

SSM Health Saint Louis University Hospital
3635 Vista Avenue, St. Louis, MO 63110

Approved by SSM Health 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 St. Mary's Hospital, SSM Health Cardinal Glennon Children's Hospital and SSM Health Saint Louis University Hospital, members of SSM Health, delivers exceptional, compassionate care to the St. Louis community. 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.

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 – Partnership for a Healthy St. Louis regarding the St. Louis County and St. Louis City communities. We have also conducted community focus groups to identify concerns about the health of these communities 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 address the Community Health Needs Assessment Implementation Plan for SSM Health Saint Louis University Hospital.

SSM Health St. Mary's Hospital

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SSM Health Cardinal Glennon Children's Hospital

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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 Saint Louis University Hospital is pleased to present the 2018 Community Health Needs Assessment (CHNA). This 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 community health needs assessment implementation strategy to address evaluated needs. SSM Health Saint Louis University Hospital last conducted a CHNA in 2016.

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 Health Saint Louis University Hospital in collaboration with Barnes Jewish Hospital held a meeting with local and regional stakeholders to determine priorities for the 2019-2021 community health needs strategic implementation plan. Priorities include:

1. Access to Care / Continuity of Care
2. Substance Abuse / Mental Health
3. Violence

strategies

Access to Care

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

Substance Abuse / Mental Health

Resources include partnerships with St. Louis City and St. Louis County departments of health

Violence

Resources include collaboration of the four city trauma centers through the Hospital Violence Intervention Program

SSM Health

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

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

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

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

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

SSM Health Saint Louis University Hospital

highlight of services

SSM Health Saint Louis University is an academic medical center in St. Louis and serves as teaching hospital for St. Louis University School of Medicine and is exclusively staffed by SLUCare Physician Group.

As an academic medical center, SSM Health Saint Louis University Hospital is at the forefront of ground-breaking medical treatments and procedures providing those services to patients, teaching to students and developing through research and innovation.

community benefit

In 2017, SSM Health Saint Louis University Hospital provided \$66 million in community benefit comprised of charity care, community services, unpaid costs of Medicaid and other public programs.

affiliations and community partnerships

SSM Health Saint Louis University Hospital is proud to partner with many different organizations to improve the health outcomes of the communities it serves. Partners include:

- St. Louis City and County departments of health
- St. Louis Integrated Health Network
- Hospital Violence Intervention Program Collaborative
- National Kidney Foundation
- Park Central Development

Hospital at a Glance

Admissions		16,900
Outpatient Visits		100,974
ER Visits		44,922
Births		-----
Beds		356
Employees		2,105
Medical Staff		570
Volunteers		150
Charity Care		\$66MM

The Health Needs of Our Community

SSM Health Saint Louis University Hospital in collaboration with Barnes Jewish Hospital conducted a focus group to identify the health needs of our community. The group represented broad and diversified interests of St. Louis City. Included in the focus group were representatives from St. Louis City Health Departments

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 identify the top priorities to be addressed.

key priorities

In St. Louis City, there are 85 Providers per 100,000 Persons

85 / 100,00

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 10,000 persons over age of 18 – ER visits related to substance abuse is 39.3 in St. Louis City

39.3 / 10,000

Substance Abuse

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

Per 100,000 persons, crime rate in St. Louis City is 297.7 1,702.8

1,702.8 / 100,000

Violence

A violent crime is a crime in which the offender uses or threatens to use violent force upon the victim. According to the FBI's Uniform Crime Reporting Program, violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery and aggravated assault. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services.

Our Progress Since 2015

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

SSM Health Saint Louis University Hospital

Mental Health and Substance Abuse

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the death rate due to drug poisoning in St. Louis City* from 12.8 deaths per 100,000 in 2015, to 12.6 deaths per 100,000 by 2018. (Source: HCI)	HCI	2015	12.8 (2006-2012)	17.2 (2012-2014)	17.2 (2012-2014)	17.2	17.2	N/A Data Source Changed	N/A Data Source Changed
Reduce the percentage of St. Louis City adults visiting the Emergency Department with mental illness as a primary complaint from 6% in 2016 to 3% in 2018. (Source: Internal)	Internal	2016	6%	5.4%	5.4%	5.8%	5.9%	6.5%	6.4%
Increase the percentage of referrals to outpatient services among adults admitted with drug poisoning as the primary diagnosis from 89% in 2016 to 95% in 2018. (Source: Internal)	Internal	2016	89%	89%	89%	91%	92%	92%	92%

*Note this states St. Louis City not to include St. Louis County. The rate of 12.8 deaths per 100,000 is based on St. Louis City/County, not St. Louis City, also the baseline of 12.8 was reported in 2015 not 2016.

Access to Care for Chronic Kidney Disease

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Improve overall health Behaviors Ranking of St. Louis City from 115, as reported in 2016, to 114 in 2018. (Source: HCI)	HCI	2016	115	115	115	115	115	N/A Data Source Changed	N/A Data Source Changed
Increase the percentage of Medicare beneficiaries treated for chronic kidney disease from 22.3% in St. Louis City, as reported in 2016, to 23.0% by 2018. (Source: HCI)	HCI	2016	22.3% (2014)	22.3% (2014)	22.3% (2014)	22.3%	22.3%	N/A Data Source Changed	N/A Data Source Changed
Increase the number of individuals receiving kidney health screenings through collaborative program with American Kidney Foundation from 500 in 2016 to 700 in 2018. (Source: Internal)	Internal	2016	500	500	500	620	645	650	672

Violent Crime

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Decrease the violent crime rate in St. Louis City from 1,885.3 crimes per 100,000 persons, as reported in 2015*, to 1,875.0 crimes per 100,000 persons by 2018. (Source: HCI)	HCI	2015	1,885.3 (2010-2012)	1,885.3 (2010-2012)	1,885.3 (2010-2012)	1885.3	1885.3	N/A Data Source Changed	N/A Data Source Changed
Decrease the percentage of victims of violent crimes seen in the Emergency Department from 2%, as reported in 2016, to 1% by 2018. (Source: Internal)	Internal	2016	2%	2%	2%	2%	3%	5%	5.2%
Increase the percentage of referrals to Better Family Life for victims of violence from 0% in 2016 to 90% in 2018. (Source: Internal)	Internal	2016	0%	0%	0%	46%	52%	55%	55%

*Note updated release date from SIP from 2016 to 2015 to more accurately reflect data collection site information.

SSM Health Saint Louis University Hospital in collaboration with Barnes Jewish Hospital conducted a focus group that represented the broad interest and diversity of St. Louis City. Representation also included stakeholders from St. Louis City 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.

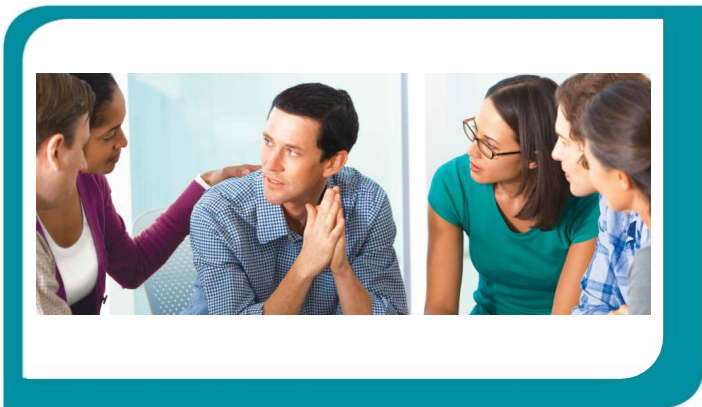
In addition to the primary data collected, secondary data was derived from a variety of sources including Think Health St. Louis – St. Louis Partnership for a Healthy Community, which includes data pulls from Healthy Communities Institute covering topics in area of health, determinants of health and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

Priority #3 **Violence**



Access to Care / Continuity of 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.

- Provider Care Rate - Per 100,000 persons, there are 85 providers in St. Louis City. Primary care providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics.
- 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 City is ranked at 27 (1-2 is healthiest) compared to St. Louis County ranked at 2. 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.
- 34% of St. Louis City residents have a bachelor's degree or greater and 23% of St. Louis City residents have a high school graduation degree
- Approximately 15% of St. Louis City resident don't have health insurance
- 19.94% of St. Louis City families live below the poverty line



Priority #1

Strategic Implementation – Access to Care

action plan

- In partnership with the Integrated Health Network utilized community referral coordinators to ensure continuity of care for patients and timely access to primary care follow-up
- In partnership with local area churches as well as other non-profit organizations provide health screenings to the residents in underserved communities (areas close to hospital) to identify early signs of disease and assist with follow up appointments to begin care process
- Identify and educate underserved communities on the importance of screening mammograms and through a grant with Show Me Healthy Women offer these services to identified individuals
- Identify individuals (through community based screenings and services) that need assistance with obtaining insurance coverage and provide navigation services for governmental payors as well as the Affordable Care Act (ACA)
- Increase patients' health-related knowledge via efforts to simplify health education materials, improve patient-provider communication, and increase overall health literacy
- Partner with community groups to educate residents on cardiovascular disease, diabetes, and cancer

community partners

- Integrated Health Network
- St. Louis City and County Department of Health
- First Responders
- Local Municipalities

supporting resources

- Show Me Healthy Women
- SLUCare Physician Group
- Local Area Churches



Substance Abuse / Mental Health

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

- ER visits related to substance abuse per 10,000 persons over 18 year is 39.3 in St. Louis City
- Age adjusted hospitalization related to substance abuse per 10,000 persons over 18 years of age is 27.8 in St. Louis City
- Nationally, the incidence of drug-poisoning deaths involving natural and semisynthetic opioids, which include drugs such as oxycodone and hydrocodone, increased from 1.0 in 1999 to 4.4 in 2016.
- The incidence of drug-poisoning deaths involving methadone increased from 0.3 in 1999 to 1.8 in 2006, then declined to 1.0 in 2016.
- The incidence of drug-poisoning deaths involving heroin increased from 0.7 in 1999, to 1.0 in 2010, to 4.9 in 2016.
- Missouri is statistically higher than the US average of 19.8 drug-poisoning deaths per 100,000 people (age-adjusted). In 2017, Missouri averaged 23.4 drug-poisoning deaths per 100,000 people.
- In 2017, the peak age group in Missouri for heroin and non-heroin opioid deaths is 25-34



Priority #2

action plan

- Provide education to physicians for opioid tapering, monitor to ensure a decrease in the opioid/opiate prescribing rates within SSM Health Saint Louis University Hospital
- Advocate for a state-wide Prescription Drug Monitoring Program in Missouri
- Increase the number of St. Louis City residents able to access appropriate, quality substance use treatment
- Support educational efforts in our community and schools
- Prescription Take Back Day(s) – in collaboration with local law enforcement, establish/support programs that accept expired, unwanted, or unused medicines from designated users and dispose of them responsibly
- In partnership with Behavioral Health Network and other non-profit organizations addressing social determinants of health, identify and/or develop opportunities for outpatient resources for behavioral health patients after discharge from the hospital
- In partnership with Behavioral Health Network participate in Project EPICC (Engaging Patients in Care Coordination) for patients that come to the ED with substance abuse
- In collaboration with St. Louis County law enforcement support the St. Louis Area Crisis Intervention Team and its mission which is to deliver positive law enforcement crisis intervention service to people with mental illness in St. Louis

community partners

- Behavioral Health Network
- School districts
- First responders
- Local Municipalities

supporting resources

- SSM Behavioral Health Medicine
- SLUCare Physician Group
- Federally Qualified Health Centers (FQHC)
- St. Louis Area Crisis Intervention Team



Violence

A violent crime is a crime in which the offender uses or threatens to use violent force upon the victim. According to the FBI'S Uniform Crime Reporting Program, violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Violence negatively impacts communities by reducing productivity, decreasing property values, and disrupting social services.

- Violent Crime Rate per 100,000 persons is 1,702.8 in St. Louis City and 297.7 in St. Louis County
- Social and Economic Factors Ranking is 115 in St. Louis City and 17 in St. Louis County according to the County Health Rankings. The ranking is based on a summary composite score calculated from the following measures: high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime rate, and injury death rate. Social and economic factors strongly influence the health of the individual and community. Studies repeatedly show a strong correlation between socioeconomic status and health outcomes. Understanding how a community compares to surrounding areas in terms of key social indicators such as educational attainment and crime rates as well as understanding the comparative economic status of a community is necessary to determine the types of community health programs needed.



Priority #3

Strategic Implementation – Decrease Violence Recidivism

action plan

- As a partner in the Hospital Violence Intervention Program Collaborative, identify victims of violence that come to the hospital and offer these victims access to services to decrease violence recidivism
- Participate in community educational programs to educate on gun safety and the use of gun locks
- Partner with YWCA to offer SART (Sexual Assault Response Team) to victims of sexual assault in the ED which will assist victims in finding safe housing and counseling services
- Connect victims of violence with community resources for education and opportunities that promote economic stability
- In partnership with area high schools, identify at risk individuals and offer educational opportunities as well as volunteer opportunities about health care careers

community partners

- Hospital Violence Intervention Program Collaborative (BJC, Cardinal Glennon, SLU Hospital)
- YWCA
- First Responders
- Local municipalities

supporting resources

- SLUCare Physician Group
- Local Churches
- Local Schools



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

Please visit ssmhealth.com/system for more information.

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



	VALUE	COMPARED TO:		
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

Kelly.Baumer@ssmhealth.com

2019 – 2021

Appendices

prioritizing health needs

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

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

- Health issues that impact a lot of people or for which disparities exist, and which put a greater burden on some population groups
- Poor rankings for health issues in the City and County of St. Louis as compared to the state of Missouri, other counties or Healthy People 2020 national health targets
- Health issues for which trends are worsening

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

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

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 St. Louis City and mid-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 each of the community focus groups:

SSM Health St. Mary's Hospital: diabetes, high-risk pregnancy, substance abuse, access to care, continuity of care, trauma/stress informed care, obesity, quality/price transparency, obesity, cardiovascular disease, sexually transmitted infections, violence, pediatric abuse/neglect, ED visits, cancer, dental, tobacco use, cerebrovascular disease, behavioral health

SSM Health Cardinal Glennon Children's Hospital: mental / behavioral health, maternal / child health, social determinants of health, public safety/violence, access to services, immunizations/infectious disease, cultural barriers, health lifestyles, health literacy, reproductive health, asthma, diabetes, cancer, dental health, obesity, blood disease/lead, nutrition, injuries, food allergies

SSM Health Saint Louis University Hospital: mental health, substance abuse, violence, access to care, health literacy, maternal and child health, reproductive health, injuries, health lifestyles, diabetes, transportation, immunization / infectious disease, heart disease, stroke, respiratory disease, smoking / tobacco use, cancer, dental care

Needs SSM Health Saint Louis University will not address and the reasons:

Because SSM Health Saint Louis University Hospital has limited resources, not every health indicator which has an identified need for improvement could be addressed. These needs have been recognized, as per the community's perception, but they are not the driving force behind the service area's health issues. Additionally, these issues were generally ranked considerably lower than the top three priorities. Needs not prioritized include

- Lack of affordable health insurance, cost of care (including medications), poverty, financial assistance and Supplemental Government Aid: SSM Health and St. Louis University Hospital attempt to alleviate these economic constraints on a regular basis through the provision of charity care and the SSM Health and Cardinal Glennon Foundation programs.
- Sexually Transmitted Infections: The hospital does not have resources to focus on reduction of sexually transmitted diseases in the community. Additionally, as a Catholic health system, SSM Health is bound by certain Ethical and Religious Directives (ERD's) that limit the extent to which this initiative can be pursued effectively. The hospital does provide screening and treatment for those presenting to the emergency department and perinatal services.
- Care Coordination: The hospital is already facilitating transitions in care for the congestive heart failure and chronic obstructive pulmonary disease populations through the use of transitional care nurse navigators. Although this was not chosen as a "top" priority, it will be included throughout in the access to care component of the strategic implementation plan.
- 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.
- Minority Care: It is SSM Health's Vision that through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically and socially marginalized, will experience improved health in mind, body, spirit and environment within the financial limits of the system. The CHNA process itself is designed to identify issues that affect specific minority populations and is taken very seriously by the hospital. SSM Health Saint Louis University Hospital continuously assesses the effectiveness of its programs specific to the minority groups within its service area.
- Chronic Disease: As an academic medical center, SSM Health Saint Louis University Hospital is at the forefront of ground-breaking medical treatments and procedures—providing them to our patients, teaching them to our students and developing them through research and innovation. While not explicitly being focused on within this CHNA, the hospital continues to provide exceptional health care services to patients affected by all variants of chronic disease.
- Dental Care: The hospital does not employ resources necessary to implement a dental program.

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

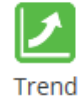
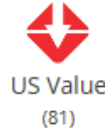
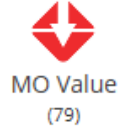
	VALUE	COMPARED TO:		
Adults with Health Insurance	90.1% (2016)	 MO Counties	 U.S. Counties	 MO Value (87.2%)
		 Prior Value (90.3%)	 Trend	 HP 2020 Target (100.0%)
Children with Health Insurance	96.8% (2016)	 U.S. Counties	 MO Value (95.5%)	 US Value (95.5%)
		 Prior Value (96.7%)	 Trend	 HP 2020 Target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

Appendix

St. Louis County Health Dashboard www.thinkhealthstl.org

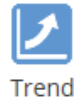
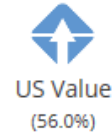
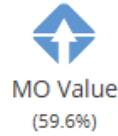
Non-Physician Primary Care Provider Rate

75
Providers per 100,000 population
(2017)



Persons with Private Health Insurance Only

66.7%
(2016)



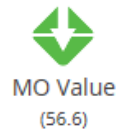
Persons with Public Health Insurance Only

15.3%
(2016)



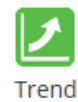
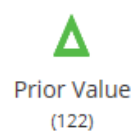
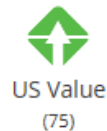
Preventable Hospital Stays: Medicare Population

46.8
Discharges per 1,000 Medicare enrollees
(2015)



Primary Care Provider Rate

123
Providers per 100,000 population
(2015)

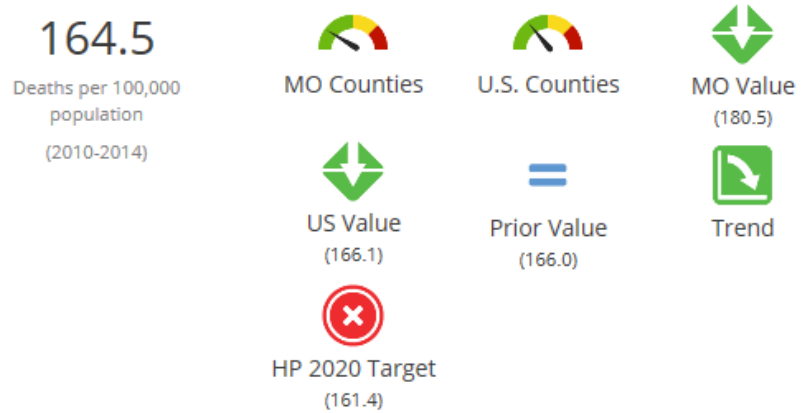


Health / Cancer

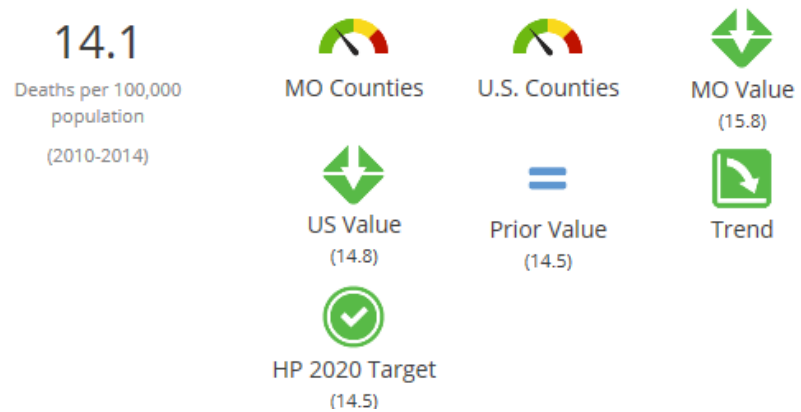
Age-Adjusted Death Rate due to Breast Cancer



Age-Adjusted Death Rate due to Cancer



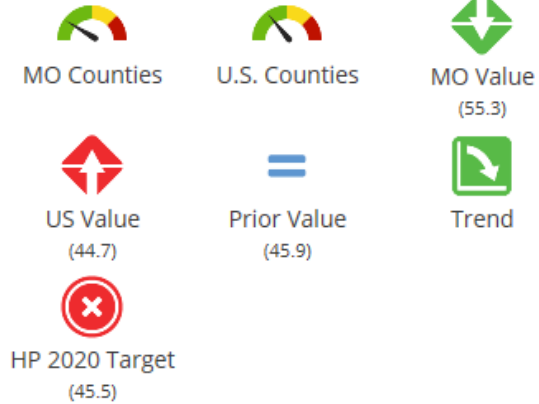
Age-Adjusted Death Rate due to Colorectal Cancer



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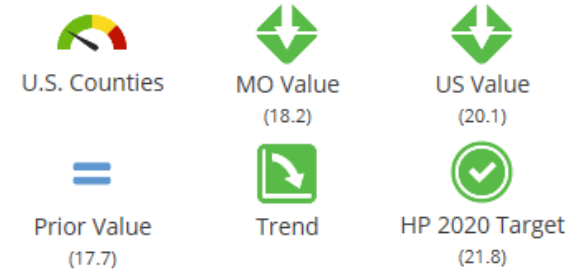
Age-Adjusted Death Rate due to Lung Cancer

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



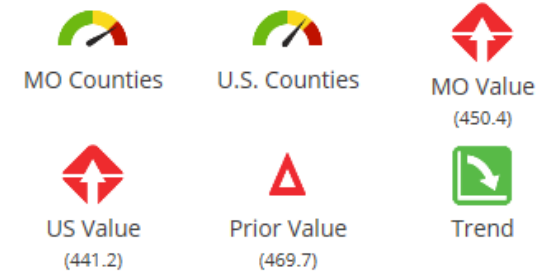
Age-Adjusted Death Rate due to Prostate Cancer

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



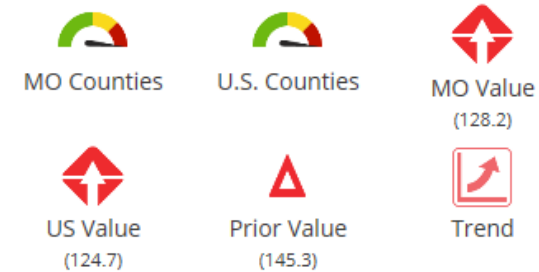
All Cancer Incidence Rate

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



Breast Cancer Incidence Rate

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

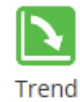
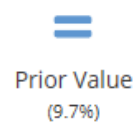
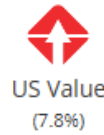


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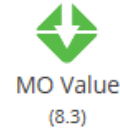
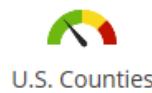
Cancer: Medicare Population

9.7%
(2015)



Cervical Cancer Incidence Rate

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



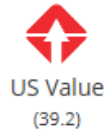
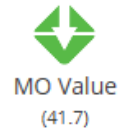
Colon Cancer Screening: Sigmoidoscopy or Colonoscopy

70.8%
(2011)



Colorectal Cancer Incidence Rate

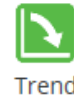
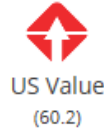
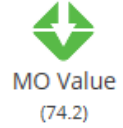
41.1
Cases per 100,000
population
(2011-2015)



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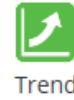
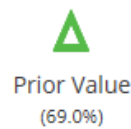
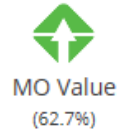
Lung and Bronchus Cancer Incidence Rate

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



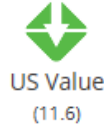
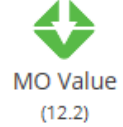
Mammography Screening: Medicare Population

70.2%
(2015)



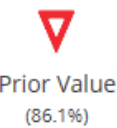
Oral Cavity and Pharynx Cancer Incidence Rate

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

128.4

Cases per 100,000 males
(2011-2015)



MO Counties



U.S. Counties



MO Value
(98.0)



US Value
(109.0)









Prior Value
(126.5)




















Trend

Health / County Health Rankings

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

Health / Diabetes

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

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%)

St. Louis County Health Dashboard www.thinkhealthstl.org

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

Health / Exercise, Nutrition, & Weight

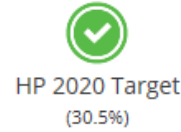
	VALUE	COMPARED TO:		
Adult Fruit and Vegetable Consumption	13.3% (2011)	 MO Counties	 MO Value (12.5%)	 US Value (23.4% in 2009)
		 Prior Value (24.5%)		
Adults 20+ who are Sedentary	22.7% (2014)	 MO Counties	 U.S. Counties	 MO Value (25.8%)
		 US Value (23.0%)	 Prior Value (23.0%)	 Trend
		 HP 2020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

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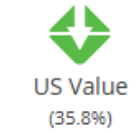
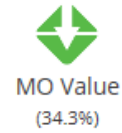
Adults who are Obese

28.2%
(2011)



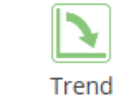
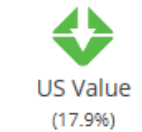
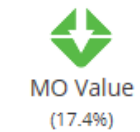
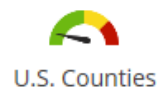
Adults who are Overweight

32.6%
(2011)



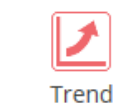
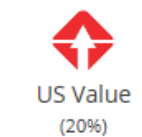
Child Food Insecurity Rate

14.8%
(2016)



Food Insecure Children Likely Ineligible for Assistance

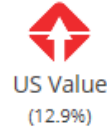
45%
(2016)



St. Louis County Health Dashboard www.thinkhealthstl.org

Food Insecurity Rate

14.7%
(2016)

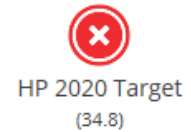
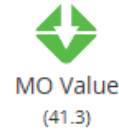


Health / Heart Disease & Stroke

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)



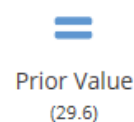
Age-Adjusted ER Rate due to Heart Failure

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	31.9% (2011)	 MO Counties	 MO Value (32.6%)	 US Value (30.9% in 2015)
		 Prior Value (17.5%)	 HP 2020 Target (26.9%)	
High Cholesterol Prevalence: Adults 35+	39.9% (2011)	 MO Counties	 MO Value (42.9%)	 Prior Value (17.9%)
Hyperlipidemia: Medicare Population	44.9% (2015)	 MO Counties	 U.S. Counties	 MO Value (41.8%)
		 US Value (44.6%)	 Prior Value (45.0%)	 Trend
Hypertension: Medicare Population	57.0% (2015)	 MO Counties	 U.S. Counties	 MO Value (54.6%)
		 US Value (55.0%)	 Prior Value (57.1%)	 Trend
Ischemic Heart Disease: Medicare Population	25.8% (2015)	 MO Counties	 U.S. Counties	 MO Value (26.6%)
		 US Value (26.5%)	 Prior Value (26.6%)	 Trend

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Stroke: Medicare Population

4.4%
(2015)


 MO Counties

 U.S. Counties

 MO Value
(3.9%)

 US Value
(4.0%)

 Prior Value
(4.2%)

 Trend


Health / Immunizations & Infectious Diseases

Age-Adjusted Death Rate due to Influenza and Pneumonia

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

COMPARED TO:

 MO Counties

 MO Value
(17.7)

 US Value
(15.3)



Prior Value
(16.1)




Trend

Age-Adjusted ER Rate due to Community Acquired Pneumonia

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


 St. Louis City Value
(16.7)

 Prior Value
(12.5)

Age-Adjusted ER Rate due to Hepatitis

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

 St. Louis City Value
(1.2)

 Prior Value
(0.5)

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

11.7
ER visits per 10,000 population 18+ years
(2012-2014)

 St. Louis City Value
(11.8)

 Prior Value
(9.2)

St. Louis County Health Dashboard www.thinkhealthstl.org

Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia

24.1

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



St. Louis City Value
(29.3)



Prior Value
(25.6)

Age-Adjusted Hospitalization Rate due to Hepatitis

2.0

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



St. Louis City Value
(5.6)



Prior Value
(2.1)

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

3.2

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



St. Louis City Value
(3.2)



Prior Value
(2.2)

Chlamydia Incidence Rate: Females 15-19

4,119.5

Cases per 100,000 females aged 15-19
(2010-2014)



MO Counties



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%)



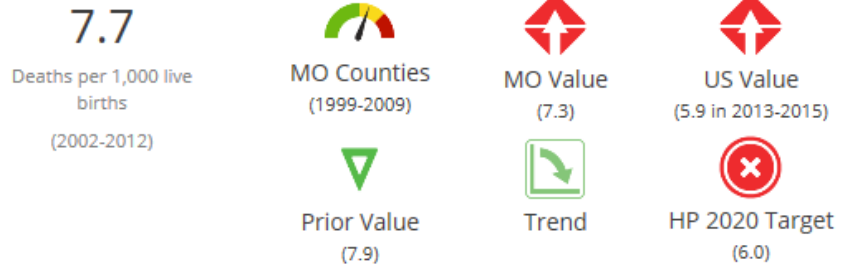
Trend



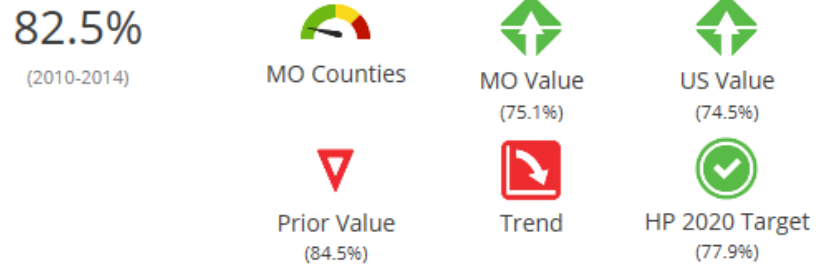
HP 2020 Target
(7.8%)

St. Louis County Health Dashboard www.thinkhealthstl.org

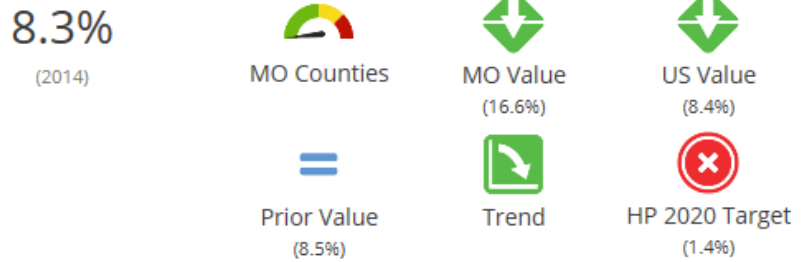
Infant Mortality Rate



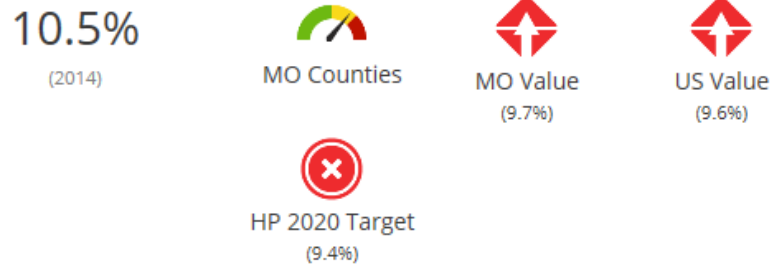
Mothers who Received Early Prenatal Care





















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>	

Appendix

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Age-Adjusted ER Rate due to Pediatric Mental Health

53.3
ER visits per 10,000
population under 18
years
(2012-2014)


St. Louis City
Value
(78.1)


Prior Value
(51.1)

Age-Adjusted ER Rate due to Suicide and Intentional Self-inflicted Injury

16.3
ER visits per 10,000
population 18+ years
(2012-2014)


St. Louis City
Value
(48.5)


Prior Value
(17.0)

Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury

85.0
Hospitalizations per
10,000 population aged
12-17
(2012-2014)


St. Louis City
Value
(61.2)


Prior Value
(70.7)

Age-Adjusted Hospitalization Rate due to Mental Health

110.4
Hospitalizations per
10,000 population 18+
years
(2012-2014)


St. Louis City
Value
(188.3)


Prior Value
(109.7)

Age-Adjusted Hospitalization Rate due to Pediatric Mental Health

62.2
Hospitalizations per
10,000 population under
18 years
(2012-2014)


St. Louis City
Value
(55.5)


Prior Value
(58.8)

Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-inflicted Injury

58.6
Hospitalizations per
10,000 population 18+
years
(2012-2014)


St. Louis City
Value
(103.8)

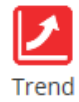
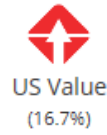
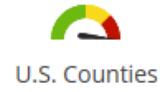

Prior Value
(53.5)

Appendix

St. Louis County Health Dashboard www.thinkhealthstl.org

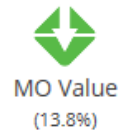
Depression: Medicare Population

20.6%
(2015)



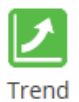
Frequent Mental Distress

11.3%
(2016)



Mental Health Provider Rate

258
Providers per 100,000
population
(2017)

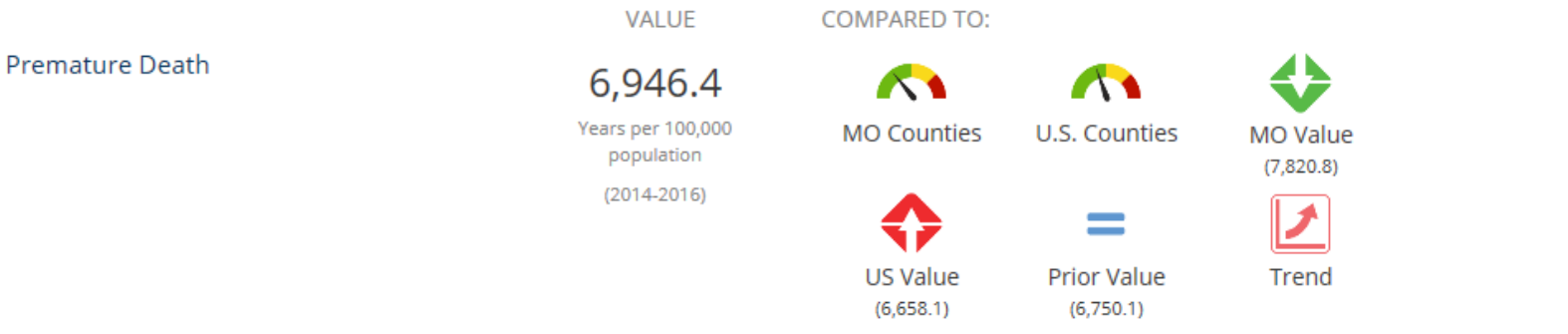


Poor Mental Health: Average Number of Days

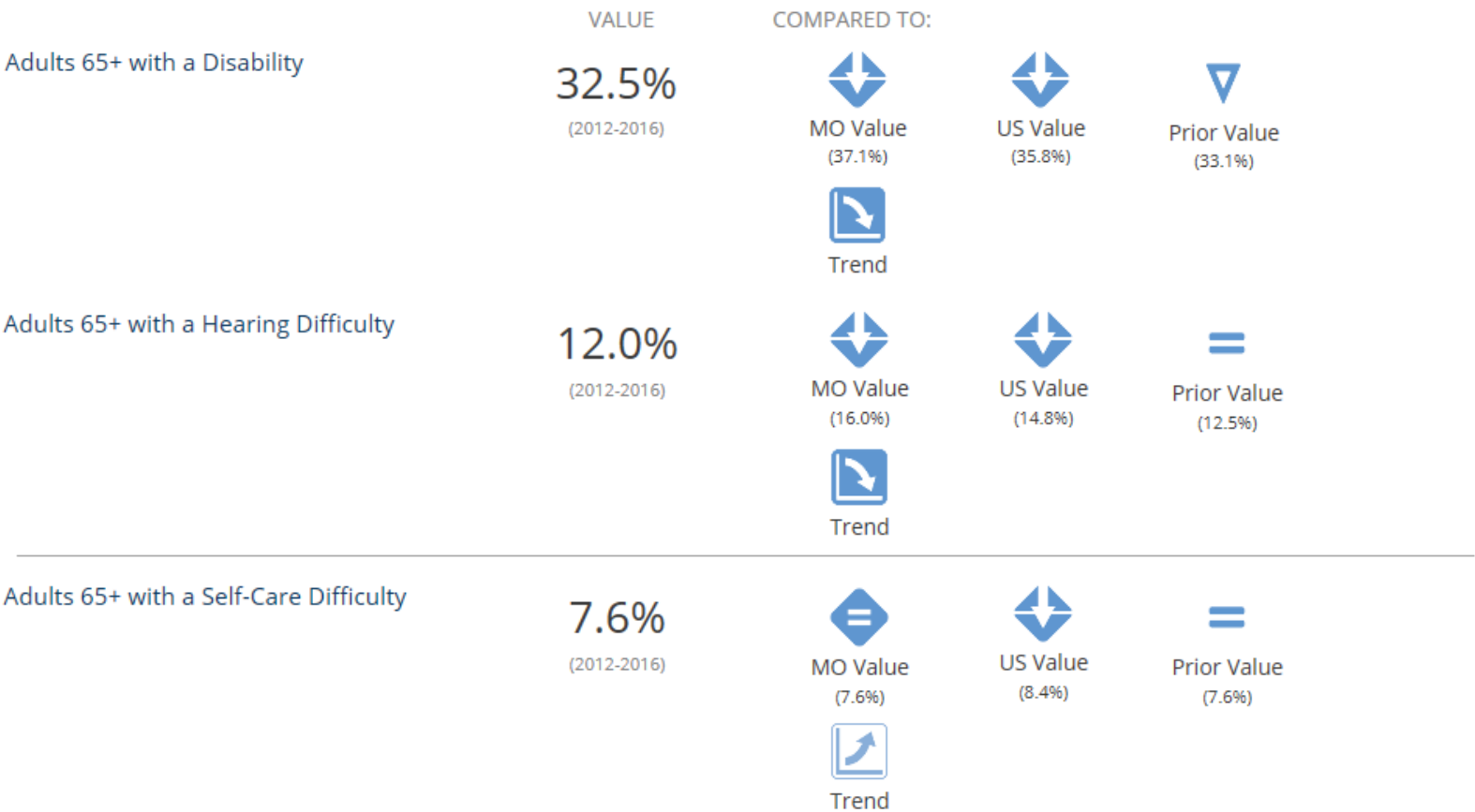
3.8
Days
(2016)



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%)

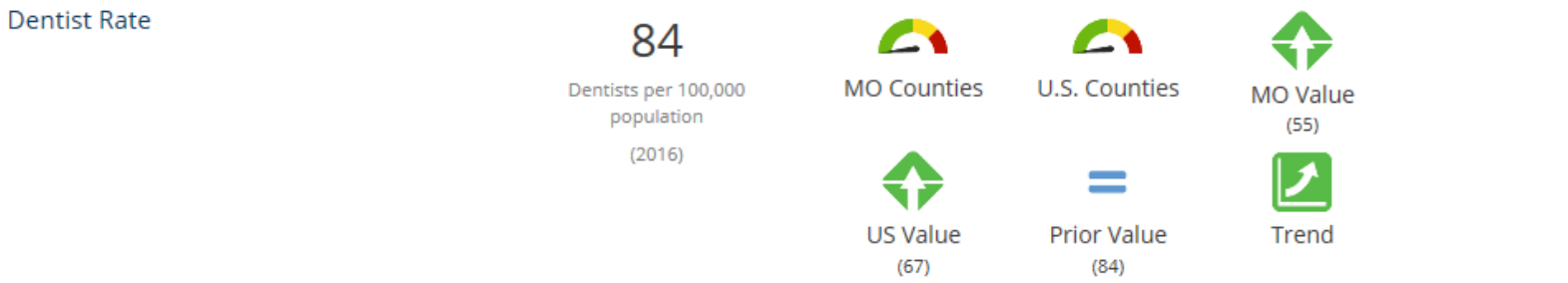
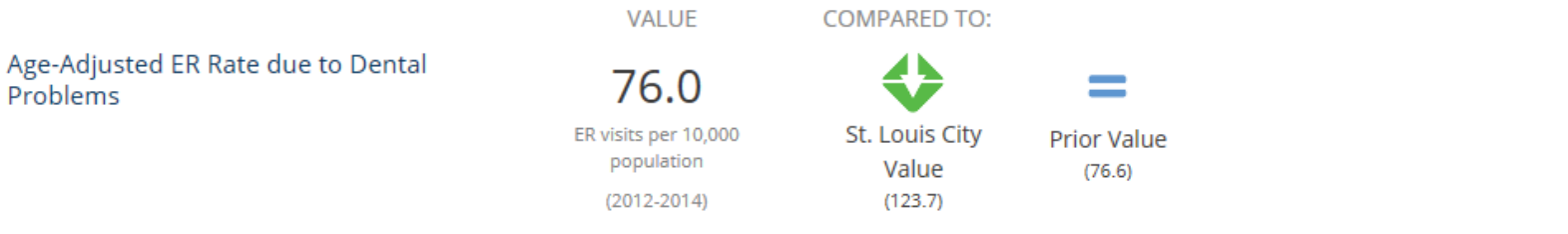


Prior Value
(11.4%)

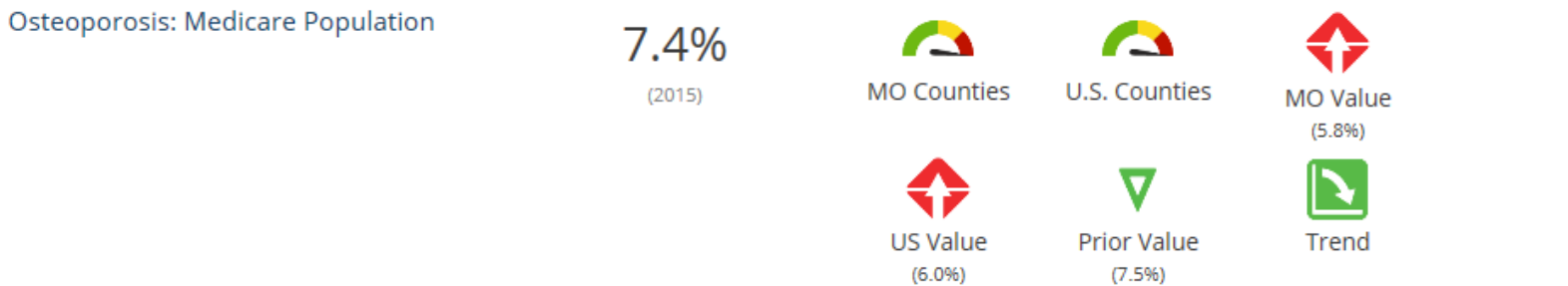
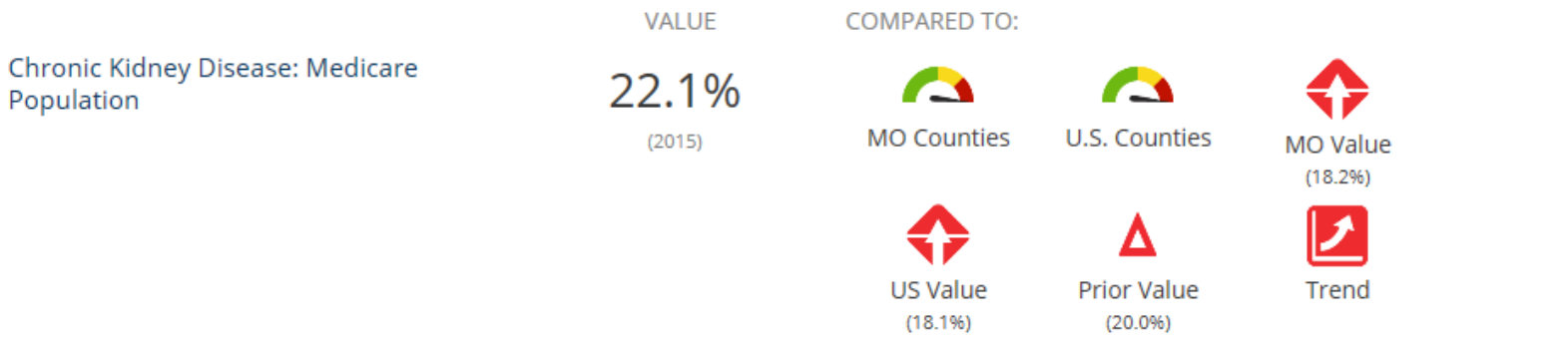


Trend

Health / Oral Health



Health / Other Chronic Diseases



St. Louis County Health Dashboard www.thinkhealthstl.org

Rheumatoid Arthritis or Osteoarthritis:
Medicare Population

34.6%
(2015)




MO Counties



U.S. Counties




MO Value
(32.3%)



US Value
(30.0%)



Prior Value
(33.5%)



Trend

Health / Other Conditions


Age-Adjusted ER Rate due to Dehydration

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

COMPARED TO:




St. Louis City
Value
(13.8)



Prior Value
(12.0)

Age-Adjusted ER Rate due to Urinary
Tract Infections

82.9
ER visits per 10,000
population 18+ years
(2012-2014)



St. Louis City
Value
(102.1)




Prior Value
(74.7)

Age-Adjusted Hospitalization Rate due to
Dehydration

16.5
Hospitalizations per
10,000 population 18+
years
(2012-2014)



St. Louis City
Value
(22.2)



Prior Value
(18.2)

Age-Adjusted Hospitalization Rate due to
Urinary Tract Infections

18.6
Hospitalizations per
10,000 population 18+
years
(2012-2014)



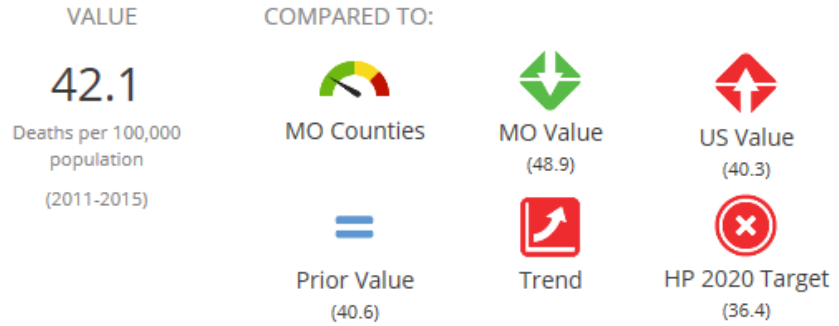
St. Louis City
Value
(22.9)



Prior Value
(19.9)

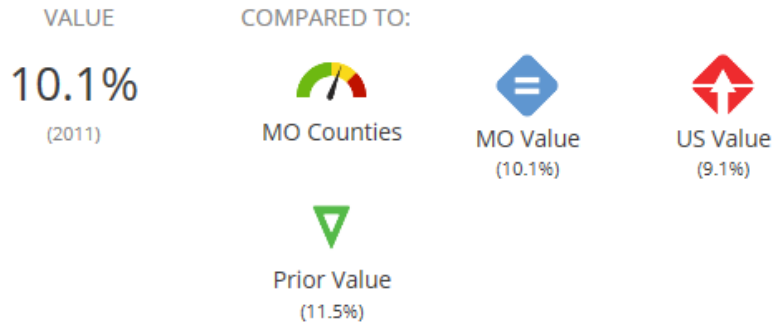
Health / Prevention & Safety

Age-Adjusted Death Rate due to Unintentional Injuries

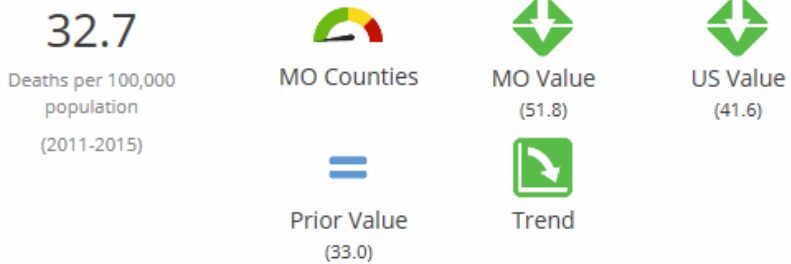


Health / Respiratory Diseases

Adults with Current Asthma



Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases



Age-Adjusted ER Rate due to Adult Asthma



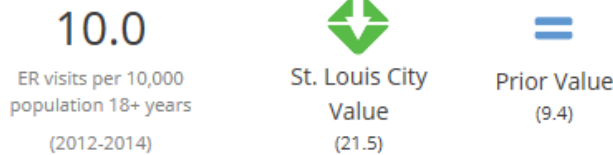
Age-Adjusted ER Rate due to Asthma



Appendix

St. Louis County Health Dashboard www.thinkhealthstl.org

Age-Adjusted ER Rate due to COPD



Age-Adjusted ER Rate due to Pediatric Asthma



Age-Adjusted Hospitalization Rate due to Adult Asthma



Age-Adjusted Hospitalization Rate due to Asthma



Age-Adjusted Hospitalization Rate due to COPD



Age-Adjusted Hospitalization Rate due to Pediatric Asthma

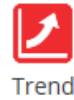
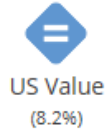
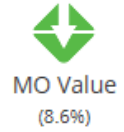
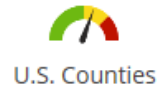


Appendix

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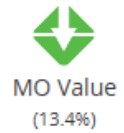
Asthma: Medicare Population

8.2%
(2015)



COPD: Medicare Population

10.0%
(2015)

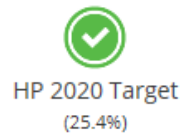


Health / Substance Abuse

Adults who Drink Excessively

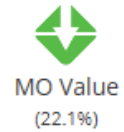
VALUE
19.7%
(2016)

COMPARED TO:



Adults who Smoke

18.4%
(2016)















Age-Adjusted ER Rate due to Alcohol Abuse

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








Appendix

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

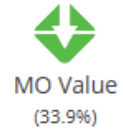
Frequent Physical Distress	VALUE	COMPARED TO:		
	10.9% (2016)	 MO Counties	 U.S. Counties	 MO Value (13.3%)
		 US Value (15.0%)	 Prior Value (10.5%)	

Appendix

St. Louis County Health Dashboard www.thinkhealthstl.org

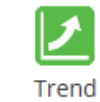
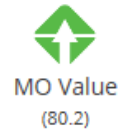
Insufficient Sleep

31.8%
(2016)



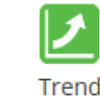
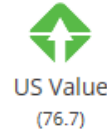
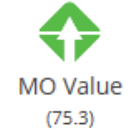
Life Expectancy for Females

81.7
Years
(2014)



Life Expectancy for Males

77.0
Years
(2014)



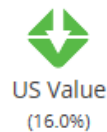
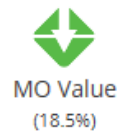
Poor Physical Health: Average Number of Days

3.6
Days
(2016)

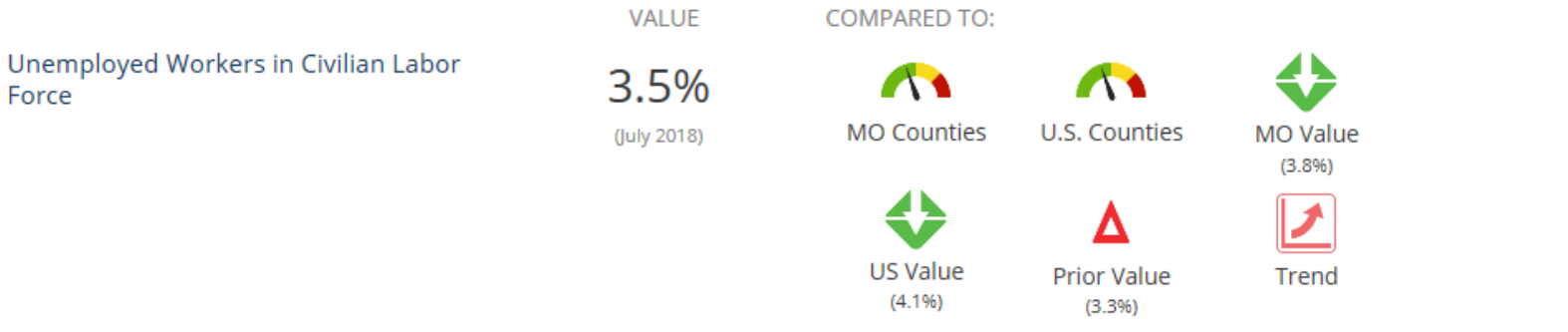


Self-Reported General Health Assessment: Poor or Fair

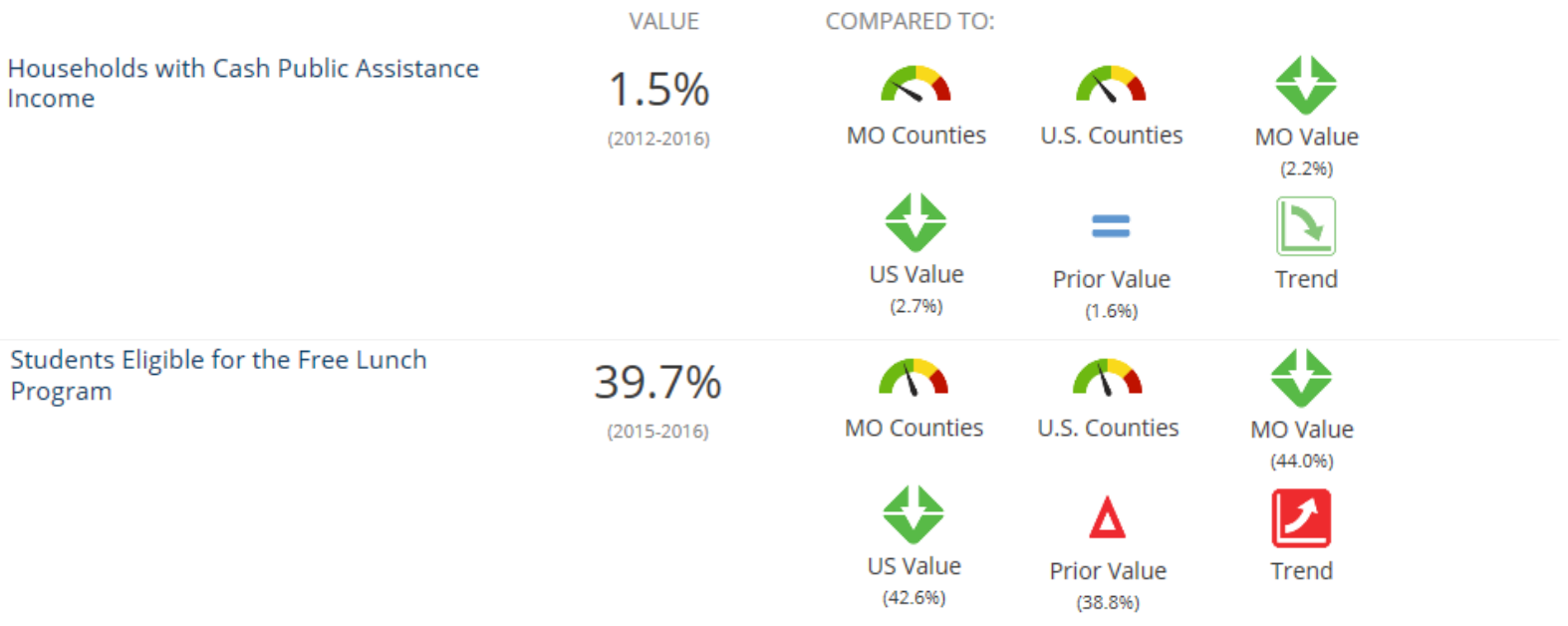
14.6%
(2016)



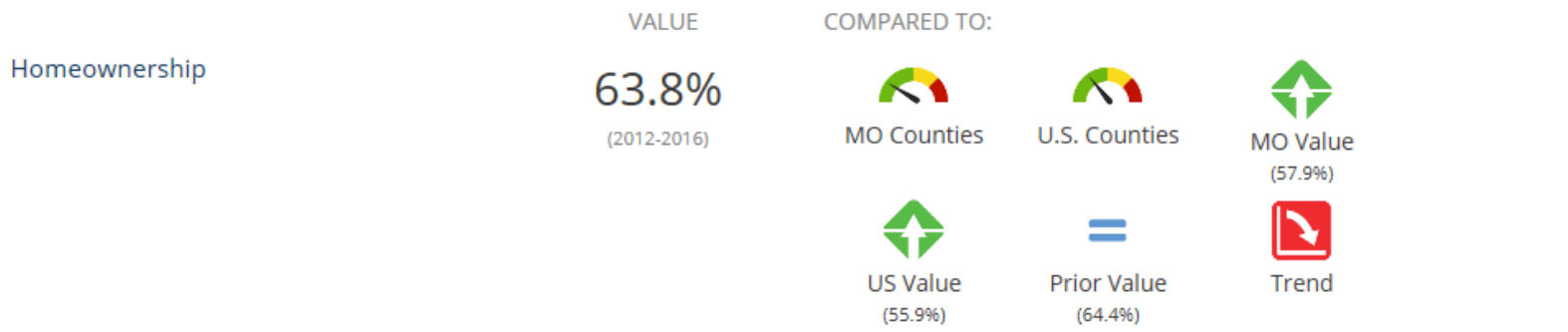
Economy / Employment



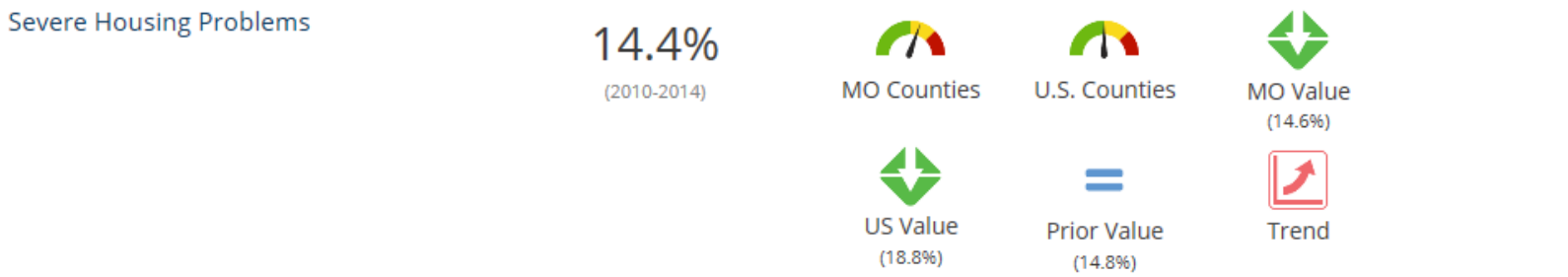
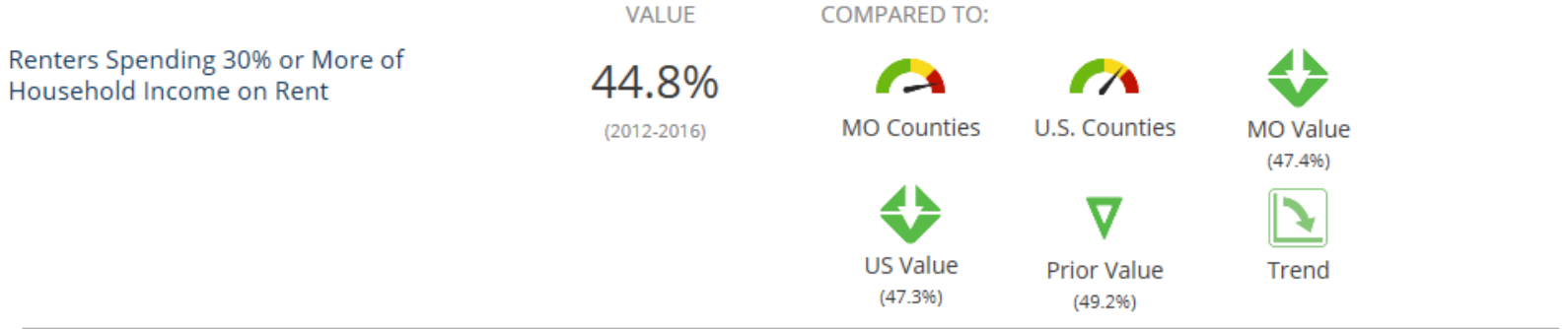
Economy / Government Assistance Programs



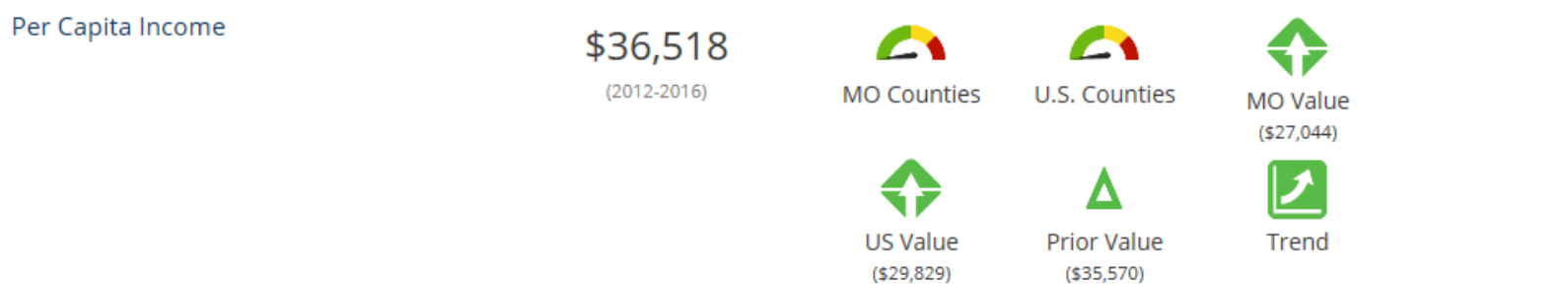
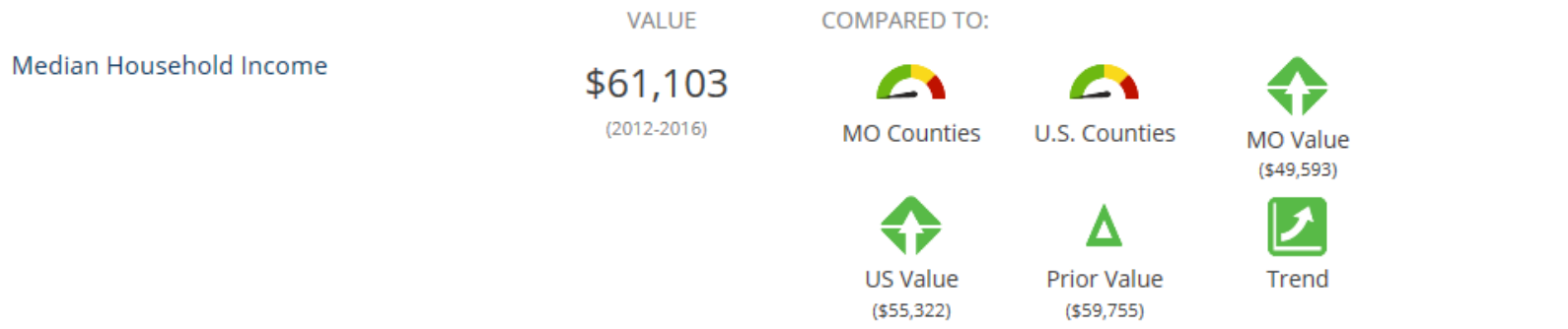
Economy / Homeownership

























Economy / Housing Affordability & Supply



Economy / Income



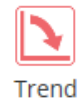
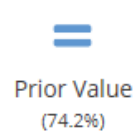
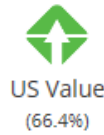
Economy / Poverty

	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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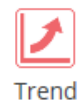
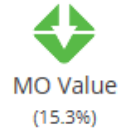
People Living 200% Above Poverty Level

75.0%
(2012-2016)



People Living Below Poverty Level

10.3%
(2012-2016)



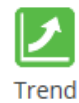
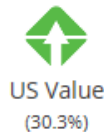
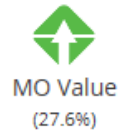
Education / Educational Attainment in Adult Population

VALUE

COMPARED TO:

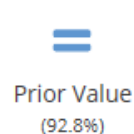
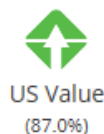
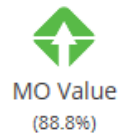
People 25+ with a Bachelor's Degree or Higher

42.4%
(2012-2016)

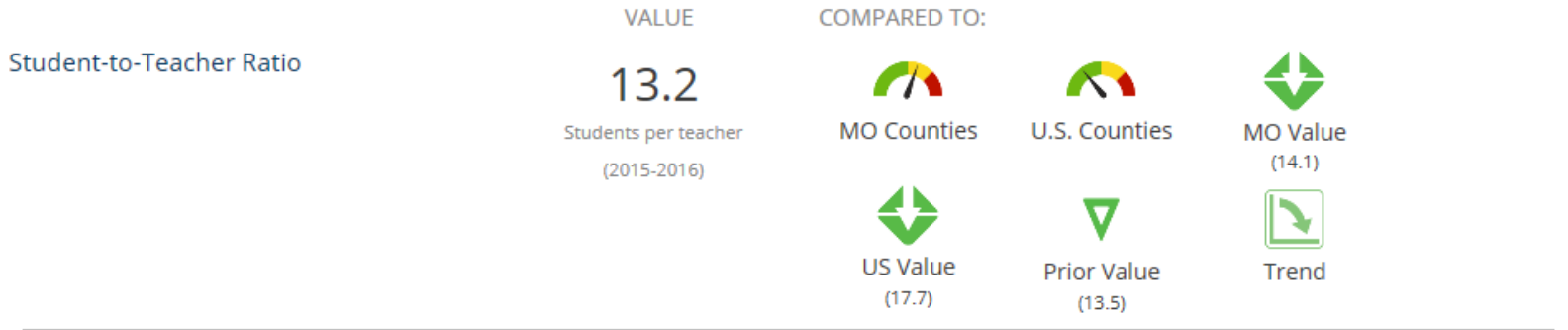


People 25+ with a High School Degree or Higher

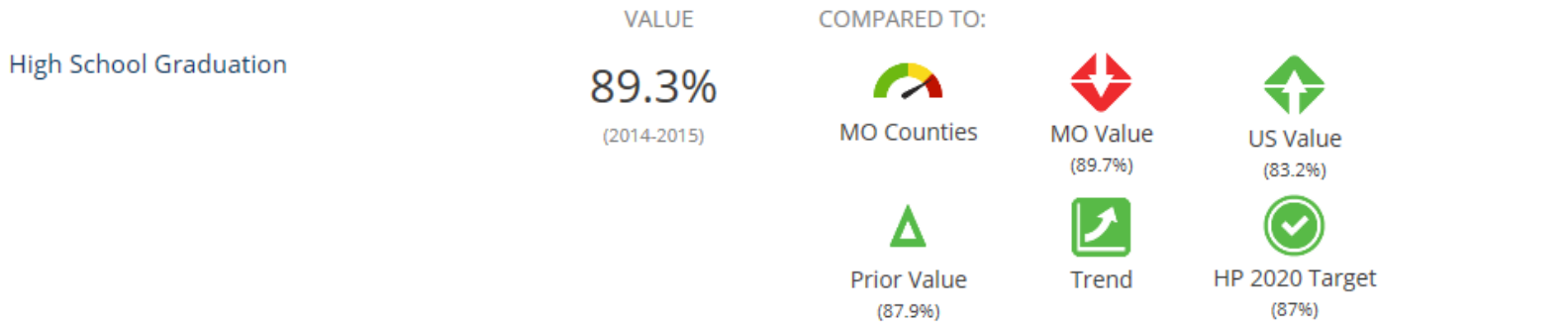
93.0%
(2012-2016)



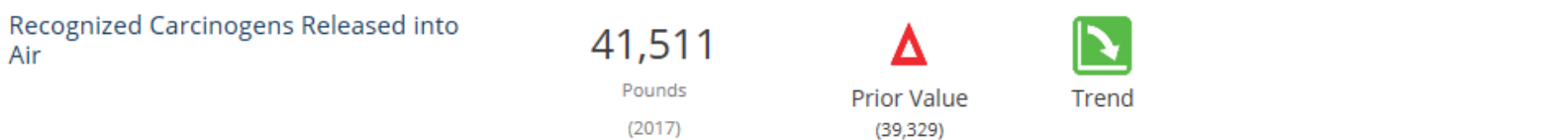
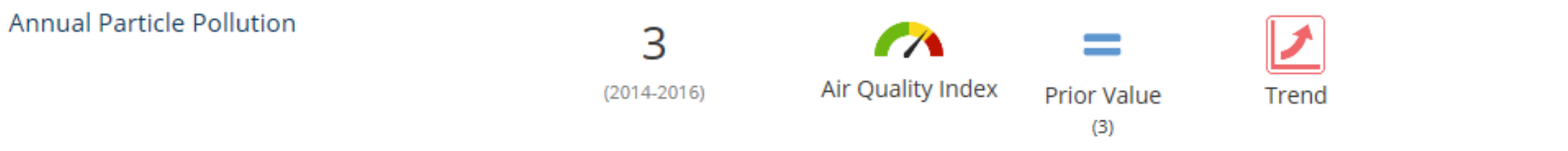
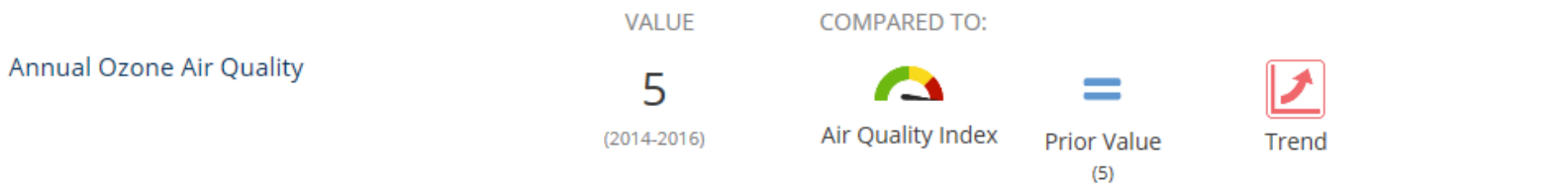
Education / School Resources























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

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Grocery Store Density

0.18

Stores per 1,000 population
(2014)



MO Counties



U.S. Counties



Prior Value
(0.19)



Trend

Households with No Car and Low Access to a Grocery Store

1.6%

(2015)



MO Counties



U.S. Counties



Prior Value
(1.1%)

Liquor Store Density

7.7

Stores per 100,000 population
(2015)



MO Counties



U.S. Counties



MO Value
(6.3)



US Value
(10.5)



Prior Value
(7.1)



Trend

Low-Income and Low Access to a Grocery Store

6.0%

(2015)



MO Counties



U.S. Counties



Prior Value
(5.0%)

People 65+ with Low Access to a Grocery Store

3.7%

(2015)



MO Counties



U.S. Counties



Prior Value
(3.8%)

People with Low Access to a Grocery Store

26.8%

(2015)



MO Counties



U.S. Counties



Prior Value
(26.5%)

Recreation and Fitness Facilities

0.13

Facilities per 1,000 population
(2014)



US Value
(0.06)



Prior Value
(0.13)



Trend

St. Louis County Health Dashboard www.thinkhealthstl.org

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



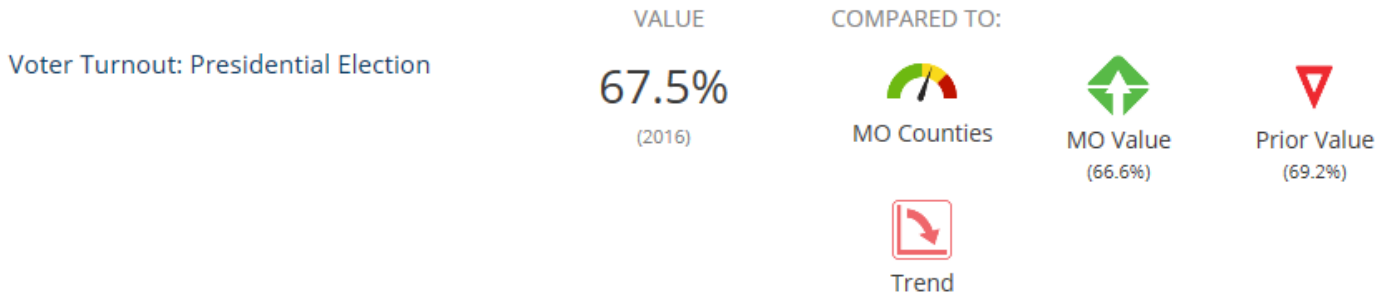
MO Value
(4.4%)



Prior Value
(0.0%)

St. Louis County Health Dashboard www.thinkhealthstl.org

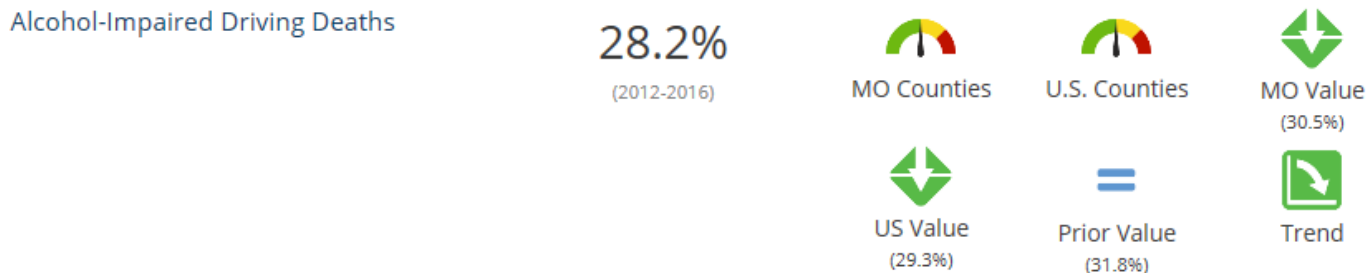
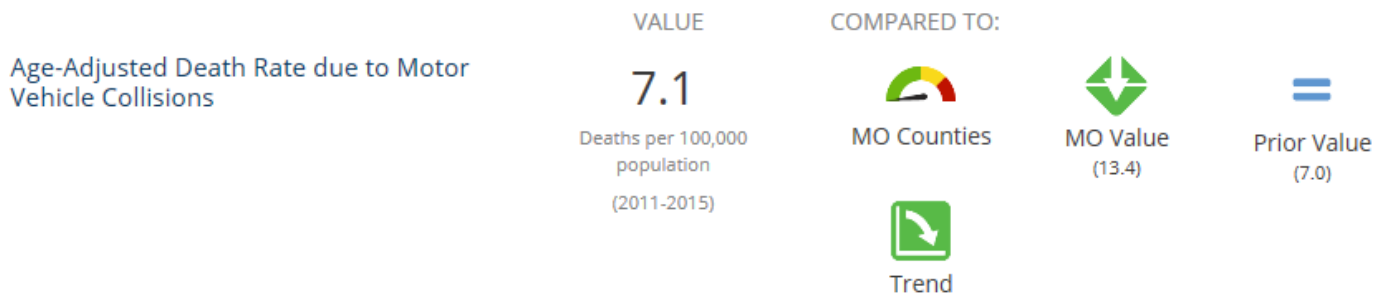
Government & Politics / Elections & Voting



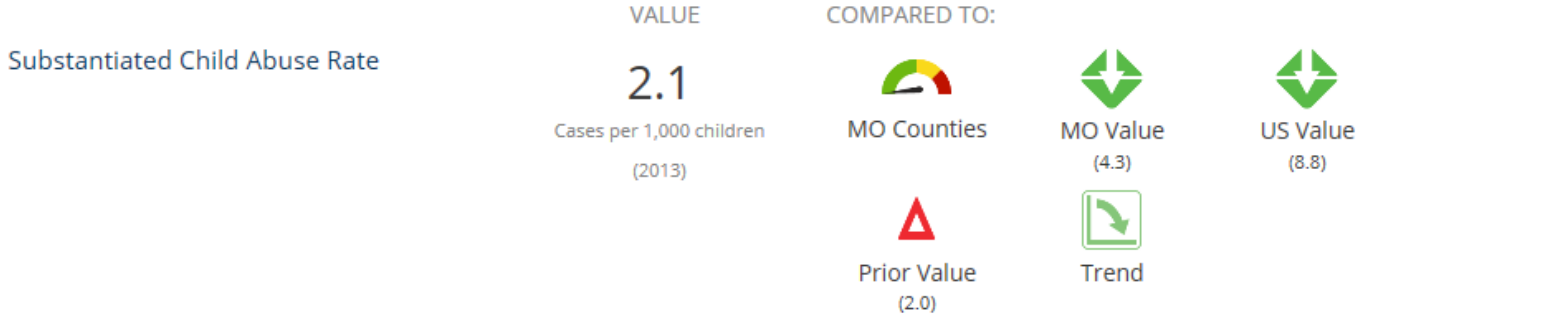
Public Safety / Crime & Crime Prevention



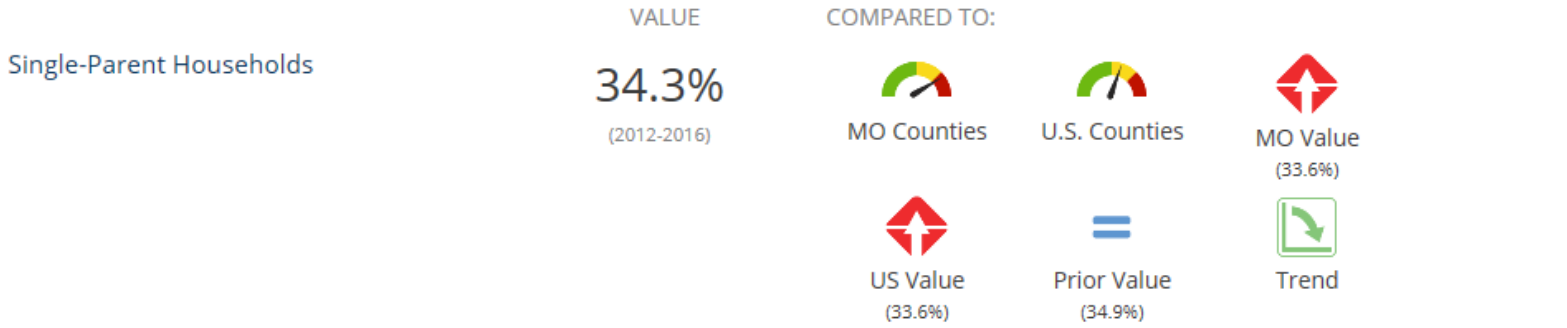
Public Safety / Transportation Safety



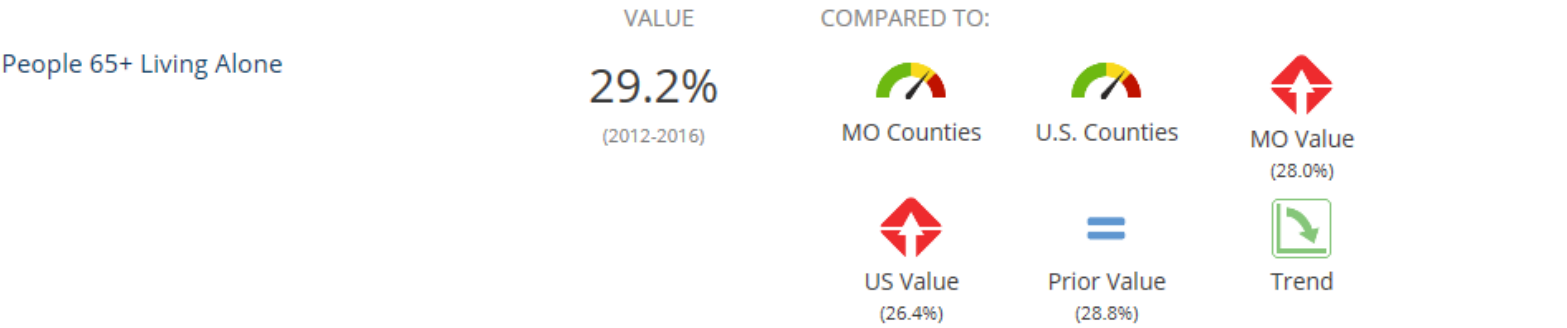
Social Environment / Children's Social Environment



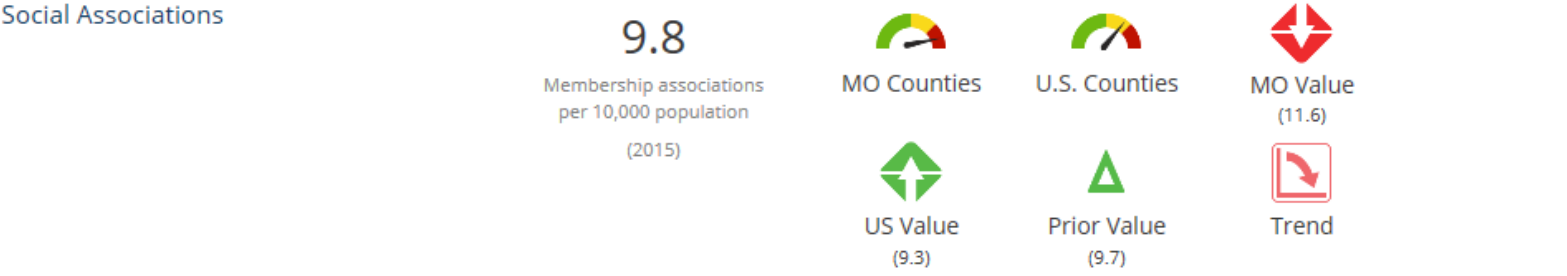
Social Environment / Family Structure




























Social Environment / Neighborhood/Community Attachment



Social Associations



Transportation / Commute To Work

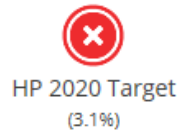
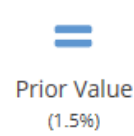
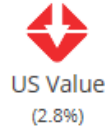
	VALUE	COMPARED TO:		
Mean Travel Time to Work	<p>24.0 Minutes (2012-2016)</p>	 MO Counties	 U.S. Counties	 MO Value (23.4)
		 US Value (26.1)	 Prior Value (23.7)	 Trend
Solo Drivers with a Long Commute	<p>32.0% (2012-2016)</p>	 MO Counties	 U.S. Counties	 MO Value (30.9%)
		 US Value (34.7%)	 Prior Value (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)

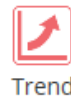
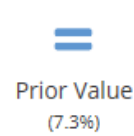
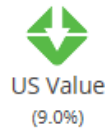
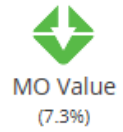


Transportation / Personal Vehicle Travel

Households without a Vehicle

VALUE
7.2%
(2012-2016)

COMPARED TO:





Home > Community Dashboard > All Data













Search for Indicators

All Data

St. Louis City

Turn Colorblind Mode On

Health / Access to Health Services


	VALUE	COMPARED TO:		
Adults with Health Insurance	85.0% (2016)	 MO Counties	 U.S. Counties	 MO Value (87.2%)
		 Prior Value (83.8%)	 Trend	 HP 2020 Target (100.0%)
Children with Health Insurance	96.3% (2016)	 U.S. Counties	 MO Value (95.5%)	 US Value (95.5%)
		 Prior Value (94.0%)	 Trend	 HP 2020 Target (100.0%)

Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

Medicare Healthcare Costs

10,423
Dollars per enrollee
(2015)


MO Value
(9,750)


US Value
(9,729)


Prior Value
(9,977)



Trend

Non-Physician Primary Care Provider Rate

185
Providers per 100,000
population
(2017)



MO Counties


U.S. Counties


MO Value
(79)



US Value


Prior Value


Trend

Persons with Private Health Insurance Only

52.8%
(2016)


MO Value
(59.6%)



US Value
(56.0%)



Prior Value
(52.6%)


Trend

Persons with Public Health Insurance Only

28.8%
(2016)


MO Value
(19.8%)


US Value
(23.0%)


Prior Value
(27.3%)


Trend

Preventable Hospital Stays: Medicare Population

57.0
Discharges per 1,000
Medicare enrollees
(2015)


MO Counties


U.S. Counties


MO Value
(56.6)


US Value
(49.4)

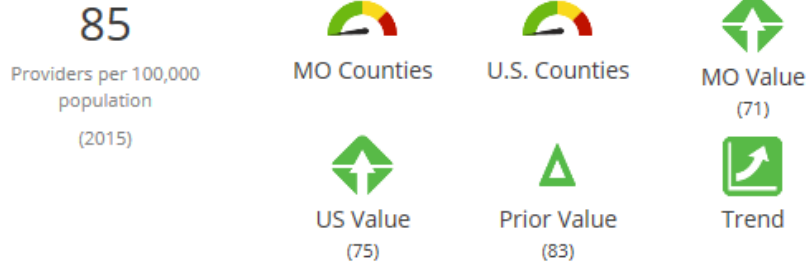

Prior Value
(58.9)


Trend

Appendix

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Primary Care Provider Rate

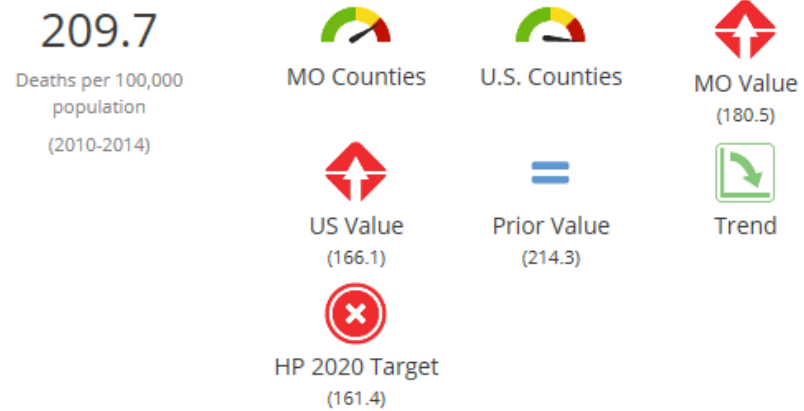


Health / Cancer

Age-Adjusted Death Rate due to Breast Cancer



Age-Adjusted Death Rate due to Cancer

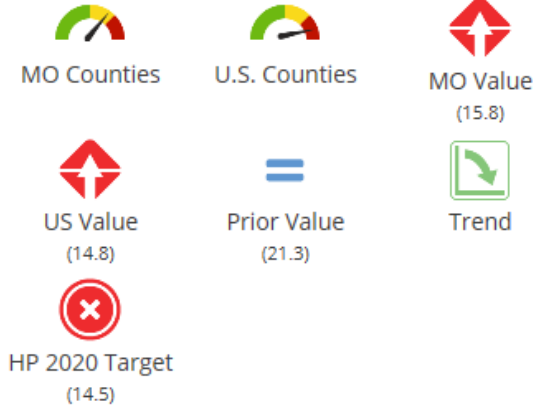


Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

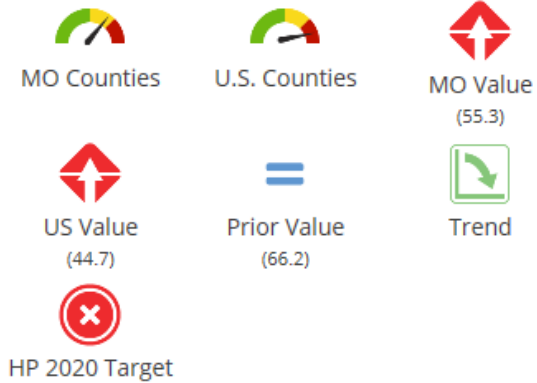
Age-Adjusted Death Rate due to Colorectal Cancer

20.3
Deaths per 100,000 population
(2010-2014)



Age-Adjusted Death Rate due to Lung Cancer

65.2
Deaths per 100,000 population
(2010-2014)



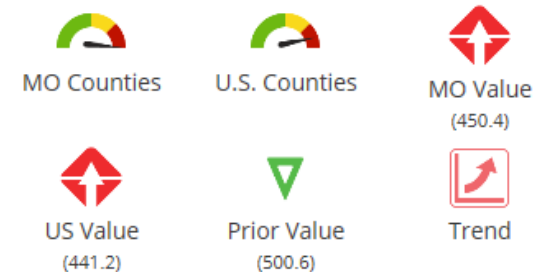
Age-Adjusted Death Rate due to Prostate Cancer

24.2
Deaths per 100,000 males
(2010-2014)



All Cancer Incidence Rate

490.2
Cases per 100,000 population
(2011-2015)



Breast Cancer Incidence Rate

129.8

Cases per 100,000 females
(2011-2015)



MO Counties



U.S. Counties



MO Value
(128.2)



US Value
(124.7)



Prior Value
(132.1)



Trend

Cancer: Medicare Population

7.0%

(2015)



MO Counties



U.S. Counties



MO Value
(7.8%)



US Value
(7.8%)



Prior Value
(7.3%)



Trend

Cervical Cancer Incidence Rate

13.0

Cases per 100,000 females
(2011-2015)



U.S. Counties



MO Value
(8.3)



US Value
(7.5)



Prior Value
(12.5)



Trend



HP 2020 Target
(7.3)

Colon Cancer Screening: Sigmoidoscopy or Colonoscopy

66.3%

(2011)



MO Counties



MO Value
(66.6%)



US Value
(69.3% in 2014)

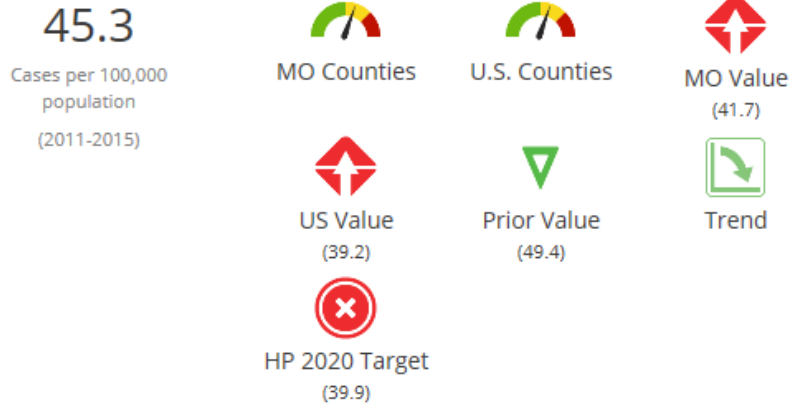


Prior Value
(62.8%)

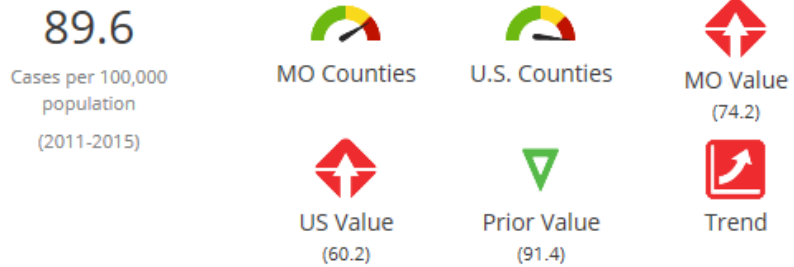
Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

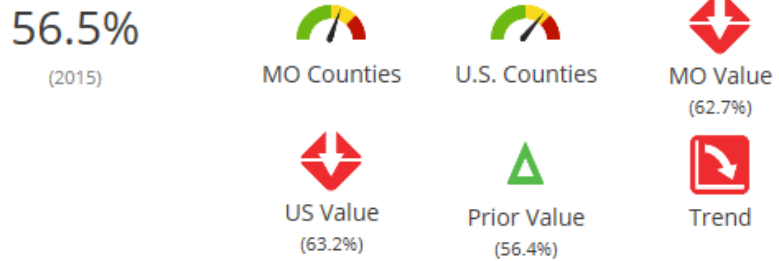
Colorectal Cancer Incidence Rate



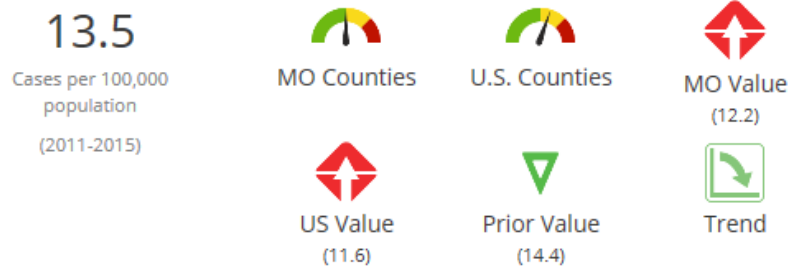
Lung and Bronchus Cancer Incidence Rate



Mammography Screening: Medicare Population



Oral Cavity and Pharynx Cancer Incidence Rate

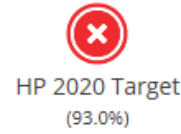
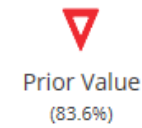


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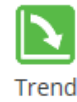
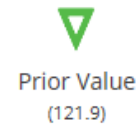
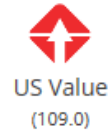
Pap Test in Past 3 Years

78.6%
(2011)



Prostate Cancer Incidence Rate

119.4
Cases per 100,000 males
(2011-2015)



Health / County Health Rankings

	VALUE	COMPARED TO:
Clinical Care Ranking	27 (2018)	MO Counties
Health Behaviors Ranking	110 (2018)	MO Counties
Morbidity Ranking	112 (2018)	MO Counties
Mortality Ranking	103 (2018)	MO Counties
Physical Environment Ranking	90 (2018)	MO Counties

Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

Social and Economic Factors Ranking

115
(2018)

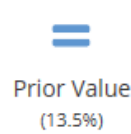


Health / Diabetes

Adults 20+ with Diabetes

VALUE
12.6%
(2014)

COMPARED TO:



Age-Adjusted Death Rate due to Diabetes

30.3
Deaths per 100,000
population
(2011-2015)



Age-Adjusted ER Rate due to Diabetes

35.3
ER visits per 10,000
population 18+ years
(2012-2014)



Age-Adjusted ER Rate due to Long-Term Complications of Diabetes

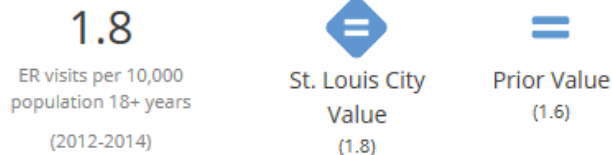
11.4
ER visits per 10,000
population 18+ years
(2012-2014)



Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

Age-Adjusted ER Rate due to Short-Term Complications of Diabetes



Age-Adjusted ER Rate due to Uncontrolled Diabetes



Age-Adjusted Hospitalization Rate due to Diabetes



Age-Adjusted Hospitalization Rate due to Long-Term Complications of Diabetes



Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes



Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes

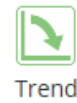
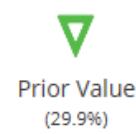
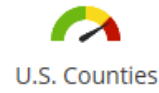


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St. Louis City Health Dashboard www.thinkhealthstl.org

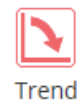
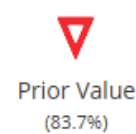
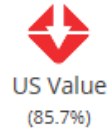
Diabetes: Medicare Population

29.6%
(2015)



Diabetic Monitoring: Medicare Population

82.8%
(2015)



Health / Disabilities

Persons with a Cognitive Difficulty (5-year)

VALUE
7.2%
(2012-2016)

COMPARED TO:



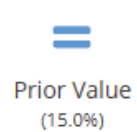
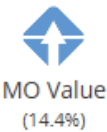
Persons with a Disability

16.2%
(2016)














Persons with a Disability (5-year)





15.5%
(2012-2016)



St. Louis City Health Dashboard www.thinkhealthstl.org

Persons with a Hearing Difficulty (5-year)	3.0% (2012-2016)	 MO Value (4.1%)	 US Value (3.5%)	
Persons with a Self-Care Difficulty (5-year)	3.4% (2012-2016)	 MO Value (2.8%)	 US Value (2.7%)	
Persons with a Vision Difficulty (5-year)	3.3% (2012-2016)	 MO Value (2.5%)	 US Value (2.3%)	
Persons with an Ambulatory Difficulty (5-year)	9.2% (2012-2016)	 MO Value (8.2%)	 US Value (7.0%)	
Persons with Disability Living in Poverty (5-year)	41.1% (2012-2016)	 MO Counties	 MO Value (29.5%)	 US Value (27.6%)

Health / Exercise, Nutrition, & Weight

Adult Fruit and Vegetable Consumption	VALUE 12.2% (2011)	COMPARED TO:	 MO Counties	 MO Value (12.5%)	 US Value (23.4% in 2009)
			 Prior Value (26.8%)		

Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

Adults 20+ who are Sedentary

23.7%
(2014)



MO Counties



U.S. Counties



MO Value
(25.8%)



US Value
(23.0%)



Prior Value
(23.5%)



Trend



HP 2020 Target
(32.6%)

Adults who are Obese

31.1%
(2011)



MO Counties



MO Value
(30.0%)



US Value
(29.9% in 2016)



Prior Value
(31.3%)



HP 2020 Target
(30.5%)

Adults who are Overweight

32.5%
(2011)



MO Counties



MO Value
(34.3%)



US Value
(35.8%)



Prior Value
(33.4%)

Child Food Insecurity Rate

23.3%
(2016)



MO Counties



U.S. Counties



MO Value
(17.4%)



US Value
(17.9%)



Prior Value
(22.8%)

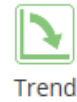
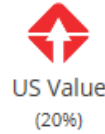


Trend

St. Louis City Health Dashboard www.thinkhealthstl.org

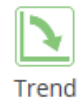
Food Insecure Children Likely Ineligible for Assistance

40%
(2016)



Food Insecurity Rate

25.1%
(2016)



Health / Heart Disease & Stroke

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

VALUE
48.4
Deaths per 100,000 population
(2011-2015)

COMPARED TO:



Prior Value
(46.8)



Trend



HP 2020 Target
(34.8)

Age-Adjusted Death Rate due to Heart Disease

232.4
Deaths per 100,000 population
(2011-2015)



Prior Value
(241.0)




Trend

Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

Age-Adjusted ER Rate due to Heart Failure

5.9
ER visits per 10,000 population 18+ years (2012-2014)


St. Louis City Value (5.9)


Prior Value (6.4)

Age-Adjusted ER Rate due to Hypertension

46.7
ER visits per 10,000 population 18+ years (2012-2014)


St. Louis City Value (46.7)


Prior Value (48.5)

Age-Adjusted Hospitalization Rate due to Heart Failure


67.2
Hospitalizations per 10,000 population 18+ years (2012-2014)


St. Louis City Value (67.2)


Prior Value (68.1)

Age-Adjusted Hospitalization Rate due to Hypertension

16.9
Hospitalizations per 10,000 population 18+ years (2012-2014)


St. Louis City Value (16.9)



Prior Value (17.6)

Atrial Fibrillation: Medicare Population

5.9%
(2015)


MO Counties


U.S. Counties


MO Value (8.1%)


US Value (8.1%)


Prior Value (6.0%)



Trend

Heart Failure: Medicare Population

17.0%
(2015)


MO Counties


U.S. Counties


MO Value (13.7%)


US Value (13.5%)


Prior Value (17.0%)


Trend

Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

High Blood Pressure Prevalence

35.7%
(2011)



MO Counties



MO Value
(32.6%)



US Value
(30.9% in 2015)



Prior Value
(23.0%)



HP 2020 Target
(26.9%)

High Cholesterol Prevalence: Adults 35+

41.2%
(2011)



MO Counties



MO Value
(42.9%)



Prior Value
(23.2%)

Hyperlipidemia: Medicare Population

36.2%
(2015)



MO Counties



U.S. Counties



MO Value
(41.8%)



US Value
(44.6%)



Prior Value
(37.3%)



Trend

Hypertension: Medicare Population

55.2%
(2015)



MO Counties



U.S. Counties



MO Value
(54.6%)



US Value
(55.0%)



Prior Value
(56.8%)



Trend

Ischemic Heart Disease: Medicare Population

23.8%
(2015)



MO Counties



U.S. Counties



MO Value
(26.6%)



US Value
(26.5%)



Prior Value
(25.1%)



Trend


Stroke: Medicare Population

4.4%
(2015)



MO Counties


U.S. Counties


MO Value
(3.9%)


US Value
(4.0%)


Prior Value
(4.0%)


Trend

Health / Immunizations & Infectious Diseases

Age-Adjusted Death Rate due to Influenza and Pneumonia

VALUE
18.7
Deaths per 100,000 population
(2011-2015)

COMPARED TO:


MO Counties


MO Value
(17.7)


US Value
(15.3)



Prior Value
(21.0)



Trend

Age-Adjusted ER Rate due to Community Acquired Pneumonia

16.7
ER visits per 10,000 population 18+ years
(2012-2014)



St. Louis City Value
(16.7)



Prior Value
(17.1)

Age-Adjusted ER Rate due to Hepatitis

1.2
ER visits per 10,000 population 18+ years
(2012-2014)



St. Louis City Value
(1.2)



Prior Value
(1.2)

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

11.8
ER visits per 10,000 population 18+ years
(2012-2014)



St. Louis City Value
(11.8)





Prior Value
(10.6)

St. Louis City Health Dashboard www.thinkhealthstl.org

Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia

<p>29.3</p> <p>Hospitalizations per 10,000 population 18+ years (2012-2014)</p>	 <p>St. Louis City Value (29.3)</p>	 <p>Prior Value (32.4)</p>
--	--	---






Age-Adjusted Hospitalization Rate due to Hepatitis

<p>5.6</p> <p>Hospitalizations per 10,000 population 18+ years (2012-2014)</p>	 <p>St. Louis City Value (5.6)</p>	 <p>Prior Value (5.2)</p>
---	---	--

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







<p>3.2</p> <p>Hospitalizations per 10,000 population 18+ years (2012-2014)</p>	 <p>St. Louis City Value (3.2)</p>	 <p>Prior Value (2.6)</p>
---	--	--

Chlamydia Incidence Rate: Females 15-19

<p>11,362.2</p> <p>Cases per 100,000 females aged 15-19 (2010-2014)</p>	 <p>MO Counties</p>	 <p>MO Value (3,607.0)</p>	 <p>US Value (3,229.0)</p>
	 <p>Prior Value (11,756.2)</p>	 <p>Trend</p>	

Health / Maternal, Fetal & Infant Health

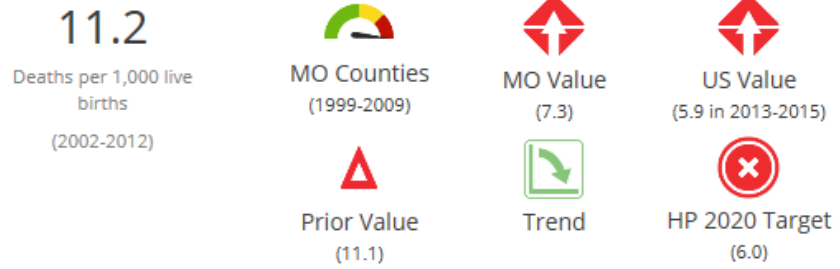
Babies with Low Birth Weight

<p>VALUE</p> <p>12.3%</p> <p>(2014)</p>	<p>COMPARED TO:</p>		
	 <p>MO Counties</p>	 <p>MO Value (8.2%)</p>	 <p>US Value (8.0%)</p>
	 <p>Prior Value (12.1%)</p>	 <p>Trend</p>	 <p>HP 2020 Target (7.8%)</p>

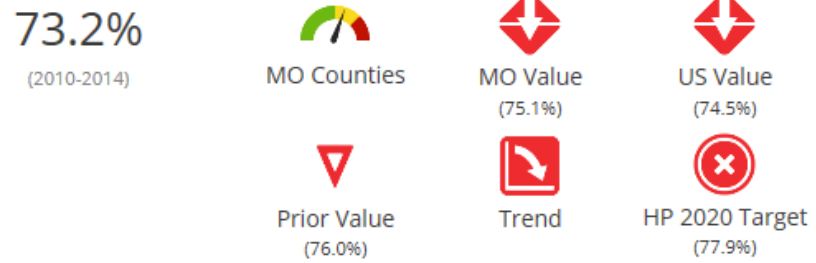
Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

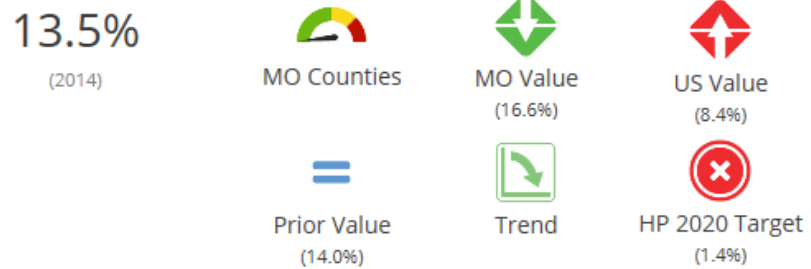
Infant Mortality Rate



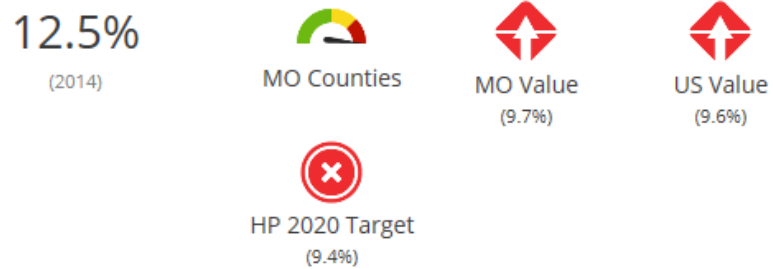
Mothers who Received Early Prenatal Care














Mothers who Smoked During Pregnancy



Preterm Births



Health / Mental Health & Mental Disorders

	VALUE	COMPARED TO:		
Age-Adjusted Death Rate due to Suicide	<p>11.2</p> <p>Deaths per 100,000 population (2011-2015)</p>	 MO Counties (2005-2009)	 MO Value (15.7)	 US Value (12.8)
		 Prior Value (11.5)	 Trend	 HP 2020 Target (10.2)
Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	<p>57.2</p> <p>ER visits per 10,000 population aged 12-17 (2012-2014)</p>	 Prior Value (56.1)		
Age-Adjusted ER Rate due to Mental Health	<p>131.9</p> <p>ER visits per 10,000 population 18+ years (2012-2014)</p>	 Prior Value (138.8)		
Age-Adjusted ER Rate due to Pediatric Mental Health	<p>78.1</p> <p>ER visits per 10,000 population under 18 years (2012-2014)</p>	 Prior Value (72.6)		
Age-Adjusted ER Rate due to Suicide and Intentional Self-inflicted Injury	<p>48.5</p> <p>ER visits per 10,000 population 18+ years (2012-2014)</p>	 Prior Value (51.8)		
Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	<p>61.2</p> <p>Hospitalizations per 10,000 population aged 12-17 (2012-2014)</p>	 Prior Value (50.4)		

Appendix

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Age-Adjusted Hospitalization Rate due to Mental Health

188.3

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



Prior Value
(184.1)

Age-Adjusted Hospitalization Rate due to Pediatric Mental Health

55.5

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



Prior Value
(51.5)

Age-Adjusted Hospitalization Rate due to Suicide and Intentional Self-inflicted Injury

103.8

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



Prior Value
(94.4)

Depression: Medicare Population

23.0%

(2015)



MO Counties



U.S. Counties



MO Value
(20.0%)



US Value
(16.7%)



Prior Value
(22.5%)



Trend

Frequent Mental Distress

15.1%

(2016)



MO Counties



U.S. Counties



MO Value
(13.8%)

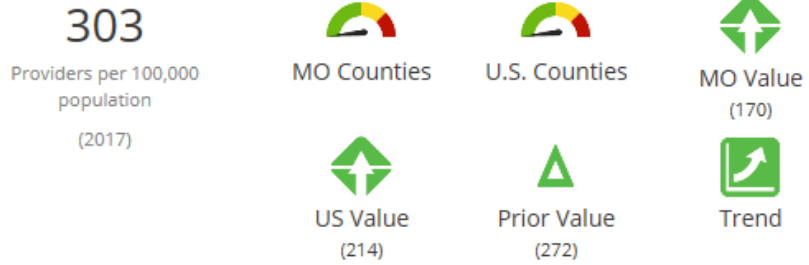


US Value
(15.0%)

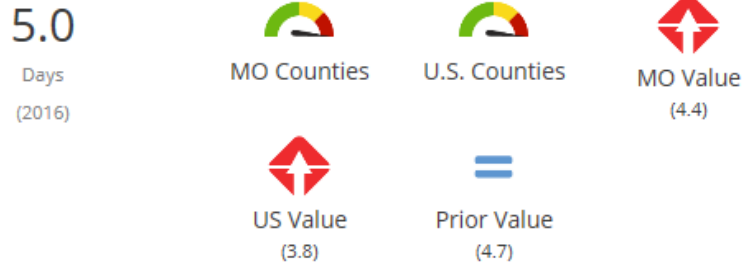


Prior Value
(14.7%)

Mental Health Provider Rate

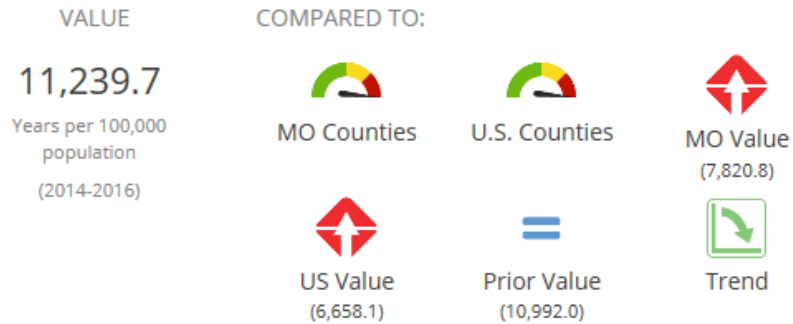


Poor Mental Health: Average Number of Days



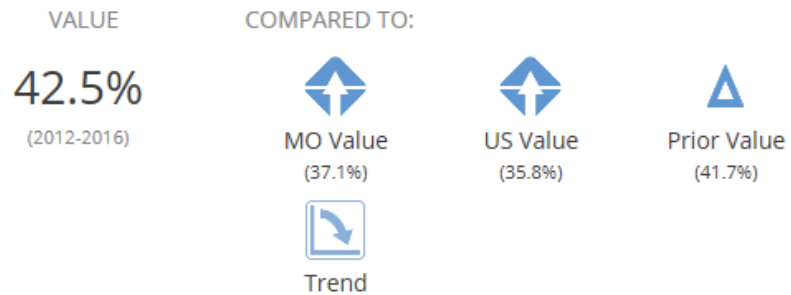
Health / Mortality Data

Premature Death



Health / Older Adults & Aging

Adults 65+ with a Disability



Appendix

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Adults 65+ with a Hearing Difficulty

12.6%
(2012-2016)



MO Value
(16.0%)



US Value
(14.8%)



Prior Value
(12.9%)



Trend

Adults 65+ with a Self-Care Difficulty

10.8%
(2012-2016)



MO Value
(7.6%)



US Value
(8.4%)



Prior Value
(10.4%)



Trend

Adults 65+ with a Vision Difficulty

10.0%
(2012-2016)



MO Value
(6.7%)



US Value
(6.6%)



Prior Value
(9.4%)



Trend

Adults 65+ with an Independent Living Difficulty

20.0%
(2012-2016)



MO Value
(14.4%)



US Value
(15.2%)



Prior Value
(20.8%)



Trend

Age-Adjusted Death Rate due to Alzheimer's Disease

19.0
Deaths per 100,000
population
(2011-2015)



MO Counties



MO Value
(27.3)



US Value
(25.4)



Prior Value
(18.7)















Trend

Health / Oral Health

	VALUE	COMPARED TO:		
Age-Adjusted ER Rate due to Dental Problems	<p>123.7</p> <p>ER visits per 10,000 population (2012-2014)</p>	 St. Louis City Value (123.7)	 Prior Value (121.9)	
Dentist Rate	<p>52</p> <p>Dentists per 100,000 population (2016)</p>	 MO Counties	 U.S. Counties	 MO Value (55)
		 US Value (67)	 Prior Value (48)	 Trend

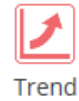
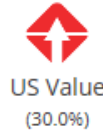
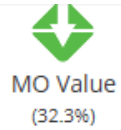
Health / Other Chronic Diseases

	VALUE	COMPARED TO:		
Chronic Kidney Disease: Medicare Population	<p>23.6%</p> <p>(2015)</p>	 MO Counties	 U.S. Counties	 MO Value (18.2%)
		 US Value (18.1%)	 Prior Value (22.3%)	 Trend
Osteoporosis: Medicare Population	<p>4.9%</p> <p>(2015)</p>	 MO Counties	 U.S. Counties	 MO Value (5.8%)
		 US Value (6.0%)	 Prior Value (5.0%)	 Trend

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Rheumatoid Arthritis or Osteoarthritis:
Medicare Population

30.4%
(2015)



Health / Other Conditions

Age-Adjusted ER Rate due to Dehydration

VALUE
13.8
ER visits per 10,000
population 18+ years
(2012-2014)

COMPARED TO:

St. Louis City
Value
(13.8)


Prior Value
(13.4)

Age-Adjusted ER Rate due to Urinary
Tract Infections

102.1
ER visits per 10,000
population 18+ years
(2012-2014)


St. Louis City
Value
(102.1)


Prior Value
(98.9)

Age-Adjusted Hospitalization Rate due to
Dehydration

22.2
Hospitalizations per
10,000 population 18+
years
(2012-2014)


St. Louis City
Value
(22.2)


Prior Value
(24.2)

Age-Adjusted Hospitalization Rate due to
Urinary Tract Infections

22.9
Hospitalizations per
10,000 population 18+
years
(2012-2014)


St. Louis City
Value
(22.9)


Prior Value
(25.3)

Health / Prevention & Safety

Age-Adjusted Death Rate due to Unintentional Injuries

VALUE
57.8
Deaths per 100,000 population
(2011-2015)


COMPARED TO:


MO Counties


MO Value
(48.9)


US Value
(40.3)


Prior Value
(55.7)


Trend


HP 2020 Target
(36.4)

Health / Respiratory Diseases

Adults with Current Asthma

VALUE
11.7%
(2011)

COMPARED TO:


MO Counties


MO Value
(10.1%)


US Value
(9.1%)



Prior Value
(11.2%)

Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases

VALUE
45.1
Deaths per 100,000 population
(2011-2015)

COMPARED TO:


MO Counties


MO Value
(51.8)


US Value
(41.6)


Prior Value
(45.5)


Trend

Age-Adjusted ER Rate due to Adult Asthma

VALUE
81.2
ER visits per 10,000 population 18+ years
(2012-2014)


St. Louis City Value
(81.2)


Prior Value
(82.8)

Age-Adjusted ER Rate due to Asthma

VALUE
143.0
ER visits per 10,000 population
(2012-2014)


St. Louis City Value
(143.0)


Prior Value
(141.0)

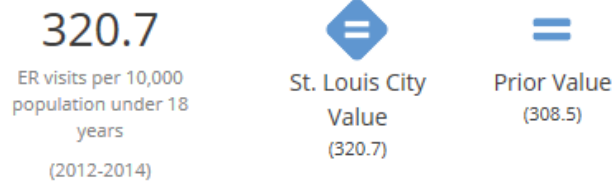
Appendix

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Age-Adjusted ER Rate due to COPD



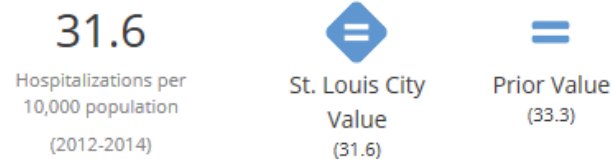
Age-Adjusted ER Rate due to Pediatric Asthma



Age-Adjusted Hospitalization Rate due to Adult Asthma



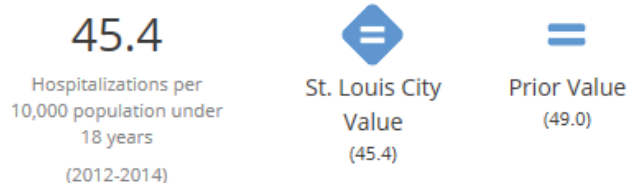
Age-Adjusted Hospitalization Rate due to Asthma



Age-Adjusted Hospitalization Rate due to COPD



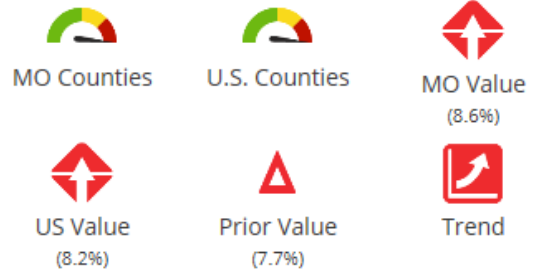
Age-Adjusted Hospitalization Rate due to Pediatric Asthma



St. Louis City Health Dashboard www.thinkhealthstl.org

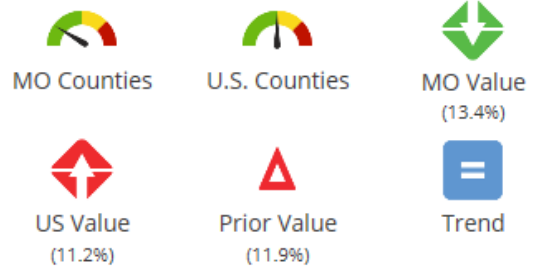
Asthma: Medicare Population

10.6%
(2015)



COPD: Medicare Population

12.0%
(2015)

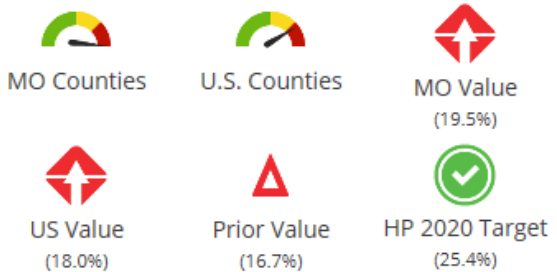


Health / Substance Abuse

Adults who Drink Excessively

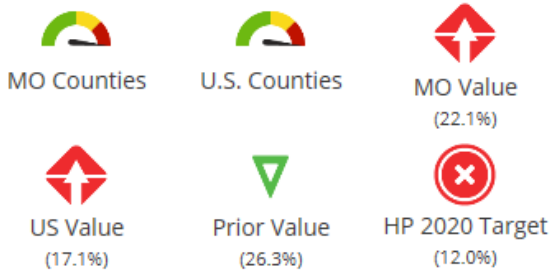
VALUE
20.6%
(2016)

COMPARED TO:



Adults who Smoke

24.7%
(2016)



Appendix

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Age-Adjusted ER Rate due to Alcohol Abuse



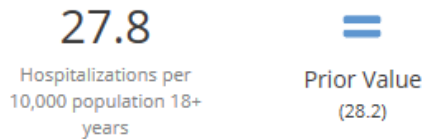
Age-Adjusted ER Rate due to Substance Abuse



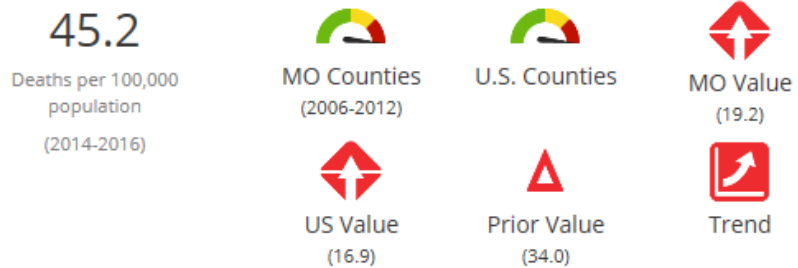
Age-Adjusted Hospitalization Rate due to Alcohol Abuse



Age-Adjusted Hospitalization Rate due to Substance Abuse

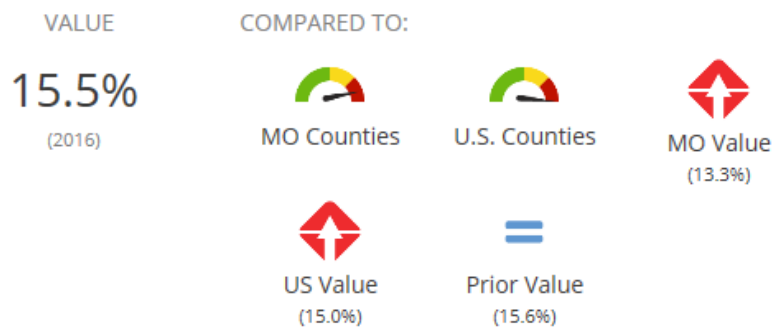


Death Rate due to Drug Poisoning



Health / Wellness & Lifestyle

Frequent Physical Distress

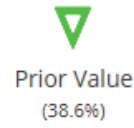
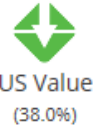


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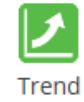
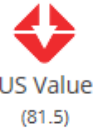
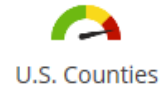
Insufficient Sleep

37.2%
(2016)



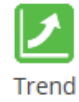
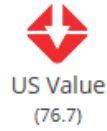
Life Expectancy for Females

77.7
Years
(2014)



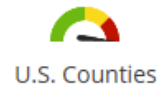
Life Expectancy for Males

70.6
Years
(2014)



Poor Physical Health: Average Number of Days

5.0
Days
(2016)



Appendix

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Self-Reported General Health Assessment: Poor or Fair

24.0%
(2016)


MO Counties


U.S. Counties


MO Value
(18.5%)



US Value
(16.0%)



Prior Value
(22.0%)

Economy / Employment


Unemployed Workers in Civilian Labor Force

VALUE
4.6%
(July 2018)


COMPARED TO:

MO Counties


U.S. Counties


MO Value
(3.8%)


US Value
(4.1%)



Prior Value
(4.3%)



Trend

Economy / Government Assistance Programs

Households with Cash Public Assistance Income


VALUE
3.1%
(2012-2016)

COMPARED TO:

MO Counties


U.S. Counties


MO Value
(2.2%)


US Value
(2.7%)


Prior Value
(3.4%)


Trend

Students Eligible for the Free Lunch Program


93.7%
(2015-2016)


MO Counties


U.S. Counties

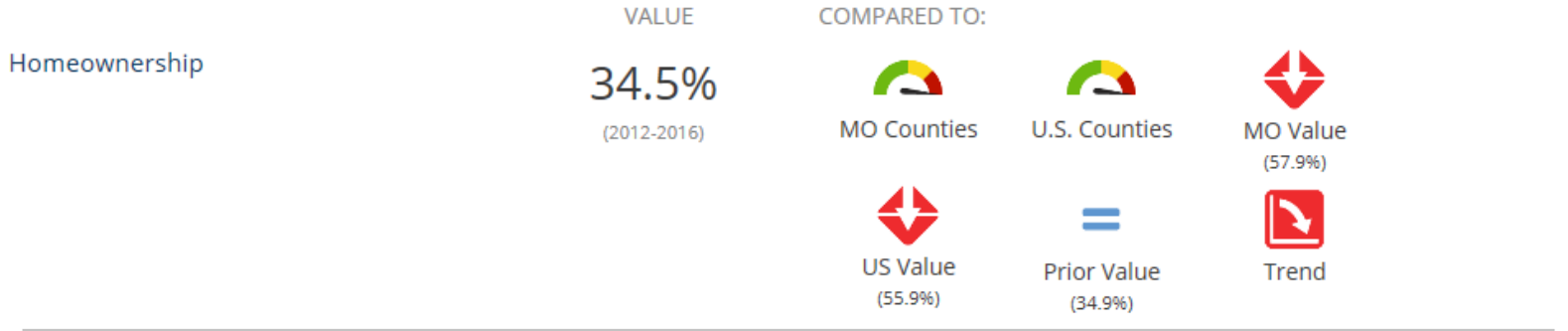

MO Value
(44.0%)


US Value
(42.6%)

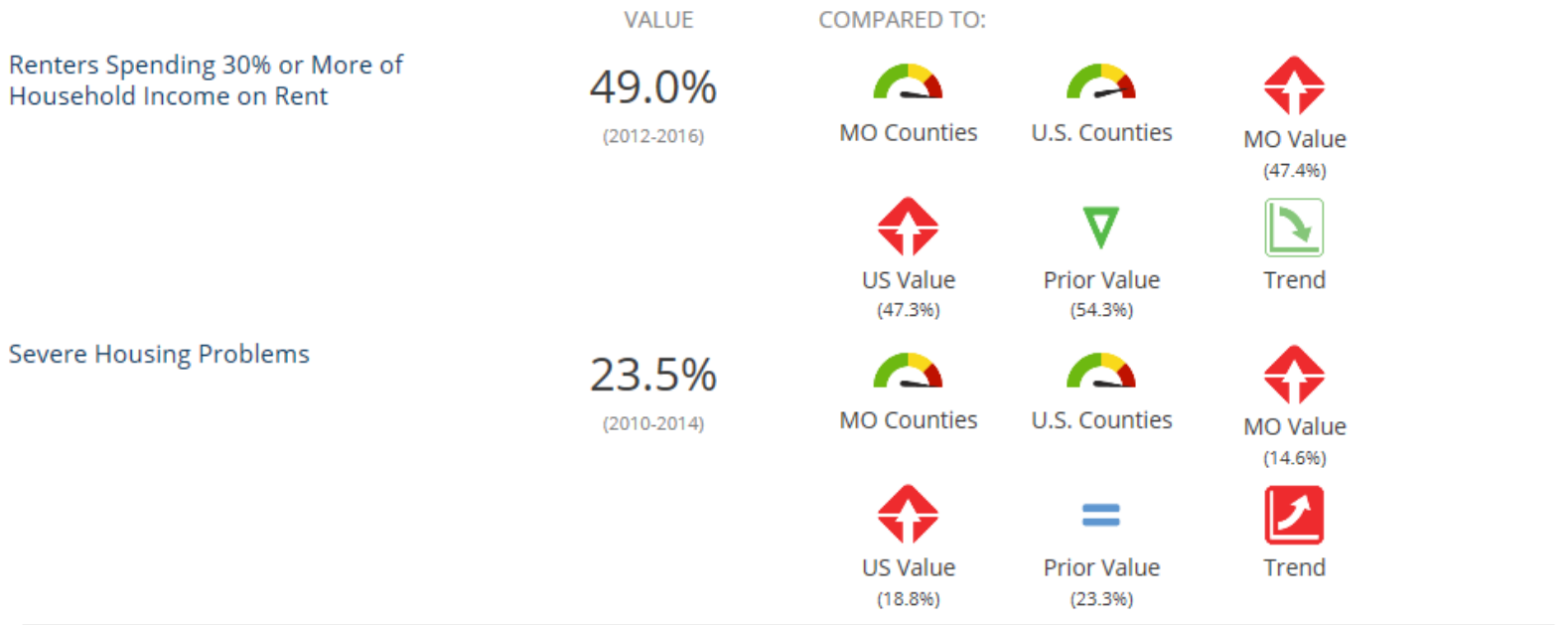

Prior Value
(94.1%)


Trend

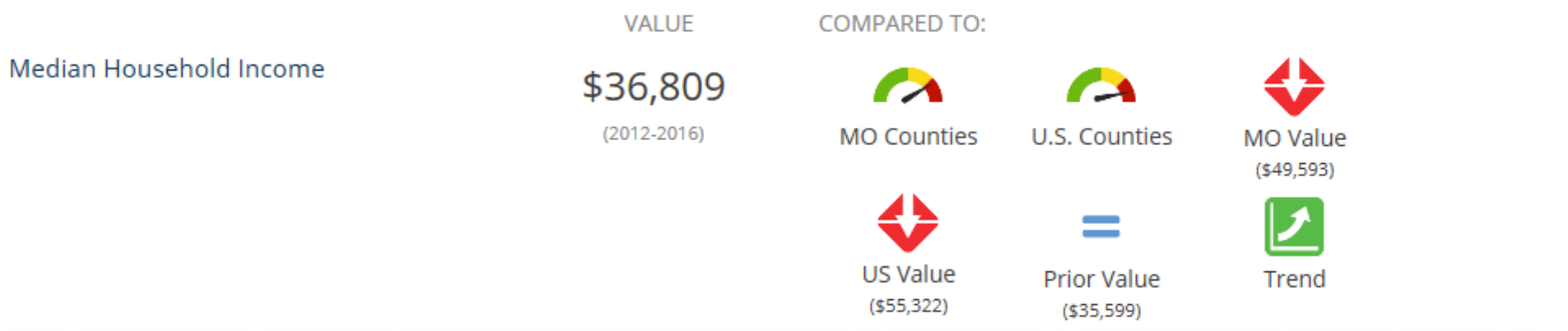
Economy / Homeownership



Economy / Housing Affordability & Supply



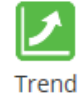
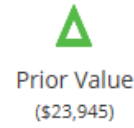
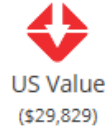
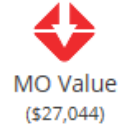
Economy / Income



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Per Capita Income

\$25,434
(2012-2016)

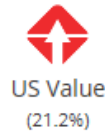
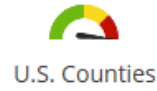


Economy / Poverty

Children Living Below Poverty Level

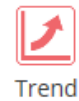
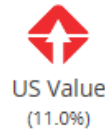
VALUE
42.4%
(2012-2016)

COMPARED TO:



Families Living Below Poverty Level

21.3%
(2012-2016)



CHNA collaborators

Barnes Jewish 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