SSM Rehabilitation Hospital

12380 DePaul Drive | Bridgeton, MO 63044

SSMHealth
Rehabilitation Hospital
An SSM Health Select Medical Partnership

2016-2018

Community Health Needs Assessment

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SSM Rehabilitation Hospital 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.

Consistent with our Mission, we will provide these services in collaboration with our medical staff, employees and organizations within our communities. We rely on these relationships to help us identify and develop plans in order to address high-priority population health needs. We are grateful for the opportunity to partner with local organizations in our efforts to improve the health of our communities.

Over the last 12 months, in collaboration with our community partners, SSM Rehabilitation Hospital conducted a Community Health Needs Assessment (CHNA) by gathering health-related information from Healthy Communities Institute (HCI) specific to St. Louis County and the areas within. We have also interviewed key health officials and conducted community health surveys to identify concerns about the health of these communities, while assessing the number of area-based programs and organizations that exist to address the community's needs. The identified needs were prioritized based on the level of importance to community members and the hospital's ability to make a significant impact.
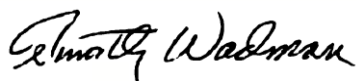
The priorities we will address over the next three years include:

- Access to Care
- Heart and Vascular Disease
- Cerebrovascular Disease (Stroke)

During this time, SSM Rehabilitation Hospital will further develop its community partnerships and deliver an exceptional experience through high-quality, accessible and affordable care. Please visit our website at ssm-rehab.com to learn more about how we will continue to make a difference in our community.

I welcome your thoughts on how we can create a healthier St. Louis together.

Sincerely,

Timothy Wadman, FACHE

President at SSM Rehabilitation Hospital

Contact us for more information or to take part in improving the health of our community by calling 314-447-9700 or visit our website at **ssm-rehab.com**

Executive Summary

Background

SSM Rehabilitation Hospital is pleased to present the 2016 - 2018 (2016 Tax Year) 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 an implementation strategy to address evaluated needs. The SSM Health St. Louis Regional Board approved this CHNA on Nov. 28, 2016. SSM Rehabilitation Hospital last conducted a CHNA in 2014.

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

Priorities

SSM Rehabilitation Hospital held a meeting with local, regional, and corporate members to determine priorities for the 2016-2018 CHNA and strategic implementation plan. Priorities chosen included:

- Access to Care: Resources include our partnerships with SSM Health – St. Louis acute-care hospitals, SSM Day Institute, in addition to the SSM Health Medical Group primary care physicians.

- Heart and Vascular Disease: Resources include cardiologists, cardiothoracic surgeons and electrophysiology.

- Cerebrovascular Disease (Stroke): Resources include our partnerships with SSM Health – St. Louis acute-care hospitals, SSM Day Institute, in addition to the SSM Health Medical Group primary care physicians.

Goals

Access to Care

- 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. (Source: HCI)

- Reduce overall acute care transfers at SSM Rehabilitation Hospital from 15.6% in 2015 to 13% by 2018. (Source: e-Rehab Database)

- Increase Community Discharges at SSM Rehabilitation Hospital from 64.85% in 2015 to 68% by 2018. (Source: e-Rehab Database)

Heart and Vascular Disease

- Decrease the age-adjusted death rate due to coronary heart disease in St. Louis County from 126.5 deaths per 100,00 persons, as reported in 2015, to 115 deaths per 100,00 persons by 2018. (Source: HCI)

- Reduce Cardiac-related acute care transfers from 12.1% in 2015 to 10.0% in 2018. (Source: e-Rehab Database)

- Increase Cardiac FIM (Functional Independence Measure) from 25.1 in 2015 to 27.0 by 2018. (Source: e-Rehab Database)

Cerebrovascular Disease

- Reduce the age-adjusted death rate due to cerebrovascular disease in St. Louis County from 36.5 deaths per 100,000 persons, (2012-2014) to 35.4 deaths per 100,000 persons by 2018. (Source: HCI)

- Reduce stroke acute care transfers from SSM Rehabilitation Hospital from 16.0% in 2015 to 13.0% by 2018. (Source: e-Rehab Database)

- Increase stroke community discharges from 38.2% in 2015 to 65% by 2018. (Source: e-Rehab Database)

- Increase stroke FIM (Functional Independence measure) from 24.6 in 2015 to 27.0 by 2018. (Source: e-Rehab Database)

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SSM Health

SSM Health is a Catholic, not-for-profit health system that has provided exceptional care to community members regardless of their ability to pay for more than 140 years. Guided by its Mission and Values, SSM Health is one of the largest integrated care delivery systems in the nation, serving the comprehensive health needs of communities across the Midwest.

SSM Health strives to provide a consistently exceptional experience through excellent service and high-quality, accessible and affordable care.

The SSM Health system spans four states, with care delivery sites in Illinois, Missouri, Oklahoma and Wisconsin. SSM Health includes 20 hospitals, 62 outpatient care sites, a pharmacy benefit company, an insurance company, two nursing homes, comprehensive home care and hospice services, a technology company and two Accountable Care Organizations. With more than 8,500 physicians on our medical staff and more than 33,000 employees in four states, SSM Health is one of the largest employers in every community it serves. As an early adopter of the electronic health record (EHR), SSM Health is a national leader for the depth of its EHR integration.

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

SSM Rehabilitation Hospital

Highlight of services

As the leading provider of comprehensive rehabilitation services in the St. Louis area, SSM Rehabilitation Hospital delivers the specialized care and advanced treatment that enables individuals with stroke, brain injury, spinal cord injury, neurological disorders, amputation, joint replacement and other orthopedic trauma, and general medical rehabilitation needs, to rebuild their lives.

Two of SSM Rehabilitation Hospital's inpatient rehabilitation units are located within acute care hospitals (SSM St. Mary's Health Center in St. Louis and SSM St. Joseph Health Center in St. Charles). Our third rehabilitation unit operates as a stand-alone hospital (the 60-bed SSM Rehabilitation Bridgeton Hospital in Bridgeton). This wide footprint in the greater St. Louis area provides patients with convenient, on-site access to very specialized medical care during their rehabilitative stay.

Community benefit

Our experienced team of rehabilitation professionals is committed to helping each patient recover the strengths, skills, independence and confidence to return home to family and friends, resume work, school and participate in community activities.

Additional affiliations and partnerships

We partner with the National Stroke Association, Mid America Stroke Network, St. Louis Community Action Network, SSM Health – St. Louis acute-care hospitals, SSM Day Institute, Amputee Empowerment Partners, Amputee Coalitions of America and SSM Physical Therapy.

2015
Hospital at a Glance

Admissions:	2,129
Outpatient Visits:	326,000
Beds:	95
Employees:	1,277
Medical Staff:	265

SSM Rehabilitation Hospital defines its community as St. Louis County. In 2016, this service area had an estimated population of 1.03 million people. The following pages of information include demographic and health indicator statistics specific to this community.

SSM Rehabilitation Hospital

Our community by the numbers

Race/Ethnicity
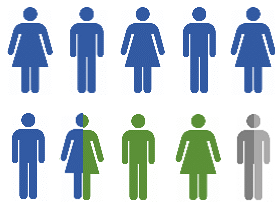
67.5% White/Non-Hispanic
23.3% African American/Non-Hispanic
4.0% Asian and Pacific Islander
5.2% Hispanic and All Others

Education Levels

7.1% No High School Degree
22.0% High School Degree
29.6% Some College/Associates Degree
41.2% Bachelor's Degree or Greater

Income Levels

30.0%, 25.0%, 20.0%, 15.0%, 10.0%, 5.0%, 0.0%
$0-25K, $25-50K, $50-75K, $75-100K, Over $100K

Age Groups

19%, 22%, 14%, 9%, 24%, 12%

0-17, 18-24, 25-34, 35-54, 55-64, 65+

The Health of Our Community

About the data

The data was derived from a variety of sources, including the Healthy Communities Institute (HCI) analytics platform. The website includes the most up-to-date publicly available data for approximately 140 community indicators from over 20 sources and covering 20 topics in the areas of population health, determinants of health and quality of life. 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.

Our community by the numbers

Cancer

Incidence rates are generally higher in St. Louis County than both state and national rates. Specific areas of concern include prostate, breast, lung, colorectal and oral cancers

Heart Disease

The death rate due to coronary heart disease is higher than both state and national rates

Health Insurance

The percentage of adults with health insurance is greater than both state and national averages

Access to Exercise

96.9% of individuals reported they had adequate access to exercise opportunities, which is significantly better than the state average of 77.5%

Excessive Drinking

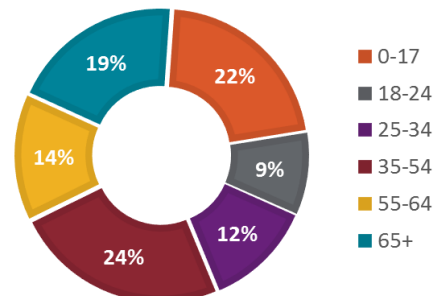20.1% of adults in St. Louis County are reported to drink excessively. Additionally, 37.5% of driving related deaths are alcohol related

Access to Primary Care

Primary care provider access, at 120 providers per 100,000 persons, is significantly greater than the state average of 69 providers per 100,000 persons

Diabetes

25.2% of adults in St. Louis County are affected by diabetes. This statistic and associated age-adjusted death rate worsens considerably with closer proximity to St. Louis City

Depression

18.9% of the Medicare population struggle with depression

Life Expectancy

Life Expectancy for both females and males is higher than both state and national rates

Stroke

4.4% of the St. Louis County Medicare population has experienced a stroke, which is greater than the state average of 3.8%

Voice of the community

SSM Rehabilitation Hospital conducted a focus group that represented the broad interest and diversity of North St. Louis County and St. Louis City. This included representatives from both the St. Louis County and St. Louis City Health Departments (see appendix, page 24).

Participants were asked to identify the primary health issues affecting the constituents they represent. After exhausting individual concerns, the focus was shifted towards issues identified in the 2014 CHNA 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 SSM Rehabilitation Hospital to make a significant impact. The results were collected, analyzed and reviewed by senior hospital leadership, prior to identifying the top priorities to be addressed.

Issues identified and discussed include:

- Access to Care
- Diabetes
- Cerebrovascular Disease
- Smoking Cessation
- Substance Abuse
- Mental Health/
- Geriatric Psychology
- Cardiovascular Health
- Obesity

Key priorities

Access to Care

Access to care was discussed at length and, while the data appears to indicate that provider access is adequate, the public perception indicated otherwise.

At its heart, the entire CHNA process is about improving access to care. The initiative was developed as part of the health care reform movement, in order to hold health care entities accountable for ensuring the communities which they serve are able to access the care they need.

Heart and Vascular Care

Heart disease was a common concern within the community feedback and was verified by the data research.

According to the Centers for Disease Control and Prevention, coronary heart disease causes nearly 400,000 deaths per year and costs the US over $100 billion in health services, medication and lost productivity.

Cerebrovascular Disease (Stroke)

Cerebrovascular disease (Stroke) was a significant issue expressed in the community feedback and was verified by data research.

Stroke is the fifth most common cause of death and a leading cause of disability in the United States. Much like diabetes, the disease disproportionately affects minority populations, in addition to the elderly. Its incidence is likely to increase as minority populations grow and the US population ages.

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Priority #1

At its heart, the entire Community Health Needs Assessment process is about improving access to care. The initiative was developed as part of the health care reform movement, in order to hold health care entities accountable for ensuring the communities which they serve are able to access the care they need.

SSM Health realizes that each community has unique barriers to care that, in some cases, go beyond the supply of physicians available to serve their associated populations. These barriers include, but are not limited to:

- Health literacy, or the ability of persons within the community to comprehend the health care services available to them

- Inadequate insurance coverage, affordability of services and transportation issues

- The ability of persons within the community to understand the importance of regular health assessments with medical providers

SSM Rehabilitation Hospitals have made the inpatient admissions process as simple as possible for the patients, their families and referral sources, including physicians, case managers and insurance or managed care companies. The goal is to enable patients to begin their rehabilitation as soon as they are medically stable and able to participate in our highly specialized programs of care. SSM Physical Therapy offers a wide array of outpatient services at multiple locations throughout the St. Louis Metro area.

Additional facts and figures

- 21.9% of adults in St. Louis do not have insurance, which is higher than both state and national uninsured rates of 18.5% and 20.3%, respectively

- 27.4% of the St. Louis population are reported as living below the poverty level, which is almost double than both state and national rates

- 41.5% of children in St. Louis are reported as living below the poverty level, which is almost double than both state and national rates

- The primary care provider rate in St. Louis County is reported as 120 providers per 100,000 individuals, which is greater than the state rate of 69 providers per 100,000 individuals

For more information about rehabilitation options and continued care after being discharged from a hospital, visit us at ssm-rehab.com or call 314-447-9700.

Source: Healthy Communities Institute (HCI)

Heart and Vascular Disease

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Heart and Vascular disease includes a range of conditions that affect the health of one's heart and circulatory system. There are a number of deficiencies within our community that correlate to poor heart and vascular health. Some of the lifestyle behaviors that increase the risk of these diseases include:

- Smoking
- High blood pressure
- High cholesterol levels
- Diabetes
- Stress and depression
- Unhealthy food choices
- Being overweight
- Lack of exercise

In some cases, minorities and those living under financial distress are often segments of the population who are most affected by factors contributing to heart and vascular disease.

SSM Health and SSM Select Rehabilitation Hospital - St. Louis offer a wide scope of programs with the goal of creating healthy lifestyle behaviors and reducing the risk of heart and vascular disease in our communities.

Priority #2

Additional facts and figures

- 8.8% of the Medicare population in St. Louis County have been diagnosed with atrial fibrillation (irregular heartbeat), which is higher than both state and national averages of 7.8% (state and national averages are consistent with each other)
- 44.9% of the Medicare population in St. Louis County have hyperlipidemia (high levels of fats in blood)
- 15.3% of the Medicare population in St. Louis County experience heart failure
- 58.1% of the Medicare population and 31.9% of all adults in St. Louis County have hypertension
- 28.4% of the Medicare population in St. Louis County have ischemic (advanced) heart disease

For more information about our heart and vascular care, visit our website at ssmhealth.com or ssm-rehab.com

Source: Healthy Communities Institute (HCI)

Cerebrovascular Health (Stroke)

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Cerebrovascular disease (Stroke) affects the arteries leading to and within the brain. Stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts (or ruptures). When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it and brain cells die. Risk factors that increase the chance of stroke include[1] :

- Age (chances double for each decade of life in those older than 55)
- Heredity (having a family history of stroke)
- Race (African Americans are disproportionally prone to stroke, mainly due to increased prevalence of obesity, diabetes and high blood-pressure)
- Gender (women have more strokes than men)
- Prior history of stroke or heart attack

Recovering from a stroke can be one of the greatest challenges a person will ever go through. However, research shows that early intervention and a specialized stroke rehabilitation program can help to optimize an individual's recovery and enhance their quality of life.

At SSM Rehabilitation Hospital's Center for Stroke Rehabilitation, a team of neuro-rehabilitation specialists provide early intervention with expertise in the treatment of stroke to help individuals return home to family, work and community activities.

Priority #3

Additional facts and figures

- Stroke is the fifth leading cause of death in the United States and is a major cause of adult disability[1]
- About 800,000 people in the United States have a stroke each year[1]
- Stroke kills almost 130,000 Americans each year—that's 1 out of every 20 deaths[1]
- Risk of having a first stroke is nearly twice as high for African Americans than for Caucasians, and African Americans are more likely to die following a stroke than are Caucasians[1]
- 4.4% of the St. Louis County Medicare population are affected by strokes, which was greater than both the state and national average of 3.8%[2]
- 4.2% of the St. Louis City Medicare population are affected by strokes, which was greater than both the state and national average of 3.8%[2]

For more information about Cerebrovascular Health, visit us at ssm-rehab.com

Sources: [1]Centers for Disease Control and Prevention. [2]Healthy Communities Institute (HCI)

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Achieving our Goals, Now and in the Future

SSM Health is committed to improving the health of our communities through collaborative efforts to address unmet needs.

SSM Health Rehabilitation Hospital

SSM Rehabilitation Hospital is pleased to make this source of reliable, current community health and population data 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/community-benefit for more information.

Health Data   Tracker   QuickFacts

Healthy People 2020 Progress Tracker

The Healthy People 2020 progress tracker provides a platform for measuring improvement of population health metrics associated with the US Healthy People 2020 objectives. The health objectives and 2020 goals allow communities to assess their health status through a comprehensive set of key disease indicators and create action plans relative to key priorities.

Health / Access to Health Services

	VALUE	COMPARED TO:
Adults with Health Insurance	82.8% (2014)	❌ HP 2020 Target (100.0%)
Children with Health Insurance	92.0% (2014)	❌ HP 2020 Target (100.0%)

Health / Cancer

	VALUE	COMPARED TO:
Age-Adjusted Death Rate due to Breast Cancer	17.0 Deaths per 100,000 females (2009-2013)	✅ HP 2020 Target (20.7)

Contact us to learn more at 314-447-9700.

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2016-2018

Appendices

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Additional demographic information

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA		2016	2021	% Change
2010 Total Population	1,029,607	308,745,538	**Total Male Population**	490,371	495,672	1.1%
2016 Total Population	1,034,419	322,431,073	**Total Female Population**	544,048	547,844	0.7%
2021 Total Population	1,043,516	334,341,965	**Females, Child Bearing Age (15-44)**	197,681	197,023	-0.3%
% Change 2016 - 2021	0.9%	3.7%				
Average Household Income	$87,324	$77,135				

POPULATION DISTRIBUTION

	Age Distribution				USA 2016	
Age Group	**2016**	**% of Total**	**2021**	**% of Total**	**% of Total**	
0-14	186,897	18.1%	181,777	17.4%	19.0%	
15-17	41,463	4.0%	40,934	3.9%	4.0%	0-17
18-24	93,687	9.1%	95,643	9.2%	9.8%	18-24
25-34	128,975	12.5%	126,531	12.1%	13.3%	25-34
35-54	261,027	25.2%	250,072	24.0%	26.0%	35-54
55-64	146,281	14.1%	146,912	14.1%	12.8%	55-64
65+	176,089	17.0%	201,647	19.3%	15.1%	65+
Total	**1,034,419**	**100.0%**	**1,043,516**	**100.0%**	**100.0%**	

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2016 Household Income	**HH Count**	**% of Total**	**USA % of Total**
<$15K	40,532	9.6%	12.3%
$15-25K	37,918	9.0%	10.4%
$25-50K	94,600	22.4%	23.4%
$50-75K	78,479	18.6%	17.6%
$75-100K	52,251	12.4%	12.0%
Over $100K	119,180	28.2%	24.3%
Total	**422,960**	**100.0%**	**100.0%**

EDUCATION LEVEL

	Education Level Distribution		
2016 Adult Education Level	**Pop Age 25+**	**% of Total**	**USA % of Total**
Less than High School	15,058	2.1%	5.8%
Some High School	36,360	5.1%	7.8%
High School Degree	156,832	22.0%	27.9%
Some College/Assoc. Degree	210,737	29.6%	29.2%
Bachelor's Degree or Greater	293,385	41.2%	29.4%
Total	**712,372**	**100.0%**	**100.0%**

RACE/ETHNICITY

	Race/Ethnicity Distribution		
Race/Ethnicity	**2016 Pop**	**% of Total**	**USA % of Total**
White Non-Hispanic	698,359	67.5%	61.3%
Black Non-Hispanic	241,400	23.3%	12.3%
Hispanic	30,057	2.9%	17.8%
Asian & Pacific Is. Non-Hispanic	40,952	4.0%	5.4%
All Others	23,651	2.3%	3.1%
Total	**1,034,419**	**100.0%**	**100.0%**

Source: Truven Health Analytics 2016

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Healthy Communities Institute scorecard – St. Louis County

- SSM Rehabilitation Hospital is pleased to make this source of community health and population data 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
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system/community-benefit

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
2.83	Asthma: Medicare Population	percent	5.4	4.6	4.9	
2.83	Atrial Fibrillation: Medicare Population	percent	8.8	7.8	7.8	
2.83	Chronic Kidney Disease: Medicare Population	percent	19.1	15.4	15.5	
2.67	Depression: Medicare Population	percent	18.9	18.6	15.4	
2.61	Breast Cancer Incidence Rate	cases/100,000 females	144.5	122.6	122.7	
2.61	Cancer: Medicare Population	percent	9.9	7.9	7.9	
2.61	Gonorrhea Incidence Rate	cases/100,000 population	173.3	125.3	106.1	
2.61	Osteoporosis: Medicare Population	percent	7.6	6.1	6.4	
2.58	Age-Adjusted Death Rate due to Falls	deaths/100,000 population	11.2	9	8.3	7.2
2.56	Workers who Walk to Work	percent	1.5	2	2.8	3.1
2.5	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	32.5	30.9	29	
2.39	Chlamydia Incidence Rate	cases/100,000 population	520.9	453.8	446.6	
2.36	Babies with Low Birth Weight	percent	8.9	8	8	7.8
2.33	Hyperlipidemia: Medicare Population	percent	44.9	42.5	44.8	
2.33	Single-Parent Households	percent	35.3	33.6	33.3	
2.28	Workers who Drive Alone to Work	percent	83.9	81.5	76.3	
2.19	Adults who Drink Excessively	percent	20.1	17		25.4
2.17	Alzheimer's Disease or Dementia: Medicare Population	percent	11.1	9.7	9.8	
2.17	Stroke: Medicare Population	percent	4.4	3.8	3.8	
2.08	Social Associations	membership associations/10,000 population	9.9	11.9		
2.06	All Cancer Incidence Rate	cases/100,000 population	492.9	456.9	459.8	
2.06	Prostate Cancer Incidence Rate	cases/100,000 males	151.5	121.8	142.3	
2	Fast Food Restaurant Density	restaurants/1,000 population	0.8			
2	Renters Spending 30% or More of Household Income on Rent	percent	49.6	49.4	52.3	
2	SNAP Certified Stores	stores/1,000 population	0.6			
1.97	Farmers Market Density	markets/1,000 population	0		0	
1.92	Severe Housing Problems	percent	14.4	14.2		
1.92	Student-to-Teacher Ratio	students/teacher	14.7	14.3		
1.89	Hypertension: Medicare Population	percent	58.1	55.1	55.5	
1.86	Annual Ozone Air Quality	(blank)	5			
1.86	Annual Particle Pollution	(blank)	2			
1.83	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	24.5	23.8	22.2	20.7
1.83	Children with Low Access to a Grocery Store	percent	6.5			
1.78	Mean Travel Time to Work	minutes	23.4	23.1	25.5	
1.75	Adults with Current Asthma	percent	10.1	10.1	9.1	
1.75	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	13	15.3	12.5	10.2
1.75	Alcohol-Impaired Driving Deaths	percent	37.3	34.6		
1.75	Physical Environment Ranking	(blank)	96			
1.75	Solo Drivers with a Long Commute	percent	30.7	30.1		
1.72	Infant Mortality Rate	deaths/1,000 live births	7.7	7.3		6

Source: Healthy Communities Institute (HCI)

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Healthy Communities Institute scorecard – St. Louis County (continued)
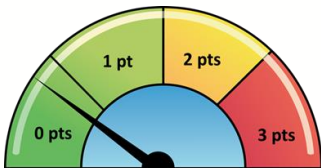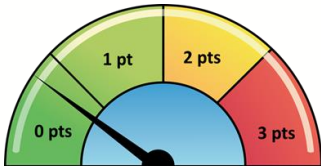
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HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.72	People 65+ Living Alone	percent	28.9	28.3	27	
1.69	Age-Adjusted Death Rate due to Kidney Disease	deaths/100,000 population	16	17.9	13.3	
1.69	Babies with Very Low Birth Weight	percent	1.5	1.4	1.4	1.4
1.69	Preterm Births	percent	12.4	11.5	11.4	11.4
1.67	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/100,000 population	126.5	123	105.7	103.4
1.67	Chlamydia Incidence Rate: Females 15-19	cases/100,000 females aged 15-19	4119.5	3607		
1.67	Food Insecurity Rate	percent	16.1	17	15.8	
1.67	Grocery Store Density	stores/1,000 population	0.2			
1.67	Households without a Vehicle	percent	7.1	7.3	9.1	
1.67	People 65+ with Low Access to a Grocery Store	percent	3.8			
1.67	Syphilis Incidence Rate	cases/100,000 population	3.9	4.2	5.5	
1.64	Diabetic Screening: Medicare Population	percent	85.1	86		
1.61	Recognized Carcinogens Released into Air	pounds	84066			
1.58	High Blood Pressure Prevalence	percent	31.9	32.6	30.8	26.9
1.58	Non-Physician Primary Care Provider Rate	providers/100,000 population	52	59		
1.53	High School Graduation	percent	86	86	80	82.4
1.5	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/100,000 population	40.4	48.4	39.2	36.4
1.5	Colorectal Cancer Incidence Rate	cases/100,000 population	45.7	45.6	43.3	38.6
1.5	Heart Failure: Medicare Population	percent	15.3	14.3	14.6	
1.47	Children with Health Insurance	percent	94.3	92.9		100
1.44	Mothers who Received Early Prenatal Care	percent	84.5	77.9		77.9
1.42	Food Environment Index	(blank)	7.2	7		
1.42	Morbidity Ranking	(blank)	49			
1.39	PBT Released	pounds	314			
1.33	Adult Fruit and Vegetable Consumption	percent	13.3	12.5		
1.33	Low-Income and Low Access to a Grocery Store	percent	5			
1.31	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/100,000 population	16.3	17.6	15.4	
1.31	Oral Cavity and Pharynx Cancer Incidence Rate	cases/100,000 population	11.4	11.5	11.2	
1.28	Diabetes: Medicare Population	percent	25.2	26.1	27	
1.28	Liquor Store Density	stores/100,000 population	6.9	6.4	10.4	
1.28	Unemployed Workers in Civilian Labor Force	percent	5.6	6.1	5.6	
1.25	Adults who are Overweight	percent	32.6	34.3	35.7	
1.25	Clinical Care Ranking	(blank)	1			
1.25	Death Rate due to Drug Poisoning	deaths/100,000 population	12.8	14.4		
1.25	Health Behaviors Ranking	(blank)	7			
1.25	Mortality Ranking	(blank)	16			
1.25	Poor Mental Health Days	days	3.1	3.8		
1.25	Social and Economic Factors Ranking	(blank)	25			
1.19	Adults who are Obese	percent	28.2	30	27.8	30.5

Source: Healthy Communities Institute (HCI)

SSMHealth
Rehabilitation Hospital
An SSM Health Select Medical Partnership

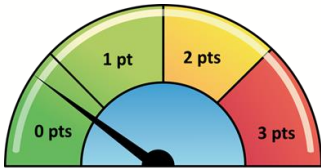## Healthy Communities Institute scorecard – St. Louis County (continued)

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HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.17	Colon Cancer Screening	percent	70.8	66.6		
1.17	High Cholesterol Prevalence: Adults 35+	percent	39.9	42.9		
1.17	Homeownership	percent	65.4	59.5	56.9	
1.17	Ischemic Heart Disease: Medicare Population	percent	28.4	28.2	28.6	
1.17	Pap Test History	percent	79.4	74.9		
1.08	Adults with Diabetes	percent	10.3	10.7		
1.08	Drinking Water Violations	percent	0	4.4		
1.06	Workers Commuting by Public Transportation	percent	2.5	1.5	5	5.5
1.03	Mammography Screening: Medicare Population	percent	67.5	62		
1.03	Students Eligible for the Free Lunch Program	percent	33.7	38		
1	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/100,000 population	38.6	42.1	37	34.8
1	Children Living Below Poverty Level	percent	16.3	21.6	21.6	
1	Households with No Car and Low Access to a Grocery Store	percent	1.1			
1	Lung and Bronchus Cancer Incidence Rate	cases/100,000 population	70.8	76.1	64.9	
1	Violent Crime Rate	crimes/100,000 population	311.9	452		
1	Young Children Living Below Poverty Level	percent	19.7	26	24.7	
0.92	Mothers who Smoked During Pregnancy	percent	8.5	17.5	8.5	1.4
0.92	Voter Turnout	percent	69.2	66	61.8	
0.89	Adults with Health Insurance	percent	85.6	81.5	79.7	100
0.89	Houses Built Prior to 1950	percent	17.2	20	18.9	
0.89	Life Expectancy for Females	years	81.1	79.6	80.8	
0.89	Life Expectancy for Males	years	76.2	74.6	76.1	
0.89	Low-Income Preschool Obesity	percent	11.2			
0.86	Poor Physical Health Days	days	2.9	3.7		
0.86	Self-Reported General Health Assessment: Poor or Fair	percent	12	16		
0.83	Adults who are Sedentary	percent	23.4			32.6
0.83	Families Living Below Poverty Level	percent	8.1	11.1	11.3	
0.83	People Living 200% Above Poverty Level	percent	73.9	64.7	65.8	
0.83	People Living Below Poverty Level	percent	10.9	15.5	15.4	
0.81	Premature Death	years/100,000 population	6660	7714		
0.78	COPD: Medicare Population	percent	9.9	13.1	11.3	
0.78	Households with Cash Public Assistance Income	percent	1.7	2.5	2.8	
0.75	Access to Exercise Opportunities	percent	96.9	77.5		
0.75	Adults who Smoke	percent	17	22.6		12
0.75	Cervical Cancer Incidence Rate	cases/100,000 females	6.7	8.1	7.8	7.1
0.75	Dentist Rate	dentists/100,000 population	80	52		
0.75	Primary Care Provider Rate	providers/100,000 population	120	69		
0.72	Age-Adjusted Death Rate due to Cancer	deaths/100,000 population	170	185.9	173.8	161.4
0.72	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/100,000 population	15.4	17.1	15.9	14.5

Source: Healthy Communities Institute (HCI)

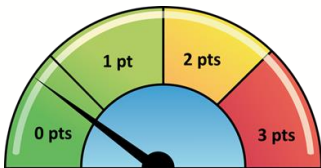## Healthy Communities Institute scorecard – St. Louis City

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HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
2.83	Asthma: Medicare Population	percent	7.4	4.6	4.9	
2.83	Chronic Kidney Disease: Medicare Population	percent	21.7	15.4	15.5	
2.83	Depression: Medicare Population	percent	21.6	18.6	15.4	
2.83	Diabetes: Medicare Population	percent	30.1	26.1	27	
2.83	Homeownership	percent	35.7	59.5	56.9	
2.78	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	27.9	23.8	22.2	20.7
2.78	Age-Adjusted Death Rate due to Cancer	deaths/100,000 population	224	185.9	173.8	161.4
2.78	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/100,000 population	22.8	17.1	15.9	14.5
2.61	Age-Adjusted Death Rate due to Lung Cancer	deaths/100,000 population	66.6	57.7	48.4	45.5
2.61	Children Living Below Poverty Level	percent	41.5	21.6	21.6	
2.61	Colorectal Cancer Incidence Rate	cases/100,000 population	51.6	45.6	43.3	38.6
2.61	Families Living Below Poverty Level	percent	22.1	11.1	11.3	
2.61	Households with Cash Public Assistance Income	percent	3.7	2.5	2.8	
2.61	Households without a Vehicle	percent	22.1	7.3	9.1	
2.61	People 65+ Living Alone	percent	41.7	28.3	27	
2.61	People Living 200% Above Poverty Level	percent	50.8	64.7	65.8	
2.61	People Living Below Poverty Level	percent	27.4	15.5	15.4	
2.61	Syphilis Incidence Rate	cases/100,000 population	18.9	4.2	5.5	
2.61	Young Children Living Below Poverty Level	percent	41.5	26	24.7	
2.53	Adults who Drink Excessively	percent	23.1	17		25.4
2.53	Babies with Very Low Birth Weight	percent	2.5	1.4	1.4	1.4
2.5	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/100,000 population	53.8	48.4	39.2	36.4
2.5	All Cancer Incidence Rate	cases/100,000 population	490.2	456.9	459.8	
2.5	Food Insecurity Rate	percent	25.8	17	15.8	
2.5	Gonorrhea Incidence Rate	cases/100,000 population	551.3	125.3	106.1	
2.5	Prostate Cancer Incidence Rate	cases/100,000 males	146.7	121.8	142.3	
2.44	Lung and Bronchus Cancer Incidence Rate	cases/100,000 population	88.2	76.1	64.9	
2.44	Renters Spending 30% or More of Household Income on Rent	percent	55.3	49.4	52.3	
2.42	Cervical Cancer Incidence Rate	cases/100,000 females	11.3	8.1	7.8	7.1
2.42	High School Graduation	percent	62.3	86	80	82.4
2.39	Chlamydia Incidence Rate	cases/100,000 population	1297.4	453.8	446.6	
2.39	Heart Failure: Medicare Population	percent	18	14.3	14.6	
2.39	Median Household Income	dollars	34582	47380	53046	
2.39	People 65+ Living Below Poverty Level	percent	17.4	8.9	9.4	
2.39	Stroke: Medicare Population	percent	4.2	3.8	3.8	
2.36	Adults who Smoke	percent	27	22.6		12
2.36	Age-Adjusted Death Rate due to Kidney Disease	deaths/100,000 population	21	17.9	13.3	
2.36	Persons with Disability Living in Poverty	percent	40.2	30.1	28.2	
2.33	Unemployed Workers in Civilian Labor Force	percent	7.3	6.1	5.6	
2.31	Babies with Low Birth Weight	percent	12.1	8	8	7.8
2.31	Preterm Births	percent	15.1	11.5	11.4	11.4
2.25	Adults with Current Asthma	percent	11.7	10.1	9.1	
2.25	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	32.8	20.3	21.3	
2.25	Death Rate due to Drug Poisoning	deaths/100,000 population	22.4	14.4		

Source: Healthy Communities Institute (HCI)

SSMHealth
Rehabilitation Hospital
An SSM Health Select Medical Partnership

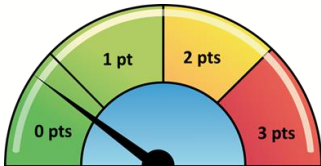## Healthy Communities Institute scorecard – St. Louis City (continued)

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HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
2.31	Preterm Births	percent	15.1	11.5	11.4	11.4
2.25	Adults with Current Asthma	percent	11.7	10.1	9.1	
2.25	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	32.8	20.3	21.3	
2.25	Death Rate due to Drug Poisoning	deaths/100,000 population	22.4	14.4		
2.25	Food Environment Index	(blank)	5	7		
2.25	Premature Death	years/100,000 population	11146	7714		
2.25	Severe Housing Problems	percent	23.2	14.2		
2.25	Students Eligible for the Free Lunch Program	percent	66.8	38		
2.19	Oral Cavity and Pharynx Cancer Incidence Rate	cases/100,000 population	13.4	11.5	11.2	
2.19	Poor Mental Health Days	days	4.5	3.8		
2.17	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/100,000 population	149.1	123	105.7	103.4
2.17	Alzheimer's Disease or Dementia: Medicare Population	percent	11	9.7	9.8	
2.17	Child Food Insecurity Rate	percent	24.6	21.6	21.4	
2.17	Houses Built Prior to 1950	percent	64.8	20	18.9	
2.17	Single-Parent Households	percent	61.6	33.6	33.3	
2.08	Adults with Diabetes	percent	12.4	10.7		
2.08	Age-Adjusted Death Rate due to Prostate Cancer	deaths/100,000 males	31	20.7	22.3	21.8
2.08	High Blood Pressure Prevalence	percent	35.7	32.6	30.8	26.9
2.08	Mammography Screening: Medicare Population	percent	57	62		
2.08	Student-to-Teacher Ratio	students/teacher	15.8	14.3		
2.06	Infant Mortality Rate	deaths/1,000 live births	11.2	7.3		6
2.06	Life Expectancy for Females	years	77	79.6	80.8	
2.06	Mothers who Received Early Prenatal Care	percent	76	77.9		77.9
2	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/100,000 population	47	42.1	37	34.8
2	Fast Food Restaurant Density	restaurants/1,000 population	0.9			
1.97	Teen Birth Rate	live births/1,000 females aged 15-19	46.6	30	26.5	
1.94	Breast Cancer Incidence Rate	cases/100,000 females	124.1	122.6	122.7	
1.89	Adults with Health Insurance	percent	78.1	81.5	79.7	100
1.89	Hypertension: Medicare Population	percent	58.2	55.1	55.5	
1.86	Annual Ozone Air Quality	(blank)	5			
1.83	Age-Adjusted Death Rate due to HIV	deaths/100,000 population	4.3	1.2	2.2	3.3
1.83	Life Expectancy for Males	years	69.7	74.6	76.1	
1.83	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	30.2	30.9	29	
1.81	Adults who are Obese	percent	31.1	30	27.8	30.5
1.81	Self-Reported General Health Assessment: Poor or Fair	percent	18.2	16		
1.75	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/100,000 population	20.1	17.6	15.4	
1.75	Health Behaviors Ranking	(blank)	112			
1.75	Morbidity Ranking	(blank)	107			
1.75	Mortality Ranking	(blank)	106			
1.75	Physical Environment Ranking	(blank)	103			
1.75	Social and Economic Factors Ranking	(blank)	114			
1.67	Chlamydia Incidence Rate: Females 15-19	cases/100,000 females aged 15-19	11362.2	3607		
1.67	COPD: Medicare Population	percent	12.2	13.1	11.3	

Source: Healthy Communities Institute (HCI)

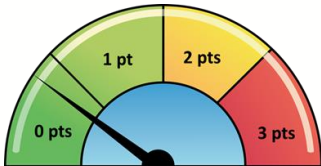## Healthy Communities Institute scorecard – St. Louis City (continued)

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HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.67	Violent Crime Rate	crimes/100,000 population	1885.3	452		
1.64	Annual Particle Pollution	(blank)	2			
1.64	Diabetic Screening: Medicare Population	percent	83.3	86		
1.64	Poor Physical Health Days	days	4	3.7		
1.61	Cancer: Medicare Population	percent	7.6	7.9	7.9	
1.58	Voter Turnout	percent	61.7	66	61.8	
1.5	Adult Fruit and Vegetable Consumption	percent	12.2	12.5		
1.5	Colon Cancer Screening	percent	66.3	66.6		
1.5	People 25+ with a High School Degree or Higher	percent	82.9	87.6	86	
1.47	Farmers Market Density	markets/1,000 population	0		0	
1.42	Alcohol-Impaired Driving Deaths	percent	32.7	34.6		
1.42	Clinical Care Ranking	(blank)	34			
1.42	Dentist Rate	dentists/100,000 population	44	52		
1.39	Liquor Store Density	stores/100,000 population	7.5	6.4	10.4	
1.39	PBT Released	pounds	3691			
1.39	Recognized Carcinogens Released into Air	pounds	43541			
1.33	High Cholesterol Prevalence: Adults 35+	percent	41.2	42.9		
1.33	Low-Income and Low Access to a Grocery Store	percent	4.7			
1.33	Mean Travel Time to Work	minutes	23.9	23.1	25.5	
1.33	Osteoporosis: Medicare Population	percent	5.6	6.1	6.4	
1.33	Per Capita Income	dollars	23048	25649	28155	
1.31	Mothers who Smoked During Pregnancy	percent	14	17.5	8.5	1.4
1.25	Adults who are Overweight	percent	32.5	34.3	35.7	
1.25	Preventable Hospital Stays	discharges/1,000 Medicare enrollees	67	65		
1.22	Low-Income Preschool Obesity	percent	13.2			
1.17	Households with No Car and Low Access to a Grocery Store	percent	1.9			
1.17	Hyperlipidemia: Medicare Population	percent	38.1	42.5	44.8	
1.17	Pap Test History	percent	78.6	74.9		
1.14	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	12.1	15.3	12.5	10.2
1.14	Children with Health Insurance	percent	93.4	92.9		100
1.08	Social Associations	membership associations/10,000 population	14.2	11.9		
1.08	Solo Drivers with a Long Commute	percent	25.3	30.1		
1.06	SNAP Certified Stores	stores/1,000 population	1.1			
1	Adults who are Sedentary	percent	25.2			32.6
1	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	deaths/100,000 population	45.2	51.7	42.1	
1	Children with Low Access to a Grocery Store	percent	2			
1	People 65+ with Low Access to a Grocery Store	percent	1.1			
1	Workers who Drive Alone to Work	percent	71.1	81.5	76.3	

Source: Healthy Communities Institute (HCI)

Appendix

Healthy Communities Institute scorecard – St. Louis City (continued)

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HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
0.83	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	19.7	26.9	24	
0.75	Access to Exercise Opportunities	percent	98.3	77.5		
0.75	Age-Adjusted Death Rate due to Falls	deaths/100,000 population	6.8	9	8.3	7.2
0.75	Non-Physician Primary Care Provider Rate	providers/100,000 population	128	59		
0.75	Primary Care Provider Rate	providers/100,000 population	80	69		
0.67	Grocery Store Density	stores/1,000 population	0.4			
0.67	Ischemic Heart Disease: Medicare Population	percent	26.1	28.2	28.6	
0.61	Atrial Fibrillation: Medicare Population	percent	5.9	7.8	7.8	
0.58	Child Abuse Rate	cases/1,000 children	3.3	4.4	9.1	8.5
0.47	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/100,000 population	9.5	13.2	10.7	12.4
0.44	Workers Commuting by Public Transportation	percent	9.8	1.5	5	5.5
0.42	Recreation and Fitness Facilities	facilities/1,000 population	0.1		0.1	
0.33	People 25+ with a Bachelor's Degree or Higher	percent	29.6	26.2	28.8	
0.22	Workers who Walk to Work	percent	4.3	2	2.8	3.1
0.67	Age-Adjusted Death Rate due to HIV	deaths/100,000 population	1.2	1.2	2.2	3.3
0.64	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	16.5	20.3	21.3	
0.64	Age-Adjusted Death Rate due to Prostate Cancer	deaths/100,000 males	19	20.7	22.3	21.8
0.64	Persons with Disability Living in Poverty	percent	19.5	30.1	28.2	
0.64	Recreation and Fitness Facilities	facilities/1,000 population	0.2		0.1	
0.61	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	18.6	26.9	24	
0.61	People 65+ Living Below Poverty Level	percent	6.3	8.9	9.4	
0.58	Child Abuse Rate	cases/1,000 children	2	4.4	9.1	8.5
0.58	Preventable Hospital Stays	discharges/1,000 Medicare enrollees	52	65		
0.56	Age-Adjusted Death Rate due to Lung Cancer	deaths/100,000 population	48.1	57.7	48.4	45.5
0.5	Child Food Insecurity Rate	percent	17.3	21.6	21.4	
0.5	People 25+ with a High School Degree or Higher	percent	92.1	87.6	86	
0.47	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/100,000 population	7.2	13.2	10.7	12.4
0.42	Teen Birth Rate	live births/1,000 females aged 15-19	19.1	30	26.5	
0.39	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	deaths/100,000 population	33.5	51.7	42.1	
0.39	Median Household Income	dollars	58910	47380	53046	
0.17	People 25+ with a Bachelor's Degree or Higher	percent	40.6	26.2	28.8	
0.17	Per Capita Income	dollars	34795	25649	28155	

Source: Healthy Communities Institute (HCI)

IRS Form 990, Schedule H Requirements

The tax year the hospital last conducted a Community Health needs assessment

SSM Rehabilitation Hospital last conducted a CHNA in 2014.

Existing health care facilities and resources within the community that are available to respond to the health needs of the community

SSM Rehabilitation Hospital held a meeting with local, regional, and corporate members to determine priorities for the 2016-2018 CHNA and strategic implementation plan. Priorities chosen included:

- Access to Care: Resources include our partnerships with SSM Health – St. Louis acute-care hospitals, SSM Day Institute, in addition to the SSM Health Medical Group primary care physicians.

- Heart and Vascular Disease: Resources include cardiologists, cardiothoracic surgeons and electrophysiology.

- Cerebrovascular Disease (Stroke): Resources include our partnerships with SSM Health – St. Louis acute-care hospitals, SSM Day Institute, in addition to the SSM Health Medical Group primary care physicians.

How the data was obtained

In May 2015, SSM Rehabilitation Hospital, conducted a focus group that represented the broad interest and diversity of North St. Louis County and St. Louis City. This included representatives from the St. Louis County and St. Louis City Health Departments. In total, the hospital had 10 representatives who participated in the discussion. Participants were asked to identify the primary health issues affecting the constituents which they represent. After exhausting individual concerns, the focus was shifted towards topics of concern identified in the 2014 CHNA 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 SSM Rehabilitation Hospital to make a significant impact. The results were collected, analyzed and reviewed by senior hospital leadership, prior to identifying the top priorities to be addressed.

Health indicator data was derived from a variety of sources including the Healthy Communities Institute (HCI) analytics platform. The website includes the most up-to-date publicly available data for approximately 140 community indicators from over 20 sources and covering 20 topics in the areas of population health, determinants of health and quality of life.

The health needs of the community

Please see "The Health of Our Community" and "The Health Needs of Our Community" sections for analysis of health indicators specific to the health of our community and the identified priorities to be addressed going forward.

IRS Form 990, Schedule H Requirements (continued)

Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

The Mission of SSM Health is to continue the healing ministry of Jesus Christ by providing regional, cost-effective, high-quality health services for everyone, with a special concern for the poor and vulnerable. The strongest cultural influences, ensuring constancy of purpose and goal achievement, are reflected in our Mission, Vision and Values.

Toward that end, and to be maximally effective, health programs must meet a tangible need of the community. They must be presented to and accessible by the very people who need them most. The previous study of demographics, community health indicators and community feedback is necessary to assist the hospital in the planning, development, implementation and evaluation of population health programs in order to reduce disease burden within the community. SSM Rehabilitation Hospital acknowledges the populations for which disparities exist and the unique burdens associated with their demographic status.

The process for identifying and prioritizing community health needs and services to meet the community health needs

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

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

- Poor rankings for health issues within the service area as compared to other counties, state average, national average or Healthy People 2020 national health goals

- Health issues for which trends are worsening

The SSM Rehabilitation Hospital campus executive team also considered indicators that relate to problems the public health departments had already identified through their own assessments. In addition, SSM Rehabilitation Hospital examined "social determinants of health," or factors in the community that can either contribute to poor health outcomes or support a healthy community. This data is available on our website at ssmhealth.com and in the County Health Rankings report for St. Louis County.

Information gaps that limit the hospital facility's ability to assess all of the community's health needs

SSM Rehabilitation Hospital observes that, while many health status indicators for its service area might score above average, they may still represent problems that are above the medically preferable prevalence rate (i.e. nonexistent), place a heavy burden on our population, display worsening trends and/or fall short of acceptable benchmarks. In addition, aggregate health data for the entire population often masks the unfair, heavy burdens on certain groups within the population. SSM Rehabilitation Hospital made a conscious effort to reveal and acknowledge these disparities when possible.

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IRS Form 990, Schedule H Requirements (continued)

The process for consulting with persons representing the community's interests

SSM Rehabilitation Hospital sought input from community stakeholders whom represent the broad interest and diversity of North St. Louis County and St. Louis City. The various groups represented included members from local churches, the fire protection district, county health department, agency on aging, along with other interested groups. Participants were invited to discuss topics centered around top areas of existing health concerns.

Persons representing the community with whom the hospital consulted

SSM Rehabilitation Hospital benefited from input derived through consultation of community leaders representing diverse constituencies. The leaders associated with primary data collection are listed with their affiliations below. Additionally, SSM Rehabilitation Hospital benefited from guidance and input from individuals with expertise in public/population health.

Focus Group: May 26, 2016	
Member Name	Member Organization
Dr. Rance Thomas	NCCU - North County Churches Uniting for Racial Justice and Harmony
Rebecca Zoll	North County Incorporated
Chief Terry Loehrer	Pattonville FPD
Vickie Frager	People's FQHC
Mary Schaefer	Mid-East Agency on Aging
Sr. Rose Mecurio	Holy Name of Jesus Catholic Church
Tracey Swabby	Abbott
Meghan Gotiliet	Dasasports
Maria Miscovic	Care Choices STL
Carolyn Marty	Greater North County Chamber of Commerce
Michele Bildner	St. Louis County Dept. of Health
Kate Donaldson	St. Louis County Dept. of Health

IRS Form 990, Schedule H Requirements (continued)

Which needs the 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.

Other hospital facilities participating in SSM Rehabilitation Hospital Community Health Needs Assessment process

SSM Rehabilitation Hospital did not conduct its CHNA focus group in coordination with another facility.

How SSM Rehabilitation Hospital will make its needs assessment widely available to the public

SSM Rehabilitation Hospital 2016 CHNA is available online at ssm-rehab.com and upon request from the hospital facility at 314-447-9700. See the section titled "Going Forward" for more information.

SSM Rehabilitation Hospital

12380 DePaul Drive | Bridgeton, MO 63044

SSM Health
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2016-2018

Strategic Implementation Plan

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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 many people or for which disparities exist, and which put a greater burden on some population groups

- Health issues for which trends are worsening

- Poor rankings for health issues in St. Louis City and County as compared to the state average, other counties or Healthy People 2020 national health goals

The SSM Rehabilitation Hospital CHNA team also considered indicators that relate to problems that Centers for Disease Control and Prevention and other state agencies have identified through their own assessments. In addition, the team examined "social determinants of health," or factors in the community that can either contribute to poor health outcomes or support a healthy community. These data elements are available on our website at ssmhealth.com/system/community-benefit and in the County Health Rankings report for St. Louis City and St. Louis County.

Priority #1 Access to Care

Priority #2 Heart and Vascular

Priority #3 Cerebrovascular Disease (Stroke)

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Priority #1

At its heart, the entire Community Health Needs Assessment process is about improving access to care. The initiative was developed as part of the health care reform movement, in order to hold health care entities accountable for ensuring the communities which they serve are able to access the care they need.

SSM Health realizes that each community has unique barriers to care that, in some cases, go beyond the supply of physicians available to serve their associated populations. These barriers include, but are not limited to:

- Health literacy, or the ability of persons within the community to comprehend the health care services available to them

- Inadequate insurance coverage, affordability of services and transportation issues

- The ability of persons within the community to understand the importance of regular health assessments with medical providers

SSM Rehabilitation Hospitals have made the inpatient admissions process as simple as possible for the patients, their families and referral sources, including physicians, case managers and insurance or managed care companies. The goal is to enable patients to begin their rehabilitation as soon as they are medically stable and able to participate in our highly specialized programs of care. SSM Physical Therapy offers a wide array of outpatient services at multiple locations throughout the St. Louis Metro area.

Additional facts and figures

- 21.9% of adults in St. Louis do not have insurance, which is higher than both state and national uninsured rates of 18.5% and 20.3%, respectively

- 27.4% of the St. Louis population are reported as living below the poverty level, which is almost double than both state and national rates

- 41.5% of children in St. Louis are reported as living below the poverty level, which is almost double than both state and national rates

- The primary care provider rate in St. Louis County is reported as 120 providers per 100,000 individuals, which is greater than the state rate of 69 providers per 100,000 individuals

Source: Healthy Communities Institute (HCI)

For more information about rehabilitation options and continued care after being discharged from a hospital, visit us at ssm-rehab.com or call 314-447-9700.

Goals

The goals of SSM Rehabilitation Hospital include:

- 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)

- Reduce overall acute care transfers at SSM Rehabilitation Hospital from 15.6% in 2015 to 13% by 2018. (Source e-Rehab Database)

- Increase community discharges at SSM Rehabilitation Hospital From 64.85% in 2015 to 68% by 2018. (Source: e-Rehab Database)
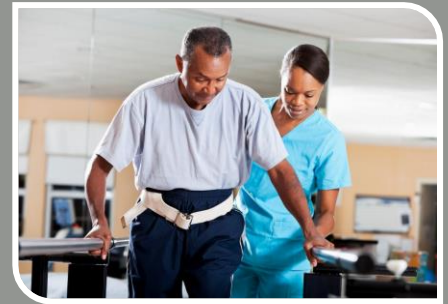
Action plan

- Monitor durability of outcomes post discharge through IT HealthTrack and create action plans, if appropriate.

- Continue development of Care Partner Program to decrease skilled nursing facility discharges from 16.1% in 2015 to 12% by 2018.

- Nursing staff to utilize Medical Early Warning Signs (MEWS) to identify medical issues sooner and prevent complications.

- Partner with Emergency Rooms at St. Mary's Hospital and DePaul Hospital to prevent unnecessary admission to acute care from SSM Rehabilitation Hospital.

Community partners and supporting resources

- SSM Health St. Mary's Hospital – St. Louis

- SSM Health DePaul Hospital – St. Louis

- SSM Health St. Joseph Hospital – St. Charles

- SSM Health St. Joseph – Lake St. Louis

Heart and Vascular Disease

Priority #2

Heart and Vascular disease includes a range of conditions that affect the health of one's heart and circulatory system. There are a number of deficiencies within our community that correlate to poor heart and vascular health. Some of the lifestyle behaviors that increase the risk of these diseases include:

- Smoking
- High blood pressure
- High cholesterol levels
- Diabetes
- Stress and depression
- Unhealthy food choices
- Being overweight
- Lack of exercise

In some cases, minorities and those living under financial distress are often segments of the population who are most affected by factors contributing to heart and vascular disease.

SSM Health and SSM Select Rehabilitation Hospital - St. Louis offer a wide scope of programs with the goal of creating healthy lifestyle behaviors and reducing the risk of heart and vascular disease in our communities.

Additional facts and figures

- 8.8% of the Medicare population in St. Louis County have been diagnosed with atrial fibrillation (irregular heartbeat), which is higher than both state and national averages of 7.8% (state and national averages are consistent with each other)
- 44.9% of the Medicare population in St. Louis County have hyperlipidemia (high levels of fats in blood)
- 15.3% of the Medicare population in St. Louis County experience heart failure
- 58.1% of the Medicare population and 31.9% of all adults in St. Louis County have hypertension
- 28.4% of the Medicare population in St. Louis County have ischemic (advanced) heart disease

For more information about our heart and vascular care, visit our website at ssmhealth.com or ssm-rehab.com

Source: Healthy Communities Institute (HCI)

Strategic Implementation Plan
Heart and Vascular Disease

Goals

The goals of SSM Rehabilitation Hospital include:

- 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 persons by 2018. (HCI)

- Reduce Cardiac-related acute care transfers from 12.1% in 2015 to 10.0%in 2018. (Source: e-Rehab Database)

- Increase Cardiac FIM (Functional Independence Measure) from 25.1 in 2015 to 27.0 by 2018. (Source: e-Rehab Database)

Action plan

- Develop a comprehensive cardiac rehabilitation program to benefit patients who are recovering from a cardiovascular disease, a recent cardiac event, or cardiac procedure. The program will strive to improve patients' ability to carry out activities of daily living, reduce heart disease risks, and improve quality of life.

- Participate in at least four annual community events that focus on education, awareness, and prevention.

- Develop a cardiac support group to encourage information sharing and build emotional support among our cardiac patients and families.

Community partners and supporting resources

- SSM Health St. Mary's Hospital – St. Louis

- SSM Health DePaul Hospital – St. Louis

- SSM Health St. Joseph Hospital – St. Charles

- SSM Health St. Joseph – Lake St. Louis

Cerebrovascular Health (Stroke)

Cerebrovascular disease (Stroke) affects the arteries leading to and within the brain. Stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts (or ruptures). When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it and brain cells die. Risk factors that increase the chance of stroke include[1] :

- Age (chances double for each decade of life in those older than 55)
- Heredity (having a family history of stroke)
- Race (African Americans are disproportionally prone to stroke, mainly due to increased prevalence of obesity, diabetes and high blood-pressure)
- Gender (women have more strokes than men)
- Prior history of stroke or heart attack

Recovering from a stroke can be one of the greatest challenges a person will ever go through. However, research shows that early intervention and a specialized stroke rehabilitation program can help to optimize an individual's recovery and enhance their quality of life.

At SSM Rehabilitation Hospital's Center for Stroke Rehabilitation, a team of neuro-rehabilitation specialists provide early intervention with expertise in the treatment of stroke to help individuals return home to family, work and community activities.

Priority #3

Additional facts and figures

- Stroke is the fifth leading cause of death in the United States and is a major cause of adult disability[1]
- About 800,000 people in the United States have a stroke each year[1]
- Stroke kills almost 130,000 Americans each year—that's 1 out of every 20 deaths[1]
- Risk of having a first stroke is nearly twice as high for African Americans than for Caucasians, and African Americans are more likely to die following a stroke than are Caucasians[1]
- 4.4% of the St. Louis County Medicare population are affected by strokes, which was greater than both the state and national average of 3.8%[2]
- 4.2% of the St. Louis City Medicare population are affected by strokes, which was greater than both the state and national average of 3.8%[2]

For more information about Cerebrovascular Health, visit us at ssm-rehab.com

Sources: [1]Centers for Disease Control and Prevention. [2]Healthy Communities Institute (HCI)

Strategic Implementation Plan
Cerebrovascular Disease (Stroke)

Goals

The goals of SSM Rehabilitation Hospital include:

- 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. (Source HCI)

- Reduce stroke acute care transfers from SSM Rehabilitation Hospital from 16.0% in 2015 to 13% by 2018. (Source: e-Rehab Database)

- Increase Stroke community discharges from 62.8% in 2015 to 65% by 2018. (Source: e-Rehab Database)

- Increase stroke FIM (Functional Independence measure) from 24.6 in 2015 to 27.0 by 2018. (Source: e-Rehab Database)

Action plan

- Stroke Program Team to monitor durability of outcomes post discharge through IT HealthTrack and create action plans, if appropriate.

- Decrease Stroke Falls by 10% and form a Stroke Fall Prevention Plan.

- Participate in at least 8 community events annually and continue the development of the Community Speakers Bureau.

- Develop a bowel and bladder continence program.

Community partners and supporting resources

- SSM Health St. Mary's Hospital – St. Louis
- SSM Health DePaul Hospital – St. Louis
- National Stroke Association
- American Heart Association
- Mid America Stroke Network
- St. Louis community Action Network
- SSM Health St. Joseph's Hospital – St. Charles

- SSM Health St. Joseph's Hospital – Lake St. Louis
- SSM Day Institute

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Achieving our Goals, Now and in the Future

SSM Health is committed to improving the health of our communities through collaborative efforts to address unmet needs.

SSM Health Rehabilitation Hospital

SSM Rehabilitation Hospital is pleased to make this source of reliable, current community health and population data 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/community-benefit for more information.

Health Data   Tracker   QuickFacts

Healthy People 2020 Progress Tracker

The Healthy People 2020 progress tracker provides a platform for measuring improvement of population health metrics associated with the US Healthy People 2020 objectives. The health objectives and 2020 goals allow communities to assess their health status through a comprehensive set of key disease indicators and create action plans relative to key priorities.

Health / Access to Health Services

	VALUE	COMPARED TO:
Adults with Health Insurance	82.8% (2014)	❌ HP 2020 Target (100.0%)
Children with Health Insurance	92.0% (2014)	❌ HP 2020 Target (100.0%)

Health / Cancer

	VALUE	COMPARED TO:
Age-Adjusted Death Rate due to Breast Cancer	17.0 Deaths per 100,000 females (2009-2013)	✅ HP 2020 Target (20.7)

Contact us to learn more at 314-447-9700.