

**SSM Health St. Joseph Hospital**  
**St. Charles, Lake Saint Louis, Wentzville**

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



**Community Health Needs *Assessment***



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## Message to Our Community

SSM Health St. Joseph Hospital – St. Charles, Lake Saint Louis and Wentzville have delivered exceptional, compassionate care in St. Charles County for 133 years. Inspired by our founding Franciscan Sisters of Mary and guided by our Mission – Through our exceptional health care services, we reveal the healing presence of God – we cherish the sacredness and dignity of each person as demonstrated through our values of compassion, respect, excellence, stewardship and community.

Our sustained community commitment can be seen through our collaborative partnerships with residents and organizations. We rely on these relationships to help us identify and develop plans to address high-priority community health needs. We are grateful for the opportunity to partner with the following organizations: BJC Healthcare, St. Charles, Orchard Farm, Francis Howell, Fort Zumwalt and Wentzville School Districts, Lindenwood University, St. Charles Community College, Community Council, Crider Health, St. Charles City-County Library, Youth in Need, Crisis Nursery, MidEast Area Agency on Aging, CRUSH, SCCAD, EDC Business and Community Partners, United Services, Sts. Joachim & Ann Care Services, Fellowship of Christian Athletes, Volunteers in Medicine, United Way, and the St. Charles County Health Department.

Over the last 12 months, in collaboration with our community partners, we have conducted a community health needs assessment by gathering health-related information. We have also interviewed key health officials and conducted a community focus groups to identify concerns about the health of the St. Charles community and the number of area-based programs and organizations that exist to address their needs. These discussions identified needs that were prioritized based on the level of importance to community members and the hospital's ability to truly make an impact.

### **SSM Health St. Joseph Hospital**

*Lisle Wescott, President*

#### **Saint Charles**

300 First Capitol  
Saint Charles, MO 63301

#### **Lake Saint Louis**

100 Medical Plaza  
Lake Saint Louis, MO 63376

#### **Wentzville**

500 Medical Drive  
Wentzville, MO 63385

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

# Executive Summary



## background

SSM Health St. Charles Market is pleased to present the 2018 Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the health needs and priorities in our service area. The goal of this report is to provide individuals with a deeper understanding of the health needs in their community as well as help guide the hospitals in the community benefit planning process and development of the 2019-2021 community health strategic implementation plan to address the identified needs. SSM Health St. Joseph Hospital – St. Charles, Lake Saint Louis and Wentzville last conducted a CHNA in 2015.

The Affordable Care Act (ACA) requires 501(c)(3), tax exempt hospitals to conduct a CHNA every three tax years and adopt a strategic implementation plan for addressing identified needs.



## priorities

SSM Health St. Joseph Hospital - St. Charles, Lake Saint Louis and Wentzville, in collaboration with the BJC Health St. Charles hospitals held a meeting with local, regional and corporate members to determine priorities for the 2019-2021 CHNA and strategic implementation plan. Priorities chosen included:

1. Substance Abuse
2. Access to Care
3. Chronic Disease - Obesity

## strategies

We will utilize a community health coalition model to achieve our desired performance level and outcomes. Community coalitions are mechanisms that are increasingly utilized to address complex health issues at the local level. As collaborative partnerships of diverse members who work toward a common goal, coalitions afford communities the opportunity to combine and leverage resources from multiple and diverse sources. Recently, key stakeholders in St. Charles County launched Community Strong St. Charles County. Its diverse membership includes representation from public health, medicine, higher education, secondary education, safety-net health services, the practicing health care provider community, alcohol/drug/mental health services, local chapters of national health organizations, local coalitions, social service agencies, grassroots members, and multiple community-based programs. By mobilizing the partners in coordinated and collaborative efforts, the goal of Community Strong St. Charles County is to improve the physical, social, intellectual, emotional, and spiritual health of the community.

# SSM Health St. Charles Market

## SSM Health

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

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

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

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

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

## SSM Health St. Charles Market Hospitals

### highlight of services

The hospitals and ambulatory medical campuses geographically distributed throughout the greater St. Charles community offer a broad range of exceptional services in warm and welcoming environments.

SSM Health in St. Charles is home to SSM Health Heart & Vascular, SSM Health Orthopedics, SSM Health Cancer Care and SSM Health Vascular Services. We also provide the only Level II Trauma program and pediatric emergency rooms in the St. Charles community. SSM Health St. Charles is the largest provider of behavioral medicine services in the area.

### community benefit

In 2017, SSM Health St. Joseph Hospital- St. Charles, St. Joseph Hospital Lake Saint Louis and St. Joseph Hospital Wentzville provided \$23 million in community benefit, comprised of charity care, community services and unpaid costs of Medicaid and other public programs.

### community partnership and affiliations

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

- Volunteers in Medicine
- Youth in Need
- Community Council
- Sts. Joachim & Ann Care Services
- United Way of Greater St. Louis
- The Crisis Nursery
- The Crider Center
- Lindenwood University
- St. Charles Community College
- St. Charles County Ambulance District (SCCAD)
- EDC Business & Community Partners

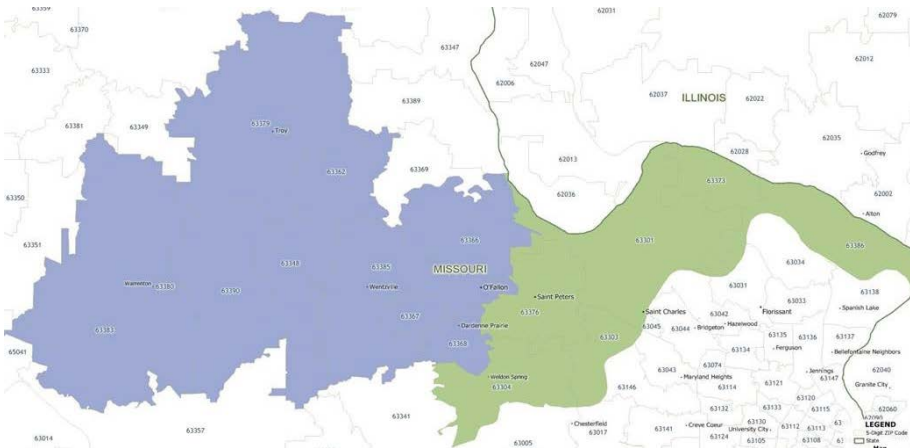
## Hospital at a Glance

<b>Admissions</b>	<b>23,912</b>
<b>Outpatient Visits</b>	<b>212,323</b>
<b>ER Visits</b>	<b>100,597</b>
<b>Births</b>	<b>1,565</b>
<b>Beds</b>	<b>625</b>
<b>Employees</b>	<b>2,400+</b>
<b>Medical Staff</b>	<b>850+</b>
<b>Volunteers</b>	<b>315+</b>
<b>Charity Care</b>	<b>\$13,911,335</b>

# About Our Community



The community we serve is defined as greater St. Charles County and includes parts of Lincoln and Warren Counties, which accounts for 80% of the total patients served by our hospitals. There are 19 zip codes that are contained within or overlap the service area. The hospitals are located in St. Charles (63301), Lake Saint Louis (63367) and Wentzville (63385). In 2017, the service area had an estimated population of 487,000 persons.



## our community by the numbers

Population	Age Distribution		
	Age Group	2018	% of Total
	<b>Total</b>	<b>487,667</b>	<b>100.0%</b>

Household Income	Income Distribution		
	2018 Household Income	HH Count	% of Total
	<b>Total</b>	<b>184,428</b>	<b>100.0%</b>

Education Level	Education Level Distribution		
	2018 Adult Education Level	Pop Age 25+	% of Total
	<b>Total</b>	<b>327,456</b>	<b>100.0%</b>

Race/Ethnicity	Race/Ethnicity Distribution		
	Race/Ethnicity	2018 Pop	% of Total
	<b>Total</b>	<b>487,667</b>	<b>100.0%</b>

# The Health of Our Community



## About the data – St. Charles County

Below is a statistical overview of strengths and weaknesses within the community that factored into our discussions with local stakeholders regarding the priority health needs of the population within our service area. Data was derived from a number of sources including County Health Rankings and Roadmaps ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)) and Healthy Communities Institute with topics in the areas of population health, determinants of health and quality of life.



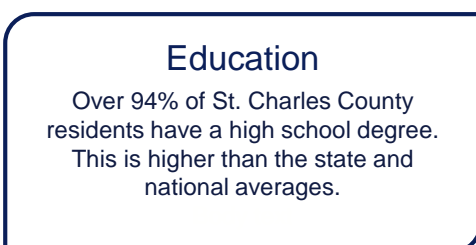
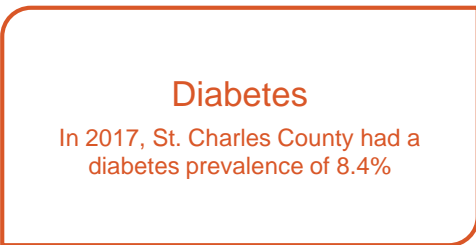
### Smoking

17.6% of adults in St. Charles County identified as smokers in 2017.



### Access to Care

There are 45 primary care physicians for every 100,000 people in St. Charles County



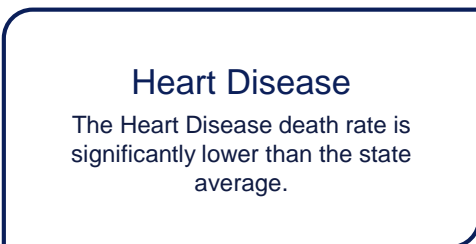
### Drinking

St. Charles County rate of heavy drinking was statistically higher than the state average



### Health Insurance

7% of St. Charles County residents under 65 years of age are without health insurance



# The Health Needs of Our Community

SSM Health – St. Charles in collaboration with BJC St. Charles conducted a focus group to identify the health needs of our community. The group represented broad and diversified interests of St. Charles County and surrounding areas. Included in the focus group were representatives from St. Charles County Health Department and all five public school districts in the county.

Participants were asked to identify the primary health issues affecting constituents that they represent. After exhausting individual concerns, the focus was shifted towards issues identified in the 2015 cycle. Items not previously discussed were re-evaluated by the participants. After all discussion had concluded, a survey inclusive of all topics discussed was distributed. Participants were asked to score each health issue in terms of their perception of its importance and the ability to make an impact. The results were collected, analyzed and reviewed by senior leadership prior to identifying the top priorities to be addressed.

## key priorities

**2.8% of St. Charles County ER Visits are related to substance abuse**



### Substance Abuse

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

**In St. Charles County, there are 44 Providers per 100,000 persons**



### Access to Care

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

**26% of adults in St. Charles County are obese**



### Chronic Disease - Obesity

The percentage of obese adults is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions, including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Being obese also carries significant economic costs due to increased healthcare spending and lost earnings.



## Our Progress Since 2015

Our last Community Health Needs Assessment was conducted in 2015. Below are the health needs identified in the 2016-18 CHNA implementation plan and the strategies to address the issues.

### SSM Health St. Joseph Hospital – Lake Saint Louis

#### Obesity

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the percentage of St. Charles County adults who are overweight from 36.7% reported in 2015 to the state average of 34.3% by 2018 (HCI)	HCI	4yr lag (2011)	36.7% (2011)	36.7% (2011)	36.7% (2011)	38.7% (2011)	36.7% (2011)		
Reduce the percentage of adults who are overweight or obese in O'Fallon, Lake St. Louis, St. Peters and Wentzville by increasing the number of patients treated annually at SSM Health Weight Management Services from 342 in 2015 to 360 by 2018 (SSM Weight Management Services Reporting)	SSM Weight Management Services Reporting	Ad hoc	342 <sup>2</sup>	102	207	104 (2Q)	185		

<sup>1</sup> Data was incorrectly worded to state adults who are obese and had data relative to obesity vs. overweight. Numbers were also transposed on the state average.

<sup>2</sup> Baseline data reflects all inquiries made to the Weight Loss Institute from the designated zip codes. Subsequent data reflects only inquiries made with completed applications to the Weight Loss Institute from the designated zip codes. Due to different data systems, we are unable to go back and select "completed applications" in the baseline year.

#### Substance Abuse

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the percentage of driving deaths* in St. Charles county from 42.9% reported in 2015 to 41.9% by 2018 (HCI)	HCI	1-2yr lag	42.9% (2009-2013)	44% (2015)	44% (4/2016)	41.6% (4/2017)	41.6% (2011-2015)		
Reduce the percentage of alcohol-related driving accidents in O'Fallon, Lake St. Louis, St. Peters and Wentzville from 38.4% reported in 2015 to 28% by 2018 (State Trauma Registry)	State Trauma Registry	Annual	38.4%	13.33%	20.6% (Jan. – Oct. 2016)	18.6% (Jan-April April)	4.5% (Jan-Sept)		

\*Notes verbiage change CY16YE from accidents to deaths.

#### Access to Care

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Improve access to care in St. Charles County by increased annual utilization of Volunteers in Medicine – Lake St. Louis clinic from 979 patients in 2015 to 1050 by 2018 (Revenue Cycle Dashboard)	RCD	Ad hoc	979	258	918	449 (Jan-June)	865		
St Charles County will experience increased access to dental care as measured by increased discharge referrals, associated with patients presenting to SSM Health St. Joseph Hospital - Lake St. Louis, to a specified dentist from 0 in 2015 to 25 by 2018 (Epic)	Epic	Ad hoc	0	0	0	0 (Jan-June)	0		

## Our Progress Since 2015

Our last Community Health Needs Assessment was conducted in 2015. Below are the health needs identified in the 2016-18 CHNA implementation plan and the strategies to address the issues.

### SSM Health St. Joseph Hospital – St. Charles

#### Heart Disease

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the age-adjusted death rate due to coronary heart disease in St. Charles County from 96.4 deaths per 100,000 persons in 2015 to 94 deaths per 100,000 persons by 2018 (HCI)	HCI	2yr lag	96.4 (2011-2013)	92.0 (2012-2014)	92.2 (2013-2015)	92.2 (2013-2015)	92.2 (2013-2015)		
Reduce the percentage of St. Charles County residents with hyperlipidemia from 46.4% in 2015 to 45% by 2018 (HCI)	HCI	2yr lag	46.4% (2012)	46.2% (2014)	46.2% (2014)	46.3% (2015)	46.3% (2015)		
Reduce the percentage of St. Charles County residents with hypertension from 56% in 2015 to 54% by 2018 (HCI)	HCI	2yr lag	56% (2012)	56% (2014)	56% (2014)	55.6% (2015)	55.6% (2015)		
Reduce the percentage of heart failure readmissions at SSM Health St. Joseph Hospital – St. Charles from 17.98% (Aug. YTD 2015) to 13.54% by 2018 (PIR)	PIR	Ad hoc	17.98%	14.3%	15.8% (2016)	13.9% (2017)	15.9% (Dec. 2017 – 3 month lag in reporting)		

#### Substance Abuse

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the percentage of alcohol-related driving deaths in St. Charles county from 42.9% reported in 2015 to 41.9% by 2018 (HCI)	HCI	2yr lag	42.9% (2008-2013)	44% (2010-2014)	44% (2010-2014)	41.6% (2011-2015)	41.6% (2011-2015)		
Reduce the percentage of adults in St. Charles County who drink excessively from 22.9% reported in 2015 to 21.9% by 2018 (HCI)	HCI	2yr lag	22.9% (2006-2012)	18% (2014)	18% (2014)	20% (2015)	20% (2015)		
Reduce the death rate due to drug poisoning in St. Charles County from 12 deaths per 100,000 persons reported in 2015 to 11 deaths per 100,000 persons by 2018 (HCI)	HCI	2yr lag	12 (2006-2012)	15.1 (2012-2014)	15.1 (2012-2014)	16.7 (2013-2015)	16.7 (2013-2015)		
Through proactive efforts within the community, reduce the annual number of drug over-dose cases seen in the SSM Health St. Joseph Hospital – St. Charles emergency department from 252 cases in 2015 to 177 cases by 2018 (Epic)	Epic	Ad hoc	252	121	343	236	332*		

#### Access to Care

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Improve preventable readmissions in St. Charles County from 54 discharges per 100,000 Medicare enrollees reported in 2015 to 52 discharges per 100,000 Medicare enrollees by 2018 (HCI)	HCI	3yr lag	54 (2012)	55 (2013)	55 (2013)	52.8 (2014)	52.8 (2014)		
Reduce SSM Health St. Joseph Hospital – St. Charles readmissions from 12.6% (Aug. YTD 2015) to 11.6% by 2018 (Readmissions Report)	Readmissions Report	Ad hoc	12.6%	8.9%	8.9%	9.1%	9.9% (Oct. 2017)		
Improve access to care in St. Charles County by increasing the percentage of qualifying emergency department discharges referred to the Volunteers in Medicine – St. Charles clinic by 25% between 2015 and 2018 (Revenue Cycle Executive Dashboard)	RCED	Ad hoc	5%	5%	5%	5%	5%		

# 2019 – 2021

*Appendices*

## primary and secondary data collection

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### Primary

The primary data consisted of a community focus group in collaboration with BJC Healthcare – Barnes St. Peters and Progress West. The focus group included key stakeholders in the St. Charles community, as well representation from St. Charles County Health Department and the five local public school districts.

### Secondary

In addition to a review of demographics, we gathered and reviewed data from broad sources to set the initial direction and priorities of the community health needs assessment. The secondary data was derived from County Health Rankings and Roadmaps, [www.countyhealthrankings.org](http://www.countyhealthrankings.org). Also included in this assessment is data from Healthy Communities Institute covering topics in areas of health, determinants of health and quality of life.

community representation

NAME	ORGANIZATION	ATTENDANCE
Barnes, Todd	Community Council	X
Cain, Curtis	Wentzville School District	X
DuBray, Bernie	Fort Zumwalt School District	X
Estlund, Amy	Lindenwood University	X
Griffith, Allison	St. Charles City County Library	X
Heebner, Laura	Crider Health Centers	X
Heisse, Beth	Youth in Need	X
Hendricks-Harris, Mary	Francis Howell School District	X
Hustedde, Christine	MidEast Area Agency on Agine	X
Knight, Leslie	CRUSH	X
Koehler, Amy	St. Charles County Community College	X
Kyonka, Lindsay	Crisis Nursery	X
Lewis, Dave	SCCAD	X
Liebel, Denise	United Services	X
Lipin, Jack	Sts. Joachim & Ann Care Services	X
Meers, Dave	Fellowship of Christian Athletes	X
Miller, Matt	Calvary Church	X
Moellenhoff, Cheryl	Volunteers in Medicine	X
Muzzy, Tom	Orchard Farm School District	X
Sefrit, Jason	St. Charles School District	X
Snyder, Gary	United Way of Greater St. Louis	X
Trotter, Kristin	Lindenwood University	X
Woodson, Hope	St. Charles County Department of Health*	

\* Comments received in writing

## focus group objectives

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The main objective of the focus group meeting is to solicit feedback on the health needs of the community from experts and those with special interest in the health of the community served by the hospitals of St. Charles County.

Specifically, the discussion focused around the following ideas:

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

The following topics were discussed at the focus group: alcohol abuse, substance abuse, mental health, access to care, health disparities, breast cancer, obesity, heart disease, colorectal cancer, lung cancer, dental health, health education, health service awareness, pediatric health, public safety, asthma, senior health, smoking/vaping, immunizations, school-based clinics

## prioritizing health needs

As part of the CHNA requirement, hospitals are required to evaluate the needs that are identified and validated through the data analysis. In order to do so, hospitals must establish specific criteria that will be used to assess each of the identified community needs. The system has recommended criteria and ratings that each hospital can use during prioritization. The method used to evaluate the needs as well as potential weighting is customizable based on the hospital's approach.

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

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

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

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

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

## St. Charles (SR)

Show areas to explore  Show areas of strength

### County Demographics -

	County	State
Population	390,918	6,093,000
% below 18 years of age	23.8%	22.8%
% 65 and older	14.2%	16.1%
% Non-Hispanic African American	4.7%	11.6%
% American Indian and Alaskan Native	0.2%	0.6%
% Asian	2.6%	2.0%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	3.2%	4.1%
% Non-Hispanic white	87.5%	79.7%
% not proficient in English	1%	1%
% Females	50.8%	50.9%
% Rural	5.8%	29.6%


St.  
Charles  
County

Trend  


Error  
Margin

Top U.S.  
Performers





Missouri

Rank (of 115)  











# Appendix

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

	St. Charles County	Trend 	Error Margin	Top U.S. Performers	Missouri	Rank (of 115) 
<b>Health Outcomes</b>						<b>1</b>
<b>Length of Life</b>						<b>2</b>
Premature death	 <a href="#">5,200</a>		4,900-5,500	5,300	7,800	
<b>Quality of Life</b>						<b>1</b>
<b>Additional Health Outcomes (not included in overall ranking) –</b>						
Premature age-adjusted mortality	<a href="#">270</a>		260-280	270	390	
Child mortality	<a href="#">30</a>		30-40	40	60	
Infant mortality	<a href="#">5</a>		4-6	4	7	
Frequent physical distress	10%		10-10%	9%	13%	
Frequent mental distress	11%		11-11%	10%	14%	
Diabetes prevalence	8%		7-10%	8%	11%	
HIV prevalence	91			49	234	
<b>Health Factors</b>						<b>1</b>
<b>Health Behaviors</b>						<b>1</b>
Adult smoking	 17%		16-17%	14%	22%	
Adult obesity	26%		23-30%	26%	32%	
Food environment index	8.4			8.6	6.7	
Physical inactivity	24%		21-27%	20%	26%	












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Adult obesity	26%		23-30%	26%	32%	
Food environment index	8.4			8.6	6.7	
Physical inactivity	24%		21-27%	20%	26%	
Access to exercise opportunities	88%			91%	77%	
Excessive drinking	 22%		21-22%	13%	19%	
Alcohol-impaired driving deaths	41%		37-46%	13%	30%	
Sexually transmitted infections	272.2			145.1	477.4	
Teen births	<u>13</u>		12-14	15	30	
<b>Additional Health Behaviors (not included in overall ranking) +</b>						
<b>Clinical Care</b>						<b>8</b>
Uninsured	7%		6-8%	6%	12%	
Primary care physicians	2,280:1			1,030:1	1,420:1	
Dentists	1,840:1			1,280:1	1,810:1	
Mental health providers	900:1			330:1	590:1	
Preventable hospital stays	56		52-59	35	57	
Diabetes monitoring	<u>85%</u>		82-88%	91%	86%	

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

	St. Charles County	Trend 	Error Margin	Top U.S. Performers	Missouri	Rank (of 115) 
Mammography screening	<a href="#">68%</a>		64-71%	71%	63%	
Additional Clinical Care (not included in overall ranking) +						
<b>Social &amp; Economic Factors</b>						<b>2</b>
High school graduation	90%			95%	90%	
Some college	78%		76-79%	72%	66%	
Unemployment	3.5%			3.2%	4.5%	
Children in poverty	<a href="#">7%</a>		5-8%	12%	19%	
Income inequality	3.6		3.5-3.6	3.7	4.6	
Children in single-parent households	22%		20-24%	20%	34%	
Social associations	6.7			22.1	11.6	
Violent crime	130			62	442	
Injury deaths	65		61-69	55	79	
Additional Social & Economic Factors (not included in overall ranking) +						
<b>Physical Environment</b>						<b>104</b>
Air pollution - particulate matter 	11.7			6.7	9.5	
Drinking water violations	No					
Severe housing problems	10%		9-11%	9%	15%	
Driving alone to work	<a href="#">86%</a>		86-87%	72%	82%	
Long commute - driving alone	38%		37-39%	15%	31%	

Note: Blank values reflect unreliable or missing data

## St. Charles County - Healthy Communities Institute



County: St. Charles  
SSM Health Care  
Total indicators: 138  
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Indicator	County Distribution		Value		Target		Trend	Score	Precision	Age
	State	US	State	US	HP2020	Local				
Atrial Fibrillation: Medicare Population	3	3	3	3	1.5	3	3	2.83	High	
Chronic Kidney Disease: Medicare Population	3	3	3	3	1.5	3	3	2.83	High	
Depression: Medicare Population	3	3	2	3	1.5	3	3	2.67	High	
Alzheimer's Disease or Dementia: Medicare Population	3	3	3	3	1.5	2	2	2.61	High	
Cancer: Medicare Population	3	3	3	3	1.5	2	2	2.61	High	
Stroke: Medicare Population	3	3	3	3	1.5	2	2	2.61	High	
Workers who Walk to Work	3	3	3	3	3	3	1	2.56	High	45-54
Social Associations	3	3	3	3	1.5	1.5	1.5	2.50	Medium	
Age-Adjusted Death Rate due to Falls	1.5	3	3	3	3	1.5	1.5	2.42	High	
Alcohol-Impaired Driving Deaths	3	3	3	3	1.5	1	1	2.39	High	
Adults who Drink Excessively	3	3	3	3	0	1.5	1.5	2.33	High	
Workers who Drive Alone to Work	3	3	2	3	1.5	1.5	1.5	2.33	High	
Solo Drivers with a Long Commute	2	2	3	3	1.5	2	2	2.28	High	
Food Insecure Children Likely Ineligible for Assistance	3	1.5	3	3	1.5	1.5	1.5	2.25	Medium	
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2	2	2	2	1.5	3	3	2.17	High	
Age-Adjusted Death Rate due to Influenza and Pneumonia	1.5	2	1	3	1.5	3	3	2.08	Medium	
Death Rate due to Drug Poisoning	1.5	2	1	3	1.5	3	3	2.08	Medium	
Hyperlipidemia: Medicare Population	3	2	3	2	1.5	1	1	2.06	High	
Osteoporosis: Medicare Population	3	3	2	2	1.5	1	1	2.06	High	
Prostate Cancer Incidence Rate	3	2	3	2	1.5	1	1	2.06	High	
Workers Commuting by Public Transportation	1	2	3	3	3	1	1	2.06	High	
Asthma: Medicare Population	2	2	1	2	1.5	3	3	2.00	High	
Children with Low Access to a Grocery Store	3	3	1.5	1.5	1.5	1.5	1.5	2.00	Low	
Grocery Store Density	3	3	1.5	1.5	1.5	1.5	1.5	2.00	Medium	
People with Low Access to a Grocery Store	3	3	1.5	1.5	1.5	1.5	1.5	2.00	Low	
Diabetic Monitoring: Medicare Population	2	2	2	2	1.5	2	2	1.94	High	
Fast Food Restaurant Density	3	2	1.5	1.5	1.5	2	2	1.94	Medium	
Breast Cancer Incidence Rate	3	2	2	2	1.5	1	1	1.89	High	
SNAP Certified Stores	3	3	1.5	1.5	1.5	1	1	1.89	Medium	
Primary Care Provider Rate	1	2	3	1.5	1.5	2	2	1.86	Medium	
Farmers Market Density	3	2	1.5	1.5	1.5	1.5	1.5	1.83	Medium	
People 65+ with Low Access to a Grocery Store	3	2	1.5	1.5	1.5	1.5	1.5	1.83	Low	
Mean Travel Time to Work	2	2	2	1	1.5	2	2	1.78	High	
Adults who are Overweight	2	1.5	2	2	1.5	1.5	1.5	1.75	Medium	
Annual Ozone Air Quality	1.5	3	1.5	1.5	1.5	1.5	1.5	1.75	Low	
Non-Physician Primary Care Provider Rate	2	3	3	1.5	1.5	0	0	1.75	Medium	
Physical Environment Ranking	3	1.5	1.5	1.5	1.5	1.5	1.5	1.75	Low	
Preterm Births (OE)	2	1.5	1	2	2	1.5	1.5	1.64	Medium	
Age-Adjusted Death Rate due to Unintentional Injuries	0	1	1	3	3	2	2	1.61	High	
Recognized Carcinogens Released into Air	1.5	1.5	1.5	1.5	1.5	2	2	1.61	Low	
Voter Turnout: Presidential Election	2	1.5	1	1.5	1.5	2	2	1.61	Medium	
Cervical Cancer Incidence Rate	1.5	1	1	2	2	2	2	1.58	High	
Hypertension: Medicare Population	2	1	2	2	1.5	1	1	1.56	High	

## St. Charles County - Healthy Communities Institute



County: St. Charles  
SSM Health Care  
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Indicator	County Distribution		Value		Target		Trend	Score	Precision	Age
	State	US	State	US	HP2020	Local				
Student-to-Teacher Ratio	3	2	2	0	1.5		1	1.56	High	
Age-Adjusted Death Rate due to Breast Cancer	1.5	2	1	2	2		1	1.53	High	
Age-Adjusted Death Rate due to Suicide	1.5	1	0	2	3		2	1.53	High	
Oral Cavity and Pharynx Cancer Incidence Rate	1.5	1	1	2	1.5		2	1.53	Medium	
Adult Fruit and Vegetable Consumption	1	1.5	2	1.5	1.5		1.5	1.50	Low	
All Cancer Incidence Rate	2	2	2	2	1.5		0	1.50	High	
High Cholesterol Prevalence: Adults 35+	1	1.5	2	1.5	1.5		1.5	1.50	Low	
Poor Physical Health: Average Number of Days	0	2	1	3	1.5		1.5	1.50	Medium	
Low-Income and Low Access to a Grocery Store	1	1	1.5	1.5	1.5		1.5	1.33	Low	
Lung and Bronchus Cancer Incidence Rate	1	2	1	3	1.5		0	1.33	High	
Pap Test in Past 3 Years	0	1.5	1	1.5	3		1.5	1.33	Medium	
Recreation and Fitness Facilities	1	1	1.5	1.5	1.5		1.5	1.33	Medium	
Mothers who Smoked During Pregnancy	0	1.5	0	3	3		1	1.31	High	18-19, 20-24
Renters Spending 30% or More of Household Income on Rent	2	2	1.5	0	1.5		1	1.31	Medium	
COPD: Medicare Population	0	2	0	2	1.5		2	1.28	High	
Liquor Store Density	1	1	2	0	1.5		2	1.28	High	
People 65+ Living Alone	1	1	1	1	1.5		2	1.28	High	
Syphilis Incidence Rate	2	2	0	0	1.5		2	1.28	High	
Chlamydia Incidence Rate: Females 15-19	1	1.5	0	0	1.5		3	1.25	Medium	
Clinical Care Ranking	0	1.5	1.5	1.5	1.5		1.5	1.25	Low	
Health Behaviors Ranking	0	1.5	1.5	1.5	1.5		1.5	1.25	Low	
Morbidity Ranking	0	1.5	1.5	1.5	1.5		1.5	1.25	Low	
Mortality Ranking	0	1.5	1.5	1.5	1.5		1.5	1.25	Low	
Social and Economic Factors Ranking	0	1.5	1.5	1.5	1.5		1.5	1.25	Low	
Low-Income Preschool Obesity	1	1	1.5	1.5	1.5		1	1.22	Medium	
Preventable Hospital Stays: Medicare Population	1	1	1	2	1.5		1	1.22	High	
Age-Adjusted Death Rate due to Kidney Disease	1.5	1	0	1	1.5		2	1.19	Medium	
Adults who Smoke	0	2	0	1	3		1.5	1.17	High	
Gonorrhea Incidence Rate	2	2	0	0	1.5		1.5	1.17	High	
High School Graduation	2	1	1	1	1		1	1.17	High	
Insufficient Sleep	1	1	1	1	1.5		1.5	1.17	Medium	
Chlamydia Incidence Rate	2	1	0	0	1.5		2	1.11	High	
Drinking Water Violations	1	1	0	1.5	1.5		1.5	1.08	Medium	
Diabetes: Medicare Population	1	1	1	1	1.5		1	1.06	High	
Heart Failure: Medicare Population	1	1	1	1	1.5		1	1.06	High	
Ischemic Heart Disease: Medicare Population	1	1	1	1	1.5		1	1.06	High	
Mothers who Received Early Prenatal Care	0	1.5	0	0	1		3	1.03	High	
Colon Cancer Screening: Sigmoidoscopy or Colonoscopy	0	1.5	0	1.5	1.5		1.5	1.00	Low	
Households with No Car and Low Access to a Grocery Store	0	0	1.5	1.5	1.5		1.5	1.00	Low	
Infant Mortality Rate	1	1.5	0	1.5	1		1	1.00	Medium	
Poor Mental Health: Average Number of Days	0	1	0	2	1.5		1.5	1.00	Medium	
Dentist Rate	0	1	1	1.5	1.5		1	0.97	Medium	
Life Expectancy for Females	0	0	1	1	1.5		2	0.94	High	
Mammography Screening: Medicare Population	0	0	1	1	1.5		2	0.94	High	

# Appendix

## St. Charles County - Healthy Communities Institute



County: St. Charles  
SSM Health Care  
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Indicator	County Distribution		Value		Target		Trend	Score	Precision	Age
	State	US	State	US	HP2020	Local				
Age-Adjusted Death Rate due to Prostate Cancer	1.5	0	1	0	0		2	0.86	High	15-17
Babies with Very Low Birth Weight	1	1.5	0	0	0		2	0.86	High	
Persons with Disability Living in Poverty	1.5	0	0	0	1.5		2	0.86	Medium	
Children Living Below Poverty Level	0	0	0	0	1.5		3	0.83	High	12-17, 18-24, <6
Frequent Mental Distress	0	1	0	1	1.5		1.5	0.83	Medium	
Frequent Physical Distress	0	1	0	1	1.5		1.5	0.83	Medium	
Homeownership	0	0	0	0	1.5		3	0.83	High	12-17, 18-24, <6
People Living Below Poverty Level	0	0	0	0	1.5		3	0.83	High	
High Blood Pressure Prevalence	0	1.5	0	0	2		1.5	0.81	Medium	
Adults 20+ with Diabetes	0	0	0	1.5	1.5		1.5	0.75	Medium	12-17, 18-24, <6
Adults who are Obese	0	1.5	0	1	0		1.5	0.75	Medium	
Adults with Current Asthma	0	1.5	0	0	1.5		1.5	0.75	Medium	
Substantiated Child Abuse Rate	0	1.5	0	0	1.5		1.5	0.75	Medium	12-17, 18-24, <6
Age-Adjusted Death Rate due to Lung Cancer	0	1	0	2	2		0	0.72	High	
Life Expectancy for Males	0	0	1	1	1.5		1	0.72	High	
Access to Exercise Opportunities	0	0	0	1	1.5		1.5	0.67	Medium	12-17, 18-24, <6
Violent Crime Rate	0	1.5	0	1.5	1.5		0	0.67	Medium	
Adults with Health Insurance	0	0	1	1.5	2		0	0.64	High	
Age-Adjusted Death Rate due to Diabetes	1.5	0	0	0	1.5		1	0.64	Medium	12-17, 18-24, <6
Children with Health Insurance	0	0	1	1.5	2		0	0.64	High	
Teen Birth Rate: 15-19	0	1.5	0	0	1.5		1	0.64	Medium	
Families Living Below Poverty Level	0	0	0	0	1.5		2	0.61	High	12-17, 18-24, <6
Food Environment Index	0	0	0	0	1.5		2	0.61	High	
Households without a Vehicle	0	0	0	0	1.5		2	0.61	High	
People 65+ Living Below Poverty Level	0	0	0	0	1.5		2	0.61	High	12-17, 18-24, <6
People Living 200% Above Poverty Level	0	0	0	0	1.5		2	0.61	High	
Severe Housing Problems	0	0	0	0	1.5		2	0.61	High	
Single-Parent Households	0	0	0	0	1.5		2	0.61	High	12-17, 18-24, <6
Young Children Living Below Poverty Level	0	0	0	0	1.5		2	0.61	High	
Adults 20+ who are Sedentary	0	0	0	1.5	0		1.5	0.58	Medium	
Age-Adjusted Death Rate due to Cancer	0	1	0	1	2		0	0.56	High	12-17, 18-24, <6
Age-Adjusted Death Rate due to Coronary Heart Disease	0	1	0	1	0		1	0.56	High	
Age-Adjusted Death Rate due to Alzheimer's Disease	0	0	0	0	1.5		1.5	0.50	High	
People 25+ with a High School Degree or Higher	0	0	1	1	1.5		0	0.50	High	65+
Self-Reported General Health Assessment: Poor or Fair	0	0	0	0	1.5		1.5	0.50	Medium	
Students Eligible for the Free Lunch Program	0	0	0	0	1.5		1.5	0.50	High	
Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	1.5	0	0	0	0		1	0.47	High	18-19, 40+
Babies with Low Birth Weight	0	1.5	0	0	0		1	0.47	High	
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	0	0	0	0	1.5		1	0.39	High	
Child Food Insecurity Rate	0	0	0	0	1.5		1	0.39	High	18-19, 40+
Food Insecurity Rate	0	0	0	0	1.5		1	0.39	High	
Households with Cash Public Assistance Income	0	0	0	0	1.5		1	0.39	High	
Houses Built Prior to 1950	0	0	0	0	1.5		1	0.39	High	18-19, 40+
Median Household Income	0	0	0	0	1.5		1	0.39	High	

St. Charles County - Healthy Communities Institute



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Indicator	County Distribution		Value		Target		Trend	Score	Precision	Age
	State	US	State	US	HP2020	Local				
People 25+ with a Bachelor's Degree or Higher	0	0	0	0	1.5		1	0.39	High	65+
Per Capita Income	0	0	0	0	1.5		1	0.39	High	
Premature Death	0	0	0	0	1.5		1	0.39	High	
Unemployed Workers in Civilian Labor Force	0	0	0	0	1.5		1	0.39	High	
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	0	0	0	0	0		1	0.22	High	
Age-Adjusted Death Rate due to Colorectal Cancer	0	0	0	0	0		1	0.22	High	
Colorectal Cancer Incidence Rate	0	0	0	0	0		0	0.00	High	



# Appendix

## CHNA collaborators

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- Barnes Jewish-Christian Healthcare System