

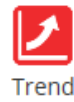
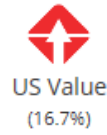

Prior Value
(53.5)

Appendix

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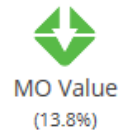
Depression: Medicare Population

20.6%
(2015)



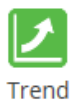
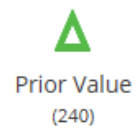
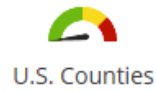
Frequent Mental Distress

11.3%
(2016)



Mental Health Provider Rate

258
Providers per 100,000
population
(2017)

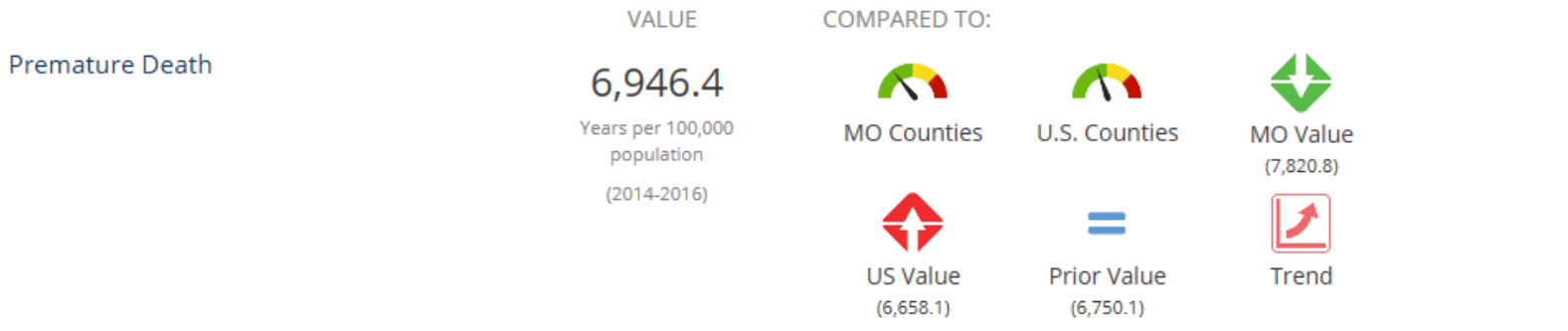


Poor Mental Health: Average Number of Days

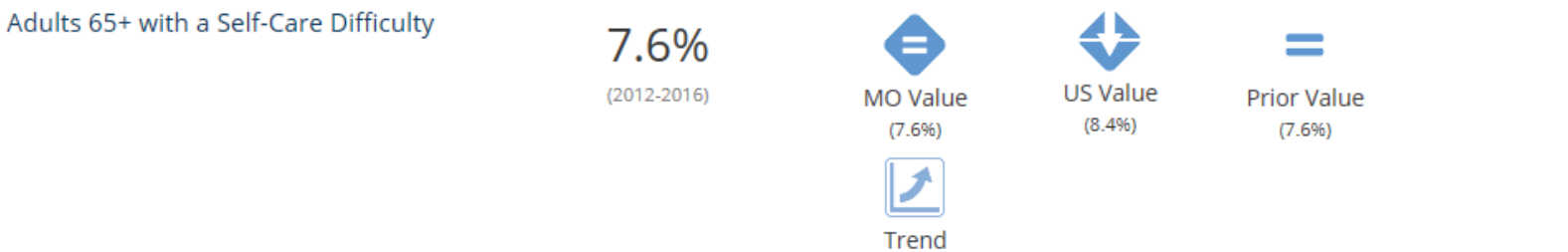
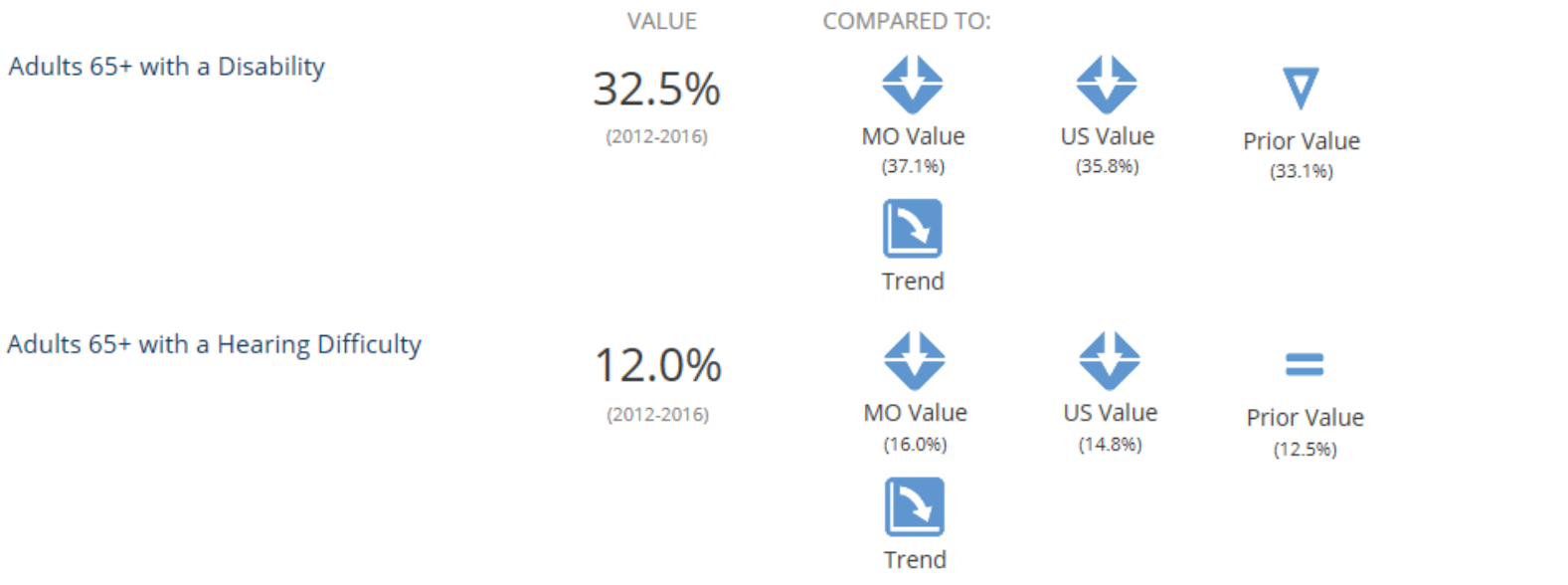
3.8
Days
(2016)



Health / Mortality Data



Health / Older Adults & Aging



Appendix

St. Louis County Health Dashboard www.thinkhealthstl.org

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%)

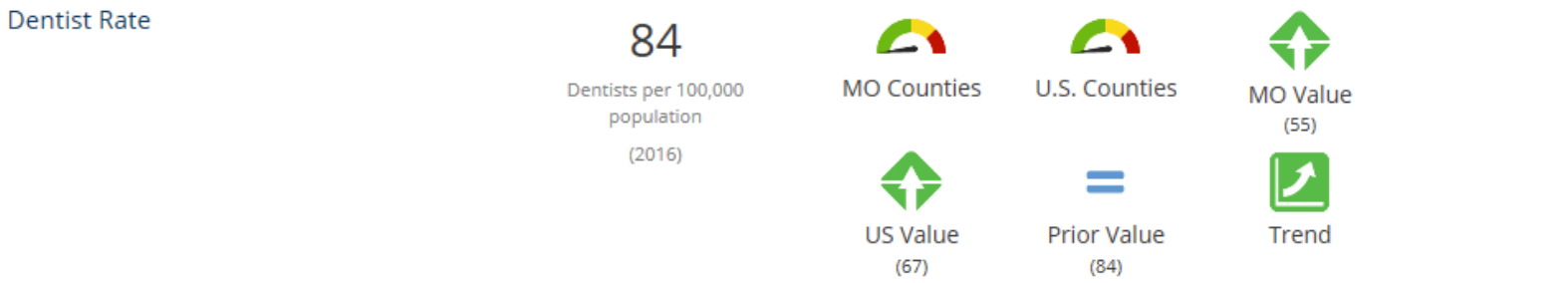
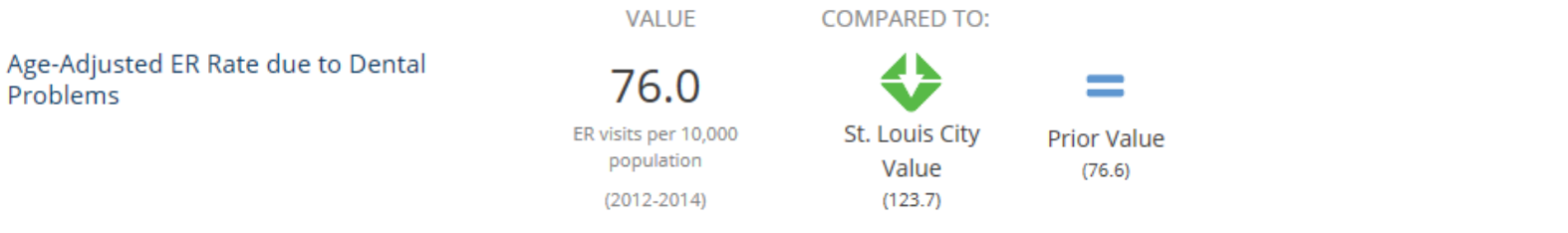


Prior Value
(11.4%)

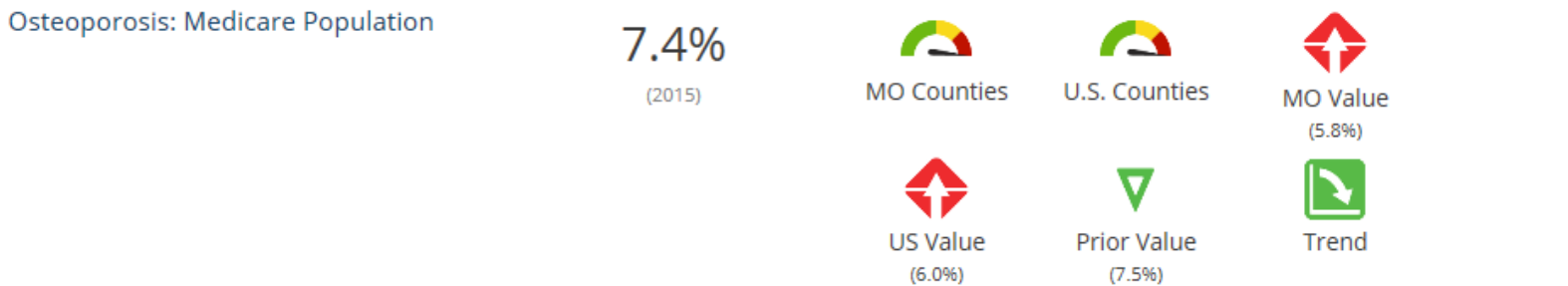
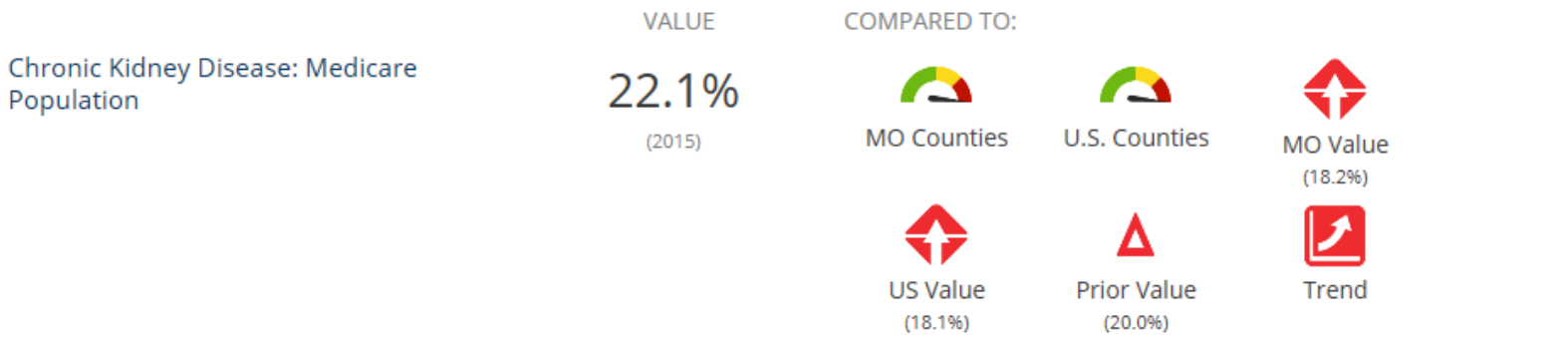


Trend

Health / Oral Health



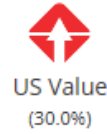
Health / Other Chronic Diseases



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Rheumatoid Arthritis or Osteoarthritis:
Medicare Population

34.6%
(2015)



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:



Age-Adjusted ER Rate due to Urinary
Tract Infections

82.9

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



Age-Adjusted Hospitalization Rate due to
Dehydration

16.5

Hospitalizations per
10,000 population 18+
years
(2012-2014)



Age-Adjusted Hospitalization Rate due to
Urinary Tract Infections

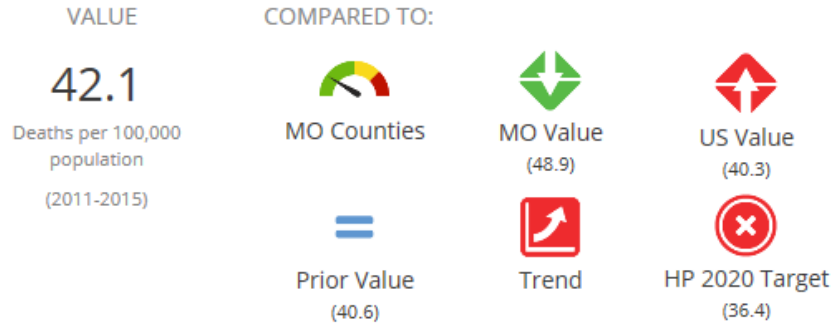
18.6

Hospitalizations per
10,000 population 18+
years
(2012-2014)



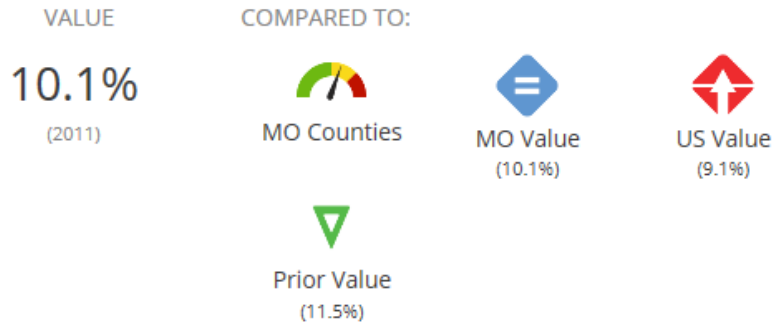
Health / Prevention & Safety

Age-Adjusted Death Rate due to Unintentional Injuries

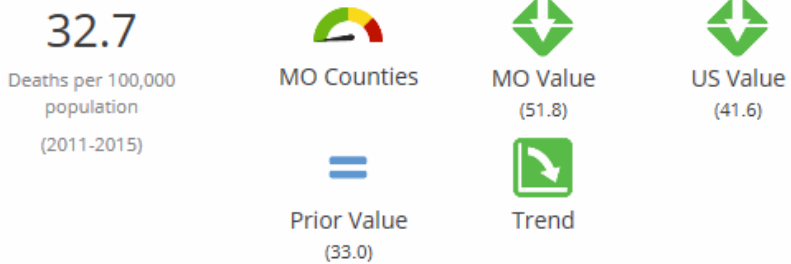


Health / Respiratory Diseases

Adults with Current Asthma



Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases



Age-Adjusted ER Rate due to Adult Asthma



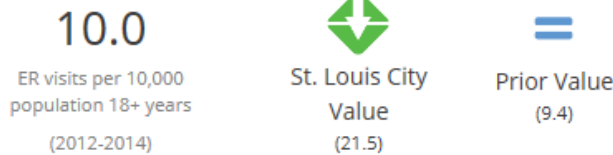
Age-Adjusted ER Rate due to Asthma



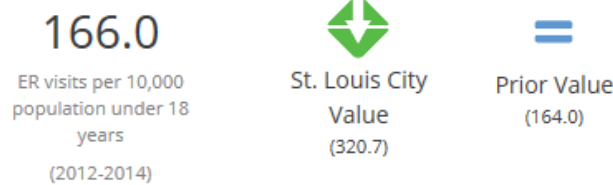
Appendix

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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

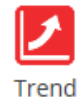
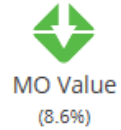
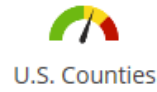


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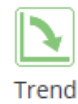
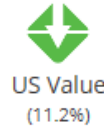
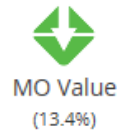
Asthma: Medicare Population

8.2%
(2015)



COPD: Medicare Population

10.0%
(2015)

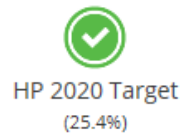
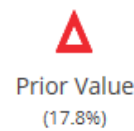


Health / Substance Abuse

Adults who Drink Excessively

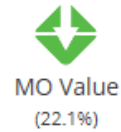
VALUE
19.7%
(2016)

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

St. Louis County Health Dashboard www.thinkhealthstl.org

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

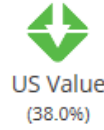
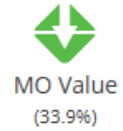
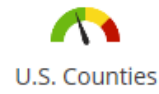
Frequent Physical Distress	VALUE	COMPARED TO:		
	10.9% (2016)	 MO Counties	 U.S. Counties	 MO Value (13.3%)
		 US Value (15.0%)	 Prior Value (10.5%)	

Appendix

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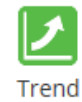
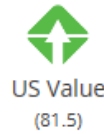
Insufficient Sleep

31.8%
(2016)



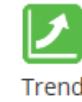
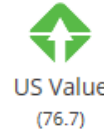
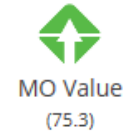
Life Expectancy for Females

81.7
Years
(2014)



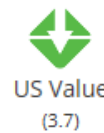
Life Expectancy for Males

77.0
Years
(2014)



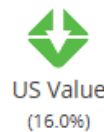
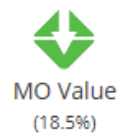
Poor Physical Health: Average Number of Days

3.6
Days
(2016)

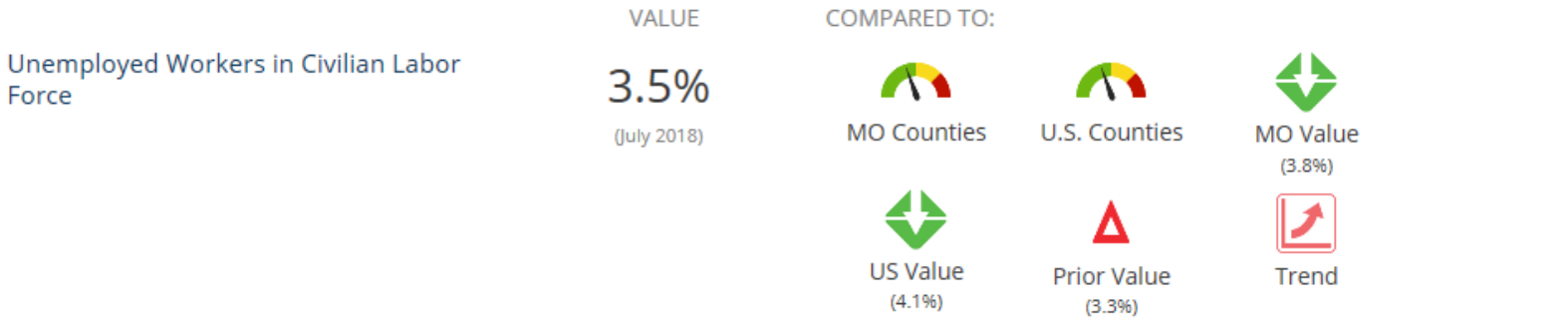


Self-Reported General Health Assessment: Poor or Fair

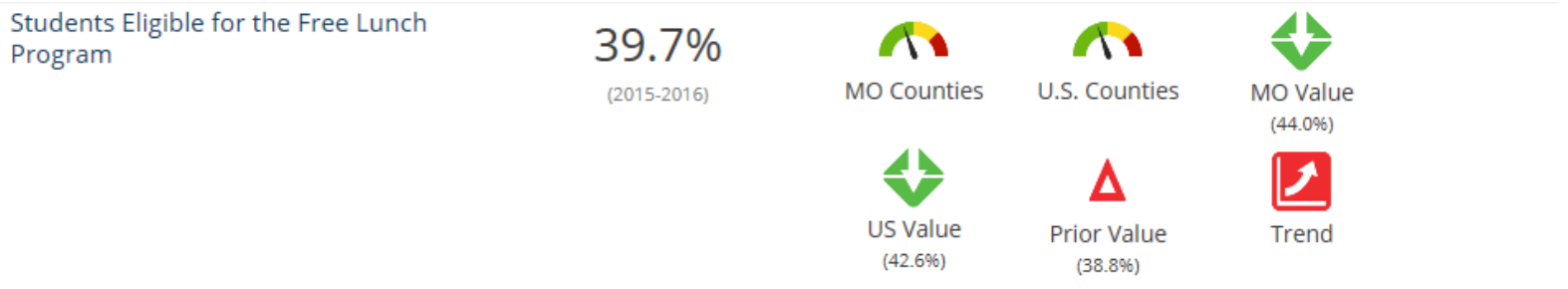
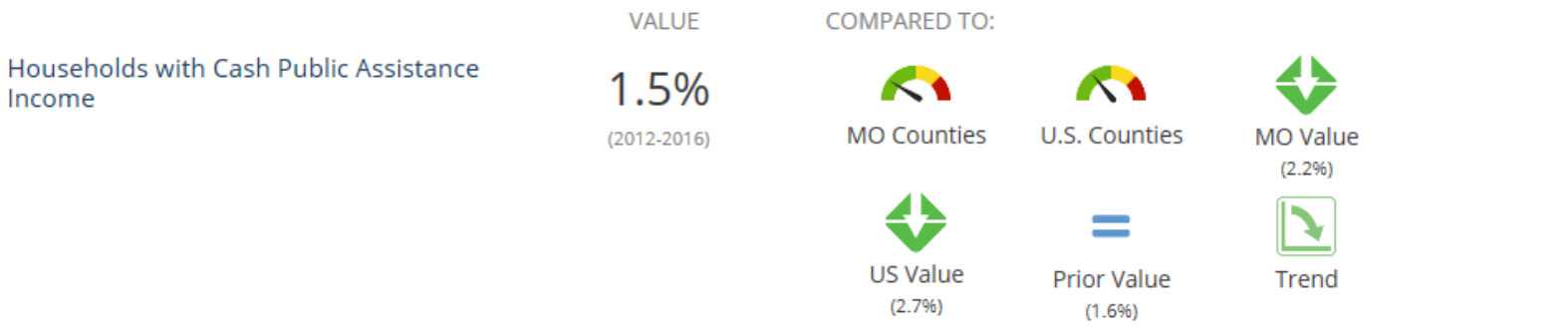
14.6%
(2016)



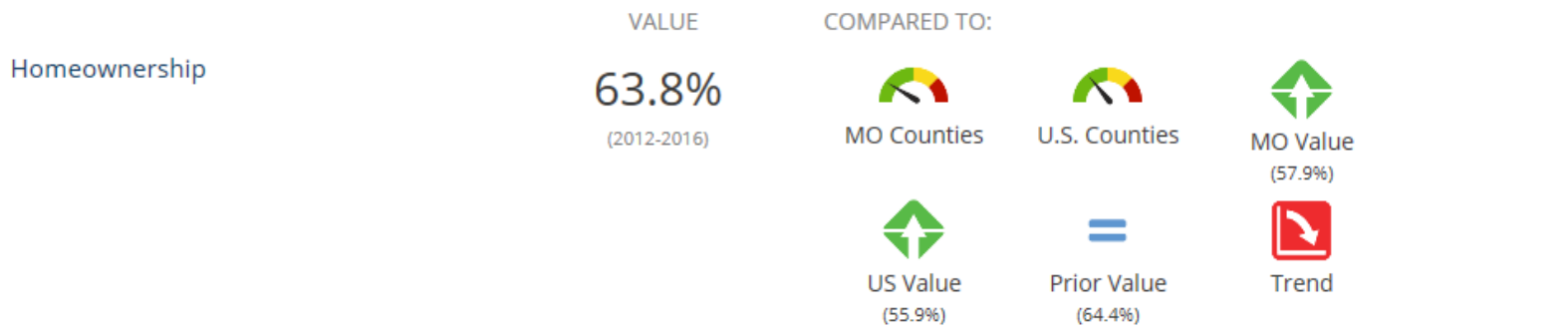
Economy / Employment



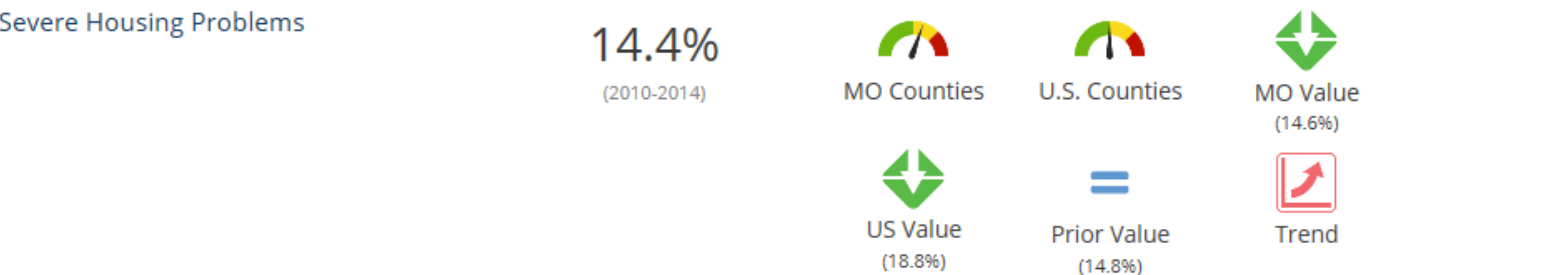
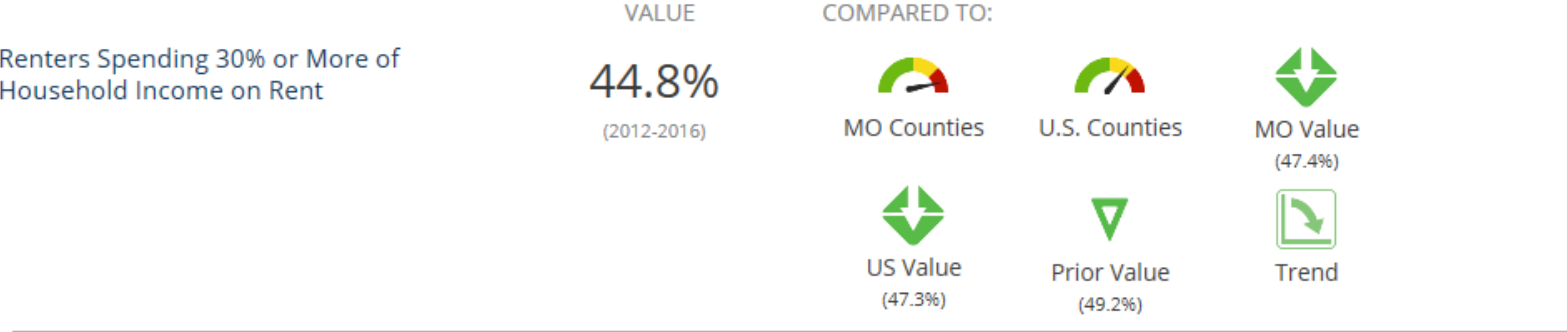
Economy / Government Assistance Programs



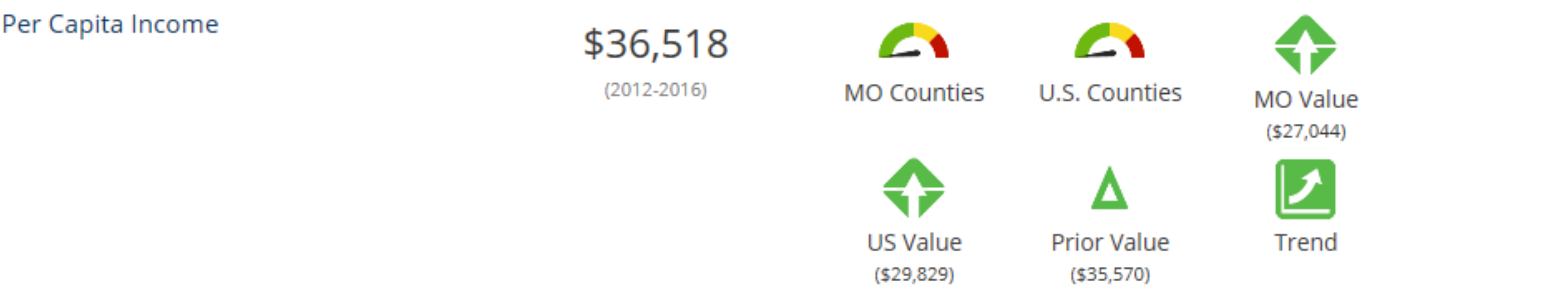
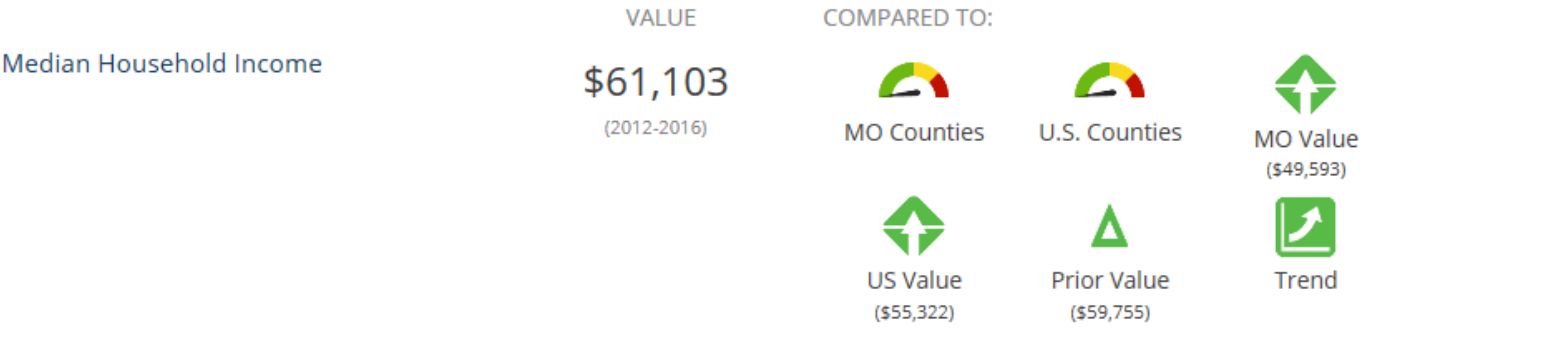
Economy / Homeownership

























Economy / Housing Affordability & Supply



Economy / Income



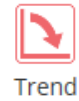
Economy / Poverty

	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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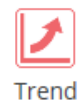
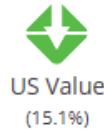
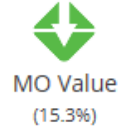
People Living 200% Above Poverty Level

75.0%
(2012-2016)



People Living Below Poverty Level

10.3%
(2012-2016)



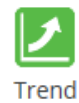
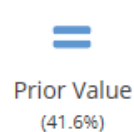
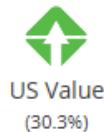
Education / Educational Attainment in Adult Population

VALUE

COMPARED TO:

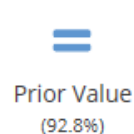
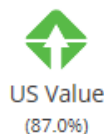
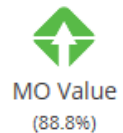
People 25+ with a Bachelor's Degree or Higher

42.4%
(2012-2016)

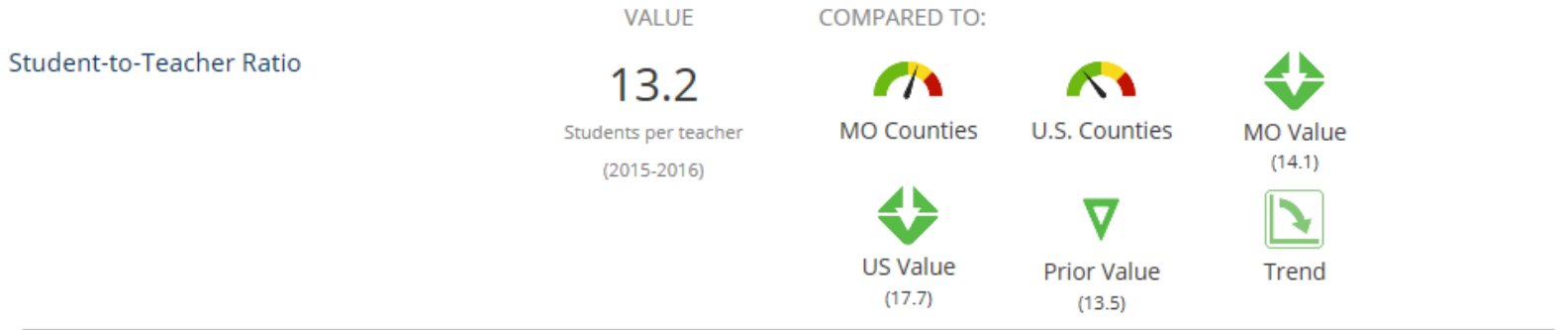


People 25+ with a High School Degree or Higher

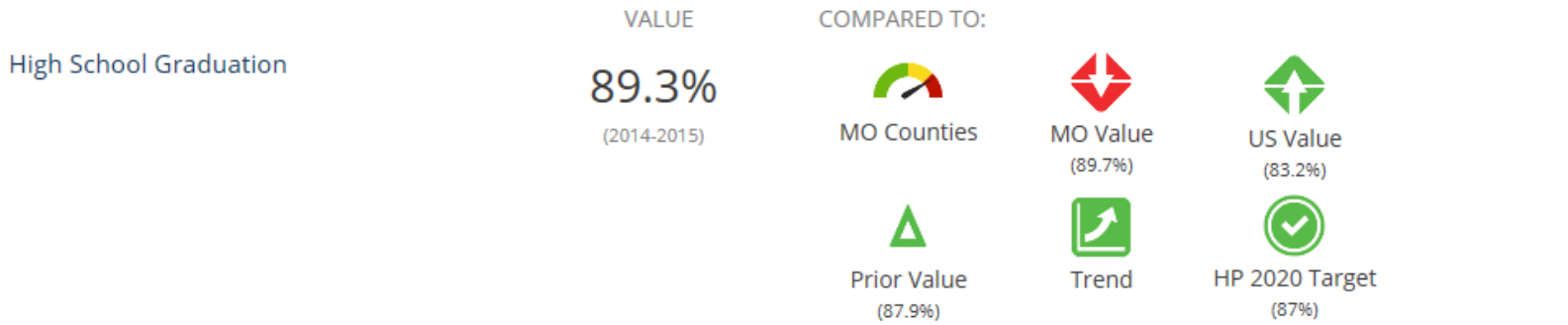
93.0%
(2012-2016)



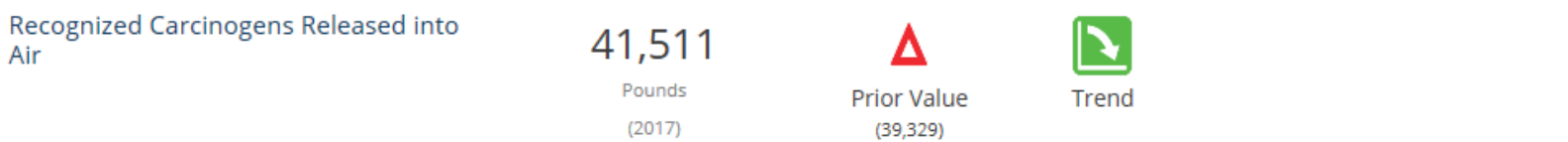
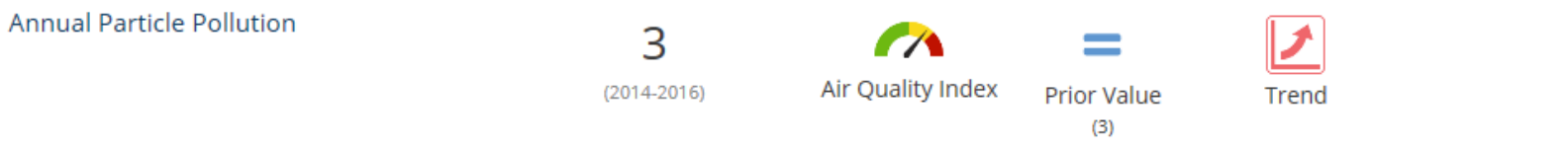
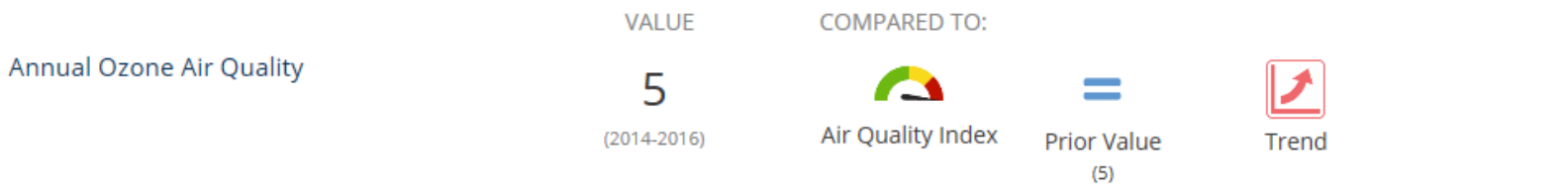
Education / School Resources























Education / Student Performance K-12



Environment / Air



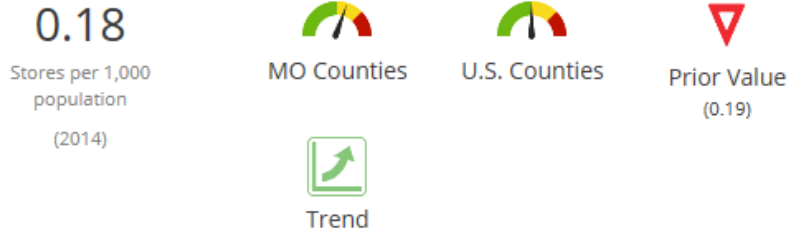
Environment / Built Environment

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

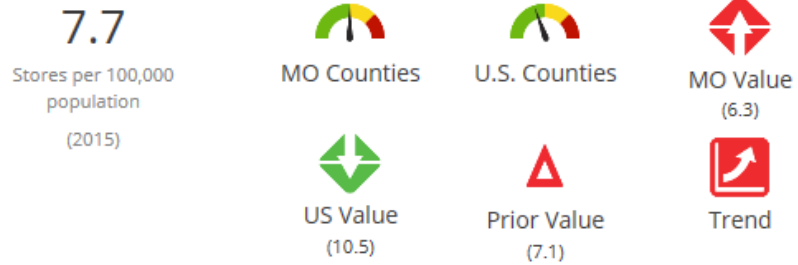
Grocery Store Density



Households with No Car and Low Access to a Grocery Store



Liquor Store Density



Low-Income and Low Access to a Grocery Store



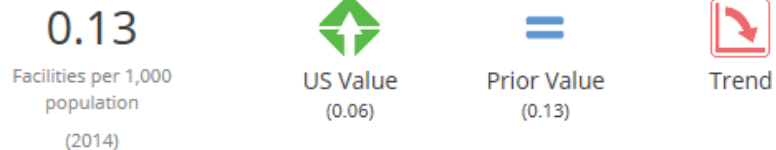
People 65+ with Low Access to a Grocery Store



People with Low Access to a Grocery Store



Recreation and Fitness Facilities



St. Louis County Health Dashboard www.thinkhealthstl.org

SNAP Certified Stores

0.6

Stores per 1,000
population
(2016)



MO Counties



U.S. Counties



Prior Value
(0.6)



Trend

Environment / Toxic Chemicals

VALUE

COMPARED TO:

Houses Built Prior to 1950

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

VALUE

COMPARED TO:

Drinking Water Violations

0.0%

(FY 2013-14)



MO Counties



U.S. Counties



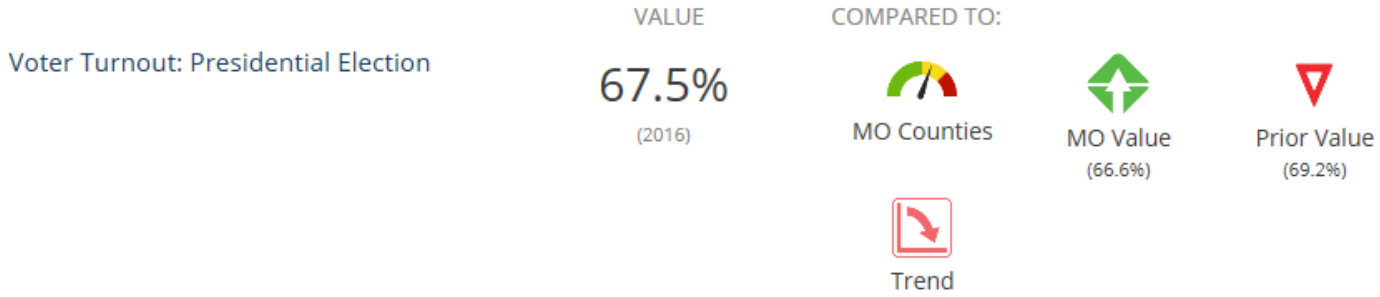
MO Value
(4.4%)



Prior Value
(0.0%)

St. Louis County Health Dashboard www.thinkhealthstl.org

Government & Politics / Elections & Voting



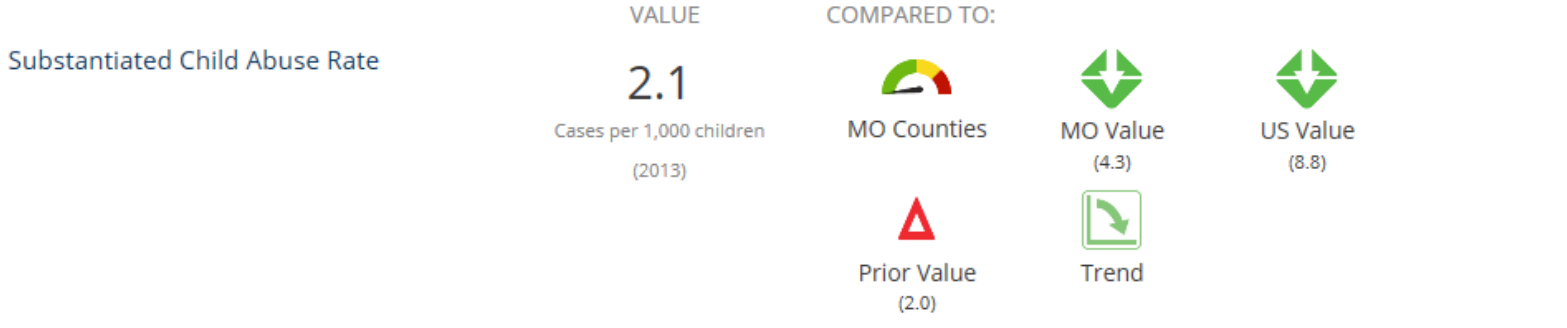
Public Safety / Crime & Crime Prevention



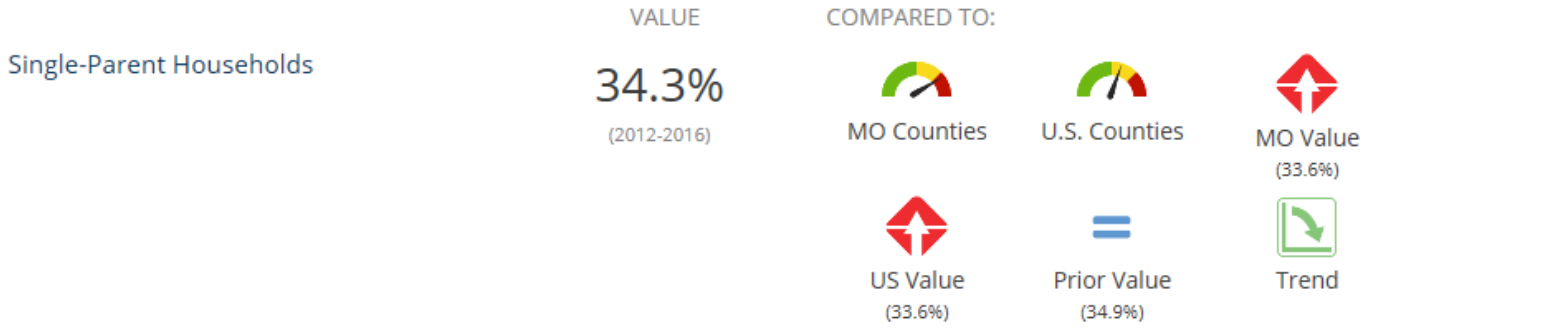
Public Safety / Transportation Safety



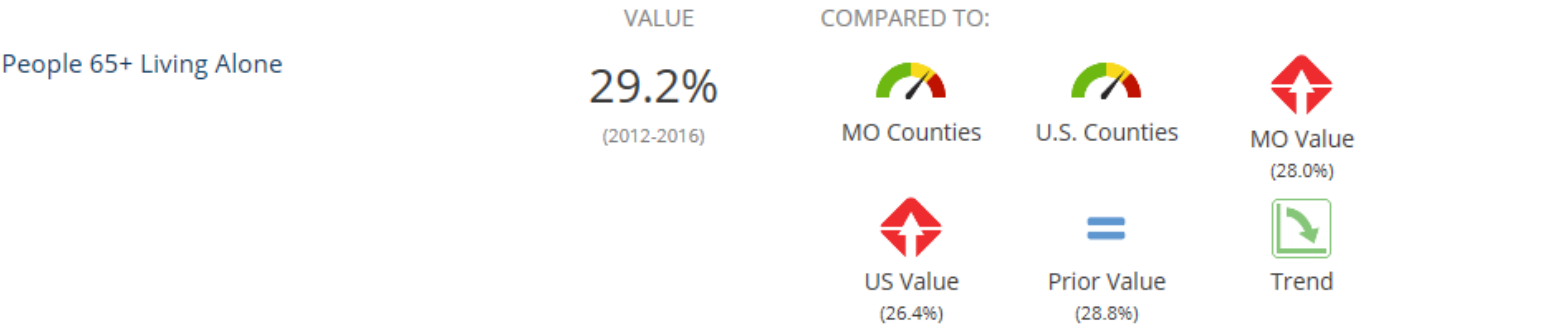
Social Environment / Children's Social Environment



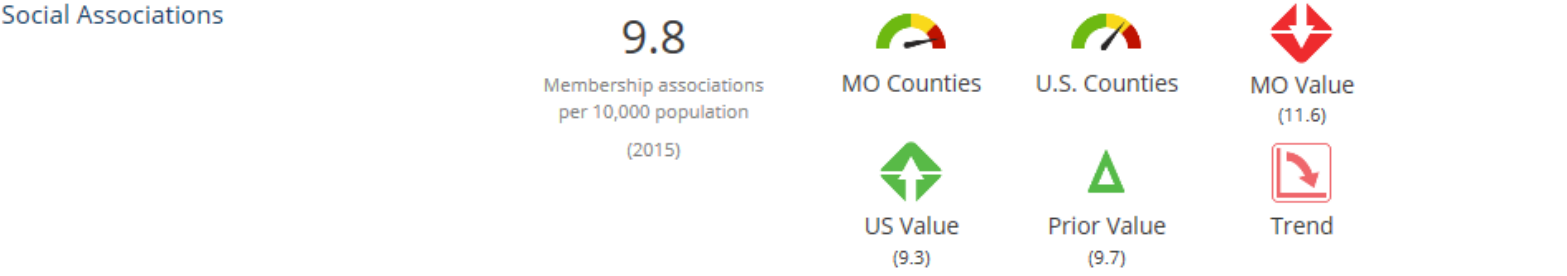
Social Environment / Family Structure




























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)


 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

Households without a Vehicle

7.2%
(2012-2016)

COMPARED TO:

 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