

SSM Health Saint Louis University Hospital

3635 Vista Ave | St. Louis, MO 63110



SSMHealth

2016-2018

Community Health Needs Assessment



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Message to Our Community



SSM Health Saint Louis University Hospital delivers exceptional, compassionate care to the entire St. Louis region. Inspired by our founding Franciscan Sisters of Mary and guided by our Mission – Through our exceptional health care services, we reveal the healing presence of God – we cherish the sacredness and dignity of each person as demonstrated through our Values of Compassion, Respect, Excellence, Stewardship and Community.

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

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

The priorities we will address over the next three years include:

- Mental Health and Substance Abuse
- Access to Care for Chronic Kidney Disease
- Violent Crime

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

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

Sincerely,

A handwritten signature in black ink that reads "Kate Becker".

Kate Becker, MPH, JD

President at SSM Health Saint Louis University Hospital



Contact us for more information or to take part in improving the health of our community by calling 314-577-8000 or visit our website at ssmhealth.com/slulhospital.

Background

SSM Health Saint Louis University Hospital is pleased to present the 2016 - 2018 (2016 Tax Year) Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the health needs and priorities associated with our service area. The goal of this report is to provide individuals with a deeper understanding of the health needs in their community, as well as help guide the hospital in its community benefit planning efforts and development of an implementation strategy to address evaluated needs. The SSM Health St. Louis Regional Board approved this CHNA on Nov. 28, 2016. Having previously been a for-profit institution, this is the initial CHNA being conducted by SSM Health Saint Louis University Hospital.

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 held several meetings with local, regional, and corporate members to determine priorities for the 2016-2018 CHNA and strategic implementation plan. Priorities chosen included:

- **Mental Health and Substance Abuse:** In collaboration with local health departments, provide educational outreach to the community regarding substance abuse mental health and substance abuse.
- **Access to Care For Chronic Kidney Disease:** In collaboration with the American Kidney Foundation and other community partners, provide outreach to the community regarding kidney health and risk factors for developing kidney disease.
- **Violent Crime:** In an effort to reduce recidivism and retaliation of violence, identify victims of violence within the patient population and offer case management referrals to community based organizations.

Goals

Mental Health and Substance Abuse

- Reduce the death rate due to drug poisoning in St. Louis City from 12.8 deaths per 100,000 in 2016, to 12.6 deaths per 100,000 by 2018. (Source: HCI)
- 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)
- 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)

Access to Care

- Improve overall Health Behaviors Ranking in St. Louis City from 115, as reported in 2016, to 114 in 2018. (Source: HCI)
- 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)
- Increase the percentage of individuals receiving kidney health screenings through the collaborative program with American Kidney Foundation from 500 in 2016 to 700 in 2018. (Source: Internal)

Violent Crime

- Decrease the violent crime rate in St. Louis City from 1,885.3 crimes per 100,000 persons, as reported in 2016, to 1,875.0 crimes per 100,000 persons, by 2018. (Source: HCI)
- 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)
- Increase the percentage of referrals to Better Family Life for victims of violence from 0% in 2016 to 90% in 2018. (Source: Internal)

About SSM Health and SSM Health Saint Louis University Hospital



SSM Health

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

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

The SSM Health system spans four states, with care delivery sites in Illinois, Missouri, Oklahoma and Wisconsin. SSM Health includes 20 hospitals, more than 60 outpatient care sites, a pharmacy benefit company, an insurance company, two nursing homes, comprehensive home care and hospice services, a telehealth and technology company and two Accountable Care Organizations. With more than 31,000 employees, 1,100 employed physicians and 8,500 medical staff physicians, SSM Health is one of the largest employers in every community it serves.



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

SSM Health Saint Louis University Hospital

Highlight of services

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

As an academic medical center, we are 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 we strive to provide the latest in high-technology medicine, we also share a deep, Catholic heritage that empowers us to be caregivers at every level. We treat our whole patients – their bodies as well as their minds and spirits – with compassion and respect.

Community benefit

In 2015, SSM Health Saint Louis University Hospital provided \$1.3 million in unreimbursed care and \$0.1 million in other community benefits for a total of over \$1.3 million.

Additional affiliations and partnerships

SSM Health Saint Louis University Hospital is an academic medical center in St. Louis that serves as the teaching hospital for Saint Louis University School of Medicine and is exclusively staffed by SLUCare Physician Group. This three-pronged relationship between SSM Health, SLUCare and Saint Louis University School of Medicine is just one way we're changing health care.

2015

Hospital at a Glance

Admissions: 17,270

Outpatient Visits: 92,822

ER Visits: 43,911

Births: 0

Beds: 356

Employees: 1,916

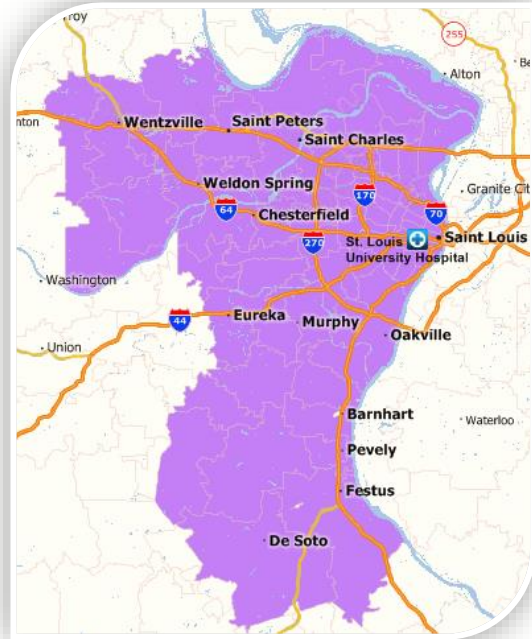
Medical Staff: 500

Volunteers: 129

About our Community



SSM Health Saint Louis University Hospital defines its community as the SSM Health St. Louis Region, which includes the Missouri counties of St. Louis (county and city), St. Charles and Jefferson. In 2016, this service area had an estimated population of 1.9 million people. The following pages of information include demographic and health indicator statistics specific to this community.

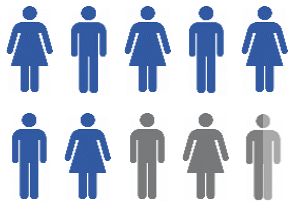


SSM Health Saint Louis University Hospital



Our community by the numbers

Race/Ethnicity



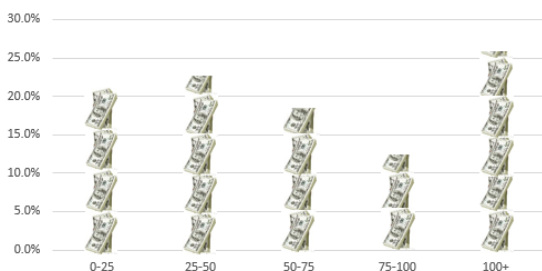
70.6% White/Non-Hispanic
 24.0% African American or Hispanic
 5.4% All Others

Education Levels

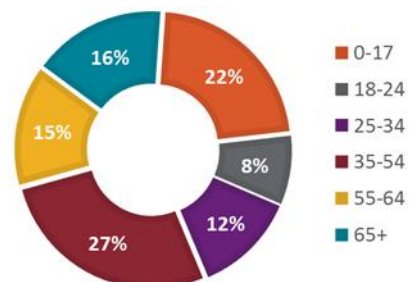


2.7% No High School Degree
 24.2% High School Degree
30.8% Some College/Associates Degree
36.1% Bachelor's Degree or Greater

Income Levels



Age Groups



About the data

The data was derived from a variety of sources including the Healthy Communities Institute (HCI) analytics platform. The website includes the most up-to-date publicly available data for approximately 140 community indicators from over 20 sources and covering 20 topics in the areas of population health, determinants of health and quality of life. Below is a statistical overview of strengths and weaknesses within the community that factored into our discussions with local stakeholders regarding the priority health needs of the population within our service area.

Our community by the numbers

	<p>Cancer</p> <p>Incidence rates were generally higher in St. Louis County than both state and national rates. Specific areas of concern include prostate, breast, lung, colorectal and oral cancers</p>		<p>Chronic Kidney Disease</p> <p>The death rate due to coronary heart disease is higher than both state and national rates</p>
<p>Health Insurance</p> <p>The percentage of adults with health insurance was higher than both state and national averages</p>		<p>Access to Exercise</p> <p>96.9% of individuals reported they had adequate access to exercise opportunities, which was significantly better than the state average of 77.5%</p>	
	<p>Excessive Drinking</p> <p>20.1% of adults in St. Louis county are reported to drink excessively compared to the state's 17.0%. Additionally, 37.5% of motor vehicle deaths are alcohol-related</p>		<p>Access to Primary Care</p> <p>Primary care provider access, at 120 providers per 100,000 persons, is significantly higher than the state average of 69 providers per 100,000 persons</p>
<p>Diabetes</p> <p>25.2% of the Medicare population in St. Louis County and 30.1% in St. Louis City are affected by diabetes compared to the state value of 26.1%</p>		<p>Depression</p> <p>21.6% of the Medicare population struggle with depression in St. Louis City</p>	
	<p>Dental Care</p> <p>Access to dental providers, was significantly better than the state for both city and county</p>		<p>Stroke</p> <p>4.4% of the St. Louis County Medicare population suffers a stroke annually, which is higher than the state rate of 3.8%</p>

Voice of the community

SSM Health Saint Louis University Hospital conducted a focus group that represented the broad interest and diversity of St. Louis City and surrounding areas.

Participants were asked to identify the primary health issues affecting the constituents they represent. After all discussion had concluded, a survey inclusive of all topics discussed was distributed. Participants were asked to score each health issue in terms of their perception of its importance and the ability of SSM Health Saint Louis University Hospital to make a significant impact. The results were collected, analyzed and reviewed by senior hospital leadership, prior to identifying the top priorities to be addressed.

Issues identified and discussed include:

- Mental Health
- Substance Abuse
- Access to Care
- Violent Crime
- Poverty
- Sexually Transmitted Infections
- Care Coordination
- Obesity
- Minority Care
- Uninsured
- Supplemental Government Aid
- Chronic Disease
- Dental Care

Key priorities



Mental Health and Substance Abuse

Much of the discussion during the focus group held at SSM Health Saint Louis University Hospital was dominated by concern for the rise in illicit drug use, particularly heroin and overdose cases, within the region.

The Centers for Disease Control and Prevention (CDC) ranks drug poisoning (overdose) as the number one cause of injury-related death in the US, with 43,982 deaths occurring in 2013.



Access to Care

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

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



Violent Crime

According to the National Center for Injury Prevention and control (the CDC Injury Center) more than 56,000 Americans died because of homicide or suicide in 2011 – an average of six people every hour. This costs the United States an estimated \$107 billion in medical care and productivity each year.

Violence is a public health problem that affects communities and their individuals and families. Creating safe and healthy communities requires commitment to ensure adequate resources are available for prevention efforts.

Mental Health and Substance Abuse



The Centers for Disease Control and Prevention (CDC) ranks drug poisoning (overdose) as the number one cause of injury-related death in the US, with 43,982 deaths occurring in 2013. While much attention has been given to deaths involving opioid analgesics, in recent years there has been a steady increase in the number of drug-poisoning deaths involving heroin. A recent study using data from 28 states reported that the death rate for heroin overdose doubled from 2010 through 2012.¹

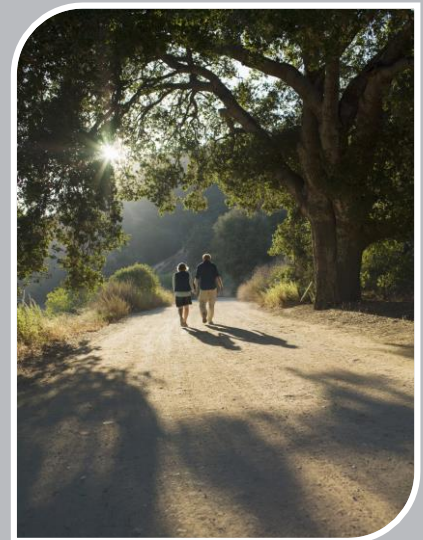
Much of the discussion during the focus group held at SSM Health Saint Louis University Hospital was dominated by concern for the rise in illicit drug use, particularly heroin and methamphetamine.

SSM Health Saint Louis University Hospital will continue to offer and grow its medical stabilization services. This program offers a unique opportunity to help medically stabilize an individual's opiate and/or alcohol withdrawal symptoms, providing them with the resources to prevent a relapse of their addiction.

Additional facts and figures

- From 2000 through 2013, the age-adjusted rate for drug-poisoning deaths involving heroin nearly quadrupled from 0.7 deaths per 100,000 individuals in 2000 to 2.7 deaths per 100,000 individuals in 2013. Most of the increase occurred after 2010.¹
- The number of drug-poisoning deaths involving heroin was nearly four times higher for men (6,525 deaths) than women (1,732 deaths) in 2013.¹
- In 2000, non-Hispanic African Americans aged 45–64 had the highest rate for drug-poisoning deaths involving heroin (2 deaths per 100,000 individuals). In 2013, non-Hispanic Caucasians aged 18–44 had the highest rate (7 deaths per 100,000 individuals).¹
- From 2000 through 2013, the age-adjusted rate for drug-poisoning deaths involving heroin increased for all regions of the country, with the greatest increase seen in the Midwest.¹
- 20.1% of adults in St. Louis County are reported to drink excessively, which is higher than the state average of 17.0%.²
- 37.3% of all driving deaths in St. Louis County are alcohol-related, which is higher than the state average of 34.6%.²

Priority
#1



For information about our medical stabilization program, visit our website at ssmhealth.com/sluhospital

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

Access to Care for Chronic Kidney Disease



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

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

- Health literacy or the ability of persons within the community to comprehend the health care services available to them
- Inadequate insurance coverage, affordability of services and transportation issues
- The ability of persons within the community to understand the importance of regular health assessments with medical providers

While many individuals within our service area have access to a motor vehicle, some do not. Many people in the community rely on public transportation as their main means for travel. The community stakeholders made it known that access to care, specifically from a geographic perspective, continues to be a problem for individuals within their communities.

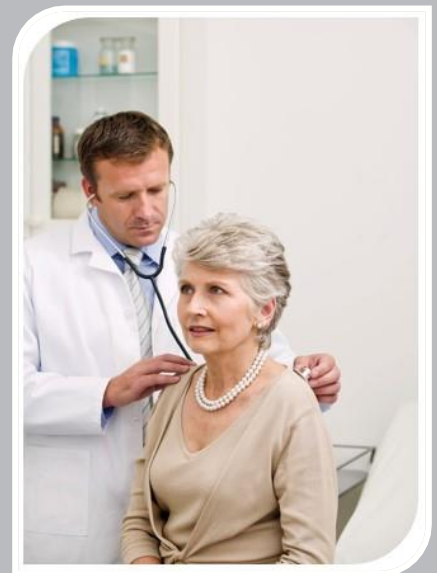
In addition to the significant investment of primary care and specialty providers within the St. Louis region, SSM Health and the SSM Health Medical Group are continuously developing initiatives to increase the convenience, access, value and quality of our services available to the communities we serve.

Additional facts and figures

- 21.9% of adults in St. Louis are reported to not have insurance, which is higher than both state and national uninsured rates of 18.5% and 20.3%, respectively
- 27.4% of the St. Louis population are reported as living below the poverty level, which is almost double that of both state and national rates
- 21.7% of the Medicare population in St. Louis City and 19.1% in St. Louis County are reported as living with chronic kidney disease, which is above the state rate of 15.4%
- The primary care provider rate in St. Louis County is reported as 120 providers per 100,000 individuals, which is greater than the state rate of 69 providers per 100,000 individuals
- 7.1% of households in St. Louis County do not have access to a vehicle
- 2.5% of workers in St. Louis County rely on public transportation for their daily commute

Source: Healthy Communities Institute (HCI)

Priority
#2



For information about our providers and locations, visit our website at ssmhealth.com/sluc/hospital

Violent Crime



The Violence Prevention Alliance of the World Health Organization defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation". Violence may be physical, sexual, psychological or deprivative in nature.

In February 2016, it was reported that the Federal Bureau of Investigation (FBI) ranked St. Louis as number one in a list of violent US cities for rape, robbery, aggravated assault, and murder.

Minorities and those living under financial distress are often segments of the population who are most affected by factors contributing to chronic disease development.

Ensuring the community has the resources available to maintain a healthy lifestyle, in itself, does not guarantee a healthier community. Members within the community need to be aware of the resources available to them to help create a safe and healthy community. SSM Health and SSM Health Saint Louis University Hospital offer a wide scope of programs with the goal of creating healthy lifestyle behaviors.

Additional facts and figures

- St. Louis County reported violent crime of 311.9 per 100,000 persons, compared to the state rate of 452 violent crimes per 100,000 persons ¹
- St. Louis City reported violent crimes of 1,885.3 per 100,000 persons compared to the state rate of 452 violent crimes per 100,000 persons ¹
- Poor mental health days for St. Louis City were reported 4.5 days compared to the state's 3.8 days ¹
- The St. Louis Metropolitan Police Department reported 188 homicides in 2015 in the December 2015 UCR Homicide Analysis Report

Sources: ¹ Healthy Communities Institute (HCI)

Priority
#3



For information about violent crime, visit our website at ssmhealth.com/sluhospital

Achieving our Goals, Now and in the Future

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



SSM Health

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

Please visit ssmhealth.com/system for more information.



Health Data



Tracker





QuickFacts

Healthy People 2020 Progress Tracker

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

Health / Access to Health Services

	VALUE	COMPARED TO:
Adults with Health Insurance	82.8% <small>(2014)</small>	 HP 2020 Target (100.0%)
Children with Health Insurance	92.0% <small>(2014)</small>	 HP 2020 Target (100.0%)

Health / Cancer

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

Contact us to learn more at 314-577-8000.

SSM Health Saint Louis University Hospital

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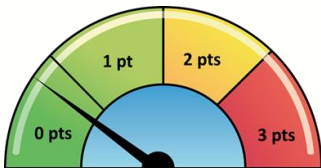
SSMHealth

2016-2018

Appendices



Healthy Communities Institute scorecard – St. Louis City

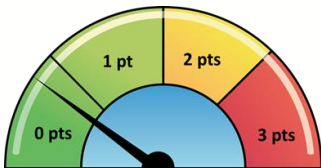


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- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system/community-benefit

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

Source: Healthy Communities Institute (HCI)

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

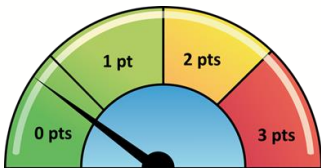


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HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
2.31	Preterm Births	percent	15.1	11.5	11.4	11.4
2.25	Adults with Current Asthma	percent	11.7	10.1	9.1	
2.25	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population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

Source: Healthy Communities Institute (HCI)

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

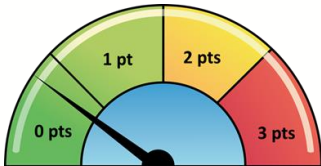


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HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.67	Violent Crime Rate	crimes/100,000 population	1885.3	452		
1.64	Annual Particle Pollution	(blank)	2			
1.64	Diabetic Screening: Medicare Population	percent	83.3	86	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

Source: Healthy Communities Institute (HCI)

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

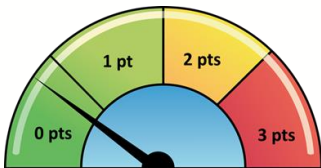


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HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
0.83	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	19.7	26.9	24	
0.75	Access to Exercise Opportunities	percent	98.3	77.5		
0.75	Age-Adjusted Death Rate due to Falls	deaths/100,000 population	6.8	9	8.3	7.2
0.75	Non-Physician Primary Care Provider Rate	providers/100,000 population	128	59		
0.75	Primary Care Provider Rate	providers/100,000 population	80	69		
0.67	Grocery Store Density	stores/1,000 population	0.4			
0.67	Ischemic Heart Disease: Medicare Population	percent	26.1	28.2	28.6	
0.61	Atrial Fibrillation: Medicare Population	percent	5.9	7.8	7.8	
0.58	Child Abuse Rate	cases/1,000 children	3.3	4.4	9.1	8.5
0.47	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/100,000 population	9.5	13.2	10.7	12.4
0.44	Workers Commuting by Public Transportation	percent	9.8	1.5	5	5.5
0.42	Recreation and Fitness Facilities	facilities/1,000 population	0.1		0.1	
0.33	People 25+ with a Bachelor's Degree or Higher	percent	29.6	26.2	28.8	
0.22	Workers who Walk to Work	percent	4.3	2	2.8	3.1

Source: Healthy Communities Institute (HCI)

Healthy Communities Institute scorecard – St. Louis County

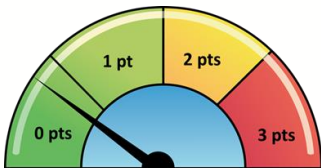


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HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
2.83	Asthma: Medicare Population	percent	5.4	4.6	4.9	
2.83	Atrial Fibrillation: Medicare Population	percent	8.8	7.8	7.8	
2.83	Chronic Kidney Disease: Medicare Population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

Source: Healthy Communities Institute (HCI)

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

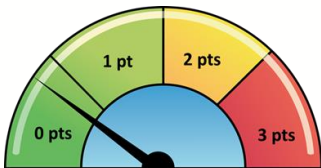


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HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.72	People 65+ Living Alone	percent	28.9	28.3	27	
1.69	Age-Adjusted Death Rate due to Kidney Disease	deaths/100,000 population	16	17.9	13.3	
1.69	Babies with Very Low Birth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

Source: Healthy Communities Institute (HCI)

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

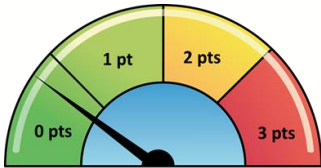


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HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.17	Colon Cancer Screening	percent	70.8	66.6		
1.17	High Cholesterol Prevalence: Adults 35+	percent	39.9	42.9		
1.17	Homeownership	percent	65.4	59.5	56.9	
1.17	Ischemic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

Source: Healthy Communities Institute (HCI)

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



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0.67	Age-Adjusted Death Rate due to HIV	deaths/100,000 population	1.2	1.2	2.2	3.3
0.64	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	16.5	20.3	21.3	
0.64	Age-Adjusted Death Rate due to Prostate Cancer	deaths/100,000 males	19	20.7	22.3	21.8
0.64	Persons with Disability Living in Poverty	percent	19.5	30.1	28.2	
0.64	Recreation and Fitness Facilities	facilities/1,000 population	0.2		0.1	
0.61	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	18.6	26.9	24	
0.61	People 65+ Living Below Poverty Level	percent	6.3	8.9	9.4	
0.58	Child Abuse Rate	cases/1,000 children	2	4.4	9.1	8.5
0.58	Preventable Hospital Stays	discharges/1,000 Medicare enrollees	52	65		
0.56	Age-Adjusted Death Rate due to Lung Cancer	deaths/100,000 population	48.1	57.7	48.4	45.5
0.5	Child Food Insecurity Rate	percent	17.3	21.6	21.4	
0.5	People 25+ with a High School Degree or Higher	percent	92.1	87.6	86	
0.47	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/100,000 population	7.2	13.2	10.7	12.4
0.42	Teen Birth Rate	live births/1,000 females aged 15-19	19.1	30	26.5	
0.39	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	deaths/100,000 population	33.5	51.7	42.1	
0.39	Median Household Income	dollars	58910	47380	53046	
0.17	People 25+ with a Bachelor's Degree or Higher	percent	40.6	26.2	28.8	
0.17	Per Capita Income	dollars	34795	25649	28155	

Source: Healthy Communities Institute (HCI)

IRS Form 990, Schedule H Requirements

The tax year the hospital last conducted a needs assessment

This is the first year (2016) that SSM Health Saint Louis University Hospital has conducted a CHNA, due to previously being a for-profit organization.

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

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

- **Mental Health and Substance Abuse:** In collaboration with local health departments, provide educational outreach to the community regarding substance abuse, mental health and substance abuse.
- **Access to Care For Chronic Kidney Disease:** In collaboration with the American Kidney Foundation and other community partners, provide outreach to the community regarding kidney health and risk factors for developing kidney disease.
- **Violent Crime:** In an effort to reduce recidivism and retaliation of violence, identify victims of violence within the patient population and offer case management referrals to community based organizations.

How the data was obtained

In Sept. 2016, SSM Health Saint Louis University Hospital conducted a focus group that represented the broad interest and diversity of South St. Louis County and St. Louis City. This included representatives from both St. Louis County and St. Louis City Health Departments. In total, the hospital had 36 representatives who participated in the discussion. Participants were asked to identify the primary health issues affecting the constituents which they represent. Participants were asked to score each health issue in terms of their perception of its importance and the ability of SSM Health Saint Louis University Hospital to make a significant impact. The results were collected, analyzed and reviewed by senior hospital leadership, prior to identifying the top priorities to be addressed.

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

The health needs of the community

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

IRS Form 990, Schedule H Requirements

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

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

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

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

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

- Health issues that impact a significant portion of the population, or for which disparities exist and which put a greater burden on some population groups
- Poor rankings for health issues within the service area as compared to other counties, state average, national average or Healthy People 2020 national health goals
- Health issues for which trends are worsening

In addition, SSM Health Saint Louis University Hospital examined “social determinants of health,” or factors in the community that can either contribute to poor health outcomes or support a healthy community. This data is available on our website ssmhealth.com.

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

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

IRS Form 990, Schedule H Requirements

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

SSM Health Saint Louis University Hospital sought input from community stakeholders who represent the broad interest and diversity of St. Louis County and St. Louis City. Participants were invited to the aforementioned focus group session, where discussion was centered around top areas of existing health concerns.

Persons representing the community with whom the hospital consulted

SSM Health Saint Louis University Hospital benefited from input derived through consultation of numerous community leaders representing diverse constituencies. The leaders associated with primary data collection are listed with their affiliations below.

Date	Solicitation Type	Panel Member Title	Panel Member Organization	Panel Member Name
28-Apr	Focus Group	Acting Director/Commissioner of Health	City of St. Louis Department of Public Health	Melba R. Moore
28-Apr	Focus Group	Government Services	City of St. Louis Department of Public Health	Craig Schmid
28-Apr	Focus Group	Program Manager	National Kidney Foundation	Suzanne McComb
28-Apr	Focus Group	Professor	SLU College for Public Health & Social Justice	Nancy Weaver
28-Apr	Focus Group	Professor	St. Louis University Department of Surgery	Harvey Solomon
28-Apr	Focus Group	Executive Director	National Kidney Foundation	Laura Deutschmann Fine
28-Apr	Focus Group	CEO	Habitat for Humanity	Kimberly McKinney
28-Apr	Focus Group	President/CEO	Doorways	Opal M. Jones
28-Apr	Focus Group	Executive Director	Asthma & Allergy Foundation	Joy Kreiger
28-Apr	Focus Group	Project Manager	Park Central Development	Linda Nguyen
28-Apr	Focus Group	CEO	Family Resource Center	Dan Mousette
28-Apr	Focus Group	Clinical Director	Providence	Mary Schicker
28-Apr	Focus Group	Executive Director	Mid-America Transplant	Kevin Lee
28-Apr	Focus Group	Executive Director	SLACO	Kevin B. McKinney
28-Apr	Focus Group	Program Director	Asthma & Allergy Foundation	Reagan Nelson
10-Aug	Focus Group - Access to Care/Kidney Disease	Executive Director	National Kidney Foundation	Laura Deutschmann Fine
10-Aug	Focus Group - Access to Care/Kidney Disease	Transplant Administrator	SSM Health Saint Louis University Hospital - Kidney Transplant	Landon Ware
10-Aug	Focus Group - Access to Care/Kidney Disease	Transplant Billing	SSM Health Saint Louis University Hospital - Kidney Transplant	Nikki Love
10-Aug	Focus Group - Access to Care/Kidney Disease	Medical Director	SSM Health Saint Louis University Hospital - Kidney Transplant	Rosemary Ouseph MD
10-Aug	Focus Group - Access to Care/Kidney Disease	Research Coordinator	Midamerica Transplant	Kim Campbell
10-Aug	Focus Group - Access to Care/Kidney Disease	Chief, Division of General Internal Medicine	Saint Louis University	Chad Miller MD
		Administrative Director of Emergency, Trauma Disaster Service And Community Outreach	SSM Health Saint Louis University Hospital	
16-Aug	Focus Group - Mental Health/Substance Abuse			Helen Sandkuhl
16-Aug	Focus Group - Mental Health/Substance Abuse			Pastor BT Rice
16-Aug	Focus Group - Mental Health/Substance Abuse	Depts. of Neurology and Psychiatry		Dr. Anjan Bhattacharyya
16-Aug	Focus Group - Mental Health/Substance Abuse	SLUH Medical Director of Inpt. Psychiatry		Dr. Will Newman
16-Aug	Focus Group - Mental Health/Substance Abuse		Provident	Marge Schicker
16-Aug	Focus Group - Mental Health/Substance Abuse	Family Resource Center CFO		Pam Mousette
17-Aug	Focus Group - Violence Prevention			Dr. David Schneider
17-Aug	Focus Group - Violence Prevention			Dr. Harvey Solomon
17-Aug	Focus Group - Violence Prevention	SLU Assoc. Prof. Behavioral Health		Nancy Weaver
17-Aug	Focus Group - Violence Prevention	4th District SLMPD		Cpt. Renee Kriesmann
17-Aug	Focus Group - Violence Prevention	SLU Dept. of Public Health		Alex Garza
17-Aug	Focus Group - Violence Prevention	SLUH employee vov		Tyrone Davis
17-Aug	Focus Group - Violence Prevention	Administrative Director of Emergency, Trauma Disaster Service And Community Outreach	SSM Health Saint Louis University Hospital	Helen Sandkuhl
17-Aug	Focus Group - Violence Prevention	City of St. Louis Dept. of Health		Craig Schmid
17-Aug	Focus Group - Violence Prevention	City of St. Louis Dept. of Health		Melba Moore

IRS Form 990, Schedule H Requirements

Which needs the hospital 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.



IRS Form 990, Schedule H Requirements

Other hospital facilities who participated in SSM Health Saint Louis University Hospital CHNA process

While SSM Health Saint Louis University Hospital conducted its CHNA process independently, the hospital will continue to partner with other SSM Health St. Louis hospitals to address identified needs.

How SSM Health Saint Louis University Hospital makes its needs assessment widely available to the public

SSM Health Saint Louis University Hospital 2016 CHNA is available online at ssmhealth.com/system/community-benefit and upon request from the hospital facility at 314-577-8000. See section on “Going Forward” for more information.

SSM Health Saint Louis University Hospital

3635 Vista Ave | St. Louis, MO 63110



2016-2018

Strategic Implementation Plan



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

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



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

Priority #1 Mental Health and Substance Abuse

Priority #2 Access to Care for Chronic Kidney Disease

Priority #3 Violent Crime



Mental Health and Substance Abuse



The Centers for Disease Control and Prevention (CDC) ranks drug poisoning (overdose) as the number one cause of injury-related death in the US, with 43,982 deaths occurring in 2013. While much attention has been given to deaths involving opioid analgesics, in recent years, there has been a steady increase in the number of drug-poisoning deaths involving heroin. A recent study using data from 28 states reported that the death rate for heroin overdose doubled from 2010 through 2012.¹

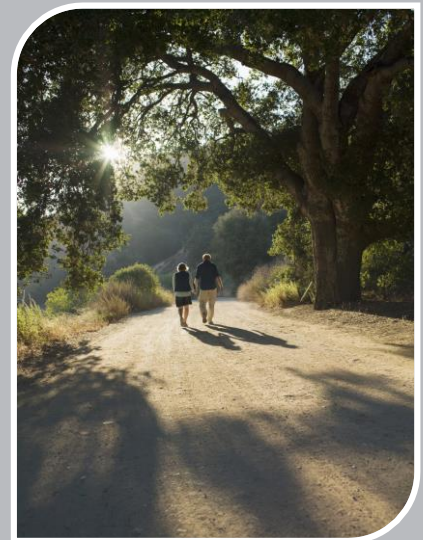
Much of the discussion during the focus group held at SSM Health Saint Louis University Hospital was dominated by concern for the rise in illicit drug use, particularly heroin and methamphetamine.

SSM Health Saint Louis University Hospital will continue to offer and grow its medical stabilization services. This program offers a unique opportunity to help medically stabilize an individual's opiate and/or alcohol withdrawal symptoms, providing them with the resources to prevent a relapse of their addiction.

Additional facts and figures

- From 2000 through 2013, the age-adjusted rate for drug-poisoning deaths involving heroin nearly quadrupled from 0.7 deaths per 100,000 individuals in 2000 to 2.7 deaths per 100,000 individuals in 2013. Most of the increase occurred after 2010.¹
- The number of drug-poisoning deaths involving heroin was nearly four times higher for men (6,525 deaths) than women (1,732 deaths) in 2013.¹
- In 2000, non-Hispanic African Americans aged 45–64 had the highest rate for drug-poisoning deaths involving heroin (2 deaths per 100,000 individuals). In 2013, non-Hispanic Caucasians aged 18–44 had the highest rate (7 deaths per 100,000 individuals).¹
- From 2000 through 2013, the age-adjusted rate for drug-poisoning deaths involving heroin increased for all regions of the country, with the greatest increase seen in the Midwest.¹
- 20.1% of adults in St. Louis County are reported to drink excessively, which is higher than the state average of 17.0%.²
- 37.3% of all driving deaths in St. Louis County are alcohol-related, which is higher than the state average of 34.6%.²

Priority
#1



For information about our medical stabilization program, visit our website at ssmhealth.com/sluhospital

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

Strategic Implementation Plan Mental Health and Substance Abuse



Goals

The goals of SSM Health Saint Louis University Hospital include:

- Reduce the death rate due to drug poisoning in St. Louis City from 12.8 deaths per 100,000 in 2016, to 12.6 deaths per 100,000 by 2018. (Source: HCI)
- 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)
- 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)



Action plan

- Collaborate with local health departments to provide educational outreach to the community regarding mental health and substance abuse.
- Develop education and referral programs for continued outpatient services for patients admitted with the primary diagnosis of drug poisoning.

Community partners and supporting resources

- SSM Health Saint Louis University Hospital
- Emergency, Trauma, Disaster Services and Community Outreach
- Family Resource Center
- National Council on Alcoholism & Drug Abuse (NCADA) St. Louis Area Inc.

Access to Care for Chronic Kidney Disease



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

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

- Health literacy or the ability of persons within the community to comprehend the health care services available to them
- Inadequate insurance coverage, affordability of services and transportation issues
- The ability of persons within the community to understand the importance of regular health assessments with medical providers

While many individuals within our service area have access to a motor vehicle, some do not. Many people in the community rely on public transportation as their main means for travel. The community stakeholders made it known that access to care, specifically from a geographic perspective, continues to be a problem for individuals within their communities.

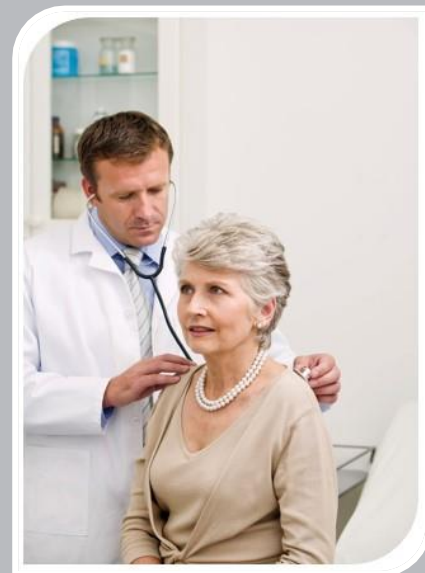
In addition to the significant investment of primary care and specialty providers within the St. Louis region, SSM Health and the SSM Health Medical Group are continuously developing initiatives to increase the convenience, access, value and quality of our services available to the communities we serve.

Additional facts and figures

- 21.9% of adults in St. Louis are reported to not have insurance, which is higher than both state and national uninsured rates of 18.5% and 20.3%, respectively
- 27.4% of the St. Louis population are reported as living below the poverty level, which is almost double that of both state and national rates
- 21.7% of the Medicare population in St. Louis City and 19.1% in St. Louis County are reported as living with chronic kidney disease, which is above the state rate of 15.4%
- The primary care provider rate in St. Louis County is reported as 120 providers per 100,000 individuals, which is greater than the state rate of 69 providers per 100,000 individuals
- 7.1% of households in St. Louis County do not have access to a vehicle
- 2.5% of workers in St. Louis County rely on public transportation for their daily commute

Source: Healthy Communities Institute (HCI)

Priority
#2



For information about our providers and locations, visit our website at [ssmhealth.com/sluhospital](https://www.ssmhealth.com/sluhospital)

Strategic Implementation Plan

Access to Care for Chronic Kidney Disease



Goals

The goals of SSM Health Saint Louis University Hospital include:

- Improve overall Health Behaviors Ranking of St. Louis City from 115, as reported in 2016, to 114 in 2018. (Source: HCI)
- 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)
- Increase the percentage of individuals receiving kidney health screenings through the collaborative program with American Kidney Foundation from 500 in 2016 to 700 in 2018. (Source: Internal)



Action plan

- In collaboration with the American Kidney Foundation and other community partners, provide educational outreach to the community regarding kidney health and risk factors for developing kidney disease.
- Through Financial Counseling, provide education and facilitate the process to secure Medicare benefits for eligible end stage renal failure (ESRD) patients.
- Develop referral program for uninsured /underinsured persons who have been identified as at risk for chronic kidney disease to area FQHCs.

Community partners and supporting resources

- SSM Health St. Louis University Hospital – Kidney Transplant
- National Kidney Foundation
- Family Resource Center
- Mid-America Transplant

Violent Crime



The Violence Prevention Alliance of the World Health Organization defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation". Violence may be physical, sexual, psychological or deprivative in nature.

In February 2016, it was reported that the Federal Bureau of Investigation (FBI) ranked St. Louis as number one in a list of violent US cities for rape, robbery, aggravated assault, and murder.

Minorities and those living under financial distress are often segments of the population who are most affected by factors contributing to chronic disease development.

Ensuring the community has the resources available to maintain a healthy lifestyle, in itself, does not guarantee a healthier community. Members within the community need to be aware of the resources available to them to help create a safe and healthy community. SSM Health and SSM Health Saint Louis University Hospital offer a wide scope of programs with the goal of creating healthy lifestyle behaviors.

Additional facts and figures

- St. Louis County reported violent crime of 311.9 per 100,000 persons, compared to the state rate of 452 violent crimes per 100,000 persons ¹
- St. Louis City reported violent crimes of 1,885.3 per 100,000 persons compared to the state rate of 452 violent crimes per 100,000 persons ¹
- Poor mental health days for St. Louis City were reported 4.5 days compared to the state's 3.8 days ¹
- The St. Louis Metropolitan Police Department reported 188 homicides in 2015 in the December 2015 UCR Homicide Analysis Report

Sources: ¹ Healthy Communities Institute (HCI)

Priority
#3



For information about violent crime, visit our website at ssmhealth.com/sluhospital.

Strategic Implementation Plan Violent Crime



Goals

The goals of SSM Health Saint Louis University Hospital include:

- Decrease the violent crime rate in St. Louis City from 1,885.3 crimes per 100,000 persons, as reported in 2016, to 1,875.0 crimes per 100,000 persons by 2018. (Source: HCI)
- 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)
- Increase the percentage of referrals to Better Family Life for victims of violence from 0% in 2016 to 90% in 2018. (Source: Internal)



Action plan

In an effort to reduce recidivism and retaliation of violence:

- Identify victims of violence within the patient population and offer case management referrals to community based organizations, such as Better Family.
- Identify hospital staff that have had an experience with violence and who can speak to the patient victim as a peer.
- Collaborate with the St. Louis City Department of Health to provide resources to communities at risk.
- Collaborate with local schools to increase the percentage of high-school graduates.

Community partners and supporting resources

- SSM Health St. Louis University Hospital
- SLACO
- Providence
- Habitat for Humanity
- SLU College for Public Health and Social Justice
- Doorways

Achieving our Goals, Now and in the Future

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



SSM Health

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

Please visit ssmhealth.com/system for more information.



Health Data



Tracker





QuickFacts

Healthy People 2020 Progress Tracker

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

Health / Access to Health Services

	VALUE	COMPARED TO:
Adults with Health Insurance	82.8% <small>(2014)</small>	 HP 2020 Target (100.0%)
Children with Health Insurance	92.0% <small>(2014)</small>	 HP 2020 Target (100.0%)

Health / Cancer

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

Contact us to learn more at 314-577-8000.