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St. Luke's Hospital
Community Health Needs Assessment



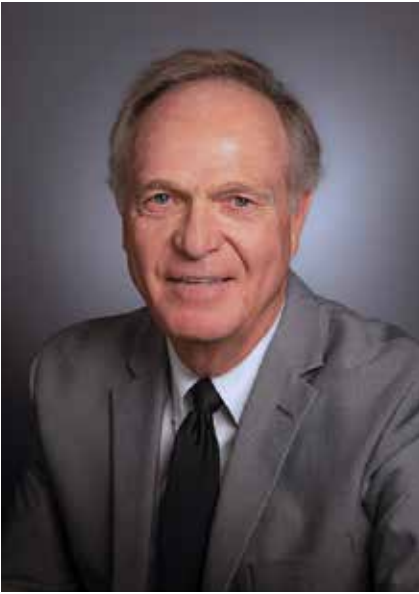
**St. Luke's
HOSPITAL**

Our specialty is you.

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Message to Our Community



For over 150 years, St. Luke's Hospital has been rooted in a mission to improve the health of the communities we serve through high quality, safe, and personalized care. Founded as a faith-based ministry by a group of Episcopalians and physicians, and later joined in faith tradition sponsorship by the Presbyterian church, our focus and and inspiration have remained resolute to compassionately meet your healthcare needs in mind, body and spirit.

St. Luke's Hospital is committed to improve our community's health and wellbeing both inside and outside of our hospital walls. The care we provide in our community is often in conjunction with valued partnerships of like-minded organizations that share the goal of creating a healthier community. The strength and magnitude of the potential of such collaboration have been recently evidenced in our region's response to the COVID-19 pandemic by hospitals, public health departments, elected leaders, and community organizations,

all working together to provide the best possible care to patients. We are thankful for and value our partnerships that align in response to health needs to ensure shared resources and initiatives are directed through a more impactful, coordinated, and sustained approach.

The following document presents St. Luke's Hospital's 2022 – 2025 Community Health Needs Assessment (CHNA). A process involving community partners, data analysis, and input from community members and community-based organizations resulted in a thorough assessment of the health and social needs of our community. The findings of the assessment were evaluated and priority needs were approved based on alignment with St. Luke's goals and our ability to impact with available resources over the next three years.

As we develop implementation strategies to address the priority needs, we will maintain our commitment to focus on improving the health of the community while upholding our values of human dignity, compassion, justice, excellence and stewardship.

Sincerely,

A handwritten signature in black ink that reads "Gary Olson". The signature is fluid and cursive, with the first name "Gary" and last name "Olson" clearly legible.

Gary Olson
Interim President and Chief Executive Officer
St. Luke's Hospital

Executive Summary

While St. Luke's is obligated per federal tax-exemption requirements to conduct a CHNA every three years, the collaborative process and detailed assessment is best practice to ensure we are meeting our community where there is most need and implementing strategies that will provide the most benefit. The CHNA serves as a guide for organizational community health planning, funding opportunities, resource allocation, and partnerships that will lead us to a future state of improved health, well-being, and quality of life for all who live, work, and play in St. Luke's community.

During the assessment phase of the CHNA, public health data were collected and analyzed to identify how our community's health and social needs compare to local and state benchmarks. Recognizing the benefit of a collaborative approach when collecting community input and feedback, St. Luke's also partnered with other local hospitals and health systems to survey community members and key stakeholders, the feedback from which identified perceived needs and resources available to address the needs.

The development of St. Luke's CHNA was guided by an internal Steering Committee comprised of St. Luke's staff with knowledge and expertise in community benefit, direct patient interactions and organizational priorities. The Steering Committee

is responsible for the guidance and review of the CHNA and the subsequent Community Health Implementation Plan (CHIP).

The prioritization of community health needs resulting from the St. Luke's CHNA was determined by the St. Luke's CHNA Executive Team comprised of senior leadership. The Executive Team evaluated the prioritized needs based on primary and secondary data and provided input to validate and approve the top health needs that best align with St. Luke's strengths and strategies for maximum impact and benefit to the community.

In May 2022, the St. Luke's Hospital Board provided final approval of the following priority need focus areas:

- Older Adults
- Obesity
- Mental Health

In the coming months, the St. Luke's Hospital CHNA Steering Committee will continue to guide the CHNA process through the development of objectives for each priority need that will steer the development of actionable and evidence-based strategies to be further developed, deployed, and monitored by action teams.





Introduction

St. Luke's Hospital, located in Chesterfield, Missouri, is a faith-based, nonprofit regional healthcare provider committed to improving the quality of life for patients and the community. Founded over 150 years ago to meet the expanding needs of a growing St. Louis, St. Luke's has remained true to its Episcopal-Presbyterian heritage and its mission. This is evident not only in the breadth of services St. Luke's offers, but also in the many ways we reach out to help the community every year.

St. Luke's offers an advanced network of care, with physicians and healthcare experts in over 60 specialty areas across our 493-bed hospital in Chesterfield, Missouri, 143-bed St. Luke's Des Peres Hospital and nearly 30 other locations of care in the greater St. Louis area.

Year after year, St. Luke's is nationally recognized for excellence in clinical quality and safety in patient care. In 2021, St. Luke's ranked in the top nine percent of hospitals in the Medicare Quality Star Ratings by CMS, receiving a five star rating out of five stars possible. In addition, St. Luke's earned its eighth consecutive Women's Choice Award® as One of America's Best Hospitals in multiple specialties based on clinical quality data and patient satisfaction. St. Luke's Hospital was also recognized in 2022 by Healthgrades® as one of America's 50 Best Hospitals for Cardiac Surgery, and one of America's 100 Best Hospitals for Coronary Intervention and Spinal Surgery.

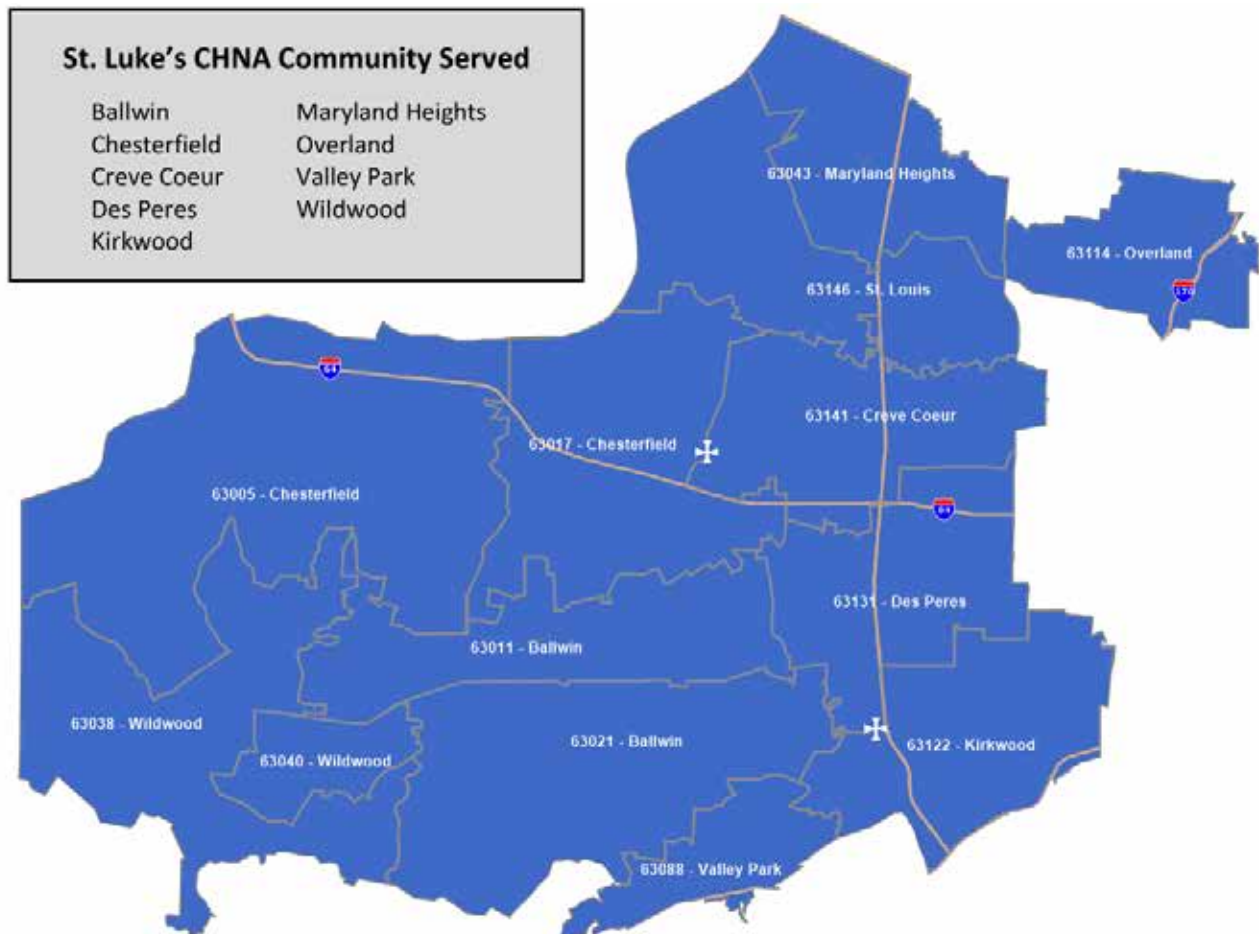
St. Luke's Hospital is proud to be a nationally recognized Spirit of Women® hospital. Spirit of Women is a coalition of healthcare organizations across the United States that ascribes to the highest standards of excellence and innovation in women's health, education and community outreach. As the region's exclusive Spirit of Women hospital, St. Luke's is focused on providing exceptional women's services, education and community outreach programs that engage women to take action for better health for themselves and the health of their families. Passport to Wellness, St. Luke's worksite wellness initiative, also contributes to St. Luke's role as a regional leader in community-based health promotion. Through this program, St. Luke's partners with area employers to help identify, address and decrease health risks before they result in chronic disease, illness and costly healthcare claims, lowering costs and improving quality of life for all.

St. Luke's Rehabilitation Hospital, a joint venture between St. Luke's Hospital and Post-Acute Medical, is located three miles west of St. Luke's Hospital on the campus of Surrey Place. The 35-bed, nearly 30,000 square-foot rehab hospital provides intensive inpatient rehabilitation programs and services to patients with severe illnesses and injuries, including stroke, traumatic brain injury, neurological disorders, amputation, spinal cord injury and other debilitating conditions.

Community Served

The definition of St. Luke's CHNA community was developed from zip code evaluation of concentrated hospital inpatient volume and market share to understand in which zip codes the majority of patients rely on St. Luke's for services. To ensure inclusion of medically underserved, low-income, and minority populations who live in or near the geographic area from which St. Luke's draws patients, the community evaluation included zip-code level vulnerabilities in addition to volume and market-share. To accomplish this, the Dignity Health Community Need Index (CNI) highlighted areas in our community with greater needs and disparities that may lead to poor health outcomes. The areas of high need on the periphery of the geographic area of concentrated volume and market share were included in the definition of St. Luke's community. The resulting St. Luke's CHNA community definition of 13 zip codes was approved by the St. Luke's Hospital CHNA Steering Committee.

Refining the St. Luke's CHNA geographic area based on zip code-level volume, market share, and community need allows for a more focused assessment of outstanding needs and for more opportunity to make an impact in areas most significant to our organization.



Data Collection and Methods

Secondary data including demographics, socioeconomic indicators, health behaviors, conditions, outcomes and utilization were collected from a variety of sources and analyzed at the community and zip code level. St. Louis County served as the benchmark comparison for the St. Luke's CHNA data analysis. Data analysis of secondary data was the primary method of assessment of community health needs. For a detailed list of data and sources, refer to Appendix A.

Primary data was collected through key stakeholder and community member surveys, coordinated through a collaborative approach between St. Louis area hospitals and health systems including BJC HealthCare, Mercy, SSM Health, St. Luke's Hospital, and Shriners Hospitals for Children. Appendix B includes questions and responses from the St. Luke's CHNA for each survey.

The stakeholder survey solicited input from partners who represent the broad interests of the community. The survey was web-based, emailed directly to identified partners, and available during the month of June 2021. Responses from 17 partners in the West and Central St. Louis County areas were included in the St. Luke's CHNA. Community partners represented public health, community based organizations, local municipal government, education, and fire and police departments. A list of organizations represented in stakeholder survey responses is available in Appendix C.

The community member survey was web-based and available to all members of the St. Louis metropolitan area between May and June 2021. Survey promotions included a press release to local media outlets, hospital news stories, social media promotions, flyer distribution throughout the community at hospital-sponsored activities, and through community based partner organizations including those with internet availability for individuals without access to internet at home. Survey responses were aggregated at the zip code level to align with the unique CHNA communities of each hospital. A total of 465 responses were collected from the St. Luke's CHNA geography.



Initial prioritization of health needs was based on multiple data factors: Benchmark, Magnitude, and Survey Responses. Identified community needs were added to the prioritized list by ranking as a high priority need in either the primary or secondary data sources.

Benchmark: The St. Luke's CHNA geography score for each data variable was compared to St. Louis County to compute variance from benchmark. The benchmark variance of each data variable was ranked with a rating scale between 1 (more favorable) and 10 (less favorable).

Magnitude: The magnitude of impact of each data variable was ranked on a scale between 1 (less impact) and 10 (more impact) to identify the number of people in the community affected by the health indicator. In addition, the number of zip codes in the St. Luke's CHNA geography with greater than 3% variance from benchmark were counted to indicate how geographically widespread the health need is a problem in the region.

Survey Responses: A survey score between 1 (low) and 10 (high) was assigned to each data variable for the percent of mentions scored for main personal health challenges from the community survey and for the weighted average scores of top concerns and the potential for community partners to work together to address the health need from the stakeholder survey.

Combined Data Score: The sum of the benchmark score, magnitude score, number of zip codes with a substantial variance, community survey score rank, and stakeholder survey score rank totaled a combined data score. The combined data scores were sorted and community needs were prioritized with higher scores indicating higher priority and lower scores indicating lower priority.

Data availability varies between sources and some data variables were unable to be ranked for each factor in the data prioritization matrix. Therefore, the variables that did not fully align with matrix prioritization were evaluated individually and those with substantial variance from benchmark or frequency of mentions in survey responses were also included as priority needs for consideration.



Data was also reviewed at the zip-code level to identify priority areas that consistently measure worse against benchmarks and have the most unfavorable indicators. It is important that these populations are considered when developing priorities as they indicate vulnerable populations with pressing health needs. All data was reviewed for inclusion and select additional health needs were added to the initial list of top-rated needs for consideration during the internal prioritization process.

The initial data prioritization was presented to St. Luke's Executive Team of senior leaders and each health need was further prioritized based on varying degrees of internal criteria including:

- Alignment with St. Luke's strategies and priorities
- Resources required to address the issue
- Partnership opportunities
- St. Luke's ability to impact the issue in the next three years

The combined internal prioritization score was added to the combined data score for a total priority score. Total priority scores of all identified community needs were sorted and ranked. The resulting list of prioritized needs served as a basis of dialogue for validation among the Executive Team to determine the final list of focused priority health needs.

Data Limitations

While data to inform the St. Luke's CHNA included a variety of sources, data availability or bias may present limitations to data assessment.

Surveys: Survey responses allow the voice of our community to help identify the most pressing perceived health needs among community members and stakeholders. However, subjectivity; over or underreporting due to stigma, embarrassment, or current media trends; and differences in understanding or literacy may limit data validity. While attempts were made to provide opportunities for all community members to access the survey through internet access at



public libraries and at community organizations, survey responses may also be limited to those with personal internet access. Most of the demographic and geographic variables of community member survey respondents align with those of the St. Luke's CHNA geography; however, the majority of survey respondents were female (80%) and more highly educated compared to the general population (80% of respondents with Bachelor Degree vs. 60% total population).

Quantitative Data: While most data sources allowed for analysis at the zip code-level, some indicators were only available at the St. Louis County or state level. Additionally, many public health indicators are indicative of the whole community and do not allow the flexibility to evaluate sub-populations, including minority groups or vulnerable populations.

Data Assessment

Data was analyzed at the local CHNA geography level and at the more refined zip code level. The St. Luke's CHNA geography is comprised of 13 zip codes with varying levels of health behaviors, health status, and social needs. While review of the geography as a whole may indicate a healthy region with better than benchmark performance, individual zip code assessment identifies disparities in health needs and vulnerable populations to be addressed so that more precise interventions may be developed to improve community health.



Source: U.S. Small-Area Life Expectancy Estimates Project (USALEEP)

Demographics

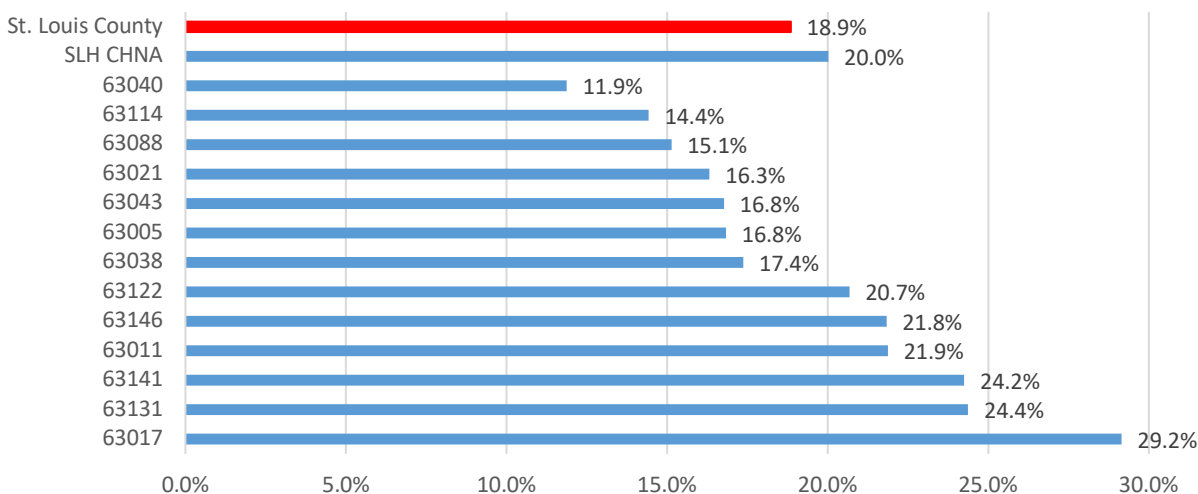
The St. Luke's CHNA community represents 34% of St. Louis County's total population. Total population of St. Luke's CHNA is growing at an average annual growth of 0.08% with the greatest growth attributed to the 65+ age cohort with a projected 1.24% annual growth. At the zip-code level, the proportion of age 65+ in half of the zip codes exceeds the benchmark proportion of 19% in St. Louis County. Zip code 63017 (Chesterfield) has the greatest proportion of residents age 65+, with 29% age 65+.

The St. Luke's CHNA community is less racially diverse than St. Louis County with 13% more white population and 19% fewer black population and includes a slightly higher proportion of individuals of Asian descent compared to benchmark (7% vs 4%). Zip code 63114 (Overland) is the exception to all other areas of the St. Luke's CHNA geography and is more racially diverse compared to the St. Louis County benchmark.

Overall, the St. Luke’s CHNA has a greater proportion of individuals born outside of the United States (11%) with a greater proportion of limited English speakers (4%) than the St. Louis County benchmarks (7%, 3%), primarily living in the Maryland Heights area with 18% foreign-born and 6% limited English (zip codes 63043, 63146).

The rates of disability and veteran status among residents of the St. Luke’s CHNA are both less than that of the comparison benchmarks.

Age 65+ Distribution, 2020



Source: Hospital Industry Data Institute (HIDI): 2020 Census – Age 65+ Current, Estimates and Projections, Claritas, LLC.

Health Behaviors

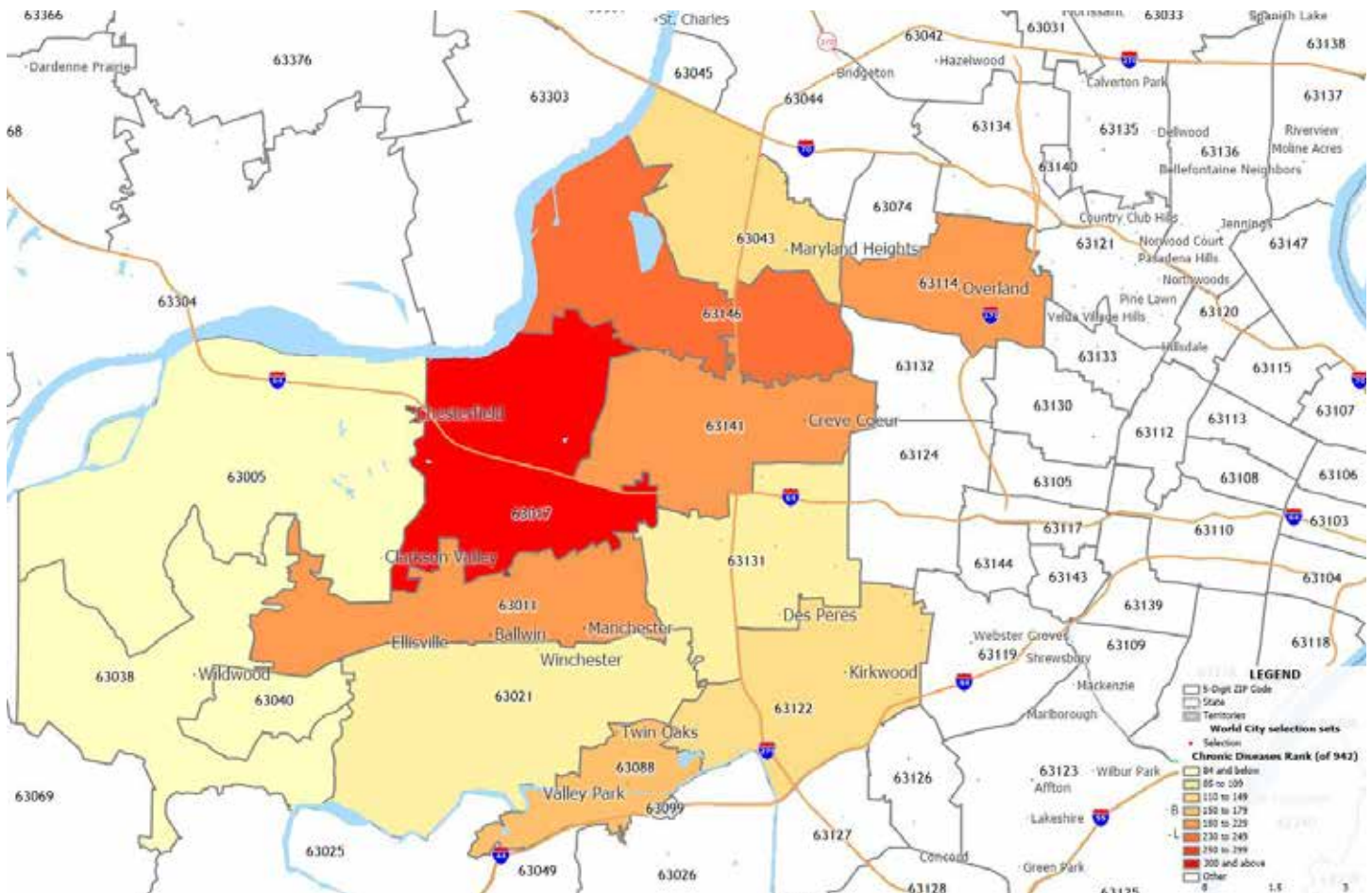
Overall, St. Luke’s CHNA ranks well compared to benchmark for health behaviors; however, zip code-level assessment reveals Overland ranks worse than benchmark for every risk factor, and substance abuse shows trends as a potential emerging problem among multiple zip codes. In general, less healthy behaviors are seen geographically among zip codes closer to north St. Louis County and to the south, near Valley Park.

Health Conditions

St. Luke’s CHNA community has a lower rate of chronic disease per 1,000 (1,291 per 1,000) compared to St. Louis County (1,447 per 1,000), however zip code 63017 (Chesterfield) exceeds both at a rate of 1,625 per 1,000, which is likely aligned with the higher rate of older adults in the zip code.

As a region, the St. Luke’s CHNA community has a lower rate of disease for most health conditions, except cancer. Cancer is the third leading reported health condition in the St. Luke’s CHNA behind hypertension and arthritis. While prevalence of both hypertension and arthritis are high, the rates of each are below benchmark. However, the rate per 1,000 population of cancer in St. Luke’s CHNA is higher than benchmark and is most prevalent in zip code 63017 (Chesterfield), where rates of cancer are consistently higher than other zip codes in the St. Luke’s CHNA geography and St. Louis County.

Chronic Disease Rank (of 942), by Zip Code



Source: exploreMOhealth, 2020

Health Outcomes

Overall, individuals living in the St. Luke's CHNA are living longer, healthier lives, with fewer premature deaths and years of potential life lost compared to St. Louis County. Similar to other indicators, zip code 63114 (Overland) has the least favorable outcomes with 52 years of potential life lost per 1,000 population compared to 20 years in the St. Luke's CHNA and 36 years in St. Louis County.

The leading primary causes of death for residents of St. Luke's CHNA, as reported through Missouri Department of Health and Senior Services (DHSS), are heart disease and cancer death rates, which are the common leading causes of death for most communities. While leading causes of death, both heart disease and cancer death rates occur at a lower rate per 100,000 population in the St. Luke's CHNA than the St. Louis County benchmarks.

Aside from "Other Diseases/Conditions," Alzheimer's disease represents the third leading cause of death in St. Luke's CHNA. In comparison, Alzheimer's disease is the fourth leading cause of death in St. Louis County and the seventh leading cause of death in Missouri. The rate of death due to Alzheimer's in the St. Luke's CHNA is 16% higher than the rate of death with same cause in St. Louis County. The DHSS methodology assigns cause of death to "the disease or injury which initiated the chain of events which led directly to the death." While it is debatable whether patients included in this data died as a result of Alzheimer's, the data may suggest a higher proportion of the population

St. Luke's CHNA Leading Causes of Death, 2019

	SLH CHNA	St. Louis County	MO
Heart disease per 100,000	221.12	250.44	243.18
Cancer per 100,000	194.58	206.96	208.67
Other diseases/conditions per 100,000	137.40	119.49	111.41
Alzheimer's disease per 100,000	72.64	62.76	45.21
Accidents (unintentional injuries) per 100,000	56.30	67.28	63.89
Stroke (cerebrovascular diseases) per 100,000	52.22	61.55	49.08
Chronic lower respiratory diseases per 100,000	32.67	40.07	61.37
Other digestive diseases per 100,000	25.38	25.30	24.06
Other respiratory diseases per 100,000	20.13	19.08	20.63
Influenza and pneumonia per 100,000	18.38	15.36	16.74
Diabetes per 100,000	16.63	23.20	26.86

*Red highlight indicates greater than 3% variance over benchmark

Source: MO DHSS – MOPHIMS, Death MICA: 2019 MO Resident Deaths

diagnosed with Alzheimer's and thus a higher than average opportunity in the St. Luke's community for resources to help manage the disease.

Diabetes represents a significant cause or related cause of death in all geographies, however in the St. Luke's CHNA geography, the disease represents one of the lowest variances from benchmark among all causes of death, being 28% lower than the rate of death in St. Louis County. While still a significant disease in our community, data could suggest that those living in the St. Luke's CHNA community may be comparatively managing their diabetes better than in other areas of St. Louis County.

Access to Care

Access to effective and timely care can prevent illness, manage chronic conditions and prevent unnecessary admissions. Limited or sub-optimal access will result in increased inpatient and emergency utilization.

Utilization rates for the St. Luke's CHNA are aligned with benchmarks, however zip code-level assessment indicates higher inpatient and Emergency Department (ED) utilization in zip code 63114 (Overland). "Hospital Utilization," defined as inpatient, outpatient, and ED visits combined, yields lower utilization for the same zip code. Since inpatient and ED utilization are known to be high, it can be surmised that the difference is low outpatient utilization, which indicates a need for more preventive and care management services. The lower rate of outpatient visits for zip code



63114 is likely also driving the higher rates of preventable ED visits and hospitalizations. On the flip side, the zip codes that indicate above benchmark hospital utilization suggest higher than normal utilization for outpatient visit, which would also assume those patients do a better job of managing their health through doctor visits.

The COVID-19 pandemic created additional barriers to access, requiring all healthcare providers to evaluate options for continuation of safe delivery of care, which led to a spike in telehealth. While telehealth offered a bridge to care during the pandemic, the adoption of the change in practice creates additional opportunity for evolution of expanded access and redesigned delivery of care, especially in areas with limited access to facilities or providers, or among populations with limited mobility or access to transportation.

Social and Economic Needs

Recognizing that health is not defined simply by the absence of disease, the assessment also includes evaluation of income, education, and a variety of social factors that impact overall quality of life. St. Luke’s CHNA has a favorable social and economic profile with a higher proportion of individuals with health insurance, food security, better education, higher incomes and higher home values compared to benchmarks.

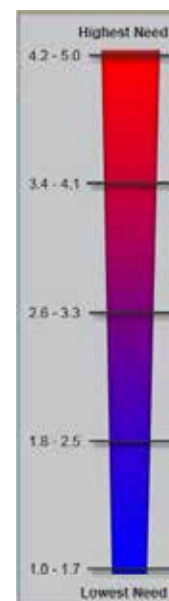
Pockets of need, however, are evidenced at the zip code level with higher uninsured and unemployment rates in zip code 63088 (Valley Park) and less favorable indicators for all social and economic needs in zip code 63114 (Overland).

The Dignity Health Community Need Index (CNI) is an average of five socio-economic indicators and provides an excellent high-level indicator of zip codes with greater needs that should be prioritized to address health disparities in the community. The high need areas identified through the St. Luke’s CHNA are confirmed with the CNI rankings of St. Luke’s CHNA zip codes.

St. Luke’s CHNA Community Need Index, by Zip Code, 2021

Zip Code	City	CNI Score
63114	Overland	4.2
63043	Maryland Heights	2.8
63088	Valley Park	2.8
63146	St. Louis	2.8
63141	Creve Coeur	2.2
63017	Chesterfield	2
63021	Ballwin	1.8
63122	Kirkwood	1.8
63011	Ballwin	1.6
63038	Wildwood	1.6
63005	Chesterfield	1.4
63040	Wildwood	1.4
63131	Des Peres	1.4

Source: Dignity Health, Community Need Index, 2021: <http://cni.dignityhealth.org/>



Stakeholder Survey

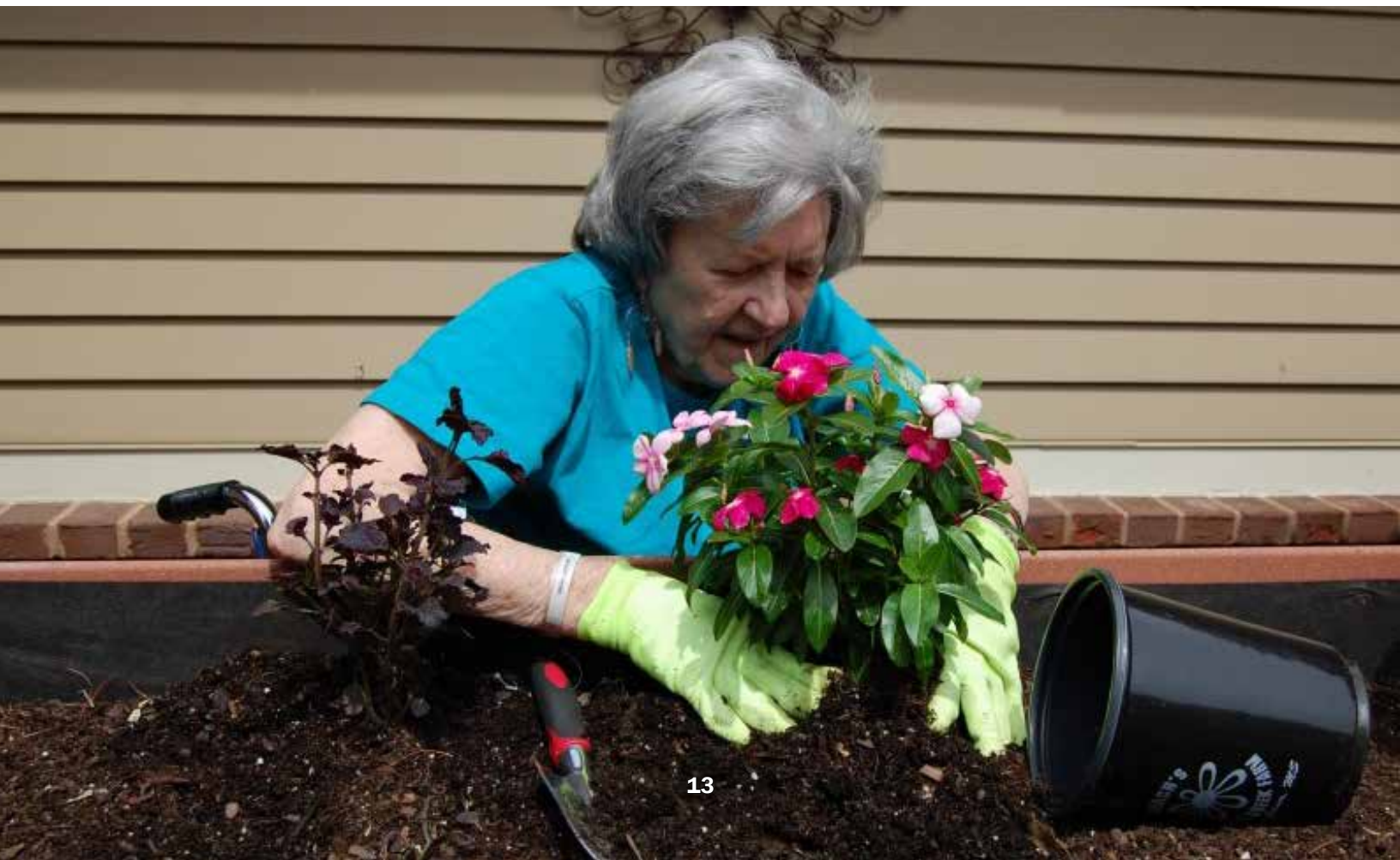
Community partners who provided input to the stakeholder survey represent many individuals and interests of our community due to their daily interactions with and for community members. Mental health and substance abuse were common themes in the stakeholder surveys. The prevalence of such conditions in the community is to be noted, but the lack of resources related to the conditions is also a significant problem.

Vulnerable populations of concern in the community are the elderly and those with low income. Improving access to resources that will connect each of these populations to needed services (preventive and routine care, food, transportation) will help promote better health outcomes.

Community Member Survey

The most common personal health challenge cited in the community member survey was related to overweight and obesity, followed by joint or back pain, and high blood pressure. Of those with children, the main health concerns were mental health and internet safety.

Access to healthcare services is not perceived as a problem worth noting among most of the survey respondents, however those who cited barriers to care indicated scheduling, convenience, and the cost of healthcare to be the main barriers. The most common suggestions to improve the health of our community echoed much of the same, indicating improvements to access providers with better availability, and improved affordability for health services and medications.



Health Needs Prioritization

Prioritization of prevalent community health issues involved a two-step process combining initial prioritization based on data analysis and final prioritization by the St. Luke's CHNA Executive Team that incorporated additional criteria considering St. Luke's organizational strengths and priorities, internal and partner resources available, and St. Luke's ability to impact the issue. After reviewing and discussing the priority rankings, qualitative survey feedback, and available resources, the St. Luke's CHNA Executive Team committed to focusing community health improvement strategies and resources to impact the following priority health needs over the next three years:

- Older Adults
- Obesity
- Mental Health

For a list of community resources potentially available to address each significant health need, refer to Appendix D.



Older Adults

The proportion of the 65+ age group in St. Luke's CHNA geography (20%) exceeds the proportion of age group 65+ in St. Louis County (19%) and Missouri (18%). St. Luke's Hospital is located in zip code 63017 (Chesterfield) where 29% of the population is age 65+, which is the highest proportion of the older adults age group among all St. Luke's CHNA zip codes.

By 2030, the age 65+ age group is expected to be twice as large as it was in 2000.¹ This demographic presents a growing number of individuals with unique and substantial vulnerabilities that impact overall health including chronic illness, dementia, falls, food insecurity, and mental health related to social isolation and loneliness. The high proportion of the age 65+ population in the St. Luke's community presents an opportunity to develop and integrate social and health-related initiatives both in St. Luke's existing services and facilities and through community interactions to better connect and care for the substantial number of older individuals in our community.



Obesity

Consistent ratings and comments in the community member survey indicated being overweight or obese as the health need of greatest concern among 34% of survey respondents in the St. Luke's CHNA. In addition, obesity-related health issues such as hypertension, heart disease, and atherosclerosis rank among top health conditions in the St. Luke's CHNA, presenting additional opportunity for greater impact while implementing change to help community members connect to resources to maintain a healthy weight through improved health behaviors.

1. Trocchio, Julie. (2021). Community Benefit – Community Health Improvements – Don't Forget Seniors. Health Progress: *Journal of the Catholic Health Association of the United States*. Winter. <https://www.chausa.org/publications/health-progress/article/winter-2021/community-benefit–community-health-improvements-don't-forget-seniors>

Almost two out of every three Missourians are overweight or obese, affecting all genders, ages, races, ethnicities, and socioeconomic groups.² Obesity and being overweight are linked to many serious health conditions including mental health; however, eating healthy and getting regular physical activity can reduce obesity and help people eliminate some chronic disease, maintain a healthy weight, achieve better health outcomes, and improve quality of life.



Mental Health

Community partners responding to the stakeholder survey overwhelmingly indicated mental health as an elevated and rapidly growing concern for our community. This is a health need that has been under-resourced and is now accelerating due to COVID-19 pandemic-related social isolation, job loss, stress, and anxiety.

The escalated need for mental health services, coupled with limited resources, means that many mental health needs are unmet. A recent National Public Radio (NPR) report indicated, “Missouri residents report anxiety symptoms at one of the highest rates in the country, but the state also has the largest percentage of mental health provider shortage areas in the country.”³ The shortage of Mental Health professionals in Missouri indicates that approximately six percent of mental health need is being met in the state.⁴

While secondary data trends evaluated in the CHNA do not indicate an alarming outstanding need for mental health services based on number of diagnoses, we recognize some limitations leading to underreported available mental health diagnosis data:

- 1) Data availability is limited to inpatient hospital diagnoses. Mental health care is not limited to hospital-based care, and much of it is provided in an outpatient clinic or provider’s office setting.
- 2) The American Psychiatric Association supports that stigma associated with mental health disorders and fluctuating symptoms of mental health are cause for more than half of people with mental illness not receiving help for their disorders, and therefore not being well represented in the data.⁵

Because there are limitations to accurately report mental health prevalence data, we feel substantial anecdotal evidence based on feedback from community partners who interact with community members and state-level data trends as meaningful and reliable sources to inform the mental health needs of the St. Luke’s community.

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2. Missouri Department of Health and Senior Services, Health Conditions & Diseases: Obesity. <https://health.mo.gov/living/healthcondiseases/obesity/>
 3. Smith, Alex. (2021, November 2). Missouri’s lack of mental health care means patients suffer from over-prescribed anxiety meds. <https://news.stlpublicradio.org/health-science-environment/2021-11-02/missouris-lack-of-mental-health-care-means-patients-suffer-from-over-prescribed-anxiety-meds>
 4. Mental Health Care Health Professional Shortage Areas (HPSAs). (2021, September 30). Kaiser Family Foundation. Mental Health Care Health Professional Shortage Areas (HPSAs) | KFF
 5. Stigma, Prejudice and Discrimination Against People with Mental Illness. American Psychiatric Association. <https://www.psychiatry.org/patients-families/stigma-and-discrimination>

Additional Community Health Needs

Additional health needs were identified through the St. Luke's CHNA process, however limited resources necessitate selection of focus areas for implementation of community health improvement initiatives. The following community needs have been identified, but were not prioritized as top health needs in the St. Luke's 2022 CHNA.

Cancer: St. Luke's Center for Cancer Care offers comprehensive inpatient and outpatient services, educational information, and emotional support for the prevention, diagnosis, and treatment of cancer. Cancer care is a service line strength at St. Luke's and we plan to continue to improve the health of our community through prevention and early detection.

Arthritis/Joint Disease: St. Luke's Orthopedics and Physical Therapy service lines offer comprehensive treatment and therapy options for individuals who suffer from pain, injury, and other medical problems with the goal of returning patients to optimal levels of physical function. Since joint pain and arthritis are health conditions often affecting older adults, the priority focus of the older adult population may also include initiatives to address pain in the vulnerable population.

Smoking (Vaping + Tobacco): While smoking and vaping impact a significant number of individuals in the community, indicators present smoking as less of a priority health need than other identified needs. The rate of smoking in the St. Luke's CHNA is less than the comparison benchmark of St. Louis County, and the community survey ranked smoking as a lower concern than other identified needs. Planned community outreach efforts will help educate and navigate current and former smokers to Low Dose CT Scan screening for lung cancer and smoking cessation resources.

Drug Abuse: Drug abuse was not selected as a focused health need, however the 2019 CHNA Opioid Misuse Action Team will continue ongoing initiatives and will address and implement new initiatives with community partners. In addition, other substance abuse needs will likely be addressed through implementation of initiatives for Mental Health.

Alzheimer's Disease: St. Luke's currently partners with the Alzheimer's Association to offer community education, resources, and dementia care coordination. This ongoing partnership will continue and will be complemented with similar and likely related initiatives for the priority older adult population in our community.

Hypertension, Heart Disease, Diabetes: Hypertension, heart disease, and diabetes are related conditions often resulting from being overweight or obese. Selecting obesity as a priority health need recognizes that related health conditions will likely be addressed and impacted through initiatives for obesity.

Overland, 63114: St. Luke's has been invested in the Overland community for more than 60 years through its Pediatric Care Center and is committed to continuing to offer pediatric health care services, education and prevention to area children and their families.



Update to 2019 CHNA

St. Luke's Hospital's 2019 CHNA Implementation Strategy included four priority need areas. An action team was created for each priority need and initiatives were implemented to improve health related to each priority area. The following actions were implemented to address each priority health need between July 2019 and April 2022.

Diabetes Prevention and Self-Management

To improve the health outcomes of individuals with diabetes and to decrease diabetes incidence in the community, the Diabetes Prevention and Self-Management Action Team focused on education of patients and community members about healthy lifestyles and diabetes care, education of physicians and staff about diabetes resources, and increasing the number of diabetes resources for at risk populations. St. Luke's Hospital successfully increased the number of community education opportunities, both in-person and virtual and implemented public awareness campaigns including Diabetes Alert Day, which included risk assessment and follow-up with a Diabetes Educator. Physician and staff education included multiple Grand Rounds opportunities focused on Diabetes and establishing a standard guide of affordability resources for diabetes medication. The same affordability resources have been made publicly available to patients through the St. Luke's patient portal and website.

Opioid Use Disorder

With a goal of reducing the number of opioid-related deaths, the Opioid Use Disorder Action Team focused on initiatives to expand opportunities for community prescription medication safety, educating hospital staff on Prescription Drug Monitoring Program (PDMP) utilization, and educating the community on opioid use disorder and medication safety. St. Luke's increased opportunities for safe medication disposal through promotion of local law enforcement sites participating in the bi-annual DEA Drug Take Back Day and distributing 1,600 Deterra medication disposal bags through St. Luke's

Hospital departments, medical group offices, urgent care sites, home health and hospice. Hospital staff were educated about opioid misuse prevention and treatment resources through Grand Rounds and a two-part opioid conference. PDMP information for education and enrollment has been added to new physician binders and Pharmacy staff speak about the PDMP program at physician onboarding meetings. Community education was provided through a three-part opioid series in partnership with community partner, PreventEd. Additional resources will be made available later in FY2022 through a viewing and panel discussion of the “Don’t Wait” film by *Addiction is Real*, to educate parents about substance abuse dangers and signs and to encourage parents to openly communicate with their children about these dangers.

Health Literacy and Cultural Competency

To reduce health and racial disparities and improve health outcomes and quality of life of community members, the Health Literacy and Cultural Competency Action Team focused on improving patient materials and education to be more inclusive, and educating staff on health literacy and cultural competency. St. Luke’s Hospital has begun a process to reestablish a Health Education Committee that will review and approve new patient education materials developed in-house to ensure integration of inclusivity of LGBTQ patients, improved readability of materials to a 6th grade level, and translated materials as needed. Physician and staff education included Grand Rounds to address strategies involving culturally sensitive interactions. In addition, updates have been made to the annual staff education Care Learning module to include plain language communications and cultural competency including LGBTQ and multicultural populations. A library of equity resources was developed and published on the St. Luke’s Intranet to provide a resource for staff to reference and assist with patient interactions.

Access to Care for Older Adults

To improve older adult patient outcomes and quality of life, the Access to Care for Older Adults Action Team focused on increasing utilization of electronic personal health management tools and improving prescription adherence. To facilitate education about and utilization of the MyStLuke’s patient portal, an introductory video, video tutorial and written instructions were developed. The written instructions were distributed through medical group offices, in hospital discharge packets, and on the St. Luke’s website. The pilot of a medication education pharmacy consult service in one of the St. Luke’s Medical Group primary care offices offers a proactive approach to medication education and management for the older adult population by integrating pharmacy consults into the annual patient visit, expected to improve population health, reduce costs, and improve quality of life. In addition, St. Luke’s partnered with community-based organizations to offer resources through education for older adults, including an online wellness series about living with chronic disease in partnership with the University of Missouri Extension and a series of education sessions specific to aging, Dementia, and Alzheimer’s disease in collaboration with the Alzheimer’s Association.

No questions or comments about the St. Luke’s 2019 CHNA have been received.

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St. Luke's Hospital 2022 Community Health Needs Assessment (CHNA) - Secondary Data

Pink shading indicates data within 3% variance from St. Louis County benchmark

	63005	63011	63017	63021	63038	63040	63043	63088	63114	63122	63131	63141	63146	SLH CHNA	STL Co.	MO
	Chesterfield	Ballwin	Chesterfield	Ballwin	Wildwood	Wildwood	Maryland Heights	Valley Park	Overland	Kirkwood	Des Peres	Creve Coeur	St. Louis			
DEMOGRAPHICS - 2020 Population																
<i>Hospital Industry Data Institute (HIDI): 2020 Census - Current, Estimates and Projections, Claritas, LLC.</i>																
Age 0-17	4,162	7,264	6,969	13,101	1,475	2,562	4,551	1,927	8,642	9,313	3,326	4,056	5,584	72,932	215,776	1,376,124
	21.74%	20.61%	16.95%	22.89%	20.27%	25.98%	20.45%	22.28%	24.62%	23.50%	20.48%	18.93%	18.86%	21.28%	21.67%	22.37%
Age 18-44	5,580	10,408	11,069	18,298	2,061	2,957	8,083	3,370	12,638	11,527	4,302	6,741	10,302	107,336	332,471	2,140,943
	29.14%	29.53%	26.93%	31.96%	28.32%	29.99%	36.32%	38.96%	36.00%	29.08%	26.50%	31.47%	34.80%	31.31%	33.39%	34.80%
Age 45-64	6,182	9,869	11,083	16,502	2,477	3,171	5,892	2,044	8,763	10,600	4,651	5,431	7,258	93,923	259,870	1,555,933
	32.29%	28.00%	26.96%	28.83%	34.04%	32.16%	26.47%	23.63%	24.96%	26.74%	28.64%	25.35%	24.51%	27.40%	26.09%	25.29%
Age 65+	3,222	7,710	11,982	9,343	1,264	1,171	3,732	1,309	5,064	8,194	3,958	5,195	6,463	68,607	187,749	1,078,379
	16.83%	21.87%	29.15%	16.32%	17.37%	11.88%	16.77%	15.13%	14.42%	20.67%	24.38%	24.25%	21.83%	20.01%	18.85%	17.53%
Total	19,146	35,251	41,103	57,244	7,277	9,861	22,258	8,650	35,107	39,634	16,237	21,423	29,607	342,798	995,866	6,151,379
DEMOGRAPHICS - Race																
<i>U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates</i>																
White	84.53%	90.53%	81.62%	85.53%	94.76%	90.52%	69.17%	90.91%	61.33%	91.32%	89.88%	78.41%	70.54%	81.61%	68.41%	82.16%
Black or African American	0.98%	1.77%	4.17%	2.67%	1.70%	1.05%	11.33%	3.01%	27.05%	4.95%	1.71%	7.30%	13.65%	7.11%	23.72%	11.49%
American Indian and Alaska Native	0.11%	0.03%	0.06%	0.18%	0.00%	0.13%	0.00%	0.00%	0.37%	0.07%	0.16%	0.48%	0.26%	0.15%	0.17%	0.44%
Asian	11.64%	5.09%	11.76%	7.42%	1.71%	5.76%	16.07%	3.73%	2.60%	1.71%	6.97%	10.67%	12.10%	7.66%	4.24%	1.98%
Native Hawaiian and Other Pacific Islander	0.04%	0.04%	0.00%	0.00%	0.11%	0.00%	0.28%	0.00%	0.00%	0.04%	0.00%	0.22%	0.00%	0.04%	0.04%	0.13%
Two or more races	2.23%	2.11%	2.24%	2.97%	1.71%	2.27%	2.71%	1.97%	3.00%	1.52%	1.05%	2.57%	2.92%	2.37%	2.51%	2.63%
Other	0.48%	0.44%	0.16%	1.24%	0.00%	0.27%	0.44%	0.38%	5.65%	0.39%	0.24%	0.36%	0.53%	1.04%	0.93%	1.17%
DEMOGRAPHICS - Other Variables																
<i>www.exploreMOhealth.org, 2020</i>																
% of Total Households w. Children	38.35%	32.23%	28.19%	33.32%	38.16%	38.35%	29.33%	24.13%	28.40%	31.19%	36.51%	23.63%	21.32%	30.03%	29.15%	29.30%
% Foreign Born of Total Population	12.35%	8.77%	14.26%	9.27%	6.54%	6.45%	18.43%	6.43%	9.44%	3.96%	8.29%	14.21%	16.60%	10.68%	7.37%	4.19%
% Limited English (age 5+)	2.34%	3.12%	4.15%	3.40%	0.73%	1.27%	6.36%	3.16%	6.30%	0.79%	2.24%	3.26%	6.41%	3.68%	3.03%	2.21%
% Non-English Speakers (age 5+)	13.05%	11.17%	15.94%	11.93%	5.80%	6.42%	20.47%	7.93%	15.26%	4.75%	9.83%	16.16%	18.46%	12.83%	NA	NA
% Pop Disability	5.24%	9.93%	8.67%	8.00%	6.59%	7.46%	10.20%	9.75%	15.57%	8.24%	7.05%	10.37%	12.73%	9.60%	11.99%	14.56%
% Veterans (Age 18+)	5.73%	6.46%	7.03%	6.96%	5.64%	7.31%	6.13%	5.86%	7.06%	6.32%	6.16%	7.00%	7.73%	6.72%	7.16%	8.54%
HEALTH BEHAVIORS																
<i>www.exploreMOhealth.org, 2020</i>																
Health Behaviors Rank (of 942)	95	157	158	180	128	236	455	356	705	134	97	191	258	NA	NA	NA
Obesity Diagnoses per 1,000	27.56	46.20	44.33	46.16	30.15	40.00	68.56	62.08	99.35	42.65	28.03	42.02	59.42	48.96	69.77	80.88
Obesity Rank (of 942)	23	133	111	132	32	69	401	336	705	95	24	92	299	NA	NA	NA
Opioid Use Diagnoses per 1,000	6.71	9.07	10.74	9.19	8.38	10.59	16.90	14.62	25.43	10.09	9.23	13.28	14.63	12.22	20.15	27.14
Opioid Use Rank (of 942)	76	145	207	147	122	202	435	351	627	178	151	301	352	NA	NA	NA
STI Diagnoses per 1,000	7.83	9.45	10.54	8.86	8.43	9.23	14.81	13.64	21.98	9.63	7.09	10.96	10.87	11.02	17.72	15.77
STI Rank (of 942)	162	237	305	199	186	224	544	489	744	250	131	329	324	NA	NA	NA
Smoking Diagnoses per 1,000	73.97	128.03	129.96	117.02	100.60	100.11	180.59	188.48	309.74	128.12	95.98	130.84	156.07	141.50	226.76	294.89
Smoking Rank (of 942)	12	72	77	54	33	32	194	215	571	73	25	79	114	NA	NA	NA
Substance Use Disorder Diagnoses per 1,000	3.02	3.64	2.75	4.25	3.81	5.45	5.56	4.54	6.48	2.99	2.98	2.86	3.67	4.00	5.30	5.42
Substance Use Disorder Rank (of 942)	297	367	255	451	391	597	611	487	689	291	290	272	372	NA	NA	NA
Teen Pregnancy per 1,000	1.42	1.89	3.23	4.95	1.00	0.22	11.94	9.91	51.22	1.96	1.58	1.97	9.18	7.73	19.27	24.70
Teen Pregnancy Rank (of 942)	128	134	154	184	124	119	312	275	790	135	130	136	257	NA	NA	NA

Appendix A: Secondary Data

St. Luke's Hospital 2022 Community Health Needs Assessment (CHNA) - Secondary Data

Pink shading indicates data within 3% variance from St. Louis County benchmark

	63005	63011	63017	63021	63038	63040	63043	63088	63114	63122	63131	63141	63146	SLH CHNA	STL Co.	MO
	Chesterfield	Ballwin	Chesterfield	Ballwin	Wildwood	Wildwood	Maryland Heights	Valley Park	Overland	Kirkwood	Des Peres	Creve Coeur	St. Louis			
HEALTH CONDITIONS																
<i>www.exploreMOhealth.org, 2020</i>																
Chronic Diseases per 1,000	1043.61	1385.29	1625.33	1165.03	1086.50	1138.84	1266.92	1327.08	1425.31	1259.38	1204.32	1400.58	1453.47	1290.90	1447	2075
Chronic Disease Rank (of 942)	50	188	325	87	61	81	132	156	220	129	101	200	234	NA	NA	NA
Heart Disease per 1,000	61.40	99.07	120.81	75.92	69.21	67.51	89.38	99.30	95.20	85.22	76.47	97.73	101.22	87.57	100.50	161.17
Heart Disease Rank (of 942)	41	198	344	78	57	53	147	199	172	115	81	187	214	NA	NA	NA
Hypertension per 1,000	179.75	254.92	299.80	210.95	192.91	205.92	225.76	245.13	273.08	221.47	200.33	241.83	263.70	231.97	281.06	400.71
Hypertension Rank (of 942)	38	191	321	81	55	73	114	163	251	105	65	157	219	NA	NA	NA
Atherosclerosis Disease per 1,000	52.85	78.99	96.42	62.05	56.87	52.03	70.38	73.23	71.75	65.98	62.05	79.56	80.81	69.46	74.39	133.68
Atherosclerosis Disease Rank (of 942)	53	192	343	78	65	48	118	136	127	97	79	197	208	NA	NA	NA
Stroke per 1,000	5.94	7.97	10.25	6.32	6.62	7.32	5.58	5.40	6.38	6.99	6.51	8.84	7.17	7.02	7.57	11.92
Stroke Rank (of 942)	152	339	535	186	213	276	128	114	192	247	199	411	260	NA	NA	NA
Asthma per 1,000	26.08	31.06	32.12	30.73	29.06	28.58	48.14	39.57	77.00	34.28	26.47	33.50	45.17	37.06	64.45	46.28
Asthma Rank (of 942)	191	293	318	289	254	243	591	460	829	359	201	346	548	NA	NA	NA
COPD per 1,000	18.32	35.99	38.11	25.61	22.34	25.12	46.23	48.36	65.62	30.91	21.99	30.41	35.61	34.20	47.73	111.12
COPD Rank (of 942)	14	59	67	27	23	25	103	120	242	38	21	37	56	NA	NA	NA
Arthritis/Joint Disease per 1,000	205.42	218.78	270.09	187.08	192.63	215.67	186.05	174.21	185.52	203.99	221.72	266.07	227.36	211.89	209.68	300.23
Arthritis/Joint Disease Rank (of 942)	231	292	494	169	187	279	166	125	163	227	307	484	333	NA	NA	NA
Diabetes per 1,000	71.41	113.69	120.33	103.35	82.64	87.93	118.87	123.62	161.90	88.74	74.92	97.06	135.41	106.14	140.38	221.90
Diabetes Rank (of 942)	23	102	129	79	38	43	121	147	314	44	27	63	197	NA	NA	NA
Kidney Disease per 1,000	39.72	74.94	82.76	56.17	50.44	50.08	82.60	72.99	77.39	66.72	58.73	62.97	84.36	66.14	81.98	80.08
Kidney Disease Rank (of 942)	104	498	574	274	212	207	571	470	522	399	317	362	592	NA	NA	NA
Low Birthweight per 1,000	47.47	28.16	37.15	32.26	21.83	22.74	71.99	33.18	59.18	37.31	27.28	38.98	37.56	38.08	55.80	49.21
Low Birthweight Rank (of 942)	566	306	436	367	234	240	753	378	679	441	294	466	445	NA	NA	NA
Mental Health Diagnosed per 1,000	19.95	24.97	24.78	28.00	16.86	25.36	32.11	29.56	44.80	28.65	24.81	28.66	28.93	27.50	35.50	47.75
Mental Health Diagnosed Rank (of 942)	142	252	244	320	91	261	408	350	613	331	246	333	339	NA	NA	NA
Liver Disease per 1,000	18.69	22.98	27.96	23.41	19.39	20.94	27.91	31.28	28.06	22.23	22.83	21.79	24.25	23.98	24.05	31.79
Liver Disease Rank (of 942)	161	305	472	329	179	229	468	579	476	274	298	257	354	NA	NA	NA

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	63005	63011	63017	63021	63038	63040	63043	63088	63114	63122	63131	63141	63146	SLH CHNA	STL Co.	MO
	Chesterfield	Ballwin	Chesterfield	Ballwin	Wildwood	Wildwood	Maryland Heights	Valley Park	Overland	Kirkwood	Des Peres	Creve Coeur	St. Louis			
HEALTH CONDITIONS (continued)																
<i>www.exploreMOhealth.org, 2020</i>																
Cancer per 1,000	175.49	191.28	223.62	174.73	171.67	175.03	152.26	176.83	151.33	200.37	201.58	208.01	201.87	184.93	169.21	219.00
Cancer Rank (of 942)	341	415	598	338	324	340	221	347	218	458	466	501	467	NA	NA	NA
Breast Cancer per 1,000	101.95	95.54	122.49	91.82	74.30	80.09	80.40	81.67	67.93	102.35	104.99	110.34	101.72	93.51	82.18	80.80
Breast Cancer Rank (of 942)	728	672	809	648	477	546	552	562	420	732	747	768	724	NA	NA	NA
Male Genital Cancer per 1,000	51.11	53.92	66.78	41.09	41.48	40.37	24.85	29.23	23.30	53.42	58.10	51.92	45.66	44.71	40.87	38.91
Male Genital Cancer Rank (of 942)	742	770	845	632	640	619	305	412	272	763	794	754	682	NA	NA	NA
Lymphatic Cancer per 1,000	21.48	25.92	35.07	25.03	29.96	19.62	16.65	30.34	18.78	32.32	25.79	33.74	31.97	26.67	22.44	32.80
Lymphatic Cancer Rank (of 942)	373	469	633	448	539	328	253	551	305	585	465	610	580	NA	NA	NA
Secondary Malignancies per 1,000	19.67	26.38	30.33	20.59	25.01	20.74	23.54	23.54	20.64	28.97	24.75	21.03	24.44	23.82	23.40	32.41
Secondary Malignancies Rank (of 942)	251	429	524	268	396	273	350	349	271	490	386	282	379	NA	NA	NA
Other Cancer per 1,000	14.88	20.57	22.39	16.74	11.86	16.48	14.88	14.58	15.05	17.34	24.12	21.49	18.68	17.62	14.65	20.36
Other Cancer Rank (of 942)	366	601	644	438	227	430	367	346	377	468	695	627	524	NA	NA	NA
Gastrointestinal Cancer per 1,000	11.76	15.75	16.08	15.54	19.29	15.25	13.18	20.60	18.28	14.27	17.48	13.75	18.96	16.17	15.49	22.95
Gastrointestinal Cancer Rank +47:91(of 942)	254	387	401	379	510	367	300	555	472	330	446	318	497	NA	NA	NA
Lung Cancer per 1,000	9.38	15.86	17.04	12.20	8.48	13.41	18.70	19.74	18.05	13.16	12.66	16.56	17.47	14.82	17.04	27.37
Lung Cancer Rank (of 942)	139	314	364	198	126	237	408	432	392	231	213	341	376	NA	NA	NA
Colorectal Cancer per 1,000	8.24	11.93	14.42	12.20	16.43	10.59	13.18	14.19	15.34	13.69	12.83	11.79	16.51	13.18	12.91	19.69
Colorectal Cancer Rank (of 942)	192	327	444	337	520	273	389	433	478	410	371	322	523	NA	NA	NA
Urinary Cancer per 1,000	8.59	9.71	11.39	7.77	9.57	7.80	9.28	10.09	7.91	9.40	10.93	10.29	13.13	9.68	7.90	11.46
Urinary Cancer Rank (of 942)	467	539	617	409	529	411	513	558	419	520	596	564	691	NA	NA	NA
Female Genital Cancer per 1,000	7.10	13.12	13.05	10.00	6.50	19.67	5.41	3.24	8.89	8.10	9.06	13.18	5.79	9.47	9.37	10.35
Female Genital Cancer Rank (of 942)	511	728	725	641	484	831	432	289	590	557	597	731	454	NA	NA	NA
Uterine/Cervical Cancer per 1,000	3.94	5.16	8.45	7.09	2.39	2.12	6.76	6.79	12.28	10.61	10.41	9.94	8.50	7.26	7.93	10.29
Uterine/Cervical Cancer Rank (of 942)	313	381	561	495	239	218	474	475	686	642	632	614	563	NA	NA	NA
Skin Cancer per 1,000	7.19	6.72	8.51	4.94	8.24	4.90	2.88	4.42	2.01	8.15	7.57	6.22	5.82	5.97	4.38	9.68
Skin Cancer Rank (of 942)	475	446	555	298	533	295	154	267	102	531	495	406	372	NA	NA	NA
Nonspecified Cancer per 1,000	0.53	0.78	1.11	1.14	0.62	1.00	1.33	1.06	0.69	0.67	0.58	1.37	1.29	0.94	0.97	1.74
Nonspecified Cancer Rank (of 942)	246	355	477	488	281	436	555	457	312	306	258	569	546	NA	NA	NA

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St. Luke's Hospital 2022 Community Health Needs Assessment (CHNA) - Secondary Data

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	63005	63011	63017	63021	63038	63040	63043	63088	63114	63122	63131	63141	63146	SLH CHNA	STL Co.	MO
	Chesterfield	Ballwin	Chesterfield	Ballwin	Wildwood	Wildwood	Maryland Heights	Valley Park	Overland	Kirkwood	Des Peres	Creve Coeur	St. Louis			
HEALTH OUTCOMES - Mortality																
ⁱ www.exploreMOhealth.org , 2020																
ⁱⁱ Robert Wood Johnson Foundation: Life Expectancy, 2018. https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html																
ⁱⁱⁱ Missouri Department of Health and Senior Services: Death MICA, 2019. https://healthapps.dhss.mo.gov/MoPhims/MICAHome																
Mortality Rank (of 942) ⁱ	82	130	188	140	149	95	467	236	726	142	111	161	261	NA	NA	NA
Premature Deaths per 1,000 ⁱ	0.63	0.91	1.11	0.93	1.00	0.72	1.90	1.09	2.47	0.93	0.84	1.06	1.38	1.15	1.84	2.00
Premature Deaths Rank (of 942) ⁱ	79	132	185	140	156	92	474	178	676	139	116	169	269	NA	NA	NA
Years of Potential Life Lost per 1,000 ⁱ	9.25	14.36	18.59	15.95	16.39	9.87	31.62	24.12	51.90	16.26	11.51	16.56	22.14	19.89	35.70	34.89
Years of Potential Life Lost Rank (of 942) ⁱ	103	159	220	184	190	112	474	331	775	188	129	192	288	NA	NA	NA
Average Lifespan ⁱⁱ	86.90	84.70	83.70	81.70	79.70	85.60	82.50	78.30	77.10	83.50	83.60	82.70	81.10	NA	78.2	76.6
Accidents (unintentional injuries) per 100,000 ⁱⁱⁱ														56.30	67.28	63.89
Alzheimer's disease per 100,000 ⁱⁱⁱ														72.64	62.76	45.21
Aortic aneurysm & dissection per 100,000 ⁱⁱⁱ														4.38	3.82	3.72
Benign/in situ neoplasms and neoplasms of uncertain behavior per 100,000 ⁱⁱⁱ														7.29	5.62	5.59
Cancer per 100,000 ⁱⁱⁱ														194.58	206.96	208.67
Chronic liver disease & cirrhosis per 100,000 ⁱⁱⁱ														9.63	8.03	12.01
Chronic lower respiratory diseases per 100,000 ⁱⁱⁱ														32.67	40.07	61.37
Diabetes per 100,000 ⁱⁱⁱ														16.63	23.20	26.86
Essential hypertension per 100,000 ⁱⁱⁱ														7.58	8.03	7.61
Heart disease per 100,000 ⁱⁱⁱ														221.12	250.44	243.18
Homicide per 100,000 ⁱⁱⁱ														4.96	16.37	10.13
Influenza and pneumonia per 100,000 ⁱⁱⁱ														18.38	15.36	16.74
Kidney disease(nephritis, nephrotic syndrome and nephrosis) per 100,000 ⁱⁱⁱ														15.75	23.70	24.06
Other digestive diseases per 100,000 ⁱⁱⁱ														25.38	25.30	24.06
Other diseases/conditions per 100,000 ⁱⁱⁱ														137.40	119.49	111.41
Other Infections-Parasites per 100,000 ⁱⁱⁱ														4.38	7.23	6.62
Other major cardiovascular diseases per 100,000 ⁱⁱⁱ														4.67	5.82	4.65
Other respiratory diseases per 100,000 ⁱⁱⁱ														20.13	19.08	20.63
Parkinson's disease per 100,000 ⁱⁱⁱ														16.34	15.26	11.92
Pneumonitis due to solids and liquids per 100,000 ⁱⁱⁱ														11.67	10.95	9.72
Septicemia per 100,000 ⁱⁱⁱ														11.96	15.56	14.37
Stroke (cerebrovascular diseases) per 100,000 ⁱⁱⁱ														52.22	61.55	49.08
Suicide per 100,000 ⁱⁱⁱ														16.34	14.26	18.37

Appendix A: Secondary Data

St. Luke's Hospital 2022 Community Health Needs Assessment (CHNA) - Secondary Data

Pink shading indicates data within 3% variance from St. Louis County benchmark

	63005	63011	63017	63021	63038	63040	63043	63088	63114	63122	63131	63141	63146	SLH CHNA	STL Co.	MO
	Chesterfield	Ballwin	Chesterfield	Ballwin	Wildwood	Wildwood	Maryland Heights	Valley Park	Overland	Kirkwood	Des Peres	Creve Coeur	St. Louis			
ACCESS TO CARE																
<i>www.exploreMOhealth.org, 2020</i>																
Clinical Care Rank (of 942)	32	132	59	102	153	50	171	151	424	88	55	31	145	NA	NA	NA
Inpatient Utilization per 1,000	66.08	103.87	114.33	93.26	73.74	81.20	122.92	117.91	144.84	103.37	86.43	100.86	117.33	102	126	131
Hospital Utilization per 1,000	1873.75	1994.40	2235.40	1841.23	1914.02	2073.04	1764.53	1746.38	1896.68	1898.18	1894.83	2064.90	2006.24	1,939	1,932	2,566
ED Utilization per 1,000	253.39	301.70	301.92	267.49	283.03	294.52	417.21	373.56	580.54	298.97	212.03	336.57	403.32	333	484	441
Preventable ED Visits per 1,000	117.27	123.33	115.67	112.49	122.43	129.83	198.92	164.47	277.27	125.20	76.60	146.40	184.63	146	226	194
Preventable ED Visits Rank (of 942)	151	178	136	124	177	210	576	405	798	188	34	304	509	NA	NA	NA
Preventable Hospitalizations per 1,000	3.91	8.19	8.64	5.87	4.19	4.38	9.28	10.16	12.87	6.96	5.82	6.92	10.37	8	12	13
Preventable Hospitalizations Rank (of 942)	29	183	222	65	34	37	270	315	505	107	64	105	332	NA	NA	NA
SOCIAL & ECONOMIC FACTORS																
<i>www.exploreMOhealth.org, 2020</i>																
<i>ii Dignity Health: Community Need Index, 2021. http://cni.dignityhealth.org/</i>																
<i>iii www.211counts.org, June 2020 - July 2021</i>																
Socioeconomic Status Rank (of 942)	4	25	11	36	6	15	136	213	681	14	3	9	70	NA	NA	NA
Community Needs Index	1.4	1.6	2	1.8	1.6	1.4	2.8	2.8	4.2	1.8	1.4	2.2	2.8			
United Way 211 Requests per 1,000	3.76	8.34	8.76	8.47	5.50	2.23	32.21	16.30	94.37	10.19	7.33	13.12	24.05	20.30	59.37	40.14
United Way 211 Child Care & Parenting per 1,000	0.00	0.06	0.07	0.00	0.14	0.00	0.04	0.00	0.23	0.05	0.00	0.05	0.00	0.05	0.17	0.11
United Way 211 Clothing & Household per 1,000	0.16	0.37	0.17	0.33	0.55	0.10	0.72	0.46	5.50	0.45	0.06	0.05	0.61	0.87	3.19	1.98
United Way 211 Disaster per 1,000	0.00	0.00	0.05	0.07	0.00	0.00	0.04	0.00	0.31	0.05	0.06	0.09	0.00	0.07	0.17	0.13
United Way 211 Education per 1,000	0.00	0.03	0.02	0.02	0.00	0.00	0.09	0.00	0.11	0.03	0.12	0.00	0.03	0.04	0.07	0.07
United Way 211 Employment & Income per 1,000	0.21	0.26	0.32	0.56	0.27	0.10	0.76	1.16	3.22	0.71	0.31	0.33	1.05	0.79	2.05	1.44
United Way 211 Food per 1,000	0.00	0.17	0.24	0.31	0.00	0.10	0.94	0.12	3.30	0.63	0.43	0.14	0.64	0.66	2.23	2.07
United Way 211 Government & Legal per 1,000	0.26	0.11	0.15	0.17	0.00	0.10	0.94	1.04	1.99	0.38	0.12	0.37	0.68	0.50	1.32	1.23
United Way 211 Healthcare & COVID per 1,000	0.37	0.65	0.68	0.49	0.27	0.00	1.08	1.04	2.82	0.68	0.68	0.75	1.22	0.90	1.83	1.67
United Way 211 Housing & Shelter per 1,000	1.36	3.15	3.97	3.06	1.92	0.91	18.24	6.36	38.71	3.61	3.26	8.26	11.92	8.88	24.01	15.79
United Way 211 Mental Health per 1,000	0.31	0.28	0.29	0.30	0.27	0.00	0.49	0.12	1.68	0.25	0.12	0.51	0.20	0.43	0.74	0.62
United Way 211 Other per 1,000	0.42	0.88	0.68	0.58	0.27	0.10	1.39	0.58	3.25	0.73	0.55	0.56	1.32	1.00	2.13	2.01
United Way 211 Transportation per 1,000	0.26	0.26	0.17	0.52	0.00	0.10	0.72	0.58	0.85	0.13	0.43	0.09	0.57	0.39	1.18	0.99
United Way 211 Utilities per 1,000	0.42	2.13	1.95	2.06	1.79	0.71	6.74	4.86	32.39	2.50	1.17	1.91	5.81	5.72	20.28	12.04
SOCIAL & ECONOMIC FACTORS - Insurance Status																
<i>www.exploreMOhealth.org, 2020</i>																
Population Receiving Medicaid	225	1,423	1,235	2,502	266	156	1,502	593	6,949	1,256	270	508	1,590	18,475	108,138	885,264
Population Receiving Medicaid %	1.25%	3.71%	3.12%	4.41%	3.80%	1.86%	6.81%	7.11%	20.00%	3.23%	1.52%	2.52%	5.25%	5.43%	10.98%	14.78%
Insured (less Medicaid)	17,534	35,655	37,463	51,611	6,607	8,137	19,843	6,915	22,596	36,572	17,223	18,962	27,260	306,378	816,576	4,545,488
Insured (less Medicaid) %	97.09%	92.98%	94.57%	90.96%	94.41%	97.17%	89.94%	82.91%	65.02%	94.16%	97.04%	94.16%	90.07%	90.04%	82.90%	75.88%
Total Uninsured Population	300	1,270	917	2,630	125	81	718	832	5,206	1,011	256	667	1,416	15,429	60,240	559,885
Total Uninsured Population %	1.66%	3.31%	2.31%	4.63%	1.79%	0.97%	3.25%	9.98%	14.98%	2.60%	1.44%	3.31%	4.68%	4.53%	6.12%	9.35%
Total Population	18,059	38,348	39,615	56,743	6,998	8,374	22,063	8,340	34,751	38,839	17,749	20,137	30,266	340,282	984,954	5,990,637
<i>For Whom Insurance Status is Determined</i>																
SOCIAL & ECONOMIC FACTORS - Food Security																
<i>www.exploreMOhealth.org, 2020</i>																
Students Eligible for FRLP	13.93%	15.78%	15.61%	17.38%	12.38%	12.10%	33.94%	23.43%	93.85%	13.00%	14.83%	18.67%	26.62%	22.79%	42.90%	50.20%
Households Receiving SNAP	0.48%	2.10%	1.44%	1.28%	2.27%	1.95%	4.72%	3.29%	15.73%	1.99%	0.63%	0.61%	3.93%	3.48%	8.29%	11.13%

Appendix A: Secondary Data

St. Luke's Hospital 2022 Community Health Needs Assessment (CHNA) - Secondary Data

Pink shading indicates data within 3% variance from St. Louis County benchmark

	63005	63011	63017	63021	63038	63040	63043	63088	63114	63122	63131	63141	63146	SLH CHNA	STL Co.	MO
	Chesterfield	Ballwin	Chesterfield	Ballwin	Wildwood	Wildwood	Maryland Heights	Valley Park	Overland	Kirkwood	Des Peres	Creve Coeur	St. Louis			
SOCIAL & ECONOMIC FACTORS - Education																
<i>www.exploreMOhealth.org, 2020</i>																
Age 25+ No High School Diploma	0.96%	4.07%	1.74%	2.89%	1.93%	0.87%	6.61%	9.80%	12.63%	2.30%	2.15%	3.37%	2.42%	3.97%	6.50%	10.08%
On-Time High School Graduation Rate	94.51%	93.63%	92.40%	93.04%	94.51%	94.51%	78.48%	88.98%	71.24%	102.59%	97.63%	94.30%	88.15%	90.87%	88.40%	83.10%
Age 25+ with Associate's Degree or Higher	81.51%	64.67%	70.52%	65.06%	63.99%	70.34%	53.45%	51.28%	26.60%	71.55%	81.63%	75.23%	66.03%	64.03%	51.40%	37.14%
Age 25+ with Bachelor's Degree or Higher	76.64%	57.11%	66.99%	57.65%	57.75%	64.66%	44.67%	42.81%	17.79%	66.59%	78.25%	70.11%	59.12%	57.69%	43.65%	29.22%
SOCIAL & ECONOMIC FACTORS - Employment and Income																
<i>www.exploreMOhealth.org, 2020</i>																
Median Household Income	163,068	103,247	111,815	90,419	142,923	110,587	71,907	54,967	46,346	102,756	171,831	107,419	70,692	NA	88,604	55,461
Median Household Income Rank (of 942)	4	26	16	39	5	19	98	323	544	27	2	20	105	NA	NA	NA
Per Capita Income	82,550	49,718	60,601	45,612	63,340	51,308	35,684	38,108	24,410	55,078	88,870	81,218	45,373	52,725	41,425	30,810
Racial Income Inequality Rank (of 942)	2	14	790	762	3	902	884	914	786	869	931	785	827	NA	NA	NA
Unemployment	1.57%	2.21%	2.72%	3.35%	3.65%	3.65%	4.22%	6.23%	5.49%	2.18%	2.24%	2.38%	3.26%	3.16%	3.00%	2.90%
Unemployment Rank (of 942)	76	153	225	328	382	383	456	648	590	151	159	179	314	NA	NA	NA
Population with Income at or Below 200% FPL	6.30%	8.95%	10.01%	13.56%	10.27%	6.74%	18.15%	28.73%	40.29%	10.09%	6.04%	10.83%	18.40%	14.88%	23.41%	32.14%
SOCIAL & ECONOMIC FACTORS - Housing and Households																
<i>www.exploreMOhealth.org, 2020</i>																
Median Home Value	570,000	281,700	372,200	243,600	419,000	327,700	159,200	180,700	85,200	344,800	589,500	429,900	219,700	NA	NA	NA
Median Home Value Rank (of 942)	5	28	13	51	8	18	237	138	732	16	4	6	77	NA	NA	NA
Renter Occupied Housing %	12.83%	15.97%	20.66%	18.55%	9.42%	13.90%	31.62%	37.69%	39.38%	18.94%	6.82%	23.18%	39.08%	NA	NA	NA
Renter Occupied Housing Rank (of 942)	270	394	545	486	161	311	800	855	871	500	98	615	868	NA	NA	NA
Single Parent Households %	1.55%	3.42%	3.97%	5.03%	2.97%	6.67%	6.95%	5.23%	10.47%	3.94%	2.94%	3.53%	4.65%	NA	NA	NA
Single Parent Households Rank (of 942)	40	182	260	369	138	548	574	398	798	254	134	192	340	NA	NA	NA
Cost Burdened Households <i>Housing Costs Exceed 30% of Income %</i>	22.20%	21.56%	25.52%	21.96%	19.60%	20.17%	21.26%	30.64%	33.19%	19.87%	19.09%	21.56%	26.25%	23.70%	27.17%	25.53%
SOCIAL & ECONOMIC FACTORS - Transportation																
<i>www.exploreMOhealth.org, 2020</i>																
Households with No Motor Vehicle %	1.95%	4.01%	3.92%	1.85%	1.11%	1.02%	3.22%	5.28%	6.93%	2.83%	0.80%	2.67%	5.21%	3.48%	6.68%	6.87%

Appendix B: Stakeholder Survey

2021 St. Louis Community Health Needs Assessment Stakeholder Survey

Thinking about West/Central St. Louis County, please rate your level of concern about each of these health needs on a scale 1 (little concern) to 5 (significant concern).		
Answer Choices	Total	Weighted Average
Mental health	17	3.82
Drug abuse	17	3.41
High blood pressure	17	3.41
Heart health	17	3.35
Vaping	17	3.35
Cancer	17	3.18
Immunizations/Infectious diseases (COVID-19, influenza, pneumonia)	17	3.18
Accidents/injuries	17	3.12
Alcohol Abuse	17	3.12
Obesity	17	3.12
Stroke	17	3.12
Respiratory diseases (allergies, asthma, COPD)	17	3.00
Diabetes	17	2.71
Tobacco use	17	2.59
Dental Care	17	2.41
Reproductive/sexual health (including sexually transmitted infections)	17	2.35
Maternal/infant health	17	2.29
How would you rate the potential of community partners in West/Central St. Louis County to work together to address each of these health needs? Please rate each on a scale 1 (little potential) – 5 (significant potential).		
Answer Choices	Total	Weighted Average
Immunizations/Infectious diseases (COVID-19, influenza, pneumonia)	16	4.06
Drug abuse	16	4.00
Mental health	16	4.00
Accidents/injuries	16	3.88
Heart health	16	3.69
Tobacco use	16	3.69
Alcohol Abuse	16	3.56
Cancer	16	3.56
Maternal/infant health	16	3.56
High blood pressure	16	3.44
Obesity	16	3.44
Diabetes	16	3.38
Stroke	16	3.38
Vaping	16	3.31
Reproductive/sexual health (including sexually transmitted infections)	16	3.19
Dental Care	16	3.13
Respiratory diseases (allergies, asthma, COPD)	16	3.06
How impactful are each of the following barriers in West/Central St. Louis County to accessing health care? Rate each on a scale of 1 (little impact) – 5 (significant impact).		
Answer Choices	Total	Weighted Average
Scheduling services is difficult	16	3.27
Lack of substance abuse treatment services nearby	16	3.19
Lack of insurance coverage/insurance not accepted	16	3.00
Lack of mental health services nearby	16	2.80
Inability to pay co-pays/deductibles	16	2.80
Health literacy (e.g. don't understand how to access services or health instructions)	16	2.75
Transportation/Mobility	16	2.75
Cultural/language barriers	16	2.69
Fear (of doctors/health providers; not ready to address health issues)	16	2.56
Difficulty obtaining medications	16	2.47
Lack of health care services nearby	16	2.13

Appendix B: Stakeholder Survey

Among those you serve in West/Central St. Louis County, which of the following populations are most at risk for poor health outcomes? Pick no more than five.

Answer Choices	Responses	
Babies ages 0 – 12 months	1	6.25%
Toddlers ages 1 – 3 years	1	6.25%
Preschool ages 3 – 5 years	0	0.00%
Grade School (ages 6 – 12 years)	2	12.50%
Teens (13 – 17 years)	5	31.25%
Young Adults (18 - 24)	2	12.50%
Adults 25 - 64	0	0.00%
Older adults (65+)	10	62.50%
Homeless	7	43.75%
Immigrants/refugees	4	25.00%
LGBTQ	3	18.75%
Low-income populations	10	62.50%
People with disabilities	5	31.25%
Pregnant women	0	0.00%
Specific racial/ethnic group(s)	3	18.75%
Those suffering from substance abuse	7	43.75%
Unemployed	6	37.50%
Veterans	1	6.25%
Victims of human trafficking	3	18.75%
Victims of violence	1	6.25%
Other	0	0.00%
None of the above	0	0.00%

Which of the following social factors have historically had the greatest impact on the health of the communities you serve in West/Central St. Louis County? Pick no more than five.

Answer Choices	Responses	
Exposure to drug use/abuse	8	50.00%
Child-care services	6	37.50%
Social isolation	6	37.50%
Transportation	6	37.50%
Eldercare services	5	31.25%
Discrimination, including racism	4	25.00%
Safe, affordable housing	4	25.00%
Access to computers/internet/digital resources	3	18.75%
Access to affordable healthy food	2	12.50%
Food insecurity	2	12.50%
Poverty	2	12.50%
Access to employment	1	6.25%
Access to education	1	6.25%
High rates of crime, violence	1	6.25%
Recreational opportunities within the community	1	6.25%
Environmental issues including clean air, water, lead exposure	0	0.00%
Other	0	0.00%
None of the above	2	12.50%

Thinking about the COVID-19 pandemic and its impact on West/Central St. Louis County, which of the following have had the greatest impact on the health of the community? Pick no more than three.

Answer Choices	Responses	
Increased feelings of loneliness and social isolation	11	68.75%
Difficulty managing remote learning	9	56.25%
Increased symptoms of depression, stress and anxiety	9	56.25%
Loss of household income/overall financial hardship	6	37.50%
Access to COVID-19 testing/vaccine	5	31.25%
Difficulty caring for elderly, disabled	3	18.75%
Difficulty accessing childcare	2	12.50%
Difficulty/delay accessing health services/medications	1	6.25%
Difficulty accessing healthy food	0	0.00%
Loss of community members	0	0.00%
Loss of housing	0	0.00%
Other	0	0.00%
None of the above	0	0.00%

Appendix B: Stakeholder Survey

2021 St. Louis Community Health Needs Assessment Stakeholder Survey

What are the biggest gaps in resources within this community to address the needs that you have identified? Please mention the need along with the missing resources.

Categorized Responses	Responses	
Mental Health/Substance Abuse	5	41.67%
Affordable housing	2	16.67%
Affordable Dental	1	8.33%
Income	1	8.33%
Transportation	1	8.33%
Food availability	1	8.33%
Health disparities	1	8.33%

What new/additional health or social issues are you aware of in this community that may not be widely known, yet are a concern for the future?

Categorized Responses	Responses	
Mental Health/Substance Abuse	4	50.00%
Affordable Healthcare	1	12.50%
Older Adults	1	12.50%
Affordable Housing	1	12.50%
Human Trafficking	1	12.50%

Think about health assets or resources as people, institutions, services, supports, built resources (i.e. parks) or natural resources that promote a culture of health. What are the health assets or resources in West/Central St. Louis County that we may not be aware of?

Categorized Responses	Responses	
Local parks and trails	2	28.57%
St. Vincent de Paul	1	14.29%
Police and Fire districts	1	14.29%
Urgent Care	1	14.29%
Free/Sliding Scale Clinics	1	14.29%
NAMI, BHR	1	14.29%

How can community stakeholders in West/Central St. Louis County work together to use their collective strengths to improve the health of the community?

Categorized Responses	Responses	
Coordinate efforts, goals, resources	7	53.85%
Create awareness: resources, access	2	15.38%
Mental health providers	1	7.69%
Providers accepting Medicaid/ACA plans	1	7.69%
Sliding-scale child care	1	7.69%
Use existing resources	1	7.69%

Within the West/Central St. Louis County, which communities, neighborhoods or ZIP codes are especially vulnerable or at risk?

Categorized Responses	Responses	
Ballwin	2	10.00%
Eureka	2	10.00%
St. Louis County	2	10.00%
Creve Coeur	2	10.00%
Valley Park	2	10.00%
Far West County	1	5.00%
Pacific	1	5.00%
Olivette	1	5.00%
St. Louis County	1	5.00%
St. Louis	1	5.00%
Des Peres	1	5.00%
Fenton	1	5.00%
Maryland Heights	1	5.00%
Franklin County	1	5.00%
Kirkwood	1	5.00%

Appendix B: Community Member Survey

2021 St. Louis Community Health Needs Assessment Community Member Survey

What is the zip code of your primary residence?		
Response	Total	Percent
63005	21	4.52%
63011	52	11.18%
63017	72	15.48%
63021	73	15.70%
63038	8	1.72%
63040	7	1.51%
63043	37	7.96%
63088	10	2.15%
63114	30	6.45%
63122	71	15.27%
63131	19	4.09%
63141	23	4.95%
63146	42	9.03%
In general, would you say your health is:		
Response	Total	Percent
Excellent	77	16.96%
Very good	216	47.58%
Good	128	28.19%
Fair	26	5.73%
Poor	7	1.54%
Please select the main health challenge/s you face. (Check all that apply)		
Response	Total	Percent
Overweight/obesity	160	34.41%
Joint or back pain	118	25.38%
High blood pressure	96	20.65%
Diabetes	30	6.45%
Heart Disease	24	5.16%
Cancer	21	4.52%
Alcohol overuse	15	3.23%
Lung disease	12	2.58%
Stroke	4	0.86%
Drug addiction	2	0.43%
Other	115	24.73%
None	103	22.15%
Where do you most often go for routine healthcare		
Response	Total	Percent
Physician's Office	416	91.63%
I do not receive routine health care	23	5.07%
Urgent Care Clinic	13	2.86%
Community Health Center	2	0.44%

Appendix B: Community Member Survey

2021 St. Louis Community Health Needs Assessment Community Member Survey

What barriers prevent you and/or your family from accessing healthcare? (Check all that apply)		
Response	Total	Percent
Scheduling problems	90	19.35%
Costs/Co-pays	71	15.27%
Difficulty finding doctors	39	8.39%
Fear (e.g. of doctors/health systems/not ready to face or discuss health issues)	23	4.95%
My health insurance is not accepted	21	4.52%
No health insurance/unable to pay	12	2.58%
Lack of nearby health centers/services/providers	11	2.37%
Don't feel welcome	10	2.15%
Transportation/mobility issues	4	0.86%
Cultural/religious beliefs	2	0.43%
Other	20	4.30%
None	266	57.20%
Please select the health screenings and/or services for which you need better access. (Check all that apply)		
Response	Total	Percent
Weight loss help	76	16.34%
Exercise/physical activity	72	15.48%
Mental health/depression	68	14.62%
Nutrition	68	14.62%
Dental screenings	37	7.96%
Cholesterol (fats in the blood)	24	5.16%
Emergency Preparedness	24	5.16%
Blood Pressure	21	4.52%
Falls prevention for elderly	18	3.87%
Cancer	16	3.44%
Suicide prevention	12	2.58%
Eating disorders	11	2.37%
Drug and/or alcohol abuse	10	2.15%
Vaccination/immunization	10	2.15%
HIV AIDS/STIs	6	1.29%
Prenatal care	4	0.86%
Quitting smoking	4	0.86%
Other (please specify)	15	3.23%
None	256	55.05%
Where do you get most of your health information? (Choose top 3)		
Response	Total	Percent
Doctor/Health provider	366	78.71%
Internet	233	50.11%
Family or friends	87	18.71%
Hospital	66	14.19%
Worksite	56	12.04%
Newspaper/magazines	46	9.89%
Social Media (Facebook, Twitter, Instagram, etc.)	43	9.25%
Other (please specify)	32	6.88%
TV	18	3.87%
Library	16	3.44%
Radio	15	3.23%
Local health department	15	3.23%

Appendix B: Community Member Survey

2021 St. Louis Community Health Needs Assessment Community Member Survey

How often do you need to have someone help you understand instructions, pamphlets or other written materials from your doctor or pharmacy?

Response	Total	Percent
Never	247	58.81%
Rarely	133	31.67%
Sometimes	27	6.43%
Often	9	2.14%
Always	4	0.95%

Do you have children for whose health you are responsible?

Response	Total	Percent
No	261	62.14%
Yes	159	37.86%

What health screenings, education and/or services do you feel your child/ren need better access to keep them safe and healthy? (Check all that apply)

Response	Total	Percent
Mental health	66	41.51%
Internet safety	41	25.79%
Nutrition	36	22.64%
Bullying	30	18.87%
Physical activity	30	18.87%
Alcohol or drug use	15	9.43%
Injury prevention	15	9.43%
Childhood obesity	13	8.18%
Suicide	12	7.55%
Smoking	9	5.66%
Teen pregnancy	8	5.03%
Vaccines	8	5.03%
Asthma	5	3.14%
Breastfeeding	3	1.89%
Blood lead levels	2	1.26%
Other	5	3.14%
None of the above	57	35.85%

Please indicate any disabilities that apply to your children. (Check all that apply)

Response	Total	Percent
My child/ren do not have any disabilities	110	69.18%
Mental Health	18	11.32%
Intellectual/Developmental/Cognitive	11	6.92%
Speech	9	5.66%
Autism	8	5.03%
Vision	3	1.89%
Hearing	2	1.26%
Mobility/Physical	2	1.26%
Other	7	4.40%

Where do you take your child/ren under age 18 for routine health care most often?

Response	Total	Percent
Pediatrician's office	137	91.33%
Other (please specify)	7	4.67%
Urgent care clinic	3	2.00%
My child/ren do not receive routine health care	2	1.33%
Community health center/clinic	1	0.67%

Appendix B: Community Member Survey

2021 St. Louis Community Health Needs Assessment Community Member Survey

Do your children have health insurance?		
Response	Total	Percent
No	3	1.94%
Yes	152	98.06%
Do your children have dental insurance?		
Response	Total	Percent
No	7	4.52%
Yes	148	95.48%
What types of safety concerns do you have in your community? (Check all that apply)		
Response	Total	Percent
Burglaries/theft	225	48.39%
Gun violence	105	22.58%
Poor or dangerous roads	79	16.99%
Poor or dangerous sidewalks	73	15.70%
Drug abuse	71	15.27%
Poor lighting	55	11.83%
Domestic violence	51	10.97%
Vandalism/graffiti	39	8.39%
Child abuse	37	7.96%
Mugging/physical assault	36	7.74%
Hate crimes	33	7.10%
Disorderly conduct	32	6.88%
Vacant properties	25	5.38%
Sexual assault	23	4.95%
Gang activity	12	2.58%
Other (please specify)	12	2.58%
Prostitution	4	0.86%
I do not have any safety concerns in my community	98	21.08%
What concerns do you have about the environmental health of your community? (Check all that apply)		
Response	Total	Percent
Wildlife/insects	83	17.85%
Air quality/odors	66	14.19%
Water quality	60	12.90%
Flooding	45	9.68%
Sewage problems	45	9.68%
Soil contamination	40	8.60%
Not enough trees	29	6.24%
Vegetation overgrowth	29	6.24%
Too many trees	12	2.58%
Other	17	3.66%
None	197	42.37%

Appendix B: Community Member Survey

2021 St. Louis Community Health Needs Assessment Community Member Survey

What do you think are the top STRENGTHS of your community right now?		
Response	Total	Percent
Good schools/quality education	288	61.94%
Good places to raise a family	281	60.43%
Access to community parks and other open spaces for physical activity	278	59.78%
Opportunities to practice spiritual beliefs	191	41.08%
Community safety/low crime	189	40.65%
Clean environment	166	35.70%
Access to affordable healthy foods	155	33.33%
Access to affordable, quality health care	148	31.83%
Sense of belonging	100	21.51%
Racial and ethnic diversity	91	19.57%
Good paying jobs and strong economy	83	17.85%
Access to affordable housing	57	12.26%
Strong community leaders and role models	47	10.11%
Access to affordable transportation	36	7.74%
Other	11	2.37%
What do you think are the top CHALLENGES of your community right now?		
Response	Total	Percent
Access to affordable housing	161	34.62%
Racial and ethnic diversity	153	32.90%
Strong community leaders and role models	113	24.30%
Community safety/crime	110	23.66%
Access to affordable transportation	94	20.22%
Good paying jobs and strong economy	86	18.49%
Access to affordable, quality health care	74	15.91%
Sense of belonging	66	14.19%
Access to affordable healthy foods	45	9.68%
Clean environment	32	6.88%
Good schools/quality education	25	5.38%
Access to community parks and other open spaces for physical activity	17	3.66%
Good places to raise a family	15	3.23%
Opportunities to practice spiritual beliefs	13	2.80%
Other	26	5.59%
Do you currently have health insurance?		
Response	Total	Percent
No	7	1.85%
Yes	372	98.15%
Do you currently have dental insurance?		
Response	Total	Percent
No	54	14.32%
Not Sure	4	1.06%
Yes	319	84.62%
With which gender identity do you most identify?		
Response	Total	Percent
Female	304	80.21%
Male	67	17.68%
Prefer not to answer	8	2.11%

Appendix B: Community Member Survey

2021 St. Louis Community Health Needs Assessment Community Member Survey

With which race/ethnicity do you identify? You may check more than one.		
Response	Total	Percent
African American or Black	15	3.99%
American Indian or Alaska Native		0.00%
Asian	9	2.39%
Hispanic or Latino	4	1.06%
Native Hawaiian or other Pacific Islander		0.00%
White	331	88.03%
A category not listed	3	0.80%
What is your age group?		
Response	Total	Percent
18-24	8	2.14%
25-34	43	11.50%
35-44	64	17.11%
45-54	75	20.05%
55-64	86	22.99%
65-74	72	19.25%
75+	26	6.95%
What is the highest grade or year of school you completed?		
Response	Total	Percent
High School graduate or GED	15	4.00%
Trade/Technical training program	3	0.80%
Associate's degree	22	5.87%
Some college credit, no degree	36	9.60%
Bachelor's degree	124	33.07%
Graduate or professional degree	175	46.67%
What is your employment status		
Response	Total	Percent
Caregiver/Homemaker	11	2.93%
Employed, full time (includes self-employed)	219	58.40%
Employed, part time (includes self-employed)	40	10.67%
Out of work for less than 1 year	1	0.27%
Out of work for more than 1 year	8	2.13%
Retired	86	22.93%
Student	2	0.53%
Unable to work	8	2.13%
Are you a Veteran?		
Response	Total	Percent
No	363	97.32%
Yes	10	2.68%
Which of these describes your household income last year?		
Response	Total	Percent
\$150,000+	105	30.52%
\$100,000- \$149,999	74	21.51%
\$50,000 - \$74,999	62	18.02%
\$75,000 - \$99,999	46	13.37%
\$25,000- \$49,999	43	12.50%
\$10,000- \$24,999	9	2.62%
Less than \$10,000	5	1.45%

Appendix B: Community Member Survey

2021 St. Louis Community Health Needs Assessment Community Member Survey

Do you consider yourself to be a person with a disability?		
Response	Total	Percent
No	332	89.25%
Yes	40	10.75%
Please select the type of disabilities that apply to you		
Response	Total	Percent
Mobility/Physical	23	57.50%
Mental Health	16	40.00%
A disability not listed	14	35.00%
Hearing	11	27.50%
Vision	11	27.50%
Autism	2	5.00%
Intellectual/Developmental/Cognitive	1	2.50%
Speech	1	2.50%
How many adults (age 18+) live in your household (including yourself)?		
Response	Total	Percent
1	85	22.79%
2	220	58.98%
3	42	11.26%
4	19	5.09%
5	4	1.07%
More than 5	3	0.80%
How many children under age 18 live in your household?		
Response	Total	Percent
0	251	67.11%
1	53	14.17%
2	51	13.64%
3	11	2.94%
4	5	1.34%
5	1	0.27%
More than 5	2	0.53%
Please indicate your housing status		
Response	Total	Percent
Own house	325	87.13%
Rent house/apartment	43	11.53%
Live w family	5	1.34%

Appendix B: Community Member Survey

2021 St. Louis Community Health Needs Assessment Community Member Survey

If you were able to implement one, single solution to improve your health, what would it be?		
Response	Total	Percent
Increase Activity	58	21.64%
Weight Loss	57	21.27%
Healthy Eating	32	11.94%
Access & Cost: Insurance/Providers/Meds	22	8.21%
Mental Health	19	7.09%
Access: Exercise	12	4.48%
Access: Preventive Health/Screening	7	2.61%
Access: Healthy Eating	6	2.24%
Time Management	4	1.49%
Dental	3	1.12%
Pain Control	3	1.12%
Smoking	3	1.12%
Access: Hours/Scheduling/Location	2	0.75%
Diabetes	2	0.75%
Mobility	2	0.75%
Sleep	2	0.75%
Transportation	2	0.75%
Access: Health Info/Questions	1	0.37%
Allergies	1	0.37%
Cancer	1	0.37%
Education	1	0.37%
Employment	1	0.37%
Healthcare collaboration	1	0.37%
Hearing	1	0.37%
Housing	1	0.37%
Men's Health	1	0.37%
Pollution	1	0.37%
Nothing	22	8.21%

Appendix B: Community Member Survey

2021 St. Louis Community Health Needs Assessment Community Member Survey

If you were able to implement one, single solution to improve the health of your community, what would it be?

Response	Total	Percent
Access & Cost: Insurance/Providers/Meds	41	19.07%
Safety/Recreation: Infrastructure	17	7.91%
Access: Preventive Health/Screening	16	7.44%
Community	15	6.98%
Equity/Diversity	15	6.98%
Access: Exercise	10	4.65%
Housing	10	4.65%
Mental Health	10	4.65%
Access: Healthy Eating	9	4.19%
Safety: Policing/Crime	8	3.72%
Increase Activity	7	3.26%
Pollution	7	3.26%
Healthy Eating	6	2.79%
Racial Equity	6	2.79%
Weight Loss	6	2.79%
Education	5	2.33%
Older Adults	4	1.86%
Transportation	4	1.86%
Community & Food Access	3	1.40%
COVID	3	1.40%
Employment	3	1.40%
Smoking	3	1.40%
Child Care	2	0.93%
Substance Abuse	2	0.93%
Access: Location	1	0.47%
Sleep	1	0.47%
Volunteer	1	0.47%

Appendix B: Community Member Survey

2021 St. Louis Community Health Needs Assessment Community Member Survey

How has the COVID-19 (coronavirus) pandemic impacted the following for you/your household?						
Response	Better		No difference		Worse	
	Total	Percent	Total	Percent	Total	Percent
Access to food (affordable groceries, getting SNAP benefits, feeding family/loved ones, etc.)	5	1.28%	342	87.47%	44	11.25%
Access to healthcare	8	2.05%	315	80.56%	68	17.39%
Affording other basic needs (not mentioned above)	10	2.56%	342	87.47%	39	9.97%
Housing (paying rent, facing eviction, foreclosure, maintenance, etc.)	10	2.55%	345	88.01%	37	9.44%
Job Security (unemployment, got fired, laid off, less work to do than before, less income, etc.)	16	4.07%	289	73.54%	88	22.39%
Paying Bills (medical or other)	7	1.79%	330	84.18%	55	14.03%
Transportation (getting to places you need to go, riding public transit, driving a car, etc.)	19	4.82%	357	90.61%	18	4.57%
Utilities (facing electric, gas or water shutoffs or difficulty paying them)	2	0.51%	368	93.88%	22	5.61%

Please choose the best response to reflect your opinion										
Response	Strongly Agree		Agree		Neither Agree Nor Disagree		Disagree		Strongly Disagree	
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent
Children in my community have access to high quality education	221	54.70%	136	33.66%	32	7.92%	12	2.97%	3	0.74%
Children in my community have enough safe places to play	161	39.85%	170	42.08%	41	10.15%	24	5.94%	8	1.98%
Healthy, affordable food is easily accessible in my community	144	35.73%	181	44.91%	45	11.17%	26	6.45%	7	1.74%
I feel like I belong in my community	132	32.84%	193	48.01%	54	13.43%	19	4.73%	4	1.00%
I trust the law enforcement officials in my community	178	44.28%	159	39.55%	40	9.95%	14	3.48%	11	2.74%
My community has enough good-paying jobs	89	22.14%	156	38.81%	108	26.87%	41	10.20%	8	1.99%
There are enough safe and affordable houses and apartments in my community	92	22.89%	120	29.85%	97	24.13%	76	18.91%	17	4.23%
There are enough safe places to be physically active in my community	178	44.17%	174	43.18%	28	6.95%	17	4.22%	6	1.49%
There are opportunities for my voice to be heard about community decisions	97	24.07%	178	44.17%	82	20.35%	37	9.18%	9	2.23%
There are places to gather in my community (such as places of worship, community centers, community events, libraries and/or parks)	224	55.45%	147	36.39%	27	6.68%	3	0.74%	3	0.74%

Appendix C: Stakeholder Organizations

Organizations Represented in Stakeholder Survey Responses

Organization

Circle Of Concern
City of Des Peres
Creve Coeur Police Department
Eureka Police Department
Event Exhibits, Inc.
Jewish Community Center
Kirkwood Fire Department
Maryville University
Metrowest Anesthesia Group
Missouri Baptist University
PreventEd
Rockwood School District
St. Louis County Department of Public Health
St. Louis County Police
St. Luke's Des Peres Advisory Board
Town and Country Police Department

Appendix D: Community Resources

COMMUNITY RESOURCES POTENTIALLY AVAILABLE TO ADDRESS SIGNIFICANT HEALTH NEEDS

OBESITY

American Diabetes Association
American Heart Association
U.S. Department of Agriculture (USDA)
U.S. Food & Drug Administration

EXERCISE

Gateway Region YMCA
St. Louis Jewish Community Center (JCC)

GROCERY

Dierberg's Markets
Schnucks

FARMERS' MARKETS

Ellisville Community Farmers' Market
Kirkwood Farmers' Market
Overland Farmers' Market
Wildwood Farmers' Market

OLDER ADULTS

AARP
Aging Ahead
Alzheimer's Association
Lutheran Senior Services
Senior Living Facilities
Seniors' Resource Guide
St. Louis County Older Resident Programs (CORP)
St. Louis Oasis

ADULT DAY SERVICES

Adult Day Center at the J
Family Partners
St. Elizabeth Adult Day Care

ADULT FOOD SERVICES

Eat Right – Academy of Nutrition and Dietetics
Senior Boxes – Commodity Supplemental Food Program
Senior Farmers' Market Nutrition Program
Supplemental Nutrition Assistance Program (SNAP)
U.S. Department of Agriculture (USDA) MyPlate

TRANSPORTATION

Disabled American Veterans
ITN Gateway
Metro Call-A-Ride
OATS, Inc

MENTAL HEALTH

Behavioral Health Network of Greater St. Louis
Behavioral Health Response
Mental Health America of Eastern Missouri
Missouri Department of Mental Health
Missouri Mental Health Foundation
National Alliance on Mental Illness – St. Louis (NAMI – St. Louis)
National Council on Alcoholism & Drug Abuse

COMMUNITY & HEALTHCARE PROVIDERS

Independence Center
Mercy Behavioral Health – St. Louis
Places for People
Preferred Family Healthcare
Provident Behavioral Health
Queen of Peace Center
SSM Health Behavioral Health

Appendix D: Community Resources

COMMUNITY RESOURCES POTENTIALLY AVAILABLE TO ADDRESS SIGNIFICANT HEALTH NEEDS

GENERAL:

Gateway Region YMCA
Lutheran Family and Children Services (LFCS)
Missouri Department of Health and Senior Services
Missouri Foundation for Health
St. Louis County Department of Health
St. Louis Integrated Health Network
St. Vincent de Paul
United Way 211

COMMUNITY NETWORKS

City of Ballwin, Fire & Police
City of Chesterfield, Fire & Police
City of Creve Coeur, Fire & Police
City of Des Peres, Fire & Police
City of Ellisville, Fire & Police
City of Eureka, Fire & Police
City of Kirkwood, Fire & Police
City of Maryland Heights, Fire & Police
City of Overland, Fire & Police
City of Valley Park, Fire & Police
City of Wildwood, Fire & Police
Chesterfield Chamber of Commerce
West County Chamber of Commerce

HEALTHCARE PROVIDERS

Barnes-Jewish West County Hospital
Mercy Hospital St. Louis
Missouri Baptist Medical Center
St. Luke's Des Peres Hospital
Volunteers in Medicine – West County

SCHOOL DISTRICTS

Kirkwood School District
Ladue School District
Parkway School District
Pattonville School District
Rockwood School District
Valley Park School District

Questions, feedback, or requests for a paper copy of the St. Luke's Hospital CHNA can be emailed to SLHCommunityBenefit@stlukes-stl.com or by writing:

St. Luke's Hospital, Community Outreach
Attn: Community Benefit
232 S. Woods Mill Road
Chesterfield, MO 63017

