

# St. Luke's Des Peres Hospital

## Community Health Needs Assessment 2019



 **St. Luke's  
Des Peres  
HOSPITAL**

Our specialty is you.

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# Message to the Community



When St. Luke's Des Peres Hospital joined the St. Luke's network of care on May 1, 2018, we did not only bring together two hospitals. We also created a stronger independent healthcare network that has the opportunity to have an even broader positive impact on the community as both of our hospitals — St. Luke's Hospital in Chesterfield and St. Luke's Des Peres Hospital — and our talented team members build on each other's strengths.

As we begin our first community health needs assessment at St. Luke's Des Peres Hospital, it is helpful to understand the “why” behind this work. Completing an assessment is a requirement for nonprofit healthcare providers; however, we also believe that seeking feedback from our community and dedicating resources to needed programs and practices strengthens our ministry of healing and furthers our mission to improve the health of the community.

At a regional level, St. Luke's is involved in collaborative health promotion efforts, particularly through our commitment to the St. Louis Partnership for a Healthy Community. The partnership is comprised of many public health organizations, including the St. Louis County Department of Public Health and the City of St. Louis Department of Health. Its noble vision is to create an equitable community achieving optimal health for all.

Knowing that we can accomplish more when we work together, St. Luke's is proud to serve on the Partnership's Regional Planning and Leadership Group; we are dedicated to aligning our efforts with the priorities of the region. Collaborating on population health strategies will help make St. Luke's network stronger, and it will help propel the St. Louis region toward better health.

St. Luke's remains just as dedicated to providing quality, compassionate care as we were when we saw our first patient over 150 years ago. We are optimistic about the future of healthcare in our community, and we are grateful for the opportunity to continue serving you and your family.

Sincerely,

A handwritten signature in black ink that reads "Christine M. Candio". The signature is written in a cursive, flowing style.

Christine M. Candio, FACHE  
St. Luke's President & Chief Executive Officer

# Executive Summary

St. Luke's Des Peres Hospital is an independent, nonprofit healthcare provider committed to improving the quality of life for its patients and the community. In May 2018, St. Luke's Des Peres Hospital was acquired by St. Luke's Hospital, joining St. Luke's advanced network of care. With extraordinary physicians and other healthcare experts providing services in over 60 specialty areas across our 143-bed St. Luke's Des Peres Hospital, 493-bed hospital in Chesterfield, and more than 30 outpatient locations in the greater St. Louis area, St. Luke's has become nationally recognized for quality care and consistently earns high patient satisfaction scores.

St. Luke's has a robust community outreach program, offering free- and low-cost programs addressing the needs of the community at our campus and various offset locations. In addition, St. Luke's works with over 200 local employers to help impact community health through work-site wellness initiatives. As St. Luke's Des Peres Hospital is integrated into this tradition of health promotion, the network's reach will only broaden, with St. Luke's Des Peres Hospital bringing to the table new energy and fresh perspectives.

Based on the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, all nonprofit hospitals must conduct a Community Health Needs Assessment (CHNA) every three years, and work on implementation plans to drive meaningful results. As a part of that process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge and expertise in the area of public health. As a newly designated nonprofit hospital, St. Luke's Des Peres Hospital participated in an extensive process to identify and assess the full scope of needs of the population it serves. Much of this process was completed in conjunction with ongoing assessment efforts driven by the network.

St. Luke's Des Peres Hospital conducted its inaugural CHNA in 2018-2019, and in response to population data, community input, and regional strategic plans has identified two priorities to focus efforts:

- Access to Care
- Nutrition and Weight Status

The needs assessment document provides insight into local data and information about St. Luke's Des Peres Hospital's community that led to the development of these focus areas.



# St. Luke's Des Peres Hospital Overview

St. Luke's Des Peres Hospital, located in Des Peres, Missouri, is a regional healthcare provider committed to improving the quality of life for patients and the community. Acquired by St. Luke's Hospital in May 2018, St. Luke's Des Peres Hospital joined an organization with a more than 150-year-old tradition of meeting the expanding needs of a growing St. Louis and keeping 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 Hospital and St. Luke's Des Peres Hospital are consistently honored for excellence in patient care, employee satisfaction and more. For the fifth straight year, St. Luke's network of care has earned the Women's Choice Award as one of America's Best Hospitals. The 2019 honor recognizes St. Luke's Des Peres Hospital as one of America's Best Hospitals for Bariatrics, Orthopedics and Patient Safety. WomenCertified Inc., an advocate for female consumers, created the national Women's Choice Award program. St. Luke's Des Peres Hospital was also a recipient of the 2018 Get With The Guidelines®-Heart Failure Gold Plus Quality Achievement Award. The award recognizes the hospital's commitment to ensuring heart failure patients receive the most appropriate treatment according to nationally recognized, research-based guidelines founded in the latest scientific evidence. This marks the tenth year that St. Luke's Des Peres Hospital has been recognized with a quality achievement award for heart failure and the eighth year as a Gold Plus provider.

St. Luke's is proud to be a member of Spirit of Women, 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. 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 eliminate 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 Mission

Faithful to our Episcopal-Presbyterian heritage and its ministry of healing, St. Luke's is dedicated to improving the health of the communities we serve.

Using talents and resources responsibly, we provide high quality, safe care with compassion, professional excellence, and respect for each other and those we serve.

## St. Luke's Core Values



### Human Dignity

We accept and treat all persons as being created in the image of God.

### Compassion

We respond with caring to the needs of others as if they were members of our family.

### Justice

We honor each person's rights and responsibilities in light of the common good.

### Excellence

We set and strive to attain high standards of performance and continuous improvement.

### Stewardship

We use our talents and resources wisely, with honesty and integrity.

# St. Luke's Locations

St. Luke's Des Peres Hospital is located in Des Peres, Missouri, in West St. Louis County. St. Luke's has locations throughout the greater St. Louis region and surrounding counties (Figure 1). See Appendix A for a complete list of St. Luke's locations.

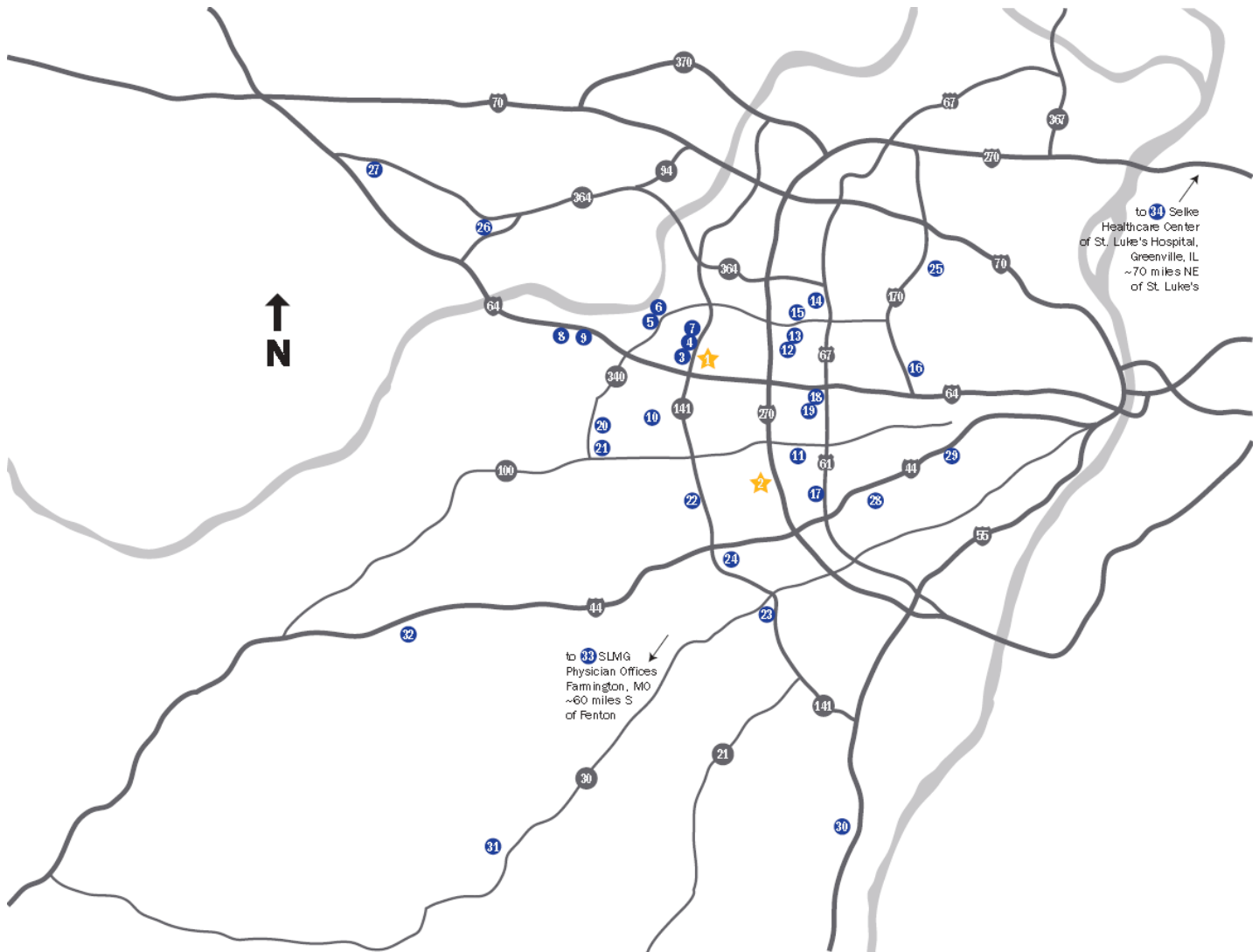


Figure 1. Scope of St. Luke's locations in the community

# Community Profile

While many of St. Luke's Des Peres Hospital patients are from the West St. Louis County area, the network is regional in scope, covering parts of St. Louis County, St. Louis City and surrounding counties in Eastern Missouri and Southwestern Illinois. For this sake of this assessment, St. Luke's Des Peres Hospital's community is defined by the 30 ZIP codes within the primary service area of St. Luke's network of care, along with the 38 ZIP codes in the secondary service area (Figure 2). See Appendix A for a complete list of the cities and ZIP codes included within our primary and secondary service areas.

The communities covered within this definition range from rural to urban, with considerable differences in demographics, health utilization and health outcomes at the local level. Whenever possible, this report will examine data specifically for West St. Louis County (West County), where the majority of our patients reside and work. However, because much of the data available for the region has been aggregated for St. Louis County as a whole, evaluating sub-county distinctions for every relevant health indicator is not possible. Tables and graphs utilized in this report will indicate whenever aggregate St. Louis County data is used.

Taking into consideration sub-county differences is important in understanding the health landscape of the community St. Luke's Des Hospital serves, particularly when looking at the social determinants of health and equity. With a population of 302,769, West County is the most heavily populated and fastest growing region of St. Louis County. It also has better health outcomes relative to the rest of St. Louis County, which is reflective of social and economic factors that are protective for health and well-being. The county is generally more affluent than surrounding areas, with only 2.72% of families living below the federal poverty level in West County, compared to 6.7% of families in St. Louis County as a whole. Additionally, the unemployment rate in West County is 2.62%, compared to the St. Louis County rate of 5.08%, and the median value of owner-occupied housing is over \$354,000, nearly \$150,00 greater than the St. Louis County average.

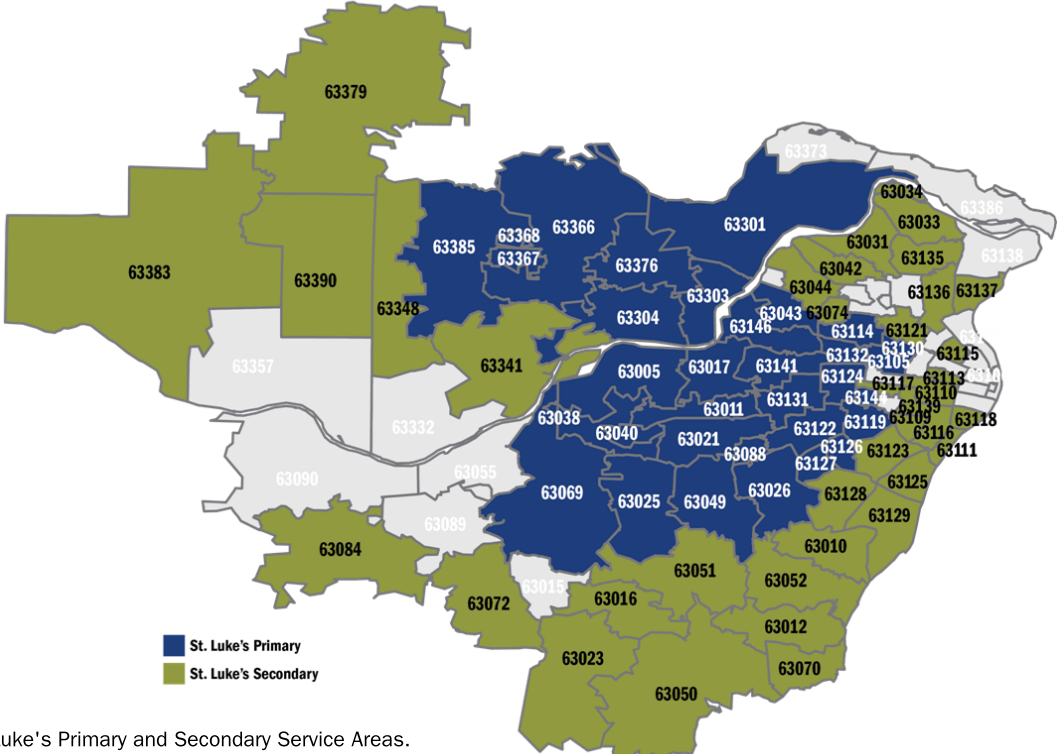


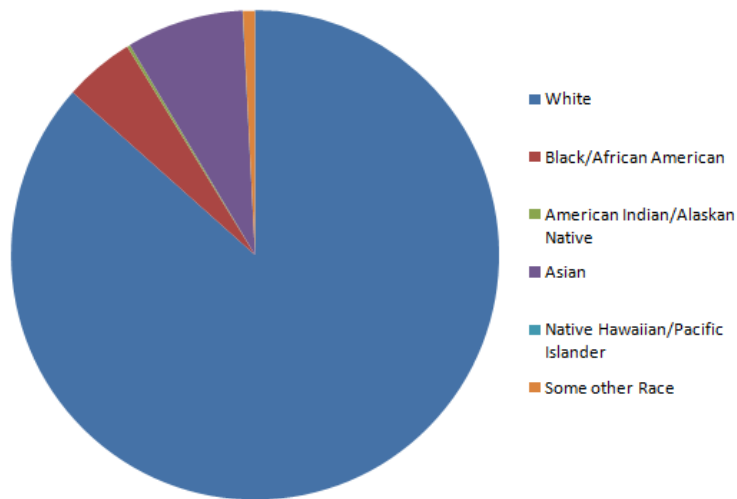
Figure 2. St. Luke's Primary and Secondary Service Areas.

# Demographics - Population by Race & Ethnicity

Population by Race	Region: West		County: St. Louis	
	Persons	% of Population	Persons	% of Population
White	256,256	84.64%	668,568	67.18%
Black/African American	13,742	4.54%	245,677	24.69%
American Indian/Alaskan Native	612	0.20%	2,247	0.23%
Asian	22,920	7.57%	43,915	4.41%
Native Hawaiian/Pacific Islander	64	0.02%	222	0.02%
Some other Race	2,373	0.78%	10,048	1.01%

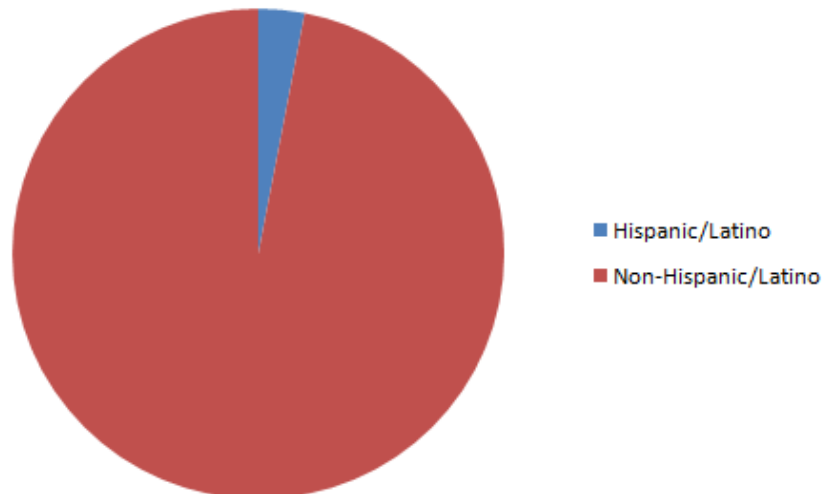
Source: Claritas, 2019. [www.thinkhealthstl.com](http://www.thinkhealthstl.com)

Population by Race, West St. Louis County



Source: Claritas, 2019. [www.thinkhealthstl.com](http://www.thinkhealthstl.com)

Population by Ethnicity, West St. Louis County



Source: Claritas, 2019. [www.thinkhealthstl.com](http://www.thinkhealthstl.com)



# Demographics - Population by Sex & Age

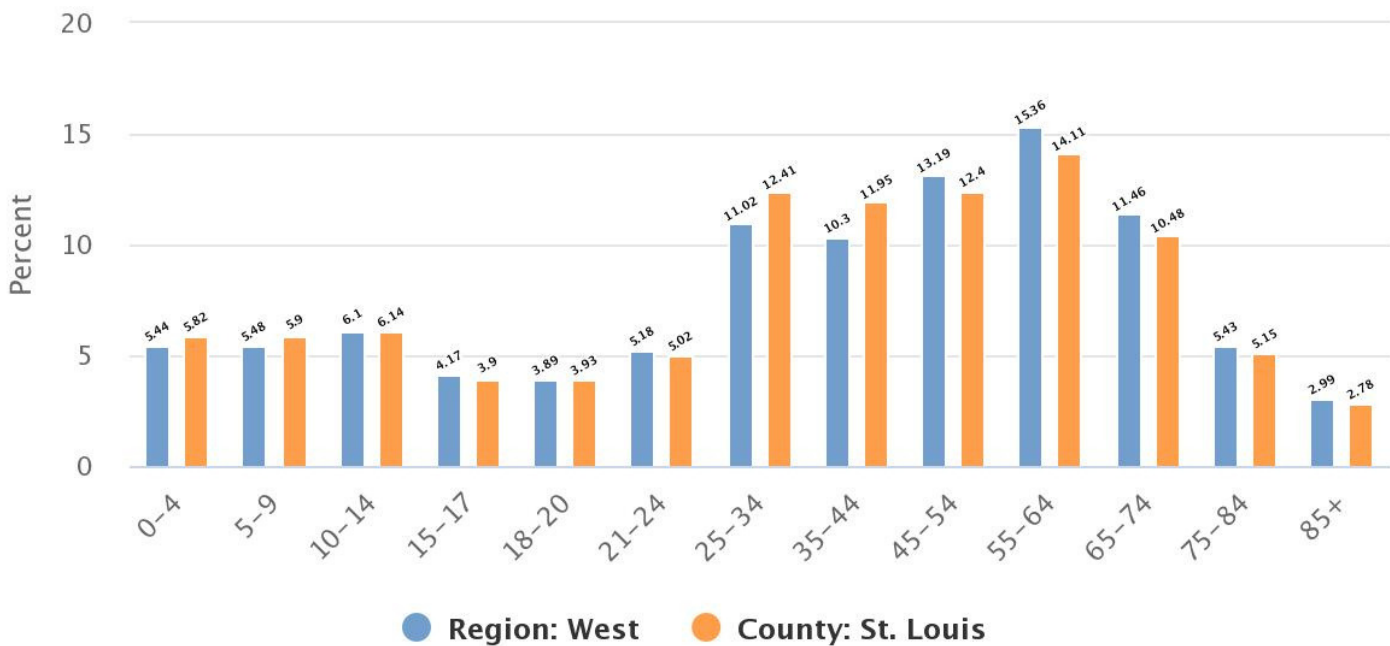
Population by Sex	Region: West		County: St. Louis	
	Persons	% of Population	Persons	% of Population
Male	145,571	48.08%	472,742	47.51%
Female	157,198	51.92%	522,373	52.49%

Source: Claritas, 2019. www.thinkhealthstl.com

Population by Age Group	Region: West		County: St. Louis	
	Persons	% of Population	Persons	% of Population
0-4	16,458	5.44%	57,919	5.82%
5-9	16,604	5.48%	58,705	5.90%
10-14	18,469	6.10%	61,098	6.14%
15-17	12,617	4.17%	38,850	3.90%
18-20	11,766	3.89%	39,107	3.93%
21-24	15,683	5.18%	49,942	5.02%
25-34	33,369	11.02%	123,534	12.41%
35-44	31,191	10.30%	118,919	11.95%
45-54	39,925	13.19%	123,383	12.40%
55-64	46,496	15.36%	140,447	14.11%
65-74	34,693	11.46%	104,315	10.48%
75-84	16,432	5.43%	51,235	5.15%
85+	9,066	2.99%	27,661	2.78%

Source: Claritas, 2019. www.thinkhealthstl.com

Population by Age Group, West County vs. St. Louis County



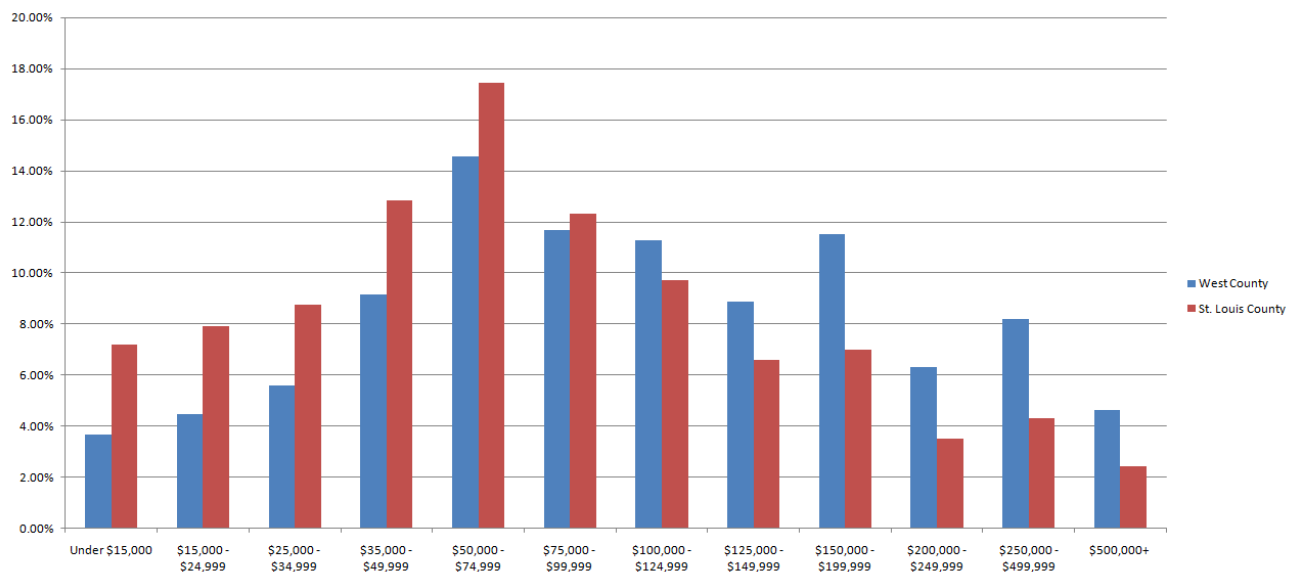
Source: Claritas, 2019. www.thinkhealthstl.com

## Demographics - Household Income

Households by Income	Region: West		County: St. Louis	
	Households	% of Households	Households	% of Households
Under \$15,000	4,402	3.66%	29,307	7.19%
\$15,000 - \$24,999	5,399	4.49%	32,352	7.93%
\$25,000 - \$34,999	6,749	5.61%	35,646	8.74%
\$35,000 - \$49,999	11,027	9.16%	52,318	12.83%
\$50,000 - \$74,999	17,550	14.58%	71,050	17.43%
\$75,000 - \$99,999	14,080	11.70%	50,301	12.34%
\$100,000 - \$124,999	13,562	11.27%	39,588	9.71%
\$125,000 - \$149,999	10,673	8.87%	26,951	6.61%
\$150,000 - \$199,999	13,855	11.51%	28,601	7.01%
\$200,000 - \$249,999	7,617	6.33%	14,263	3.50%
\$250,000 - \$499,999	9,869	8.20%	17,541	4.30%
\$500,000+	5,565	4.62%	9,821	2.41%

Source: Claritas, 2019. www.thinkhealthstl.com

Percent of Households by Income, West County vs. St. Louis County



Source: Claritas, 2019. www.thinkhealthstl.com

Average Household Income by Race/Ethnicity	Region: West	County: St. Louis
	Value	Value
All	\$139,579	\$100,333
White	\$120,856	\$99,783
Black/African American	\$79,804	\$57,175
American Indian/Alaskan Native	\$68,178	\$67,632
Asian	\$134,202	\$112,510
Native Hawaiian/Pacific Islander	\$125,119	\$87,531
Some Other Race	\$60,315	\$56,648
2+ Races	\$92,966	\$76,278
Hispanic/Latino	\$124,821	\$92,793
Non-Hispanic/Latino	\$139,922	\$100,503

Source: Claritas, 2019. www.thinkhealthstl.com

# Demographics - Residency and Vehicle Availability

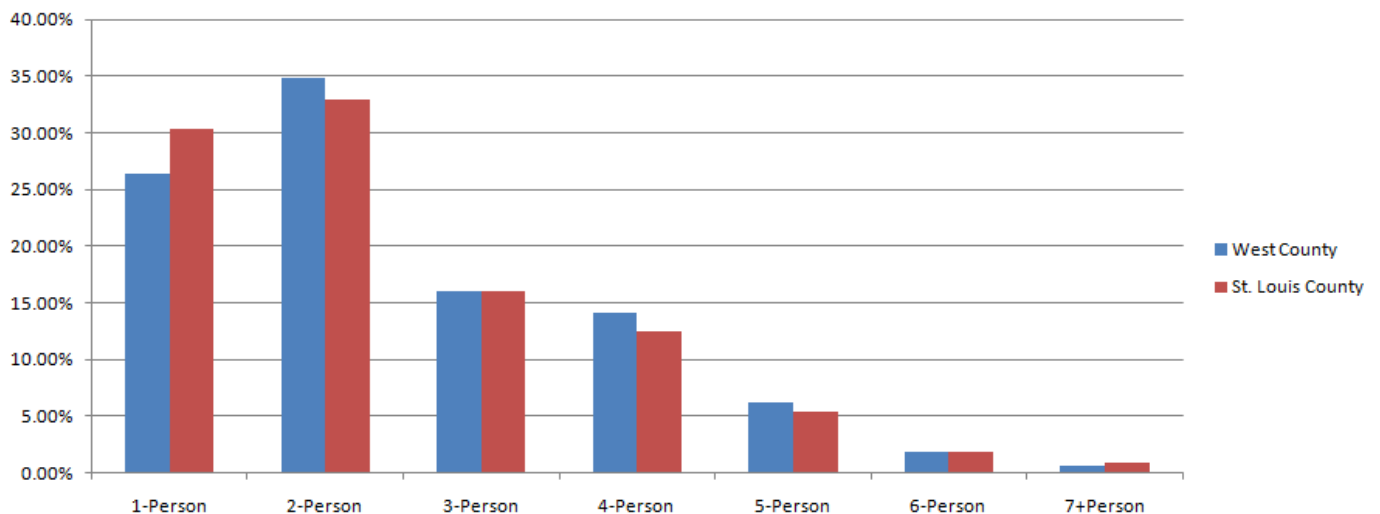
Median Length of Residence	Region: West		County: St. Louis	
	Years		Years	
All	11.34		10.60	
Renter Occupied	4.11		4.20	
Owner Occupied	14.56		15.40	

Source: Claritas, 2019. www.thinkhealthstl.com

Households by Number of People in Household	Region: West		County: St. Louis	
	Households	% of Households	Households	% of Households
1-Person	31,786	26.41%	123,601	30.31%
2-Person	41,905	34.82%	134,557	33.00%
3-Person	19,277	16.02%	65,542	16.07%
4-Person	16,979	14.11%	50,646	12.42%
5-Person	7,402	6.15%	22,178	5.44%
6-Person	225	1.85%	7,685	1.88%
7+Person	774	0.64%	3,530	0.87%

Source: Claritas, 2019. www.thinkhealthstl.com

Percent of Households by Number of People in Household, West County vs. St. Louis County



Occupied Housing Units by Vehicle Available	Region: West		County: St. Louis	
	Housing units	% of Occupied Housing Units	Housing units	% of Occupied Housing Units
No Vehicle	3,738	3.11%	25,042	6.14%
1 Vehicle	33,401	27.75%	140,784	34.53%
2 Vehicles	55,461	46.08%	164,364	40.31%
3 Vehicles	20,522	17.05%	56,858	13.94%
4 Vehicles	5,701	4.74%	15,833	3.88%
5+ Vehicles	1,525	1.27%	4,858	1.19%

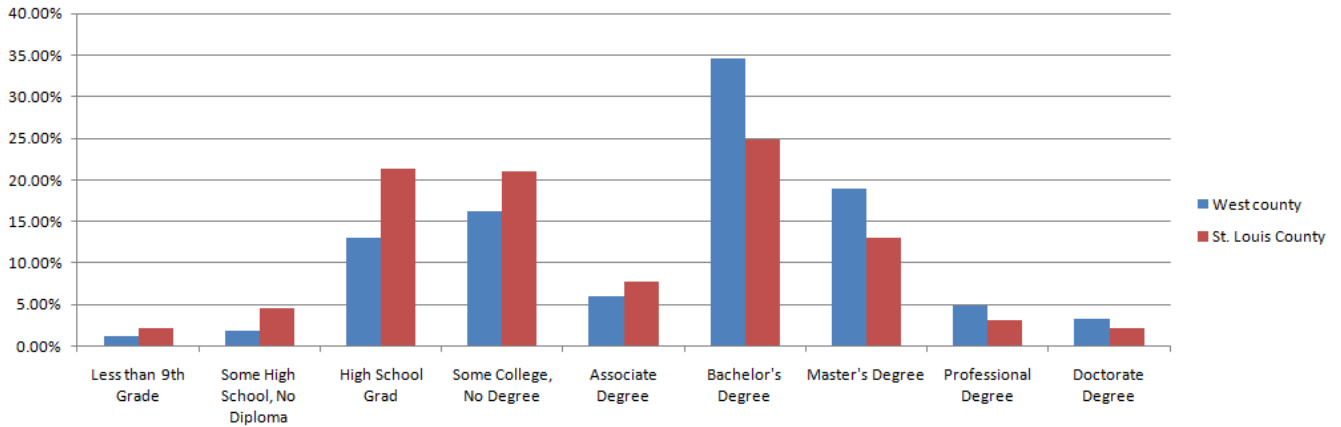
Source: Claritas, 2019. www.thinkhealthstl.com

# Demographics - Educational Attainment

Population 25+ by Educational Attainment	Region: West		County: St. Louis	
	Persons	% of Population Age 25+	Persons	% of Population Age 25+
Less than 9th Grade	2,561	1.21%	15,036	2.18%
Some High School, No Diploma	4,013	1.90%	32,084	4.65%
High School Grad	27,505	13.02%	147,009	21.32%
Some College, No Degree	34,363	16.27%	144,889	21.01%
Associate Degree	12,547	5.94%	53,612	7.78%
Bachelor's Degree	72,963	34.55%	170,915	24.79%
Master's Degree	39,874	18.88%	89,337	12.96%
Professional Degree	10,446	4.95%	21,391	3.10%
Doctorate Degree	6,900	3.27%	15,221	2.21%

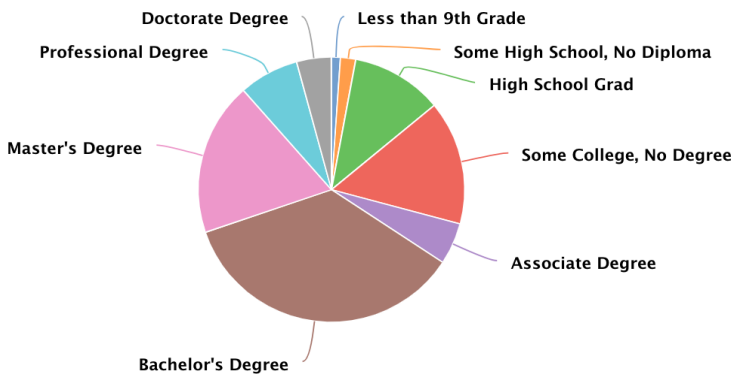
Source: Claritas, 2019. www.thinkhealthstl.com

Educational Attainment by Percent of Population Age 25+, West County vs. St. Louis County

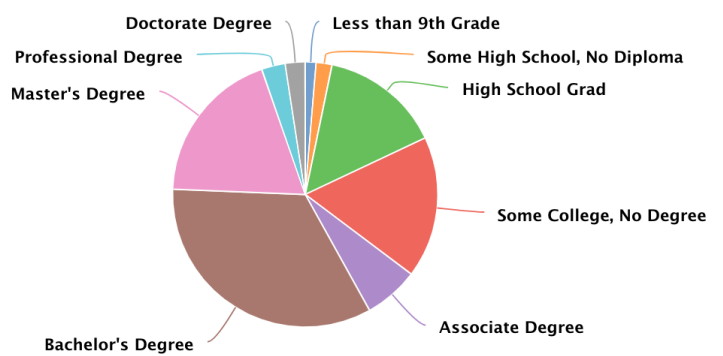


Source: Claritas, 2019. www.thinkhealthstl.com

West County Male Population Age 25+ by Educational Attainment



West County Female Population Age 25+ by Educational Attainment



Source: Claritas, 2019. www.thinkhealthstl.com

# Demographics - Employment

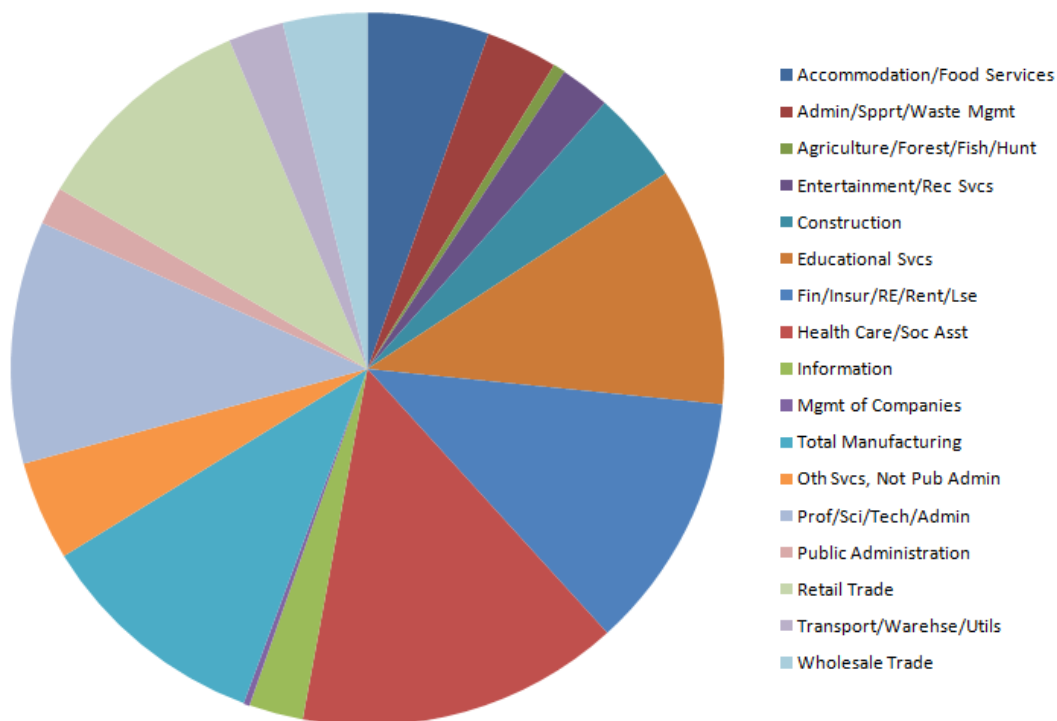
Employed Civilian 16+ by Occupation Group	Region: West		County: St. Louis	
	Persons	% of Employed Civilian 16+ Population	Persons	% of Employed Civilian 16+ Population
White Collar	125,778	80.14%	342,443	69.24%
Blue Collar	13,188	8.40%	69,874	14.13%
Service and Farm	17,986	11.46%	82,245	16.63%

Source: Claritas, 2019. www.thinkhealthstl.com

Employed Civilian 16+ by Industry	Region: West		County: St. Louis	
	Persons	% of Employed Civilian 16+ Population	Persons	% of Employed Civilian 16+ Population
Accommodation/Food Services	8,667	5.52%	32,265	7.13%
Admin/Spprt/Waste Mgmt	5,098	3.25%	23,373	4.73%
Agriculture/Forest/Fish/Hunt	866	0.55%	1,692	0.34%
Entertainment/Rec Svcs	3,578	2.28%	11,848	2.40%
Construction	6,550	4.17%	20,626	4.17%
Educational Svcs	16,969	10.81%	49,715	10.05%
Fin/Insur/RE/Rent/Lse	18,310	11.67%	46,679	9.44%
Health Care/Soc Asst	23,016	14.66%	76,127	15.39%
Information	3,866	2.46%	11,536	2.33%
Mgmt of Companies	446	0.28%	814	0.16%
Total Manufacturing	16,567	10.56%	49,741	10.06%
Oth Svcs, Not Pub Admin	7,074	4.51%	23,459	4.74%
Prof/Sci/Tech/Admin	17,238	10.98%	39,658	8.02%
Public Administration	2,691	1.71%	12,095	2.45%
Retail Trade	16,072	10.24%	53,729	10.86%
Transport/Warehse/Utils	3,932	2.51%	22,443	4.54%
Wholesale Trade	6,012	3.83%	15,762	3.19%

Source: Claritas, 2019. www.thinkhealthstl.com

Percent of Civilian 16+ Population Employed by Industry, West County



Source: Claritas, 2019. www.thinkhealthstl.com

## Health Outcomes & Leading Causes of Death

In 2019, St. Louis County ranks 18th of 115 counties in Missouri for health outcomes, which is based on length and quality of life, according to [www.countyhealthrankings.org](http://www.countyhealthrankings.org). Surrounding St. Charles, Warren, Franklin and Jefferson counties rank 1st, 33rd, 55th, and 32nd in health outcomes, respectively, underlining the broad range of healthcare utilization and outcomes across the St. Louis region (See Appendix B). While St. Louis County has generally better health outcomes than the state of Missouri as a whole, there are higher rates of premature death and low birth weight than top performing communities across the United States. In addition, St. Louis County residents report more days with poor physical and mental health than in other U.S. counties, and 15% of individuals report being in poor or fair health.

As previously mentioned, assessing health outcomes at the county-level can be misleading, as disparities exist within St. Louis County across regions (e.g. West, South, and North county), ZIP codes and even neighborhoods. At the same time, no community exists in a vacuum. The health of our neighbors can have an impact on the health of those within our own household, and is a reflection of how equitable the structures and policies are that shape the ways in which individuals can take action for their health. While we cannot reasonably take action for every issue, having a better understanding of where we stand as a region--including the leading causes of disease, illness and death in our county--can help us shape more comprehensive strategies to improve the health and well being of everyone, regardless of ZIP code.

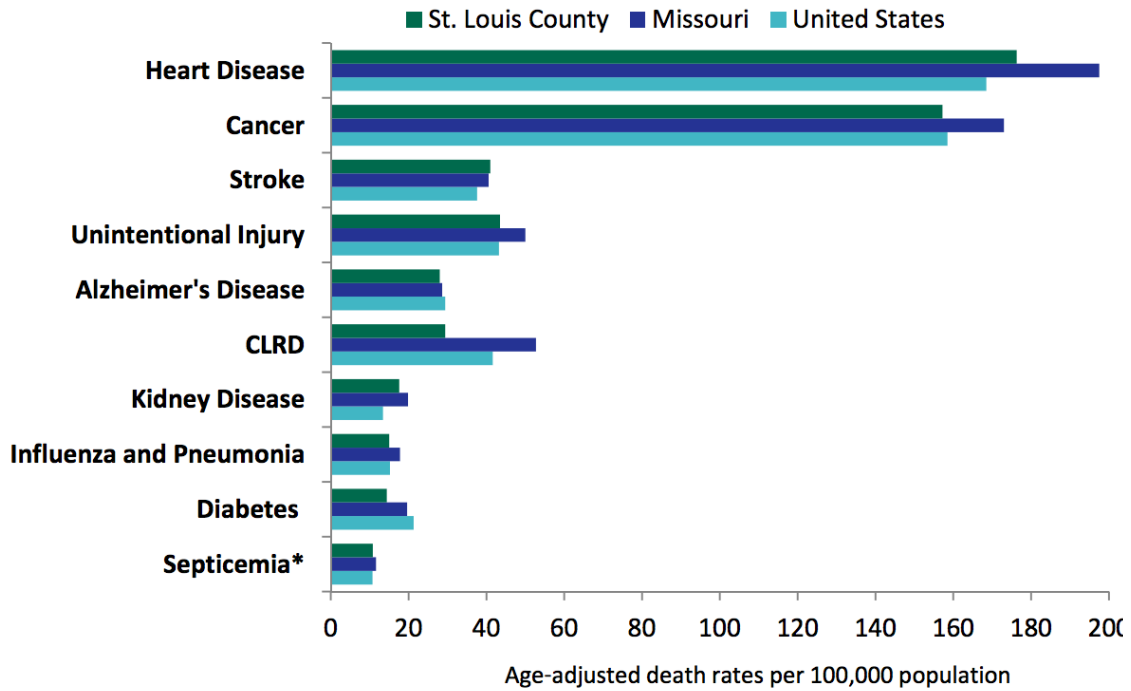
The leading causes of death across St. Louis County are heart disease, cancer and stroke, followed by unintentional injury, according to the Saint Louis Region Community Health Assessment & Community Health Improvement Plan, published August 2018 (Appendix C).

Other takeaways from this report include:

- Accidents (unintentional injury), suicides and homicides were the three leading causes of death among youth ages 1-19. A racial disparity exists in both the City of St. Louis and St. Louis County, as the rate of death among black children was significantly higher than the rate of death for white children.
- This same racial disparity exists among adults as well. Black adults are more likely than their white, Asian or Hispanic counterparts to die from heart disease, stroke, cancer, kidney disease, Alzheimer's or diabetes (Figure 5).
- While much of the United States has steadily decreased infant mortality rates for years, combined infant mortality rates in both the City of St. Louis and St. Louis County continue to remain higher than the state average and the national average.
- From 2010 - 2016, there was a 228.5% increase in opiate-related deaths in the City of St. Louis and a 22.9% increase in St. Louis County.

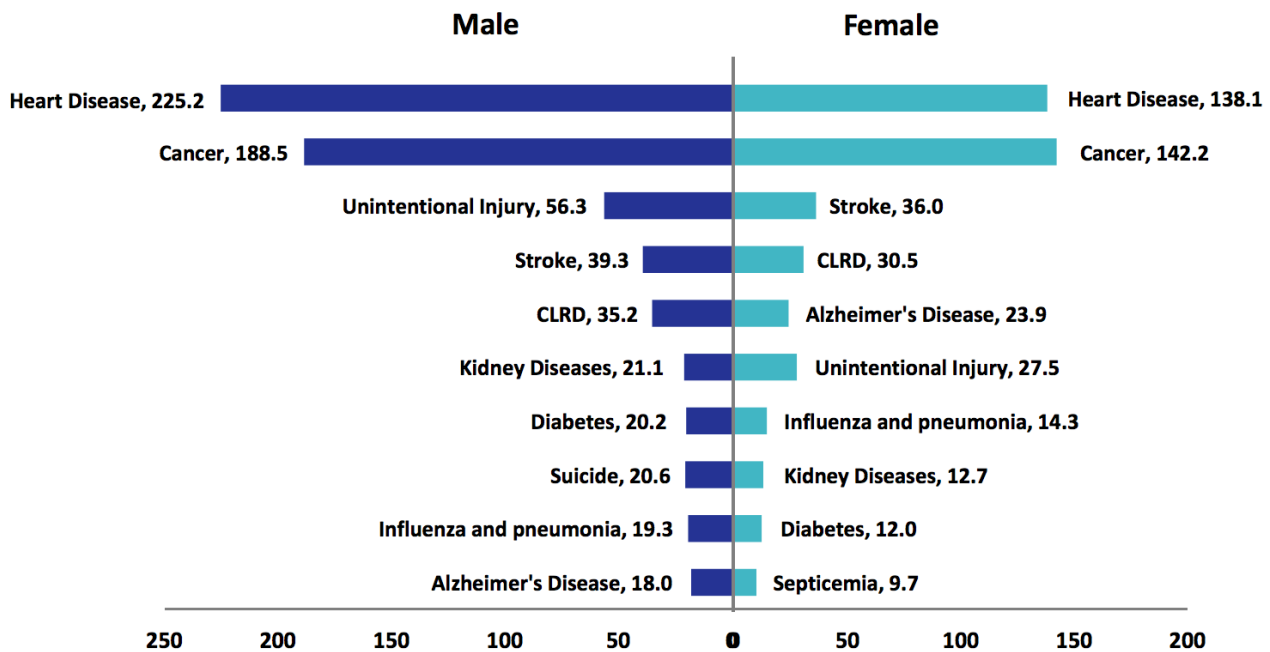
The St. Louis County Department of Public Health's Leading Cause of Death Profile (Appendix D), published in February of 2018, reiterates the burden of chronic disease in St. Louis County. Seven of the ten leading causes of death during 2010-2014 were chronic diseases, accounting for 66 percent of all deaths. Notably, comparing 2011-2015 to 2010-2014 5-year rates, heart disease, cancer, and diabetes decreased 1.1%, 1.5%, and 2.5%, respectively; however, the Alzheimer's disease rate increased 10.1%. Rates of unintentional injury death and homicide increased 4.1% and 11.8%, respectively.

Figure 3. Age-adjusted death rates for the 10 leading causes of death in St. Louis County, comparing rates for Missouri and the United States, 2015.



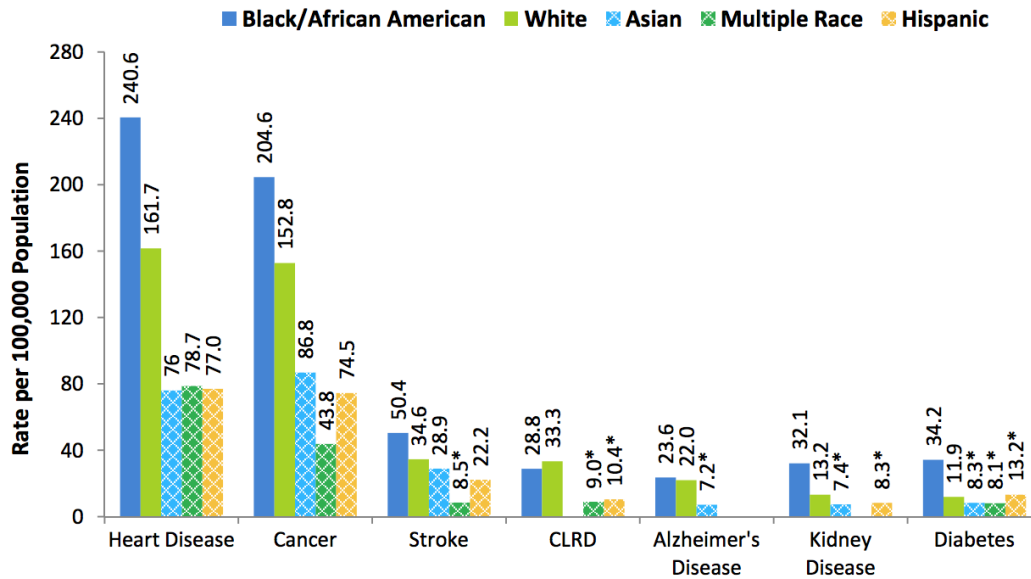
Source: St. Louis County Leading Causes of Death Profile, 2018

Figure 4. Age-Adjusted Death Rates for the 10 Leading Causes of Death, Comparing Rates for Males and Females, St. Louis County – 2011-2015.



Source: St. Louis County Leading Causes of Death Profile, 2018

Figure 5. Age-Adjusted Death Rates for the Leading Causes of Death by Race and Ethnicity, St. Louis County, Missouri, 2011-2015.



Source: St. Louis County Leading Causes of Death Profile, 2018

## Health Factors & Health Behaviors

St. Louis County ranks 7th in Missouri for health factors according to [www.countyhealthrankings.org](http://www.countyhealthrankings.org), which accounts for indicators of health behaviors, clinical care, social and economic factors and the physical environment. Some of the challenges that St. Louis County faces include high rates of adult smoking, adult obesity, sexually transmitted infections and air pollution compared to counties nationwide. However, the report also highlights several of the region's strengths. St. Louis County residents report better access to exercise opportunities than the top performing counties, with 94% of adults having adequate access to locations for physical activity. This is reflected in lower than average rates of physical inactivity in St. Louis County than in Missouri as a whole.



With a robust network of hospital systems and healthcare providers, St. Louis County ranks 2nd in the state for clinical care indicators. Rates for mammography screening and flu vaccination match top U.S. performing counties, and 8% of St. Louis County residents report being uninsured, compared to 11% in the state. Notably, the county has strong ratios of primary care physicians and dentists per population (810:1 and 1,180:1, respectively, compared to 1,050:1 and 1,260:1 in the top performing counties). In spite of this, preventable hospital stays are still considerably higher in St. Louis County than in other U.S. communities.



# Needs Assessment Process

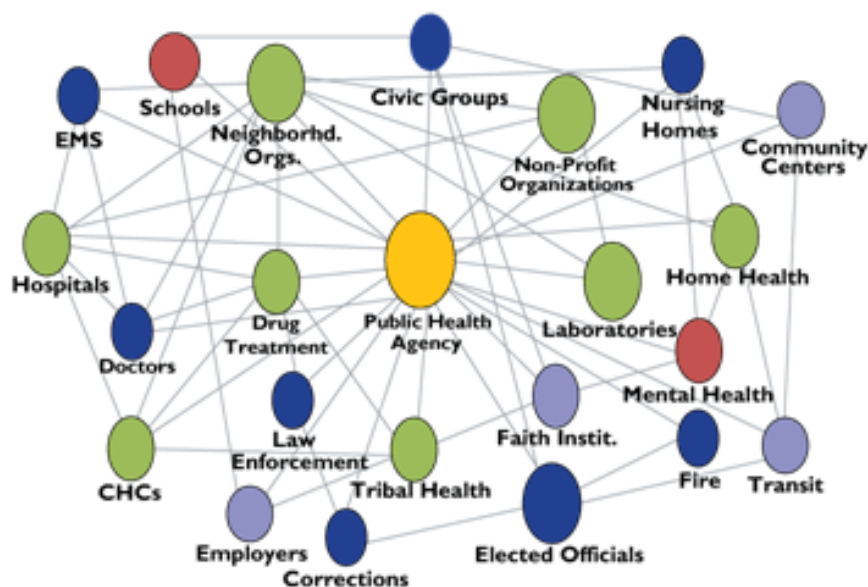
St. Luke's Des Peres Hospital's network of care is embedded within the complex health landscape of the St. Louis region. In order to achieve progress on health outcomes, and improve the quality of life and well-being of individuals within our community, it has become increasingly important to participate in a collaborative process for health needs assessment. Since 2012, St. Luke's Hospital has collaborated with other hospitals and healthcare providers to gather feedback directly from the community through collective focus groups, and in 2017, the network strengthened its commitment to regional health alliances by continuing its work with the St. Louis Partnership for a Healthy Community (STLPHC), and by joining the Partnership's Regional Leadership and Planning Group. Upon joining St. Luke's network of care in 2018, St. Luke's Des Peres Hospital was integrated into these collaborative efforts. While alignment with these larger regional strategies is essential to the community health needs assessment (CHNA) process, St. Luke's also maintains internal structures and processes to ensure that the voices of our individual patients are heard.

## St. Louis Partnership for a Healthy Community

The STLPHC is comprised of a variety of stakeholders from within the generalized public health system, including the St. Louis County Department of Public Health (DPH), the City of St. Louis Department of Health (DOH), and the Illinois Public Health Institute. Additional community partners included area hospital systems, government agencies, community-based organizations, academic institutions, and other businesses, individuals and community groups (Figure 6). In 2017-2018, the STLPHC conducted its own Community Health Assessment (CHA), collecting data for four different assessments: Community Health Status, Community Themes and Strengths, Forces of Change, and the Local Public Health System (Appendix C).

The findings from the 2018 CHA will drive regional action plans across sectors in the St. Louis region. See Section VI and Appendix B for more information about the CHA findings.

Figure 6. The Public Health System



Source: Centers for Disease Control and Prevention, 2019

## County Hospital Collaboration

Since 2012, St. Luke's Hospital has worked collaboratively with other West and South County hospitals to gather additional information specific to our priority areas through a joint focus group. Based on results from the 2015 focus group and subsequent 2016 CHNA reports, the participating hospitals opted to join efforts on diabetes. Since 2016, St. Luke's, BJC Healthcare, Barnes Jewish West County Hospital, Missouri Baptist Medical Center, Mercy St. Louis, Mercy South and SSM Health have been developing a plan to streamline and improve diabetes prevention and self-management programs, with the support of the DPH and community partners like Oasis. In May 2018, St. Luke's Des Peres Hospital joined this county collaborative, and participated with several of the collaborating hospitals to convene a community focus group to supplement data provided by the STLPHC's reporting.

In August 2018, a focus group was held in order to determine if the 2015 areas of focus were still the right areas to focus on, to explore if there were additional areas of focus needed and to assess where there are gaps to address the prioritized needs. See Section VI for details about the 2018 focus group.

## St. Luke's Network Steering Committee

In 2018, St. Luke's hired a dedicated Community Benefit Coordinator (Coordinator) with a background in public health education and promotion to guide the CHNA process and ensure the highest standards in evidence-based program planning and evaluation. The Coordinator, leading the St. Luke's Network Community Health Needs Assessment Steering Committee, is accountable for ensuring that community benefit activities meet mission, compliance, and IRS guidelines. The committee meets annually, and includes hospital executives and leadership from the areas of Finance, Community Outreach, Marketing, and Population Health.



# Community Input

The voices of the people of St. Louis were central to St. Luke's Des Peres Hospital's health needs assessment process. St. Luke's gathered community input through focus groups (both in the community and within the hospital), surveys, and key stakeholder interviews. Understanding that our region is truly interconnected, data collection took place in three tiers: at the county, sub-county, and local levels. By looking for broader patterns at the regional level as well as nuanced feedback from members of our own hospital community, St. Luke's Des Peres will be empowered to formulate solutions to pressing health issues that are both appropriate for our patients and aligned with larger strategies and resources.

## Regional (St. Louis City and St. Louis County)

Throughout their health assessment process, the STLPHC was focused on a systems level change with community engagement and inclusion serving as core guiding principles. Through listening sessions, surveys and focus groups, the STLPHC worked to identify themes on what a healthy community should look like for St. Louis area residents, and identified both barriers and facilitators for health in the region. Key findings and themes are summarized below. (See Appendix B for full report).

The biggest issues facing the St. Louis region as identified by listening session participants included:

- Lack of jobs and training opportunities
- Poverty and low income is a barrier to home ownership, services, resources
- Racism and residential segregation
- Inequitable distribution of resources and lack of resources
- High rates of violent crime, gun violence, and drug activity makes the community feel unsafe
- Lack of safe and affordable spaces for young people to learn, socialize, stay physically safe
- Easy access to substances (alcohol, tobacco, prescriptions, illicit drugs), heavy substance use

When asked about the strengths and assets of the St. Louis region that support health, participants identified factors such as:

- Abundance of museums and cultural institutions
- Good schools (though quality varies across the region)
- Recreation and entertainment for children, adults, and families
- Strong neighborhood associations and other community-based organizations
- Region is diverse and multi-cultural
- Plentiful parks and green space (though safety is a concern)
- Relatively low cost of living compared to other urban areas

## Community Focus Group

St. Luke's Des Peres Hospital worked with St. Luke's Hospital, BJC Healthcare, Missouri Baptist Medical Center, Barnes Jewish West County, Mercy St. Louis and Mercy South to collaborate on gathering community input from key stakeholders with a focus on West and South counties. The hospitals held a focus group in August 2018 to revisit the health priorities that were discussed in 2015-2016.

The focus group objectives were to determine if the 2016 areas of focus were still the right areas to focus on, explore if there were additional areas of focus needed and to assess where there are gaps to address the prioritized needs.

The areas of focus discussed by the group included:

- Behavioral/Mental Health
- Alcohol/Substance Abuse
- Maternal/Child Health
- Access to Services
- Senior Services/Social Support
- Diabetes
- Access to Coverage
- Heart & Vascular Disease
- Violence
- Cultural Literacy
- Health Literacy
- Colon Cancer
- Lung Cancer
- Tobacco Use
- Skin Cancer
- Breast Cancer



The August 2018 focus group included 19 individuals representing various St. Louis County organizations (Appendix E). There was general consensus that while nothing should be removed from the list, focus should also turn to the social determinants of health, such as housing, violence and education. The opioid epidemic was also identified as being a significantly more urgent need, with fentanyl accounting for 85% of overdose deaths in St. Louis City and County in 2017.

Participants were given the list of needs identified in the 2016 assessment and asked to re-rank them on a scale of 1 (low) to 5 (high) based on their perceived level of community concern and the ability of community organizations to collaborate around them.

Access to care, access to insurance, violence, behavioral/mental health and alcohol/substance abuse rated highest in terms of level of concern and ability to collaborate. Maternal and child health, cultural competence/health literacy and diabetes also ranked highly. Cancer, including skin, head and neck, colorectal, lung and breast cancer, rated lowest on level of concern. The actual ratings are shown on the chart on the next page.

## Focus Group Ratings

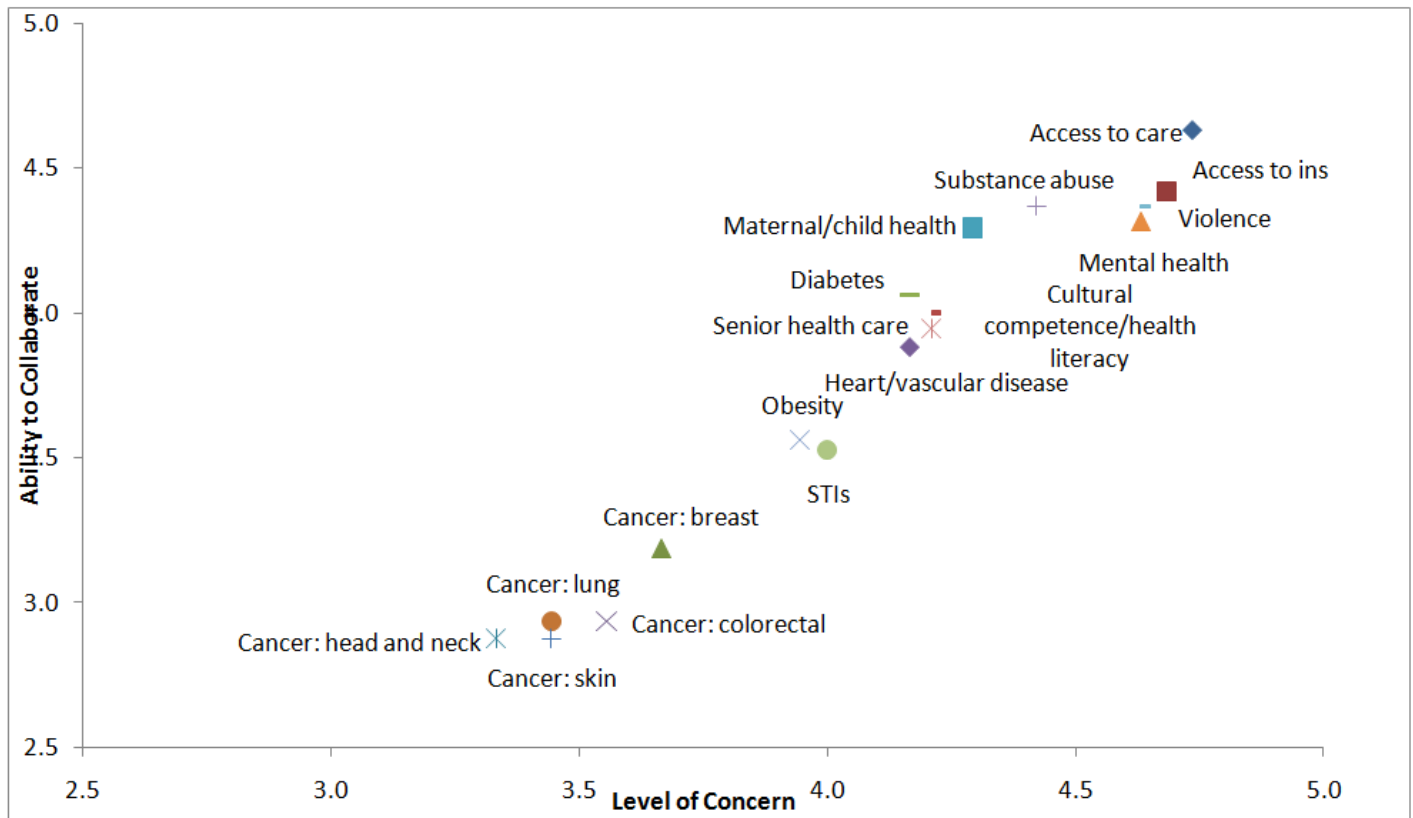


Figure 7. Focus Group Ratings, 2018

## Hospital Focus Groups

Focus groups were held with St. Luke's Des Peres Hospital and St. Luke's Hospital staff in 2018, with a special focus on employees who routinely help patients navigate barriers to healthcare, including case managers and care coordinators at both campuses. A focus group was also conducted with St. Luke's Medical Group practice managers.

Substance abuse, mental health, diabetes, and health literacy/cultural competency were identified by St. Luke's Des Peres Hospital employees as priority needs. In general, staff believed that access was a major obstacle, and suggested that expanding and promoting St. Luke's existing community offerings--whether they be resources, screening services, education, programs or classes--could be an asset to the community. Transportation, patient education, and access to both transportation and medication were noted as pressing barriers to care, and participants noted that communication and awareness of resources could be improved. See Appendix F for full reports of internal focus groups.

# Community Health Needs Assessment Survey

In order to broaden our assessment of the health concerns and needs of the community, a survey was administered electronically to community members enrolled in St. Luke's Spirit of Women program. Spirit of Women is a free program that aims to educate and empower women and their families to achieve their best health and wellness. Women can enroll in the program online, by phone or through outreach events and programs both on the hospital campus and throughout the community.

The questionnaire was composed of 24 questions related to self-reported health concerns and needs. See Appendix G for a full list of survey questions and aggregate results. To promote ongoing feedback from the community, the survey tool will be made widely available to the public through St. Luke's Des Peres Hospital's website.

An email linking to the survey and describing the community health needs assessment process was sent to 7,733 individuals in the Spirit of Women database. Of these, 1,739 individuals opened the email and 410 clicked into the survey. 61% of individuals who opened the survey completed all questions (n=253). The overwhelming majority of survey respondents were female (97.61%) and over the age of 50 (82.25%), reflecting the general demographics of our Spirit of Women members.

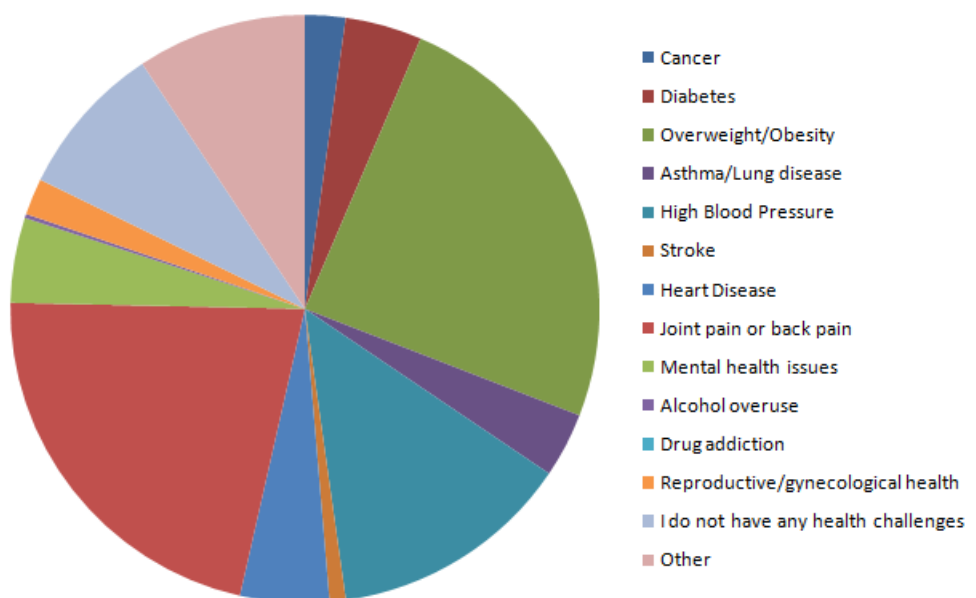
Overall, response to the survey was positive, with many participants elaborating on questions in order to provide added detail. 67.59% of respondents reported being in very good health, 99.6% were insured and 94.07% listed their doctor or health care provider as the predominant source of their health care information. While 73.91% of respondents noted that they do get the healthcare that they need, many commented that the high cost of insurance, and difficulty obtaining appointments with their physician, can often delay their seeking care.

Health challenges related to overweight and obesity, joint and back pain, and high blood pressures were most highly reported by respondents (Figure 8).

Exercise and weight loss support programs, healthier food and nutrition education, resources for caregivers, mental health and addiction resources and education and more affordable quality care and prescription coverage for seniors were all listed as needs.

Improved access to care was also emphasized, with several respondents expressing interest in having an urgent care location added to their neighborhoods, and others highlighting a need for free transportation services.

Figure 8. Community Reported Health Challenges



## Consumer Health Assessment: Day of Dance 2019

St. Luke's annual Day of Dance is a high-energy program that encourages women to find enjoyable ways to get moving and incorporate exercise into their daily routine most days of the week. Women who attended the free program received instruction and practiced different types of exercise, such as zumba, jazzercise, hip hop and belly dancing to help them experience just how fun exercise can be. In addition, lower impact exercises like Tai Chi, yoga and ballet were offered in smaller class environments. The Day of Dance also provides ample opportunities for women in attendance to meet with physicians and other care providers from St. Luke's Des Peres Hospital and receive free health screenings, including blood pressure, cholesterol and glucose.

Each year, women are surveyed to evaluate trends in health behaviors and outcomes and identify any growing needs. Aggregate data from 2018 compared to 2019 showed a 5.6% decrease in those reporting being overweight and obese. While nearly 2% more women reported exercising frequently than in the previous year, there was also a 3.7% increase in women who reported exercising never or rarely. 66.7% of women who participated in the free health screenings had total cholesterol within a desirable range, and there was a 9.2% improvement in the number of women with normal blood pressure. However, asthma, arthritis, frequent stress, pre-hypertension, and diabetes were all reported at rates higher than national averages.

## St. Luke's Passport to Wellness Health Risk Assessment Consumer Data

St. Luke's provides a worksite wellness program called Passport to Wellness to more than 200 local employers. Through a health risk assessment, data is collected and aggregated to help identify community needs and drive employer initiatives. The data below was collected using a group health report comparing the same 3,825 consumers from 2016 to 2018. A full report of these consumers, as well as a report of health outcomes for all 11,127 unique consumers participating in Passport to Wellness programs, can be found in Appendix H.

From 2016 to 2018, consumers assessed in the report showed an increase in:

- Those who do not smoke (0.6%)
- Those who report regular exercise three or more times/week (3.6%)
- Those with a blood pressure reading within normal range (2.5%)
- Those on medication if diagnosed with hypertension (1.2%)

On the other hand, the data shows a 2.8% increase in the number of consumers with a Body Mass Index (BMI) falling in the obese category, and 1.8% net increase in waist circumference outside of the healthy range. There was also a reported increase in prevalence of diabetes and abnormal glucose screenings.

# Priority Focus Areas

Based on current health data, community input through focus groups and surveys outlined in Part VI, and in consideration of regional strategies, St. Luke's Des Peres Hospital has established the following priorities on which to develop actionable objectives for 2019-2022:

- Access to Care
- Nutrition and Weight Status

Work on these issues will tap into resources and strengths of St. Luke's network of care, while also leveraging community partnerships to break down silos and maximize impact on health outcomes. Our community outreach programs for a wide range of health needs, including in the areas of obesity and sedentary lifestyle, cancer screenings and support services, and chronic disease management, even as we work to develop and contribute to strategic plans on these two priorities. St. Luke's Hospital selected four different 2019 priorities, including Diabetes Prevention and Self-Management, Opioid Use Disorder, Health Literacy and Cultural Competency and Access to Care for Older Adults. As the two hospitals work in tandem, there will naturally be overlap and support in advancing all network strategies.

Regionally, the STLPHC identified the following goals (Appendix C):

- Ensure Access to Care for All and Improve Behavioral Health Outcomes for the Community
- Promote Healthy Living and Reduce the Burden of Chronic Disease
- Address Violence Prevention as a Public Health Issue
- Improve Child, Maternal, and Family Health
- Improve Sexual Health

St. Luke's Des Peres is committed to aligning the hospital's action plans with existing strategies as applicable, particularly in support of ensuring access to care, improving behavioral health outcomes, promoting healthy living, and reducing the burden of chronic disease. Furthermore, we are fortunate to be part of a community where there are numerous healthcare providers and nonprofit agencies working to address a variety of needs. We will continue to work to connect patients to appropriate external community programs, providers and resources when necessary.





# Priority 1: Access to Care

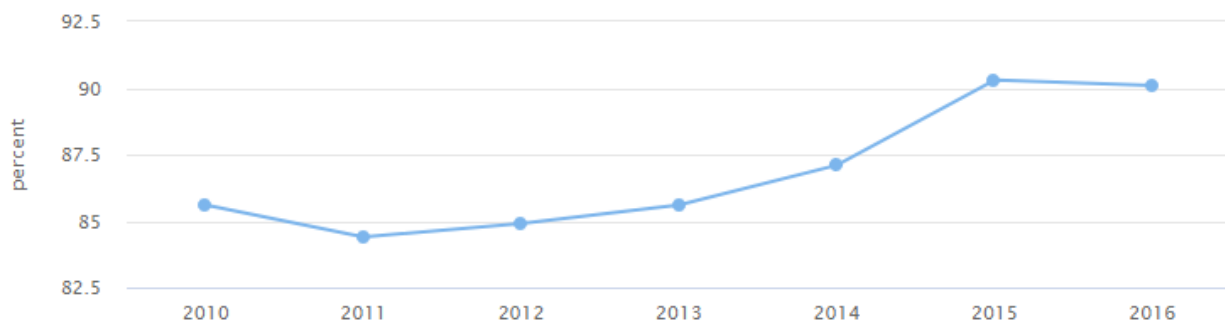
Goal: Improve access to comprehensive, quality health care services.

According to Healthy People 2020, access to "comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death and achieving health equity for all Americans." While facilitating access to care is integral to promoting health equity and favorable health outcomes, it is deeply complex issue, encompassing insurance coverage, access to health services, availability of necessary prescription drugs and the timeliness and acceptability of care. Barriers to accessing health services lead to:

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventive services
- Financial burdens
- Preventable hospitalizations

At first glance, access to care may not seem like a pressing issue in our region. For example, in St. Louis County as a whole, 90.1% of adults aged 18-64 and 96.9% of children under the aged of 19 report having health insurance coverage (Figures 9 and 10).

Figure 9. Adults with Health Insurance: 18-64, St. Louis County, Missouri, 2016



COMPARED TO



MO Counties



U.S. Counties



MO Value  
(87.2%)



Prior Value  
(90.3%)



Trend

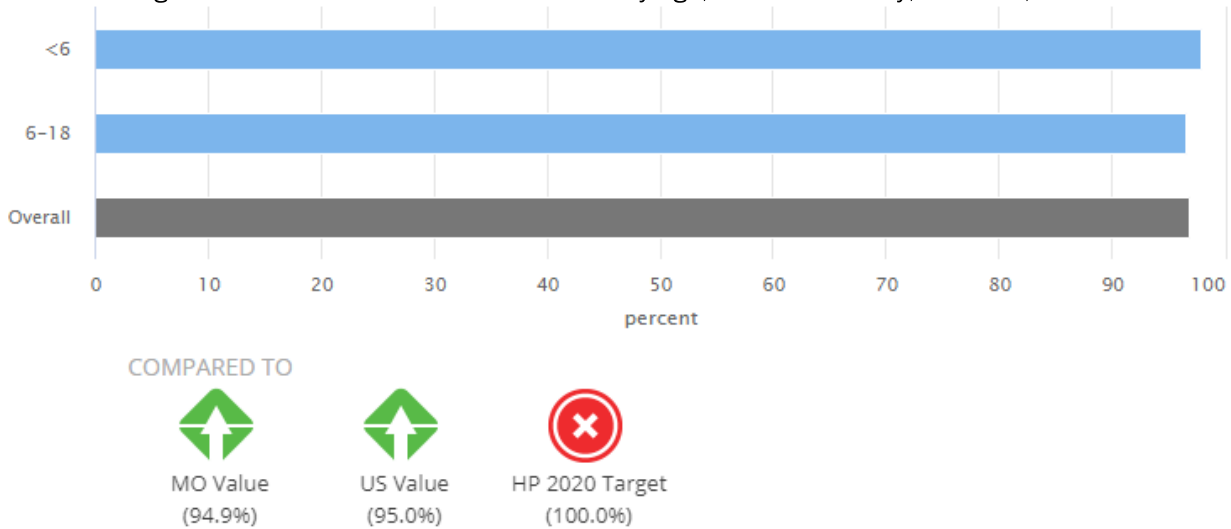


HP 2020 Target  
(100.0%)

Source: Claritas, 2019. [www.thinkhealthstl.com](http://www.thinkhealthstl.com)

## Access to Care (Cont.)

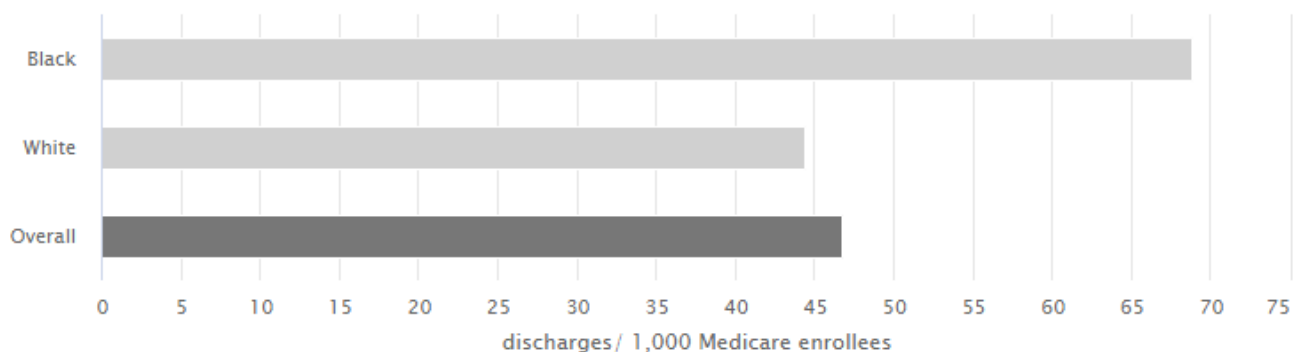
Figure 10. Children with Health Insurance by Age, St. Louis County, Missouri, 2016



Source: Claritas, 2019. [www.thinkhealthstl.com](http://www.thinkhealthstl.com)

However, even in West County, where only 2.62% of the population is unemployed and nearly 97% of households have at least one vehicle, access to care is not universal. Race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location all impact access at the individual level. Aggregate data, when compiled across streets, neighborhoods and ZIP codes, tends to overshadow those individuals who struggle the most, especially those who live in rural areas, who lack dependable transportation, who have difficulties understanding or affording their insurance coverage, or who struggle to navigate the health care system in our region. Older adults in particular are at increased risk for encountering barriers to care, and may experience increased complications, higher treatment costs, increased hospitalizations and poorer health outcomes. Additional obstacles face minority populations and people of color, which is then reflected in eventual outcomes. For instance, black Medicare enrollees report 47% higher rates of preventable hospital stays compared to white Medicare patients (Figure 11).

Figure 11. Preventable Hospital Stays: Medicare Population by Race/Ethnicity, St. Louis County, Missouri, 2015



Source: Claritas, 2019. [www.thinkhealthstl.com](http://www.thinkhealthstl.com)

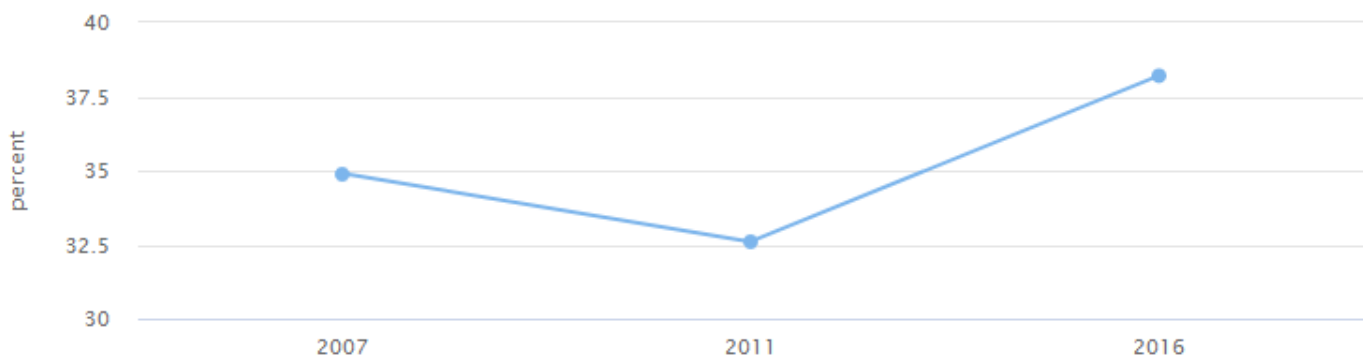
## Priority 2: Nutrition and Weight Status

Goal: Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

There is overwhelming evidence supporting the health benefits of eating a nutritious diet and maintaining a healthy body weight. Yet even with the abundance of resources available to support healthy eating and physical activity, the number of overweight adults in our community continues to rise (Figure 12), with widespread impact both in the short- and long-term. Diet and body weight are related to health status, health outcomes, and overall health spending, and maintaining a nutritious diet and a healthy weight can reduce risk for a wide variety of chronic conditions, including:

- Heart disease
- Type 2 diabetes
- Cancer
- Hypertension
- Stroke
- Liver and gallbladder disease
- Respiratory problems
- Iron-deficiency anemia
- Dyslipidemia (poor lipid profiles)
- Osteoporosis
- Oral disease
- Constipation
- Diverticular disease
- Some cancers

Figure 12. Adults who are Overweight, St. Louis County, Missouri, 2016



### COMPARED TO



MO Counties



MO Value  
(35.2%)



US Value  
(35.3%)



Prior Value  
(32.6%)

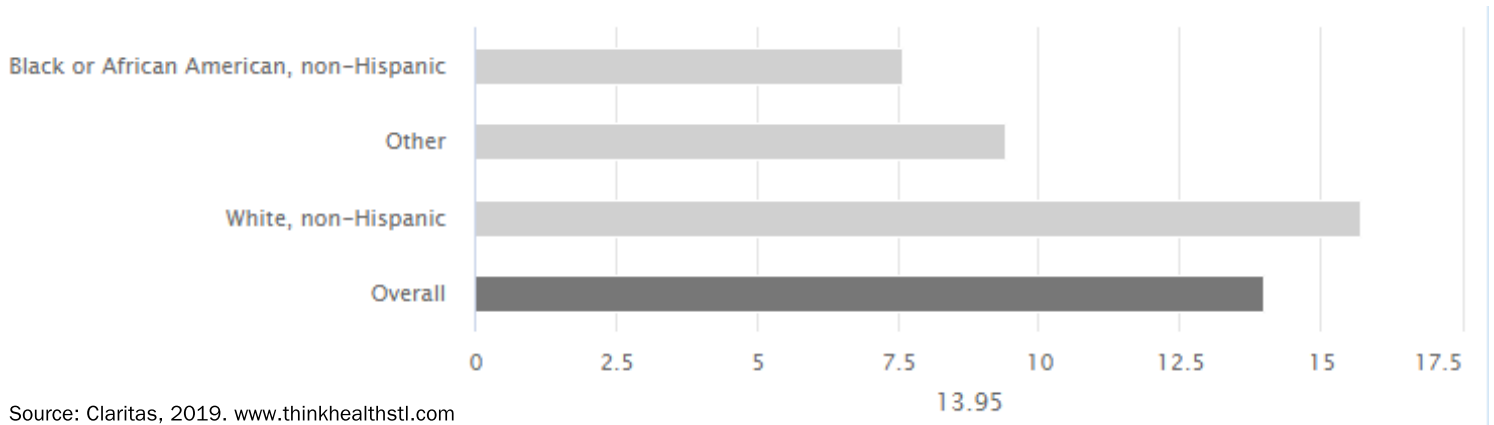
**Technical note:** The value is age-adjusted to the 2000 U.S. Standard Population.

Source: Claritas, 2019. [www.thinkhealthstl.com](http://www.thinkhealthstl.com)

## Nutrition and Weight Status (Cont.)

In addition to individual lifestyle factors and health behaviors, public policies and the built environment reinforce how individuals can access healthy food and physical activity in settings such as schools, worksites, health care organizations, and communities (Healthy People 2020). Social factors, such as societal and cultural norms, social support, knowledge and attitudes also shape the decisions that individuals make in regards to their health, and health disparities exist according to race, ethnicity, gender, age and socioeconomic status. For instance, in St. Louis County, black adults are consume 45% less fruits and vegetables than other groups (Figure 13).

Figure 13. Percentage of Adults Eating 5 or More Servings of Fruits and Vegetables Daily by Race/Ethnicity, St. Louis County, Missouri, 2016



# Other Identified Needs

The data outlined in this CHNA point to a wide variety of issues that can obstruct health and wellness for members of our community. While some of the needs are more structural, relating to the public policies, built environment, and social determinants that shape the way we are able to move and work and play, other needs are more tangible, like educational resources and support for chronic disease management. No matter the specific need, addressing health challenges in our region is complex and multifaceted, and any work in this arena requires nuanced planning and enthusiastic collaboration. As we turn our attention to the four priority areas discussed in the previous section, we acknowledge that there are many additional health issues identified through the CHNA that have not been included in our final recommendations, including some issues identified in regional strategies. In many cases, these needs will be indirectly impacted by the implementation of initiatives focused on the recommended health needs. However, there are also instances where needs cannot be addressed due to limited resources, or where needs can be better addressed by agencies and organizations with specific subject matter expertise. While the hospital acknowledges the significance of the remaining needs, it was determined to be most prudent to focus on the biggest issues that are most aligned with our resources, strategic direction, and our ability to collaborate with and leverage the work of our community partners to make significant impact. The following section addresses the existing community resources to meet needs not addressed by our plan.

## Cancer Prevention & Screenings

Cancer is the second leading cause of death in St. Louis County, and the diagnosis of cancer continues to grow, with 7.6% of adults living in St. Louis County having a cancer diagnosis. Nevertheless, our focus groups and surveys did not single out cancer as a pressing priority relative to other issues (Figures 7, 8). It is possible that this perceived lack of urgency could be a result of robust existing community resources related to cancer prevention, health care and support. Due to advanced technology for screening, many cancers are identified earlier, which leads to more successful treatment and better health outcomes; our community members may feel that generally, existing prevention and treatment activities address community need.

That being said, many of the top identified health priorities intersect with cancer prevention and care in important ways. For instance, the STLPHC's focus on improving health equity and eliminating racial disparities in health outcomes would have significant impacts on cancer mortality in our region. Black women are nearly twice as likely to die from breast cancer than white women in St. Louis County, despite the fact that black women have a lower incidence of breast cancer than white women (Claritas, 2019). In fact, if you are a black person living in St. Louis County, you are more likely to die from cancer than any other race or ethnic group, including from breast, colorectal, lung, prostate and cervical cancers (Figure 21). Improving preventative screening alone may not be enough to reduce this disparity. In spite of higher mortality rates, more black women reported having a Pap test in the past three years than white, non-Hispanic women, and rates of colon cancer screening were marginally higher for black or African American individuals in St. Louis County compared to their white counterparts (Claritas, 2019). In addition, men in St. Louis County die from cancer at 32% higher rates than women, suggesting that cancers are not diagnosed as early in the male population (Claritas, 2019).

Addressing issues related to the social determinants of health can also bolster cancer outcomes. Obstacles related to safe housing, reliable transportation, or a lack of access to health insurance, education, stable jobs, or nutritious foods, serve as barriers to care, and can complicate prevention, treatment and recovery. Assessing these potential barriers through patient-centered, provider-centered, and health system-centered lenses can help our hospital, and the region as a whole, improve quality of life for everyone, including cancer patients and their families.

St. Luke's implements robust screening programs for mammography, lung cancer and skin cancer, with a mobile mammography van that provides 3-D mammography to women across the St. Louis area, including those with financial need. St. Luke's Hospital High-Risk Breast Clinic also offers screening for high-risk patients on the mobile mammography van. Other community resources for cancer prevention, education, screening and support include the American Cancer Society, the Cancer Support Community of Greater St. Louis and Susan G. Komen Missouri. In addition, other regional healthcare providers, including Mercy and BJC Healthcare's Siteman Cancer Center provide community cancer screenings and education.

## Chronic Disease Prevention & Management

Chronic diseases--such as heart disease, cancer, and diabetes--are the leading causes of death and disability in the United States. Not only do chronic diseases account for 70% of all deaths in the U.S., but they also impact 1 out of 10 Americans' quality of life, according to the U.S. Centers for Disease Control and Prevention (CDC). By 2025, studies predict that chronic diseases will affect 49% of the population (RAND Corporation, 2000).

The CDC estimates that reducing three risk factors--poor diet, inactivity and smoking--would prevent 80% of heart disease and stroke, 80% of type 2 diabetes and 40% of cancer. St. Luke's work-site wellness and community education and outreach programs are geared toward improving lifestyle factors related to chronic disease, connecting individuals to healthcare providers, and promoting better chronic disease management. Other community resources for chronic disease prevention and management include the YMCA, Oasis, the St. Louis Business Health Coalition, Generate Health, LiveWellSTL, as well as other regional healthcare providers. Many of these community stakeholders collaborate together as a part of the STLPHC.



## Mental Health & Stress Management

While mental health, substance abuse and addiction can often go hand in hand, St. Luke's Des Peres Hospital has limited resources to address the mental health status of our community. As a part of our community education offerings, St. Luke's provides stress management and mindfulness courses, led by a nurse certified in Mindfulness Based Stress Reduction. Even further, as a part of regional collaborative work with the STLPHC, St. Luke's Des Peres Hospital is committed to supporting initiatives related to access and behavioral and mental health as appropriate. Beyond the scope of St. Luke's, St. Louis County has many organizations that offer behavioral health services to address this issue:

- Barnes-Jewish Hospital
- Mercy Hospital
- SSM DePaul Health Center
- SSM St. Mary's Health Center
- Mercy South Hospital
- St. Louis Children's Hospital
- Affinia Healthcare (formerly Grace Hill Clinic)
- Kids First in St. Louis County (children ages 19 and under)

The St. Louis County Health and Wellness program offers a Family Mental Health Collaborative which focuses on meeting the mental health needs of St. Louis County. The services are provided on a sliding scale based on the family's income and insurance plan and include crisis intervention, counseling, assessments, case/care management, psychological testing, psychiatric evaluation and medication. The following facilities participate in this program:

- BJC Behavioral Health
- Catholic Family Services
- Jewish Family & Children's Services
- Lutheran Family & Children's Services
- Provident Counseling

# Implementation Plan

The St. Luke's Hospital Network of Care has created action teams to evaluate current and needed resources and develop appropriate implementation plans for each priority area. These teams will be tasked with setting concrete, measurable objectives in alignment with regional plans, and tracking progress toward achieving goals for sustainable improvement in community health. The hospital will publish the complete implementation plan online by November 30, 2019, at [stlukes-stl.com](http://stlukes-stl.com).

St. Luke's Des Peres Hospital will develop a comprehensive implementation plan for the following priorities:

- Access to Care
- Nutrition and Weight Status

St. Luke's Hospital will develop a comprehensive implementation plan for the following four focus priorities:

- Diabetes Prevention and Self-Management
- Opioid Use Disorder
- Health Literacy and Cultural Competency
- Access to Care for Older Adults

Any feedback or input about the implementation plan can be provided to St. Luke's Des Peres Hospital by emailing [SLHCommunityBenefit@stlukes-stl.com](mailto:SLHCommunityBenefit@stlukes-stl.com) or writing to:

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