

# St. Clare Hospital - Fenton

1015 Bowles Avenue | Fenton, Missouri 63026

Approved by SSM Health St. Louis Regional Board on November 26, 2018



# 2018 Community Health Needs *Assessment*



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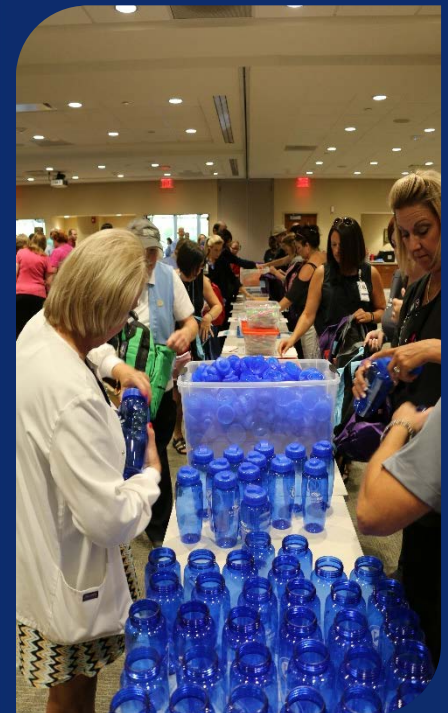
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## Message to Our Community

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

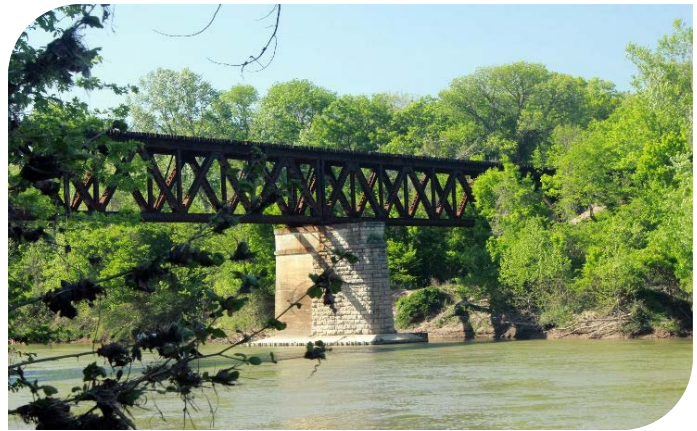
## Hospital at a Glance

<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

# About Our Community



The community we serve is defined as Southwest St. Louis & Jefferson Counties, which accounts for (85%) of the total patients served by the hospital. There are 18 zip codes that are contained within or overlap the service area. The hospital is located in Fenton 63026. In 2017, the primary service area had an estimated population of 483,610 persons.



## our community by the numbers

Population	Age Group	2017	% of Total
	0-14	87,435	18.1%
	15-17	18,858	3.9%
	18-24	39,809	8.2%
	25-34	57,722	11.9%
	35-54	126,081	26.1%
	55-64	71,169	14.7%
	65+	82,536	17.1%
	<b>Total</b>	<b>483,610</b>	<b>100.0%</b>

Household Income	2017 Household Income	HH Count	% of Total
	<\$15K	11,608	6.0%
	\$15-25K	14,796	7.6%
	\$25-50K	42,222	21.8%
	\$50-75K	36,274	18.8%
	\$75-100K	26,981	13.9%
	Over \$100K	61,550	31.8%
	<b>Total</b>	<b>193,431</b>	<b>100.0%</b>

Education Level	2017 Adult Education Level	Pop Age 25+	% of Total
	Less than High School	8,744	2.6%
	Some High School	16,732	5.0%
	High School Degree	85,795	25.4%
	Some College/Assoc. Degree	102,748	30.4%
	Bachelor's Degree or Greater	123,489	36.6%
	<b>Total</b>	<b>337,508</b>	<b>100.0%</b>

Race/Ethnicity	Race/Ethnicity	2017 Pop	% of Total
	White Non-Hispanic	438,194	90.6%
	Black Non-Hispanic	9,612	2.0%
	Hispanic	12,322	2.5%
	Asian & Pacific Is. Non-Hispanic	14,512	3.0%
	All Others	8,970	1.9%
	<b>Total</b>	<b>483,610</b>	<b>100.0%</b>





# The Health of Our Community

## About the data – St. Louis County

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. Data was derived from a number of sources including Think Health St. Louis - St. Louis Partnership for a Healthy Community and Healthy Communities Institute with topics in the areas of population health, determinants of health and quality of life.



### Heart Disease

The death rate of coronary heart disease is much lower in St. Louis County than the state of Missouri



### Health Insurance

90.9 percent of adults in St. Louis County have health insurance. However, health insurance utilization remains a problem.

**Excessive Drinking**  
20% of adults in St. Louis County are reported to drink excessively. Additionally, 28% of motor vehicle deaths are alcohol-related



**Access to Exercise**  
95% of St. Louis County residents reported to have adequate access to exercise which is significantly higher than the state average of 77%



### Access to Primary Care

St. Louis County has 1 primary care provider per 810 residents, higher than the state average of 1 provider per 1420 residents



### Diabetes

24.8 percent of the Medicare population is diabetic. The age-adjusted death rate to diabetes is 16.7%, compared to 20.08% at the state.

**Depression**  
20.6 percent of the Medicare population struggles with depression

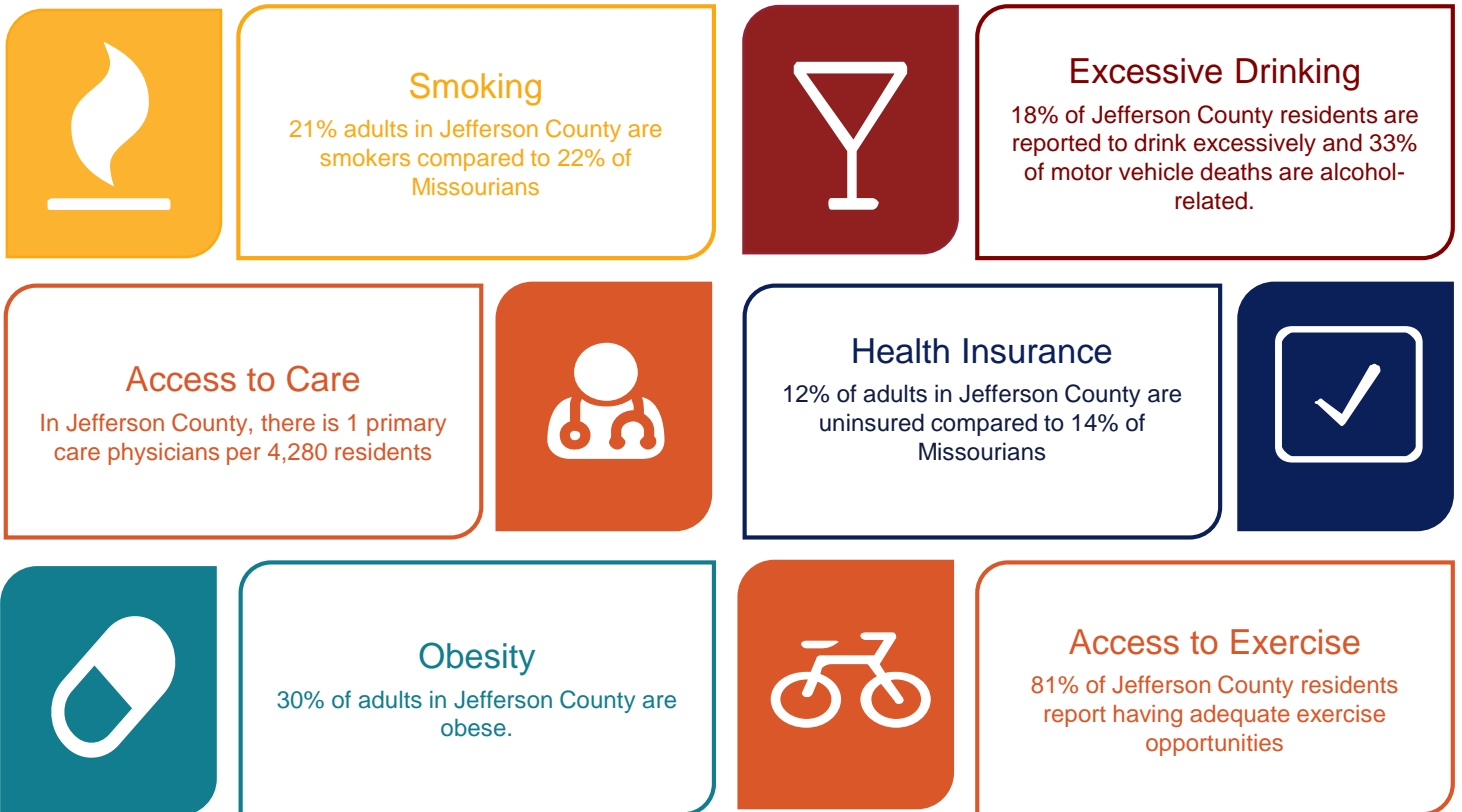


**Stroke**  
The stroke rate in St. Louis County is higher than both the state and national averages



## About the data – Jefferson County

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. Data was derived from a number of sources including County Health Rankings and Roadmaps, [www.countyhealthrankings.org](http://www.countyhealthrankings.org) and Healthy Communities Institute with topics in the areas of population health, determinants of health and quality of life.





# 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)		
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%		
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)		
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)		

#### 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)		
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)		
Improve overall Health Behaviors Ranking of St. Louis County from 7, as reported in 2015, to 6 by 2018 (HCI)	HCI	Annual	7	2	2 (2016)	2 (2017)	2 (2017)		
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%		
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%		

#### 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)		
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)		
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)		
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%		
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%		

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



# 2019 – 2021

*Appendices*

## primary and secondary data collection

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### Primary

The primary data consisted of a community focus group including key stakeholders within the Southwest St. Louis and Jefferson counties including representation from St. Louis County Department of Health. This focus group was conducted in September 2018.

### Secondary

In addition to a review of demographics, we gathered and reviewed data from broad sources to set the initial direction and priorities of the community health needs assessment. The secondary data was derived from a variety of sources including Think Health St. Louis - St. Louis Partnership for a Health Community, which includes data pulls from Health Communities Institute covering topics in areas of health, determinants of health and quality of life. Data specific for Jefferson County was pulled from County Health Rankings and Roadmaps, [www.countyhealthrankings.org](http://www.countyhealthrankings.org).



## community representation

<u>Name</u>	<u>Organization</u>
Joe Mueller	Fenton Chamber of Commerce
Tom Diven	Fenton RiverChase
Kelly Vollmar	Jefferson County Health Department
Cpt Tim Cunningham	St. Louis County Police Department
Christine K. Hustedde	Aging Ahead
Chris McCarthy	Fenton Fire Department
Gena Traver	St. Louis County Department of Health
Dr. Desi Kirchhofer	Northwest School District
Dr. Paul Ziegler	Education Plus
Dr. Eric Knost	Rockwood School District
Sue Curfman	COMTREA

## 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

## 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.

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)

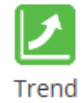
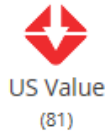


# Appendix

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

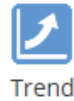
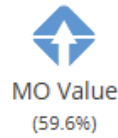
## Non-Physician Primary Care Provider Rate

**75**  
Providers per 100,000 population  
(2017)



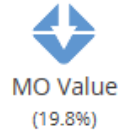
## Persons with Private Health Insurance Only

**66.7%**  
(2016)



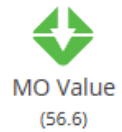
## Persons with Public Health Insurance Only

**15.3%**  
(2016)



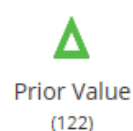
## Preventable Hospital Stays: Medicare Population

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



## Primary Care Provider Rate

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

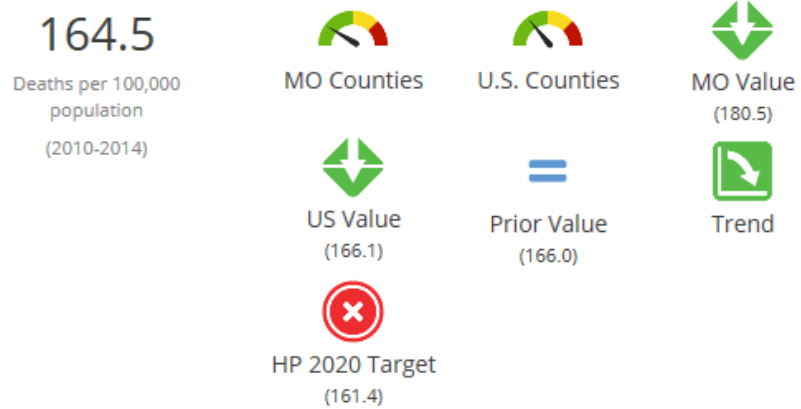


## Health / Cancer

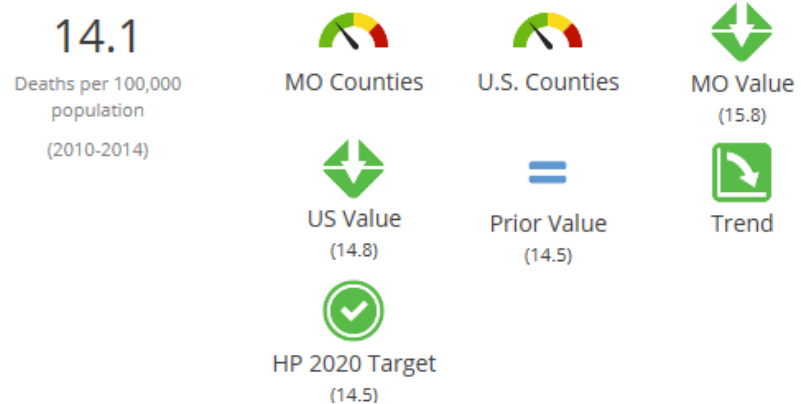
### Age-Adjusted Death Rate due to Breast Cancer



### Age-Adjusted Death Rate due to Cancer



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

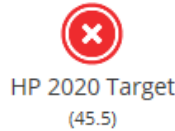
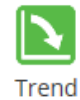
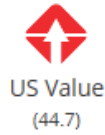
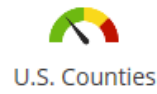


# Appendix

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

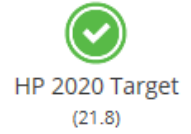
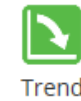
### Age-Adjusted Death Rate due to Lung Cancer

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



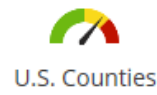
### Age-Adjusted Death Rate due to Prostate Cancer

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



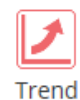
### All Cancer Incidence Rate

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



### Breast Cancer Incidence Rate

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

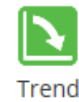
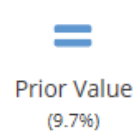
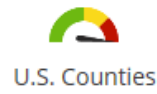


# Appendix

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

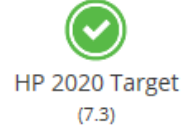
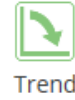
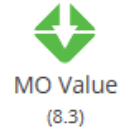
### Cancer: Medicare Population

9.7%  
(2015)



### Cervical Cancer Incidence Rate

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



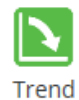
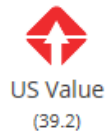
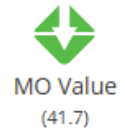
### Colon Cancer Screening: Sigmoidoscopy or Colonoscopy

70.8%  
(2011)



### Colorectal Cancer Incidence Rate

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



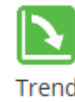
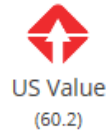
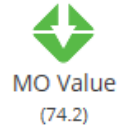


# Appendix

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

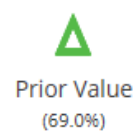
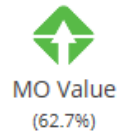
### Lung and Bronchus Cancer Incidence Rate

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



### Mammography Screening: Medicare Population

**70.2%**  
(2015)



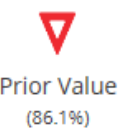
### Oral Cavity and Pharynx Cancer Incidence Rate

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



### Pap Test in Past 3 Years

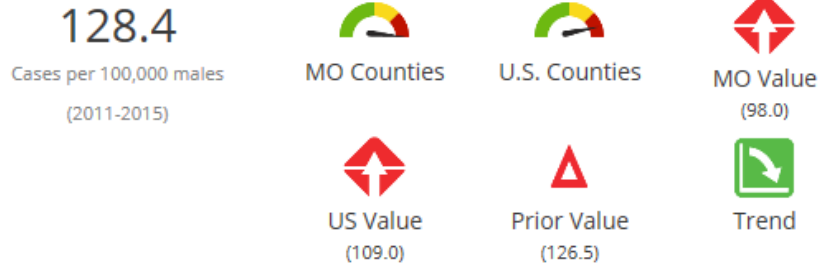
**79.4%**  
(2011)








# 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>

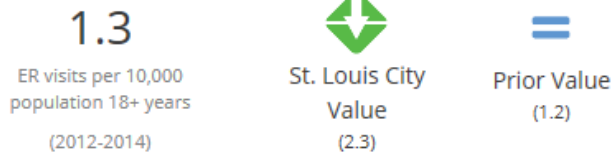
## Health / Diabetes

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

# Appendix

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

Age-Adjusted ER Rate due to Uncontrolled Diabetes



Age-Adjusted Hospitalization Rate due to Diabetes



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



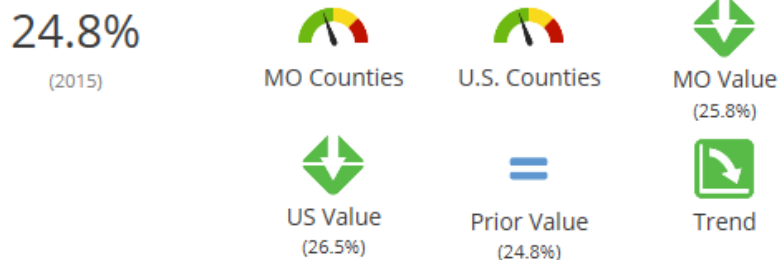
Age-Adjusted Hospitalization Rate due to Short-Term Complications of Diabetes



Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes



Diabetes: Medicare Population



# 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)

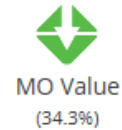
Adults who are Obese

**28.2%**  
(2011)



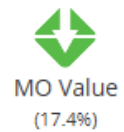
Adults who are Overweight

**32.6%**  
(2011)



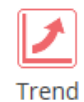
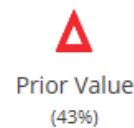
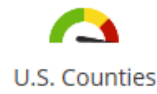
Child Food Insecurity Rate

**14.8%**  
(2016)



Food Insecure Children Likely Ineligible for Assistance

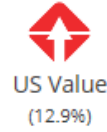
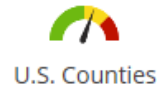
**45%**  
(2016)



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

## Food Insecurity Rate

**14.7%**  
(2016)

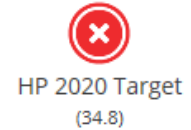
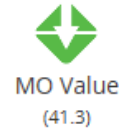


## Health / Heart Disease & Stroke

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

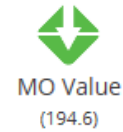
VALUE  
**38.0**  
Deaths per 100,000 population  
(2011-2015)

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)

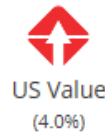
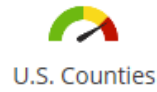
High Blood Pressure Prevalence	31.9% (2011)	 MO Counties	 MO Value (32.6%)	 US Value (30.9% in 2015)
		 Prior Value (17.5%)	 HP 2020 Target (26.9%)	
High Cholesterol Prevalence: Adults 35+	39.9% (2011)	 MO Counties	 MO Value (42.9%)	 Prior Value (17.9%)
Hyperlipidemia: Medicare Population	44.9% (2015)	 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)

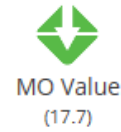


## Health / Immunizations & Infectious Diseases

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)



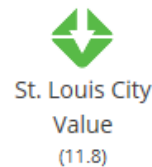
Age-Adjusted ER Rate due to Hepatitis

**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)



# Appendix

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



MO Value  
(3,607.0)



US Value  
(3,229.0)



Prior Value  
(4,297.1)



Trend

## Health / Maternal, Fetal & Infant Health

Babies with Low Birth Weight

VALUE

**9.1%**

(2014)

COMPARED TO:



MO Counties



MO Value  
(8.2%)



US Value  
(8.0%)



Prior Value  
(8.9%)



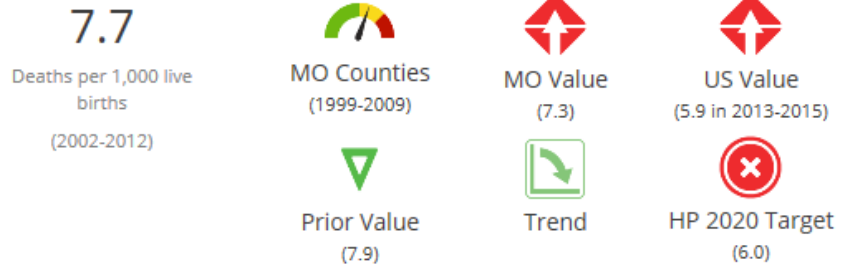
Trend



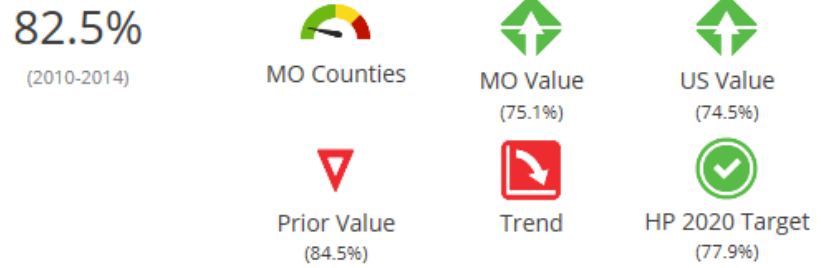
HP 2020 Target  
(7.8%)

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

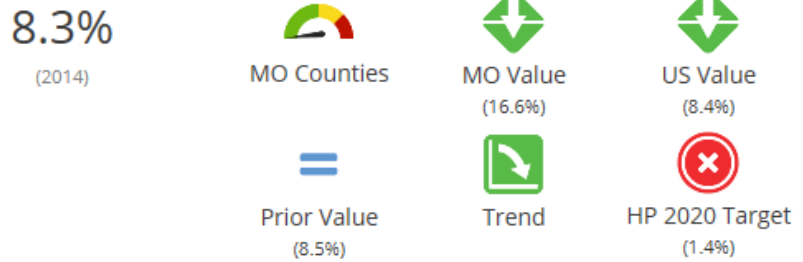
## Infant Mortality Rate



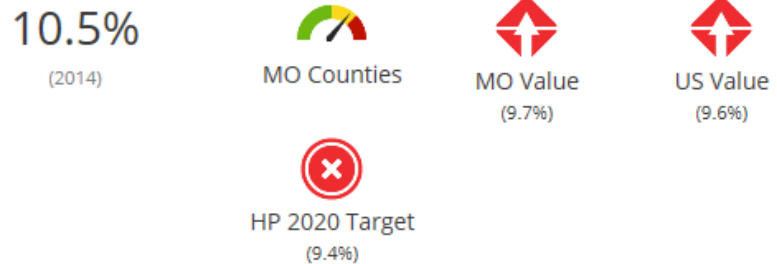
## Mothers who Received Early Prenatal Care



## Mothers who Smoked During Pregnancy





















## Preterm Births



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

## 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>	

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)

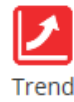
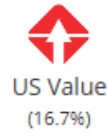


# Appendix

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

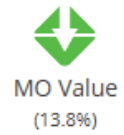
### Depression: Medicare Population

**20.6%**  
(2015)



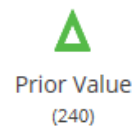
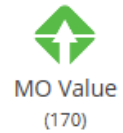
### Frequent Mental Distress

**11.3%**  
(2016)



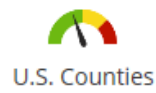
### Mental Health Provider Rate

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

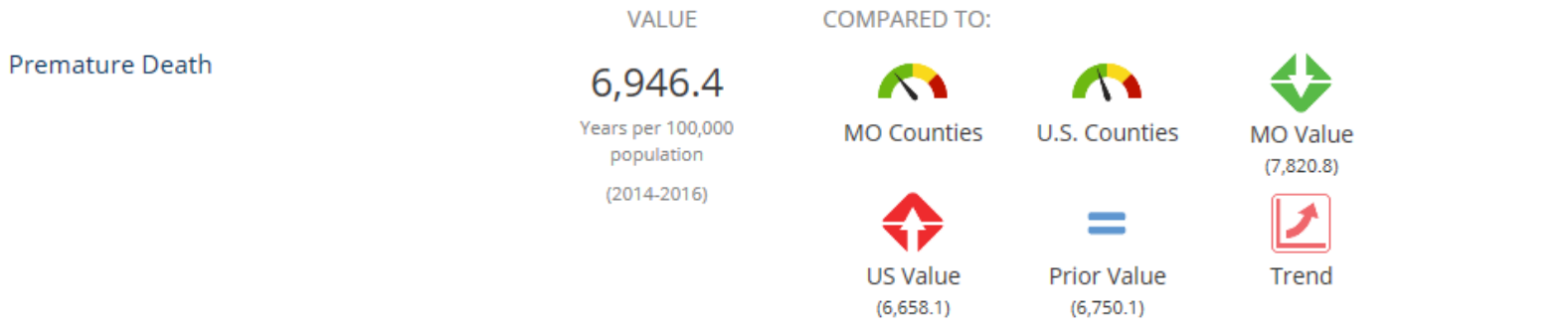


### Poor Mental Health: Average Number of Days

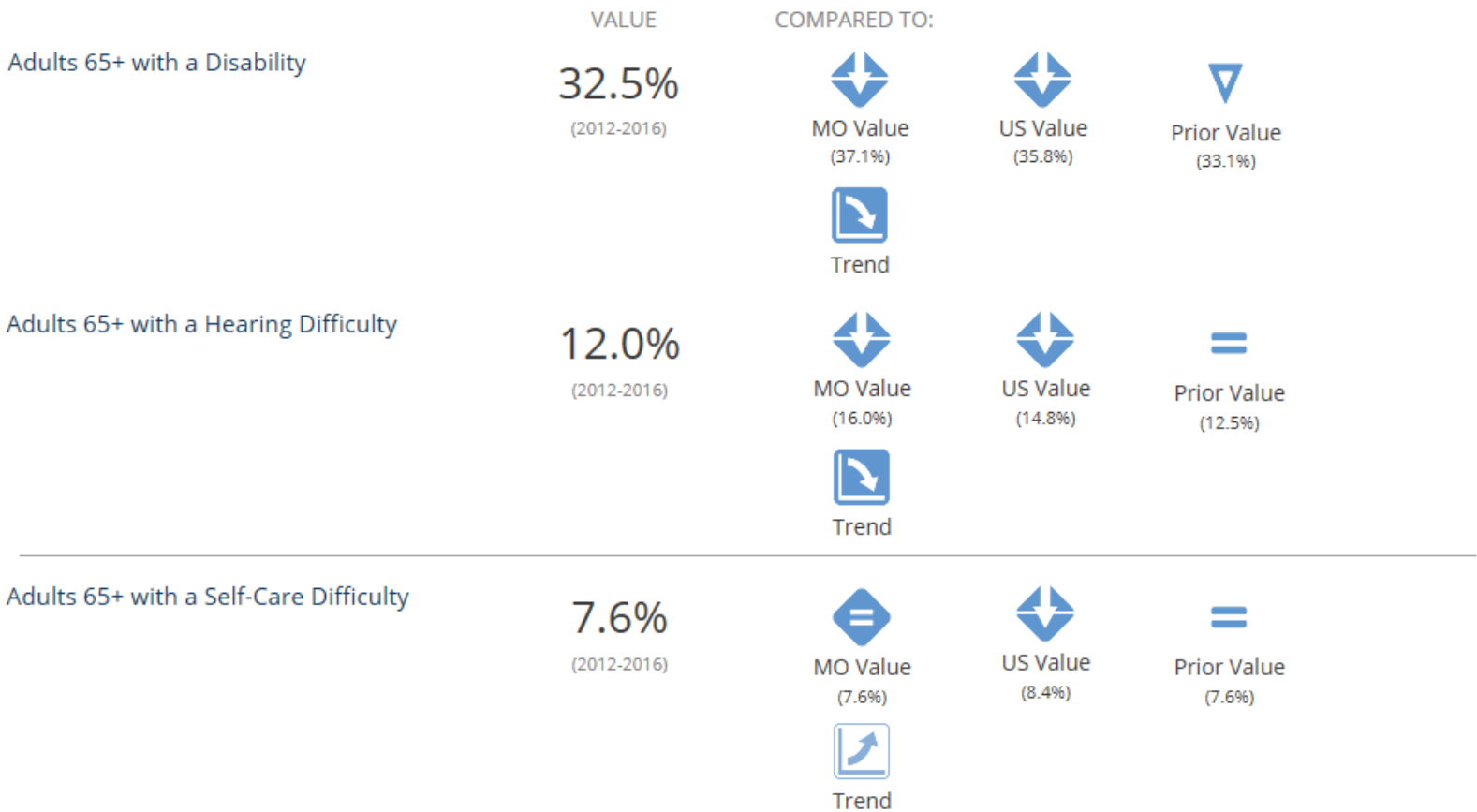
**3.8**  
Days  
(2016)



## 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%)

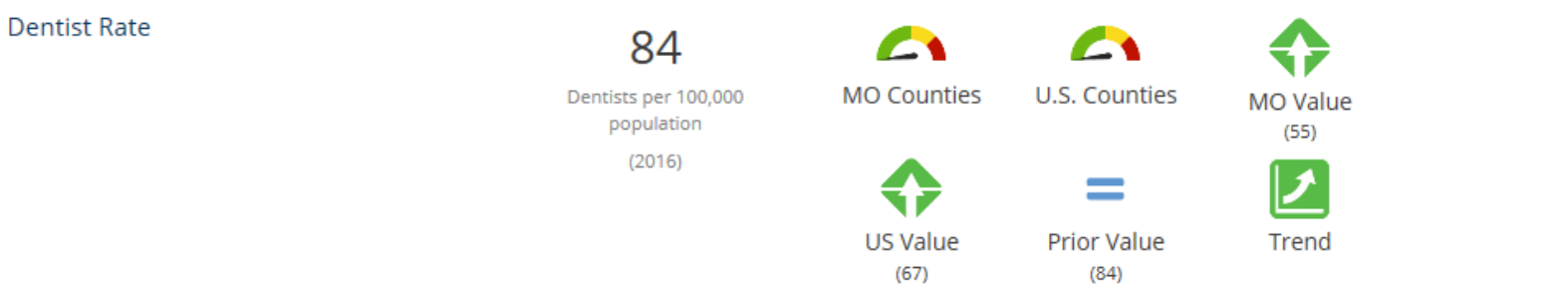
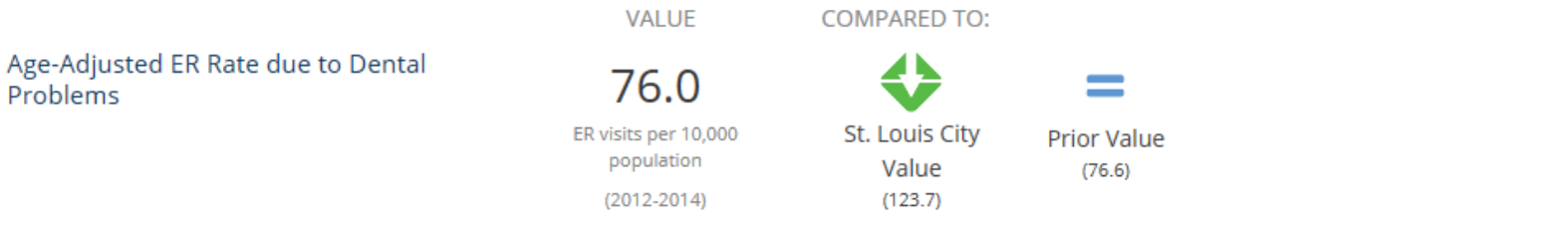


Prior Value  
(11.4%)

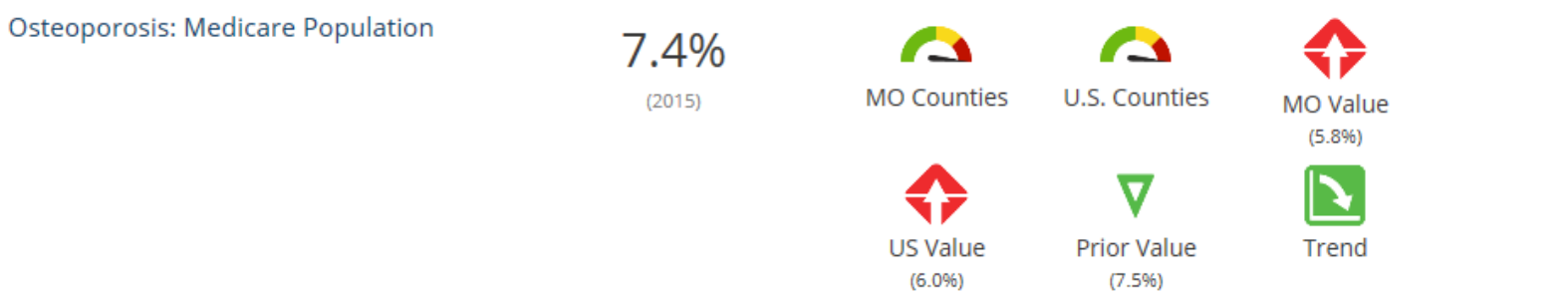
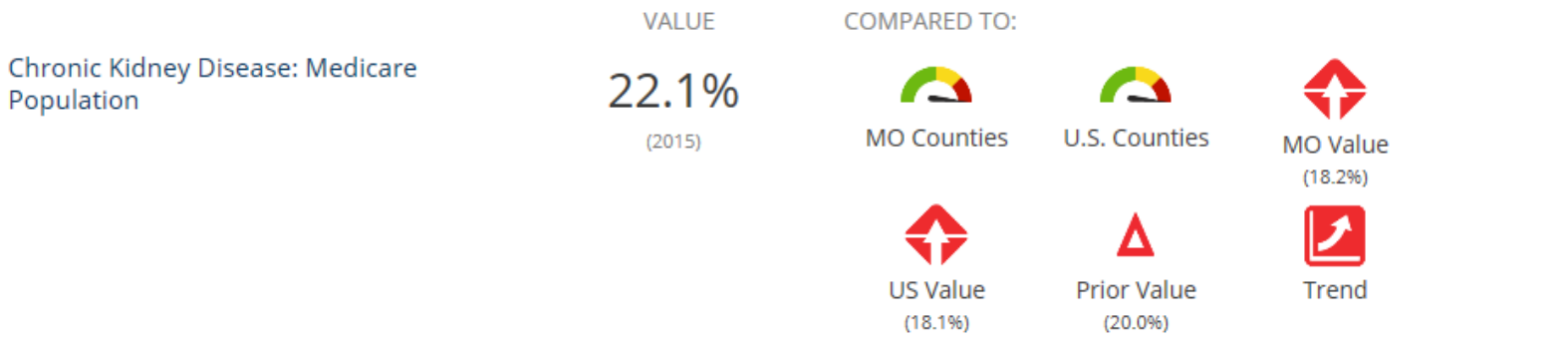


Trend

## 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)



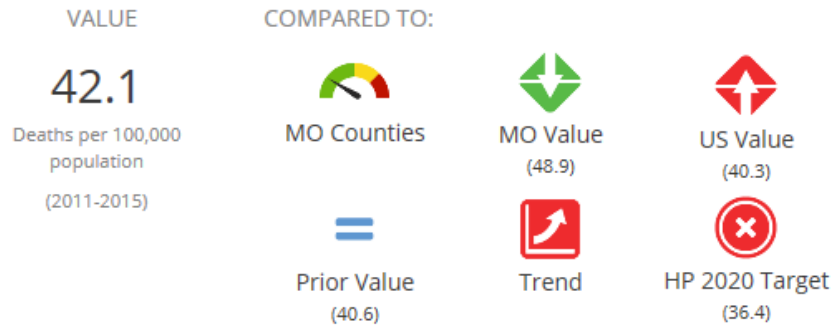
Prior Value  
(19.9)



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

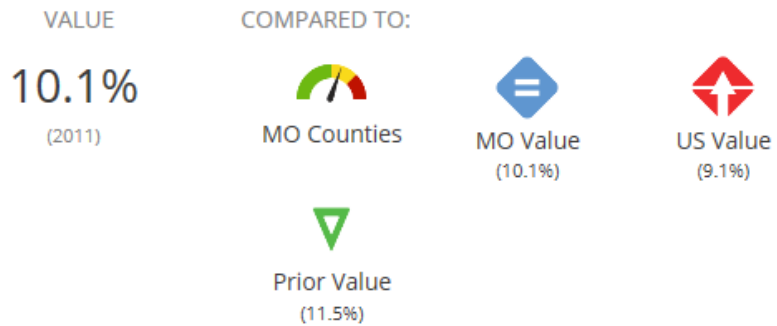
## Health / Prevention & Safety

Age-Adjusted Death Rate due to Unintentional Injuries

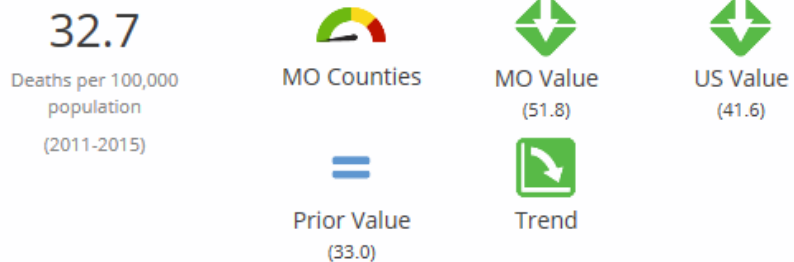


## Health / Respiratory Diseases

Adults with Current Asthma



Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases



Age-Adjusted ER Rate due to Adult Asthma



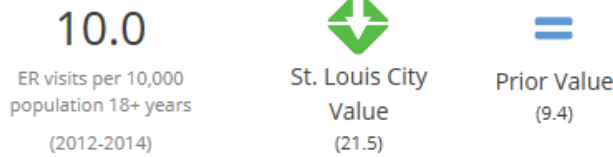
Age-Adjusted ER Rate due to Asthma



# 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

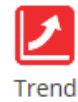
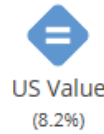
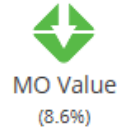


# Appendix

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

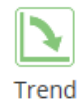
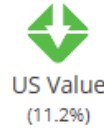
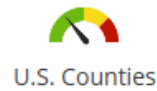
### Asthma: Medicare Population

8.2%  
(2015)



### COPD: Medicare Population

10.0%  
(2015)

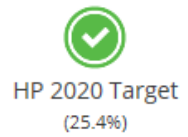


## Health / Substance Abuse

### Adults who Drink Excessively

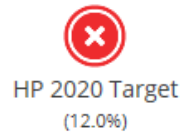
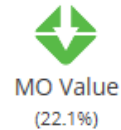
VALUE  
19.7%  
(2016)

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

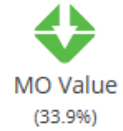
Frequent Physical Distress	VALUE	COMPARED TO:		
	10.9% (2016)	 MO Counties	 U.S. Counties	 MO Value (13.3%)
		 US Value (15.0%)	 Prior Value (10.5%)	

# Appendix

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

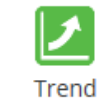
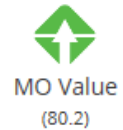
## Insufficient Sleep

**31.8%**  
(2016)



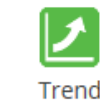
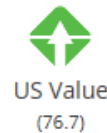
## Life Expectancy for Females

**81.7**  
Years  
(2014)



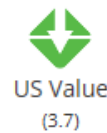
## Life Expectancy for Males

**77.0**  
Years  
(2014)



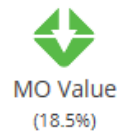
## Poor Physical Health: Average Number of Days

**3.6**  
Days  
(2016)



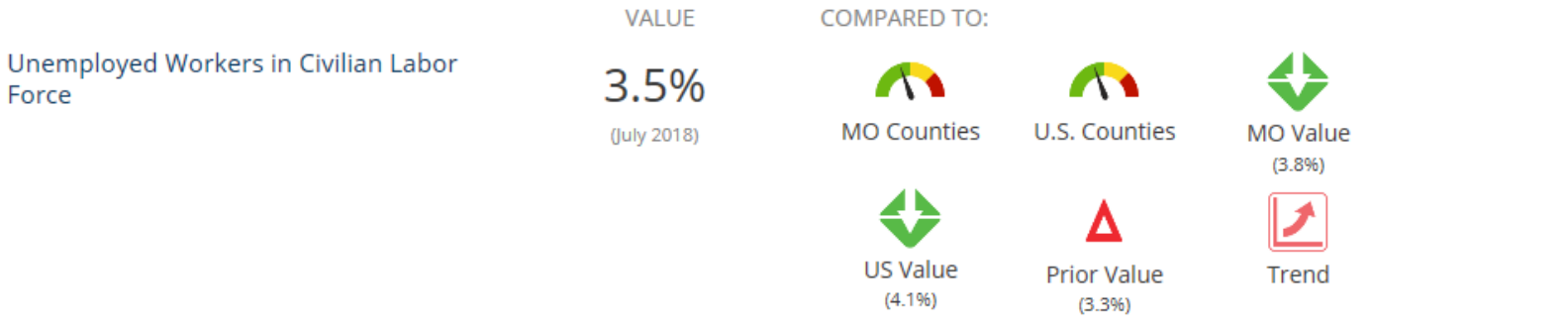
## Self-Reported General Health Assessment: Poor or Fair

**14.6%**  
(2016)

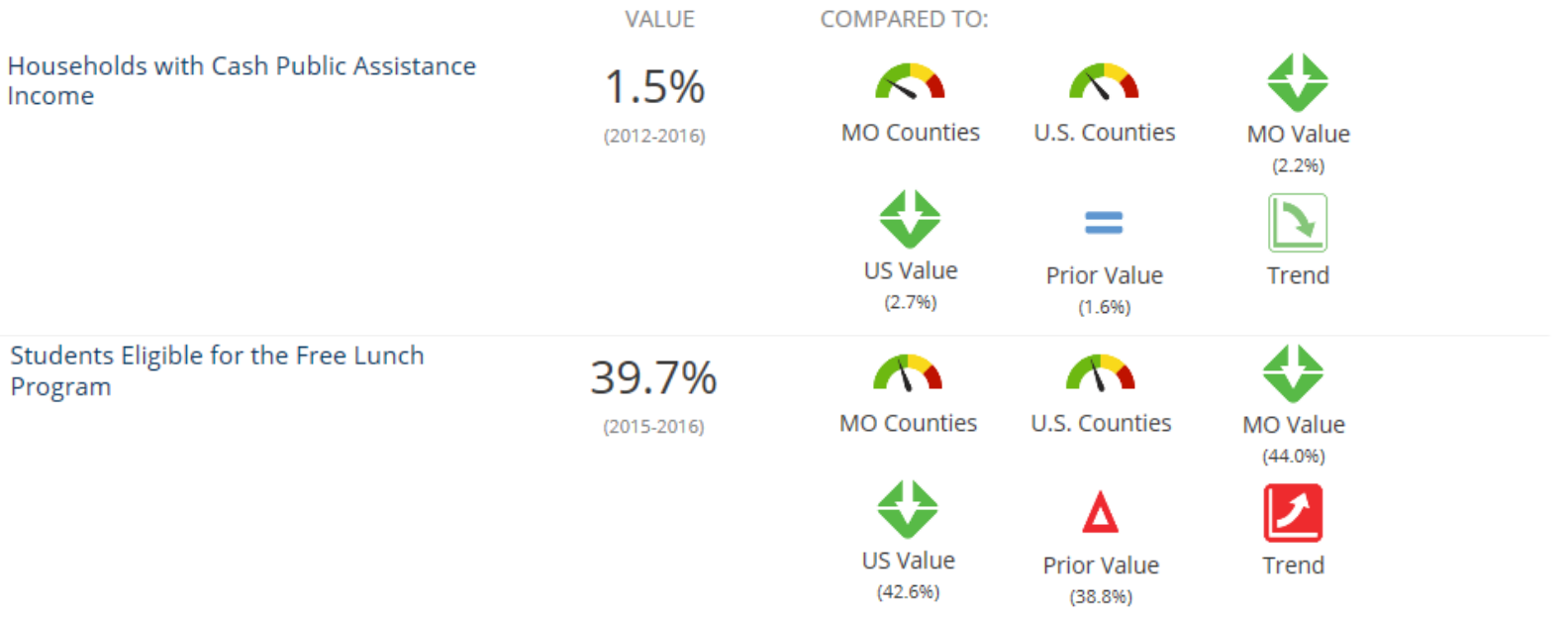


St. Louis County Health Dashboard [www.thinkhealthstl.org](http://www.thinkhealthstl.org)

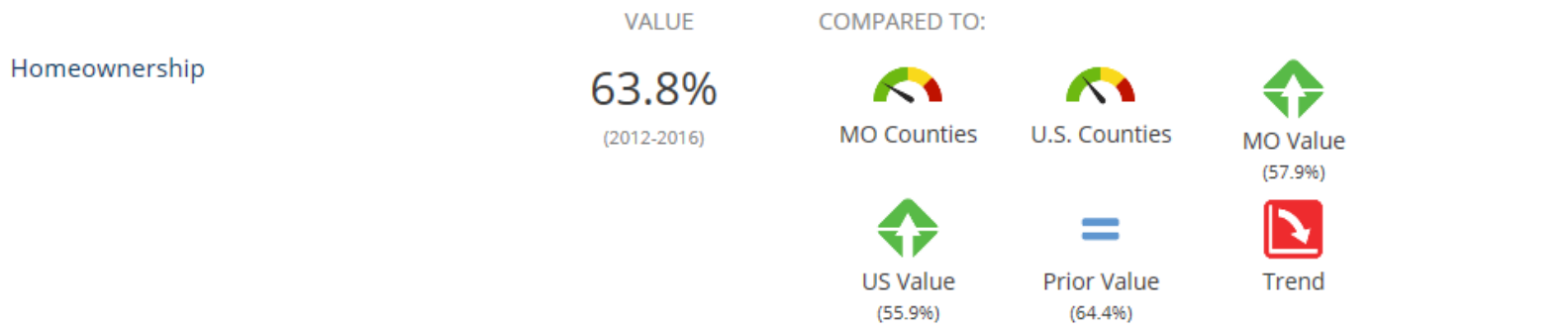
## Economy / Employment



## Economy / Government Assistance Programs

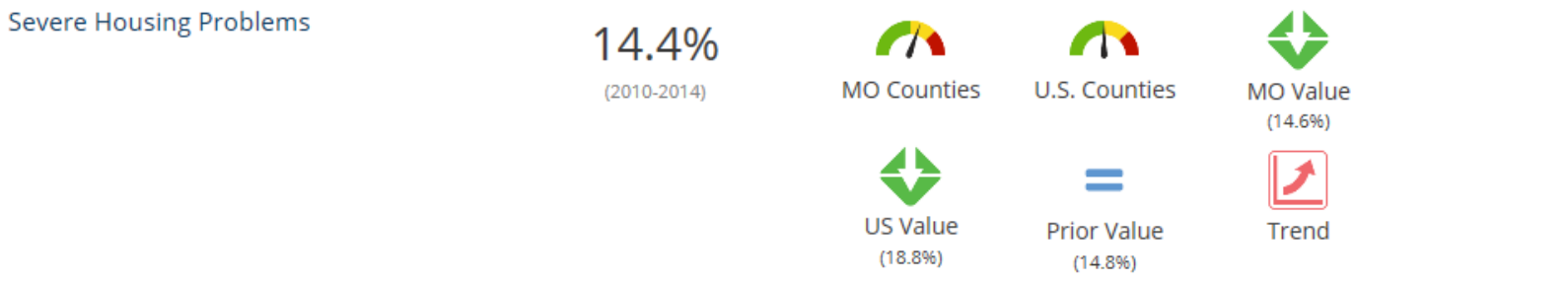
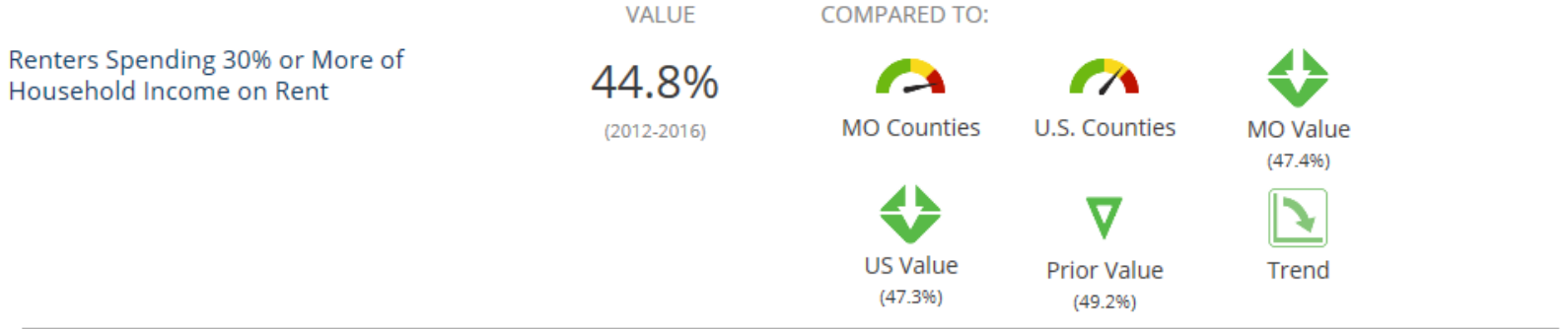


## Economy / Homeownership

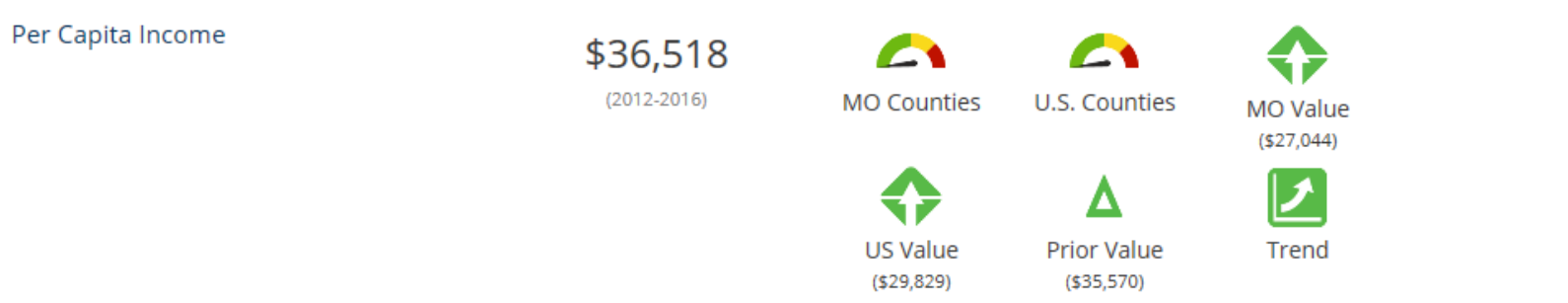
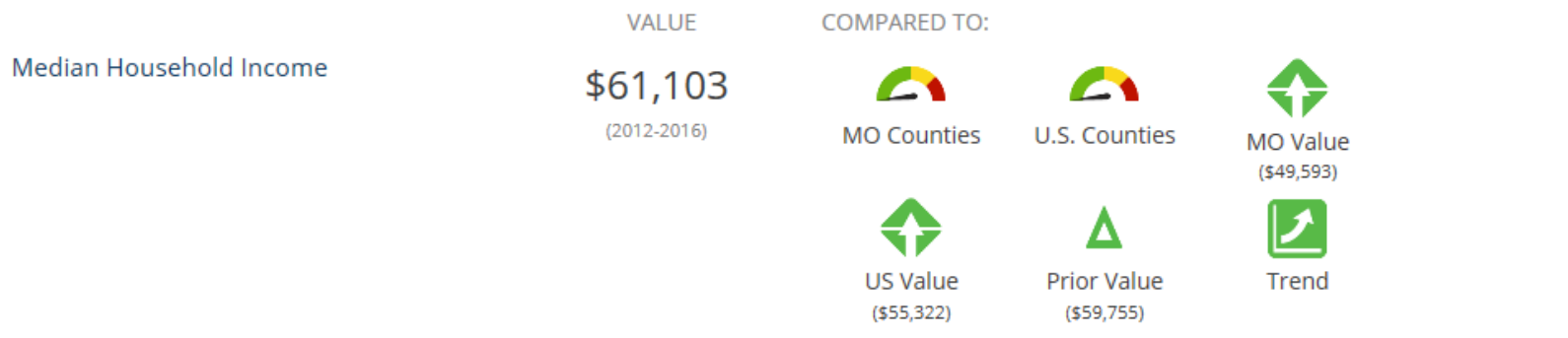


























## Economy / Housing Affordability & Supply



## Economy / Income



## Economy / Poverty

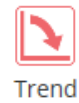
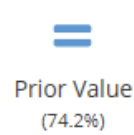
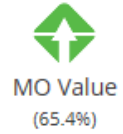
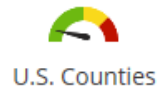
	VALUE	COMPARED TO:		
Children Living Below Poverty Level	15.1% (2012-2016)	 MO Counties	 U.S. Counties	 MO Value (21.1%)
		 US Value (21.2%)	 Prior Value (16.1%)	 Trend
Families Living Below Poverty Level	7.4% (2012-2016)	 MO Counties	 U.S. Counties	 MO Value (10.8%)
		 US Value (11.0%)	 Prior Value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

# Appendix

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

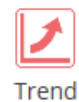
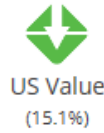
People Living 200% Above Poverty Level

**75.0%**  
(2012-2016)



People Living Below Poverty Level

**10.3%**  
(2012-2016)



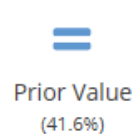
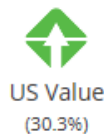
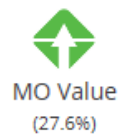
## Education / Educational Attainment in Adult Population

VALUE

COMPARED TO:

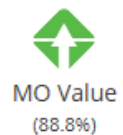
People 25+ with a Bachelor's Degree or Higher

**42.4%**  
(2012-2016)

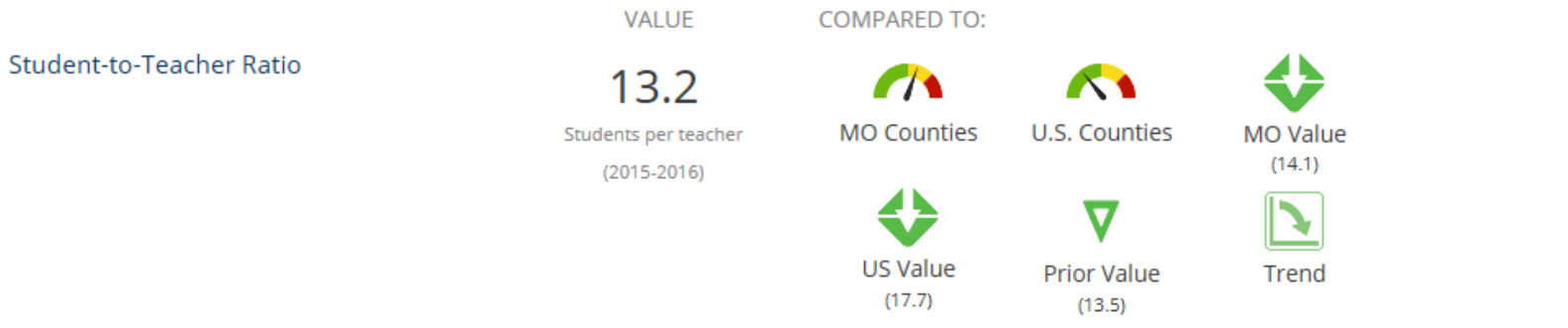


People 25+ with a High School Degree or Higher

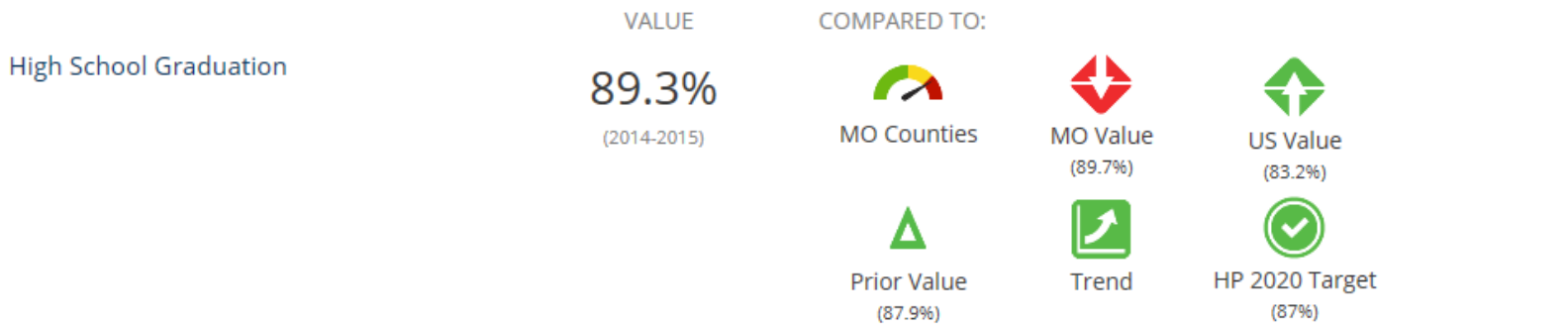
**93.0%**  
(2012-2016)



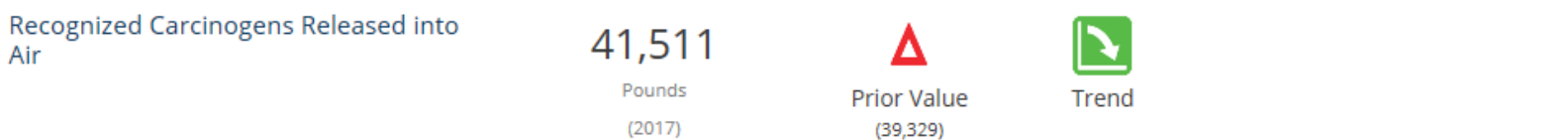
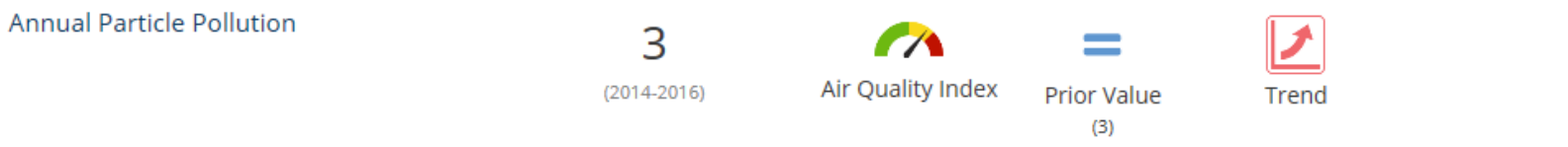
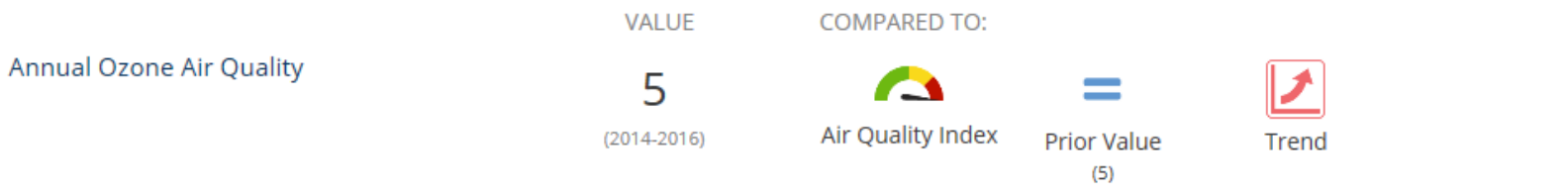
## Education / School Resources























## 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



# Appendix

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



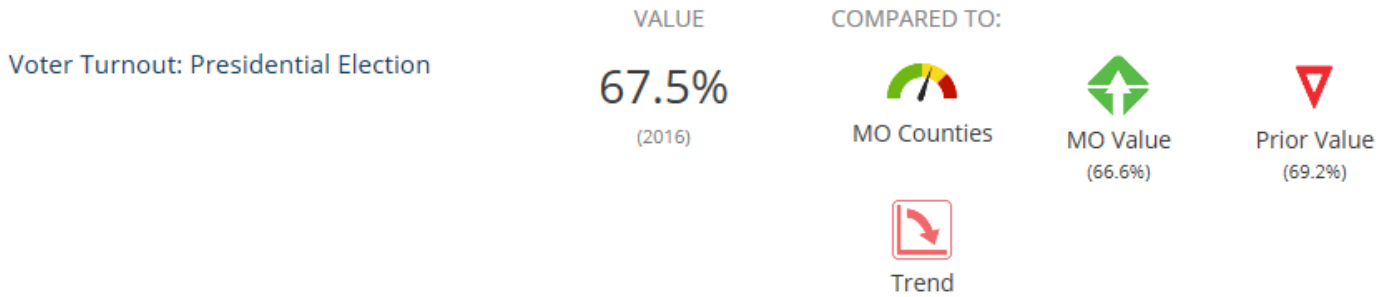
MO Value  
(4.4%)



Prior Value  
(0.0%)

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

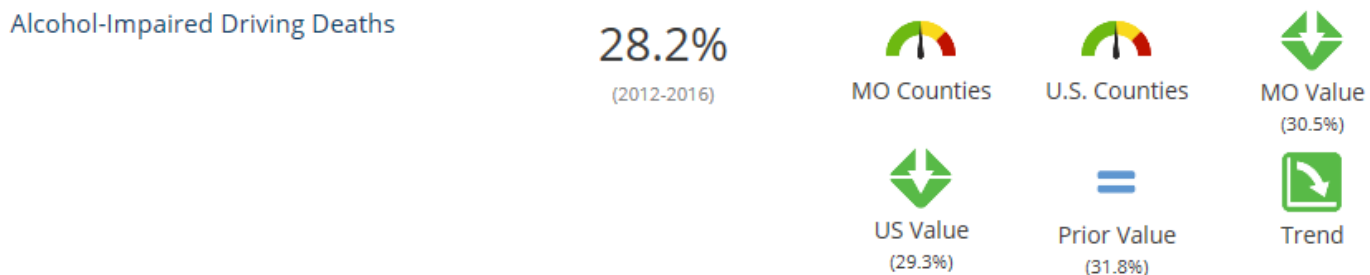
## Government & Politics / Elections & Voting



## Public Safety / Crime & Crime Prevention



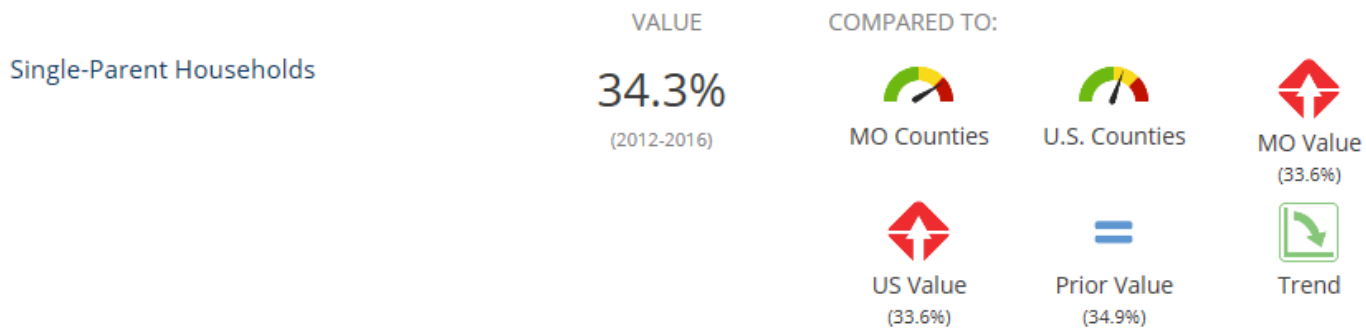
## Public Safety / Transportation Safety



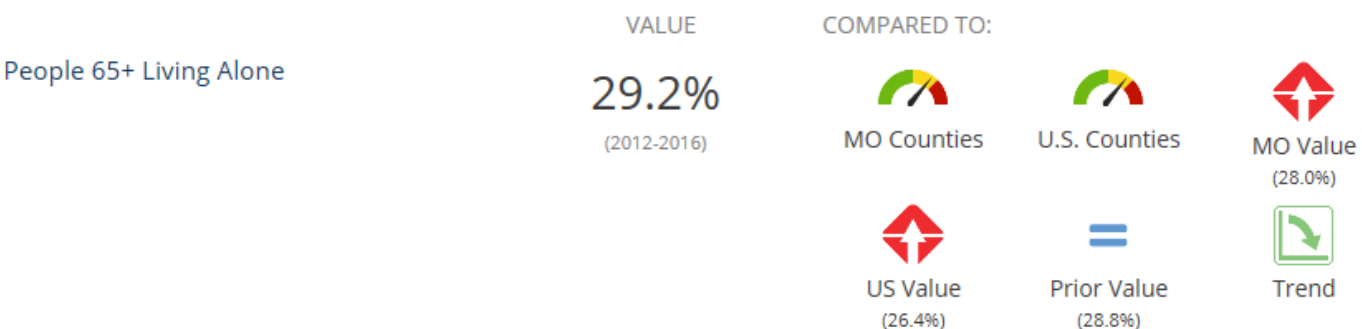
## Social Environment / Children's Social Environment



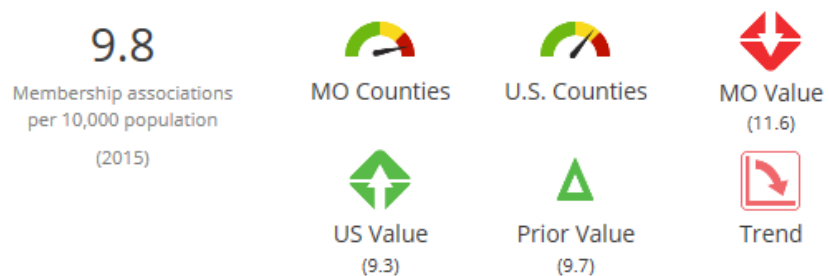
## Social Environment / Family Structure




























## Social Environment / Neighborhood/Community Attachment



## Social Associations



## Transportation / Commute To Work

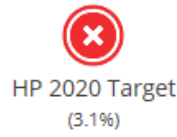
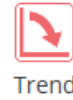
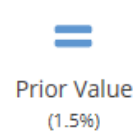
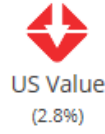
	VALUE	COMPARED TO:		
Mean Travel Time to Work	<p><b>24.0</b> Minutes (2012-2016)</p>	 MO Counties	 U.S. Counties	 MO Value (23.4)
		 US Value (26.1)	 Prior Value (23.7)	 Trend
Solo Drivers with a Long Commute	<p><b>32.0%</b> (2012-2016)</p>	 MO Counties	 U.S. Counties	 MO Value (30.9%)
		 US Value (34.7%)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

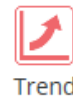
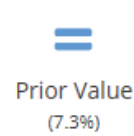
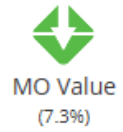


## Transportation / Personal Vehicle Travel

### Households without a Vehicle

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

COMPARED TO:



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

## 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)
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## Additional Health Behaviors (not included in overall ranking) –

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%	

## Clinical Care

33

## Additional Clinical Care (not included in overall ranking) –

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	

## Social & Economic Factors

14

## Additional Social & Economic Factors (not included in overall ranking) –

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>i</b> 11.4		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