

# St. Clare Hospital - Fenton

1015 Bowles Avenue | Fenton, Missouri 63026

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



# 2019 - 2021

## Community Health Needs *Implementation* Strategy



# Table of Contents

## Assessment

Message to Our Community ..... [3]

Executive Summary ..... [4]

About Us ..... [5]

The Health Needs of Our Community ..... [6]

Our Progress since 2015 ..... [7]

## Implementation

Strategic Implementation Plan ..... [8]

Priority #1 ..... [9-10]

Priority #2 ..... [11-12]

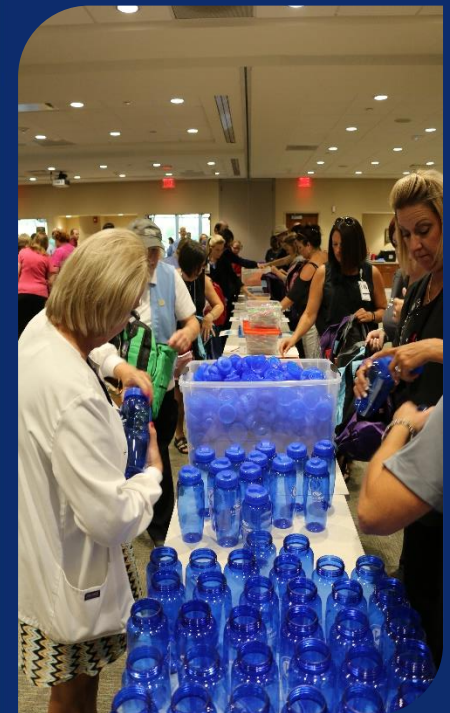
Priority #3 ..... [13-14]

Going Forward ..... [15]

## Appendices

Prioritizing Health Needs ..... [17]

Additional Appendix: ThinkHealthStl and County Rankings and Roadmaps..... [18-63]



## Message to Our Community

St. Clare Hospital, a member of SSM Health, has delivered exceptional, compassionate care to South St. Louis County for 9 years. Inspired by our founding Franciscan Sisters of Mary and guided by our Mission – Through our exceptional health care services, we reveal the healing presence of God – we cherish the sacredness and dignity of each person as demonstrated through our Values of compassion, respect, excellence, stewardship and community.

Our sustained community commitment can be seen through our collaborative partnerships with residents and organizations. We rely on these relationships to help us identify and develop plans to address high-priority community health needs. We are grateful for the opportunity to partner with the following organizations: the St. Louis & Jefferson County Health Departments, Rockwood and Northwest School Districts, Education Plus, Fenton Fire Department, Aging Ahead, COMTREA, the Fenton Area Chamber of Commerce and the St. Louis County Police Department.

Over the last 12 months, in collaboration with our community partners, we have conducted a community health needs assessment by gathering health-related information from Think Health St. Louis – St. Louis Partnership for a Healthy Community and County Health Rankings and Roadmaps, [www.countyhealthrankings.org](http://www.countyhealthrankings.org). We also conducted a community discussion forum 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.

**SSM Health**  
**St. Clare Hospital**  
1015 Bowles Avenue  
Fenton, MO 63026  
*Tina Garrison, President*

Contact us for more information or to take part in improving the health of our community by visiting our website at [ssmhealth.com](http://ssmhealth.com).



# Executive Summary



## background

SSM Health St. Clare Hospital – Fenton 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 St. Clare Hospital – Fenton last conducted a CHNA in 2015

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 St. Clare Hospital – Fenton held a meeting with local and regional stakeholders to determine priorities for the 2019-2021 community health needs strategic implementation plan. Priorities include:

1. Substance Abuse
2. Access to Care
3. Health Behavior Awareness

## strategies

### Substance Abuse

Resources include partnerships with SSM Health Behavioral Medicine, Opioid 360, Rockwood Drug-Free Coalition, COMTREA, National Council on Drug and Alcohol Abuse, and police and fire safety in St. Louis and Jefferson Counties.

### Access to Care

Resources include the Missouri Foundation for Health, SSM Health Medical Group, COMTREA, Volunteers in Medicine and St. Louis Integrated Health Network

### Health Behavior Awareness

Resources include St. Louis County Department of Public Health, Missouri Foundation for Health, Missouri Hospital Association, SSM Health Medical Group, Rockwood, Northwest and

# About SSM Health and St. Clare Hospital



## 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.

## St. Clare Hospital

### highlight of services

SSM Health St. Clare Hospital – Fenton offers more than 20 medical specialty areas, including cardiovascular, gastroenterology, neurosurgery, oncology, obstetrics and gynecology.

### community partnerships

We are proud to be part of community projects that work to improve health outcomes in the areas we serve:

- Fenton Rec Center - Riverchase
- Arnold Rec Center
- Northwest School District
- Kirkwood Parks & Rec

### community benefit

In 2017, SSM Health St. Clare – Fenton provided \$10.9 million in community benefit, comprised of charity care, community services and unpaid costs of Medicaid and other public programs.

### additional affiliations and partnerships

SSM Health St. Clare Hospital – Fenton is proud to partner with our community to improve health outcomes. Local partnerships include Rockwood School District Drug-Free Coalition, Education Plus and the Fenton Chamber of Commerce

## Hospital at a Glance

<b>Admissions</b>	10,526
<b>Outpatient Visits</b>	71,842
<b>ER Visits</b>	41,095
<b>Births</b>	1152
<b>Beds</b>	180
<b>Employees</b>	1000
<b>Medical Staff</b>	820
<b>Volunteers</b>	110
<b>Charity Care</b>	\$10.9MM

# The Health Needs of Our Community

SSM Health St. Clare Hospital – Fenton conducted a focus group to identify the health needs of our community. The group represented broad and diversified interests of South St. Louis County and surrounding areas. Included in the focus group were representatives from St. Louis and Jefferson County 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

**17.9 St. Louis County ER visits related to substance abuse per 10,000 persons**

17.9 / 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.

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

123 / 100,000

### Access to Care

Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations. Communities that lack a sufficient number of primary care providers typically have members who delay necessary care when sick and conditions can become more severe and complicated.

**St. Louis County has a health behaviors ranking of 2, trending positively**

2

### Health Behavior Awareness

Human behavior contributes strongly to health outcomes. A majority of preventable deaths and illnesses in the United States are directly caused by human behaviors such as smoking, risky sexual behaviors and unhealthy diets. Behavior modification depends on many structural and environmental factors as well as individual motivation and education.

## Our Progress Since 2015

Our last Community Health Needs Assessment was conducted in 2015. Below are the health needs identified in the 2016-2018 CHNA implementation plan and the strategies to address the issues.

### SSM Health St. Clare Hospital

#### Substance Abuse

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the death rate due to drug poisoning in St. Louis County from 12.8 deaths per 100,000 in 2015, to 12.6 deaths per 100,000 by 2018 (HCI)	HCI	2yr lag	12.8 (2006-2012)	17.2 (2012-2014)	17.2 (2012-2014)	17.7 (2013-2015)	17.7 (2013-2015)	21.0 (2014-2016)	20.7 (2014-2016)
Achieve SSM Health St. Clare Hospital - Fenton medical stabilization goal of discharging 80% of patients that complete the program with a plan for behavioral health/substance abuse treatment (Manual Chart Audit in Epic/Medical Stabilization Log)	Epic	Ad hoc	75%	100%	100%	100%	100%	100%	100%
Reduce the percentage of driving deaths in St. Louis County associated with alcohol use from 37.3%, as reported in 2015, to 36.3% by 2018 (HCI)	HCI	2yr lag	37.3% (2009-2013)	35% (2010-2014)	35% (2010-2014)	31.8% (2011-2015)	31.8% (2011-2015)	28% (2012-2016)	N/A Data Source Change
Reduce the percentage of adults in St. Louis County who drink excessively from 20.1%, as reported in 2015, to 19.1% by 2018 (HCI)	HCI	2yr lag	20.1% (2006-2012)	14.8% (2014)	14.8% (2014)	17.8% (2015)	17.8% (2015)	20.0% (2016)	19.7% (2016)

#### Access to Care

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the age-adjusted death rate due to heart disease in St. Louis County from 126.5 deaths per 100,000 individuals in 2015 to the state average of 123 deaths per 100,000 individuals by 2018 (HCI)	HCI	2yr lag	126.5 (2011-2013)	119.6 (2012-2014)	114.0 (2013-2015)	114.0 (2013-2015)	114.0 (2013-2015)	Not Available	N/A Data Source Change
Decrease the number of preventable hospital stays in St. Louis County from 52 cases per 1,000 Medicare enrollees, as reported in 2015, to 45 cases per 1,000 Medicare enrollees by 2018 (HCI)	HCI	1-3yr lag	52 (2012)	48 (2015)	48 (2013)	47.7 (2014)	47.7 (2014)	47 (2015)	N/A Data Source Change
Improve overall Health Behaviors Ranking of St. Louis County from 7, as reported in 2015, to 6 by 2018 (HCI)	HCI	Annual	7 (2015)	2	2 (2016)	2 (2017)	2 (2017)	2 (2018)	2 (2018)
Improve overall readmission rate at SSM Health St. Clare Hospital - Fenton from 9.01% (Aug YTD) in 2015 to 8% by 2018 (PIR)	PIR	Ad hoc	9.01%	7.70%	8%	8.5% (June 2017 YTD)	8.8%	1.02* (June 2018 YTD)	1.02* (June 2018 YTD)
Improve heart failure readmission rate at SSM Health St. Clare Hospital - Fenton from 17.01% (Aug YTD) in 2015 to 13.52% by 2018 (PIR)	PIR	Ad hoc	17.01%	18.04%	13.6%	17.8% (June 2017 YTD)	20.2%	1.17* (June 2018 YTD)	1.17* (June 2018 YTD)

\*Readmission reporting changed and is now based on risk criteria versus percentage

#### Health Awareness

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the age-adjusted death rate due to heart disease in St. Louis County from 126.5 deaths per 100,000 individuals in 2015 to the state average of 123 deaths per 100,000 individuals by 2018 (HCI)	HCI	2yr lag	126.5 (2011-2013)	119.6 (2012-2014)	114.0 (2013-2015)	114.0 (2013-2015)	114.0 (2013-2015)	Not Available	N/A Data Source Change
Decrease the number of preventable hospital stays in St. Louis County from 52 cases per 1,000 Medicare enrollees, as reported in 2015, to 45 cases per 1,000 Medicare enrollees by 2018 (HCI)	HCI	1-3yr lag	52 (2012)	48 (2015)	48 (2013)	47.7 (2014)	47.7 (2014)	47 (2015)	N/A Data Source Change
Improve overall Health Behaviors Ranking of St. Louis County from 7, as reported in 2015, to 6 by 2018 (HCI)	HCI	Annual	7 (2015)	2	2 (2016)	2 (2017)	2 (2017)	2 (2018)	2 (2018)
Improve overall readmission rate at SSM Health St. Clare Hospital - Fenton from 9.01% (Aug YTD) in 2015 to 8% by 2018 (PIR)	PIR	Ad hoc	9.01%	7.70%	8%	8.5% (June 2017 YTD)	8.8%	1.02* (June 2018 YTD)	1.02* (June 2018 YTD)
Improve heart failure readmission rate at SSM Health St. Clare Hospital - Fenton from 17.01% (Aug YTD) in 2015 to 13.52% by 2018 (PIR)	PIR	Ad hoc	17.01%	18.04%	13.6%	17.8% (June 2017 YTD)	20.2%	1.17* (June 2018 YTD)	1.17* (June 2018 YTD)

\*Readmission reporting changed and is now based on risk criteria versus percentage



SSM Health St. Clare Hospital conducted a focus group that represented the broad interest and diversity of southwest St. and Jefferson Counties. Representation also included stakeholders from St. Louis County Health Department. Participants were asked to identify the primary health issues affecting constituents that they represent. After exhausting individual concerns, the focus was shifted towards issues identified in the 2016 cycle. Items not previously discussed were re-evaluated by the participants. After all discussion had concluded, a survey inclusive of all topics discussed was distributed. Participants were asked to score each health issue in terms of their perception of its importance and the ability of the hospital to make an impact.

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

Primary and secondary data was reviewed and analyzed by the campus executive team and top priorities were identified for the 2019-2021 community health needs assessment / strategic implementation plan cycle.

*Priority #1*      **Substance Abuse**

*Priority #2*      **Access to Care**

*Priority #3*      **Health Behavior Awareness**





## Substance Abuse

The Centers for Disease Control and Prevention (CDC) ranks drug poisoning as the number one cause of injury-related deaths in the US, with 63,632 deaths in 2016. Rates have more than tripled from 1999-2016 and have increased for all age groups. The rate of drug-poisoning deaths involving synthetic opioids other than methadone, which includes drugs such as fentanyl, fentanyl analogs, and tramadol, doubled from 2015 to 2016.

- Nationally, the rate 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 rate 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 rate 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
- The top 3 counties in Missouri for opioid-poisoning deaths are all in the St. Louis metropolitan region (Jefferson, Franklin & St. Louis City)
- St. Louis County had 931 opioid deaths from 2013-2017
- In the same time span, St. Louis County had 481 heroin overdoses
- In 2017, the peak age group in Missouri for heroin and non-heroin opioid deaths is 25-34
- The average prescription of opioids in St. Louis County was 15.6 days in 2018



Priority #1

## action plan

- Reduce the number of drug poisonings in St. Louis County through community collaborations - identify and develop partnerships
- Achieve medical stabilization goal at St. Clare Hospital - Fenton, by discharging 80% of patients that complete the program with a plan for behavioral health and/or substance abuse treatment.
- Provide education to physicians for opioid tapering, monitor to ensure a decrease in the opioid/opiate prescribing rates within SSM Health St. Clare hospitals and clinics
- Advocate for a state-wide Prescription Drug Monitoring Program in Missouri
- Prescription Take Back Day(s) - establish/support programs that accept expired, unwanted, or unused medicines from designated users and dispose of them responsibly

SSM Health St. Clare Hospital - Fenton will continue to grow our stabilization services. This program helps individuals overcome their opiate or alcohol withdrawal symptoms, providing them with the resources to prevent relapse. In addition, we plan to continue partnerships with COMTREA and our first responders in dealing with substance abuse disorders. Partners in our schools are extremely important and we will work alongside school districts as well as other educational entities to educate our youth on emotional well-being, mental illness and substance abuse.

## community partners

- National Council on Alcohol and Drug Abuse
- COMTREA
- School districts
- First responders
- Rockwood Drug Free Coalition

## supporting resources

- Education Plus
- Align STL
- Chambers of Commerce
- St. Louis & Jefferson County Health Departments
- Mercy, BJC & St. Luke's



## Access to Care

The Community Health Needs Assessment is about improving access to care. CHNAs were developed to hold hospitals accountable in providing the communities they serve with the care they need. SSM Health St. Clare Hospital – Fenton will continue to invest in primary and specialty healthcare providers in the region. We will also continue working on initiatives and partnerships to help address the convenience, value and quality of care we provide to the communities we serve.

- Approximately 10% of adults in St. Louis County have no health insurance
- There are 123 primary care physicians per 100,000 people in St. Louis County
- St. Louis has a 15% food insecurity rate
- As of 2017, there were 258 mental health providers per 100,000 people
- There are 84 dentists per 100,000 people in St. Louis
- Median household incomes are higher in St. Louis County than in Missouri or the United States
- 7.4% of households live below the poverty level in St. Louis County
- Access to Care exercise opportunities are higher in St. Louis than in Missouri or the United States
- Farmers Market density is lower, on average, in St. Louis than in the United States
- 6.0% of St. Louis County residents have no car and low access to a grocery store
- St. Louis County has a higher rate of single parent households than the US average
- 7.2% of St. Louis County households do not have a vehicle



*Priority #2*



## Strategic Implementation Plan – Access to Care

### action plan

- Improve access to care in St. Louis County by increasing annual utilization of Volunteers in Medicine clinics
- Evaluate opportunity to expand/provide mobile health services for patients who live in areas with limited access to care
- Establish transportation services for areas with low population densities using publicly funded buses and vans on a set schedule, dial-a-ride transit, volunteer ridesharing, etc.
- Increase patients' health-related knowledge via efforts to simplify health education materials, improve patient-provider communication, and increase overall literacy
- Provide health insurance outreach and support to assist individuals whose employers do not offer affordable coverage, who are self-employed, or who are unemployed

SSM Health St. Clare Hospital – Fenton will continue focusing on providing primary care physicians to the South Market to provide access to all patients. We will look into best practices for transporting patients to and from health appointments and partner with outreach groups to meet our customers where they are, to help make access as easy as possible.

### community partners

- Missouri Foundation for Health
- St. Louis Integrated Health Network
- Think Health STL
- Volunteers in Medicine
- Senior Care Transportation Centers

### supporting resources

- Area Nursing Homes
- St. Louis County Health Department
- Jefferson County Health Department



## Health Awareness

Healthy awareness is a multi-faceted topic that illustrates the extent to which an individual is aware of what constitutes a healthy lifestyle, community resources available to increase their health knowledge and the avoidance of risky behaviors that can lead to chronic disease development and/or premature death. SSM Health will continue to offer a wide scope of resource to help individuals understand how to maintain a healthy lifestyles, ultimately reducing the risk of chronic disease in our communities.

- St. Louis County ranks 2<sup>nd</sup> in Missouri in health behaviors
- St. Louis County ranks 112 out of 114 counties in physical environment rankings
- 11.7% of adults in St. Louis County have diabetes
- 13.3% of adults in St. Louis County regularly consume fruits and vegetables
- 28.2% of adults in St. Louis County are obese
- In the US, 38% of adults lack sufficient sleep
- Deaths due to stroke are higher in St. Louis County than the United States, on average
- 8.3% of adults smoked during pregnancy in St. Louis County
- Premature deaths are higher than the U.S. average but lower than the Missouri average in the County
- As of 2016, 18.4% of adults in St. Louis County smoke
- St. Louis County has higher access to recreation and fitness facilities than Missouri or the US, on average.



Priority #3

## Strategic Implementation Plan – Health Awareness

### action plan

- Partner with local St. Louis County and Jefferson County schools to Increase awareness of healthy lifestyles
- Improve overall health behavior rankings in St. Louis County through partnership with health related community organizations
- Decrease the readmission rate through health education with patients and families

Combined with other healthcare entities, St. Clare Hospital – Fenton will continue to raise awareness about contributing factors to chronic diseases such as heart disease and diabetes. We will communicate healthy lifestyle behaviors on our campus as well as in collaboration with our partners in the St. Louis Metropolitan Region. We'll collaborate to improve community-based education and screening opportunities to our customers.

### community partners

- School districts
- NCADA
- COMTREA
- Think Health STL
- Assistance League of St. Louis

### supporting resources

- List of community partners who will be involved
- Align STL
- Gateway Region YMCA
- American Heart Association
- American Cancer Society





# Going Forward



Visit us online at  
[www.ssmhealth.com](http://www.ssmhealth.com)

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

[www.thinkhealthstl.org](http://www.thinkhealthstl.org)  
[www.countyhealthrankings.org](http://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](http://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](http://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

[Tanner.Smith@ssmhealth.com](mailto:Tanner.Smith@ssmhealth.com)

**St. Clare Hospital - Fenton**  
1015 Bowles Avenue | Fenton, Missouri 63026



# 2019 - 2021

*Appendices*

## prioritizing health needs

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

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

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

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

In addition, "social determinants of health," or factors in the community that can either contribute to poor health outcomes or support a healthy community are considered. This data is available at Think Health St. Louis – St. Louis Partnership for a Healthy Community ([www.thinkhealthstl.org](http://www.thinkhealthstl.org)), County Rankings and Roadmaps ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)) and Healthy Communities Institute.



## focus group objectives

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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 SSM Health St. Clare Hospital.

Specifically, the discussion focused around the following ideas:

1. Determine whether the needs identified in the 2016 CHNA are still the right area on which to focus
2. Explore whether there are any needs on the list that should no longer be a priority
3. Determine where there are gaps in the plans to address the prioritized need
4. Identify other organizations with whom the hospital should consider collaborating
5. Discuss what has changed since 2015/2016 when these needs were prioritized, and whether there are new issues which should be addressed
6. Understand what other organizations are doing to impact the health of the community and how those activities might complement the hospital's initiatives
7. Evaluate what issues the stakeholders anticipate becoming a greater concern in the future that we need to consider now

The following topics were discussed at the focus group: Vaping, exercise, suicides, health equity, nutrition, health education, opioids, diabetes, stroke, heart disease, built environments, healthy lifestyles, poverty health correlation, crime, fall prevention, dental issues, behavioral health, under resourced communities, early childhood development, health insurance and points of entry to the healthcare system

### Needs SSM Health St. Clare Hospital will not address and the reasons:

Because SSM Health St. Clare Hospital - Fenton has limited resources, not every health indicator which has an identified need for improvement could be addressed. Those community needs identified but not “prioritized” for improvement included mental illness, care coordination, cardiovascular disease, cerebrovascular disease, obesity, diabetes, respiratory disease and cesarean sections. These needs have not been “prioritized”, as per the community’s perception, they are not the driving force behind the service area’s health issues. Rather, they are sub-components of substance abuse, access to care and health awareness and/or byproducts exacerbated by deficiencies existing within said priorities. It is the community’s and hospital’s belief that addressing these issues head-on will have a positive effect on the identified needs not prioritized. Additionally, these issues were generally ranked considerably lower than the top three priorities.

Additional needs not prioritized include:

- **Cancer:** While the community’s perception of cancer as a priority was relatively low, SSM Health St. Clare Hospital - Fenton realizes that cancer is, in fact, an issue and is continuously working to improve oncology care within the region, with assistance from the SSM Health Medical Group and SSM Cancer Care.
- **Motor Vehicle Accidents:** While SSM Health St. Clare Hospital - Fenton provides care to those injured in motor vehicle accidents, the Missouri Department of Motor Vehicles, as well as state and local law enforcement agencies, are best equipped to monitor and decrease the likelihood of accidents associated with unsafe driving practices.

Search this site

# Think Health St. Louis

St. Louis Partnership  
for a Healthy Community

HEALTH DATA

ST. LOUIS CITY

ST. LOUIS COUNTY

REGIONAL EFFORTS
















RESOURCES

Home > Community Dashboard > All Data

Search for Indicators

## All Data

St. Louis

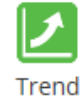
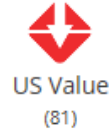
	VALUE	COMPARED TO:		
Adults with Health Insurance	90.1% (2016)	 MO Counties	 U.S. Counties	 MO Value (87.2%)
		 Prior Value (90.3%)	 Trend	 HP 2020 Target (100.0%)
Children with Health Insurance	96.8% (2016)	 U.S. Counties	 MO Value (95.5%)	 US Value (95.5%)
		 Prior Value (96.7%)	 Trend	 HP 2020 Target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



St. Louis County Health Dashboard [www.thinkhealthstl.org](http://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)



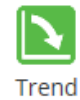
Persons with Public Health Insurance Only

**15.3%**  
(2016)



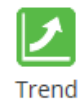
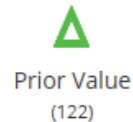
Preventable Hospital Stays: Medicare Population

**46.8**  
Discharges per 1,000 Medicare enrollees  
(2015)



Primary Care Provider Rate

**123**  
Providers per 100,000 population  
(2015)

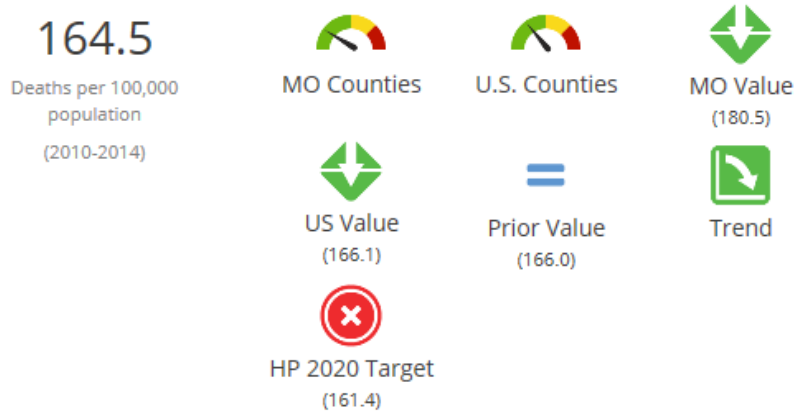


## Health / Cancer

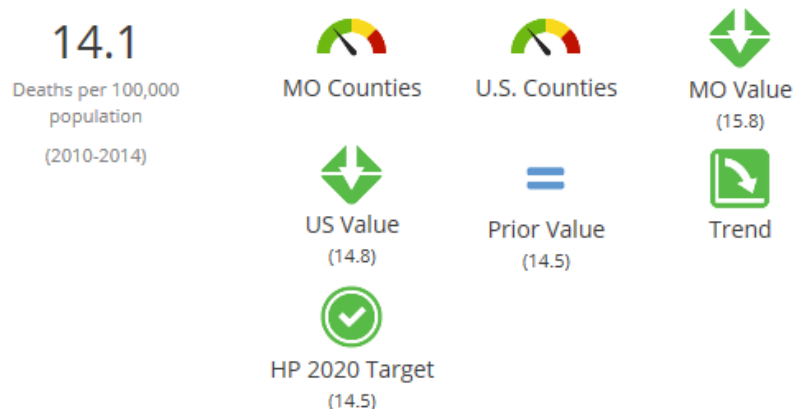
### Age-Adjusted Death Rate due to Breast Cancer



### Age-Adjusted Death Rate due to Cancer



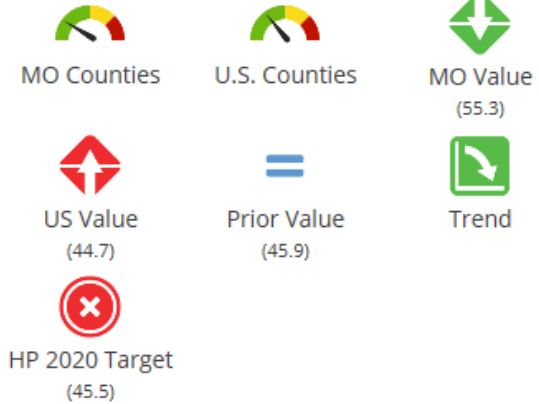
### Age-Adjusted Death Rate due to Colorectal Cancer



St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

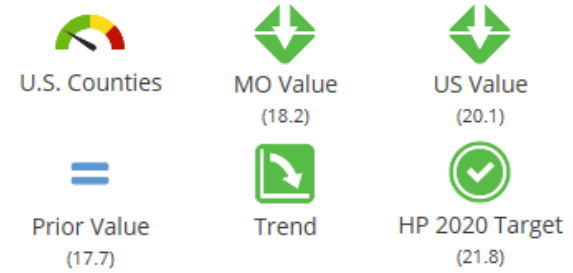
## Age-Adjusted Death Rate due to Lung Cancer

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



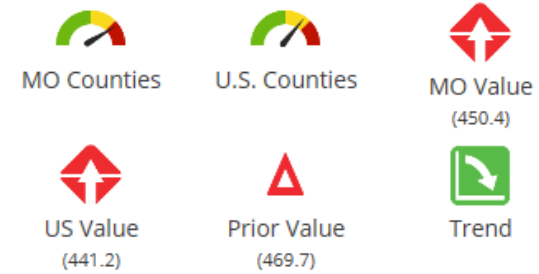
## Age-Adjusted Death Rate due to Prostate Cancer

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



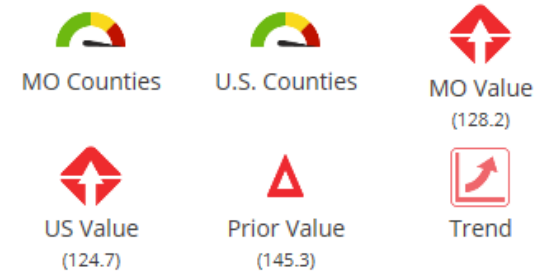
## All Cancer Incidence Rate

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



## Breast Cancer Incidence Rate

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

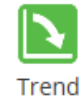
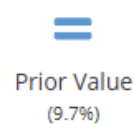
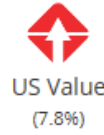


# Appendix

## St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

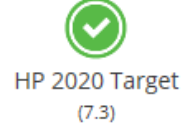
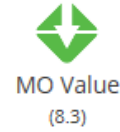
### Cancer: Medicare Population

9.7%  
(2015)



### Cervical Cancer Incidence Rate

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



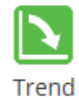
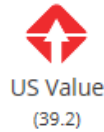
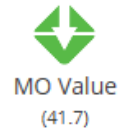
### Colon Cancer Screening: Sigmoidoscopy or Colonoscopy

70.8%  
(2011)



### Colorectal Cancer Incidence Rate

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

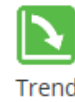
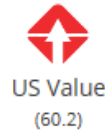
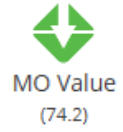




St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

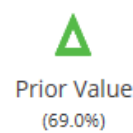
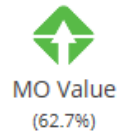
Lung and Bronchus Cancer Incidence Rate

**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

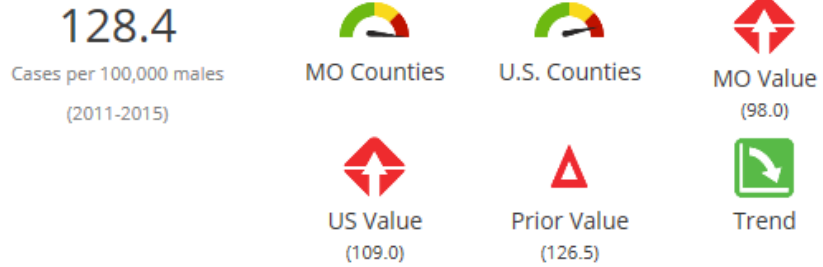
**79.4%**  
(2011)









# Appendix

St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)


















## Prostate Cancer Incidence Rate



## Health / County Health Rankings

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

**Health / Diabetes**

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

St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

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

St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

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%)

# Appendix

St. Louis County Health Dashboard [www.thinkhealthstl.org](http://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

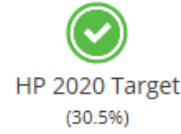
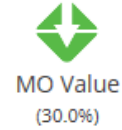
	VALUE	COMPARED TO:		
Adult Fruit and Vegetable Consumption	13.3% (2011)	 MO Counties	 MO Value (12.5%)	 US Value (23.4% in 2009)
		 Prior Value (24.5%)		
Adults 20+ who are Sedentary	22.7% (2014)	 MO Counties	 U.S. Counties	 MO Value (25.8%)
		 US Value (23.0%)	 Prior Value (23.0%)	 Trend
		 HP 2020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

# Appendix

St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

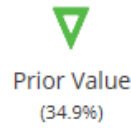
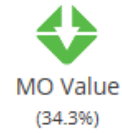
## Adults who are Obese

**28.2%**  
(2011)



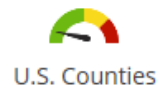
## Adults who are Overweight

**32.6%**  
(2011)



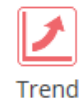
## Child Food Insecurity Rate

**14.8%**  
(2016)



## Food Insecure Children Likely Ineligible for Assistance

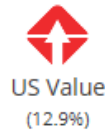
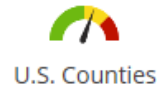
**45%**  
(2016)



St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

Food Insecurity Rate

**14.7%**  
(2016)

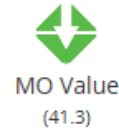


**Health / Heart Disease & Stroke**

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

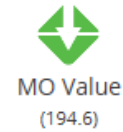
VALUE  
**38.0**  
Deaths per 100,000 population  
(2011-2015)

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

## St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

Age-Adjusted Hospitalization Rate due to Heart Failure

44.7

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



St. Louis City Value  
(67.2)



Prior Value  
(44.7)

Age-Adjusted Hospitalization Rate due to Hypertension

6.3

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



St. Louis City Value  
(16.9)



Prior Value  
(6.7)

Atrial Fibrillation: Medicare Population

9.0%

(2015)



MO Counties



U.S. Counties



MO Value  
(8.1%)



US Value  
(8.1%)



Prior Value  
(8.9%)



Trend

Heart Failure: Medicare Population

15.2%

(2015)



MO Counties



U.S. Counties



MO Value  
(13.7%)



US Value  
(13.5%)





























Prior Value  
(14.8%)



Trend

# Appendix

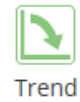
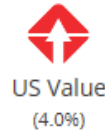
## St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

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

St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

Stroke: Medicare Population

**4.4%**  
(2015)

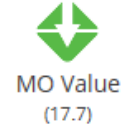


## Health / Immunizations & Infectious Diseases

Age-Adjusted Death Rate due to Influenza and Pneumonia

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

COMPARED TO:



Prior Value  
(16.1)



Trend

Age-Adjusted ER Rate due to Community Acquired Pneumonia

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



Age-Adjusted ER Rate due to Hepatitis

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



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

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



St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia


**24.1**  
Hospitalizations per 10,000 population 18+ years  
(2012-2014)

  
St. Louis City Value  
(29.3)

  
Prior Value  
(25.6)

Age-Adjusted Hospitalization Rate due to Hepatitis

**2.0**  
Hospitalizations per 10,000 population 18+ years  
(2012-2014)

  
St. Louis City Value  
(5.6)

  
Prior Value  
(2.1)

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



**3.2**  
Hospitalizations per 10,000 population 18+ years  
(2012-2014)

  
St. Louis City Value  
(3.2)

  
Prior Value  
(2.2)


Chlamydia Incidence Rate: Females 15-19

**4,119.5**  
Cases per 100,000 females aged 15-19  
(2010-2014)

  
MO Counties  
  
Prior Value  
(4,297.1)

  
MO Value  
(3,607.0)


  
US Value  
(3,229.0)

  
Trend

## Health / Maternal, Fetal & Infant Health

Babies with Low Birth Weight


VALUE  
**9.1%**  
(2014)


COMPARED TO:  
  
MO Counties

  
MO Value  
(8.2%)

  
US Value  
(8.0%)

  
Prior Value  
(8.9%)

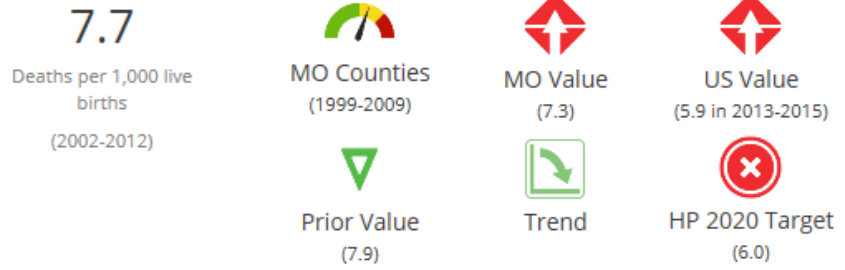
  
Trend

  
HP 2020 Target  
(7.8%)

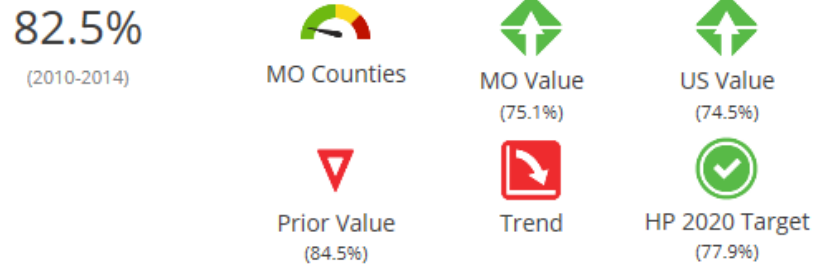


St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

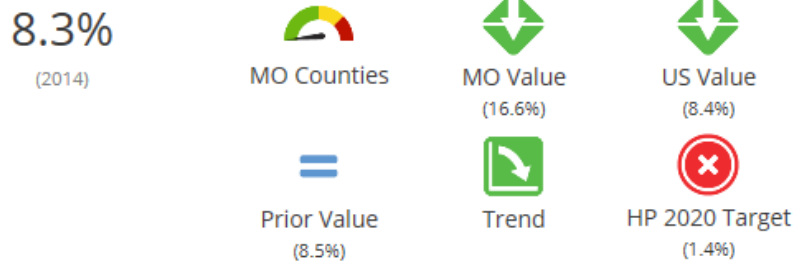
## Infant Mortality Rate



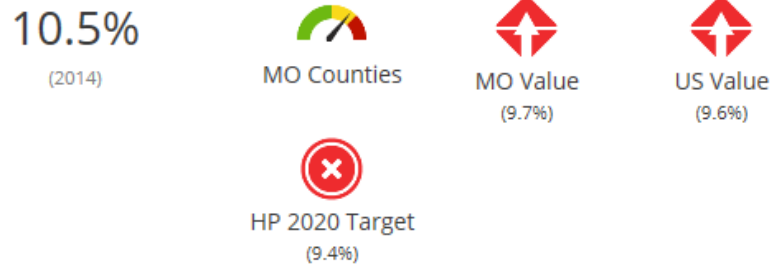
## Mothers who Received Early Prenatal Care





















## Mothers who Smoked During Pregnancy



## Preterm Births



## Health / Mental Health & Mental Disorders

	VALUE	COMPARED TO:		
Adults with a Mental Health Disorder	<p><b>134.8</b></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><b>117.6</b></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><b>76.6</b></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><b>27.3</b></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><b>12.8</b></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><b>35.7</b></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><b>75.8</b></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

## St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

Age-Adjusted ER Rate due to Pediatric Mental Health

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

  
St. Louis City  
Value  
(78.1)

  
Prior Value  
(51.1)

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

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

  
St. Louis City  
Value  
(48.5)

  
Prior Value  
(17.0)

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

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

  
St. Louis City  
Value  
(61.2)

  
Prior Value  
(70.7)

Age-Adjusted Hospitalization Rate due to Mental Health

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

  
St. Louis City  
Value  
(188.3)

  
Prior Value  
(109.7)

Age-Adjusted Hospitalization Rate due to Pediatric Mental Health

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

  
St. Louis City  
Value  
(55.5)

  
Prior Value  
(58.8)

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

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

  
St. Louis City  
Value  
(103.8)

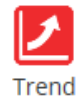
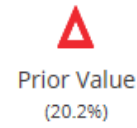
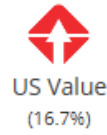
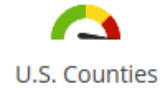
  
Prior Value  
(53.5)

# Appendix

## St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

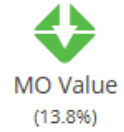
### Depression: Medicare Population

**20.6%**  
(2015)



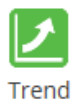
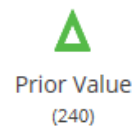
### Frequent Mental Distress

**11.3%**  
(2016)



### Mental Health Provider Rate

**258**  
Providers per 100,000  
population  
(2017)

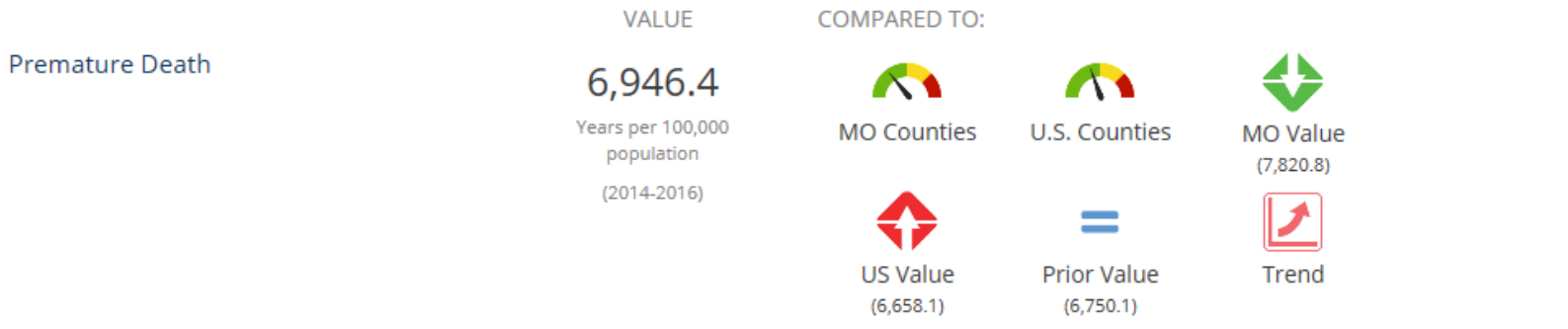


### Poor Mental Health: Average Number of Days

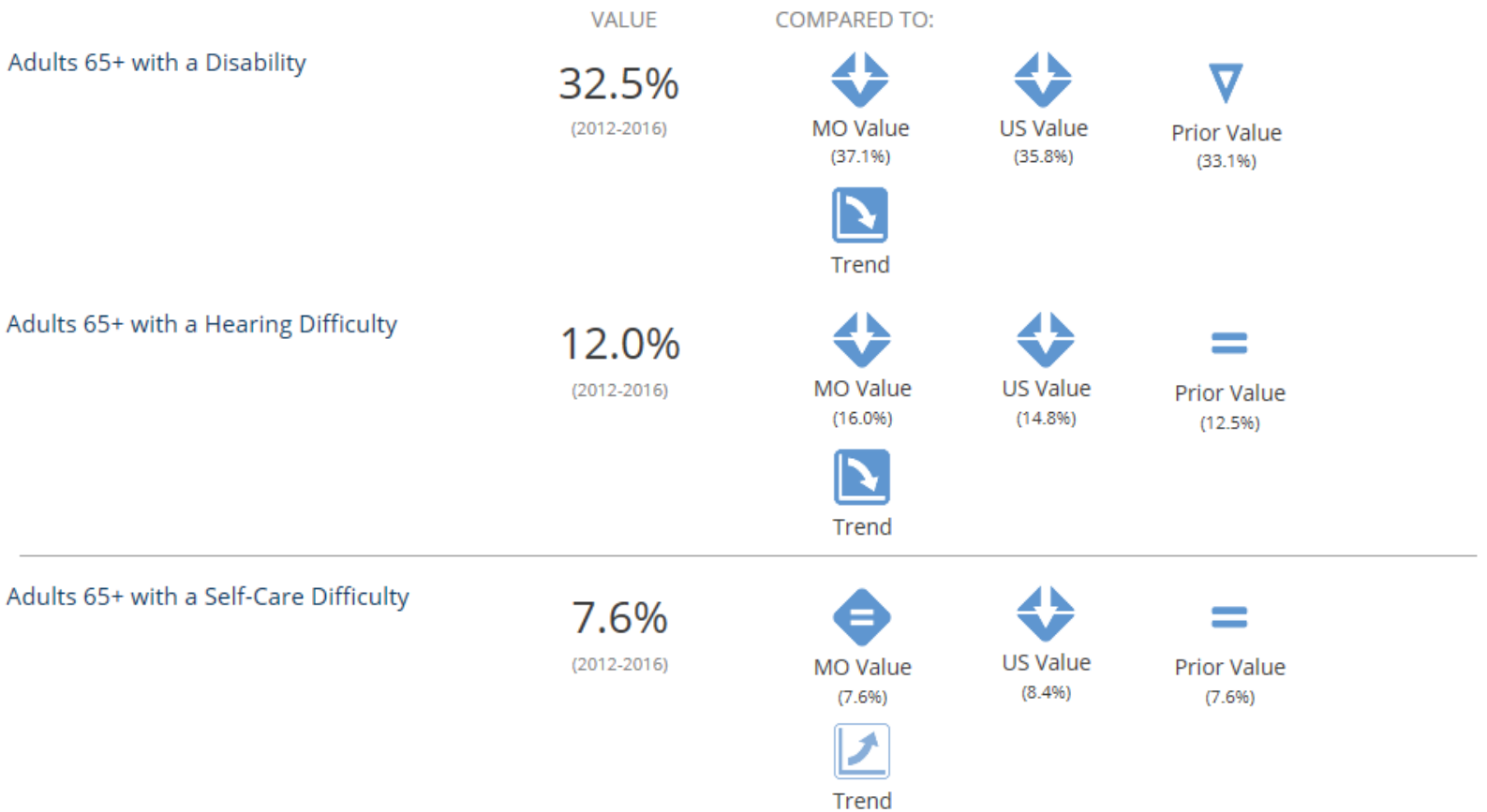
**3.8**  
Days  
(2016)



## Health / Mortality Data



## Health / Older Adults & Aging





# Appendix

## St. Louis County Health Dashboard [www.thinkhealthstl.org](http://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%)

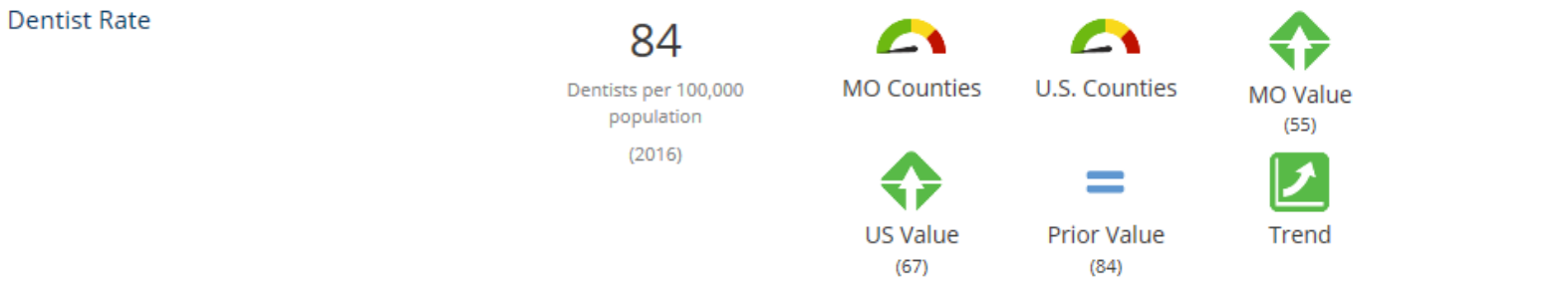
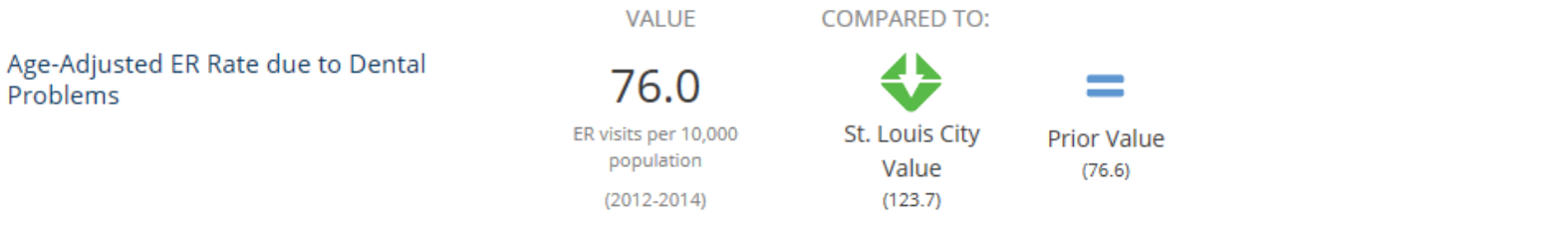


Prior Value  
(11.4%)

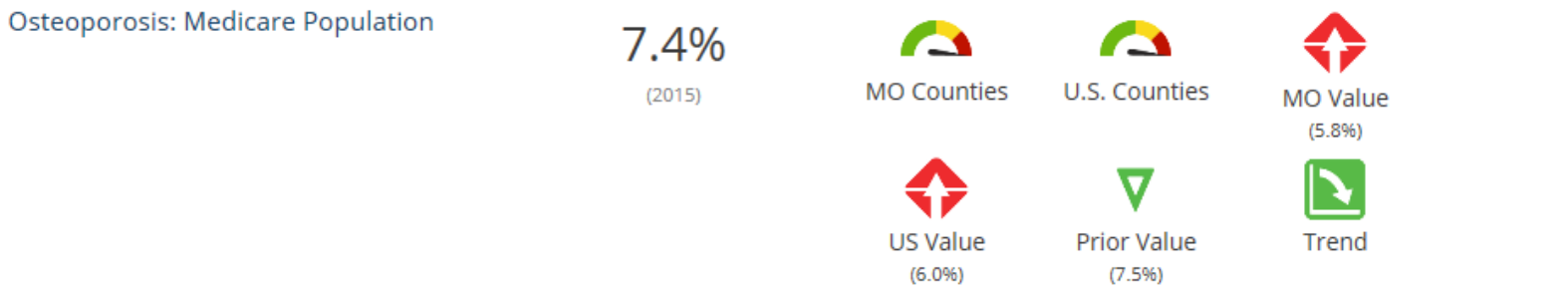
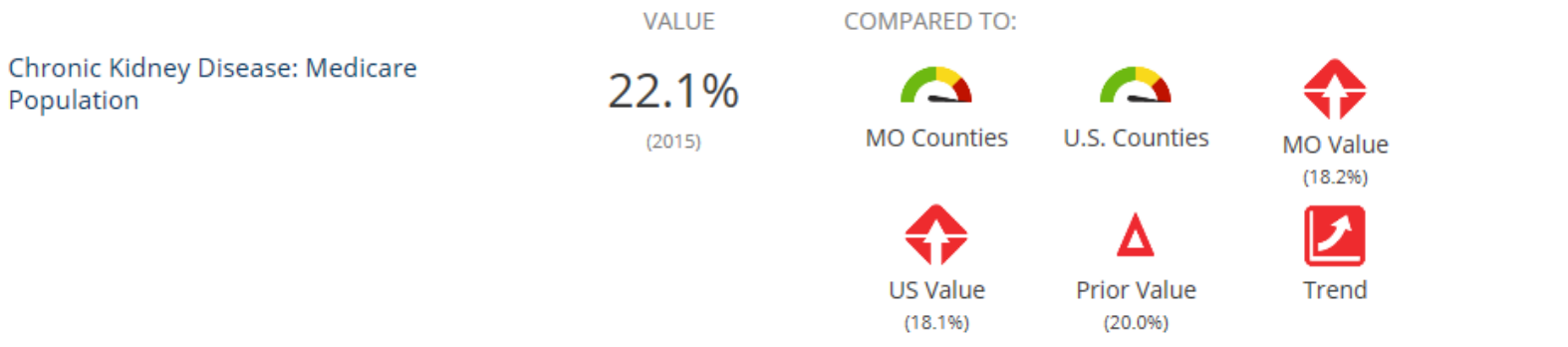


Trend

## Health / Oral Health



## Health / Other Chronic Diseases



St. Louis County Health Dashboard [www.thinkhealthstl.org](http://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)



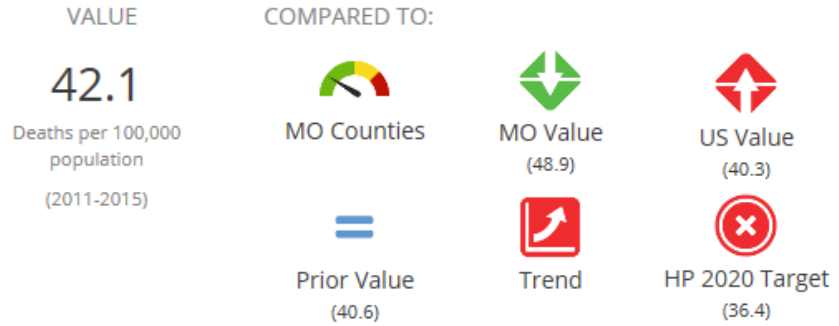
St. Louis City  
Value  
(22.9)



Prior Value  
(19.9)

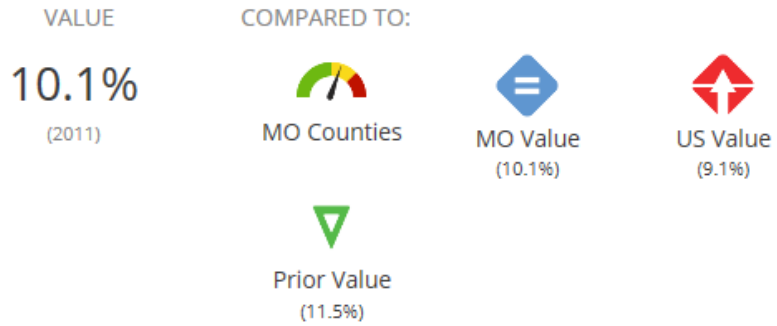
### Health / Prevention & Safety

Age-Adjusted Death Rate due to Unintentional Injuries

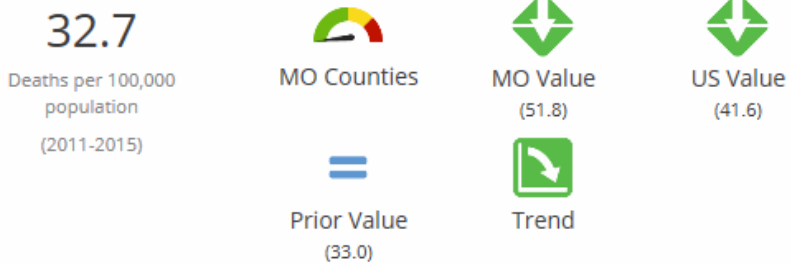


### Health / Respiratory Diseases

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](http://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



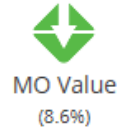
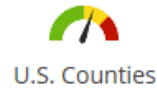


# Appendix

## St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

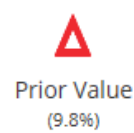
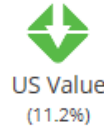
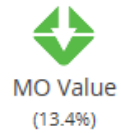
### Asthma: Medicare Population

**8.2%**  
(2015)



### COPD: Medicare Population

**10.0%**  
(2015)

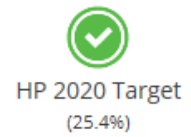
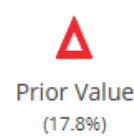


## Health / Substance Abuse

### Adults who Drink Excessively

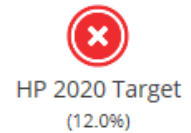
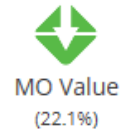
VALUE  
**19.7%**  
(2016)

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](http://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  
**10.9%**  
(2016)

COMPARED TO:

  
MO Counties

  
U.S. Counties

  
MO Value  
(13.3%)

  
US Value  
(15.0%)

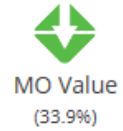
  
Prior Value  
(10.5%)

# Appendix

St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

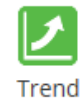
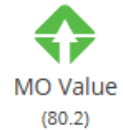
## Insufficient Sleep

**31.8%**  
(2016)



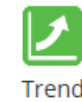
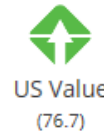
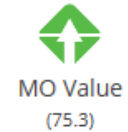
## Life Expectancy for Females

**81.7**  
Years  
(2014)



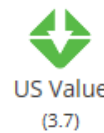
## Life Expectancy for Males

**77.0**  
Years  
(2014)



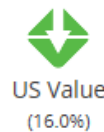
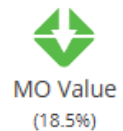
## Poor Physical Health: Average Number of Days

**3.6**  
Days  
(2016)

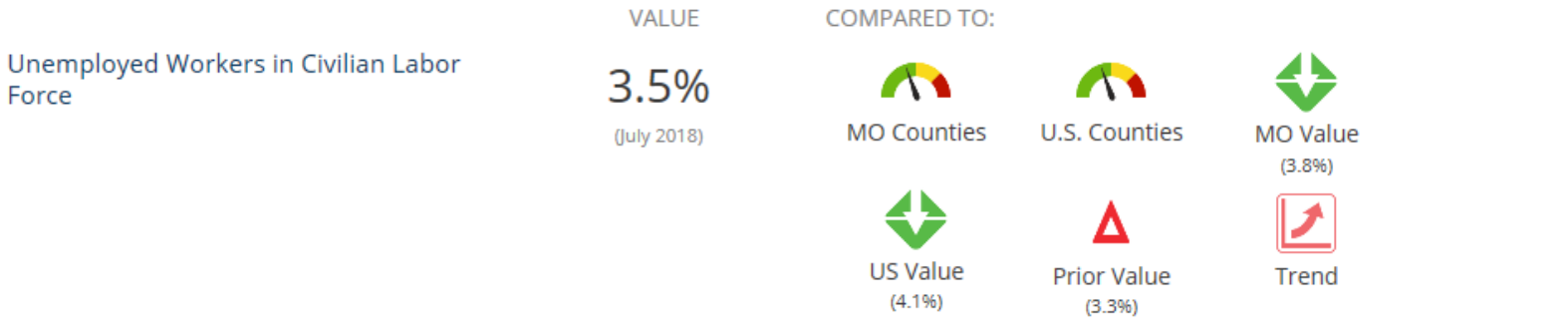


## Self-Reported General Health Assessment: Poor or Fair

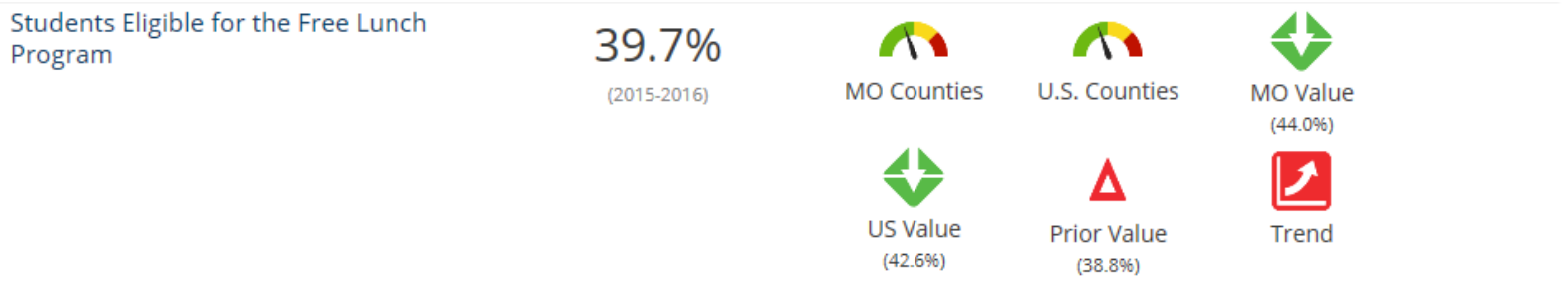
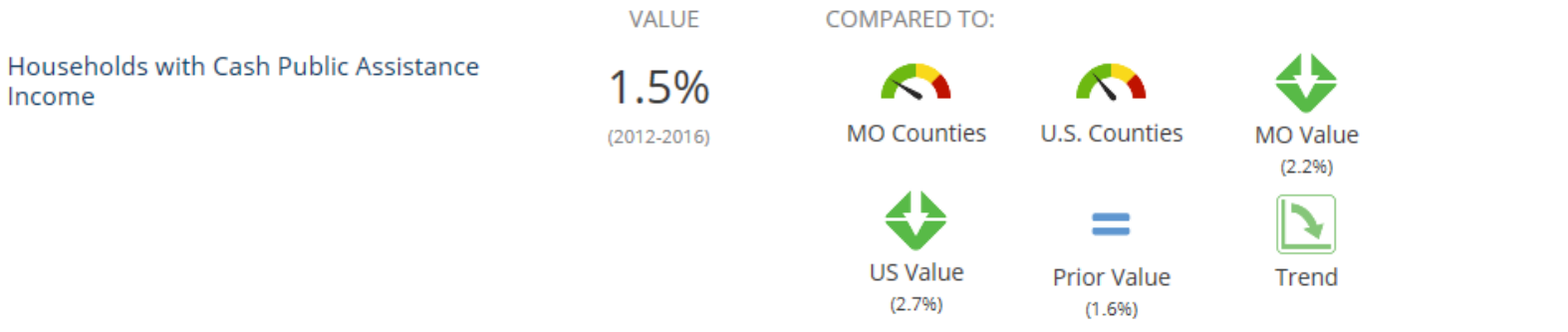
**14.6%**  
(2016)



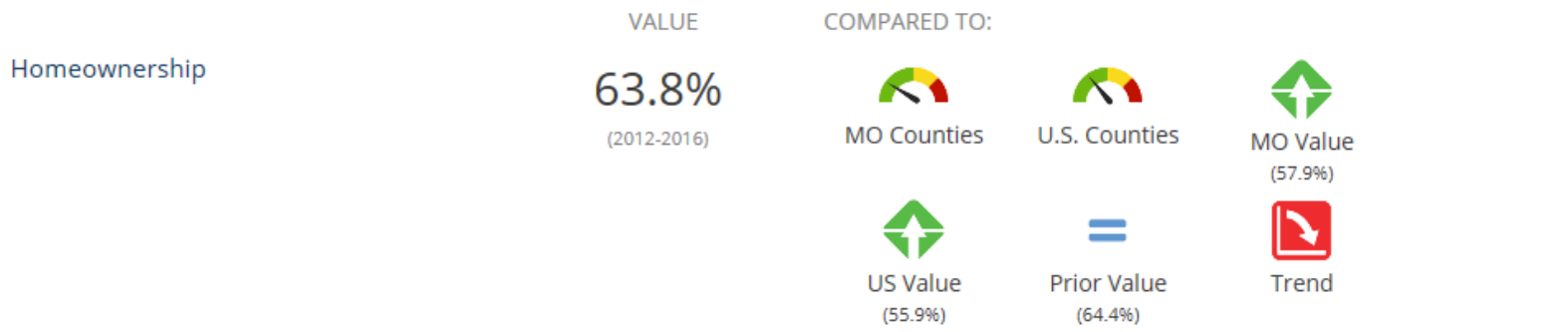
### Economy / Employment



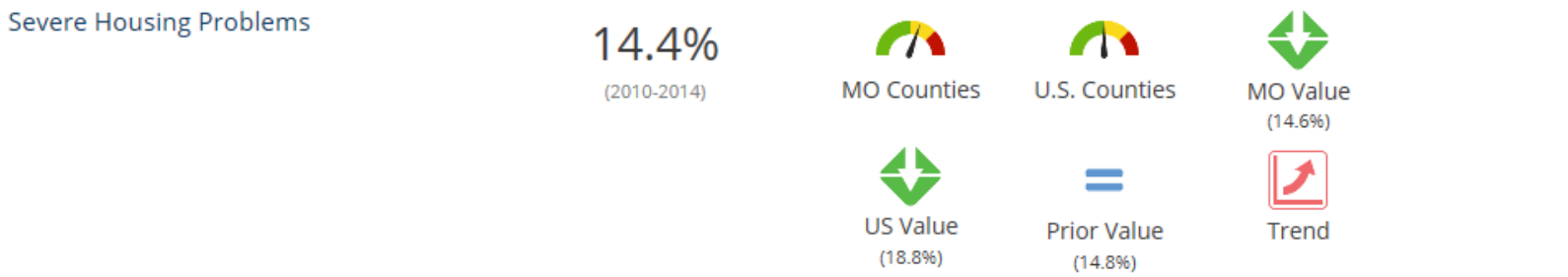
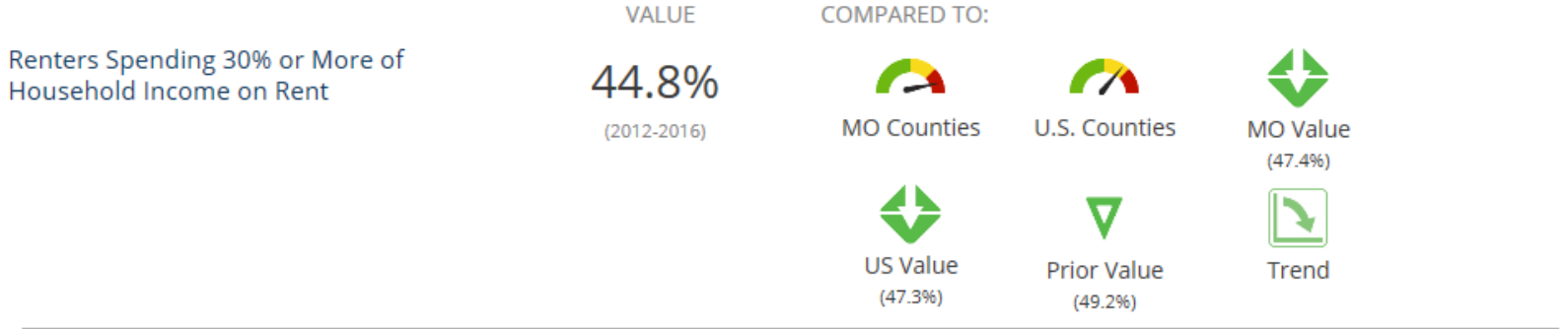
### Economy / Government Assistance Programs



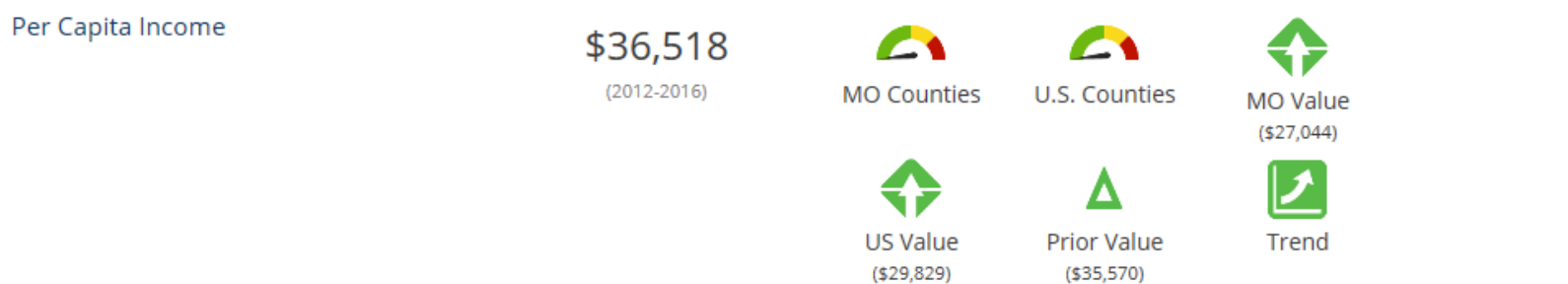
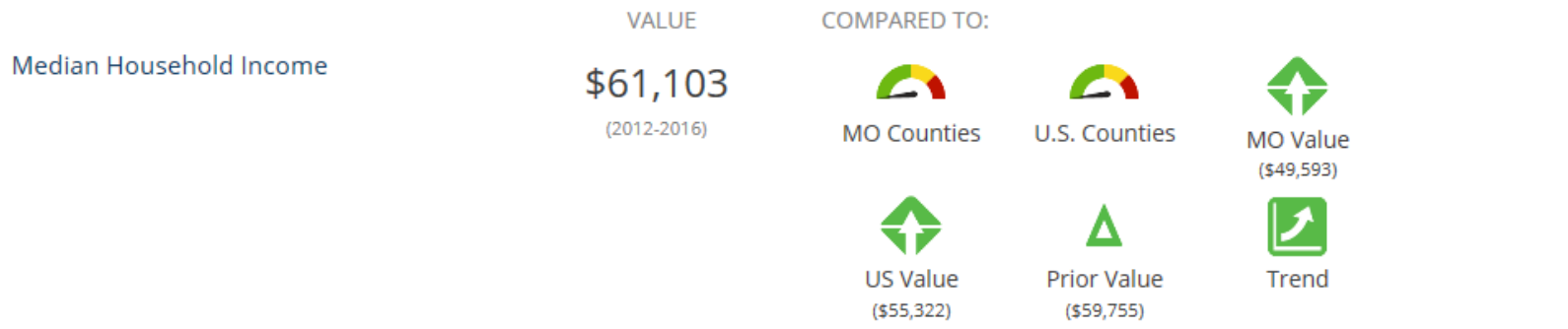
### Economy / Homeownership



## Economy / Housing Affordability & Supply

























## Economy / Income





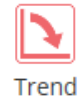
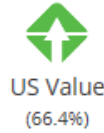
## Economy / Poverty

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

St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

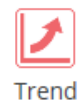
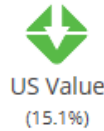
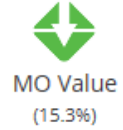
People Living 200% Above Poverty Level

**75.0%**  
(2012-2016)



People Living Below Poverty Level

**10.3%**  
(2012-2016)



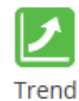
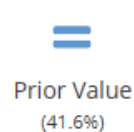
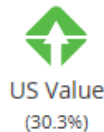
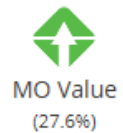
## Education / Educational Attainment in Adult Population

VALUE

COMPARED TO:

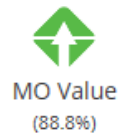
People 25+ with a Bachelor's Degree or Higher

**42.4%**  
(2012-2016)

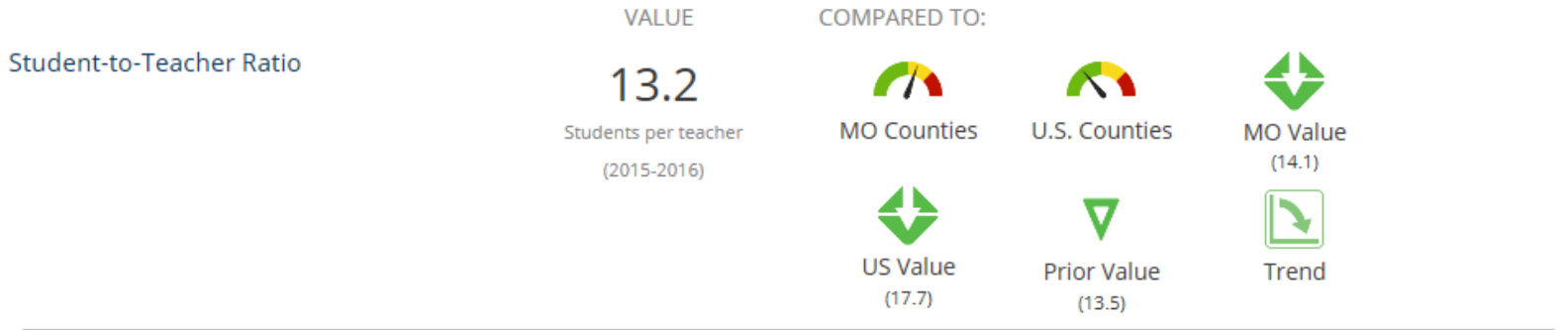


People 25+ with a High School Degree or Higher

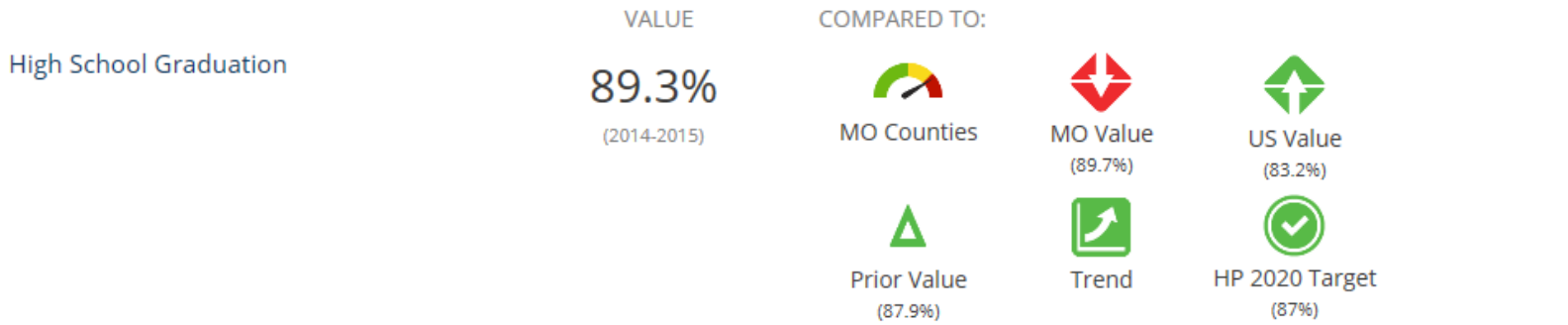
**93.0%**  
(2012-2016)



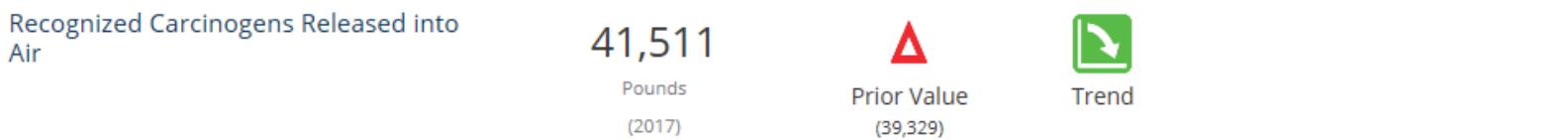
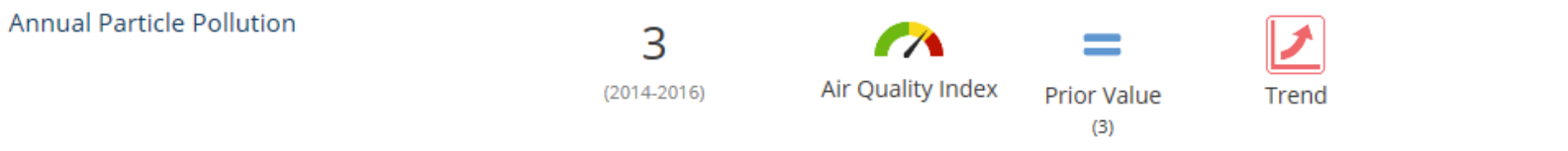
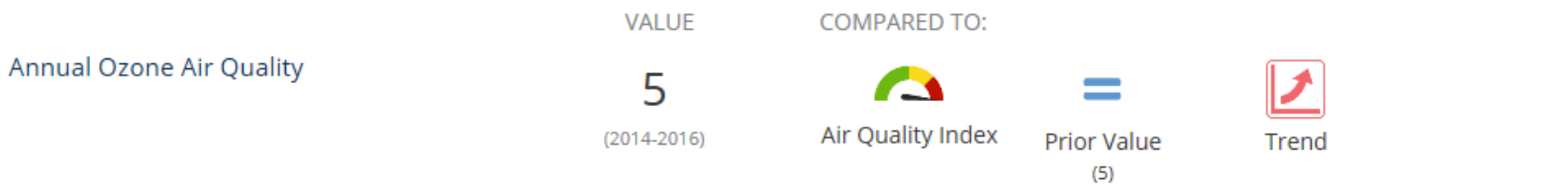
## Education / School Resources























## 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</p> <p>(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</p> <p>(2014)</p>	 MO Counties	 U.S. Counties	 Prior Value (0.83)
		 Trend		
Food Environment Index	<p>7.4</p> <p>(2018)</p>	 MO Counties	 U.S. Counties	 MO Value (6.7)
		 US Value (7.7)	 Prior Value (7.0)	 Trend

# Appendix

St. Louis Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

## Grocery Store Density

0.18

Stores per 1,000 population  
(2014)



MO Counties



U.S. Counties



Prior Value  
(0.19)



Trend

## Households with No Car and Low Access to a Grocery Store

1.6%

(2015)



MO Counties



U.S. Counties



Prior Value  
(1.1%)

## Liquor Store Density

7.7

Stores per 100,000 population  
(2015)



MO Counties



U.S. Counties



MO Value  
(6.3)



US Value  
(10.5)



Prior Value  
(7.1)



Trend

## Low-Income and Low Access to a Grocery Store

6.0%

(2015)



MO Counties



U.S. Counties



Prior Value  
(5.0%)

## People 65+ with Low Access to a Grocery Store

3.7%

(2015)



MO Counties



U.S. Counties



Prior Value  
(3.8%)

## People with Low Access to a Grocery Store

26.8%

(2015)



MO Counties



U.S. Counties



Prior Value  
(26.5%)

## Recreation and Fitness Facilities

0.13

Facilities per 1,000 population  
(2014)



US Value  
(0.06)



Prior Value  
(0.13)



Trend



St. Louis County Health Dashboard [www.thinkhealthstl.org](http://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



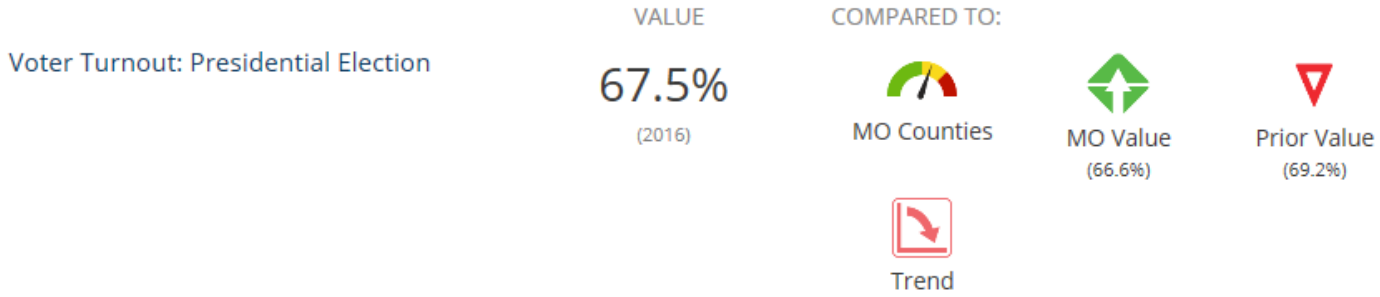
MO Value  
(4.4%)



Prior Value  
(0.0%)

St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

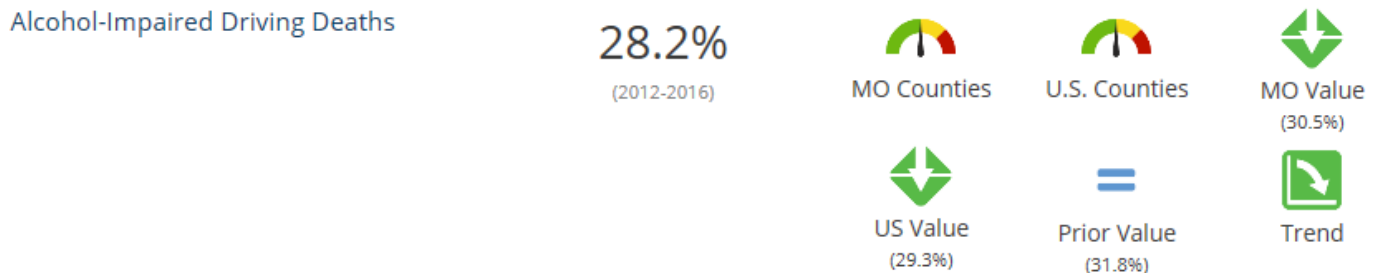
### Government & Politics / Elections & Voting



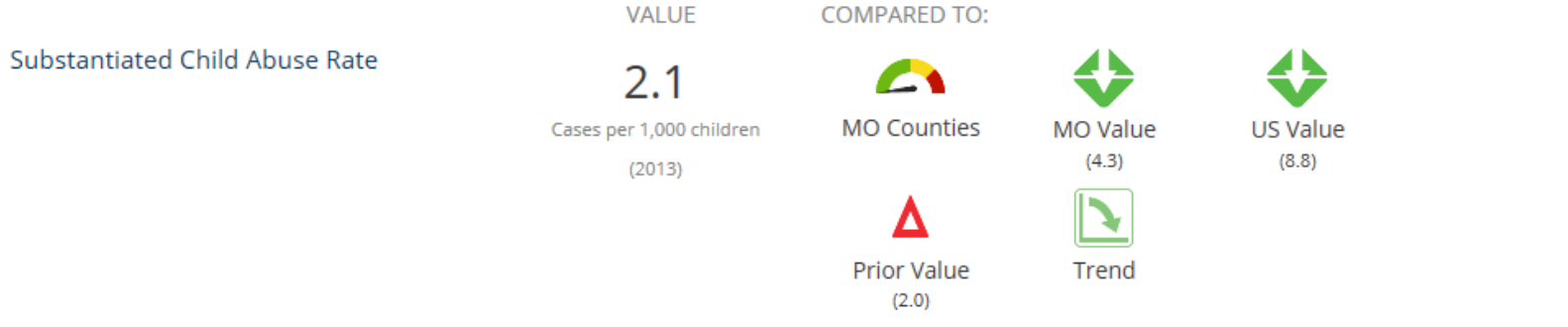
### Public Safety / Crime & Crime Prevention



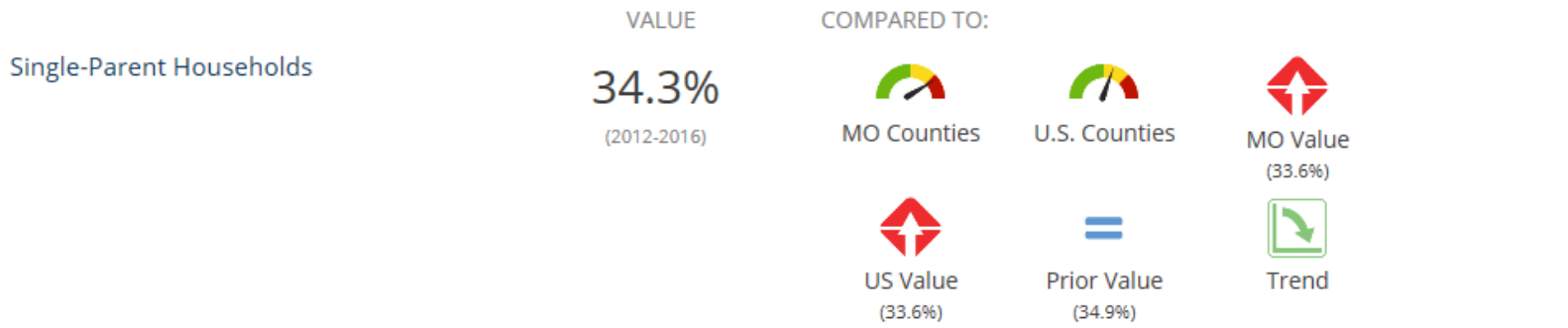
### Public Safety / Transportation Safety



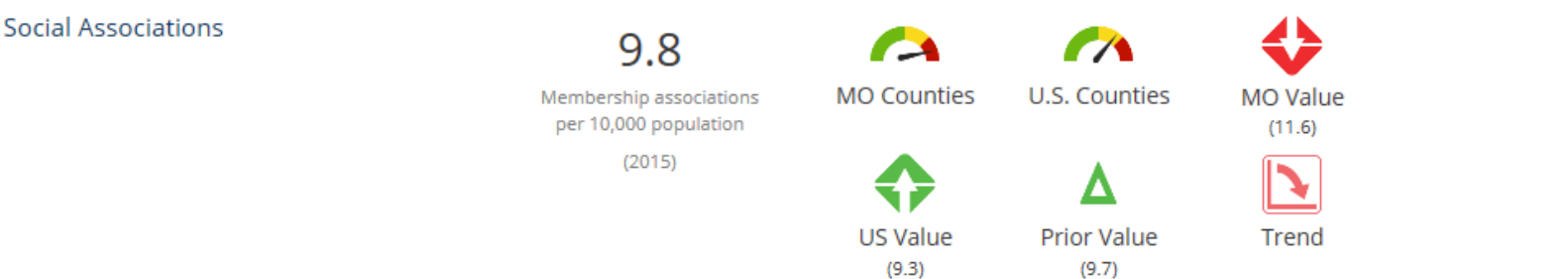
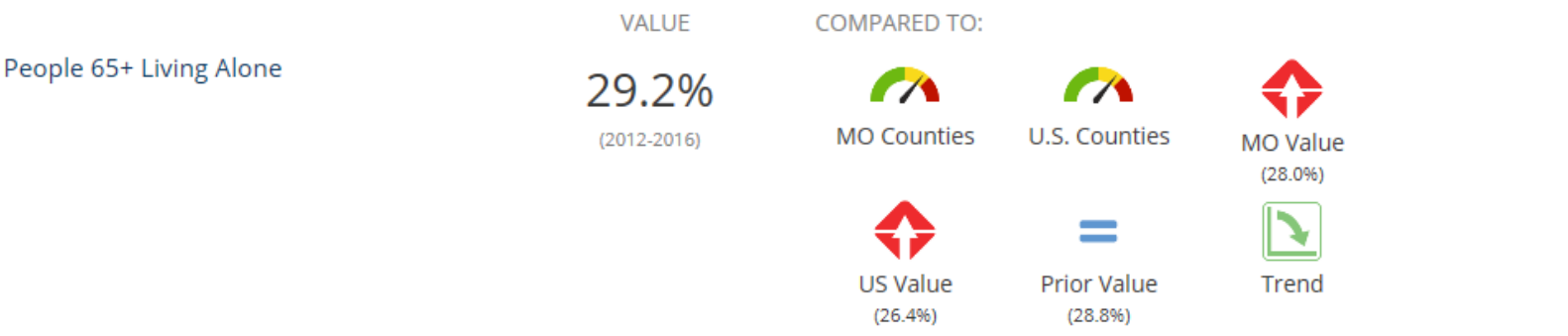
## Social Environment / Children's Social Environment




























## Social Environment / Family Structure



## Social Environment / Neighborhood/Community Attachment



## Transportation / Commute To Work

	VALUE	COMPARED TO:		
Mean Travel Time to Work	<p><b>24.0</b> 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><b>32.0%</b> (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><b>2.6%</b> (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><b>83.3%</b> (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](http://www.thinkhealthstl.org)


## Workers who Walk to Work


**1.5%**  
(2012-2016)


 MO Counties

 U.S. Counties

 MO Value  
(1.9%)

 US Value  
(2.8%)

 Prior Value  
(1.5%)

 Trend

 HP 2020 Target  
(3.1%)

## Transportation / Personal Vehicle Travel

### Households without a Vehicle

VALUE  
**7.2%**  
(2012-2016)

COMPARED TO:

 MO Counties

 U.S. Counties

 MO Value  
(7.3%)

 US Value  
(9.0%)

 Prior Value  
(7.3%)

 Trend

## Jefferson (JE)





### County Demographics –

	County	State
Population	224,124	6,083,672
% below 18 years of age	23.8%	22.9%
% 65 and older	13.8%	15.7%
% Non-Hispanic African American	1.1%	11.6%
% American Indian and Alaskan Native	0.3%	0.6%
% Asian	0.7%	2.0%
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%
% Hispanic	1.9%	4.1%
% Non-Hispanic white	94.6%	79.8%
% not proficient in English	0%	1%
% Females	50.3%	50.9%
% Rural	30.2%	29.6%



# Appendix

Jefferson County [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

	Jefferson County	Error Margin	Top U.S. Performers	Missouri	Rank (of 115) 
<b>Health Outcomes</b>					<b>27</b>
<b>Length of Life</b>					<b>45</b>
Premature death	 7,800	7,400-8,200	5,200	7,700	
<b>Quality of Life</b>					<b>14</b>
Additional Health Outcomes (not included in overall ranking) –					
Premature age-adjusted mortality	400	380-410	270	390	
Child mortality	40	30-50	40	60	
Infant mortality	6	5-7	5	7	
Frequent physical distress	11%	11-11%	9%	13%	
Frequent mental distress	12%	11-12%	9%	13%	
Diabetes prevalence	11%	8-13%	8%	11%	
HIV prevalence	71		42	237	
<b>Health Factors</b>					<b>31</b>
<b>Health Behaviors</b>					<b>32</b>
Adult smoking	 21%	20-22%	14%	22%	
Adult obesity	30%	26-35%	26%	31%	
Food environment index	7.5		8.4	6.9	
Physical inactivity	27%	23-32%	19%	25%	
Access to exercise opportunities	81%		91%	76%	
Excessive drinking	 18%	17-19%	12%	18%	
Alcohol-impaired driving deaths	33%	29-37%	13%	32%	
Sexually transmitted infections	237.6		145.5	462.9	

# Appendix

Jefferson County [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

	Jefferson County	Error Margin	Top U.S. Performers	Missouri	Rank (of 115)
<b>Additional Health Behaviors (not included in overall ranking) –</b>					
Food insecurity	13%		10%	17%	
Limited access to healthy foods	7%		2%	6%	
Drug overdose deaths	30	26-34	9	17	
Motor vehicle crash deaths	15	13-17	8	14	
Insufficient sleep	33%	32-34%	28%	33%	
<b>Clinical Care</b>					<b>33</b>
<b>Additional Clinical Care (not included in overall ranking) –</b>					
Uninsured adults	15%	13-16%	10%	16%	
Uninsured children	6%	5-7%	4%	7%	
Health care costs	\$11,178			\$9,567	
Other primary care providers	3,735:1		853:1	1,416:1	
<b>Social &amp; Economic Factors</b>					<b>14</b>
<b>Additional Social &amp; Economic Factors (not included in overall ranking) –</b>					
Disconnected youth	13%		10%	13%	
Median household income	<b>\$58,700</b>	\$55,600-61,900	\$63,300	\$50,200	
Children eligible for free or reduced price lunch	41%		33%	51%	
Residential segregation - black/white	63		22	71	
Residential segregation - non-white/white	32		14	58	
Homicides	2	2-3	2	7	
Firearm fatalities	14	12-16	7	15	

# Appendix

Jefferson County [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

	Jefferson County	Error Margin	Top U.S. Performers	Missouri	Rank (of 115)
<b>Physical Environment</b>					<b>115</b>
Air pollution - particulate matter	<b>11.4</b>		6.7	9.5	
Drinking water violations	Yes				
Severe housing problems	12%	11-13%	9%	15%	
Driving alone to work	<b>86%</b>	85-87%	72%	82%	
Long commute - driving alone	52%	50-54%	15%	31%	

Note: Blank values reflect unreliable or missing data