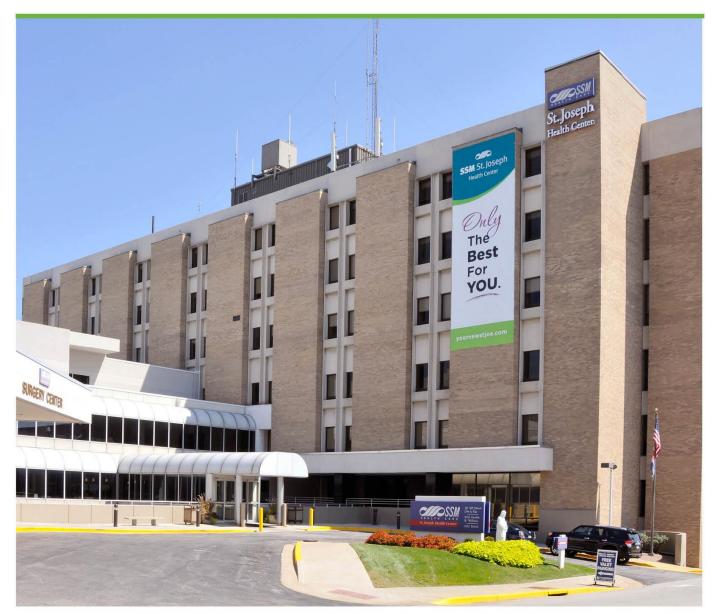


SSM St. Joseph Health Center Community Health Needs Assessment 2012



SSM Health Care[™] ST. LOUIS

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Executive Summary

Executive Summary

SSM St. Joseph Health Center (SJHC) is located in St. Charles County, which SJHC has defined as its community for the hospital's Community Health Needs Assessment (CHNA). Within St. Charles County, SJHC's patients originate primarily from the Eastern/Central St. Charles County submarket. For this reason, the CHNA analysis will call out findings for Eastern/Central St. Charles County whenever data are available at that level.

Secondary data were collected from a variety of local, county and state sources in order to profile the demographics, social/health status and access to healthcare in the community served. When available, other community health assessments were reviewed for comparison of priority health issues. Analyses were conducted at the most local, age and race-specific level possible, based on availability and significance of the data.

Primary data collection for this Community Health Needs Assessment included use of community stakeholder focus group feedback, an online health needs survey and consumer awareness/preference study results. For a full list of organizations represented by the community stakeholders, reference Appendix A. The individuals in the community stakeholders' group, who represent the broad interest of St. Charles County, provided their feedback through online surveys and a focus group presentation during which they assisted the hospitals in ranking the health needs that were determined to be a priority in the community.

To validate the prioritized needs, the SJHC Administrative team reviewed the final list of prioritized health needs for Eastern/Central St. Charles County, considering magnitude of impact on the community and alignment with the SSM Mission and Strategic Plan. The amount of resources required to address the issue and the hospital's ability to impact each issue were also considered. The resulting list comprises the top health needs on which the hospital has decided to focus its resources and integrate into strategic and operational plans.

The top three priority health needs for Eastern/Central St. Charles County, as determined by SJHC Administration and approved by the Regional Executive Team (RET), are :

- 1. Access to Healthcare for Uninsured
- 2. Prevention and Health Screenings (to impact Respiratory/Vascular Disease States)
- 3. Substance Abuse

A copy of SJHC's CHNA and information about how the hospital participates in community health is made available to the public through the "Community Health" link on the SJHC website, which can be found at <u>www.ssmstjoseph.com</u>.

Next Steps

Based on the findings of this assessment, the top priority health needs will be reviewed by the hospital's Strategic Implementation Plan (SIP) team to develop the SIP, identify champions, community partners and resources needed to implement the SIP and incorporate the strategic action items into the relevant operational plans. The champions will then implement and track performance of the SIP.

Introduction

Introduction

SSM Health Care (SSMHC) is a faith-based, not-for-profit health care system rooted in the tradition of its founders, five Catholic sisters who came to St. Louis, Missouri from Germany in 1872 with \$5 to their name. Immediately upon their arrival, our sisters began serving the sick, suffering, and dying in whatever ways they could and by any means available to them, often at great risk to themselves.

The reason we exist is to serve our communities as reflected throughout our nearly 140 years of distinguished history serving the needs of people within their communities, especially the most vulnerable and those at the margins of society. At SSMHC, for instance, accounting ledgers from the late-1800s show a majority of patient names under the category "Our Dear Lord's," indicating they were unable to pay for the care they received. This commitment to caring for community members most in need, including the provision of charity care, was and remains a defining characteristic of SSMHC.

Since its inception, SSM Health Care (SSMHC) has been committed to improving community health through focused and collaborative efforts designed to address the unmet health needs of those within the communities we serve. In order to have the most meaningful impact on our community's health, we need to have a thorough understanding of its current needs. This assessment provides information on our community's health outcomes and factors. From these findings, in collaboration with our communities, we were able to identify health-related needs and establish a foundation for community health planning.

In a world where the value of individuals is often measured by their functional ability or social utility and health care is often seen as a commodity rather than a basic good, SSM Health Care remains committed to: Providing essential health care services to anyone in need, regardless of their ability to pay And to promoting the health and well-being of the communities we serve.

Our System Vision Statement:

Through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically and socially marginalized, will experience improved health in mind, body, spirit, and environment within the financial limits of the system.

Community Benefit

In recent years, concerns have been raised as to whether not-for-profit hospitals generally provide enough benefit to their communities to justify their tax-exempt status. Unfortunately, this debate has tended to focus almost entirely on how much charity care not-for-profit hospitals provide. However, more than simply charity care, Community Benefit encompasses three interrelated areas: charity care, government sponsored means tested health care and community benefit services.

The federal government has in recent years sought to increase transparency and enhance accountability through revisions to the Form 990, adding a Schedule H which outlines questions and information required on community benefit, and new Community Benefit requirements outlined in the Patient Protection and Affordable Care Act (PPACA) that address:

- Financial assistance policy
- Billing and collections practices
- Emergency medical care policy
- Limitation on charges
- Community health needs assessment
- Implementation strategies to address identified needs

Introduction

The PPACA also requires each hospital to complete a community health needs assessment (CHNA) and to implement strategies, as demonstrated through the development of a Strategic Implementation Plan (SIP) to address identified needs.

Requirements of the CHNA include:

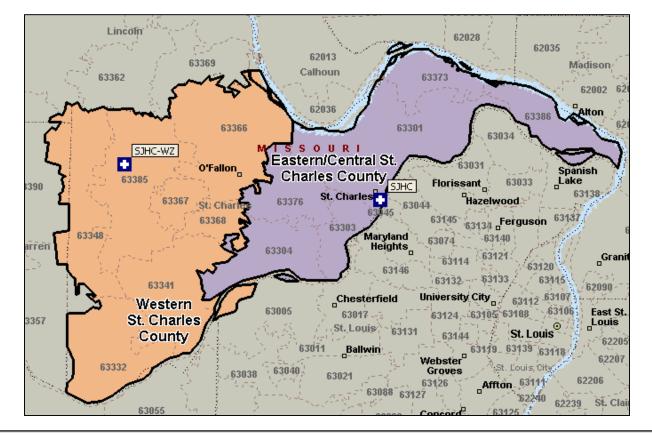
- The CHNA must take into account input from individuals who represent the broad interest of the community served by the hospital, including those with special knowledge or expertise in public health
- The CHNA must be made widely available to the public
- The hospital must adopt an implementation strategy (SIP) to meet the community health needs identified through the assessment
- As a part of Schedule H of the Form 990, the hospital is required to submit a narrative to the IRS detailing what the hospital is and is not doing to address the issues identified within the CHNA

Community Served

SSM St. Joseph's Health Center (SJHC) is located in Eastern St. Charles County. For its CHNA, SJHC has defined its community as St. Charles County, which accounts for 79% of the total patients (inpatients and outpatients) served by the hospital. Within St. Charles County, SJHC's patients originate primarily from the Eastern/Central St. Charles County market, which accounts for 82% of its total St. Charles County patients served. For this reason, the CHNA analysis will call out findings for the Eastern/Central St. Charles County whenever data are available at that level. Throughout the data tables in this document, the geographies of focus (St. Charles County and Eastern/Central St. Charles County) are shaded yellow to call attention to the specific data points for these geographies.

When obtainable, the St. Charles County data is compared to local and state benchmarks. The St. Louis Metropolitan Statistical Area (MSA) and the state of Missouri are benchmark comparisons used throughout this assessment. While the St. Louis MSA is defined by both Missouri and Illinois counties, this assessment focuses only on the Missouri Counties: St. Louis, St. Charles, Jefferson, Franklin, Lincoln and Warren Counties and St. Louis City. At times, St. Louis MSA data are not available, but a close geographic substitute such as "St. Louis Metro" or "St. Louis Region" may be used. When a comparable geography is substituted for the St. Louis MSA, notation is provided in the context of the document.

St. Charles County Map



Refer to Appendix B for a list of zip codes associated with the St. Charles County geography.

Secondary Data Collection

Secondary data were collected from a variety of local, county and state sources in order to profile the demographics, social/health status and access to healthcare in the community served. When available, other community health assessments were reviewed for comparison of priority health issues. Analyses were conducted at the most local, age and race-specific level possible, based on availability and significance of the data.

Primary Data Collection

Primary data collection for this Community Health Needs Assessment included use of community stakeholder focus group feedback, online health needs surveys and consumer awareness/preference study results. A caveat to this data is that it measures opinions and perception rather than true health need. Additionally, the awareness/perception studies are topically limited to specific service lines and are not comprehensive in terms of measuring health needs and behaviors. Due to small sample sizes, survey results should not be considered statistically representative of the broader population.

Methodology

SSM St. Joseph Health Center obtained community stakeholder input via online surveys. These individuals represent the broad interest of Eastern/Central St. Charles County. For a full list of organizations represented by the community stakeholders, reference Appendix A.

The stakeholders' responses to the online surveys (Appendix C) were the basis for identification of the community's perceived priority health needs in Eastern/Central St. Charles County. Additional secondary data were collected to clarify and refine these needs and other priorities were added if data supported the need.

After the online survey data were compiled and the analysis summarized, the stakeholders were convened to discuss the findings and rank the top health needs in Eastern/Central St. Charles County. Each participant anonymously rated the individual health needs across four criteria: severity, importance to community, impact and existing community resources. A scale of one (strongly disagree) to five (strongly agree) was used to rank all health topics. Eighteen people completed a rankings sheet. The rankings were combined using a weighted average and integrated into a secondary prioritization matrix reviewed by the SJHC Administrative team. The Community Stakeholders' final prioritization matrix can be found in Appendix D.

To validate the prioritized needs, the SJHC Administrative team reviewed the final list of prioritized health needs for Eastern/Central St. Charles County, considering magnitude of impact on the community and alignment with the SSM Mission and Strategic Plan. The amount of resources required to address the issue and the hospital's ability to impact each issue were also considered. The resulting list comprises the top health needs on which the hospital has decided to focus its resources and integrate into strategic and operational plans. The Administrative team's final prioritization matrix can be found in Appendix E.

The top three priority health needs for Eastern/Central St. Charles County, as determined by SJHC Administration and approved by the Regional Executive Team, are 1) Access to Healthcare for Uninsured; 2) Prevention and Health Screenings (to impact Respiratory/Vascular Disease States) and 3) Substance Abuse.

Data Limitations

Throughout the data collection process, some data elements were either not found, unavailable or not significant enough to fully assess health needs. The following data elements presented such barriers to analysis and assessment:

<u>Geography</u>: Most data is available at the county level and does not allow for zip code level analysis, which would be required to drill-down into the sub-county detail. Some data, especially pediatric indicators, was only available at the state level.

<u>Vulnerable Populations</u>: There is very little available data for persons of low income and minority groups. Readmissions Data: Lack of available source to determine top causes of hospital readmissions.

<u>Pediatric Data</u>: In general, pediatric data is limited and often not available at the local geography. Drill-down is often unavailable at the desired age groupings due to small sample size.

<u>Small Sample Size</u>: Data cannot always be significantly represented for racial and age breakdown due to small sample size.

Data Sources

For a comprehensive list of secondary data sources by data element, refer to Appendix F.

Background of Hospital

About SSM St. Joseph Health Center

Founded in 1885 and located in historic downtown St. Charles, Missouri, SSM St. Joseph Health Center is a 362-bed acute care hospital that maintains a state-designated Level II Trauma Center, a nationally accredited Chest Pain Center and Primary Stroke Center and is a recipient of the Premier QUEST High Performing Hospital award. It is a member of SSM Health Care – St. Louis, a Missouri Quality Award winner. The facility offers a broad range of services and programs including SSM Cancer Care, the SSM Heart Institute, the Vascular Institute and SSM Center for Sleep Disorders. Along with SSM St. Joseph Hospital West, SSM St. Joseph Health Center is the largest health care provider with locations in St. Charles, Wentzville and St. Peters, serving St. Charles, Lincoln and Warren counties. For more information about SSM St. Joseph Health Center, visit www.ssmstjoseph.com.

Background of Hospital

SSM St. Joseph Health Center









SSM St. Joseph Health Center

Exceptional Services SSM Heart Institute

• Our Chest Pain Center is supported by 24/7 percutaneous coronary interventions. The American Heart Association (AHA) recommends a guideline of 90 minutes door-to-balloon. In 2011 our Cath lab exceeded this standard.

SSM Neurosciences Institute

 St. Joseph Health Center is an American Stroke Association Get With the Guidelines[™]— Stroke Gold Performance Achievement Award recipient, recognized for commitment and success in implementing a higher standard of stroke care. We ensure that stroke patients receive treatment according to nationally accepted standards and recommendations. When every second counts, our experienced team of neurologists, neuro-interventionists, neurosurgeons, stroke coordinators, ER physicians, radiologists, dedicated nurses, and clinicians work together to deliver life-saving treatment.

Hyperhidrosis

 Our expert specialists are the only ones in St. Charles County to treat hyperhidrosis (excessive sweating) through a surgical solution known as Endoscopic Transthoracic Sympathectomy Clamping (ET-C).

The Vascular Institute

 The Vascular Institute is recognized as a leader in performing emerging endovascular procedures and established open vascular procedures. Board-certified endovascular/ vascular surgeons perform more than 750 procedures each year and are highly trained and qualified to handle any vascular condition.

Level II Trauma Center

 St. Joseph Health Center is the only Level II Trauma Center in St. Charles, Warren, Lincoln and Montgomery counties. It is designated by the state of Missouri and has been recertified through 2013.



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

LOCATION: 300 First Capitol Drive St. Charles, MO 63301

Contact: 636-947-5000

LICENSED BEDS: 333

KEY STATISTICS:

(SSM St. Joseph Health Center, SSM St. Joseph Medical Park, SSM St. Joseph Health Center-Wentzville combined)

- **Employees:** 1,447
- Admissions: 15,493
- Births: 673
- Emergency visits: 39,254
- Outpatient visits: 105,215
- Inpatient surgeries: 2,290
- Outpatient surgeries: 4,532

Awards:

Premier Award for Quality

Premier Award for Quality, for heart attack

High Performance Hospital, Premier QUEST Collaborative

Missouri Quality Award Top 100 Hospital in America



SSM St. Joseph Health Center

Background of Hospital

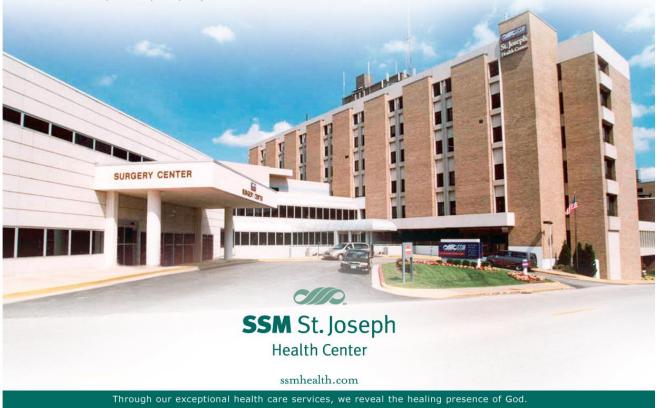
SSM St. Joseph Health Center

Services offered at SSM St. Joseph Health Center

- SSM Cardinal Glennon Pediatric and Emergency Services
- Emergency/Trauma Services
 - Chest Pain Center
 - Stroke Center
- Endoscopy
- Gastroenterology
- Laboratory
- SSM Maternity Care (The Family Birthplace)

- SSM Orthopedics
- Pain Management
- Pathology
- Radiology
- Senior Services
- SSM Behavioral Health Services
- SSM Cancer Care
- SSM Center for Sleep Disorders
- SSM Heart Institute

- Vascular Institute
- Urology
- Women's Service
- SSM Neurosciences Institute
- SSM Rehabilitation Hospital
- · Cardiopulmonary Rehab
- Select Specialty Hospital (LTACH)



Demographic and Socioeconomic Profile of the Community

St. Charles County Demographics - Population by Age Cohorts

Current (2011) and Projected (2016)

All age groups in Eastern/Central St. Charles County are expected to grow, most notably ages 65+, which is expected to grow by nearly 25%.

The largest proportion of population in Eastern/Central St. Charles County, St. Charles County, St. Louis MSA, and the state of Missouri is comprised of people age 35-64.

	Eastern/Central	St. Charles Cnty	Change			
	2011 Estimated	2016 Estimated	2011-2016	% Change		
	Population	Population	Change	% Change		
0-14	43,385	44,551	1,166	2.7%		
15-17	9,612	10,128	516	5.4%		
18-34	48,002	49,378	1,376	2.9%		
35-64	90,622	95,496	4,874	5.4%		
65+	25,038	31,228	6,190	24.7%		
Total	216,659	230,781	14,122	6.5%		

	Eastern/Cent	ral St. Charles	St. Charles County		St. Lou	is MSA	Miss	souri
	2011	% Total	2011	% Total	2011	% Total	2011	% Total
	Population	Population	Population	Population	Population	Population	Population	Population
0-14	43,385	20.0%	76,027	20.9%	413,919	19.6%	1,189,812	19.8%
15-17	9,612	4.4%	16,245	4.5%	90,574	4.3%	249,468	4.1%
18-34	48,002	22.2%	78,672	21.7%	470,779	22.3%	1,375,353	22.9%
35-64	90,622	41.8%	150,990	41.6%	858,473	40.6%	2,351,409	39.1%
65+	25,038	11.6%	41,179	11.3%	279,767	13.2%	849,415	14.1%
Total	216,659	100.0%	363,113	100.0%	2,113,512	100.0%	6,015,457	100.0%

	Eastern/Cent	ral St. Charles	St. Charles County		St. Lou	is MSA	Missouri		
	2016	% Total	2016	% Total	2016	% Total	2016	% Total	
	Population	Population	Population	Population	Population	Population	Population	Population	
0-14	44,551	19.3%	80,265	20.3%	419,015	19.4%	1,229,492	19.9%	
15-17	10,128	4.4%	17,465	4.4%	86,638	4.0%	243,148	3.9%	
18-34	49,378	21.4%	83,318	21.1%	470,006	21.8%	1,387,878	22.4%	
35-64	95,496	41.4%	162,416	41.1%	859,773	39.9%	2,357,769	38.1%	
65+	31,228	13.5%	51,881	13.1%	320,022	14.8%	964,643	15.6%	
Total	230,781	100.0%	395,345	100.0%	2,155,454	100.0%	6,182,930	100.0%	

Source: Thomson Market Expert - Demographic Snapshot

St. Charles County Demographics – Gender

Current (2011) and Projected (2016)

Eastern/Central St. Charles County residents are nearly evenly split by gender.

The number of females in Eastern/Central St. Charles County of childbearing age is expected to increase slightly over the next 5 years, but is decreasing slightly as a percent of total population.

	Eastern/Cent	ral St. Charles	Cha	nge
	2011 Estimate	2016 Estimate	2011-2016	% Change
Total Male Population	106,665	113,469	6,804	6.4%
Total Female Population	109,994	117,312	7,318	6.7%
Total Population	216,659	230,781	14,122	6.5%
Female (Childbearing Age 15-54)	43,885	44,516	631	1.4%

	Eastern/Central St. Charles		St. Charle	es County	St. Lou	is MSA	Missouri	
	2011 Pop.	% Total Pop.	2011 Pop.	% Total Pop.	2011 Pop.	% Total Pop.	2011 Pop.	% Total Pop.
Total Male Population	106,665	49.2%	179,088	49.3%	1,021,628	48.3%	2,940,890	48.9%
Total Female Population	109,994	50.8%	184,025	50.7%	1,091,884	51.7%	3,074,567	51.1%
Total Population	216,659	100.0%	363,113	100.0%	2,113,512	100.0%	6,015,457	100.0%
Female (Childbearing								
Age 15-54)	43,885	20.3%	73,366	20.2%	423,856	20.1%	1,183,326	19.7%

	Eastern/Central St. Charles		St. Charle	es County	St. Lou	is MSA	Missouri	
	2016 Pop.	% Total Pop.	2016 Pop.	% Total Pop.	2016 Pop.	% Total Pop.	2016 Pop.	% Total Pop.
Total Male Population	113,469	49.2%	194,686	49.2%	1,043,632	48.4%	3,025,360	48.9%
Total Female Population	117,312	50.8%	200,659	50.8%	1,111,822	51.6%	3,157,570	51.1%
Total Population	230,781	100.0%	395,345	100.0%	2,155,454	100.0%	6,182,930	100.0%
Female (Childbearing								
Age 15-54)	44,516	19.3%	76,026	19.2%	414,292	19.2%	1,174,889	19.0%

Source: Thomson Market Expert - Demographic Snapshot

St. Charles County Demographics - Population by Race/Ethnicity

Current (2011) and Projected (2016)

By percentage, the largest population growth in Eastern/Central St. Charles County by ethnic group is expected to occur among Asian and Pacific Islanders Non-Hispanics.

Eastern/Central St. Charles County is predominantly populated with White Non- Hispanics at a proportion higher than that of the St. Louis MSA or the State of Missouri, while the proportion of African American Non-Hispanics is significantly lower than that of the MSA or the state overall.

	Eastern/Central	St. Charles Cnty	Cha	nge
	2011 Estimated	2016 Estimated	2011-2016	% Change
	Population	Population	Change	% Change
White Non-Hispanic	192,178	199,578	7,400	3.9%
African American Non-Hispanic	9,420	11,956	2,536	26.9%
Hispanic	6,320	8,155	1,835	29.0%
Asian & Pacific Is. Non-Hispanic	5,005	6,650	1,645	32.9%
All Others	3,736	4,442	706	18.9%
Total	216,659	230,781	14,122	6.5%

	Eastern/Central St. Charles		St. Charle	St. Charles County		is MSA	Missouri	
	2011 Population	% Total Population	2011 Population	% Total Population	2011 Population	% Total Population	2011 Population	% Total Population
White Non-Hispanic	192,178	88.7%	324,502	89.4%	1,566,457	74.1%	4,896,419	81.4%
African American Non-Hispanic	9,420	4.3%	15,628	4.3%	405,199	19.2%	678,411	11.3%
Hispanic	6,320	2.9%	9,315	2.6%	51,988	2.5%	213,163	3.5%
Asian & Pacific Is. Non-Hispanic	5,005	2.3%	7,499	2.1%	50,952	2.4%	95,938	1.6%
All Others	3,736	1.7%	6,169	1.7%	38,916	1.8%	131,526	2.2%
Total	216,659	100.0%	363,113	100.0%	2,113,512	100.0%	6,015,457	100.0%

	Eastern/Central St. Charles		St. Charle	St. Charles County		St. Louis MSA		ouri
	2016 Population	% Total Population	2016 Population	% Total Population	2016 Population	% Total Population	2016 Population	% Total Population
White Non-Hispanic	199,578	86.5%	345,641	87.4%	1,575,218	73.1%	4,965,517	80.3%
African American Non-Hispanic	11,956	5.2%	19,872	5.0%	415,480	19.3%	702,148	11.4%
Hispanic	8,155	3.5%	12,054	3.0%	62,506	2.9%	258,599	4.2%
Asian & Pacific Is. Non-Hispanic	6,650	2.9%	10,259	2.6%	59,132	2.7%	110,971	1.8%
All Others	4,442	1.9%	7,519	1.9%	43,118	2.0%	145,695	2.4%
Total	230,781	100.0%	395,345	100.0%	2,155,454	100.0%	6,182,930	100.0%

Source: Thomson Market Expert - Demographic Snapshot

St. Charles County Demographics – Median Household Income Current (2011)

Eastern/Central St. Charles County residents have the highest Median Household Income when compared to St. Louis MSA and the state of Missouri, but a lower median income than that of St. Charles County overall.

	Eastern/Central St. Charles County	St. Charles County	St. Louis MSA	Missouri
Median Household Income	\$76,505	\$78,863	\$69,077	\$58,796

Source: Thomson Market Expert - Demographic Snapshot

St. Charles County Demographics – Education Level

Age 25+

2011

Residents of Eastern/Central St. Charles County are more highly educated than the MSA and state on average; two-thirds have attended some college or achieved a bachelor's degree or greater, compared to about half in the state overall.

	Eastern/Central St. Charles		St. Charle	St. Charles County		St. Louis MSA		ouri
	2011 Actual	% of Total	2011 Actual	% of Total	2011 Actual	% of Total	2011 Actual	% of Total
Less than High School	3,214	2.2%	5,506	2.3%	53,951	3.8%	186,628	4.7%
Some High School	6,766	4.7%	12,262	5.1%	112,200	7.9%	363,774	9.1%
High School Degree	37,744	26.1%	65,916	27.5%	379,909	26.7%	1,294,486	32.5%
Some College/Assoc. Degree	47,020	32.5%	76,793	32.0%	430,450	30.3%	1,147,203	28.8%
Bachelor's Degree or Greater	50,034	34.6%	79,208	33.0%	444,887	31.3%	993,750	24.9%
Total	144,778	100.0%	239,685	100.0%	1,421,397	100.0%	3,985,841	100.0%

Source: Thomson Market Expert - Demographic Snapshot

St. Charles County Demographics – Literacy Rates

Age 16+ 2003

St. Charles County's population rate without basic prose literacy skills (BPLS) is below Missouri's average. Those lacking BPLS include those who scored BELOW BASIC in prose and those who could not be tested due to language barriers.

	% of Population (16+ yrs) Lacking BPLS
St. Charles County	4.0%
Missouri	7.0%

<u>Source</u>: National Center for Education Statistics (NCES): State & County Estimates of Low Literacy (http://nces.ed.gov/naal/estimates/StateEstimates.aspx)

St. Charles County Demographics – Marriage/Divorce Rates

Rates per 1,000 2009

St. Charles County has a lower marriage rate than the state of Missouri, but the divorce rates are comparable, which leads to a higher divorce rate in St. Charles County.

	Marriages Divorces		Divorces as a %
	Rate per 1000	Rate per 1000	of Marriages
St. Charles County	4.4	3.6	79.1%
Missouri	6.5	3.7	57.7%

Source: Missouri DHSS: Table 35A - Reported Marriages by County of Recording with Rates per 1,000 Population (http://health.mo.gov/data/vitalstatistics/mvs09/Table35A.pdf)

St. Charles County Percent of Children in Single Parent Families

Percent of Total Population 2008

The percent of children in single parent families in St. Charles County is considerably less than that of the state overall.

	Children In Single Parent Families
St. Charles County	18.8%
Missouri	32.2%

Source: Missouri Kids Count (http://oseda.missouri.edu/kidscount/)

St. Charles County Demographics – Unemployment Rates October 2011

St. Charles County Residents have a lower Unemployment Rate when compared to the St. Louis Region.

	St. Charles St. Louis	
	County	Region
Civilian Labor Force	198,317	1,052,760
Employment	184,184	965,298
Unemployment	14,133	87,462
Unemployment Rate	7.1%	8.3%

Source: MERIC (Missouri Economic Research and Information Center) <u>http://missourieconomy.org</u> St. Louis Region includes Franklin, Jefferson, St. Charles and St. Louis Counties, and St. Louis City

St. Charles County Demographics – Poverty Rates, Food Uncertainty, SNAP/Food Stamp Eligibility 2010

St. Charles County residents have a poverty rate and SNAP/Food Stamp eligibility rate notably lower than the state overall. St. Charles County is also notably lower than the state when looking at the percent of Households with Food Uncertainty. Fewer than one fifth (16.6%) of St. Charles County children are eligible for Free and Reduced School Lunch Program, markedly less than the state rate of 42.9%.

	St. Charles County	Missouri
Poverty Rates		
Population BELOW Poverty	5.0%	13.5%
<18 years	6.6%	18.9%
>64 years	3.5%	12.3%
Food Uncertainty		
% of Households Food Uncertainty	8.4%	15.8%
% HH w/ Children Food Uncertainty	11.7%	23.4%
% Food Uncertain w/Hunger	3.0%	7.2%
SNAP/Food Stamps		
% Total Pop Income Eligible	6.4%	18.2%
% <18 Years Income Eligible	7.8%	24.7%
Free & Reduced School Program		
% of Students Eligible	16.6%	42.9%

Source: Missouri Hunger Atlas (http://missourifamilies.org/mohungeratlas/counties/)

Secondary Data Collection and Analysis Health Factors

St. Charles County Top Risk Factors

Adult 2007 and 2011

Most risk factors and risky behaviors to good health in St. Charles are better than the St. Louis Metro Area and the state of Missouri, however Obesity, Excessive Drinking, lack of Blood Stool Screening and lack of Pap Smear Screening are worse. Of these, Excessive Drinking has the highest variance from benchmark.

The 2009 Healthy Communities St. Charles County Report observed that St. Charles County has, in general, a remarkably health population. However, the two highest community concerns in that report are overweight adults and children.

	Risk	Risk Factor/Behavior Prevalence			
	St. Charles County	St. Louis Metro Area	Missouri		
Health Risk Factors					
Overweight	32.9%	36.8%	35.7%		
Obese	31.4%	31.2%	29.1%		
High Blood Pressure	17.9%	24.4%	19.6%		
High Cholesterol	17.7%	23.8%	20.2%		
Health Behaviors					
Less than 5 Fruits/Vegetables per day	76.7%	77.8%	76.1%		
Excessive Drinking	22.0%	NA	17.0%		
No leisure-time physical activity	19.9%	29.9%	25.3%		
Clinical Care					
No blood stool test in last year (Men/Women 50+)	89.6%	85.3%	87.1%		
Never had sigmoidoscopy/colonoscopy (Men/Women 50+)	30.5%	44.3%	36.6%		
No mammogram in past year (Women 40+)	29.1%	33.9%	27.6%		
Never had a pap smear (Women 18+)	4.0%	3.7%	3.4%		

Sources: 2011 County Health Rankings (www.countyhealthrankings.org) and MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)

St. Louis Metro Area includes the following MO counties: Lincoln, Warren, Franklin, Jefferson, St. Charles, St. Louis and St. Louis City

St. Charles County Risk Factors/Behaviors and Health Status Scores

All Ages

2011

The Thomson Reuters' Health Status application allows for assessment of a community's health status based on risk factors and healthy or unhealthy behaviors and presence of disease. Health Status Scores range between zero and 100, with 100 being most favorable. The health status scores for St. Charles County indicate that the population's eating habits, healthy behaviors and disease status are more favorable than the St. Louis MSA and the state of Missouri. Western St. Charles County has higher health status scores than Eastern/Central St. Charles County.

	Health Status Scores			
	Diet/Nutrition Behavioral Disea			
St. Charles County	73.0	57.8	66.7	
West St. Charles County	75.1	57.9	69.3	
East/Central St. Charles County	71.6	57.8	65.1	
St. Louis MSA	67.3	55.0	60.5	
Missouri	64.4	46.9	55.6	

Source: Thomson Market Expert - Health Status - Analysis Based to US Mean

The Thomson Health Status application incorporates the proprietary PULSE Healthcare Survey from Thomson Reuters, the PRIZM lifestyle segmentation system from Nielsen Claritas, and the Behavioral Risk Factor Surveillance System (BRFSS).

St. Charles County – Tobacco Use 2007

St. Charles County has a significantly lower percentage of current cigarette smokers compared to the St. Louis Metro and to Missouri. Former Cigarette Smoking percentages are comparable with those of St. Louis Metro and of Missouri.

	Current Smoker	Former Smoker
St. Charles County	18.6%	23.6%
St. Louis Metro	27.8%	25.6%
Missouri	23.2%	25.1%

Source: Missouri DHSS: Community Data Profiles (http://health.mo.gov/data/CommunityDataProfiles/) St. Louis Metro Region includes Franklin, Jefferson, Lincoln, Saint Charles, Saint Louis, Warren and Washington Counties and St. Louis City

St. Charles County – Seatbelt Use 2010

Of all accidents in St. Louis County that resulted in Injury or Death, 12.8% involved non-use of a seatbelt/safety device.

	% of Accidents Resulting in
	Injury or Death when
	Seatbelts were not Worn
St. Charles County	12.8%

Source: Missouri State Highway Patrol Statistical Analysis Center (SAC), County Fact Sheets

Missouri Child Safety Seat Usage Rates 2009

Child Safety Seats are used in 91% of vehicles in the state of Missouri.

	Child Safety Seat Usage Rates
Missouri	91.0%

<u>Source</u>: Missouri Department of Transportation (http://www.modot.org/safety/SafetyBeltsandChildSafetySeats.htm)

Missouri Childhood Obesity Rates 2007

Missouri's Childhood Obesity Rates (31.0%) are slightly below the national average (31.6%). African American, non-Hispanic Children have more than double the obesity rate of White, non-Hispanic Children.

	Childhood Obesity
Missouri	31.0%
African American, non-Hispanic	52.3%
White, non-Hispanic	25.1%
National Average	31.6%

Source: Data Resource Center for Child and Adolescent Health (http://www.childhealthdata.org/docs/nsch-docs/missouri-pdf.pdf)

St. Charles County Prenatal Care

Percent of All Pregnancies 2009

Prenatal Care is categorized by when care begins: none at all, first trimester, second trimester, third trimester, or unknown. The percentage of mothers starting prenatal care in the first trimester for the state overall is 65.7%. The rates for both St. Charles County and the St. Louis MSA are notably higher, at 91.6% and 88.5% respectively. The percentage of mothers receiving no prenatal care for the state overall (1.9%) is more than six times the rate in St. Charles County (0.3%). The sub-counties within St. Charles County have very low percentages of late (third trimester) or no prenatal care.

When comparing race data, the percent of African American mothers in St. Charles County starting prenatal care in the first trimester (78.3%) is notably lower than that of the White population (92.4%), but greater than the statewide average for African Americans (55.9%). See Appendix G, for prenatal care data by race.

	Prenatal Care				
	None	1st Trimester	2nd Trimester	3rd Trimester	Unknown
St. Charles County	0.3%	91.6%	5.2%	0.6%	2.3%
West St. Charles County	0.4%	92.0%	5.6%	0.7%	1.4%
East/Central St. Charles County	0.3%	91.3%	4.8%	0.6%	3.0%
St. Louis MSA	0.8%	88.5%	8.0%	1.3%	1.3%
Missouri	1.9%	65.7%	24.8%	4.0%	3.6%

(Trimester columns indicate when prenatal care began)

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Births Data

St. Charles County Teen Pregnancy

Percent of All Pregnancies 2009

Overall, the percentage of teen pregnancies in St. Charles County is about half that of the state and of the St. Louis MSA. The percentage of teen pregnancies in Eastern/Central St. Charles County exceeds that of Western St. Charles.

In all geographies cited except at the state level, teen pregnancies are notably higher among African Americans than Whites.

	Teen Pregnancy			
	All	White	African American	
St. Charles County	5.2%	5.0%	12.7%	
West St. Charles County	4.8%	4.8%	11.2%	
East/Central St. Charles County	5.4%	5.1%	13.7%	
St. Louis MSA	9.0%	5.5%	19.4%	
Missouri	10.9%	9.5%	9.0%	

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Births Data

St. Charles County Smoked During Pregnancy Percentage

Percent of Total Live Births 2009

In St. Charles County, the percent of mothers who smoked during pregnancy is notably below the state rate and the MSA. East/Central St. Charles County rates are higher than West St. Charles County rates.

	Mother Smoked During Pregnancy				
	All	White	African		
			American		
St. Charles County	9.0	9.4	8.1		
West St. Charles County	7.8	8.0	NA		
East/Central St. Charles County	9.9	10.6	NA		
St. Louis MSA	11.8	12.7	11.0		
Missouri	16.8	18.2	12.6		

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Births Data

St. Charles County Weight Gain During Pregnancy Rate

Rate per 100 2009

Weight gain during pregnancy is important for the baby's health; healthy weight-gain is considered to be in the range of 15-44 pounds. In all cited geographies there is a greater incidence of excessive weight than low weight gain.

Mothers in St Charles County overall have a slightly more favorable weight gain rate than mothers in either the St. Louis MSA or the state.

Among those who gained less than 15 pounds, rates are higher in East/Central St. Charles County than in West St. Charles County and Whites in East/Central St. Charles County have a less favorable weight gain rate when compared to the MSA.

Among those who gained more than 44 pounds, the St. Charles County rate overall is lower than the state rate, but fairly comparable to the MSA. Rates are lower in East/Central St. Charles County than in West St. Charles County and Whites in West St. Charles County have a less favorable weight gain rate when compared to the MSA and match the state rate.

	Gained Less Than 15 Pounds			Gained More Than 44 Pounds		
	All	White	African American	All	White	African American
St. Charles County	7.0	7.2	5.4	18.1	18.4	21.6
West St. Charles County	6.3	6.3	NA	18.4	18.8	NA
East/Central St. Charles County	7.7	8.1	NA	17.8	18.0	NA
St. Louis MSA	7.7	7.2	9.7	18.7	18.5	21.1
Missouri	9.0	8.7	10.6	19.0	18.8	21.3

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Births Data

Secondary Data Collection and Analysis Health Outcomes

St. Charles County Perceived Health Status Scores

All Ages 2011

The perceived health status score for St. Charles County indicates that the population's perceived health is more favorable than the St. Louis MSA and the state of Missouri. Western St. Charles County has a higher health status score than Eastern/Central St. Charles County, although both sub-counties are higher than the St. Louis MSA.

	Health Status Scores
	Perceived
St. Charles County	63.5
West St. Charles County	67.5
East/Central St. Charles County	61.0
St. Louis MSA	57.2
Missouri	53.3

Source: Thomson Market Expert - Health Status - Analysis Based to US Mean

The Thomson Health Status application incorporates the proprietary PULSE Healthcare Survey from Thomson Reuters, the PRIZM lifestyle segmentation system from Nielsen Claritas, and the Behavioral Risk Factor Surveillance System (BRFSS).

St. Charles County Estimated Top Disease Prevalence

All Ages 2011

The most prevalent diseases in St. Charles County are comparable to those of the St. Louis MSA and the state of Missouri. The rate of prevalence for all top diseases in St. Charles is either equal to or slightly less than the St. Louis MSA and the state of Missouri.

	Top Disease Prevalence				
		E/Central St. St. Charles			
	W. St. Charles	Charles	County	St. Louis MSA	Missouri
Pain/Aching of Joints	22.7%	23.4%	23.1%	23.6%	23.8%
Hypertension	20.2%	21.0%	20.7%	22.9%	22.5%
Low Back Pain	20.1%	20.7%	20.5%	20.5%	20.7%
Arthritis	16.6%	17.2%	17.0%	17.8%	18.0%
Sinusitis	10.0%	10.2%	10.1%	10.2%	10.2%

Source: Thomson Market Expert - Disease Cases & Associated Utilization, All Ages

St. Charles County HIV Prevalence Rate

Rate per 100,000 2011

The human immunodeficiency virus (HIV) prevalence rate shows the number of people living with a diagnosis of HIV infection per 100,000 population; the St. Charles County rate is significantly lower than the Missouri state rate.

	HIV Prevalence Rate
St. Charles County*	65
Missouri**	225.6

<u>Sources</u>: *County Data Source: County Health Rankings **Missouri Data Source: Centers for Disease Control and Prevention NCHHSTP Atlas

St. Charles County Sexually Transmitted Infections

Rate per 100,000 2011

St. Charles County's' rates of sexually transmitted infections are considerably lower than the Missouri state rates.

Sexually Transmitted Infections				
Chlamydia Gonorrhea Syph				
193.1	26.2	3.9		
429.7	119.4	6.3		
	Chlamydia 193.1	ChlamydiaGonorrhea193.126.2		

Source: MO DHSS: Reportable Sexually Transmitted Diseases, by County, for 2011

(http://health.mo.gov/data/hivstdaids/pdf/STD2011.pdf)

State and County rates were calculated from 2011 population data

St. Charles County Tuberculosis Disease Rate

Rate per 100,000 2010

St. Charles County has a lower rate of tuberculosis than the state overall.

	Tuberculosis Disease
St. Charles County	1.2
Missouri	1.8

<u>Source</u>: MO DHSS: TB Disease by County (http://health.mo.gov/living/healthcondiseases/communicable /tuberculosis/pdf/2010_TB_Disease.pdf)

St. Charles County Top Chronic Disease Emergency Visits (2009)

All Ages

The top causes of chronic disease emergency visits in St. Charles County are consistent with those in the St. Louis MSA and the state of Missouri, however Alcohol/Substance related disorders are a less likely cause of emergency visits in Eastern/Central St. Charles. In addition to the top diseases for St. Charles County, Epilepsy is among the top chronic disease indicators for African Americans and Other Cardiovascular/Circulatory disease is among the top chronic disease indicators for whites in Eastern/Central St. Charles County (Appendix G).

	Top Chronic Disease Emergency Visits					
	W. St. Charles	E/Central St. Charles	St. Charles County	St. Louis MSA	Missouri	
Heart disease	1	1	1	1	1	
Arthritis/other joint disorders	2	2	2	3	2	
Asthma	3	3	3	2	4	
Chronic obstructive pulmonary disease (5	4	4	4	3	
Alcohol/substance related disorders	4	7	5	5	5	

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Chronic Disease data, All Ages

St. Charles County Top Causes for Inpatient Hospitalizations (2009) All Ages

The top causes of inpatient hospitalization in St. Charles County are consistent with those in the St. Louis MSA and the state of Missouri. The top cause for inpatient hospitalizations in Western St. Charles is Pregnancy/Childbirth, which is inconsistent with the St. Louis MSA and the state of Missouri, where Heart and Circulation hospitalizations are most common.

	Top Causes of IP Hospitalizations Rankings					
	W. St. Charles	E/Central St. Charles	St. Charles County	St. Louis MSA	Missouri	
Heart and circulation	2	1	1	1	1	
Pregnancy - childbirth - reproduction	1	2	2	2	2	
Digestive system	3	3	3	4	4	
Mental disorders	4	4	4	5	5	
Injury and poisoning	6	6	5	6	6	

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Inpatient Hospitalization data, All Ages

St. Charles County Top Chronic Disease Inpatient Hospitalizations (2009) All Ages

The top causes of chronic disease inpatient hospitalizations in St. Charles County are consistent with those in the St. Louis MSA and the state of Missouri. In addition to the top diseases for St. Charles County, Asthma and Diabetes are among the top chronic disease indicators for African Americans in Eastern/Central St. Charles County (Appendix G).

, ,	Top Chronic Disease Causes of IP Hospitalizations Rankings					
		E/Central St.				
	W. St. Charles	Charles	St. Charles County	St. Louis MSA	Missouri	
Heart disease	1	1	1	1	1	
Arthritis/other joint disorders	2	3	2	3	3	
Cancer	3	2	3	2	2	
Stroke/cerebrovascular disease	4	4	4	4	4	
Other cardiovascular/circulatory conditic	5	5	5	5	7	
Source: MO DHSS Missouri Information for Co	mmunity Assessment (N	VICA) - Chronic Disease	data. All Ages			

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Preventable Hospitalizations Quality Indicators for Disease Prevention and Management

Adult, Rate per 100,000 2010

St. Charles County has a notably lower rate of preventable hospitalizations than the St. Louis Bi-State Region and Missouri. Of all preventable hospitalizations in St. Charles County, 60% is attributable to CHF (28%), Bacterial Pneumonia (20%) and Urinary Infection (12%).

		St. Louis Bi-State	
	St. Charles County	Region	Missouri
	2008	2008	2008-2009
Overall	1,180.40	1,732.30	1,849.60
Chronic Composite	713.00	1,097.00	1,117.80
Diabetes - Short Term Complications	37.60	61.10	63.40
Diabetes - Long Term Complications	94.60	132.60	115.30
Diabetes - Uncontrol	13.60	22.80	21.60
Perforated Appendix	0.26	0.27	0.32
COPD	112.30	178.60	263.80
Adult Asthma	67.40	120.60	110.50
Hypertension	31.50	65.10	64.60
CHF	332.30	477.50	438.10
Angina	18.20	19.20	21.30
Acute Composite	467.50	639.30	732.00
Dehydration	92.10	118.60	115.60
Bacterial Pneumonia	236.00	329.40	423.80
Urinary Infection	139.50	191.60	192.70

Lower Rate than Bi-State Region Higher rate than Bi-State Region

Source: Missouri Hospital Association, 2010 Assessing the Health of Our Communities: AHRQ Preventable Hospitalizations

Rates are per 100,000, risk-adjusted

St. Louis Bi-State Region includes the following MO Counties: St. Louis City, St. Louis, St. Charles, Lincoln, Warren, Franklin, Washington, Jefferson and IL Counties: Madison St. Clair and Clinton

Mental Health – Inpatient Hospitalizations and Emergency Visits

Emergency Visit Rate per 1,000; Inpatient Hospitalizations Rate per 10,000 All Ages 2008-2009

East/Central St. Charles County has a lower rate of Mental Health Emergency visits than the St. Louis MSA and the state of Missouri, for all age groups. For all geographies, Mental Health Emergency visits are greater among the African American population (Appendix G).

East/Central St. Charles County has a lower rate of Mental Health hospitalizations than all other geographies, for all age groups except < 15 and 15-24. The rate for the < 15 age group is less than the state of Missouri, but more than the St. Louis MSA, however the rate for age group 15-24 is far greater than any of the geographies being compared. For all geographies, Mental Health hospitalizations are greater among the African American population (Appendix G).

	Mental Health Emergency Visits per 1,000									
	Under 15	15 to 24	25 to 44	45 to 64	65 and over	All ages				
St. Charles County	3.0	16.0	10.7	6.4	5.0	8.0				
West St. Charles County	3.0	15.4	11.1	5.4	4.8	7.7				
East/Central St. Charles County	3.0	16.4	10.3	7.1	5.2	8.2				
St. Louis MSA	3.3	17.6	14.6	9.8	5.6	10.3				
Missouri	2.7	16.6	16.9	10.5	5.6	11.0				

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Emergency Visit data, All Ages

MSA and Subcounty rates were calculated from 2008 population data by age, derived by discounting from 2011 population totals using the 2011-2016 average annual growth rate.

	Inpatient Mental Health Hospitalization Discharge Rate per 10,000								
	Under 15	15 to 24	25 to 44	45 to 64	65 and over	All ages			
St. Charles County	40.2	189.8	121.8	96.5	82.3	102.2			
West St. Charles County	38.8	167.2	113.4	93.1	78.6	94.5			
East/Central St. Charles County	41.3	205.4	127.7	98.7	84.7	107.7			
St. Louis MSA	39.0	177.9	159.5	127.8	115.4	124.1			
Missouri	52.8	160.0	157.0	117.3	103.2	120.3			

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Inpatient Hospitalization data, All Ages

MSA and Subcounty rates were calculated from 2008 population data by age, derived by discounting from 2011 population totals using the 2011-2016 average annual growth rate.

St. Charles County Top Causes for Death (2009)

All Ages

Cancer is the leading cause of death among all racial groups in Western and Eastern/Central St. Charles, whereas Heart Disease is the leading cause in both the St. Louis MSA and the state of Missouri. The higher rate of cancer death correlates with the 2009 Healthy Communities St. Charles County Report, which notes elevated cancer rates in St. Charles County compared to the rest of the state.

Suicide is a more prevalent cause of death in Western St. Charles County, specifically among Whites (Appendix G). In addition to the reasons included in the table, Kidney Disease, Septicemia and Motor Vehicle Accidents are among the top 10 reasons of death for African American individuals in St. Charles County (Appendix G).

		Top Ca	uses of Death Ra	nkings	
		E/Central St.	St. Charles		
	W. St. Charles	Charles	County	St. Louis MSA	Missouri
Cancer	1	1	1	2	2
Heart disease	2	2	2	1	1
Other diseases (residual)	3	3	3	3	3
Cerebrovascular disease (Stroke)	4	6	4	4	5
All other accidents and adverse effects	5	5	5	6	6
Chronic lower respiratory diseases	6	4	6	5	4
Pneumonia and influenza	8	8	7	7	8
Other digestive diseases	11	7	8	10	10
Diabetes	10	10	9	9	9
Suicide	7	12	10	13	13

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Deaths data, All Ages

St. Charles County Top Chronic Disease Deaths (2009)

All Ages

Generally, the top causes of chronic disease deaths in St. Charles County are consistent with those in the St. Louis MSA and the state of Missouri, however Cancer presents as the number one cause of death in St. Charles County, whereas Heart Disease is consistently the top cause across the other cited geographies, and Diabetes is also present as a top cause of chronic disease death in the county.

In addition to the top diseases for St. Charles County, Alzheimer's disease is among the top chronic disease indicators in Eastern/Central St. Charles County (Appendix G).

	Top Chronic Disease Deaths								
	W. St. Charles	E/Central St. Charles	St. Charles County	St. Louis MSA	Missouri				
Cancer	2	1	1	2	2				
Heart disease	1	2	2	1	1				
Cerebrovascular disease (Stroke)	3	5	3	3	4				
Chronic obstructive pulmonary disease (4	3	4	4	3				
Diabetes	6	7	5	6	6				

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Chronic Disease data, All Ages

St. Charles County Premature Deaths (2011)

Age-adjusted , per 100,000

St. Charles County has fewer premature deaths per 100,000 population than the state of Missouri, and ranks first of 114 ranked counties in the state for fewest premature deaths.

	St. Charles County	Missouri
Premature Death	5,436	8,043
Ranking (of 114)	1	

Source: 2011 County Health Rankings (www.countyhealthrankings.org) Premature Death = Years of potential life lost, before age 75; age-adjusted, per 100,000 Ranking is among 114 Missouri counties

St. Charles County Birth Rate by Age

Percent of Total Births 2009

By age group, the birth rate among women beginning at age 25 is higher in St. Charles County compared to the state or the MSA and, as a percent of total population, there are fewer teenage births in St. Charles County than in the St. Louis MSA or the state overall.

Comparing racial groups in St. Charles County, the percent of African Americans age 10-24 giving birth (40.3%) is nearly twice that of Whites in the same age group (22.0%). Conversely, the birth rate among African Americans age 25-40+ (59.8%) is much lower than that of Whites in the same age group (78.1%). See Appendix G for birth rates by age and race.

	Birth Rate by Age Group									
	10-14	15-17	18-19	20-24	25-29	30-34	35-39	40 Plus		
St. Charles County	0.0%	1.1%	4.1%	17.0%	34.4%	29.4%	11.6%	2.4%		
West St. Charles County	0.0%	1.1%	3.7%	15.5%	34.1%	31.2%	12.1%	2.2%		
East/Central St. Charles County	0.0%	1.1%	4.3%	18.5%	34.6%	27.7%	11.1%	2.6%		
St. Louis MSA	0.1%	2.6%	6.3%	22.3%	30.5%	25.0%	10.9%	2.3%		
Missouri	0.1%	3.0%	7.8%	27.8%	30.2%	20.7%	8.7%	1.7%		

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Births Data

St. Charles County Birth Rate by Education

Percent of Total Births 2009

Among those with a high school education or less, the birth rate in St. Charles County (26.7%) is much lower than the St. Louis MSA (38.3%) or state (47.3%) rates. Conversely birth rates are higher for more highly educated residents in the county, compared to the MSA or state.

Western St. Charles County has a slightly higher proportion of highly educated mothers than Eastern/Central St. Charles County.

Comparing racial groups in St. Louis County, African Americans with 0-12 years of education have a higher birth rate (37.5%) than Whites with that education level (26.9%). Conversely, the birth rate among African Americans with 13-16+ years of education (59.8%) is lower than that of Whites (71.9%). See Appendix G for birth rates by education and race.

	Years of Education							
	00-11	12	13-15	16 or more	Unknown			
St. Charles County	7.0%	19.7%	22.9%	48.9%	1.5%			
West St. Charles County	6.4%	18.5%	22.3%	51.5%	1.3%			
East/Central St. Charles County	7.7%	20.8%	23.3%	46.5%	1.7%			
St. Louis MSA	13.1%	25.2%	22.6%	37.9%	1.2%			
Missouri	17.1%	30.2%	22.5%	28.8%	1.4%			

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Births Data

St. Charles County Birth Defects Rate

Rate per 10,000 Births 2003-2007

St. Charles County has a lower rate of birth defects than the state rate overall.

	Birth Defects
St. Charles County	578.7
Missouri	605.1

Source: MO DHSS: Community Data Profiles (http://health.mo.gov/data/CommunityDataProfiles/)

St. Charles County Low Birth Weight Rates (2009)

Rate per 100 Births Low Birth Weight = Less than 2500 grams

The rate of low birth weight babies per 100 population in St. Charles County is more favorable than the St. Louis MSA and state rates. In the county, the rate of low birth weight babies to African American mothers is about double that of White mothers and is slightly higher than the African American rate in the MSA and the state overall.

In East/Central St. Charles County the rate of low birth weight babies to African American mothers is nearly triple that of White mothers and is higher than the African American rate in the MSA and the state. West St. Charles County has rates comparable to St. Charles County overall.

		Low Birth Weight Rates			
	All	White	African American		
St. Charles County	7.6	7.1	15.8		
West St. Charles County	7.6	7.4	NA		
East/Central St. Charles County	7.5	6.8	18.2		
St. Louis MSA	8.8	6.7	14.6		
Missouri	8.1	7.0	14.2		

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Births Data

St. Charles County Infant Mortality Rate

Rate per 1,000 Population < 1 Year of Age 1999-2009

Infant Mortality is defined as the total number of resident deaths to babies born alive and dying before their first birthday. St. Charles County's infant mortality rate overall is lower than the Missouri state rate, however the rate for African American babies is comparable across the two population groups.

	Infant Mortality Rate						
ll Wh	nite African American						
1 5.8	8 15.3						
5 6.2	2 15.6						
	MI Wh 1 5. .5 6.						

Source: MO DHSS: Community Data Profiles (http://health.mo.gov/data/CommunityDataProfiles/)

St. Charles County Top Causes for Pediatric Inpatient Hospitalizations

Ages 0-17 2008-2009

The top causes of pediatric inpatient hospitalizations for all age groups in St. Charles County are mostly consistent with those in the St. Louis MSA and the state of Missouri for all racial groups. In St. Charles County, perinatal conditions are the most common hospitalizations for infants of all races and respiratory illness is the most common hospitalization for ages 1-9 of all races. For the 10-17 age group, mental disorders are the top reason for inpatient hospitalization across all geographies. Pregnancy is a less common hospitalization in St. Charles County than it is in the St. Louis MSA and the state of Missouri (ranked #2 for hospitalization among Ages 10-17 in the St. Louis MSA and Missouri) (Appendix G). Overall, mental disorders and respiratory illness top the list for inpatient hospitalizations across all geographies, among all racial groups.

			Top Cause	s of Pedia	tric IP Hosp	italization	s Rankings	;	
	St.	Charles Cou	inty	S	t. Louis MS	Α		Missouri	
	White	African American	Total	White	African American	Total	White	African American	Total
Under 1 Year									
Perinatal conditions	1	2	1	2	2	2	2	2	2
Respiratory (throat and lung)	2	1	2	1	1	1	1	1	1
Congenital anomalies	3	3	3	3	3	3	3	3	3
Digestive system	4	3	4	4	7	5	4	5	4
Infection	9	2	5	9	6	8	9	9	10
Ages 1-9									
Respiratory (throat and lung)	1	1	1	1	1	1	1	1	1
Injury and poisoning	3	2	2	2	2	2	4	2	2
Nutritional - metabolic - immunity	2	3	3	4	6	5	3	8	5
Brain - spinal cord - eyes - ears	4	3	4	3	4	3	6	5	6
Mental disorders	6	4	5	6	8	7	5	4	4
Ages 10-17									
Mental disorders	1	1	1	1	1	1	1	1	1
Injury and poisoning	2	3	2	2	4	3	2	4	3
Digestive system	3	8	3	3	6	4	4	6	4
Respiratory (throat and lung)	4	2	4	5	3	5	5	3	5
Nutritional - metabolic - immunity	5	8	5	7	9	7	6	9	6
Ages 0-17									
Mental disorders	1	1	1	2	2	2	2	2	2
Respiratory (throat and lung)	2	2	2	1	1	1	1	1	1
Injury and poisoning	3	3	3	3	3	3	4	3	3
Digestive system	4	8	4	4	9	4	3	6	4
Nutritional - metabolic - immunity	5	4	5	6	10	8	5	9	6

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Inpatient Hospitalization data, Ages 0-17

Duplicate rankings may occur, as rank was identified by descending case counts. Hospitalization categories with the same case count will receive the same ranking

St. Charles County Top Causes of Pediatric Preventable Hospitalizations

Ages 0-17 2009

The top causes of pediatric preventable hospitalizations for children below the age of 1 and between the ages of 1 and 9 in St. Charles County are fairly consistent with those in the state of Missouri. Bacterial pneumonia hospitalizations for children in St. Charles are the highest ranking preventable hospitalization.

	Top Causes of Pediatric Preventable Hospitalizations			ons		
	St. Charles County				Missouri	
	White	African American	Total	White	African American	Total
Under 1 Year						
Dehydration - volume depletion	1	NA	1	1	1	1
Kidney/Urinary infection	2	NA	2	3	7	3
Bacterial pneumonia	3	NA	3	2	2	2
Severe ENT infections	4	NA	4	5	3	5
Convulsions	5	NA	5	7	8	8
Ages 1-9						
Bacterial pneumonia	1	NA	1	1	2	1
Asthma	2	NA	2	3	1	2
Dehydration - volume depletion	3	NA	3	2	3	3
Cellulitis	4	NA	4	4	4	4
Kidney/Urinary infection	5	NA	5	5	8	5
Ages 10-17						
Dehydration - volume depletion	1	NA	1	1	3	2
Cellulitis	2	NA	2	4	4	5
Asthma	7	NA	3	5	1	1
Bacterial pneumonia	4	NA	4	3	5	4
Diabetes	3	NA	5	2	2	3
Ages 0-17						
Bacterial pneumonia	1	NA	1	2	2	2
Dehydration - volume depletion	2	NA	2	1	3	1
Asthma	3	NA	3	3	1	3
Cellulitis	4	NA	4	4	4	4
Kidney/Urinary infection	5	NA	5	5	9	5

<u>Source</u>: MO DHSS Missouri Information for Community Assessment (MICA) - Preventable Hospitalizations data, Ages 0-17 Duplicate rankings may occur, as rank was identified by descending case counts. Hospitalization categories with the same case count will receive the same ranking

St. Charles County Pediatric Mental Health Emergency Room Visits and Inpatient Hospitalizations Emergency Visit Rate per 1,000; Inpatient Hospitalizations Rate per 10,000

Ages 0-14 2008-2009

The St. Charles County rate of pediatric emergency room visits due to Mental Health is comparable to the rates of the St. Louis MSA and the state of Missouri. The St. Charles County mental health inpatient hospitalization rate is comparable to the St. Louis MSA, but less than Missouri's rate.

	Emergency Room Visits per 1,000		Inpatient Hospitalizat per 10,000		zations	
	White	African American	Total	White	African American	Total
St. Charles County	NA	NA	3.0	NA	NA	40.2
Western St. Charles County	NA	NA	3.0	NA	NA	38.8
Eastern/Central St. Charles County	NA	NA	3.0	NA	NA	41.3
St. Louis MSA	NA	NA	3.3	NA	NA	39.0
Missouri	2.4	3.9	2.7	42.5	60.4	52.8

<u>Source</u>: MO DHSS Missouri Information for Community Assessment (MICA) - Emergency Room and Inpatient Hospitalizations Data, Ages 0-14

MSA and Subcounty rates were calculated from 2008 population data by age, derived by discounting from 2011 population totals using the 2011-2016 average annual growth rate.

St. Charles County Pediatric Abuse/Neglect

Rate per 100,000 Ages 0-14 2009

Pediatric abuse and neglect is less in St. Charles County than in the St. Louis MSA and the state of Missouri.

	Pediatric Abuse/Neglect, per 100,000		
	White	African American	Total
St. Charles County	NA	NA	50.7
Western St. Charles County	NA	NA	NA
Eastern/Central St. Charles County	NA	NA	55.4
St. Louis MSA	NA	NA	89.2
Missouri	37.1	160.6	59.2

Source: MO DHSS Missouri Information for Community Assessment (MICA) - Injury Data, Ages (

MSA and Subcounty rates were calculated from 2009 population data by age, derived by discounting from 2011 population totals using the 2011-2016 average annual growth rate.

St. Charles County Asthma Pediatric Emergency Room Visits and Inpatient Hospitalizations

Emergency Visit Rate per 1,000; Inpatient Hospitalizations Rate per 10,000 Ages 0-14 2008-2009

Pediatric Asthma emergency room visits and inpatient hospitalizations are less in St. Charles County than in the St. Louis MSA and the state of Missouri.

	Emergency Room Visits per 1,000		Inpatient Hospitalizations per 10,000		zations	
	White	African American	Total	White	African American	Total
St. Charles County	6.8	28.4	8.3	13.4	52.9	16.4
Western St. Charles County	NA	NA	9.3	NA	NA	15.9
Eastern/Central St. Charles County	NA	NA	7.0	NA	NA	16.8
St. Louis MSA	NA	NA	14.6	NA	NA	31.5
Missouri	5.1	32.7	9.9	13.4	67.3	22.9

<u>Source</u>: MO DHSS Missouri Information for Community Assessment (MICA) - Emergency Room and Inpatient Hospitalizations Data, Ages 0-14

St. Charles County Percent of Children with Lead Poison

Lead Poison among Children Tested for Lead Poison 2009

St. Charles County has a lower rate of children with lead poisoning than the state rate overall.

	Children with Lead Posion
St. Charles County	0.2%
Missouri	1.0%

Source: Missouri Kids Count (http://oseda.missouri.edu/kidscount)

Secondary Data Collection and Analysis Clinical Care/Access

St. Charles County Adults – Uninsured and Medicaid Coverage

Percent of Population (Adults Over 18) 2011

The percent of uninsured adults and adults on Medicaid in St. Charles County is notably lower than that of either the MSA and the state. Eastern St. Charles' rates are slightly higher than the rest of St. Charles County.

	Uninsured	Medicaid
St. Charles County	5.2%	2.6%
West St. Charles County	5.0%	2.3%
East/Central St. Charles County	5.4%	2.8%
St. Louis MSA	14.4%	5.8%
Missouri	17.6%	6.8%

Source: Thomson Market Expert - Insurance Coverage Estimates

St. Charles County Children – Uninsured and Medicaid Coverage

Percent of Pediatric Population (Children Under 18) 2011

Uninsured rates for children follow the same pattern as for adults, with a lower percent In St. Charles County compared to the MSA and the state and higher rates in Eastern St. Charles county compared to the rest of St. Charles County.

	Uninsured	Medicaid
St. Charles County	2.0%	11.3%
West St. Charles County	1.9%	10.6%
East/Central St. Charles County	2.0%	11.9%
St. Louis MSA	5.3%	26.2%
Missouri	6.7%	31.2%

Source: Thomson Market Expert - Insurance Coverage Estimates

St. Charles County Percent of Medicare

Percent of Total Population 2011

St. Charles County's percent of population on Medicare is lower than that of both the MSA and the state.

	Medicare
St. Charles County	15.3%
West St. Charles County	14.9%
East/Central St. Charles County	15.6%
St. Louis MSA	16.9%
Missouri	18.1%

Source: Thomson Market Expert - Insurance Coverage Estimates

St. Charles County Provider Availability

Ratio of Population to Primary Care Physicians/Mental Health Providers 2011

The ratio of population to providers is less favorable (i.e., more patients per individual physician) in St. Charles County than it is in the state for primary care and particularly for mental health services.

Primary care physicians include practicing physicians specializing in General Practice Medicine, Family Medicine, Internal Medicine, Pediatrics, and Obstetrics/Gynecology.

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications.

	Provider Availabilty		
	Primary Care Physicians	Mental Health Providers	
St. Charles County	1,697:1	34,960:1	
Missouri	1,015:1	9,561:1	

Source: County Health Rankings (http://www.countyhealthrankings.org/)

St. Charles County Health Professional Shortage Areas (HPSAs)

Another indicator of provider availability is if an area is federally designated as a Health Professional Shortage Area (HPSA). HPSAs are designated by Health Resources and Services Administration (HRSA) as having shortages of primary medical care, dental, or mental health providers and may be geographic, demographic, or institutional. Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty, and/or high elderly population.

In St. Charles County the HRSA has designated that there is one geographical area defined as St. Charles Catchment Area/Mental health Service A as a geographic area that has a shortage of health professionals. Also the HRSA has designated Crider Health Center as a Federally Qualified Health Center that provides access to care regardless of ability to pay.

Primary Data Collection and Analysis

Consumer Awareness/Preference Survey

SSM St. Louis engages Professional Research Consultants, a national market and customer research firm dedicated solely to the healthcare industry, to conduct ongoing customized consumer surveys in our market. The study is configured to encompass a statistically representative sample for each SSM St. Louis hospital.

The survey includes standard questions that address potential access issues. The following results are compiled from the four field periods of 2011 (survey fielded each quarter) for SSM St. Joseph Health Center:

Access to Physicians

A lower percent of survey respondents from SSM St. Joseph Health Center service area (7.4%) report they do not have a physician or clinic, compared to the overall sample (8.5%).

Survey Question: "Do you have a doctor, group of doctors, or clinic that you regularly go to when someone in your household needs medical care?"

Access to Health Care Services

Additionally, fewer respondents from St. Joseph Health Center's service area **(15.8%)** compared to the total sample **(17.2%)** indicate they leave the area for care because needed services are not available.

Survey Questions:

"Is there any health care service that IS available in this area, but you feel the need to leave the area for care?" [Y/N]

"Would you please tell me which health care service that is?"

"What is the MAIN reason you feel you need to leave the area to get this type of care?" [Service Not Available]

Consumer Perception Research

In 2010, SSM St. Louis engaged The Research and Planning Group (RPG), a local market research firm, to conduct a study with Wentzville residents to understand community perceptions of SSM's hospital in Wentzville, including what healthcare services residents feel are needed in the area. Wentzville is located in St. Charles County.

RPG employed a combination of qualitative and quantitative methodologies. Because the query about needed services is from the qualitative portion of the study, it should be noted that the responses represent *perceptions and opinions* of those who participated in the primary data collection, but should not be generalized to the population.

Opportunity for Additional Services

When asked what other healthcare services are needed in the Wentzville area, respondents indicated maternity, pediatric services and pediatric specialists.

Survey Monkey Online Survey

Key community stakeholders who represent the broad interests of Eastern/Central St. Charles County, including those with special knowledge or expertise in public health, were identified by SSM Community Relations staff, contacted by email and asked to share their perspective on the top health needs of the community. The online survey was available between March 2 through March 23, 2012. Nineteen individuals were sent an email link of the survey and 11 responses were recorded (58% response rate). Participants were asked to answer the following open-ended questions:

- 1) In your opinion, what are the three greatest health needs or challenges that exist within the East/Central St. Charles County population?
- 2) To your knowledge, who/what organizations are currently available in East/Central St. Charles County for addressing each of the health needs identified in question #1?
- 3) In your opinion, when thinking about the East/Central St. Charles County healthcare needs you identified in question #1, where is the largest gap between an existing need and available services?

The top health concerns of the community stakeholders per survey results were:

Access to Healthcare Mental Health/Substance Abuse services Obesity (adult and youth) Geriatric Care/Gerentology Issues

Appendix H includes a list of the community stakeholders' responses to identify community resources by health need topic, combined with additional known resources in the community.

The responses for where the largest gaps exist between available resources and unmet needs include the following:

Need for better education (about services available for those in need) Lack of advertising about service availability Mental Health/Chemical Dependency Childhood Obesity Lack of transplant services locally Uninsured Funding/organized leadership for diabetes education

A list of community stakeholders can be found in Appendix A and detailed survey results can be found in Appendix C.

Community Stakeholders Prioritization of Health Needs

The top health issues for Eastern/Central St. Charles County were identified through analysis of secondary data and were later compared against the stakeholders' top health concerns presented in the online surveys. A health need was identified as a top health issue for one or more of the following reasons:

- 1) The health need ranked among the top five reasons for Emergency Visits, Inpatient Hospitalizations, or Death
- 2) If the rate of occurrence of the health need was worse than the St. Louis MSA benchmark
- 3) If the 2009 Healthy Communities St Charles study identified the health need as a top priority for St. Charles County

On April 2, 2012, the community stakeholders were convened to review the survey outcomes and corresponding secondary data analyses.

Additional input from stakeholder discussion following the presentation of primary and secondary data included the following:

What is missing?

- Diabetes
- Education about preventative care, i.e. flu shots, etc.
- Dental needs
- Drugs: heroin, bath salts, etc.
- Root Causes
- Improper diet and exercise
- Denial of symptoms
- Ways to communicate to our community
- Curriculum guides for educators
- Need to start the communication in the early grades regarding smoking, drugs, exercise, diet, etc.
- Having something to do for kids so they don't resort to drugs (swimming, camps, etc.)

Which community makes the most sense to help solve issues...where people live or where they work? Clarification of "Access"

- Underinsured people delay care
- People don't take med because they can't afford
- Patients are now coming to doctors with 10 or more issues rather than 1 or 2 as they were

What can our hospitals do?

• Allow more free tests to low income people

Is sexually transmitted disease still a problem ?(asked by stakeholder)

- Gil Copley said our County numbers are really small compared to the state
- What has changed in the County bringing in some of these issues?
- Lindenwood has doubled residential student population in last 12 years and has many wellness programs. (Before prioritizing health needs) What should be added to the list?
- Prevention should be added under Respiratory ailments
- Dental
- Diabetes
- Substance abuse (combined with mental illness)

After review of the secondary data and discussion of findings, each participant anonymously rated the individual health needs using the following criteria, where a rating of 1=Strongly Disagree and a rating of 5=Strongly Agree:

Severity	In my opinion, this is a serious health need within the community.
Importance to Community	In my opinion, addressing this health need is very important to this community.
Impact	In my opinion, addressing this health need will improve the quality of life within this community.
Existing community resources	In my opinion, there are no resources for addressing this need within the community.

Eighteen participants completed a rankings sheet.

The individual responses were summarized, the scores across the four ranking criteria were combined and a weighted average was computed for each health concern. The combined rankings prioritized the health needs in the following order:

Overweight Children Mental Illness/Substance Abuse Prevention Access to Health Care Overweight Adults Cardiovascular Disease Cancer Cerebrovascular Disease Diabetes Dental Respiratory Disease

Appendix D includes the participants' ranking detail of top health concerns.

Community Health Needs Assessment Findings and Prioritization

Findings and Prioritization

Key Findings

After the community stakeholder rankings of needs were combined and prioritized, the weighted average of each community need was integrated into a prioritization matrix and was reviewed with other contributing factors by the SJHC Administrative team. The internal prioritization matrix was intended to introduce an objective element into the prioritization process, focusing prioritization of health needs on alignment with key strategies, resources, magnitude of the issue and overall capability.

The magnitude of each community need was pre-populated with a score which considered the rate of Eastern/Central St. Charles County's performance versus the benchmark of St. Charles County. The community need's alignment with SSM's Mission, key strategies and priorities was also pre-populated based on review of the 2012-2016 Strategic Financial and Human Resources Plan (SFHRP).

The SJHC Administrative team ranked the level of resources needed to address each issue and the hospital's ability to impact the issue. A total priority score was computed for each issue by summing all rankings (Magnitude, Average Community Ranking, Alignment with Mission and Key Strategies, Resources Needed, and Ability to Impact) for that issue. The total priority scores were sorted in descending order to identify the prioritized health needs. The ranking of the community needs in the internal prioritization matrix for SJHC is summarized below. The final prioritization matrix can be found in Appendix E.

Respiratory Disease Diabetes Cardiovascular Disease Cancer Cerebrovascular Disease Overweight Adults Access to Health Care Overweight Children Mental Illness/Substance Abuse Dental

The SJHC Administrative team chose to focus strategic efforts to improve:

- 1. Access to Healthcare for Uninsured
- 2. Prevention and Health Screenings (to impact Respiratory/Vascular Disease States)
- 3. Substance Abuse

Access to Healthcare for Uninsured: Although the priority score for Access is lower than some other issues in the list, SJHC Administration felt it was one of the most critical issues and was strongly strategically aligned with the hospital's priorities. In addition, acknowledgement of increased access issues came out during the stakeholder prioritization discussion and the final score from the stakeholders' rankings placed Access near the top. To impact the issue, Administration will partner with other community resources to increase capacity in Eastern St. Charles County for the uninsured population. It is presumed that improved access would also have an impact on other indicators in the list.

Findings and Prioritization

SSM St. Joseph Health Center

Prevention and Health Screenings (to impact Respiratory/Vascular Disease States):

The SJHC Administration felt that the hospital and, more broadly through service line management, the SSM St Louis Network are already addressing the Cardiovascular, Cancer and Cerebrovascular disease states, which were informally referred to as "lagging" health indicators (i.e., the disease is already in place and requires treatment.) The group felt strongly that they would prefer to put focus around "leading" indicators (i.e., prevention, screenings, education) in an effort to identify diseases in earlier stages and reduce incidence rates. Administration intends to collaborate with community partners to identify where local needs are greatest and jointly develop community-based education and screenings aimed at decreasing obesity and smoking rates and self-management of diabetes. Overweight Children and Prevention were among the top three health needs as prioritized by the Community Stakeholder Group; the disease states addressed through this initiative, as well as Diabetes, were among the top five priorities from the combined Stakeholders' and Hospital Administration rankings.

Substance Abuse:

While the hospital already has a robust presence in the Mental Health business, the Community Stakeholder group prioritized substance abuse as the number two issue for St. Charles County and the Administrative team concurs with this assessment. SJHC proposes working with local schools and law enforcement to develop and provide education to increase awareness of this community health issue, including options available for prevention and treatment.

The remaining items in the list of community health needs are not included in the final recommendations because they will be indirectly impacted by implementation of initiatives focused on the recommended health needs or they cannot be addressed due to limited resources and the hospital's ability to impact the issue. While the hospital acknowledges the significance of the remaining needs, it was determined to be most prudent to focus on the biggest issues that are most aligned with our strategic direction and Mission.

Appendices

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Appendix A:

Community Stakeholders

Community Stakeholders' Organizations

CHNA Community Stakeholders Organizations		
Title	Organization	
Clinical Director	Volunteers in Medicine	
Superintendent	Fort Zumwalt School District	
President	Duchesne High School	
Chief of Communicable Disease	St. Charles County Division of Public Health	
Director of Administration	St. Charles County	
Executive Director	United Services	
Chief Financial Officer	Lindenwood University	
Vice President	NAIDESCO	
Chief Executive Officer/Director	St. Charles Chamber of Commerce	
Retired	Harmon Foundation	
Retired	GoelIner Promotions	
President	Modern Business Interiors	
Retired	Education	
Fire & Rescue	City of St. Charles Fire Department	
Chief Financial Officer	St. Charles County Ambulance District	
County Counselor	St. Charles County Government	
Director of Development	Sts Joachim & Ann Care Center	
Development & Community Relations	Community Council	
Director	St. Charles County Department of Health	

Appendix B:

St. Charles County Zip Codes

Zip Codes Represented in St. Charles County

Zip	County	Submarket
63301	St. Charles County	Eastern/Central St. Charles County
63302	St. Charles County	Eastern/Central St. Charles County
63303	St. Charles County	Eastern/Central St. Charles County
63304	St. Charles County	Eastern/Central St. Charles County
63338	St. Charles County	Eastern/Central St. Charles County
63372	St. Charles County	Eastern/Central St. Charles County
63373	St. Charles County	Eastern/Central St. Charles County
63376	St. Charles County	Eastern/Central St. Charles County
63386	St. Charles County	Eastern/Central St. Charles County
63393	St. Charles County	Eastern/Central St. Charles County
63332	St. Charles County	Western St. Charles County
63341	St. Charles County	Western St. Charles County
63346	St. Charles County	Western St. Charles County
63348	St. Charles County	Western St. Charles County
63358	St. Charles County	Western St. Charles County
63365	St. Charles County	Western St. Charles County
63366	St. Charles County	Western St. Charles County
63367	St. Charles County	Western St. Charles County
63368	St. Charles County	Western St. Charles County
63385	St. Charles County	Western St. Charles County
63394	St. Charles County	Western St. Charles County

<u>Appendix C</u>:

Community Stakeholder Online Survey Responses

Community Stakeholders' Responses

SSM St. Jos	seph Health Center CHNA Survey Monl	key Responses			
Response	Question 1 - Greatest Health Needs	Question 2 - Resources Available for Need	Question 3 - Largest Gap		
	3 areas for the uninsured, low income: 1. Mental Health	Volunteers In Medicine, Inc. St Charles			
1	2. Waiting times for appts for general medical care	Crider Mental Health(very difficult for uninsured to be seen	All 3 are big; however Mental heal care is probably #1		
	3. Dental Care	A few private dentists who do sliding scale & occasional free care			
	transportation to health care services and medical apptments	SSM provides some trasnsportation services, but it is not well known Call- A-Ride for those eligible Do not know of other resources			
	lack of insurance to acquire care	n/a	,		
2	prescription costs for the low income and the elderly	Medicare for some, but even that can leave the elderly with significant bills and it is not just the Medicare covered that have prescription cost issues	n/a		
3	Education (better health, available resources, etc.) Locating and assisting those with health care needs (especially those with young chilren). Fear of health care cost adversly	Division of Family Services? Department of Aging? County Health Department?	One and two may go hand in hand. Better education may help us better locate those who have health care needs.		
	effects health care decisions.				
4	Geriatric care	?			
4	Psychiatric services ?	? ?	unsure		
	geriatric care	SSM System			
5	childhood obesity	BJC System	Childhood obesity		
5	mental health/dementia	St. Charles County Department of Health	Cintended obesity		
	Lack of medical insurance coverage for all residents.	Hospitals writing off losses			
6	Drop in financial support for our hospitals	Social Security Administration/Social Services	Transplant services		
	Lack of transplant procedures performed locally	?			
	Obesity	Hospitals do health outreach			
7	Heart Disease	Crider assists some un/under insured health needs	Among the working poor and under insured -a growing population in St.		
,	lack of insurance/high copays interfere with addressing preventative health needs	Crider	Charles County		

Community Stakeholders' Responses Continued

SSM St. Jo	SSM St. Joseph Health Center CHNA Survey Monkey Responses						
Response	Question 1 - Greatest Health Needs	Question 2 - Resources Available for Need	Question 3 - Largest Gap				
	Health and dental care for children without insurance	Not known					
8	Adequate inpatient treatment facilities for psychiatric patients	A few beds at SSM St. Joseph Health Center	Lack of advertising of all types of services available				
	Outpatient facilities for cognitive therapy needed after brain injury	No known facilities or programs					
	DRUG DEPENDENCY BOTH PRESCRIPTION AND ON THE STREET	N/A					
9	BURN UNIT IN ST CHARLES	N/A	N/A				
	IMAGE OF HEALTH CARE COMPARED TO ST LOUIS	N/A	-				
	chemical dependency	St. Joseph's Health Center					
10	gerontology issues	Crider Center	Chemical Dependency				
	mental health issues	Area Agency for Aging					
	Programs to educate and curb obesity of all ages	Private physicians/Diabetes Associations/maybe schools					
11	Medicaid funded services for poor and low income	Organized Lobbying by various agencies	Funding/ organized leadership, esp. for diabetes edu.				
	Domestic Violence of women and children	Bridgeway Behavioral is only one I know					

Footnote:	
Survey Response Rate	
# of those surveyed	19
# of responses	11
Response rate	57.9%
Time Period	
March 2, 2012 to March 23, 2012	

<u>Appendix D</u>:

Community Stakeholder Health Needs Prioritization

Community Stakeholders' Health Needs Prioritization Matrix

Community Prioritization: Have your community partners or community members on your CHNA work team complete the ranking below. A high "total priority score" indicates the highest prioritized, most pressing need.

Instructions: For each of the identified community needs, please select the rating that best describes your agreement with the statements below and write it in the box below the question.

5: Strongly Agree	4: Agree		3: Neutral		2: Disagree		1: Stron	1: Strongly Disagree		
	Severity		Importance to Community		Impact		Existing community resources			Total
Identified Community Needs	In my opinion, this is a serious health need within this community.	n	In my opinion, addressing this health need is very important to this community.	n	In my opinion, addressing this health need will improve the quality of life within this community.		In my opinion, there are no resources for addressing this health need within this community.	n	Total Priority Score	Average Priority Score
Overweight Children	81	18	82	18	82	18	54	18	299	4.15
Mental Illness/Substance Abuse	80	18	82	18	84	18	50	18	296	4.11
Prevention	84	18	80	18	81	18	44	18	289	4.01
Access to Health Care	75	18	77	18	84	18	45	18	281	3.90
Overweight Adults	80	18	77	18	75	18	47	18	279	3.88
Cardiovascular Disease	78	18	78	18	75	18	37	18	268	3.72
Cancer	75	18	77	18	74	18	32	18	258	3.58
Cerebrovascular Disease	72	18	72	18	72	18	39	18	255	3.54
Diabetes	65	17	65	17	67	17	42	17	239	3.51
Dental	62	17	65	18	66	18	55	18	248	3.50
Respiratory Disease	63	18	64	18	72	18	41	18	240	3.33

<u>Appendix E</u>:

SJHC Administrative Health Needs Prioritization

St. Joseph Health Center's Administrative Health Needs Prioritization Matrix

	ch of the identified needs using the follo	<u> </u>	Alignmnet with Mission, Key	Resources Needed to			
	Magnitude		Strategies & Priorities	Address the Issue	Hospital's ability to Impact		
5	Greater than 10% unfavorable as compared to benchmark	A	Not currently addressed in SFHRP, but appropriate to add	No additional resources needed; service is currently in place	Can provide a service likely to measurably improve the community's health status		
3	10% unfavorable as compared to benchmark	Average Ratings from Community Stakeholders	Already addressed in 2012-2016 SFHRP	Minimal resources needed to extend a current service	Can provide a service likely to measurably improve the community's health status with expertise from a community organization partner		
1	Equal to or more favorable as compared to benchmark		Not currently addressed in SFHRP, and inappropriate to add	Requires significant resources	Don't have the ability to measurably improve this need		

Identified Community Needs

achimed community needs						000.0
Respiratory Disease	5	3.33	5	17	23	53.33
Diabetes	5	3.51	5	15	23	51.51
Cardiovascular Disease	3	3.72	3	19	21	49.72
Cancer	3	3.58	3	19	21	49.58
Cerebrovascular Disease	1	3.54	3	19	21	47.54
Overweight Adults	3	3.88	3	13	15	37.88
Access to Health Care	3	3.90	3	9	17	35.90
Overweight Children	3	4.15	3	9	15	34.15
Mental Illness/Substance Abuse	3	4.11	3	9	15	34.11
Dental	1	3.50	5	7	9	25.50

Appendix F:

Secondary Data Sources

Secondary Data Sources

Indicator	Data Source
Demographics	
Population by Age	Thomson Market Expert - Demographic Snapshot
Pediatric Population by Age/Gender (Current 2011)	Thomson Market Expert - Projected Population for Age Group & Sex
Pediatric Population by Age/Gender (Projected 2016)	Thomson Market Expert - Projected Population for Age Group & Sex
Population by Gender (Current 2011)	Thomson Market Expert - Demographic Snapshot
Population by Gender (Projected 2016)	Thomson Market Expert - Demographic Snapshot
Population by Race/Ethnicity (Currrent 2011)	Thomson Market Expert - Demographic Snapshot
Population by Race/Ethnicity (Projected 2016)	Thomson Market Expert - Demographic Snapshot
Median Household Income	Thomson Market Expert - Demographic Snapshot
Education Level	Thomson Market Expert - Demographic Snapshot
Literacy Rates	National Center for Education Statistics (NCES): State & County Estimates of Low
	Literacy (http://nces.ed.gov/naal/estimates/StateEstimates.aspx)
Marriage/Divorce Rates	MO DHSS: Table 35A - Reported Marriages by County of Recording with Rates per 1,000
Descent of Children in Circle Descent Francisco (2000)	Population (http://health.mo.gov/data/vitalstatistics/mvs09/Table35A.pdf)
Percent of Children In Single Parent Families (2008)	Missouri Kids Count (http://oseda.missouri.edu/kidscount/)
Unemployment Rates	Missouri Economic Research and Information Center (MERIC) (http://missourieconomy.org)
Poverty Rates	Missouri Hunger Atlas (http://missourifamilies.org/mohungeratlas/counties/)
Food Uncertainty Rates	Missouri Hunger Atlas (http://missourifamilies.org/mohungeratlas/counties/)
Population Eligible for SNAP/Food Stamps	Missouri Hunger Atlas (http://missourifamilies.org/mohungeratlas/counties/)
Health Factors	
Top Health Risk Factors	
HIV prevalence rate	County Health Rankings (http://www.countyhealthrankings.org/)
Overweight (25.0 - 29.9 BMI) ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
Obese (>= 30 BMI) ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
Adult obesity	County Health Rankings (http://www.countyhealthrankings.org/)
Current high blood pressure ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
Has high cholesterol - age 35 and older ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
Current diabetes ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
% diabetic	County Health Rankings (http://www.countyhealthrankings.org/)
Current asthma ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
Health Behaviors	
Less than 5 fruits and vegetables per day ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
Physical inactivity	County Health Rankings (http://www.countyhealthrankings.org/)
Excessive drinking	County Health Rankings (http://www.countyhealthrankings.org/)
Binge drinking	County Health Rankings (http://www.countyhealthrankings.org/)
No leisure-time physical activity ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
Current cigarette smoking ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
Adult smoking	County Health Rankings (http://www.countyhealthrankings.org/)
Activity limitation ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
Motor vehicle crash death rate	County Health Rankings (http://www.countyhealthrankings.org/)
Sexually transmitted infections	County Health Rankings (http://www.countyhealthrankings.org/)
Teen birth rate	County Health Rankings (http://www.countyhealthrankings.org/)
Clinical Care	
Mammography screening	County Health Rankings (http://www.countyhealthrankings.org/)
Diabetic screening	County Health Rankings (http://www.countyhealthrankings.org/)
Ever had blood cholesterol checked - age 35 and older ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
No blood stool test in last year - men and women age 50 and older ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
Never had a blood stool test - men and women age 50 and older ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
No sigmoidoscopy or colonoscopy in past 10 years - men and women 50 and older $^{ m 1}$	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
No sigmoidoscopy or colonoscopy in past 10 years - men and women 50 and older ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
Never had a sigmoidoscopy or colonoscopy - men and women age 50 and older ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
Never had a sigmoidoscopy or colonoscopy - men and women age 50 and older ¹ No mammogram or clinical breast exam in last year - women age 40 and older ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php) MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)

Secondary Data Sources Continued

Indicator	Data Source
Clinical Care Continued	
Never had a pap smear - women age 18 and older ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
Never had a mammogram - women age 40 and older ¹	MO DHSS: 2007 County Level Study (http://health.mo.gov/data/cls/index.php)
Preventable hospital stays	County Health Rankings (http://www.countyhealthrankings.org/)
Primary care physicians	County Health Rankings (http://www.countyhealthrankings.org/)
Mental health providers	County Health Rankings (http://www.countyhealthrankings.org/)
Uninsured adults	County Health Rankings (http://www.countyhealthrankings.org/)
Perception	County Health Rankings (http://www.countyhealthrankings.org/)
Risk Factor/Health Status Scores	Thomson Market Expert - Health Status - Analysis Based to US Mean
Tobacco Use	MO DHSS: Community Data Profiles
	(http://health.mo.gov/data/CommunityDataProfiles/)
Seatbelt Use	Missouri State Highway Patrol Statistical Analysis Center (SAC), County Fact Sheets
Child Safety Seat Usage Rates	Missouri Department of Transportation
	(http://www.modot.org/safety/SafetyBeltsandChildSafetySeats.htm)
Childhood Obesity Rate (per 1000)	Data Resource Center for Child and Adolescent Health
Prenatal Care Percentage (2009)	(http://www.childhealthdata.org/docs/nsch-docs/missouri-pdf.pdf) MO DHSS Missouri Information for Community Assessment (MICA) - Births Data
Teen Pregnancy Percentage (2009)	MO DHSS Missouri Information for Community Assessment (MICA) - Births Data
Mother Smoked During Pregnancy Percentage (2009)	MO DHSS Missouri Information for Community Assessment (MICA) - Births Data
Weight Gain During Pregnancy Rate per 100 (2009)	MO DHSS Missouri Information for Community Assessment (MICA) - Births Data
	NO DESS MISSOULT MIOLINATION FOR COMMUNITY ASSESSMENT (MICA) - BITTIS DATA
Health Outcomes	The survey Marshet Eveneth, Disease Course Q Associated Utilization, All Asso
Disease Prevalence (Percent of Total Population; All Ages)	Thomson Market Expert - Disease Cases & Associated Utilization, All Ages
HIV Prevalence Rate per 100,000 (2011)	County Data Source: County Health Rankings (http://www.countyhealthrankings.org/) Missouri Data Source: Centers for Disease Control and Prevention NCHHSTP Atlas (http://www.cdc.gov/nchhstp/atlas/)
Sexually Transmitted Infections Rate per 100,000 (2011)	MO DHSS: Reportable Sexually Transmitted Diseases, by County, for 2011 (http://health.mo.gov/data/hivstdaids/pdf/STD2011.pdf)
Tuberculosis Disease Rate per 100,000 (2010)	MO DHSS: TB Disease by County (http://health.mo.gov/living/healthcondiseases/communicable/tuberculosis/pdf/2010 TB Disease.pdf)
Chronic Disease Emergency Visits	MO DHSS Missouri Information for Community Assessment (MICA) - Chronic Disease data, All Ages
Cause of Inpatient Hospitalization Rankings	MO DHSS Missouri Information for Community Assessment (MICA) - Inpatient Hospitalization data
Chronic Disease Inpatient Hospitalization Rankings	MO DHSS Missouri Information for Community Assessment (MICA) - Chronic Disease data, All Ages
Preventable Hospitalizations Quality Indicators for Disease Prevention and	Missouri Hospital Association, 2010 Assessing the Health of Our Communities: AHRQ
Management (Per 100,000 Population; Risk-Adjusted; 2008)	Preventable Hospitalizations
Inpatient Mental Health Hospitalization Discharge Rate per 10,000	MO DHSS Missouri Information for Community Assessment (MICA) - Inpatient Hospitalization data, All Ages
Mental Health Emergency Visits per 1,000	MO DHSS Missouri Information for Community Assessment (MICA) - Emergency Visit data, All Ages
Cause of Death Rankings	MO DHSS Missouri Information for Community Assessment (MICA) - Deaths data, All Ages
Chronic Disease Deaths	MO DHSS Missouri Information for Community Assessment (MICA) - Chronic Disease data, All Ages
Premature Deaths	County Health Rankings (http://www.countyhealthrankings.org/)
Birth Rate by Age (2009)	MO DHSS Missouri Information for Community Assessment (MICA) - Births Data
Birth Rate by Education (2009)	MO DHSS Missouri Information for Community Assessment (MICA) - Births Data
Birth Defects Rate per 10,000 (2003-2007)	MO DHSS: Community Data Profiles
Low Birth Weight Rates per 100 (2009)	(http://health.mo.gov/data/CommunityDataProfiles/) MO DHSS Missouri Information for Community Assessment (MICA) - Births Data
Infant Mortality Rate per 1,000 (1999-2009)	MO DHSS: Community Data Profiles
	(http://health.mo.gov/data/CommunityDataProfiles/)

Secondary Data Sources Continued

Indicator	Data Source
Health Outcomes Continued	
Pediatric Inpatient Hospitalizations	MO DHSS Missouri Information for Community Assessment (MICA) - Inpatient
	Hospitalization data, Ages 0-17
Pediatric Preventable Hospitalizations	MO DHSS Missouri Information for Community Assessment (MICA) - Preventable
	Hospitalizations data, Aages 0-17
Pediatric Mental Health Inpatient Hospitalization Rate per 10,000	MO DHSS Missouri Information for Community Assessment (MICA) - Inpatient
	Hospitalization data, Ages 0-14
Pediatric Mental Health Emergency Visits per 1,000	MO DHSS Missouri Information for Community Assessment (MICA) - Emergency Visit
	data, Ages 0-14
Pediatric Abuse & Neglect (Ages 0-14; per 100,000 Population)	MO DHSS Missouri Information for Community Assessment (MICA) - Injury Data, Ages 0-
	14
Pediatric Asthma Emergency Room Visits (Ages 0-14; per 1,000 Population)	MO DHSS Missouri Information for Community Assessment (MICA) - Emergency Room
	Data, Ages 0-14
Pediatric Asthma Inpatient Hospitalizations (Ages 0-14; per 10,000 Population)	MO DHSS Missouri Information for Community Assessment (MICA) - Inpatient
	Hospitalizations Data, Ages 0-14
Percent of Children with Lead Poison (2009)	Missouri Kids Count (http://oseda.missouri.edu/kidscount/)
Clinical Care/Access	
Uninsured and Medicaid Coverage	Thomson Market Expert - Insurance Coverage Estimates
Provider Availabilty Ratio (2011)	County Health Rankings (http://www.countyhealthrankings.org/)
Health Professional Shortage Areas (HPSAs)	Health Resources and Services Administration (http://hpsafind.hrsa.gov/)
Other Sources	
Regional Health Commission, 2011 Acess to Care Data Book	
Vision for Children at Risk, Children of Metropolitan St. Louis (CMSL) Report to the C	Community
Healthy Communities St. Charles County, 2009 St. Charles County Community Healt	h Needs Assessment Report

Appendix G:

Detailed Data

Appendix G

Detailed Data

	S	St. Charles County					
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State		
Demographics							
Population by Age (Current 2011)							
0-14	32,642	43,385	76,027	413,919	1,189,812		
15-17	6,633	9,612	16,245	90,574	249,468		
18-34	30,670	48,002	78,672	470,779	1,375,353		
35-64	60,368	90,622	150,990	858,473	2,351,409		
65+	16,141	25,038	41,179	279,767	849,415		
Population by Age (Projected 2016)					•		
0-14	35,714	44,551	80,265	419,015	1,229,492		
15-17	7,337	10,128	17,465	86,638	243,148		
18-34	33,940	49,378	83,318	470,006	1,387,878		
35-64	66,920	95,496	162,416	859,773	2,357,769		
65+	20,653	31,228	51,881	320,022	964,643		
Population by Gender (Current 2011)	20,000	51,220	51,001	520,022	501,015		
Male	72,423	106,665	179,088	1,021,628	2,940,890		
Female	74,031	109,994	184,025	1,021,020	3,074,567		
Female (Childbearing Age 15-54)	29,481	43,885	73,366	423,856	1,183,326		
Population by Gender (Projected 2016)	29,401	43,000	13,300	423,030	1,103,320		
	04.247	112.400	104 606	1.042.022	2,025,262		
Male	81,217	113,469	194,686	1,043,632	3,025,360		
Female	83,347	117,312	200,659	1,111,822	3,157,570		
Female (Childbearing Age 15-54)	31,510	44,516	76,026	414,292	1,174,889		
Population by Race/Ethnicity (Currrent 2011)				1	1		
White Non-Hispanic	132,324	192,178	324,502	1,566,457	4,896,419		
African American Non-Hispanic	6,208	9,420	15,628	405,199	678,411		
Hispanic	2,995	6,320	9,315	51,988	213,163		
Asian & Pacific Is. Non-Hispanic	2,494	5,005	7,499	50,952	95,938		
All Others	2,433	3,736	6,169	38,916	131,526		
Population by Race/Ethnicity (Projected 2016)							
White Non-Hispanic	146,063	199,578	345,641	1,575,218	4,965,517		
African American Non-Hispanic	7,916	11,956	19,872	415,480	702,148		
Hispanic	3,899	8,155	12,054	62,506	258,599		
Asian & Pacific Is. Non-Hispanic	3,609	6,650	10,259	59,132	110,971		
All Others	3,077	4,442	7,519	43,118	145,695		
Median Household Income	\$82,540	\$76,505	\$78,863	\$69 <i>,</i> 077	\$58,796		
Education Level			•				
Less than High School	2,292	3,214	5,506	53,951	186,628		
Some High School	5,496	6,766	12,262	112,200	363,774		
High School Degree	28,172	37,744	65,916	379,909	1,294,486		
Some College/Assoc. Degree	29,773	47,020	76,793	430,450	1,147,203		
Bachelor's Degree or Greater	29,174	50,034	79,208	444,887	993,750		
Literacy Rates (% lacking Basic Prose Literacy Skills)	, ,		4.0%	,	7.0%		
Marriage/Divorce Rates		<u>.</u>	<u>.</u>				
Marriage Rate (per 1000)			4.4		6.5		
Divorce Rate (per 1000)			3.6		3.7		
Divorces as a % of Marriages			79.1%		57.7%		
Percent of Children In Single Parent Families (2008)			18.8%		32.2%		
Unemployment Rates			10.070		52.270		
Civilian Labor Force ¹			100 217	1 052 760			
Employment ¹			198,317	1,052,760			
			184,184	965,298			
Unemployment ¹			14,133	87,462			
Unemployment Rate ¹			7.1%	8.3%			
Poverty Rates		1	1		1		
Population BELOW Poverty			5.0%		13.5%		
<18 years			6.6%		18.9%		
>64 years			3.5%		12.3%		

	S	t. Charles Count	:y	Bench	marks
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Food Uncertainty Rates		eentru.	county		
% of Households Food Uncertain			8.4%		15.8%
% HH w/ Children Food Uncertain			11.7%		23.4%
% Food Uncertain w/Hunger			3.0%		7.2%
Population Eligible for SNAP/Food Stamps			51070		71270
% Total Pop Income Eligible			6.4%		18.2%
% <18 Years Income Eligible			7.8%		24.7%
Health Factors			11070		2
Top Health Risk Factors					
HIV prevalence rate			65		
Overweight (25.0 - 29.9 BMI) ²			32.9%	36.8%	35.7%
Obese (\geq 30 BMI) ²			31.4%	31.2%	29.1%
Adult obesity			29%	51.278	30%
Current high blood pressure ²			17.9%	24.4%	19.6%
Has high cholesterol - age 35 and older ²			17.5%	23.8%	20.2%
Current diabetes ²			9.0%	11.3%	9.3%
% diabetic			9.0%	11.5%	9.5%
Current asthma ²			6.8%	9.3%	8.5%
Health Behaviors			0.876	5.378	8.376
			76 70/	77.00/	76.404
Less than 5 fruits and vegetables per day ²			76.7%	77.8%	76.1%
Physical inactivity			23%		27%
Excessive drinking			22%		17%
Binge drinking			21%	22.24	16%
No leisure-time physical activity ²			19.9%	29.9%	25.3%
Current cigarette smoking ²			18.6%	27.8%	23.2%
Adult smoking			18%	07.70	24%
Activity limitation ²			16.7%	27.7%	22.0%
Motor vehicle crash death rate			11		20
Sexually transmitted infections			194		422
Teen birth rate			21		45
Clinical Care		1	1	1	
Mammography screening			69%		62%
Diabetic screening			82%		83%
Ever had blood cholesterol checked - age 35 and older ²			91.7%	87.2%	89.3%
No blood stool test in last year - men and women age 50 and older ²			89.6%	85.3%	87.1%
Never had a blood stool test - men and women age 50 and older ²			56.4%	59.3%	58.5%
No sigmoidoscopy or colonoscopy in past 20 years - men and women					
50 and older ² No sigmoidoscopy or colonoscopy in past 20 years - men and women			33.4%	48.9%	40.4%
50 and older ²			33.4%	48.9%	40.4%
Never had a sigmoidoscopy or colonoscopy - men and women age 50			33.478	48.576	40.478
and older ²			30.5%	44.3%	36.6%
No mammogram or clinical breast exam in last year - women age 40			201070		
and older ²			29.1%	33.9%	27.6%
No pap smear in last 3 years - women age 28 and older ²			16.2%	25.4%	19.5%
Never had a pap smear - women age 28 and older ²			4.0%	3.7%	3.4%
Never had a mammogram - women age 40 and older ²			2.9%	11.8%	8.7%
Preventable hospital stays			63	1	79
Primary care physicians			1,697:1		1,015:1
Mental health providers			34,960:1	1	9,561:1
Uninsured adults			11%		17%
Perception		1		•	
Poor or fair health			10%		16%
Poor physical health days			2.9	1	3.7
Poor mental health days			3.4		3.6
i oor mentar nearth uays		1	5.4	I	3.0

	S	St. Charles County			Benchmarks		
Indicator	Western	Eastern /	St. Charles	St. Louis MSA*	Missouri State		
	Western	Central	County	Sti Louis Misk	Wilsouri State		
Risk Factor/Health Status Scores		т	1	1	1		
Diet/Nutrition	75.1	71.6	73.0	67.3	64.4		
Behavioral	57.9	57.8	57.8	55.0	46.9		
Disease	69.3	65.1	66.7	60.5	55.6		
Perceived	67.5	61.0	63.5	57.2	53.3		
Tobacco Use	1	1		1	1		
Current Cigarette Smoking			18.6%	27.8% ¹	23.2%		
Former Cigarette Smoking			23.6%	25.6% ¹	25.1%		
Seatbelt Use			12.8%				
Child Safety Seat Usage Rates					91.0%		
Childhood Obesity Rate (per 1000)							
African American, non-Hispanic					52.3%		
White, non-Hispanic					25.1%		
Prenatal Care Percentage (2009)							
None							
All	0.4%	0.3%	0.3%	0.8%	1.9%		
White	0.4%	0.2%	0.3%	0.4%	0.9%		
African American	1.1%	1.5%	1.4%	2.2%	3.7%		
1st Trimester							
All	92.0%	91.3%	91.6%	88.5%	65.7%		
White	92.6%	92.3%	92.4%	92.4%	70.9%		
African American	83.1%	75.0%	78.3%	77.7%	55.9%		
2nd Trimester							
All	5.6%	4.8%	5.2%	8.0%	24.8%		
White	5.1%	4.4%	4.7%	5.2%	21.7%		
African American	13.5%	12.1%	12.7%	16.0%	30.8%		
3rd Trimester							
All	0.7%	0.6%	0.6%	1.3%	4.0%		
White	0.6%	0.4%	0.5%	0.9%	3.2%		
African American	2.2%	4.5%	3.6%	2.6%	5.1%		
Unknown							
All	1.4%	3.0%	2.3%	1.3%	3.6%		
White	1.3%	2.7%	2.1%	1.2%	3.3%		
African American		6.8%	4.1%	1.5%	4.5%		
Teen Pregnancy Percentage (2009)			•		•		
All	4.8%	5.4%	5.2%	9.0%	10.9%		
White	4.8%	5.1%	5.0%	5.5%	9.5%		
African American	11.2%	13.7%	19.4%	19.4%	9.0%		
Mother Smoked During Pregnancy Percentage (2009)							
All	7.8%	9.9%	9.0%	11.8%	16.8%		
White	8.0%	10.6%	9.4%	12.7%	18.2%		
African American			8.1%	11.0%	12.6%		
Weight Gain During Pregnancy Rate per 100 (2009)		1		1			
Gained Less Than 15 Pounds							
All	6.3	7.7	7.0	7.7	9.0		
White	6.3	8.1	7.2	7.2	8.7		
African American	0.5	5.1	5.4	9.7	10.6		
Gained More Than 44 Pounds			5	5			
All	18.4	17.8	18.1	18.7	19.0		
White	18.8	17.0	18.4	18.5	18.8		
African American	10.0	10.0	21.6	21.1	21.3		
			21.0	41.1	21.3		

Indicator	St. Charles County			Benchmarks	
	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Health Outcomes					
Disease Prevalence (Percent of Total Population; All Ages)					
Angina	1.5%	1.6%	1.6%	1.6%	1.7%
Arthritis	16.6%	17.2%	17.0%	17.8%	18.0%
Asthma	9.0%	9.2%	9.1%	9.2%	9.2%
Breast Cancer	0.9%	1.0%	1.0%	1.1%	1.1%
Cervical Cancer	0.5%	0.5%	0.5%	0.5%	0.5%
Chronic Bronchitis	3.1%	3.2%	3.2%	3.2%	3.2%
Colon/Rectal Cancer	0.4%	0.4%	0.4%	0.4%	0.4%
Congestive Heart Failure	1.3%	1.3%	1.3%	1.5%	1.5%
Coronary Heart Disease	3.1%	3.2%	3.1%	3.4%	3.5%
Depression/Anxiety	7.7%	8.0%	7.9%	8.2%	8.1%
Diabetes	5.3%	5.5%	5.4%	6.2%	6.0%
Emphysema	1.3%	1.4%	1.3%	1.4%	1.4%
Hay Fever	6.2%	6.4%	6.3%	6.2%	6.2%
Hearing Impairment	4.4%	4.5%	4.5%	4.5%	4.8%
Heart Attack	2.5%	2.6%	2.6%	2.8%	2.9%
Hypertension	20.2%	21.0%	20.7%	22.9%	22.5%
Liver Condition	1.0%	1.0%	1.0%	1.0%	1.0%
Low Back Pain	20.1%	20.7%	20.5%	20.5%	20.7%
Lung Cancer	0.2%	0.2%	0.2%	0.2%	0.2%
Migraine Headaches	9.9%	10.1%	10.0%	9.8%	9.8%
Other Cancers	0.0%	0.0%	0.0%	0.0%	0.0%
Pain/Aching of Joints	22.7%	23.4%	23.1%	23.6%	23.8%
Prostate Cancer	0.7%	0.7%	0.7%	0.8%	0.8%
Sinusitis	10.0%	10.2%	10.1%	10.2%	10.2%
Skin Cancer	0.5%	0.5%	0.5%	0.5%	0.5%
Stroke	1.8%	1.9%	1.8%	2.2%	2.1%
Ulcers	1.4%	1.4%	1.4%	1.4%	1.4%
Uterine Cancer	0.3%	0.3%	0.3%	0.3%	0.3%
Weak/Failing Kidneys	1.0%	1.1%	1.1%	1.2%	1.2%
HIV Prevalence Rate per 100,000 (2011)			65.0		225.6
Sexually Transmitted Infections Rate per 100,000 (2011)					
Chlamydia			193.1		429.7
Gonorrhea		Ī	26.2		119.4
Syphilis		Ī	3.9		6.3
Tuberculosis Disease Rate per 100,000 (2010)			1.2		1.8

	St. Charles County				Benchmarks	
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State	
Pediatric Emergency Room Visit Rankings (1 is Leading Cause)						
White (Under 1)						
Blood and blood forming	14	0	14	15	15	
Bone- connective tissue- muscle	12	13	12	12	12	
Brain - spinal cord - eyes - ears	2	3	5	2	3	
Congenital anomalies	15	14	13	13	14	
Digestive system	5	4	4	5	5	
Heart and circulation	13	14	12	14	13	
Infection	6	6	6	6	6	
Injury and poisoning	4	2	3	4	4	
Kidneys - bladder - genitalia	10	10	9	9	9	
Mental disorders	0	0	15	17	17	
Neoplasms - malignant (cancer)	0	0	0	0	0	
Neoplasms - other	0	12	15	16	16	
Nutritional - metabolic - immunity	11	11	11	10	10	
Other - unclassified	9	8	10	11	11	
Perinatal conditions	8	7	7	7	7	
Pregnancy - childbirth - reproduction	0	0	0	0	0	
Respiratory (throat and lung)	1	1	1	1	1	
Skin	7	9	8	8	8	
Symptoms and ill-defined conditions	3	5	2	3	2	
White (Ages 1-9)						
Blood and blood forming	14	14	14	14	14	
Bone- connective tissue- muscle	9	10	8	9	9	
Brain - spinal cord - eyes - ears	3	3	4	3	3	
Congenital anomalies	15	15	16	15	16	
Digestive system	5	5	5	5	5	
Heart and circulation	13	13	11	13	12	
Infection	6	6	6	6	6	
Injury and poisoning	1	1	1	1	1	
Kidneys - bladder - genitalia	8	8	9	8	8	
Mental disorders	12	12	13	11	13	
Neoplasms - malignant (cancer)	15	0	17	18	18	
Neoplasms - other	0	15	18	17	17	
Nutritional - metabolic - immunity	11	11	10	10	10	
Other - unclassified	10	9	12	12	11	
Perinatal conditions	15	0	15	16	15	
Pregnancy - childbirth - reproduction	0	0	0	0	0	
Respiratory (throat and lung)	2	2	2	2	2	
Skin	7	7	7	7	7	
Symptoms and ill-defined conditions	4	4	3	4	4	

	S	t. Charles Count	y	Benchmarks		
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State	
Pediatric Emergency Room Visit Rankings (1 is Leading Cause) - Continue	d					
White (Ages 10-17)						
Blood and blood forming	15	15	15	15	15	
Bone- connective tissue- muscle	7	8	6	7	7	
Brain - spinal cord - eyes - ears	4	4	4	4	4	
Congenital anomalies	16	0	0	16	17	
Digestive system	5	6	7	6	5	
Heart and circulation	11	11	11	11	11	
Infection	9	10	9	9	9	
Injury and poisoning	1	1	1	1	1	
Kidneys - bladder - genitalia	8	7	8	8	6	
Mental disorders	6	5	5	5	10	
Neoplasms - malignant (cancer)	0	0	16	18	18	
Neoplasms - other	0	0	0	17	16	
Nutritional - metabolic - immunity	12	13	12	13	13	
Other - unclassified	13	12	14	14	14	
Perinatal conditions	0	0	0	19	19	
Pregnancy - childbirth - reproduction	14	14	13	12	12	
Respiratory (throat and lung)	2	2	2	2	2	
Skin	10	9	10	10	8	
Symptoms and ill-defined conditions	3	3	3	3	3	
White (Ages 0-17)						
Blood and blood forming	16	16	16	16	16	
Bone- connective tissue- muscle	9	10	7	9	9	
Brain - spinal cord - eyes - ears	3	4	4	4	4	
Congenital anomalies	17	18	17	17	17	
Digestive system	5	5	5	5	5	
Heart and circulation	12	12	11	11	11	
Infection	6	6	6	6	6	
Injury and poisoning	1	1	1	1	1	
Kidneys - bladder - genitalia	7	8	8	8	8	
Mental disorders	10	9	10	10	10	
Neoplasms - malignant (cancer)	18	0	18	19	19	
Neoplasms - other	0	17	19	18	18	
Nutritional - metabolic - immunity	13	13	12	13	12	
Other - unclassified	11	11	14	14	15	
Perinatal conditions	14	14	13	12	13	
Pregnancy - childbirth - reproduction	15	15	15	15	14	
Respiratory (throat and lung)	2	2	2	2	2	
Skin	8	7	9	7	7	
Symptoms and ill-defined conditions	4	3	3	3	3	

	S	t. Charles Count	y	Bench	marks
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Pediatric Emergency Room Visit Rankings (1 is Leading Cause) - Continued	d				
African American (Under 1)					
Blood and blood forming	0	9	9	13	15
Bone- connective tissue- muscle	0	0	0	12	14
Brain - spinal cord - eyes - ears	2	2	2	2	2
Congenital anomalies	10	9	8	10	12
Digestive system	4	4	3	4	4
Heart and circulation	0	9	8	11	13
Infection	6	3	5	5	5
Injury and poisoning	5	6	5	6	6
Kidneys - bladder - genitalia	9	0	7	9	9
Mental disorders	0	0	0	14	17
Neoplasms - malignant (cancer)	0	0	0	0	0
Neoplasms - other	0	0	0	13	16
Nutritional - metabolic - immunity	0	9	0	10	10
Other - unclassified	9	7	9	11	11
Perinatal conditions	8	6	4	7	7
Pregnancy - childbirth - reproduction	0	0	0	0	0
Respiratory (throat and lung)	1	1	1	1	1
Skin	7	8	6	8	8
Symptoms and ill-defined conditions	3	5	2	3	3
African American (Ages 1-9)					
Blood and blood forming	0	12	11	13	13
Bone- connective tissue- muscle	10	10	8	9	9
Brain - spinal cord - eyes - ears	3	3	3	3	3
Congenital anomalies	0	0	0	15	16
Digestive system	6	6	6	6	6
Heart and circulation	11	13	9	10	10
Infection	5	5	5	4	5
Injury and poisoning	2	2	2	2	2
Kidneys - bladder - genitalia	8	9	8	8	8
Mental disorders	12	11	12	11	12
Neoplasms - malignant (cancer)	0	0	0	17	18
Neoplasms - other	0	0	0	17	17
Nutritional - metabolic - immunity	0	11	11	14	14
Other - unclassified	9	8	10	12	11
Perinatal conditions	0	0	13	16	15
Pregnancy - childbirth - reproduction	0	0	0	0	0
Respiratory (throat and lung)	1	1	1	1	1
Skin	7	7	7	7	7
Symptoms and ill-defined conditions	4	4	4	5	4

	S	t. Charles Count	:y	Bench	marks
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Pediatric Emergency Room Visit Rankings (1 is Leading Cause) - Continue	d				
African American (Ages 10-17)					
Blood and blood forming	0	0	0	15	14
Bone- connective tissue- muscle	5	11	5	7	9
Brain - spinal cord - eyes - ears	4	4	4	4	4
Congenital anomalies	0	0	0	17	16
Digestive system	6	5	6	8	8
Heart and circulation	9	9	10	11	11
Infection	9	6	7	5	5
Injury and poisoning	1	1	1	1	1
Kidneys - bladder - genitalia	7	10	8	9	7
Mental disorders	10	8	11	10	10
Neoplasms - malignant (cancer)	0	0	0	19	19
Neoplasms - other	0	0	0	16	17
Nutritional - metabolic - immunity	12	12	13	14	15
Other - unclassified	11	12	14	13	13
Perinatal conditions	0	0	0	18	18
Pregnancy - childbirth - reproduction	11	12	12	12	12
Respiratory (throat and lung)	2	2	2	2	2
Skin	8	7	9	6	6
Symptoms and ill-defined conditions	3	3	3	3	3
African American (Ages 0-17)					
Blood and blood forming	0	15	16	16	16
Bone- connective tissue- muscle	9	11	8	9	9
Brain - spinal cord - eyes - ears	3	3	4	3	4
Congenital anomalies	15	17	17	17	17
Digestive system	5	6	5	6	6
Heart and circulation	11	12	10	11	11
Infection	6	5	6	5	5
Injury and poisoning	2	1	2	2	2
Kidneys - bladder - genitalia	8	9	9	8	8
Mental disorders	12	10	11	10	10
Neoplasms - malignant (cancer)	0	0	0	19	19
Neoplasms - other	0	0	0	18	18
Nutritional - metabolic - immunity	15	14	13	15	15
Other - unclassified	10	8	14	14	14
Perinatal conditions	14	13	12	13	13
Pregnancy - childbirth - reproduction	13	16	15	12	13
Respiratory (throat and lung)	10	2	1	1	1
Skin	7	7	7	7	7
Symptoms and ill-defined conditions	4	4	3	4	3

	S	t. Charles Count	Benchmarks		
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Pediatric Emergency Room Visit Rankings (1 is Leading Cause) - Continue	d				
Total (Under 1)					
Blood and blood forming	14	13	15	15	15
Bone- connective tissue- muscle	12	12	13	14	12
Brain - spinal cord - eyes - ears	2	2	3	2	3
Congenital anomalies	14	12	14	12	13
Digestive system	5	3	4	4	4
Heart and circulation	13	11	12	13	14
Infection	6	5	6	6	6
Injury and poisoning	4	4	5	5	5
Kidneys - bladder - genitalia	10	9	9	9	9
Mental disorders	0	0	16	17	17
Neoplasms - malignant (cancer)	0	0	0	0	0
Neoplasms - other	0	11	16	16	16
Nutritional - metabolic - immunity	11	10	11	10	10
Other - unclassified	9	7	10	11	11
Perinatal conditions	8	6	7	7	7
Pregnancy - childbirth - reproduction	0	0	0	0	0
Respiratory (throat and lung)	1	1	1	1	1
Skin	7	8	8	8	8
Symptoms and ill-defined conditions	3	3	2	3	2
Total (Ages 1-9)					
Blood and blood forming	14	14	14	14	14
Bone- connective tissue- muscle	9	10	8	9	9
Brain - spinal cord - eyes - ears	3	3	4	3	3
Congenital anomalies	15	15	16	15	16
Digestive system	5	5	5	6	6
Heart and circulation	11	13	11	10	12
Infection	6	6	6	5	5
Injury and poisoning	1	1	1	2	2
Kidneys - bladder - genitalia	8	8	9	8	8
Mental disorders	12	12	13	12	13
Neoplasms - malignant (cancer)	15	0	17	18	18
Neoplasms - other	0	15	18	17	17
Nutritional - metabolic - immunity	13	11	10	13	10
Other - unclassified	10	9	12	11	11
Perinatal conditions	15	0	15	16	15
Pregnancy - childbirth - reproduction	0	0	0	0	0
Respiratory (throat and lung)	2	2	2	1	1
Skin	7	7	7	7	7
Symptoms and ill-defined conditions	4	4	3	4	4

	S	t. Charles Count	y	Benchmarks		
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State	
Pediatric Emergency Room Visit Rankings (1 is Leading Cause) - Continued	ł					
Total (Ages 10-17)						
Blood and blood forming	15	15	15	15	15	
Bone- connective tissue- muscle	6	8	6	7	8	
Brain - spinal cord - eyes - ears	4	4	4	4	4	
Congenital anomalies	16	0	0	16	17	
Digestive system	5	5	7	6	5	
Heart and circulation	11	11	11	11	11	
Infection	9	10	9	5	9	
Injury and poisoning	1	1	1	1	1	
Kidneys - bladder - genitalia	8	7	8	9	6	
Mental disorders	7	6	5	8	10	
Neoplasms - malignant (cancer)	0	0	16	18	18	
Neoplasms - other	0	0	0	16	16	
Nutritional - metabolic - immunity	13	13	12	14	13	
Other - unclassified	12	12	14	13	14	
Perinatal conditions	0	0	0	17	19	
Pregnancy - childbirth - reproduction	14	14	13	12	12	
Respiratory (throat and lung)	2	2	2	2	2	
Skin	10	9	10	10	7	
Symptoms and ill-defined conditions	3	3	3	3	3	
Total (Ages 0-17)						
Blood and blood forming	16	16	16	16	16	
Bone- connective tissue- muscle	9	10	7	9	9	
Brain - spinal cord - eyes - ears	3	4	4	3	4	
Congenital anomalies	17	18	17	17	17	
Digestive system	5	5	5	6	5	
Heart and circulation	12	12	11	11	11	
Infection	6	6	6	5	6	
Injury and poisoning	1	1	1	1	1	
Kidneys - bladder - genitalia	7	8	9	8	8	
Mental disorders	10	9	10	10	10	
Neoplasms - malignant (cancer)	18	0	18	19	19	
Neoplasms - other	0	17	19	18	18	
Nutritional - metabolic - immunity	13	13	13	15	14	
Other - unclassified	11	11	14	14	15	
Perinatal conditions	14	14	12	12	12	
Pregnancy - childbirth - reproduction	15	15	15	13	13	
Respiratory (throat and lung)	2	2	2	2	2	
Skin	8	7	8	7	7	
Symptoms and ill-defined conditions	4	3	3	4	3	

	St. Charles County			Bench	marks
Indicator	Western	Eastern /	St. Charles	St. Louis MSA*	Missouri State
Chronic Disease Emergency Visits (1 is Leading Cause)		Central	County		
White (All Ages)					
Alcohol/substance related disorders	6	7	5	5	5
Arthritis/other joint disorders	2	2	2	3	3
Asthma	3	4	3	4	4
Atherosclerosis	14	14	13	14	13
Cancer	14	14	13	14	13
Chronic obstructive pulmonary disease (COPD)	4	3	4	2	2
Chronic renal failure	13	12	4	13	14
Diabetes	9	8	9	9	9
Epilepsy	5	6	9	9 6	6
Heart disease		1	1		
	1			1	1
Hypertension	8	9	7	8	7
Liver disease	12	13	12	12	12
Other cardiovascular/circulatory conditions	7	5	8	7	8
Sickle cell anemia	15	15	15	15	15
Stroke/cerebrovascular disease	10	11	10	10	10
African American (All Ages)	-				
Alcohol/substance related disorders	8	8	4	7	7
Arthritis/other joint disorders	3	3	3	3	3
Asthma	2	2	2	1	2
Atherosclerosis	15	15	14	15	15
Cancer	13	12	12	12	12
Chronic obstructive pulmonary disease (COPD)	4	4	7	4	4
Chronic renal failure	14	11	15	14	14
Diabetes	7	9	8	8	8
Epilepsy	5	5	6	5	6
Heart disease	1	1	1	2	1
Hypertension	6	7	5	6	5
Liver disease	12	13	13	13	13
Other cardiovascular/circulatory conditions	9	6	9	9	9
Sickle cell anemia	11	10	10	10	10
Stroke/cerebrovascular disease	10	14	11	11	11
Total (All Ages)					
Alcohol/substance related disorders	6	7	5	5	5
Arthritis/other joint disorders	2	2	2	3	2
Asthma	3	3	3	2	4
Atherosclerosis	15	14	13	15	15
Cancer	11	10	11	12	12
Chronic obstructive pulmonary disease (COPD)	4	4	4	4	3
Chronic renal failure	13	12	15	14	14
Diabetes	9	8	9	8	8
Epilepsy	5	6	6	6	6
Heart disease	1	1	1	1	1
Hypertension	8	9	7	7	7
Liver disease	12	13	12	13	13
Other cardiovascular/circulatory conditions	7	5	8	9	9
Sickle cell anemia	14	15	14	11	11
Stroke/cerebrovascular disease	10	11	10	10	10

	St. Charles County				marks
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Cause of Inpatient Hospitalization Rankings (1 is Leading Cause)					
White (All Ages)					
Blood and blood forming	19	17	16	17	16
Bone- connective tissue- muscle	7	7	7	7	7
Brain - spinal cord - eyes - ears	13	13	13	13	13
Congenital anomalies	17	18	17	18	17
Digestive system	3	2	3	2	3
Heart and circulation	1	1	1	1	1
Infection	9	9	9	12	12
Injury and poisoning	6	6	5	6	5
Kidneys - bladder - genitalia	8	8	8	8	8
Mental disorders	5	5	4	5	6
Neoplasms - malignant (cancer)	12	11	11	10	11
Neoplasms - other	15	15	15	16	15
Nutritional - metabolic - immunity	11	12	12	11	10
Other - unclassified	16	16	19	15	19
Perinatal conditions	18	19	18	19	18
Pregnancy - childbirth - reproduction	2	3	2	4	4
Respiratory (throat and lung)	4	4	6	3	2
Skin	14	14	14	14	14
Symptoms and ill-defined conditions	10	10	10	9	9
White - Pediatric (Under 1)	_				
Blood and blood forming	_			17	14
Bone- connective tissue- muscle	13	11	13	15	17
Brain - spinal cord - eyes - ears	4	3	6	5	7
Congenital anomalies	3	2	3	3	3
Digestive system	6	4	4	4	4
Heart and circulation		10	12	14	12
Infection	9	9	9	9	9
Injury and poisoning	7	7	7	8	10
Kidneys - bladder - genitalia	11	6	8	6	8
Mental disorders				18	18
Neoplasms - malignant (cancer)	13			16	16
Neoplasms - other	13	10	12	13	13
Nutritional - metabolic - immunity	6	5	10	7	5
Other - unclassified	12	9		12	15
Perinatal conditions	2	1	1	2	2
Pregnancy - childbirth - reproduction		-	-	1	19
Respiratory (throat and lung)	1	1	2	1	1
Skin	10	7	11	11	11
Symptoms and ill-defined conditions	8	8	5	10	6

	S	t. Charles Count	:y	Bench	marks
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Cause of Inpatient Hospitalization Rankings (1 is Leading Cause) - Continu	ber				
White - Pediatric (Ages 1-9)					
Blood and blood forming	12	12	9	16	11
Bone- connective tissue- muscle	12	11	14	13	14
Brain - spinal cord - eyes - ears	3	5	4	3	6
Congenital anomalies	8	7	11	10	10
Digestive system	2	4	5	5	2
Heart and circulation	13	13	12	17	16
Infection	10	10	13	12	12
Injury and poisoning	5	3	3	2	4
Kidneys - bladder - genitalia	6	7	8	8	8
Mental disorders	4	2	6	6	5
Neoplasms - malignant (cancer)	11	13	14	14	15
Neoplasms - other	11	14	14	15	13
Nutritional - metabolic - immunity	5	6	2	4	3
Other - unclassified	9	9	15	11	17
Perinatal conditions		14	15	18	18
Pregnancy - childbirth - reproduction	1				19
Respiratory (throat and lung)	1	1	1	1	1
Skin	7	8	7	7	7
Symptoms and ill-defined conditions	9	8	10	9	9
White - Pediatric (Ages 10-17)	1				
Blood and blood forming	1	16	17	18	16
Bone- connective tissue- muscle	9	9	9	10	8
Brain - spinal cord - eyes - ears	7	7	6	6	7
Congenital anomalies	13	11	13	15	14
Digestive system	2	3	3	3	4
Heart and circulation	13		16	16	15
Infection	12	13	12	14	13
Injury and poisoning	3	2	2	2	2
Kidneys - bladder - genitalia	6	8	10	8	9
Mental disorders	1	1	1	1	1
Neoplasms - malignant (cancer)	13	16	15	17	17
Neoplasms - other	7	14	14	12	12
Nutritional - metabolic - immunity	6	6	5	7	6
Other - unclassified	11	15	18	13	18
Perinatal conditions	1			19	19
Pregnancy - childbirth - reproduction	5	4	7	4	3
Respiratory (throat and lung)	4	5	4	5	5
Skin	10	12	11	11	11
Symptoms and ill-defined conditions	8	10	8	9	10

	S	t. Charles Count	y	Bench	marks
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Cause of Inpatient Hospitalization Rankings (1 is Leading Cause) - Continu	ed				
White - Pediatric (All ages 0-17)					
Blood and blood forming	19	17	18	19	16
Bone- connective tissue- muscle	16	13	13	13	13
Brain - spinal cord - eyes - ears	5	5	7	5	7
Congenital anomalies	9	6	9	9	9
Digestive system	3	3	4	4	3
Heart and circulation	18	19	16	18	17
Infection	14	14	12	15	14
Injury and poisoning	4	4	3	3	4
Kidneys - bladder - genitalia	8	9	8	8	11
Mental disorders	2	1	1	2	2
Neoplasms - malignant (cancer)	17	18	17	17	18
Neoplasms - other	12	16	15	16	15
Nutritional - metabolic - immunity	6	7	5	6	5
Other - unclassified	15	15	19	14	19
Perinatal conditions	7	8	6	7	6
Pregnancy - childbirth - reproduction	13	12	14	12	8
Respiratory (throat and lung)	1	2	2	1	1
Skin	11	11	11	10	10
Symptoms and ill-defined conditions	10	10	10	11	12
African American (All Ages)					
Blood and blood forming	10	16	13	14	13
Bone- connective tissue- muscle	9	8	7	11	10
Brain - spinal cord - eyes - ears	8	12	10	12	11
Congenital anomalies	18	19	18	19	19
Digestive system	4	4	4	5	5
Heart and circulation	1	3	1	1	1
Infection	11	9	11	10	12
Injury and poisoning	6	6	6	6	6
Kidneys - bladder - genitalia	7	7	8	7	8
Mental disorders	3	2	3	4	4
Neoplasms - malignant (cancer)	14	13	12	13	14
Neoplasms - other	15	15	15	16	16
Nutritional - metabolic - immunity	13	10	9	8	7
Other - unclassified	16	14	17	17	18
Perinatal conditions	19	18	19	18	17
Pregnancy - childbirth - reproduction	2	1	2	2	2
Respiratory (throat and lung)	5	5	5	3	3
Skin	17	17	16	15	15
Symptoms and ill-defined conditions	12	11	14	9	9

	S	St. Charles Coun	ty	Bench	ımarks
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Cause of Inpatient Hospitalization Rankings (1 is Leading Cause) - Contin	nued				
African American - Pediatric (Under 1)					
Blood and blood forming			3	17	12
Bone- connective tissue- muscle				15	15
Brain - spinal cord - eyes - ears		3		5	7
Congenital anomalies			3	3	3
Digestive system		4	3	4	5
Heart and circulation			3	14	13
Infection			2	9	9
Injury and poisoning		4		8	8
Kidneys - bladder - genitalia		4	3	6	11
Mental disorders				18	18
Neoplasms - malignant (cancer)				16	16
Neoplasms - other				13	17
Nutritional - metabolic - immunity			2	7	4
Other - unclassified		4		12	14
Perinatal conditions		2	2	2	2
Pregnancy - childbirth - reproduction					19
Respiratory (throat and lung)		1	1	1	1
Skin		4		11	10
Symptoms and ill-defined conditions				10	6
African American - Pediatric (Ages 1-9)					
Blood and blood forming		3	5	16	3
Bone- connective tissue- muscle		5	7	13	13
Brain - spinal cord - eyes - ears		4	3	3	5
Congenital anomalies			6	10	10
Digestive system		4	6	5	7
Heart and circulation				17	14
Infection		5	6	12	11
Injury and poisoning			2	2	2
Kidneys - bladder - genitalia		5	6	8	12
Mental disorders		3	4	6	4
Neoplasms - malignant (cancer)				14	17
Neoplasms - other				15	15
Nutritional - metabolic - immunity		4	3	4	8
Other - unclassified	T	2		11	16
Perinatal conditions				18	18
Pregnancy - childbirth - reproduction					19
Respiratory (throat and lung)		1	1	1	1
Skin		4	3	7	6
Symptoms and ill-defined conditions		4	12	9	9

	S	it. Charles Count	:y	Benchmarks		
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State	
Cause of Inpatient Hospitalization Rankings (1 is Leading Cause) - Contin	ued					
African American - Pediatric (Ages 10-17)						
Blood and blood forming		7	7	18	5	
Bone- connective tissue- muscle		5	6	10	8	
Brain - spinal cord - eyes - ears		5	5	6	7	
Congenital anomalies			9	15	16	
Digestive system		4	8	3	6	
Heart and circulation			8	16	14	
Infection				14	15	
Injury and poisoning		3	3	2	4	
Kidneys - bladder - genitalia		7	6	8	10	
Mental disorders		1	1	1	1	
Neoplasms - malignant (cancer)		6	8	17	17	
Neoplasms - other			8	12	13	
Nutritional - metabolic - immunity		7	8	7	9	
Other - unclassified		7	7	13	18	
Perinatal conditions				19	19	
Pregnancy - childbirth - reproduction		4	4	4	2	
Respiratory (throat and lung)		2	2	5	3	
Skin		7	6	11	11	
Symptoms and ill-defined conditions				9	12	
African American - Pediatric (All ages 0-17)						
Blood and blood forming		7	6	19	5	
Bone- connective tissue- muscle		6	8	13	14	
Brain - spinal cord - eyes - ears		4	4	5	8	
Congenital anomalies			9	9	13	
Digestive system		3	8	4	6	
Heart and circulation			10	18	16	
Infection		10	8	15	15	
Injury and poisoning		2	3	3	3	
Kidneys - bladder - genitalia		8	7	8	12	
Mental disorders		1	1	2	2	
Neoplasms - malignant (cancer)		8	11	17	19	
Neoplasms - other	1	-	11	16	17	
Nutritional - metabolic - immunity	1	8	4	6	9	
Other - unclassified		2	10	14	18	
Perinatal conditions		8	10	7	7	
Pregnancy - childbirth - reproduction	1	5	6	12	4	
Respiratory (throat and lung)	1	1	2	1	1	
Skin	1	7	5	10	10	
Symptoms and ill-defined conditions	1	9	11	11	11	

	s	it. Charles Count	Benchmarks		
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Cause of Inpatient Hospitalization Rankings (1 is Leading Cause) - Contin	ued				
Total (All Ages)					
Blood and blood forming	18	17	16	17	15
Bone- connective tissue- muscle	7	7	7	7	7
Brain - spinal cord - eyes - ears	12	13	13	13	13
Congenital anomalies	17	18	17	19	18
Digestive system	3	3	3	4	4
Heart and circulation	2	1	1	1	1
Infection	9	9	9	12	12
Injury and poisoning	6	6	5	6	6
Kidneys - bladder - genitalia	8	8	8	8	8
Mental disorders	4	4	4	5	5
Neoplasms - malignant (cancer)	13	11	11	11	11
Neoplasms - other	15	15	15	15	16
Nutritional - metabolic - immunity	11	12	12	10	9
Other - unclassified	16	16	19	16	19
Perinatal conditions	19	19	18	18	17
Pregnancy - childbirth - reproduction	1	2	2	2	2
Respiratory (throat and lung)	5	5	6	3	3
Skin	14	14	14	14	14
Symptoms and ill-defined conditions	10	10	10	9	10
Total - Pediatric (Under 1)					
Blood and blood forming			13	15	14
Bone- connective tissue- muscle	5	14	13	16	17
Brain - spinal cord - eyes - ears	4	4	6	4	7
Congenital anomalies	3	3	3	3	3
Digestive system	6	5	4	5	4
Heart and circulation		12	11	14	12
Infection	9	12	5	8	10
Injury and poisoning	7	9	8	9	9
Kidneys - bladder - genitalia	8	6	7	7	8
Mental disorders				18	18
Neoplasms - malignant (cancer)	5			17	16
Neoplasms - other	5	13	12	13	13
Nutritional - metabolic - immunity	5	7	9	6	5
Other - unclassified	6	11		12	15
Perinatal conditions	2	1	1	2	2
Pregnancy - childbirth - reproduction					19
Respiratory (throat and lung)	1	2	2	1	1
Skin	7	8	10	10	11
Symptoms and ill-defined conditions	9	10	6	11	6

	S	t. Charles Count	:y	Bench	marks
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Cause of Inpatient Hospitalization Rankings (1 is Leading Cause) - Continu	bed				
Total - Pediatric (Ages 1-9)					
Blood and blood forming	16	12	10	11	8
Bone- connective tissue- muscle	15	11	14	14	13
Brain - spinal cord - eyes - ears	3	6	4	3	6
Congenital anomalies	9	8	9	10	11
Digestive system	2	3	6	6	3
Heart and circulation	17	13	13	17	16
Infection	11	10	12	13	12
Injury and poisoning	5	4	2	2	2
Kidneys - bladder - genitalia	7	7	8	8	9
Mental disorders	4	2	5	7	4
Neoplasms - malignant (cancer)	13	14	15	15	15
Neoplasms - other	14	15	15	16	14
Nutritional - metabolic - immunity	6	5	3	5	5
Other - unclassified	10	9	16	12	17
Perinatal conditions			17	18	18
Pregnancy - childbirth - reproduction					19
Respiratory (throat and lung)	1	1	1	1	1
Skin	8	8	7	4	7
Symptoms and ill-defined conditions	12	9	11	9	10
Total - Pediatric (Ages 10-17)					
Blood and blood forming	14	15	15	11	12
Bone- connective tissue- muscle	9	8	8	8	8
Brain - spinal cord - eyes - ears	6	6	7	6	7
Congenital anomalies	13	11	11	16	15
Digestive system	2	3	3	4	4
Heart and circulation	14		14	17	16
Infection	12	12	10	15	14
Injury and poisoning	3	2	2	3	3
Kidneys - bladder - genitalia	6	7	9	10	9
Mental disorders	1	1	1	1	1
Neoplasms - malignant (cancer)	14	14	13	18	17
Neoplasms - other	7	13	12	14	13
Nutritional - metabolic - immunity	6	6	5	7	6
Other - unclassified	11	13	16	13	18
Perinatal conditions		-	-	19	19
Pregnancy - childbirth - reproduction	5	4	6	2	2
Respiratory (throat and lung)	4	5	4	5	5
Skin	10	10	9	12	11
Symptoms and ill-defined conditions	8	9	9	9	10

	S	t. Charles Count	у	Bench	marks
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Cause of Inpatient Hospitalization Rankings (1 is Leading Cause) - Continue	ed				
Total - Pediatric (All ages 0-17)					
Blood and blood forming	18	17	14	13	13
Bone- connective tissue- muscle	16	13	12	15	15
Brain - spinal cord - eyes - ears	5	5	7	5	8
Congenital anomalies	9	8	8	11	10
Digestive system	3	3	4	4	4
Heart and circulation	19	19	14	18	17
Infection	13	15	11	14	14
Injury and poisoning	4	4	3	3	3
Kidneys - bladder - genitalia	8	9	8	10	12
Mental disorders	2	1	1	2	2
Neoplasms - malignant (cancer)	17	18	15	19	18
Neoplasms - other	14	16	13	17	16
Nutritional - metabolic - immunity	6	6	5	8	6
Other - unclassified	15	14	16	16	19
Perinatal conditions	7	7	6	6	5
Pregnancy - childbirth - reproduction	12	10	12	7	7
Respiratory (throat and lung)	12	2	2	1	1
Skin	11	12	9	9	9
Symptoms and ill-defined conditions	10	12	10	12	11
Chronic Disease Inpatient Hospitalization Rankings (1 is Leading Cause)	10	11	10	12	11
	1			1	
White (All Ages)					
Alcohol/substance related disorders	6	8	6	8	7
Arthritis/other joint disorders	2	2	2	3	3
Asthma	10	10	10	10	9
Atherosclerosis	11	11	11	11	11
Cancer	3	3	3	2	2
Chronic obstructive pulmonary disease (COPD)	7	6	8	5	5
Chronic renal failure	14	14	15	14	14
Diabetes	8	7	7	7	8
Epilepsy	9	9	9	9	10
Heart disease	1	1	1	1	1
Hypertension	12	12	12	12	12
Liver disease	13	13	13	13	13
Other cardiovascular/circulatory conditions	5	5	5	6	6
Sickle cell anemia	15	15	14	15	15
Stroke/cerebrovascular disease	4	4	4	4	4
African American (All Ages)					
Alcohol/substance related disorders	11	10	11	12	10
Arthritis/other joint disorders	5	7	4	11	11
Asthma	6	4	3	2	3
Atherosclerosis	13	12	12	13	13
Cancer	4	2	2	3	4
Chronic obstructive pulmonary disease (COPD)	12	15	13	10	8
Chronic renal failure	15	14	14	15	15
Diabetes	8	5	7	4	2
Epilepsy	9	9	9	8	12
Heart disease	1	1	1	1	1
Hypertension	7	11	8	6	6
Liver disease	14	13	15	14	14
Other cardiovascular/circulatory conditions	10	8	10	9	9
Sickle cell anemia	3	6	5	7	7
Stroke/cerebrovascular disease	2	3	6	5	5

	S	it. Charles Count	y	Bench	marks
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Chronic Disease Inpatient Hospitalization Rankings (1 is Leading Cause)	- Continued				
Total (All Ages)					
Alcohol/substance related disorders	6	8	6	9	8
Arthritis/other joint disorders	2	3	2	3	3
Asthma	10	10	10	8	9
Atherosclerosis	12	11	11	12	12
Cancer	3	2	3	2	2
Chronic obstructive pulmonary disease (COPD)	7	6	8	7	5
Chronic renal failure	15	15	15	15	15
Diabetes	8	7	7	6	6
Epilepsy	9	9	9	10	11
Heart disease	1	1	1	1	1
Hypertension	11	12	12	11	10
Liver disease	13	13	13	14	13
Other cardiovascular/circulatory conditions	5	5	5	5	7
Sickle cell anemia	14	14	14	13	14
Stroke/cerebrovascular disease	4	4	4	4	4
Preventable Hospitalizations Quality Indicators for Disease Prevention	and Management	(Per 100,000 Po	r i	1	[
Overall ³			1,180.4	1,732.3	1,849.6
Chronic Composite ³			713.0	1,097.0	1,117.8
Diabetes - Short Term Complications ³			37.6	61.1	63.4
Diabetes - Long Term Complications ³			94.6	132.6	115.3
Diabetes - Uncontrol ³			13.6	22.8	21.6
Perforated Appendix ³			0.3	0.3	0.3
COPD ³			112.3	178.6	263.8
Adult Asthma ³			67.4	120.6	110.5
Hypertension ³			31.5	65.1	64.6
CHF ³			332.3	477.5	438.1
Angina ³			18.2	19.2	21.3
Acute Composite ³			467.5	639.3	732.0
Dehydration ³			92.1	118.6	115.6
Bacterial Pneumonia ³			236.0	329.4	423.8
Urinary Infection ³			139.5	191.6	192.7
Inpatient Mental Health Hospitalization Discharge Rate per 10,000			10010	10110	10217
White (All Ages)					
Under 15					42.5
15 to 24					142.4
25 to 44				1	148.6
45 to 64					105.9
65 and over					98.1
All ages	92.8	98.5	96.2	110.0	109.8
African American (All Ages)				1	
Under 15					60.4
15 to 24					183.1
25 to 44					196.6
45 to 64					201.7
65 and over					139.9
All ages	103.3	141.9	126.6	173.7	161.1
All Deses					
All Races		41.2	40.2	39.0	52.8
All Races Under 15	38.8	41.3			
	38.8 167.2	205.4	189.8	177.9	160.0
Under 15					160.0 157.0
Under 15 15 to 24	167.2	205.4	189.8	177.9	
Under 15 15 to 24 25 to 44	167.2 113.4	205.4 127.7	189.8 121.8	177.9 159.5	157.0

	St. Charles County Benchmarks					
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State	
Mental Health Emergency Visits per 1,000						
White (All Ages)						
Under 15					2.4	
15 to 24					15.8	
25 to 44					15.8	
45 to 64					9.0	
65 and over					5.4	
All ages	8.2	8.1	8.1	8.9	10.1	
African American (All Ages)						
Under 15					3.9	
15 to 24					19.3	
25 to 44					23.6	
45 to 64					22.4	
65 and over					7.5	
All ages	8.6	12.5	10.9	18.1	16.6	
All Races						
Under 15	3.0	3.0	3.0	3.3	2.7	
15 to 24	15.4	16.4	16.0	17.6	16.6	
25 to 44	11.1	10.3	10.7	14.6	16.9	
45 to 64	5.4	7.1	6.4	9.8	10.5	
65 and over	4.8	5.2	5.0	5.6	5.6	
All ages	7.7	8.2	8.0	10.3	11.0	
Cause of Death Rankings (1 is Leading Cause)		-			-	
White (All Ages)						
AIDS (HIV disease)		25	26	25	26	
All other accidents and adverse effects	5	5	6	6	6	
Alzheimer's disease	12	9	11	7	7	
Atherosclerosis	25	26	25	26	24	
Birth defects	20	18	19	20	21	
Cancer	1	10	1	2	2	
Cerebrovascular disease (Stroke)	4	6	4	4	5	
Chronic liver disease and cirrhosis	16	15	16	17	17	
Chronic lower respiratory diseases	6	4	5	5	4	
Conditions of perinatal period (early infancy)	21	20	21	23	23	
Diabetes	10	10	9	10	9	
Essential hypertension	10	21	20	20	20	
Heart disease	2	21	20	1	1	
Homicide	24	23	24	21	22	
Kidney disease (nephritis/nephrotic syndrome/nephrosis)	24	11	13	13	11	
Motor vehicle accidents	9	11	15	15	11	
Other digestive diseases	9 11	7	8	9	10	
Other diseases (residual)		3				
Other external causes	3 18	3 24	3 23	3 24	3 25	
Other infections and parasites						
Other major cardiovascular diseases	17	17	18	16	16	
Other major cardiovascular diseases Other respiratory diseases	23	22	22	19	18	
Peptic ulcer	13	13	12	14	15	
				27	27	
Pneumonia and influenza	8	8	7	8	8	
Pneumonitis due to solids and liquids	15	16	17	18	19	
Pregnancy complications					30	
Septicemia	14	14	14	12	14	
Sudden Infant Death Syndrome (SIDS)				28	28	
Suicide	7	12	10	11	12	
Syphilis Tubacculoria	L			-	-	
Tuberculosis					29	

	S	St. Charles Coun	ty	Bench	marks
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Cause of Death Rankings (1 is Leading Cause) - Continued				-	
African American (All Ages)					
AIDS (HIV disease)				21	18
All other accidents and adverse effects		3	3	8	9
Alzheimer's disease				14	15
Atherosclerosis				26	25
Birth defects		13	14	24	23
Cancer	1	1	1	2	2
Cerebrovascular disease (Stroke)	3	7	4	4	4
Chronic liver disease and cirrhosis		12	12	17	17
Chronic lower respiratory diseases		6	11	7	7
Conditions of perinatal period (early infancy)				13	14
Diabetes	5	9	6	6	6
Essential hypertension				16	16
Heart disease	2	2	2	1	1
Homicide				5	5
Kidney disease (nephritis/nephrotic syndrome/nephrosis)	8	10	7	9	8
Motor vehicle accidents		4	9	15	13
Other digestive diseases				10	10
Other diseases (residual)		5	10	3	3
Other external causes		14	15	25	26
Other infections and parasites				18	19
Other major cardiovascular diseases				20	21
Other respiratory diseases				22	24
Peptic ulcer				27	28
Pneumonia and influenza	4	8	5	11	11
Pneumonitis due to solids and liquids	7		13	19	22
Pregnancy complications				28	27
Septicemia	6	11	8	12	12
Sudden Infant Death Syndrome (SIDS)				29	29
Suicide				23	20
Syphilis					
Tuberculosis					30

	S	t. Charles Coun	ty	Bench	marks
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Cause of Death Rankings (1 is Leading Cause) - Continued				-	
Total (All Ages)					
AIDS (HIV disease)		25	26	24	26
All other accidents and adverse effects	5	5	5	6	6
Alzheimer's disease	13	9	11	8	7
Atherosclerosis	25	26	25	26	24
Birth defects	21	18	19	23	23
Cancer	1	1	1	2	2
Cerebrovascular disease (Stroke)	4	6	4	4	5
Chronic liver disease and cirrhosis	16	15	16	18	17
Chronic lower respiratory diseases	6	4	6	5	4
Conditions of perinatal period (early infancy)	22	20	20	22	22
Diabetes	10	10	9	9	9
Essential hypertension	20	21	21	21	19
Heart disease	2	2	2	1	1
Homicide	24	23	24	14	20
Kidney disease (nephritis/nephrotic syndrome/nephrosis)	19	11	12	11	11
Motor vehicle accidents	9	17	15	15	12
Other digestive diseases	11	7	8	10	10
Other diseases (residual)	3	3	3	3	3
Other external causes	18	24	22	25	25
Other infections and parasites	17	19	18	17	16
Other major cardiovascular diseases	23	22	23	20	18
Other respiratory diseases	14	13	13	16	15
Peptic ulcer				27	27
Pneumonia and influenza	8	8	7	7	8
Pneumonitis due to solids and liquids	15	16	17	19	21
Pregnancy complications				29	29
Septicemia	12	14	14	12	14
Sudden Infant Death Syndrome (SIDS)				28	28
Suicide	7	12	10	13	13
Syphilis					
Tuberculosis					30

	s	it. Charles Count	ty	Bench	ımarks
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Chronic Disease Deaths (1 is Leading Cause)					
White (All Ages)					
Alzheimer's disease	7	4	6	5	5
Asthma	11	11	11	12	12
Atherosclerosis	12	12	12	11	11
Cancer	2	1	1	2	2
Cerebrovascular disease (Stroke)	4	5	3	4	4
Chronic liver disease and cirrhosis	9	8	8	9	9
Chronic obstructive pulmonary disease (COPD)	3	3	4	3	3
Diabetes	6	7	5	6	6
Essential hypertension	10	10	9	10	10
Heart disease	1	2	2	1	1
Kidney disease (nephritis/nephrotic syndrome/nephrosis)	5	6	7	7	7
Other cardiovascular/circulatory conditions	8	9	10	8	8
African American (All Ages)					
Alzheimer's disease	8	8	8	8	7
Asthma	11	11	11	11	11
Atherosclerosis	12	12	12	12	12
Cancer	2	2	1	2	2
Cerebrovascular disease (Stroke)	3	3	3	3	3
Chronic liver disease and cirrhosis	9	9	7	10	10
Chronic obstructive pulmonary disease (COPD)	5	5	6	6	6
Diabetes	7	7	4	4	4
Essential hypertension	10	10	9	7	8
Heart disease	1	1	2	1	1
Kidney disease (nephritis/nephrotic syndrome/nephrosis)	6	6	5	5	5
Other cardiovascular/circulatory conditions	4	4	10	9	9
Total (All Ages)					-
Alzheimer's disease	7	7	6	5	5
Asthma	11	11	11	11	12
Atherosclerosis	12	12	12	12	11
Cancer	2	2	1	2	2
Cerebrovascular disease (Stroke)	3	3	3	3	4
Chronic liver disease and cirrhosis	9	9	8	10	9
Chronic obstructive pulmonary disease (COPD)	4	4	4	4	3
Diabetes	6	6	5	6	6
Essential hypertension	10	10	9	9	10
Heart disease	10	1	2	1	10
Kidney disease (nephritis/nephrotic syndrome/nephrosis)	5	5	7	7	7
Other cardiovascular/circulatory conditions	8	8	10	, 8	8
Premature Deaths			10	- Ŭ	
Deaths per 100,000			5,436		8,043
Missouri County Ranking (of 114)			5,430	1	6,045
inissouri county nativitig (of 114)			1	1	

	St. Charles County Benchmarks					
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State	
Birth Rate by Age Percentage (2009)			-			
10-14 Years Old						
All				0.1%	0.1%	
White						
African American		0.8%	0.5%	0.3%	0.3%	
15-17 Years Old						
All	1.1%	1.1%	1.1%	2.6%	3.0%	
White	1.1%	1.1%	1.1%	1.4%	2.5%	
African American	2.2%	1.5%	1.8%	6.1%	6.1%	
18-19 Years Old						
All	3.7%	4.3%	4.1%	6.3%	7.8%	
White	3.7%	4.0%	3.9%	4.1%	7.0%	
African American	9.0%	11.4%	10.4%	13.0%	12.6%	
20-24 Years Old						
All	15.5%	18.5%	17.0%	22.3%	27.8%	
White	15.2%	18.8%	17.0%	18.9%	26.9%	
African American	32.6%	24.2%	27.6%	33.6%	35.3%	
25-29 Years Old		/				
All	34.1%	34.6%	34.4%	30.5%	30.2%	
White	34.0%	35.5%	34.9%	32.3%	31.2%	
African American	25.8%	24.2%	24.9%	25.5%	24.7%	
30-34 Years Old	23.870	24.270	24.570	23.376	24.770	
All	31.2%	27.7%	29.4%	25.0%	20.7%	
White				23.0%	20.7%	
	31.7%	27.2%	29.4%			
African American 35-39 Years Old	18.0%	21.2%	19.9%	13.7%	13.6%	
	10.44		44.59/	10.00/	0.70/	
All	12.1%	11.1%	11.6%	10.9%	8.7%	
White	12.2%	10.9%	11.5%	12.4%	9.0%	
African American	10.1%	14.4%	12.7%	6.3%	6.0%	
40 Plus Years Old						
All	2.2%	2.6%	2.4%	2.3%	1.7%	
White	2.1%	2.5%	2.3%	2.5%	1.7%	
African American	2.2%	2.3%	2.3%	1.5%	1.4%	
Birth Rate by Education Percentage (2009)		1		Ĩ	1	
00-11 Years of Education						
All	6.4%	7.7%	7.0%	13.1%	17.1%	
White	6.3%	7.8%	7.1%	10.1%	16.2%	
African American	10.1%	8.3%	9.0%	21.6%	21.7%	
12 Years of Education						
All	18.5%	20.8%	19.7%	25.2%	30.2%	
White	18.6%	20.9%	19.8%	20.5%	28.6%	
African American	30.3%	27.3%	28.5%	40.4%	41.6%	
13-15 Years of Education						
All	22.3%	23.3%	22.9%	22.6%	22.5%	
White	22.3%	23.3%	22.9%	22.4%	22.5%	
African American	30.3%	29.5%	29.9%	24.7%	23.8%	
16+ Years of Education						
All	51.5%	46.5%	48.9%	37.9%	28.8%	
White	52.0%	46.4%	49.0%	46.1%	31.7%	
African American	27.0%	31.8%	29.9%	11.7%	10.9%	
Unknown Education						
All	1.3%	1.7%	1.5%	1.2%	1.4%	
White	0.9%	1.5%	1.3%	0.9%	1.4%	
African American	2.2%	3.0%	2.7%	1.6%	2.0%	
An rean American	۲.۷%	5.0%	2.1%	1.0%	2.0%	

	2	St. Charles Coun	ty	Bench	marks
Indicator	Western	Eastern / Central	St. Charles County	St. Louis MSA*	Missouri State
Birth Defects Rate per 10,000 (2003-2007)					
All			578.7		605.1
White					599.4
African American					647.0
Low Birth Weight Rates per 100 (2009)					
All	7.6	7.5	7.6	8.8	8.1
White	7.4	6.8	7.1	6.7	7.0
African American		18.2	15.8	14.6	14.2
Infant Mortality Rate per 1,000 (1999-2009)					
All			6.1		7.5
White			5.8		6.2
African American			15.3		15.6
Pediatric Abuse & Neglect (Ages 0-14; per 100,000 Population)					
White					37.1
African American					160.6
Total		55.4	50.7	89.2	59.2
Pediatric Asthma Emergency Room Visits (Ages 0-14; per 1,000 Popu	lation)				
White	NA	NA	6.8		5.1
African American	NA	NA	28.4		32.7
Total	9.3	7.0	8.3	14.6	9.9
Pediatric Asthma Inpatient Hospitalizations (Ages 0-14; per 10,000 P	opulation)				
White			13.4		13.4
African American			52.9		67.3
Total	15.9	16.8	16.4	31.5	22.9
Percent of Children with Lead Poison (2009)			0.2%		0.1%
Access					
Uninsured Adults Percentage (2011)	5.0%	5.4%	5.2%	14.4%	17.6%
Percent of Adults on Medicaid (2011)	2.3%	2.8%	2.6%	5.8%	6.8%
Uninsured Children Percentage (2011)	1.9%	2.0%	2.0%	5.3%	6.7%
Percent of Children on Medicaid (2011)	10.6%	11.9%	11.3%	26.2%	31.2%
Percent of Medicare (2011)	14.9%	15.6%	15.3%	16.9%	18.1%
Provider Availabilty Ratio (2011)	-	•	•	-	•
Primary Care Physicians			1,697:1		1,015:1
Mental Health Providers			34,960:1		9,561:1

¹St. Louis MSA for Unemployment Rates represents the "St. Louis Region," which includes Franklin, Jefferson, St. Charles and St. Louis ²St. Louis MSA for the risk factors identified in the MO DHSS County-level study represents the "St. Louis Metro Area," which includes Lincoln, Warren, Franklin Jefferson, St. Charles and St. Louis counties and St. Louis City.

³St. Louis MSA for Preventable Hospitalizations represents the "St. Louis Bi-State Region," which includes the following MO Counties: St. Louis City, St. Louis, St. Charles, Lincoln, Warren, Franklin, Washington, Jefferson and IL Counties: Madison, St. Clair and

Note: Duplicate rankings may occur in the ranked indicators, as rank was identified by descending case counts. Hospitalization categories with the same case count will receive the same ranking.

<u>Appendix H</u>:

Community Resources

Community Resources Available to Address Specific Health Needs in Eastern/Central St. Charles County

List of resources compiled from Community Stakeholder responses (Survey Monkey online survey) and custom query developed for SSM St. Louis by Vision for Children at Risk (VCR) community resources database

Currently Available Resources
Access to Affordable Health Care/Uninsured
Volunteers in Medicine, Inc. St. Charles
Crider Health Center
Local Hospitals
Dove Foundation
Saint Louis ConnectCare*
Missouri Foundation for Health*
La Clinica- Latino Community Health Centers*
St. Louis Integrated Health Network
Tobacco Use
National Council on Alcoholism & Drug Abuse (NCADA) St. Louis Area Inc.*
Tobacco Free Missouri-Greater St. Louis Coalition
Diabetes
Kilo Diabetes & Vascular Research Foundation*
Jay Cutler Foundation*
St. Louis Diabetes Coalition*
Family Care Health Centers*
Substance Abuse
St. Joseph's Health Center
Comtrea Inc.*
Magdala Foundation*
Committed Caring Faith Communities Inc. *
My Redeemer Lives Ministry*
Family Care Health Centers*
National Council on Alcoholism & Drug Abuse (NCADA) St. Louis Area Inc.*
Municipal Enforcement Group Against Drug Abuse*
Better Family Life, Inc.*
Center for Life Solutions Inc.*
Parishes Associated on Kinloch Team (PAKT)*
Obesity
SSM
BJC
Living Well Foundation*
Healthy Communities St. Charles County
America SCORES St. Louis*
Isaac Bruce Foundation*
Jinna Development Corporation*

*Resources available outside of Eastern St. Charles County are indicated with an asterisk