

SSM Health St. Mary's Hospital – St. Louis
6420 Clayton, Richmond Heights MO 63117

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



2019 – 2021

Community Health Needs *Implementation* Strategy



Table of Contents

Assessment

Message to Our Community [3]

Executive Summary [4]

About Us [5]

The Health Needs of Our Community [6]

Our Progress since 2015 [7]

Implementation

Strategic Implementation Plan [8]

Priority #1 [9-10]

Priority #2 [11-12]

Priority #3 [13-14]

Going Forward [15]

Appendices

Prioritizing Health Needs [17]

Additional Appendix: Think Health STL..... [18-91]

CHNA collaborators [92]





Message to Our Community

SSM Health St. Mary's Hospital, SSM Health Cardinal Glennon Children's Hospital and SSM Health Saint Louis University Hospital, members of SSM Health, delivers exceptional, compassionate care to the St. Louis community. 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.

Over the last 12 months, in collaboration with our community partners, we have conducted a community health needs assessment by gathering health-related information from Think Health St. Louis – Partnership for a Healthy St. Louis regarding the St. Louis County and St. Louis City communities. We have also conducted community focus groups to identify concerns about the health of these communities and the number of area-based programs and organizations that exist to address their needs. These discussions identified needs that were prioritized based on the level of importance to community members and the hospital's ability to truly make an impact.

This document specifically address the Community Health Needs Assessment Plan for SSM Health St. Mary's Hospital – St. Louis.

SSM Health St. Mary's Hospital

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63117
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Contact us for more information or to take part in improving the health of our community by visiting our website at ssmhealth.com

Executive Summary



background

SSM Health St. Mary's Hospital – St. Louis is pleased to present the 2018 Community Health Needs Assessment (CHNA). This report provides an overview of the health needs and priorities associated with our service area. The goal of this report is to provide individuals with a deeper understanding of the health needs in their community, as well as help guide the hospital in its community benefit planning efforts and development of the 2019-2021 community health needs assessment implementation strategy to address evaluated needs. SSM Health St. Mary's Hospital – St. Louis 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. Mary's Hospital – St. Louis held a meeting with local and regional stakeholders to determine priorities for the 2019-2021 community health needs strategic implementation plan. Priorities include:

1. Access to Care / Continuity of Care
2. High Risk Pregnancy
3. Diabetes

strategies

Access to Care / Continuity of Care

Resources include partnership with Federally Qualified Health Centers (FQHC) and St. Louis Integrated Health Network (IHN) for community referral program.

High Risk Pregnancy

Resources include Women and Infants Substance Health (WISH) Clinic and partnerships with St. Louis University's research division for the department of obstetrics, gynecology and women's health, Nurses for Newborns and Generate Health STL.

Diabetes

Resources include diabetic educators and the St. Mary's Internal Medicine Clinic.

SSM Health St. Mary's Hospital



SSM Health

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

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

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

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

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

SSM Health St. Mary's Hospital

highlight of services

SSM Health St. Mary's Hospital – St. Louis offers a comprehensive array of acute inpatient services, along with an ambulatory network consisting of urgent care, primary care and specialist providers. Affiliated with SSM Health Cardinal Glennon Children's Hospital and partnered with SLUCare Physician Hospital-St. Louis, SSM Health St. Mary's Hospital offers the most comprehensive mother-baby program in the region. The Family Birthplace at SSM Health St. Mary's Hospital is a regional hub for maternal services and high-risk obstetrics. SSM Health St. Mary's Hospital is fully equipped with a level III Neonatal ICU, a perinatal center and a satellite location for the SSM Health Cardinal Glennon Children's Hospital.

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community benefit

In 2017, SSM Health St. Mary's Hospital provided \$37.5 million in community benefit comprised of charity care, community services and unpaid costs of Medicaid and other public programs.

affiliations and community partnerships

SSM Health St. Mary's Hospital – St. Louis is proud to partner with many different organizations to improve health outcomes of the community it serves. Partners include:

- St. Louis University
- St. Louis Integrated Health Network
- City of Richmond Heights
- Generate Health STL

Hospital at a Glance

Admissions		19,592
Outpatient Visits		144,555
ER Visits		68,734
Births		3,507
Beds		527
Employees		2,097
Medical Staff		800
Volunteers		467
Charity Care		\$37.5MM

The Health Needs of Our Community

SSM Health St. Mary's Hospital – St. Louis conducted a focus group to identify the health needs of our community. The group represented broad and diversified interests of mid St. Louis County and St. Louis City. Included in the focus group were representatives from St. Louis County Health Departments

Participants were asked to identify the primary health issues affecting constituents that they represent. After exhausting individual concerns, the focus was shifted towards issues identified in the 2016 cycle. Items not previously discussed were re-evaluated by the participants. After all discussion had concluded, a survey inclusive of all topics discussed was distributed. Participants were asked to score each health issue in terms of their perception of its importance and the ability of the hospital to make an impact. The results were collected, analyzed and reviewed by senior leadership prior to identify the top priorities to be addressed.

key priorities

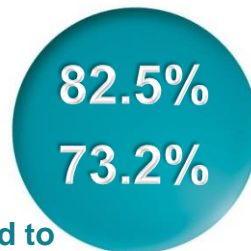
In St. Louis County, there are 123 Providers per 100,000 Persons compared to 85 in St. Louis City



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.

82.5% of St. Louis County mothers receive prenatal care compared to 73.2% in St. Louis City



High Risk Pregnancy

Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mother who receive care.

Adults diagnosed with Diabetes: St. Louis County 11.6% compared to 12.6% of St. Louis City Adults



Chronic Disease - Diabetes

Diabetes is the leading cause of death in the United States disproportionately affecting minority and elderly populations.

Our Progress Since 2015

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

SSM Health St. Mary's Hospital

Access To Care

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Decrease the number of preventable hospital stays in St. Louis County from 52 cases per 1,000 Medicare enrollees, as reported in 2015, to 45 cases per 1,000 Medicare enrollees by 2018 (HCI)	HCI	3yr lag	52 (2012)	48 (2013)	48 (2013)	47.7 (2014)	47.7 (2014)	N/A Data Source Change	N/A Data Source Change
Reduce overall readmission rate at SSM Health St. Mary's Hospital – St. Louis from 10.2% (Aug. YTD 2015) to 9.1% by 2018 (Readmissions Report)	Readmissions Report	Ad hoc	10.2%	10.7%	10.9%	10.1%	10.7%	9.49%	10.03%
Improve overall Health Behaviors Ranking of St. Louis County from 7, as reported in 2015, to 6 by 2018 (HCI)	HCI	Annual	7	2	2	2 (2017)	2 (2017)	N/A Data Source Change	N/A Data Source Change

Diabetes

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Decrease the age-adjusted death rate due to diabetes in St. Louis County from 16.5 deaths per 100,000 persons, as reported in 2015, to 15 deaths per 100,000 persons by 2018 (HCI)	HCI	1-2yr lag	16.5	15.6 (2013-2015)	14.5%	14.5%	14.5 (2013-2015)	N/A Data Source Change	N/A Data Source Change
Increase the percentage of St. Louis Medicare patients screened for diabetes from 83.3%, as reported in 2015, to the state average of 86.6% by 2018 (HCI)	HCI/Community Commons	1-3yr lag	83.3% (2012)	84.9%	85.6%	85%	85% (2014)	85% (2014)	86% (2015)
Reduce the average hemoglobin A1C for patients seen in the SSM Health St. Mary's Hospital – St. Louis Internal Medicine Clinic from 10.1% in 2015 to 9.1% by 2018 (Epic)	Epic	Ad hoc	10.1%	9.2%	7.8%	7.4%	8.04%	7.98%	Data Not Yet Available

High-Risk Pregnancy and S/A

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the percentage of preterm births in St. Louis County from 12.4% reported in 2015 to the Healthy People 2020 goal of 11.4% by 2018 (HCI)	HCI	2yr lag	12.4% (2013)	10.5% (2014)	10.5% (2014)	10.5% (2014)	10.5% (2014)	N/A Data Source Change	N/A Data Source Change
Reduce the length of stay for Women and Infants Substance Help (WISH) program neonates (high-risk neonate) from 14.88 days in 2015 to 13 days by 2018 (Epic/WISH reporting)	Epic/WISH	Ad hoc	14.88%	11.6%	11.3%	11.4	7.3	8.2	Data Not Yet Available

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

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

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

Priority #1 **Access to Care / Continuity of Care**

Priority #2 **High Risk Pregnancy**

Priority #3 **Diabetes**



Access to Care / Continuity of 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.

- Provider Care Rate - Per 100,000 persons, there are 123 providers in St. Louis County and 85 providers in St. Louis City. Primary care providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics.
- Clinical Care Ranking - The quality and accessibility of clinical care heavily impacts the health of a community. Without a sufficient number of providers or adequate insurance coverage, people often do not seek care services and are thus at higher risk of developing preventable illnesses or chronic conditions. People with access to high-quality care are more likely to receive effective treatment for their conditions and enjoy better health. St. Louis County is ranked at 2, St. Louis City is ranked at 27 (1-2 is healthiest). The ranking is based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening.
- 43% of St. Louis County residents and 34% of St. Louis City residents have a bachelor's degree or greater. 21% of St. Louis County residents and 23% of St. Louis City residents have a high school graduation degree
- Approximately 10% of St. Louis County residents and 15% of St. Louis City resident don't have health insurance
- 6.7% of St. Louis County families and 19.94% of St. Louis City families live below the poverty line



Priority #1

Strategic Implementation – Access to Care

action plan

- SSM Health St. Mary’s Hospital – St. Louis has an Internal Medicine Clinic that was able to treat 815 patients in 2018 but has the capacity to treat 1000. Therefore, one of our goals is to increase the number of lives that we care for to 1000 by 2021. We will partner with community agencies to promote the services available to the underserved population in our community.
- In partnership with the Integrated Health Network utilize community referral coordinators to ensure continuity of care for patents and timely access to primary care follow-up
- Increase patients’ health-related knowledge via efforts to simplify health education materials, improve patient-provider communication, and increase overall literacy
- Provide health insurance outreach and support to assist individuals whose employers do not offer affordable coverage, who are self-employed, or who are unemployed

community partners

- Church groups and social service organizations
- Federally Qualified Health Centers (FQHC)
 - Family Care Health Center
 - Myrtle Hilliard Davis Comprehensive Health Center
 - Affinia Healthcare
 - People’s Health Centers, Inc.

supporting resources

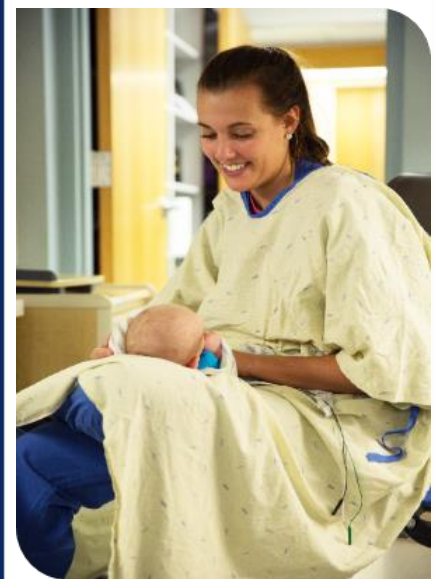
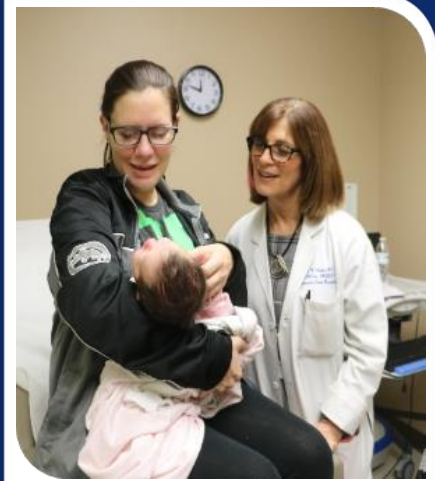
- SSM Health Medical Group
- St. Louis Integrated Health Network (IHN)
- St. Louis Partnership for a Healthy Community



High Risk Pregnancy

Increasing the number of women who receive prenatal care, and who do so early in their pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth.

- 82.5% of St. Louis County mothers received prenatal care compared to 73.2% of St. Louis City mothers. Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.
- Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, preterm delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. St. Louis City has a rate of 11.2 per 1,000 live births compared to St. Louis County at 7.7. The Healthy People 2020 national health target is to reduce the infant mortality rate to 6 deaths per 1,000 live births.



Priority #2

Strategic Implementation – High Risk Pregnancy

action plan

- Attain a threshold of 50% of patients being illicit-drug free, at the time of delivery, for those enrolled in in the WISH program. Develop outreach strategies to community organizations working in the substance abuse space for patient referral to WISH services
- Continue to actively participate in the Generate Health Build Grant focusing on improving maternal and infant health outcomes by targeting transportation access for pregnant women and new parents in two contiguous zip codes of 63106 and 63107 in the City of St. Louis.
- Work with FLOURISH St. Louis, a diverse community partnership designed to work in a new way to achieve large-scale, lasting improvements in the health and well-being of St. Louis babies and families
- Through Thrive St. Louis, establish seamless referral process for women needing prenatal care

community partners

- St. Louis Diaper Bank
- Queen of Peace
- Crisis Nursery
- Perinatal Behavioral Health Initiative
- FLOURISH
- Generate Health STL

supporting resources

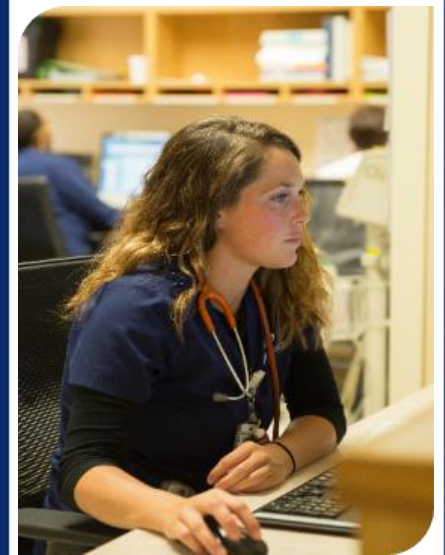
- SSM Health Maternal Services
- St. Louis University Division of Maternal Fetal Medicine
- SSM Health Cardinal Glennon Children's Hospital
- St. Louis Partnership for a Healthy Community



Diabetes

Diabetes is a leading cause of death in the United States. According to the Centers for Disease Control and Prevention (CDC), more than 25 million people have diabetes, including both diagnosed and undiagnosed cases. This disease can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke.

- 11.6% of adults (20+ years of age) in St. Louis County and 12.6% of adults in St. Louis City have been diagnosed with Diabetes.
- Diabetes is the leading cause of death in United State disproportionately affecting minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population ages.
- The percentage of obese adults is an indicator of the overall health and lifestyle of a community. 31.1% of St. Louis City residents and 28.2% of St. Louis County residents are obese based on a BMI greater than or equal to 30.
- Age-adjusted death rate due to Diabetes per population of 100,000 persons is 30.3 in St. Louis City and 15.7 in St. Louis County
- Annual age-adjusted emergency room visit rate due to diabetes per 10,000 population aged 18 years and older is 35.3 in St. Louis City and 17.9 in St. Louis County. Both Type 1 and Type 2 are included. Cases of gestational diabetes are excluded.
- Grocery store density in St. Louis County is .34 and .18 in St. Louis City. This indicator shows the number of supermarkets and grocery stores per 1,000 population. Convenience stores and large general merchandise stores such as supercenters and warehouse club stores are not included in this count.



Priority #3

Strategic Implementation - Diabetes

action plan

- The number of patients attending Diabetic Education classes and appointments is at an average of 42 patients per month, this is an increase from about 13 patients a month in 2018. Due to the massive increase in patient attendance, we will be evaluating the specific needs for inpatient and outpatient Diabetic Education classes and appointments. The goal is to ensure that our Diabetic Educators are being utilized in the most optimal manner while meeting the specific needs of our community.
- Currently, our Diabetic Educators are reaching inpatient and outpatient patients. We plan on evaluating standard work of the Diabetic Educators on site to determine if there is a way to extend our reach into the community, including the Internal Medicine Clinic, Wound Clinic and other community events.
- 58 unique diabetic individuals (over 280 prescriptions) were served at the SSM Pharmacy on St. Mary's campus in 2018. To improve patient care, we strive to increase the number of patients served by 5% each year moving forward so that patients are receiving the medications they need to effectively manage their diabetes.
- Engage community agencies and church groups to evaluate partnership opportunities to address diabetes management

community partners

- American Diabetes Association
- Churches
- Local municipalities – health and wellness programs

supporting resources

- Diabetic Educators
- Internal Medicine Clinic
- Wound Clinic
- St. Louis Partnership for a Health Community



Going Forward



Visit us online at
www.ssmhealth.com

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

www.thinkhealthstl.org
www.countyhealthrankings.org

Achieving our Goals, Now and in the Future

We are committed to improving the health of our community through focused and collaborative efforts to address unmet needs.

online tools

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

Please visit ssmhealth.com/system for more information.

The St. Louis Partnership for a Healthy Community is comprised of a broad range of public health stakeholders from leading community organizations and individual advocates who subscribe to a comprehensive definition of health. Their resource, www.thinkhealthstl.org, is a valuable online tool for looking at community data, especially in terms of the social determinants of health. Their community health dashboards allow anyone to search for indicators by location, topics, age group, classification, subgroup or comparison. In addition, a Health People Progress Tracker is also available on this website. With these tools, it is possible to measure the community's health but also measure it in comparison to the state of Missouri.



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

Contact our Community Benefit Leader for more information at

Kimberly.Gibson@ssmhealth.com

2019 – 2021

Appendices

prioritizing health needs

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

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

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

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

In addition, "social determinants of health," or factors in the community that can either contribute to poor health outcomes or support a healthy community are considered. This data is available on the at www.thinkhealthstl.org, www.countyhealthrankings.org and Health Communities Institute.

focus group objectives:

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. Louis City and mid-St. Louis 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 each of the community focus groups:

SSM Health St. Mary's Hospital: diabetes, high-risk pregnancy, substance abuse, access to care, continuity of care, trauma/stress informed care, obesity, quality/price transparency, obesity, cardiovascular disease, sexually transmitted infections, violence, pediatric abuse/neglect, ED visits, cancer, dental, tobacco use, cerebrovascular disease, behavioral health

SSM Health Cardinal Glennon Children's Hospital: mental / behavioral health, maternal / child health, social determinants of health, public safety/violence, access to services, immunizations/infectious disease, cultural barriers, health lifestyles, health literacy, reproductive health, asthma, diabetes, cancer, dental health, obesity, blood disease/lead, nutrition, injuries, food allergies

SSM Health Saint Louis University Hospital: mental health, substance abuse, violence, access to care, health literacy, maternal and child health, reproductive health, injuries, health lifestyles, diabetes, transportation, immunization / infectious disease, heart disease, stroke, respiratory disease, smoking / tobacco use, cancer, dental care

Needs SSM Health St. Mary's Hospital will not address and the reasons:

Because SSM Health St. Mary's Hospital – St. Louis has limited resources, not every health indicator which has an identified need for improvement could be addressed. Those community needs identified but not “prioritized” for improvement included the following:

- **Continuity of care:** The hospital is already facilitating transitions in care for the congestive heart failure and chronic obstructive pulmonary disease populations through the use of transitional care nurse navigators. Although this was not chosen as a “top” priority, it will be included throughout in the access to care component of the strategic implementation plan.
- **Price/quality transparency:** The hospital currently publishes quality data publically. SSM Health efforts are in progress to identify and publish pricing information for health services.
- **Trauma/stress informed care:** The hospital is not a trauma center. The hospital does provide emotional and psychosocial support to patients with traumatic illness seen in the emergency department.
- **Obesity:** While the hospital does not have resources to focus on obesity as a community goal, the disease is managed through individual disease-based programs.
- **Cardiovascular disease:** The hospital continues to provide care related to cardiovascular disease. Care is provided across the continuum from identification and risk reduction to clinical management.
- **Sexually transmitted diseases:** The hospital does not have resources to focus on reduction of sexually transmitted diseases in the community. Additionally, as a Catholic health system, SSM Health is bound by certain Ethical and Religious Directives (ERD's) that limit the extent to which this initiative can be pursued effectively. The hospital does provide screening and treatment for those presenting to the emergency department and perinatal services.
- **Violence (primarily against women):** The hospital currently provides training for Sexual Assault Nurse Examiners (SANE) in the emergency department. The hospital further partners with the WYCA in efforts to reduce domestic violence.
- **Pediatric neglect/abuse:** The hospital identifies pediatric abuse and neglect during episodes of care and collaborates with SSM Health Cardinal Glennon Children's Hospital for resources and management of pediatric neglect and abuse.
- **Emergency department visits/capacity:** The hospital recognizes and is working to improve the capacity challenges in the emergency department. Through partnership with the Integrated Health Network, patient access to primary care is being facilitated.
- **High-risk pregnancy and c-sections:** As a high-risk obstetrical center, the hospital provides service across the maternal and fetal continuum of care. This will be addressed as a sub-component of high-risk pregnancy and substance abuse.
- **Cancer:** The hospital currently provides numerous oncology services through SSM Cancer Care.
- **Dental:** The hospital does not employ resources necessary to implement a dental program.

Search this site

Think Health St. Louis

St. Louis Partnership
for a Healthy Community

HEALTH DATA

ST. LOUIS CITY

ST. LOUIS COUNTY

REGIONAL EFFORTS
















RESOURCES

Home > Community Dashboard > All Data

Search for Indicators

All Data

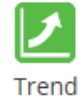
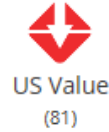
St. Louis

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

St. Louis County Health Dashboard www.thinkhealthstl.org

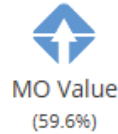
Non-Physician Primary Care Provider Rate

75
Providers per 100,000 population
(2017)



Persons with Private Health Insurance Only

66.7%
(2016)



Persons with Public Health Insurance Only

15.3%
(2016)



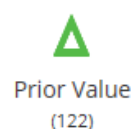
Preventable Hospital Stays: Medicare Population

46.8
Discharges per 1,000 Medicare enrollees
(2015)



Primary Care Provider Rate

123
Providers per 100,000 population
(2015)

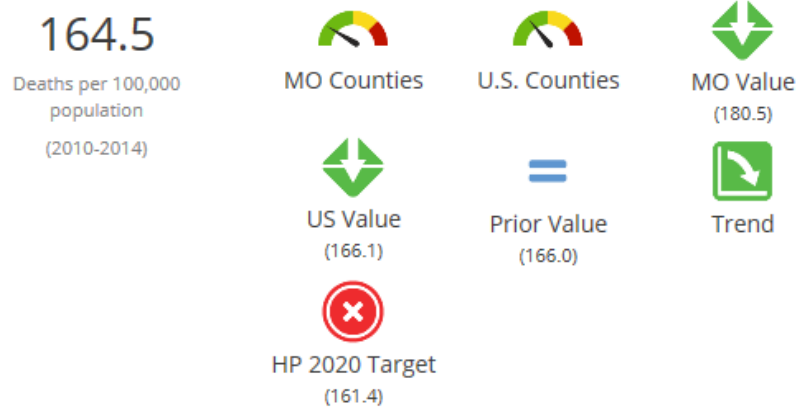


Health / Cancer

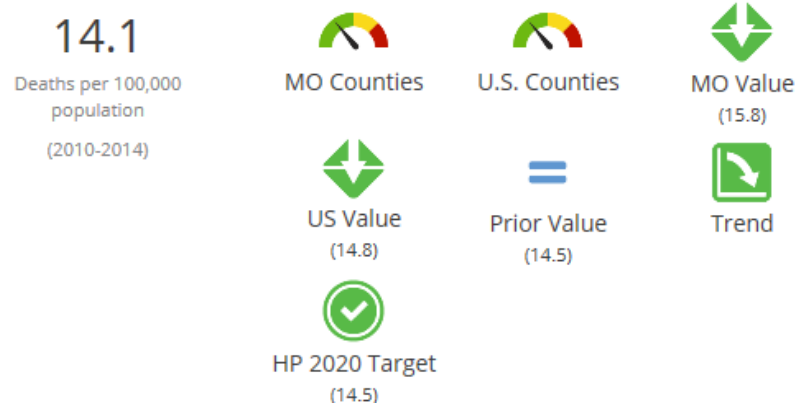
Age-Adjusted Death Rate due to Breast Cancer



Age-Adjusted Death Rate due to Cancer



Age-Adjusted Death Rate due to Colorectal Cancer

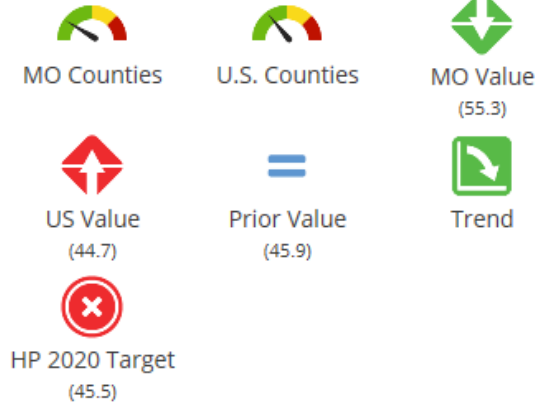


Appendix

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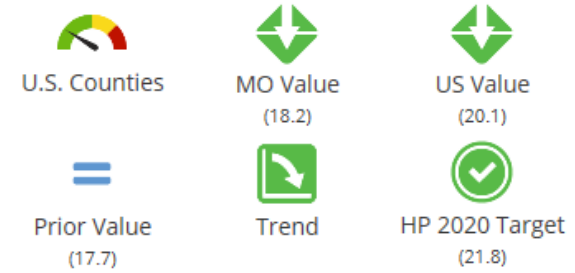
Age-Adjusted Death Rate due to Lung Cancer

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



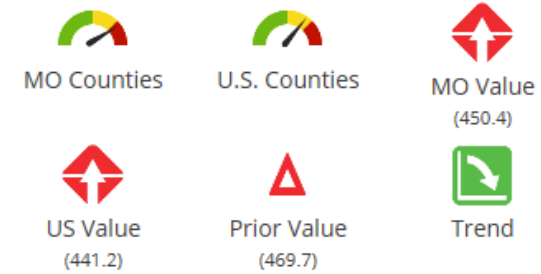
Age-Adjusted Death Rate due to Prostate Cancer

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



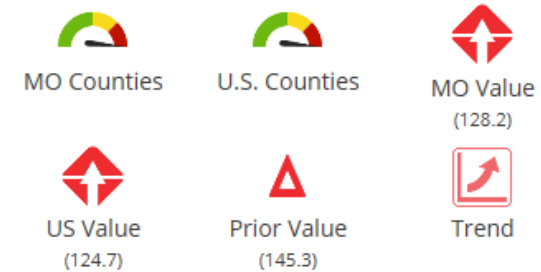
All Cancer Incidence Rate

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



Breast Cancer Incidence Rate

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

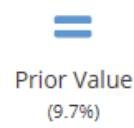
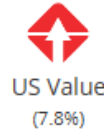


Appendix

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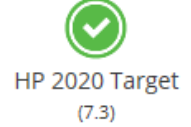
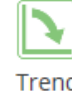
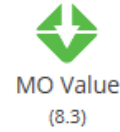
Cancer: Medicare Population

9.7%
(2015)



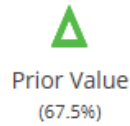
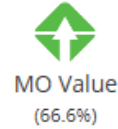
Cervical Cancer Incidence Rate

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



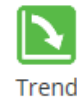
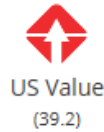
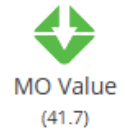
Colon Cancer Screening: Sigmoidoscopy or Colonoscopy

70.8%
(2011)



Colorectal Cancer Incidence Rate

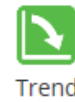
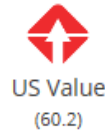
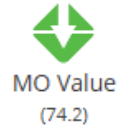
41.1
Cases per 100,000
population
(2011-2015)



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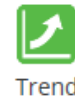
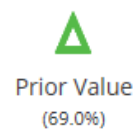
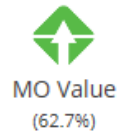
Lung and Bronchus Cancer Incidence Rate

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



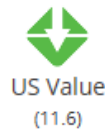
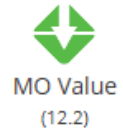
Mammography Screening: Medicare Population

70.2%
(2015)



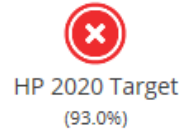
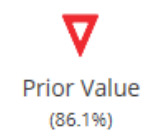
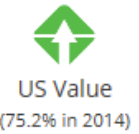
Oral Cavity and Pharynx Cancer Incidence Rate

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



Pap Test in Past 3 Years

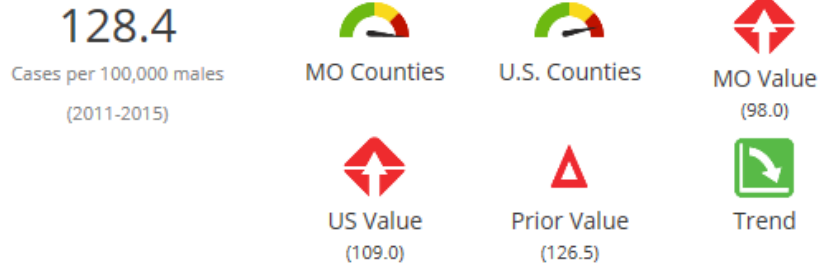
79.4%
(2011)







Appendix

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Prostate Cancer Incidence Rate



Health / County Health Rankings

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

Health / Diabetes

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

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Age-Adjusted ER Rate due to Uncontrolled Diabetes

1.3
ER visits per 10,000 population 18+ years
(2012-2014)


St. Louis City Value
(2.3)


Prior Value
(1.2)

Age-Adjusted Hospitalization Rate due to Diabetes

24.3
Hospitalizations per 10,000 population 18+ years
(2012-2014)


St. Louis City Value
(43.6)


Prior Value
(24.6)

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

12.9
Hospitalizations per 10,000 population 18+ years
(2012-2014)


St. Louis City Value
(23.3)


Prior Value
(13.1)

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

8.6
Hospitalizations per 10,000 population 18+ years
(2012-2014)



St. Louis City Value
(14.7)


Prior Value
(8.3)

Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes

2.1
Hospitalizations per 10,000 population 18+ years
(2012-2014)


St. Louis City Value
(4.3)



Prior Value
(2.5)


Diabetes: Medicare Population

24.8%
(2015)


MO Counties


U.S. Counties


MO Value
(25.8%)


US Value
(26.5%)


Prior Value
(24.8%)


Trend

Appendix

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Diabetic Monitoring: Medicare Population


86.0%
(2015)

 MO Counties

 U.S. Counties

 MO Value
(86.3%)

 US Value
(85.7%)

 Prior Value
(85.0%)

 Trend

Health / Disabilities

Persons with a Cognitive Difficulty (5-year)

VALUE
4.8%
(2012-2016)


COMPARED TO:

 MO Value
(5.9%)

 US Value
(5.0%)

Persons with a Disability

12.1%
(2016)

 MO Value
(14.6%)

 US Value
(12.8%)

 Prior Value
(11.7%)

 Trend

Persons with a Disability (5-year)

11.9%
(2012-2016)

 MO Value
(14.4%)

 US Value
(12.5%)

 Prior Value
(11.7%)

 Trend










Persons with a Hearing Difficulty (5-year)

3.0%
(2012-2016)












 MO Value
(4.1%)

 US Value
(3.5%)

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Persons with a Self-Care Difficulty (5-year)	2.5% (2012-2016)	 MO Value (2.8%)	 US Value (2.7%)	
Persons with a Vision Difficulty (5-year)	1.9% (2012-2016)	 MO Value (2.5%)	 US Value (2.3%)	
Persons with an Ambulatory Difficulty (5-year)	6.6% (2012-2016)	 MO Value (8.2%)	 US Value (7.0%)	
Persons with Disability Living in Poverty (5-year)	20.5% (2012-2016)	 MO Counties	 MO Value (29.5%)	 US Value (27.6%)

Health / Exercise, Nutrition, & Weight

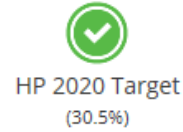
	VALUE	COMPARED TO:		
Adult Fruit and Vegetable Consumption	13.3% (2011)	 MO Counties	 MO Value (12.5%)	 US Value (23.4% in 2009)
		 Prior Value (24.5%)		
Adults 20+ who are Sedentary	22.7% (2014)	 MO Counties	 U.S. Counties	 MO Value (25.8%)
		 US Value (23.0%)	 Prior Value (23.0%)	 Trend
		 HP 2020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

Appendix

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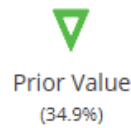
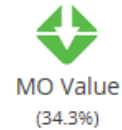
Adults who are Obese

28.2%
(2011)



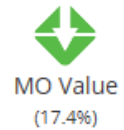
Adults who are Overweight

32.6%
(2011)



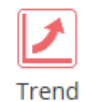
Child Food Insecurity Rate

14.8%
(2016)



Food Insecure Children Likely Ineligible for Assistance

45%
(2016)




St. Louis County Health Dashboard www.thinkhealthstl.org


Food Insecurity Rate

14.7%
(2016)

 MO Counties

 U.S. Counties

 MO Value
(14.7%)

 US Value
(12.9%)

 Prior Value
(15.4%)

 Trend


Health / Heart Disease & Stroke

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

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

COMPARED TO:


 MO Counties

 MO Value
(41.3)

 US Value
(37.0)

 Prior Value
(38.0)


 Trend

 HP 2020 Target
(34.8)

Age-Adjusted Death Rate due to Heart Disease

176.1
Deaths per 100,000 population
(2011-2015)

 MO Counties

 MO Value
(194.6)

 US Value
(167.0 in 2014-2016)

 Prior Value
(178.4)

 Trend

Age-Adjusted ER Rate due to Heart Failure

3.5
ER visits per 10,000 population 18+ years
(2012-2014)

 St. Louis City Value
(5.9)

 Prior Value
(3.2)

Age-Adjusted ER Rate due to Hypertension

30.2
ER visits per 10,000 population 18+ years
(2012-2014)

 St. Louis City Value
(46.7)

 Prior Value
(29.6)

Appendix

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Age-Adjusted Hospitalization Rate due to Heart Failure

44.7

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



St. Louis City Value
(67.2)



Prior Value
(44.7)

Age-Adjusted Hospitalization Rate due to Hypertension

6.3

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



St. Louis City Value
(16.9)



Prior Value
(6.7)

Atrial Fibrillation: Medicare Population

9.0%

(2015)



MO Counties



U.S. Counties



MO Value
(8.1%)



US Value
(8.1%)



Prior Value
(8.9%)



Trend

Heart Failure: Medicare Population

15.2%

(2015)



MO Counties



U.S. Counties



MO Value
(13.7%)



US Value
(13.5%)





























Prior Value
(14.8%)



Trend

Appendix

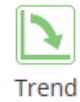
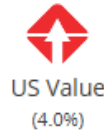
St. Louis County Health Dashboard www.thinkhealthstl.org

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

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Stroke: Medicare Population

4.4%
(2015)

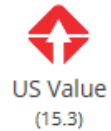
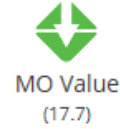


Health / Immunizations & Infectious Diseases

Age-Adjusted Death Rate due to Influenza and Pneumonia

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

COMPARED TO:



Age-Adjusted ER Rate due to Community Acquired Pneumonia

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



Age-Adjusted ER Rate due to Hepatitis

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



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

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



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Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia

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


St. Louis City Value
(29.3)


Prior Value
(25.6)

Age-Adjusted Hospitalization Rate due to Hepatitis

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


St. Louis City Value
(5.6)


Prior Value
(2.1)

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



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


St. Louis City Value
(3.2)


Prior Value
(2.2)


Chlamydia Incidence Rate: Females 15-19

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


MO Counties

Prior Value
(4,297.1)


MO Value
(3,607.0)



US Value
(3,229.0)


Trend

Health / Maternal, Fetal & Infant Health

Babies with Low Birth Weight

VALUE
9.1%
(2014)


COMPARED TO:

MO Counties


MO Value
(8.2%)


US Value
(8.0%)

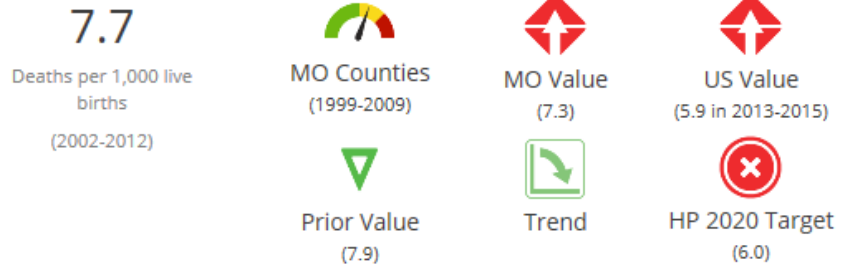

Prior Value
(8.9%)


Trend

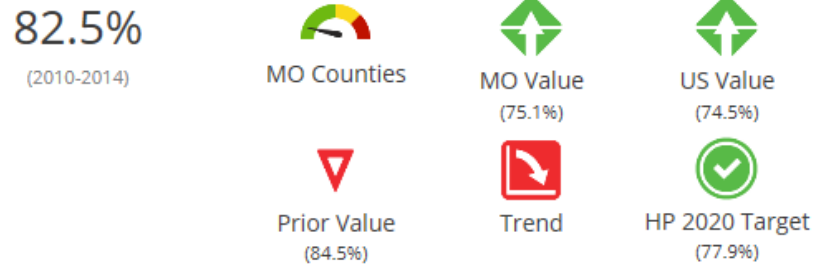

HP 2020 Target
(7.8%)

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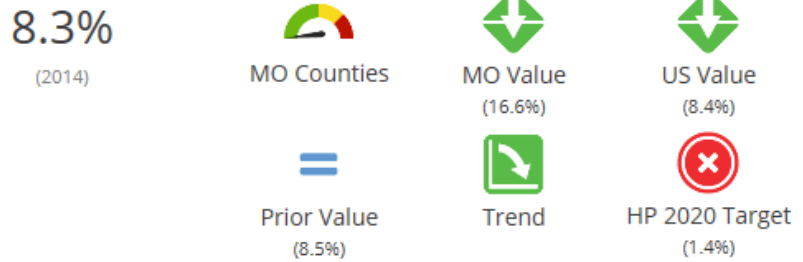
Infant Mortality Rate



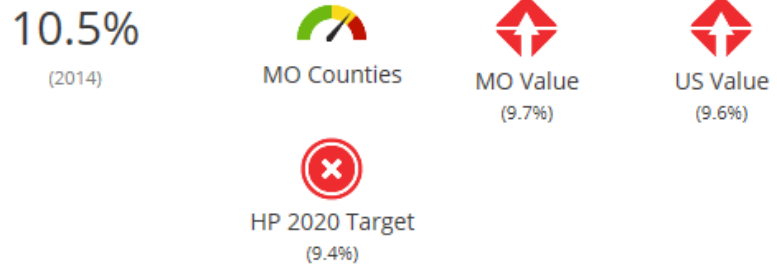
Mothers who Received Early Prenatal Care





















Mothers who Smoked During Pregnancy



Preterm Births



Health / Mental Health & Mental Disorders

	VALUE	COMPARED TO:		
Adults with a Mental Health Disorder	<p>134.8</p> <p>Per 10,000 population (2014)</p>	<p></p> <p>Prior Value (128.4)</p>	<p></p> <p>Trend</p>	
Adults with a Mental Health Disorder Except Drug and Alcohol Induced	<p>117.6</p> <p>Per 10,000 population (2014)</p>	<p></p> <p>Prior Value (110.4)</p>	<p></p> <p>Trend</p>	
Adults with a Mood or Depressive Disorder	<p>76.6</p> <p>Per 10,000 population (2014)</p>	<p></p> <p>Prior Value (71.4)</p>	<p></p> <p>Trend</p>	
Adults with a Schizophrenic Disorder	<p>27.3</p> <p>Per 10,000 population (2014)</p>	<p></p> <p>Prior Value (25.8)</p>	<p></p> <p>Trend</p>	
Age-Adjusted Death Rate due to Suicide	<p>12.8</p> <p>Deaths per 100,000 population (2011-2015)</p>	<p></p> <p>MO Counties (2005-2009)</p>	<p></p> <p>MO Value (15.7)</p>	<p></p> <p>US Value (12.8)</p>
		<p></p> <p>Prior Value (12.7)</p>	<p></p> <p>Trend</p>	<p></p> <p>HP 2020 Target (10.2)</p>
Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	<p>35.7</p> <p>ER visits per 10,000 population aged 12-17 (2012-2014)</p>	<p></p> <p>St. Louis City Value (57.2)</p>	<p></p> <p>Prior Value (34.5)</p>	
Age-Adjusted ER Rate due to Mental Health	<p>75.8</p> <p>ER visits per 10,000 population 18+ years (2012-2014)</p>	<p></p> <p>St. Louis City Value (131.9)</p>	<p></p> <p>Prior Value (76.1)</p>	

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Age-Adjusted ER Rate due to Pediatric Mental Health

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


St. Louis City
Value
(78.1)


Prior Value
(51.1)

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

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


St. Louis City
Value
(48.5)


Prior Value
(17.0)

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

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


St. Louis City
Value
(61.2)


Prior Value
(70.7)

Age-Adjusted Hospitalization Rate due to Mental Health

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


St. Louis City
Value
(188.3)


Prior Value
(109.7)

Age-Adjusted Hospitalization Rate due to Pediatric Mental Health

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


St. Louis City
Value
(55.5)


Prior Value
(58.8)

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

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


St. Louis City
Value
(103.8)

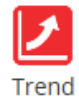
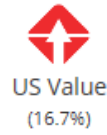

Prior Value
(53.5)

Appendix

St. Louis County Health Dashboard www.thinkhealthstl.org

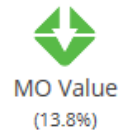
Depression: Medicare Population

20.6%
(2015)



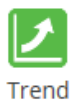
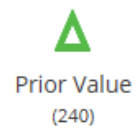
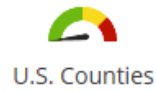
Frequent Mental Distress

11.3%
(2016)



Mental Health Provider Rate

258
Providers per 100,000
population
(2017)

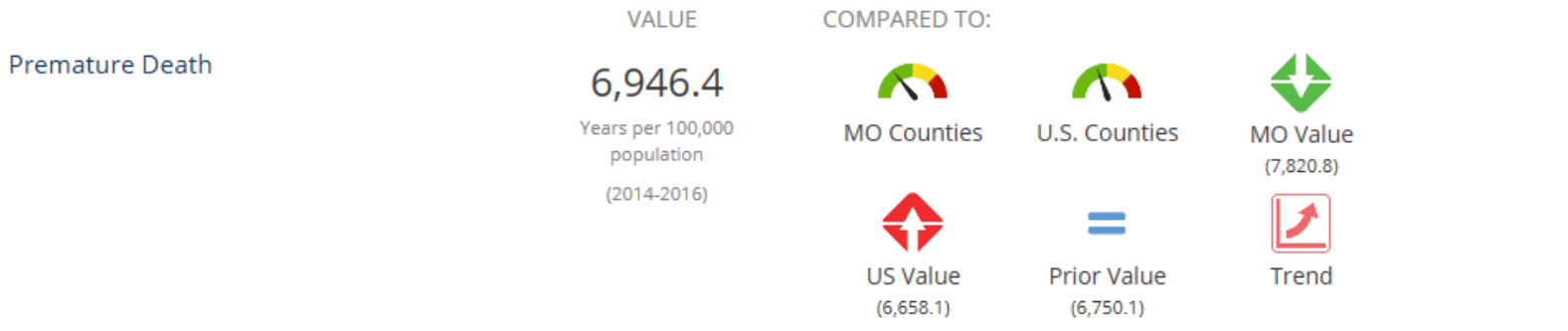


Poor Mental Health: Average Number of Days

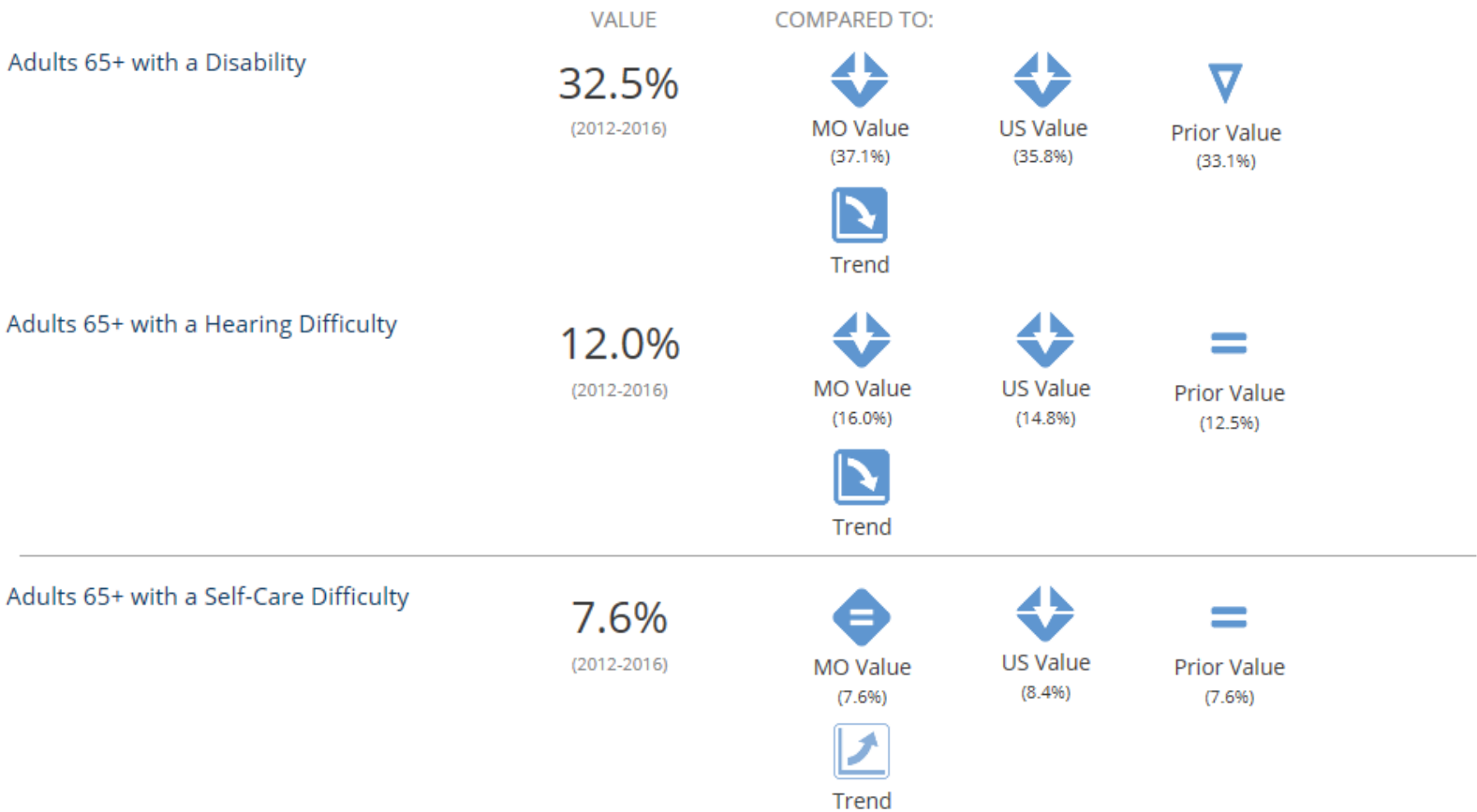
3.8
Days
(2016)



Health / Mortality Data



Health / Older Adults & Aging



Appendix

St. Louis County Health Dashboard www.thinkhealthstl.org

Adults 65+ with a Vision Difficulty

5.1%

(2012-2016)



MO Value
(6.7%)



US Value
(6.6%)



Prior Value
(5.4%)



Trend

Adults 65+ with an Independent Living Difficulty

15.1%

(2012-2016)



MO Value
(14.4%)



US Value
(15.2%)



Prior Value
(15.5%)



Trend

Age-Adjusted Death Rate due to Alzheimer's Disease

22.0

Deaths per 100,000 population
(2011-2015)



MO Counties



MO Value
(27.3)



US Value
(25.4)



Prior Value
(20.0)



Trend

Alzheimer's Disease or Dementia: Medicare Population

11.6%

(2015)



MO Counties



U.S. Counties



MO Value
(10.2%)



US Value
(9.9%)

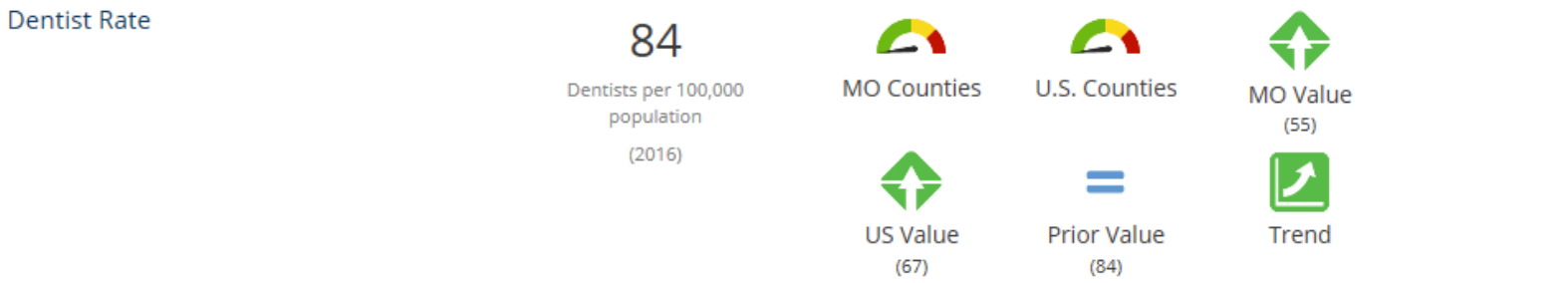
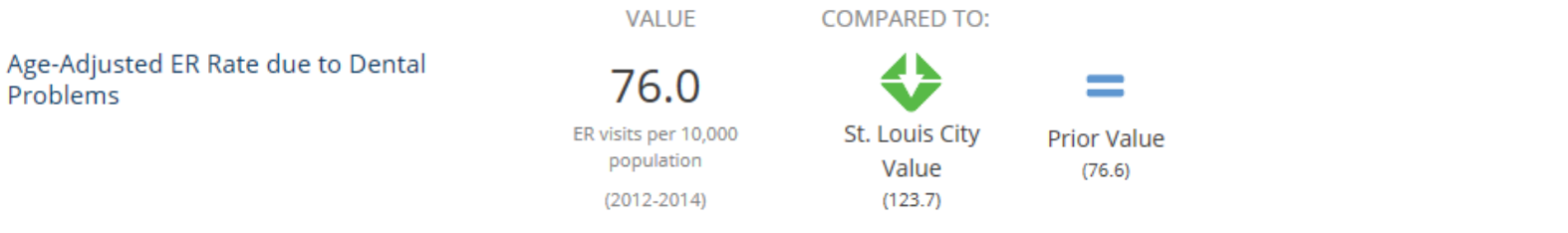


Prior Value
(11.4%)

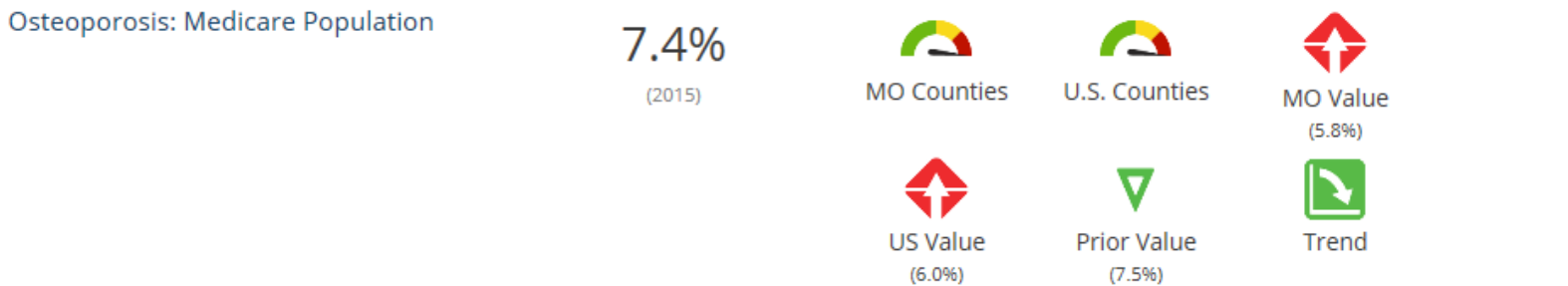
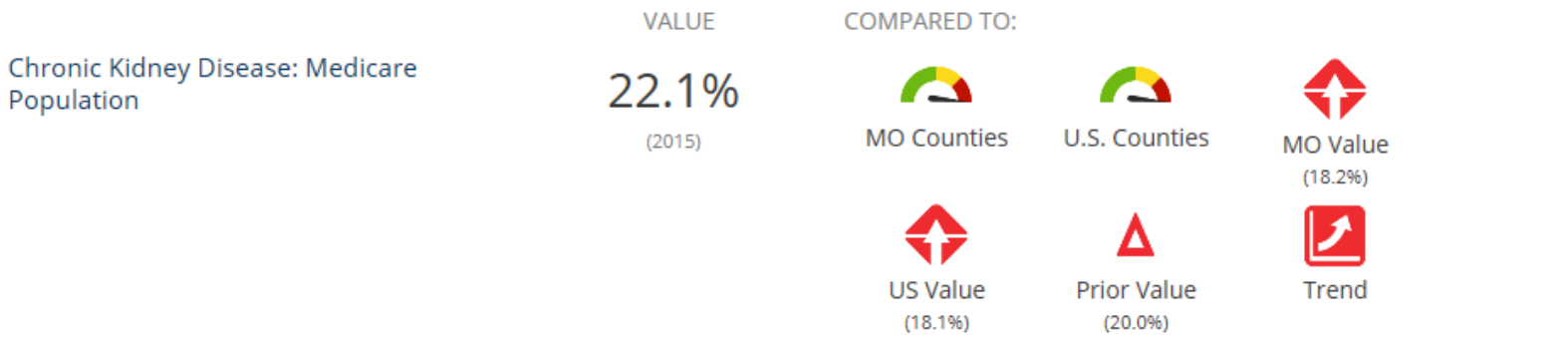


Trend

Health / Oral Health



Health / Other Chronic Diseases



St. Louis County Health Dashboard www.thinkhealthstl.org

Rheumatoid Arthritis or Osteoarthritis:
Medicare Population

34.6%
(2015)




MO Counties



U.S. Counties




MO Value
(32.3%)



US Value
(30.0%)



Prior Value
(33.5%)



Trend

Health / Other Conditions

Age-Adjusted ER Rate due to Dehydration

VALUE
13.0
ER visits per 10,000
population 18+ years
(2012-2014)

COMPARED TO:



St. Louis City
Value
(13.8)



Prior Value
(12.0)

Age-Adjusted ER Rate due to Urinary
Tract Infections

82.9
ER visits per 10,000
population 18+ years
(2012-2014)



St. Louis City
Value
(102.1)



Prior Value
(74.7)

Age-Adjusted Hospitalization Rate due to
Dehydration

16.5
Hospitalizations per
10,000 population 18+
years
(2012-2014)



St. Louis City
Value
(22.2)



Prior Value
(18.2)

Age-Adjusted Hospitalization Rate due to
Urinary Tract Infections

18.6
Hospitalizations per
10,000 population 18+
years
(2012-2014)



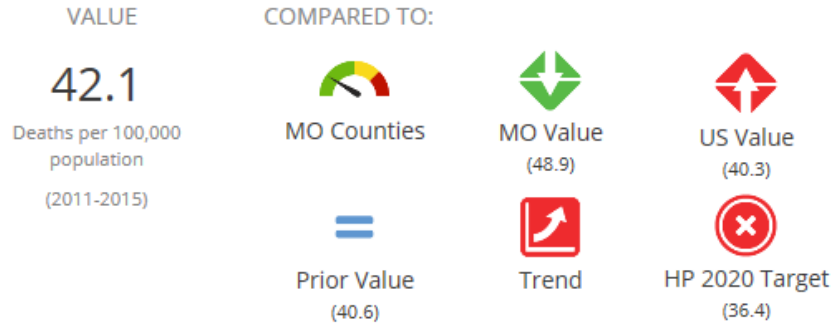
St. Louis City
Value
(22.9)



Prior Value
(19.9)

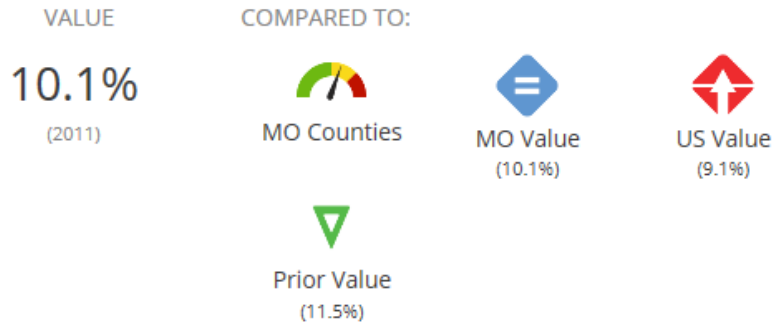
Health / Prevention & Safety

Age-Adjusted Death Rate due to Unintentional Injuries

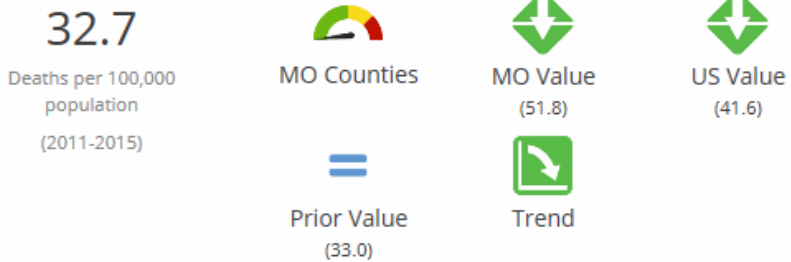


Health / Respiratory Diseases

Adults with Current Asthma



Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases



Age-Adjusted ER Rate due to Adult Asthma



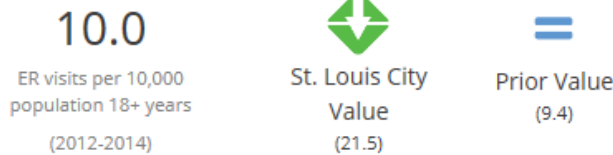
Age-Adjusted ER Rate due to Asthma



Appendix

St. Louis County Health Dashboard www.thinkhealthstl.org

Age-Adjusted ER Rate due to COPD



Age-Adjusted ER Rate due to Pediatric Asthma



Age-Adjusted Hospitalization Rate due to Adult Asthma



Age-Adjusted Hospitalization Rate due to Asthma



Age-Adjusted Hospitalization Rate due to COPD



Age-Adjusted Hospitalization Rate due to Pediatric Asthma

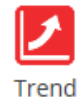
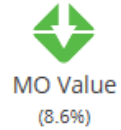
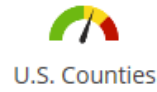


Appendix

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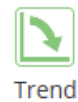
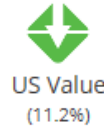
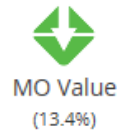
Asthma: Medicare Population

8.2%
(2015)



COPD: Medicare Population

10.0%
(2015)

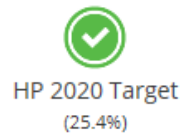
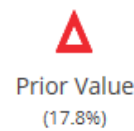


Health / Substance Abuse

Adults who Drink Excessively

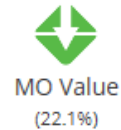
VALUE
19.7%
(2016)

COMPARED TO:



Adults who Smoke

18.4%
(2016)



Age-Adjusted ER Rate due to Alcohol Abuse

22.0
ER visits per 10,000
population 18+ years
(2012-2014)



Appendix

St. Louis County Health Dashboard www.thinkhealthstl.org

Age-Adjusted ER Rate due to Substance Abuse


17.9
ER visits per 10,000
population 18+ years
(2012-2014)


St. Louis City
Value
(39.9)


Prior Value
(18.2)

Age-Adjusted Hospitalization Rate due to Alcohol Abuse


12.9
Hospitalizations per
10,000 population 18+
years
(2012-2014)


St. Louis City
Value
(21.9)


Prior Value
(12.7)

Age-Adjusted Hospitalization Rate due to Substance Abuse


11.2
Hospitalizations per
10,000 population 18+
years
(2012-2014)


St. Louis City
Value
(27.8)


Prior Value
(12.1)

Death Rate due to Drug Poisoning

20.7
Deaths per 100,000
population
(2014-2016)


MO Counties
(2006-2012)


U.S. Counties


MO Value
(19.2)


US Value
(16.9)


Prior Value
(17.7)


Trend

Health / Wellness & Lifestyle


Frequent Physical Distress


VALUE
10.9%
(2016)

COMPARED TO:


MO Counties


U.S. Counties


MO Value
(13.3%)


US Value
(15.0%)

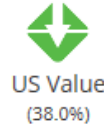
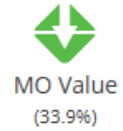

Prior Value
(10.5%)

Appendix

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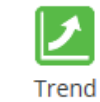
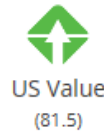
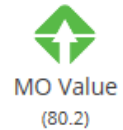
Insufficient Sleep

31.8%
(2016)



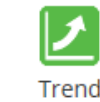
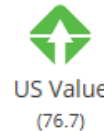
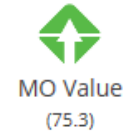
Life Expectancy for Females

81.7
Years
(2014)



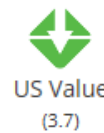
Life Expectancy for Males

77.0
Years
(2014)



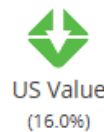
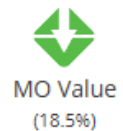
Poor Physical Health: Average Number of Days

3.6
Days
(2016)

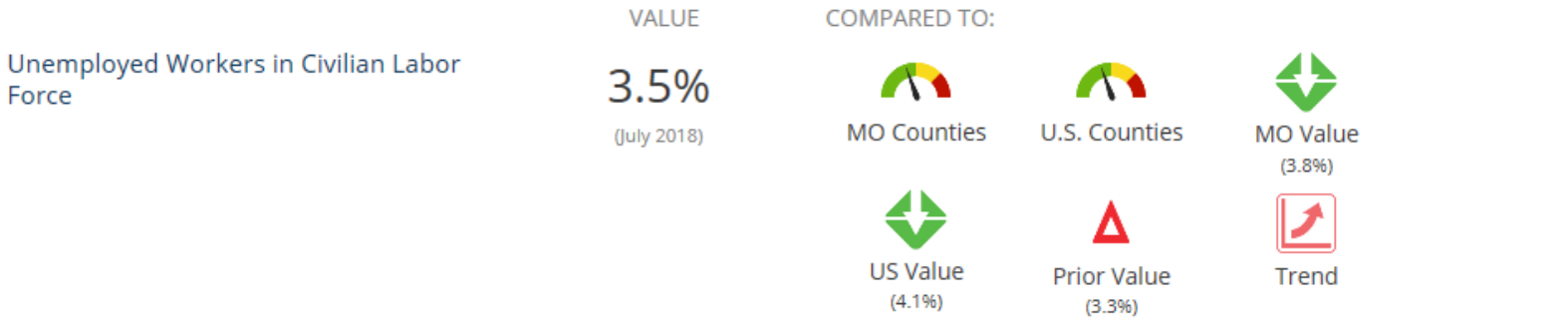


Self-Reported General Health Assessment: Poor or Fair

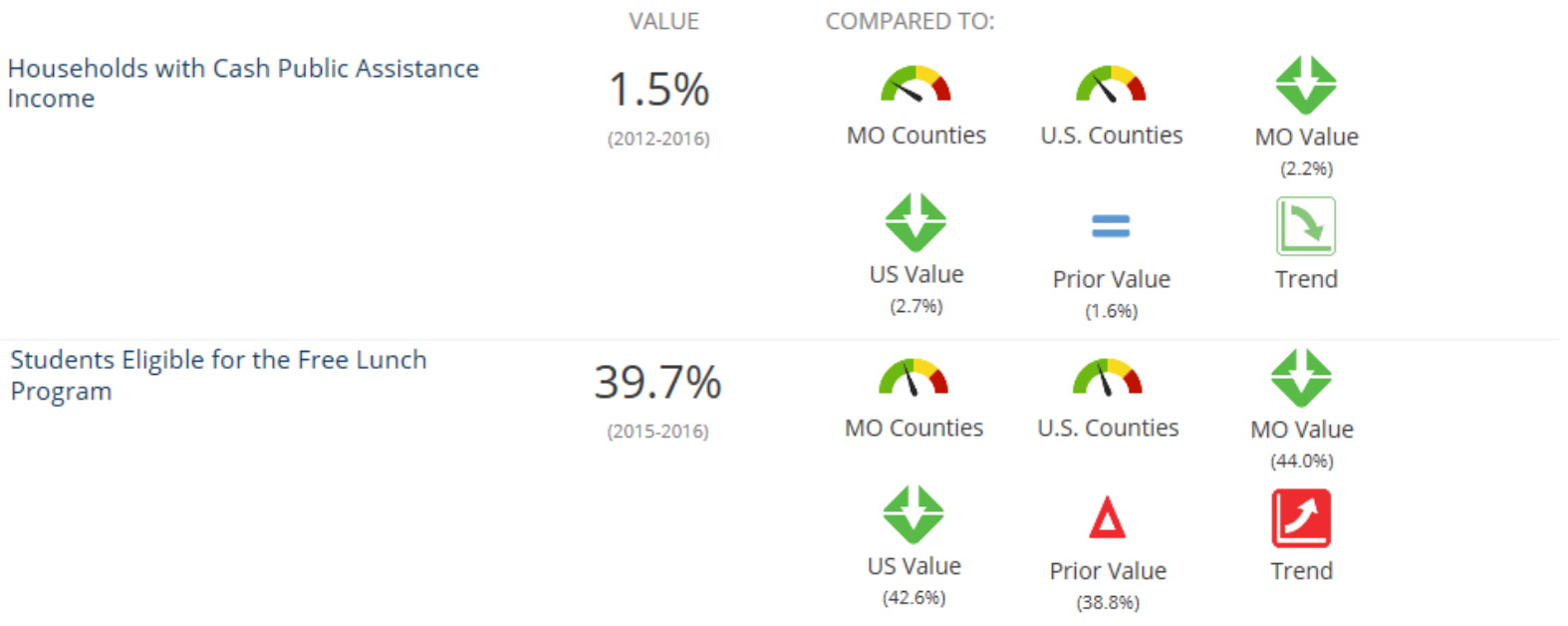
14.6%
(2016)



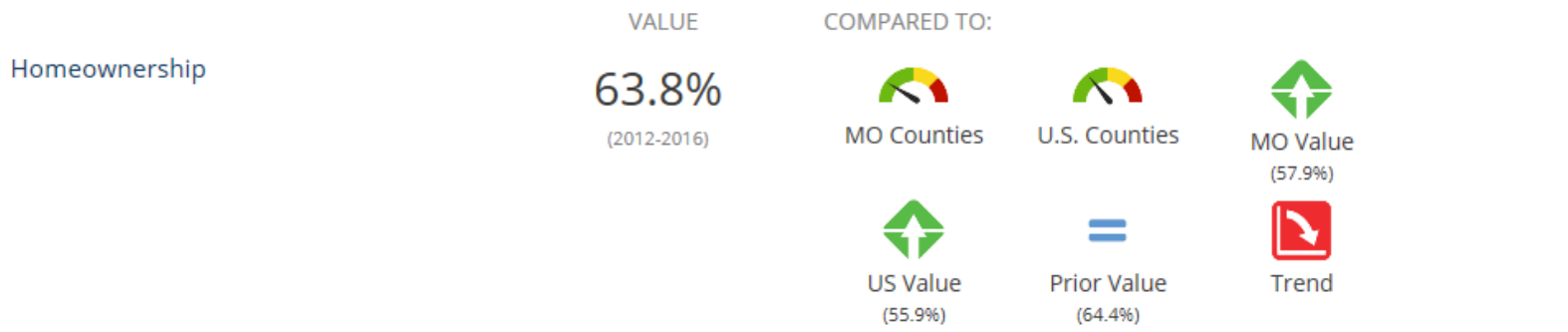
Economy / Employment



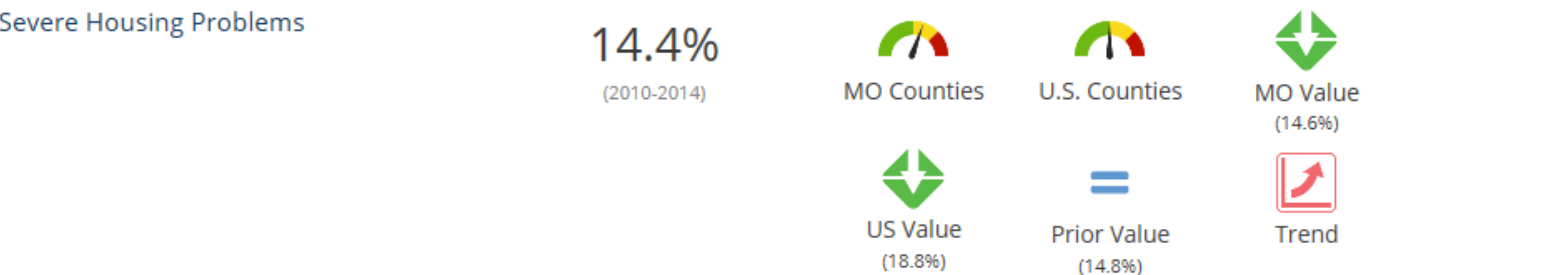
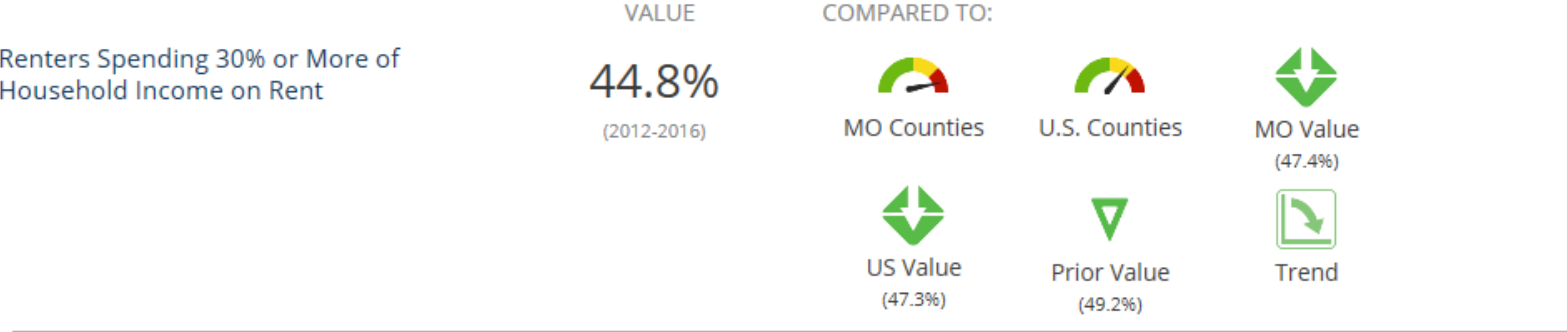
Economy / Government Assistance Programs



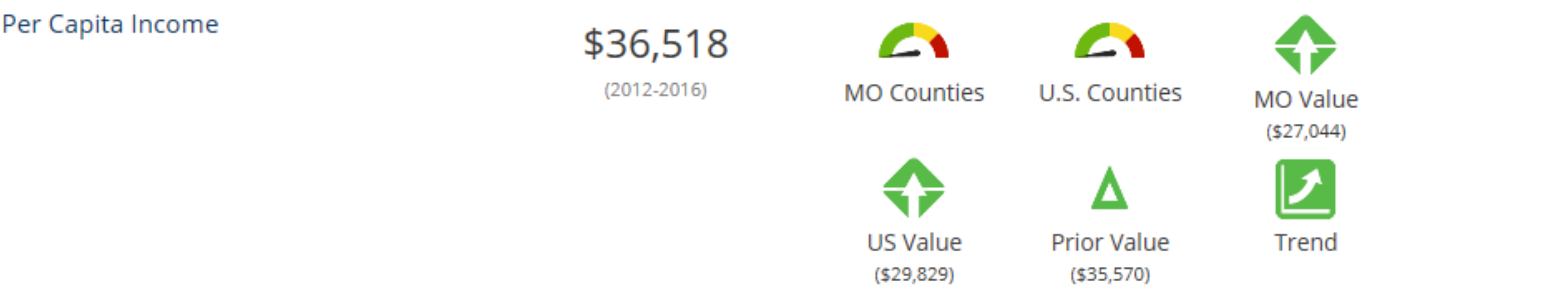
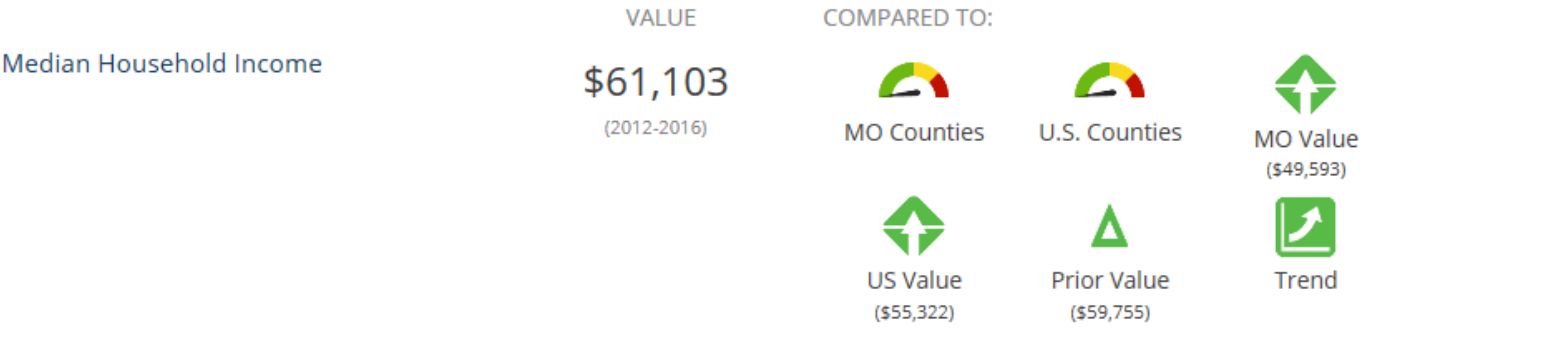
Economy / Homeownership

























Economy / Housing Affordability & Supply



Economy / Income



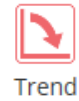
Economy / Poverty

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

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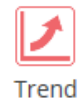
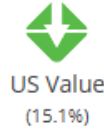
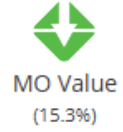
People Living 200% Above Poverty Level

75.0%
(2012-2016)



People Living Below Poverty Level

10.3%
(2012-2016)



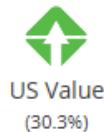
Education / Educational Attainment in Adult Population

VALUE

COMPARED TO:

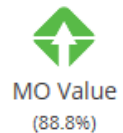
People 25+ with a Bachelor's Degree or Higher

42.4%
(2012-2016)

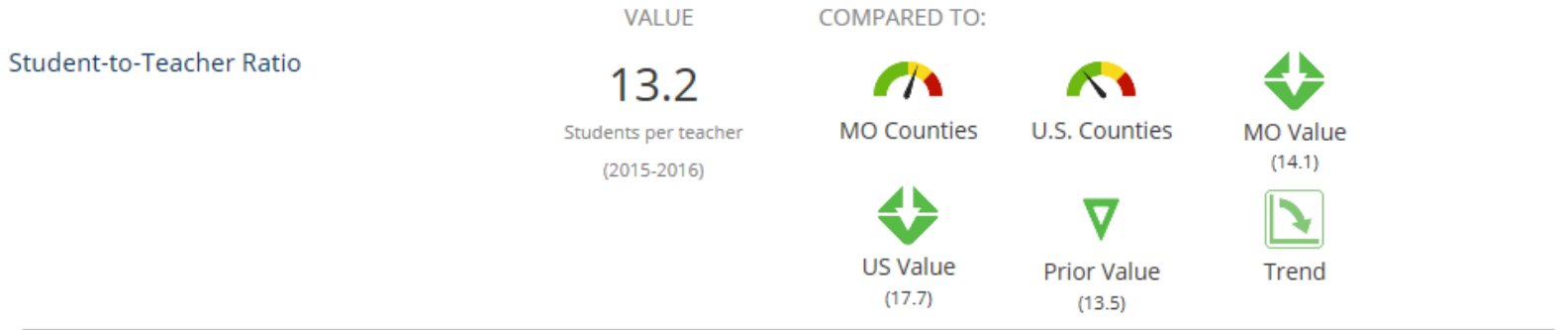


People 25+ with a High School Degree or Higher

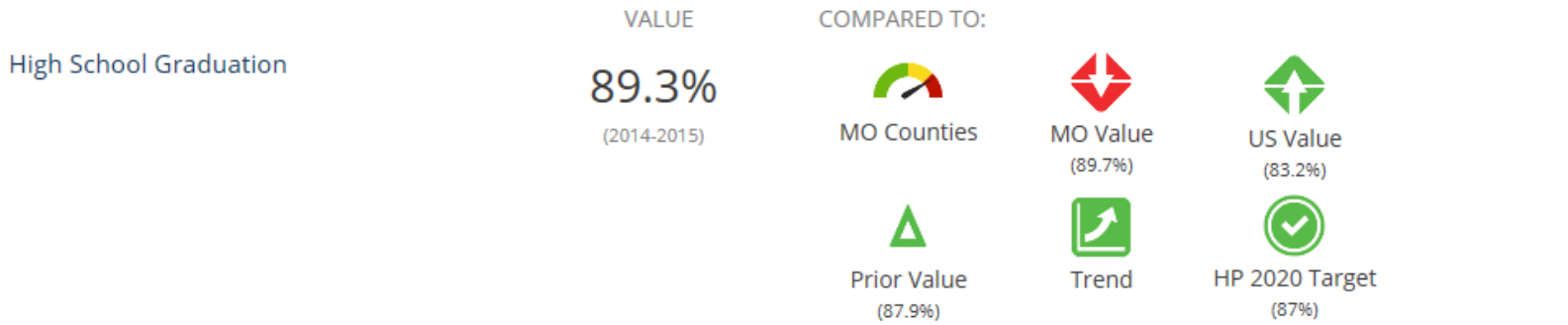
93.0%
(2012-2016)



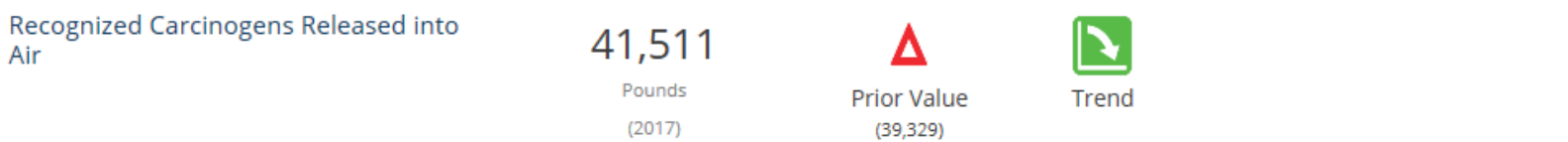
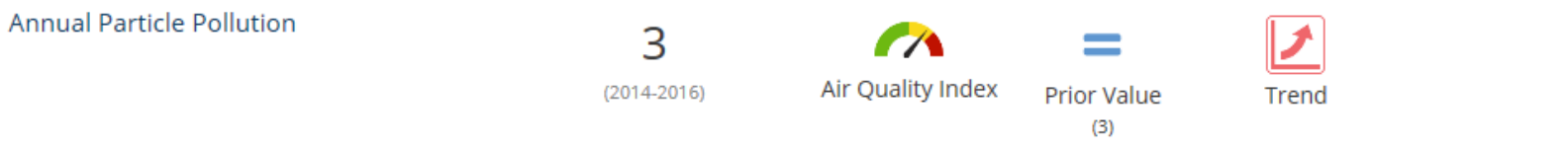
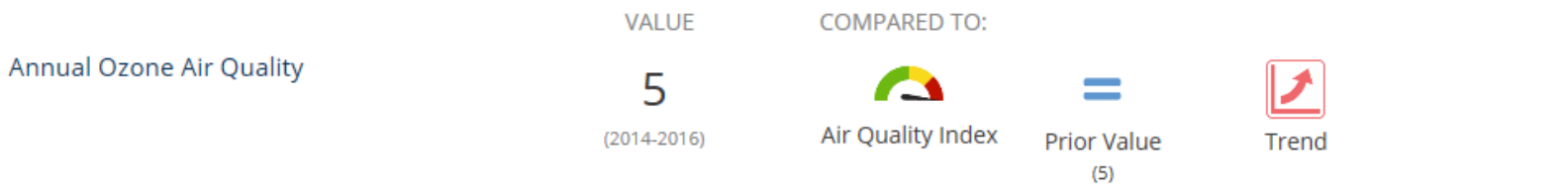
Education / School Resources























Education / Student Performance K-12



Environment / Air



Environment / Built Environment

	VALUE	COMPARED TO:		
Access to Exercise Opportunities (2018)	94.7%	 MO Counties	 U.S. Counties	 MO Value (77.4%)
		 US Value (83.1%)		
Children with Low Access to a Grocery Store (2015)	6.6%	 MO Counties	 U.S. Counties	 Prior Value (6.5%)
Farmers Market Density Markets per 1,000 population (2016)	0.02	 US Value (0.03)	 Prior Value (0.01)	 Trend
Fast Food Restaurant Density Restaurants per 1,000 population (2014)	0.80	 MO Counties	 U.S. Counties	 Prior Value (0.83)
		 Trend		
Food Environment Index (2018)	7.4	 MO Counties	 U.S. Counties	 MO Value (6.7)
		 US Value (7.7)	 Prior Value (7.0)	 Trend

Appendix

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Grocery Store Density

0.18

Stores per 1,000 population
(2014)



MO Counties



U.S. Counties



Prior Value
(0.19)



Trend

Households with No Car and Low Access to a Grocery Store

1.6%

(2015)



MO Counties



U.S. Counties



Prior Value
(1.1%)

Liquor Store Density

7.7

Stores per 100,000 population
(2015)



MO Counties



U.S. Counties



MO Value
(6.3)



US Value
(10.5)



Prior Value
(7.1)



Trend

Low-Income and Low Access to a Grocery Store

6.0%

(2015)



MO Counties



U.S. Counties



Prior Value
(5.0%)

People 65+ with Low Access to a Grocery Store

3.7%

(2015)



MO Counties



U.S. Counties



Prior Value
(3.8%)

People with Low Access to a Grocery Store

26.8%

(2015)



MO Counties



U.S. Counties



Prior Value
(26.5%)

Recreation and Fitness Facilities

0.13

Facilities per 1,000 population
(2014)



US Value
(0.06)



Prior Value
(0.13)



Trend

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SNAP Certified Stores

0.6

Stores per 1,000
population
(2016)



MO Counties



U.S. Counties



Prior Value
(0.6)



Trend

Environment / Toxic Chemicals

VALUE

COMPARED TO:

Houses Built Prior to 1950

16.8%

(2012-2016)



MO Counties



U.S. Counties



MO Value
(19.1%)



US Value
(18.2%)



Prior Value
(17.1%)



Trend

PBT Released

55

Pounds
(2017)



Prior Value
(58)



Trend

Environment / Water

VALUE

COMPARED TO:

Drinking Water Violations

0.0%

(FY 2013-14)



MO Counties



U.S. Counties



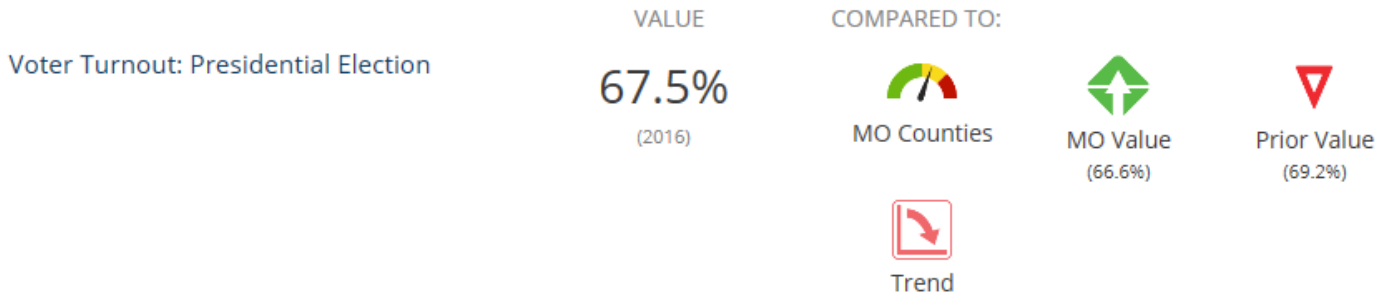
MO Value
(4.4%)



Prior Value
(0.0%)

St. Louis County Health Dashboard www.thinkhealthstl.org

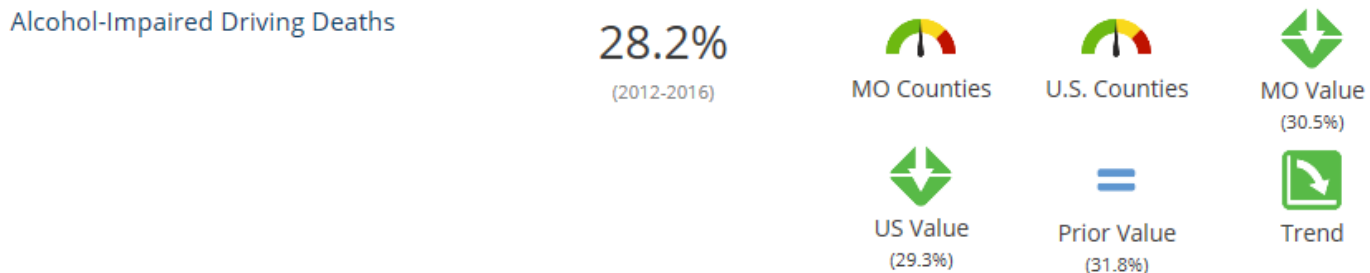
Government & Politics / Elections & Voting



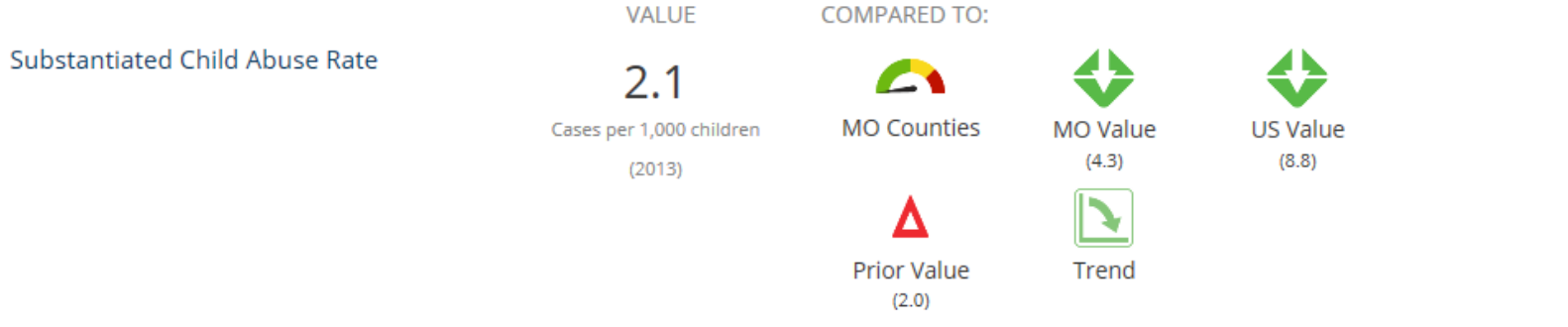
Public Safety / Crime & Crime Prevention



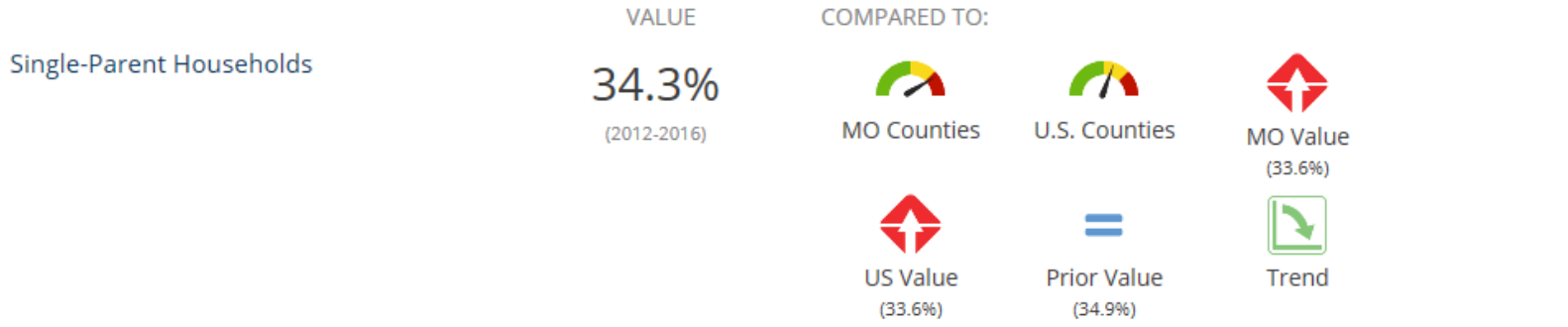
Public Safety / Transportation Safety



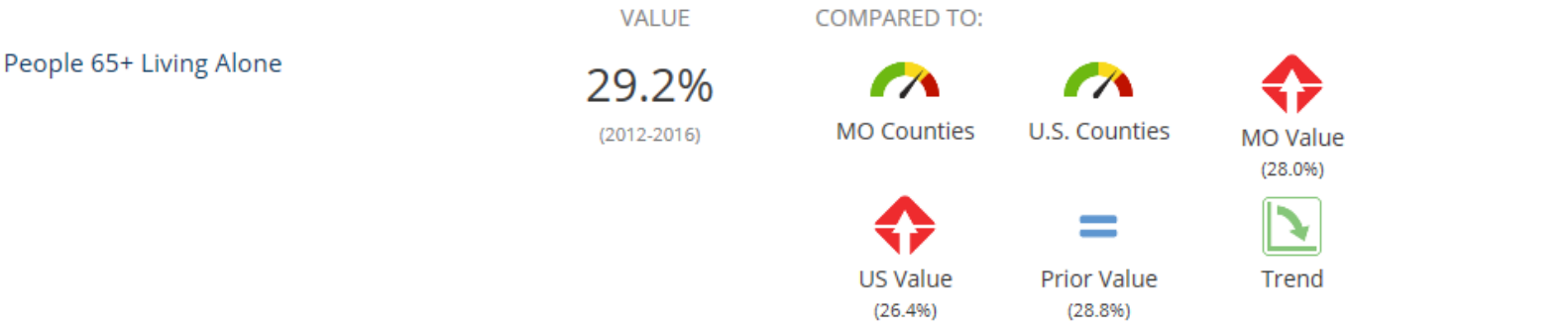
Social Environment / Children's Social Environment



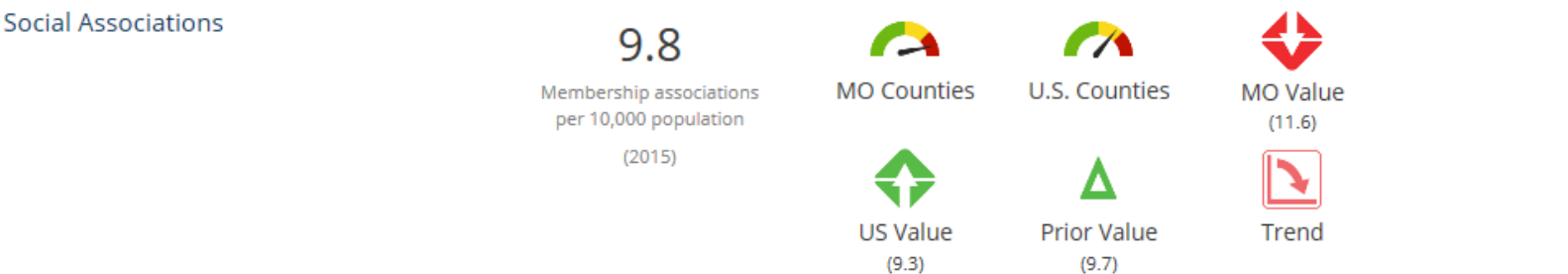
Social Environment / Family Structure




























Social Environment / Neighborhood/Community Attachment



Social Associations



Transportation / Commute To Work

	VALUE	COMPARED TO:		
Mean Travel Time to Work	<p>24.0 Minutes (2012-2016)</p>	 MO Counties	 U.S. Counties	 MO Value (23.4)
		 US Value (26.1)	 Prior Value (23.7)	 Trend
Solo Drivers with a Long Commute	<p>32.0% (2012-2016)</p>	 MO Counties	 U.S. Counties	 MO Value (30.9%)
		 US Value (34.7%)	 Prior Value (31.3%)	 Trend
Workers Commuting by Public Transportation	<p>2.6% (2012-2016)</p>	 MO Counties	 U.S. Counties	 MO Value (1.5%)
		 US Value (5.1%)	 Prior Value (2.6%)	 Trend
		 HP 2020 Target (5.5%)		
Workers who Drive Alone to Work	<p>83.3% (2012-2016)</p>	 MO Counties	 U.S. Counties	 MO Value (81.6%)
		 US Value (76.4%)	 Prior Value (83.5%)	 Trend

Appendix

St. Louis County Health Dashboard www.thinkhealthstl.org

Workers who Walk to Work

1.5%
(2012-2016)



MO Counties



U.S. Counties



MO Value
(1.9%)



US Value
(2.8%)



Prior Value
(1.5%)



Trend



HP 2020 Target
(3.1%)

Transportation / Personal Vehicle Travel

VALUE

Households without a Vehicle

7.2%
(2012-2016)

COMPARED TO:



MO Counties



U.S. Counties



MO Value
(7.3%)



US Value
(9.0%)



Prior Value
(7.3%)



Trend

Search this site

Think Health St. Louis

St. Louis Partnership
for a Healthy Community

HEALTH DATA

ST. LOUIS CITY

ST. LOUIS COUNTY

REGIONAL EFFORTS

RESOURCES

Home > Community Dashboard > All Data

Search for Indicators

All Data

St. Louis City

Turn Colorblind Mode On

Health / Access to Health Services

Adults with Health Insurance

VALUE
85.0%
(2016)

COMPARED TO:


MO Counties


U.S. Counties


MO Value
(87.2%)


Prior Value
(83.8%)


Trend


HP 2020 Target
(100.0%)


Children with Health Insurance

96.3%
(2016)


U.S. Counties


MO Value
(95.5%)


US Value
(95.5%)


Prior Value
(94.0%)


Trend



HP 2020 Target
(100.0%)

Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

Medicare Healthcare Costs

10,423
Dollars per enrollee
(2015)


MO Value
(9,750)


US Value
(9,729)


Prior Value
(9,977)



Trend

Non-Physician Primary Care Provider Rate

185
Providers per 100,000
population
(2017)



MO Counties


U.S. Counties


MO Value
(79)


US Value


Prior Value


Trend

Persons with Private Health Insurance Only

52.8%
(2016)


MO Value
(59.6%)


US Value
(56.0%)



Prior Value
(52.6%)


Trend

Persons with Public Health Insurance Only

28.8%
(2016)


MO Value
(19.8%)


US Value
(23.0%)


Prior Value
(27.3%)


Trend

Preventable Hospital Stays: Medicare Population

57.0
Discharges per 1,000
Medicare enrollees
(2015)



MO Counties


U.S. Counties


MO Value
(56.6)


US Value
(49.4)

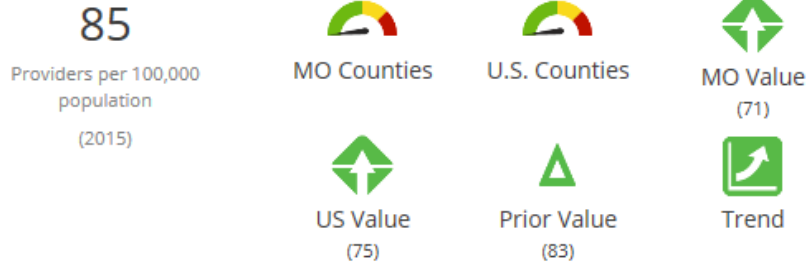

Prior Value
(58.9)


Trend

Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

Primary Care Provider Rate

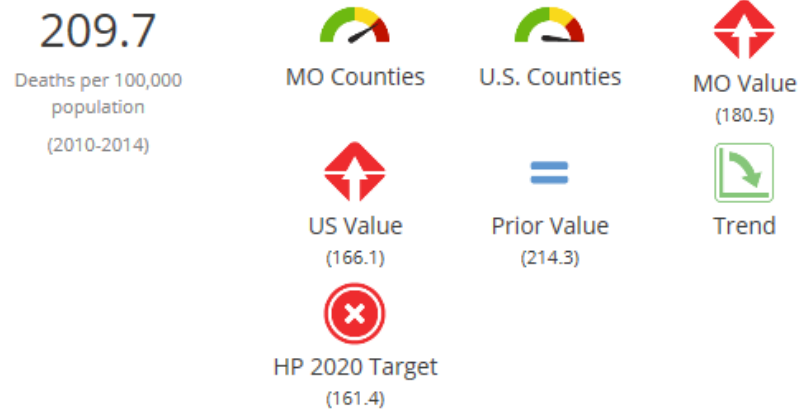


Health / Cancer

Age-Adjusted Death Rate due to Breast Cancer



Age-Adjusted Death Rate due to Cancer

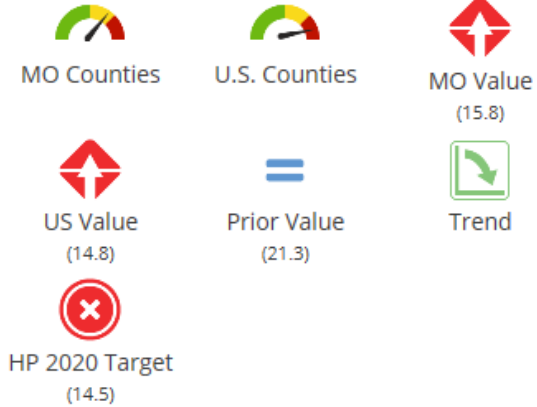


Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

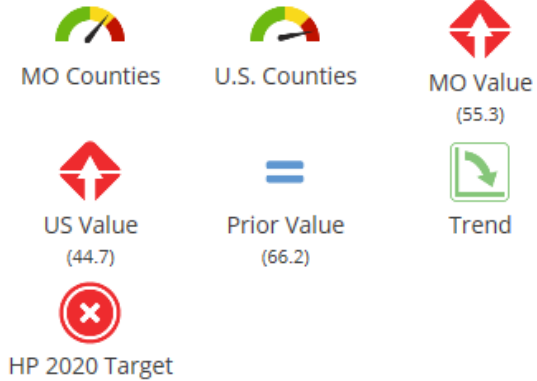
Age-Adjusted Death Rate due to Colorectal Cancer

20.3
Deaths per 100,000 population
(2010-2014)



Age-Adjusted Death Rate due to Lung Cancer

65.2
Deaths per 100,000 population
(2010-2014)



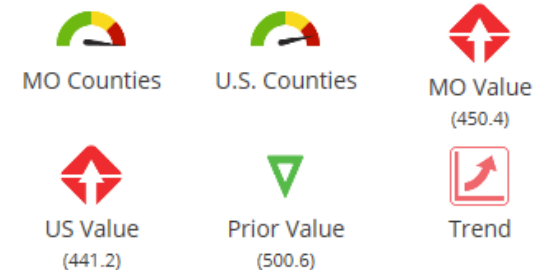
Age-Adjusted Death Rate due to Prostate Cancer

24.2
Deaths per 100,000 males
(2010-2014)



All Cancer Incidence Rate

490.2
Cases per 100,000 population
(2011-2015)



Breast Cancer Incidence Rate

129.8

Cases per 100,000 females
(2011-2015)



MO Counties



U.S. Counties



MO Value
(128.2)



US Value
(124.7)



Prior Value
(132.1)



Trend

Cancer: Medicare Population

7.0%

(2015)



MO Counties



U.S. Counties



MO Value
(7.8%)



US Value
(7.8%)



Prior Value
(7.3%)



Trend

Cervical Cancer Incidence Rate

13.0

Cases per 100,000 females
(2011-2015)



U.S. Counties



MO Value
(8.3)



US Value
(7.5)



Prior Value
(12.5)



Trend



HP 2020 Target
(7.3)

Colon Cancer Screening: Sigmoidoscopy or Colonoscopy

66.3%

(2011)



MO Counties



MO Value
(66.6%)



US Value
(69.3% in 2014)

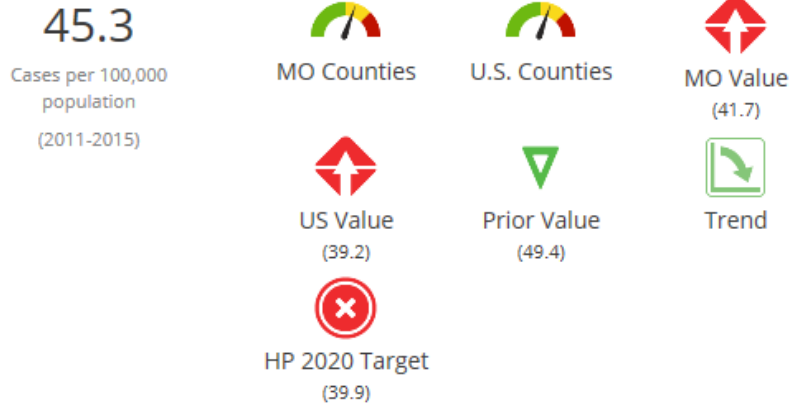


Prior Value
(62.8%)

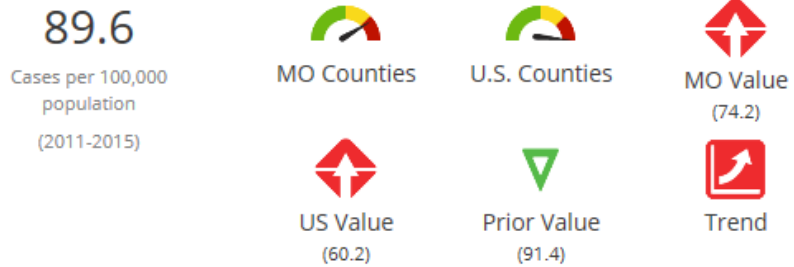
Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

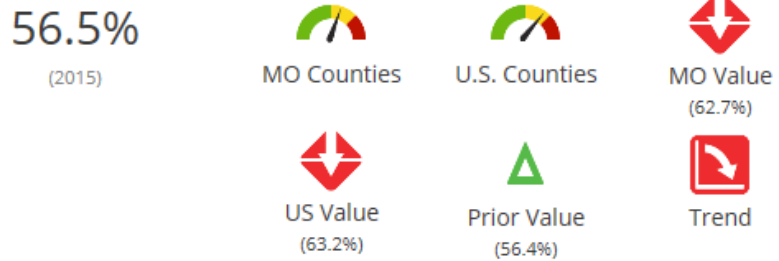
Colorectal Cancer Incidence Rate



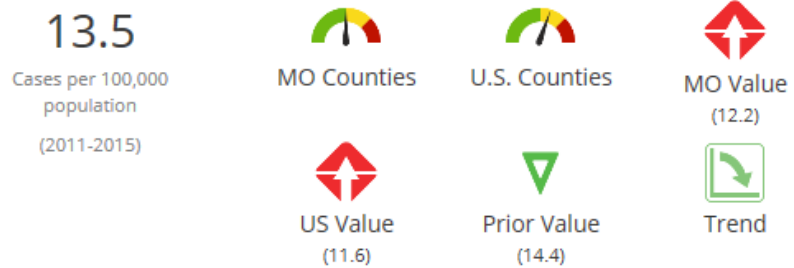
Lung and Bronchus Cancer Incidence Rate



Mammography Screening: Medicare Population



Oral Cavity and Pharynx Cancer Incidence Rate

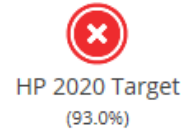
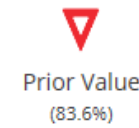


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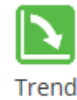
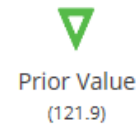
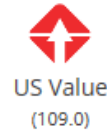
Pap Test in Past 3 Years

78.6%
(2011)



Prostate Cancer Incidence Rate

119.4
Cases per 100,000 males
(2011-2015)



Health / County Health Rankings

	VALUE	COMPARED TO:
Clinical Care Ranking	27 (2018)	MO Counties
Health Behaviors Ranking	110 (2018)	MO Counties
Morbidity Ranking	112 (2018)	MO Counties
Mortality Ranking	103 (2018)	MO Counties
Physical Environment Ranking	90 (2018)	MO Counties

Appendix

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Social and Economic Factors Ranking

115
(2018)

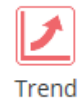
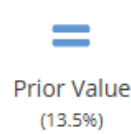


Health / Diabetes

Adults 20+ with Diabetes

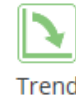
VALUE
12.6%
(2014)

COMPARED TO:



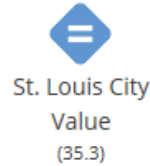
Age-Adjusted Death Rate due to Diabetes

30.3
Deaths per 100,000
population
(2011-2015)



Age-Adjusted ER Rate due to Diabetes

35.3
ER visits per 10,000
population 18+ years
(2012-2014)



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

11.4
ER visits per 10,000
population 18+ years
(2012-2014)



Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

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



Age-Adjusted ER Rate due to Uncontrolled Diabetes



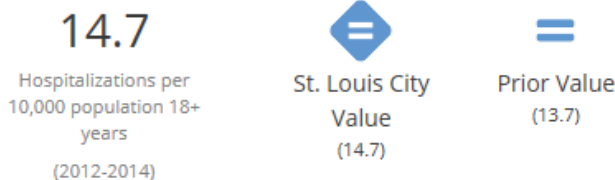
Age-Adjusted Hospitalization Rate due to Diabetes



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



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



Age-Adjusted Hospitalization Rate due to Uncontrolled Diabetes

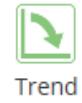
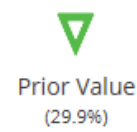
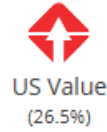
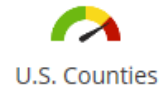


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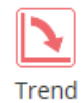
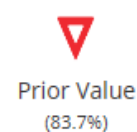
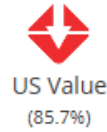
Diabetes: Medicare Population

29.6%
(2015)



Diabetic Monitoring: Medicare Population

82.8%
(2015)



Health / Disabilities

Persons with a Cognitive Difficulty (5-year)

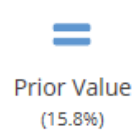
VALUE
7.2%
(2012-2016)

COMPARED TO:



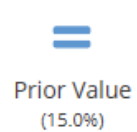
Persons with a Disability

16.2%
(2016)














Persons with a Disability (5-year)





15.5%
(2012-2016)



St. Louis City Health Dashboard www.thinkhealthstl.org

Persons with a Hearing Difficulty (5-year)	3.0% (2012-2016)	 MO Value (4.1%)	 US Value (3.5%)	
Persons with a Self-Care Difficulty (5-year)	3.4% (2012-2016)	 MO Value (2.8%)	 US Value (2.7%)	
Persons with a Vision Difficulty (5-year)	3.3% (2012-2016)	 MO Value (2.5%)	 US Value (2.3%)	
Persons with an Ambulatory Difficulty (5-year)	9.2% (2012-2016)	 MO Value (8.2%)	 US Value (7.0%)	
Persons with Disability Living in Poverty (5-year)	41.1% (2012-2016)	 MO Counties	 MO Value (29.5%)	 US Value (27.6%)

Health / Exercise, Nutrition, & Weight

Adult Fruit and Vegetable Consumption	VALUE 12.2% (2011)	COMPARED TO:	 MO Counties	 MO Value (12.5%)	 US Value (23.4% in 2009)
			 Prior Value (26.8%)		

Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

Adults 20+ who are Sedentary

23.7%
(2014)



MO Counties



U.S. Counties



MO Value
(25.8%)



US Value
(23.0%)



Prior Value
(23.5%)



Trend



HP 2020 Target
(32.6%)

Adults who are Obese

31.1%
(2011)



MO Counties



MO Value
(30.0%)



US Value
(29.9% in 2016)



Prior Value
(31.3%)



HP 2020 Target
(30.5%)

Adults who are Overweight

32.5%
(2011)



MO Counties



MO Value
(34.3%)



US Value
(35.8%)



Prior Value
(33.4%)

Child Food Insecurity Rate

23.3%
(2016)



MO Counties



U.S. Counties



MO Value
(17.4%)



US Value
(17.9%)



Prior Value
(22.8%)

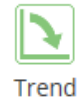
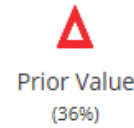
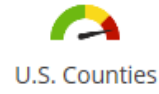


Trend

St. Louis City Health Dashboard www.thinkhealthstl.org

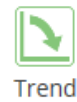
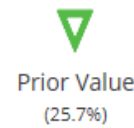
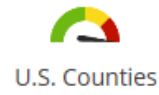
Food Insecure Children Likely Ineligible for Assistance

40%
(2016)



Food Insecurity Rate

25.1%
(2016)



Health / Heart Disease & Stroke

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

VALUE
48.4
Deaths per 100,000 population
(2011-2015)

COMPARED TO:



Prior Value
(46.8)



Trend



HP 2020 Target
(34.8)

Age-Adjusted Death Rate due to Heart Disease

232.4
Deaths per 100,000 population
(2011-2015)



Prior Value
(241.0)




Trend

Appendix

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Age-Adjusted ER Rate due to Heart Failure

5.9
ER visits per 10,000 population 18+ years (2012-2014)


St. Louis City Value (5.9)


Prior Value (6.4)

Age-Adjusted ER Rate due to Hypertension


46.7
ER visits per 10,000 population 18+ years (2012-2014)


St. Louis City Value (46.7)


Prior Value (48.5)

Age-Adjusted Hospitalization Rate due to Heart Failure


67.2
Hospitalizations per 10,000 population 18+ years (2012-2014)


St. Louis City Value (67.2)


Prior Value (68.1)

Age-Adjusted Hospitalization Rate due to Hypertension

16.9
Hospitalizations per 10,000 population 18+ years (2012-2014)



St. Louis City Value (16.9)



Prior Value (17.6)


Atrial Fibrillation: Medicare Population

5.9%
(2015)


MO Counties


U.S. Counties


MO Value (8.1%)


US Value (8.1%)


Prior Value (6.0%)



Trend

Heart Failure: Medicare Population

17.0%
(2015)



MO Counties


U.S. Counties


MO Value (13.7%)


US Value (13.5%)


Prior Value (17.0%)

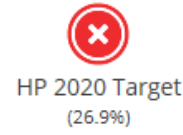

Trend

Appendix

St. Louis City Health Dashboard www.thinkhealthstl.org

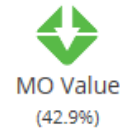
High Blood Pressure Prevalence

35.7%
(2011)



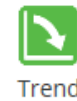
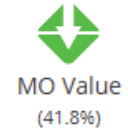
High Cholesterol Prevalence: Adults 35+

41.2%
(2011)



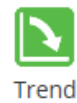
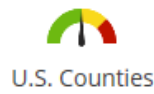
Hyperlipidemia: Medicare Population

36.2%
(2015)



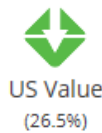
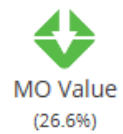
Hypertension: Medicare Population

55.2%
(2015)



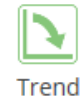
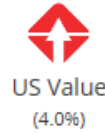
Ischemic Heart Disease: Medicare Population

23.8%
(2015)



Stroke: Medicare Population

4.4%
(2015)



Health / Immunizations & Infectious Diseases

Age-Adjusted Death Rate due to Influenza and Pneumonia

VALUE
18.7
Deaths per 100,000 population
(2011-2015)

COMPARED TO:



Age-Adjusted ER Rate due to Community Acquired Pneumonia

16.7
ER visits per 10,000 population 18+ years
(2012-2014)



Age-Adjusted ER Rate due to Hepatitis

1.2
ER visits per 10,000 population 18+ years
(2012-2014)



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

11.8
ER visits per 10,000 population 18+ years
(2012-2014)





St. Louis City Health Dashboard www.thinkhealthstl.org

Age-Adjusted Hospitalization Rate due to Community Acquired Pneumonia

<p>29.3</p> <p>Hospitalizations per 10,000 population 18+ years (2012-2014)</p>	 <p>St. Louis City Value (29.3)</p>	 <p>Prior Value (32.4)</p>
--	--	---






Age-Adjusted Hospitalization Rate due to Hepatitis

<p>5.6</p> <p>Hospitalizations per 10,000 population 18+ years (2012-2014)</p>	 <p>St. Louis City Value (5.6)</p>	 <p>Prior Value (5.2)</p>
---	---	--

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







<p>3.2</p> <p>Hospitalizations per 10,000 population 18+ years (2012-2014)</p>	 <p>St. Louis City Value (3.2)</p>	 <p>Prior Value (2.6)</p>
---	--	--

Chlamydia Incidence Rate: Females 15-19

<p>11,362.2</p> <p>Cases per 100,000 females aged 15-19 (2010-2014)</p>	 <p>MO Counties</p>	 <p>MO Value (3,607.0)</p>	 <p>US Value (3,229.0)</p>
	 <p>Prior Value (11,756.2)</p>	 <p>Trend</p>	

Health / Maternal, Fetal & Infant Health

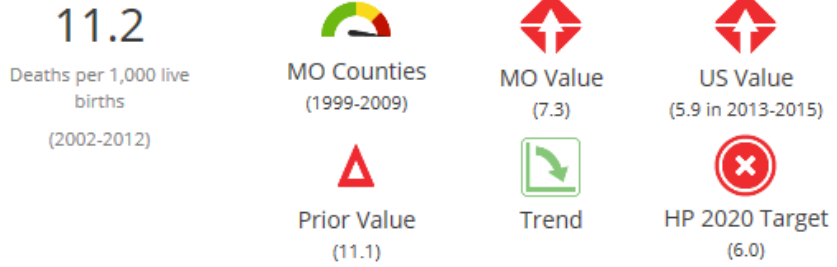
Babies with Low Birth Weight

<p>VALUE</p> <p>12.3%</p> <p>(2014)</p>	<p>COMPARED TO:</p>		
	 <p>MO Counties</p>	 <p>MO Value (8.2%)</p>	 <p>US Value (8.0%)</p>
	 <p>Prior Value (12.1%)</p>	 <p>Trend</p>	 <p>HP 2020 Target (7.8%)</p>

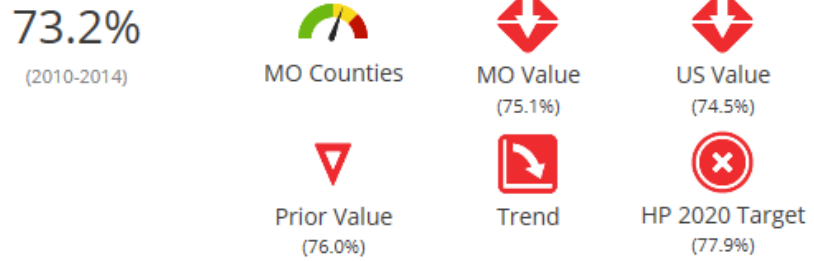
Appendix

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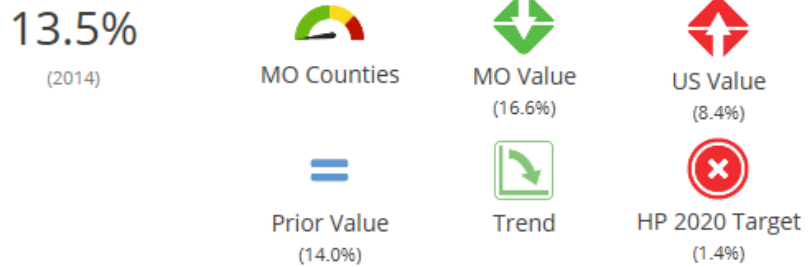
Infant Mortality Rate



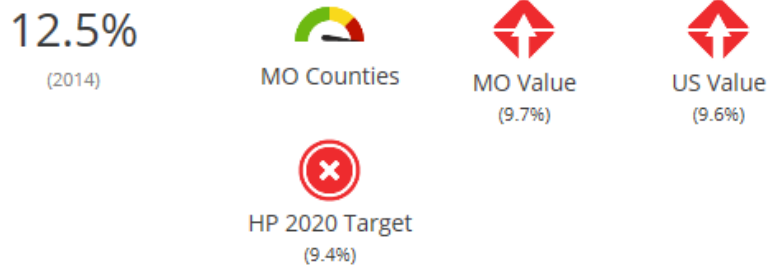
Mothers who Received Early Prenatal Care














Mothers who Smoked During Pregnancy



Preterm Births



Health / Mental Health & Mental Disorders

	VALUE	COMPARED TO:		
Age-Adjusted Death Rate due to Suicide	<p>11.2</p> <p>Deaths per 100,000 population (2011-2015)</p>	 MO Counties (2005-2009)	 MO Value (15.7)	 US Value (12.8)
		 Prior Value (11.5)	 Trend	 HP 2020 Target (10.2)
Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	<p>57.2</p> <p>ER visits per 10,000 population aged 12-17 (2012-2014)</p>	 Prior Value (56.1)		
Age-Adjusted ER Rate due to Mental Health	<p>131.9</p> <p>ER visits per 10,000 population 18+ years (2012-2014)</p>	 Prior Value (138.8)		
Age-Adjusted ER Rate due to Pediatric Mental Health	<p>78.1</p> <p>ER visits per 10,000 population under 18 years (2012-2014)</p>	 Prior Value (72.6)		
Age-Adjusted ER Rate due to Suicide and Intentional Self-inflicted Injury	<p>48.5</p> <p>ER visits per 10,000 population 18+ years (2012-2014)</p>	 Prior Value (51.8)		
Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury	<p>61.2</p> <p>Hospitalizations per 10,000 population aged 12-17 (2012-2014)</p>	 Prior Value (50.4)		

Appendix

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Age-Adjusted Hospitalization Rate due to Mental Health

188.3

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



Prior Value
(184.1)

Age-Adjusted Hospitalization Rate due to Pediatric Mental Health

55.5

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



Prior Value
(51.5)

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

103.8

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



Prior Value
(94.4)

Depression: Medicare Population

23.0%

(2015)



MO Counties



U.S. Counties



MO Value
(20.0%)



US Value
(16.7%)



Prior Value
(22.5%)



Trend

Frequent Mental Distress

15.1%

(2016)



MO Counties



U.S. Counties



MO Value
(13.8%)

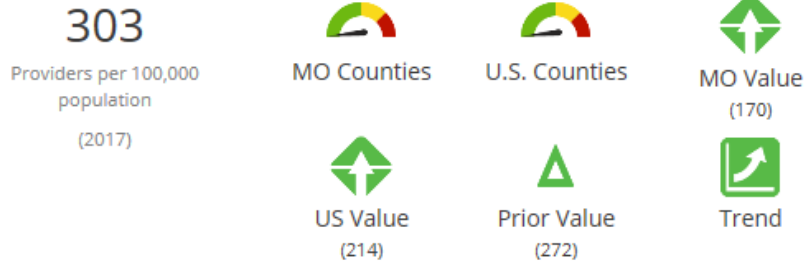


US Value
(15.0%)

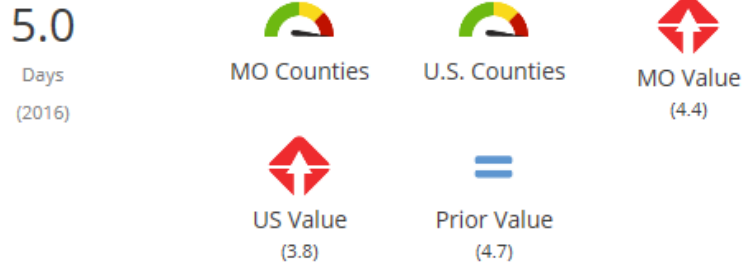


Prior Value
(14.7%)

Mental Health Provider Rate

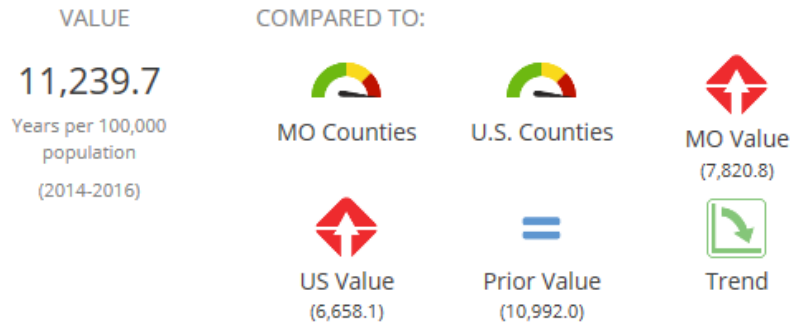


Poor Mental Health: Average Number of Days



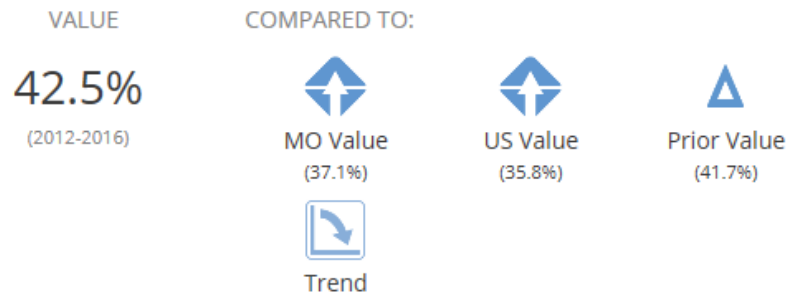
Health / Mortality Data

Premature Death



Health / Older Adults & Aging

Adults 65+ with a Disability



Appendix

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Adults 65+ with a Hearing Difficulty

12.6%
(2012-2016)



MO Value
(16.0%)



US Value
(14.8%)



Prior Value
(12.9%)



Trend

Adults 65+ with a Self-Care Difficulty

10.8%
(2012-2016)



MO Value
(7.6%)



US Value
(8.4%)



Prior Value
(10.4%)



Trend

Adults 65+ with a Vision Difficulty

10.0%
(2012-2016)



MO Value
(6.7%)



US Value
(6.6%)



Prior Value
(9.4%)



Trend

Adults 65+ with an Independent Living Difficulty

20.0%
(2012-2016)



MO Value
(14.4%)



US Value
(15.2%)



Prior Value
(20.8%)



Trend

Age-Adjusted Death Rate due to Alzheimer's Disease

19.0
Deaths per 100,000
population
(2011-2015)



MO Counties



MO Value
(27.3)



US Value
(25.4)

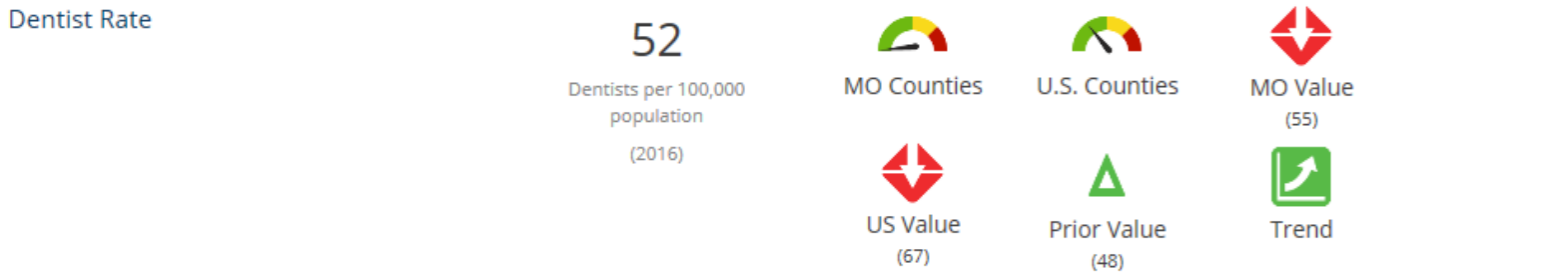


Prior Value
(18.7)

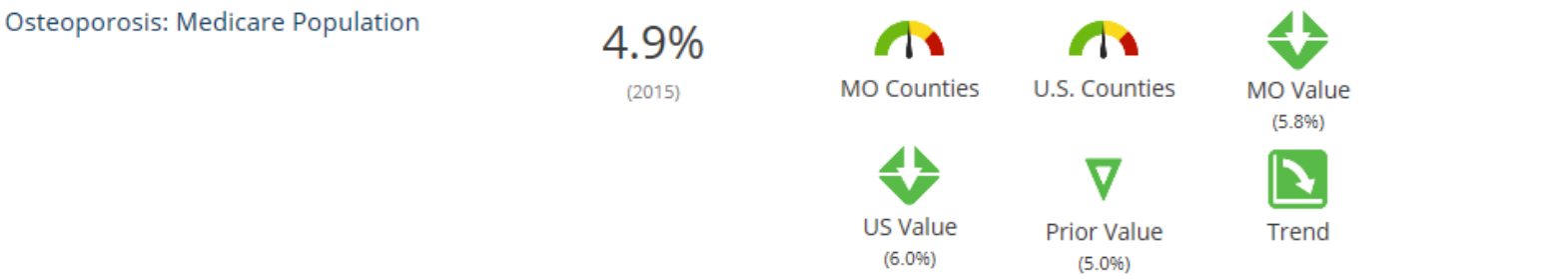
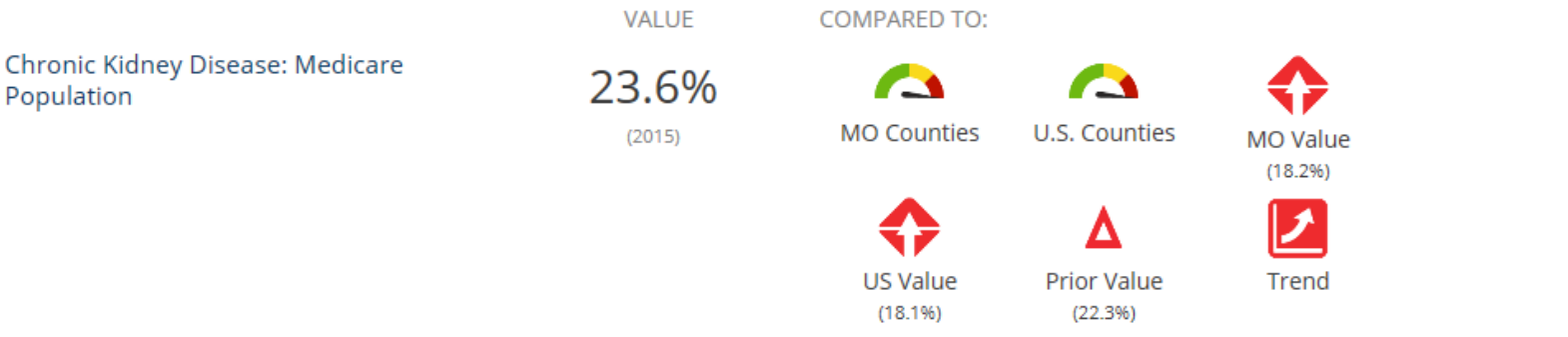


Trend

Health / Oral Health



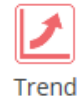
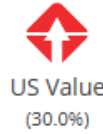
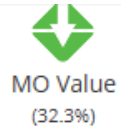
Health / Other Chronic Diseases



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Rheumatoid Arthritis or Osteoarthritis:
Medicare Population

30.4%
(2015)



Health / Other Conditions

Age-Adjusted ER Rate due to Dehydration

VALUE
13.8
ER visits per 10,000
population 18+ years
(2012-2014)

COMPARED TO:

St. Louis City
Value
(13.8)


Prior Value
(13.4)

Age-Adjusted ER Rate due to Urinary
Tract Infections

102.1
ER visits per 10,000
population 18+ years
(2012-2014)


St. Louis City
Value
(102.1)


Prior Value
(98.9)

Age-Adjusted Hospitalization Rate due to
Dehydration


22.2
Hospitalizations per
10,000 population 18+
years
(2012-2014)


St. Louis City
Value
(22.2)


Prior Value
(24.2)

Age-Adjusted Hospitalization Rate due to
Urinary Tract Infections

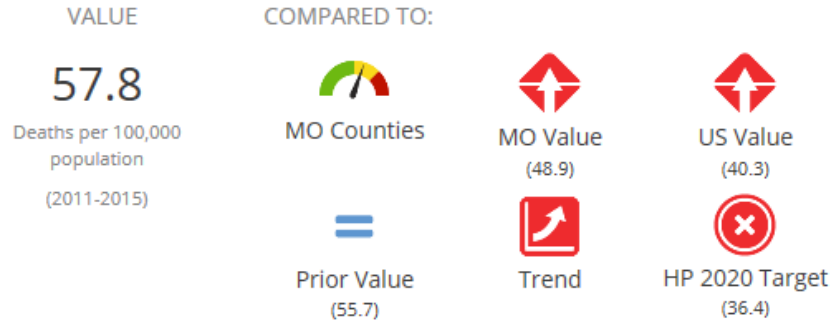
22.9
Hospitalizations per
10,000 population 18+
years
(2012-2014)


St. Louis City
Value
(22.9)


Prior Value
(25.3)

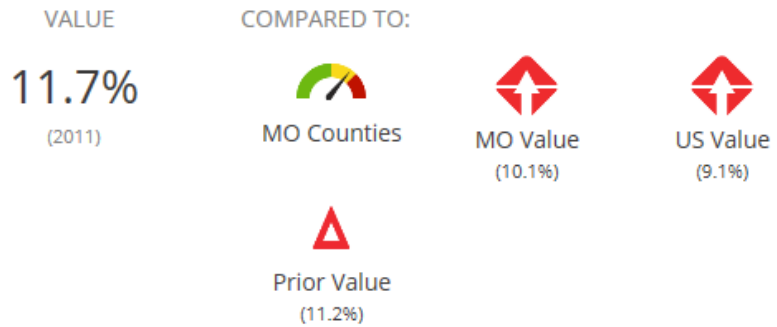
Health / Prevention & Safety

Age-Adjusted Death Rate due to Unintentional Injuries

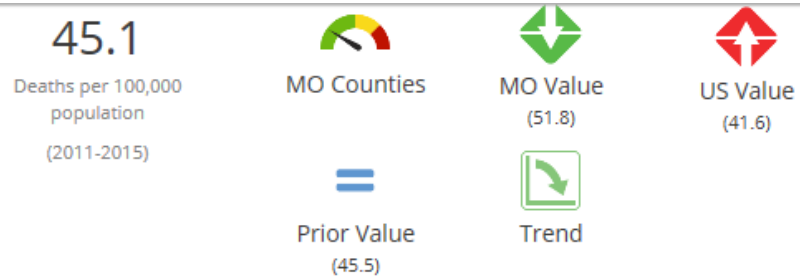


Health / Respiratory Diseases

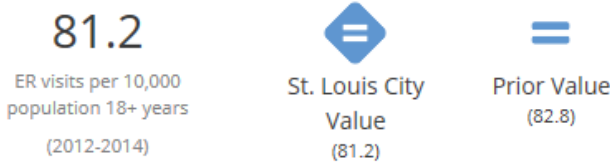
Adults with Current Asthma



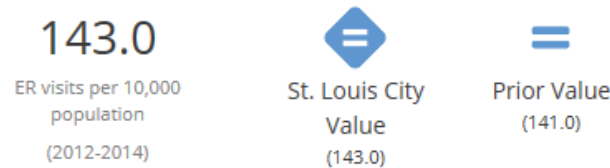
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases



Age-Adjusted ER Rate due to Adult Asthma



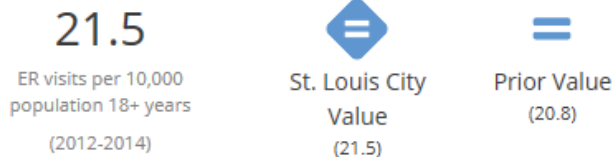
Age-Adjusted ER Rate due to Asthma



Appendix

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Age-Adjusted ER Rate due to COPD



Age-Adjusted ER Rate due to Pediatric Asthma



Age-Adjusted Hospitalization Rate due to Adult Asthma



Age-Adjusted Hospitalization Rate due to Asthma



Age-Adjusted Hospitalization Rate due to COPD



Age-Adjusted Hospitalization Rate due to Pediatric Asthma

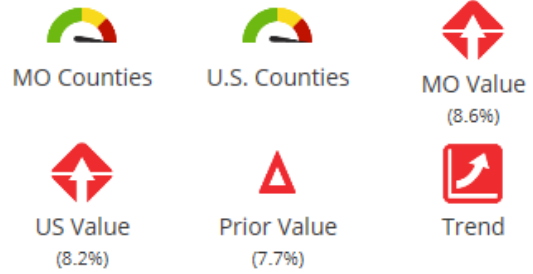


Appendix

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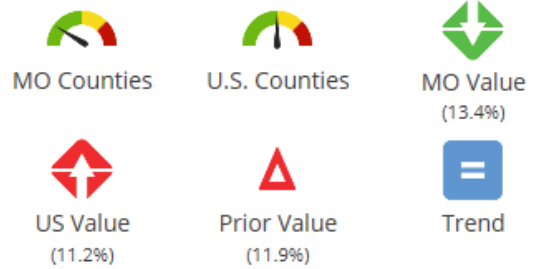
Asthma: Medicare Population

10.6%
(2015)



COPD: Medicare Population

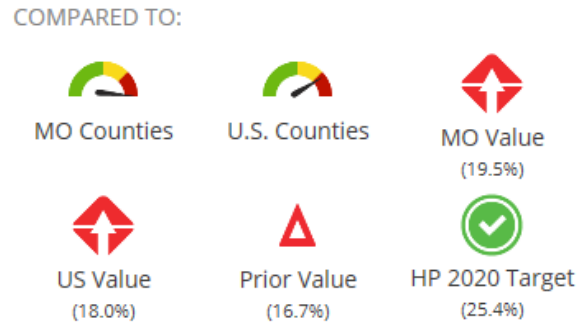
12.0%
(2015)



Health / Substance Abuse

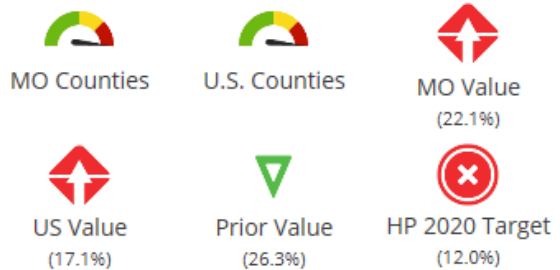
Adults who Drink Excessively

VALUE
20.6%
(2016)



Adults who Smoke

24.7%
(2016)



Appendix

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Age-Adjusted ER Rate due to Alcohol Abuse



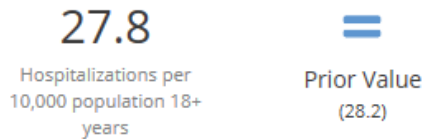
Age-Adjusted ER Rate due to Substance Abuse



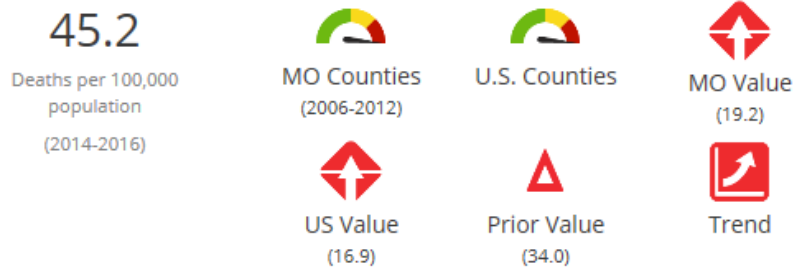
Age-Adjusted Hospitalization Rate due to Alcohol Abuse



Age-Adjusted Hospitalization Rate due to Substance Abuse

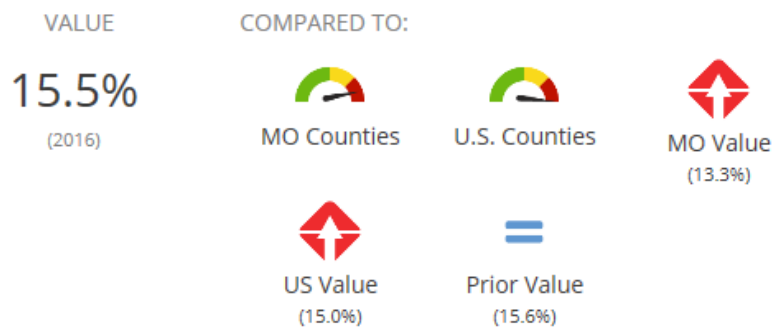


Death Rate due to Drug Poisoning



Health / Wellness & Lifestyle

Frequent Physical Distress

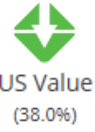
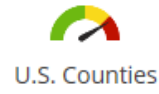


Appendix

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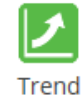
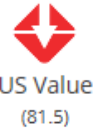
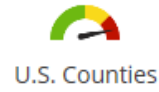
Insufficient Sleep

37.2%
(2016)



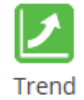
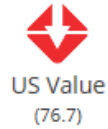
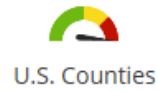
Life Expectancy for Females

77.7
Years
(2014)



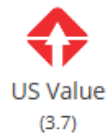
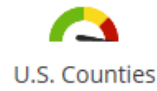
Life Expectancy for Males

70.6
Years
(2014)



Poor Physical Health: Average Number of Days

5.0
Days
(2016)

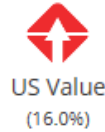
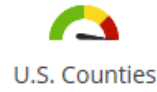


Appendix

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Self-Reported General Health Assessment: Poor or Fair

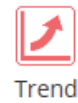
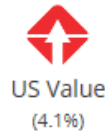
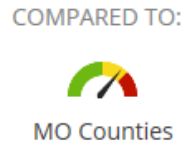
24.0%
(2016)



Economy / Employment

Unemployed Workers in Civilian Labor Force

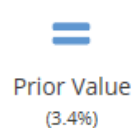
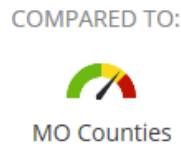
VALUE
4.6%
(July 2018)



Economy / Government Assistance Programs

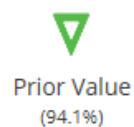
Households with Cash Public Assistance Income

VALUE
3.1%
(2012-2016)

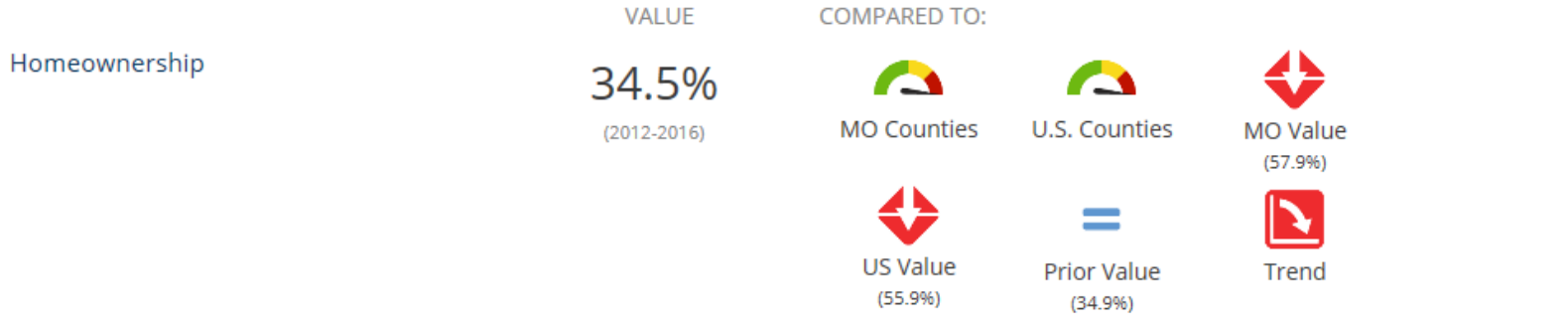


Students Eligible for the Free Lunch Program

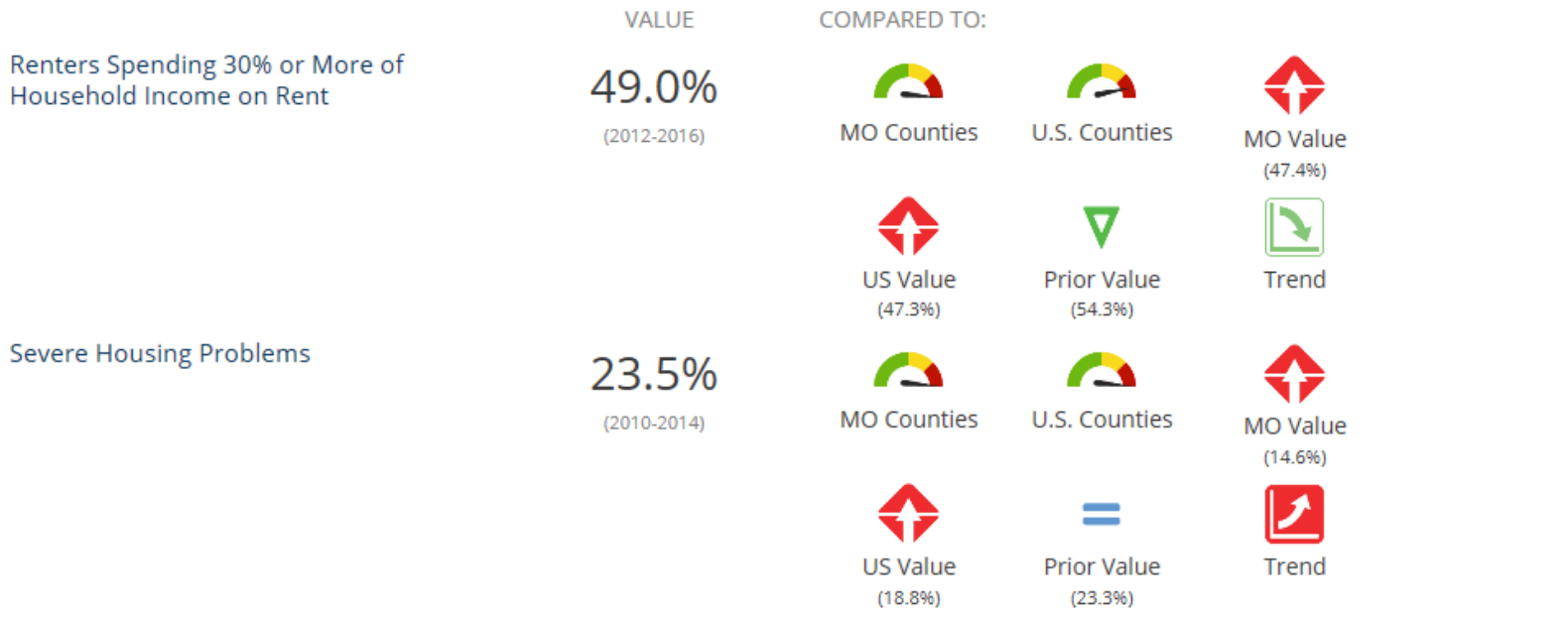
93.7%
(2015-2016)



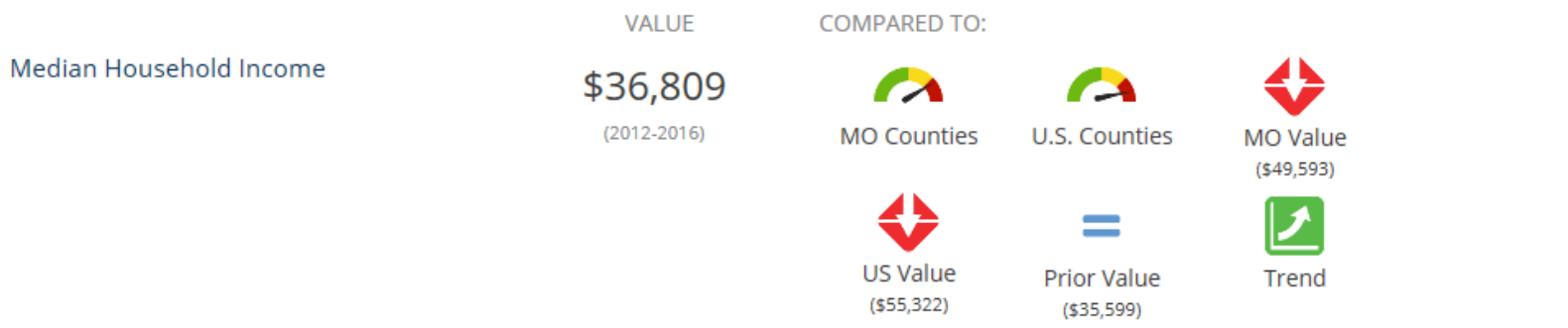
Economy / Homeownership



Economy / Housing Affordability & Supply



Economy / Income

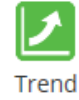
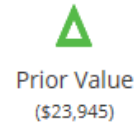
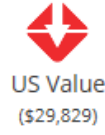
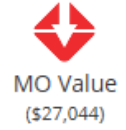


Appendix

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Per Capita Income

\$25,434
(2012-2016)

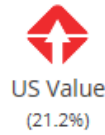
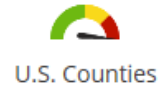


Economy / Poverty

Children Living Below Poverty Level

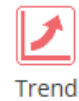
VALUE
42.4%
(2012-2016)

COMPARED TO:



Families Living Below Poverty Level

21.3%
(2012-2016)



CHNA collaborators

St. Louis Partnership for a Health Community – a collaboration of St. Louis County Department of Health, City of St. Louis Health Department and a broad range of public health stakeholders. www.thinkhealthstl.org