

St. Luke's Hospital

Community Health Needs Assessment 2019



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Message to the Community



As we begin our third community health needs assessment, it is helpful to understand the “why” behind this work. While completing an assessment is a requirement for St. Luke's as a nonprofit healthcare provider, we believe that remaining committed to seeking feedback from our community and dedicating resources to needed programs and practices strengthens our ongoing ministry of healing.

Our mission is to improve the health of our community and deliver world-class care to all of our patients, regardless of their background or status, and we pride ourselves in the way we have achieved high quality and remained dedicated to community needs year after year.

Since our first health needs assessment was published in 2013, much has changed within our healthcare network and in the broader community health landscape. On May 1, 2018, St. Luke's Hospital acquired St. Luke's Des Peres Hospital. This brought together two hospitals, creating an even stronger independent healthcare network, and it has provided us an opportunity to have a broader positive impact to improve the quality of life for patients and the community.

At a regional level, St. Luke's has expanded its involvement in collaborative health promotion efforts, particularly through its commitment to the St. Louis Partnership for a Healthy Community. The Partnership is comprised of many public health organizations, including both 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, and we are dedicated to aligning our efforts with the priorities of the region. Collaborating on strategic population health strategies will not only make St. Luke's network stronger, but it will also the St. Louis region toward better health.

Our healthcare team 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 Hospital is an independent, nonprofit healthcare provider committed to improving the quality of life for its patients and the community. In its more than 150-year history, St. Luke's has grown from a single hospital location to an advanced network of care, with extraordinary physicians and other healthcare experts providing services in over 60 specialty areas across our 493-bed hospital in Chesterfield, Mo., 143-bed St. Luke's Des Peres Hospital, and more than 30 outpatient locations in the greater St. Louis area. St. Luke's is nationally recognized for quality care and consistently earns high patient satisfaction scores. In addition, St. Luke's is the exclusive St. Louis affiliate of the nation's No. 1 heart hospital, Cleveland Clinic's Sydell and Arnold Miller Family Heart & Vascular Institute.

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.

Based on the Patient Protection and Affordable Care Act (PPACA), all nonprofit hospitals must conduct a Community Health Needs Assessment (CHNA) every three years, and work on implementation plans to drive meaningful results. St. Luke's conducted its third CHNA in 2018-2019, and in response to population data, community input, and regional strategic plans, has identified four priorities to focus efforts:

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

The needs assessment document provides available updates to local data and information about St. Luke's work in the community on these focus areas to help improve the health of the community.



St. Luke's Hospital Overview

St. Luke's Hospital, located in Chesterfield, Missouri, is a 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 kept 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.

Year after year, St. Luke's is nationally recognized for superior clinical quality and patient care. In 2019, St. Luke's ranked in the top 10 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 fifth 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 2019 by Healthgrades® as one of America's 50 Best Hospitals for Cardiac Surgery, one of America's 100 Best Hospitals for General Surgery and Prostate Surgeries and the Outstanding Patient Experience Award™.

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 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 Hospital is located in Chesterfield, Missouri, in West St. Louis County, and 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.

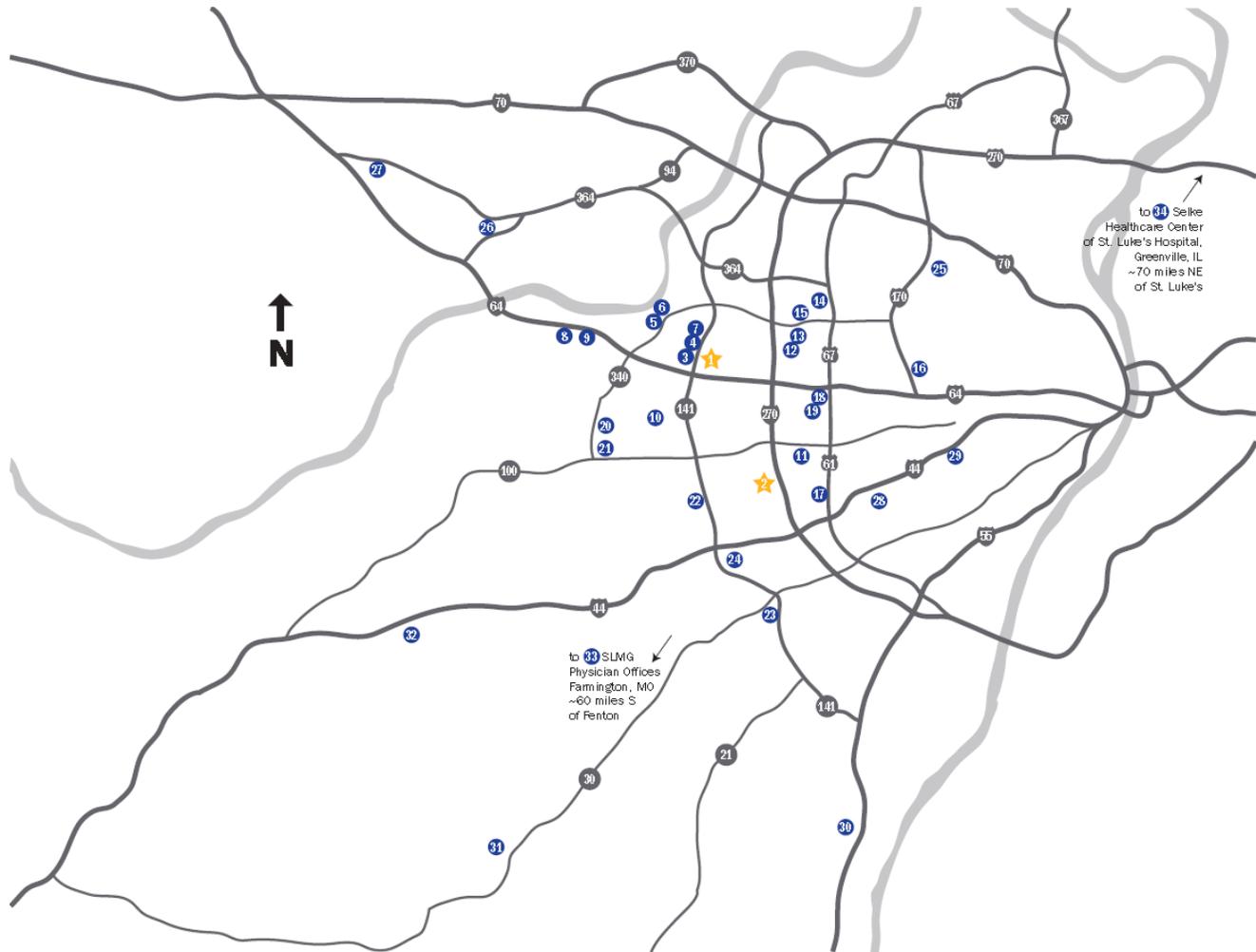


Figure 1. Scope of St. Luke's locations in the community

Overview of St. Luke's Rehabilitation Hospital

St. Luke's Rehabilitation Hospital, a joint venture between St. Luke's Hospital and Kindred Healthcare, 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 Profile

While many of St. Luke's 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 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 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.

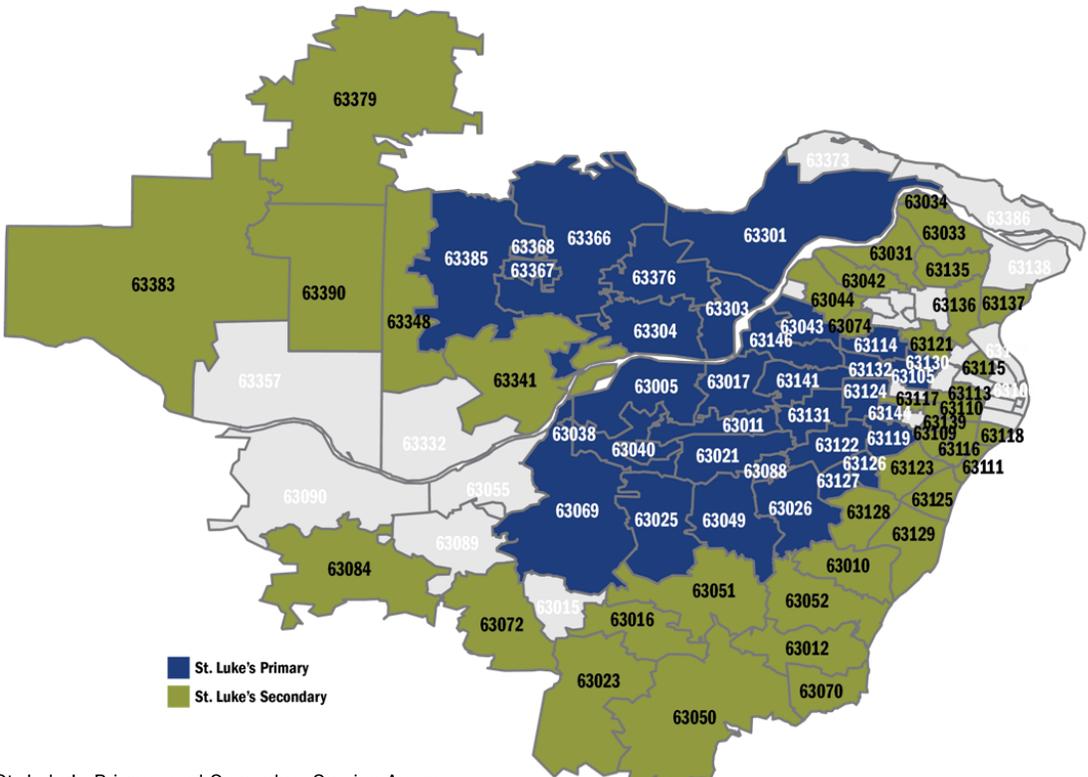


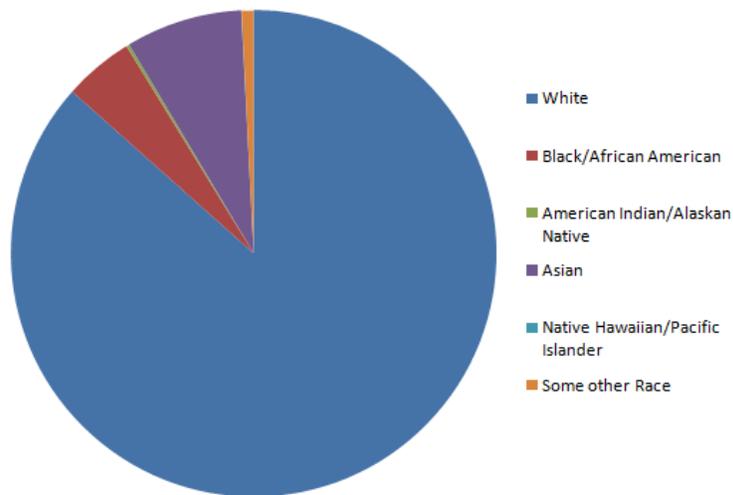
Figure 2. St. Luke's Primary and Secondary Service Areas.

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%

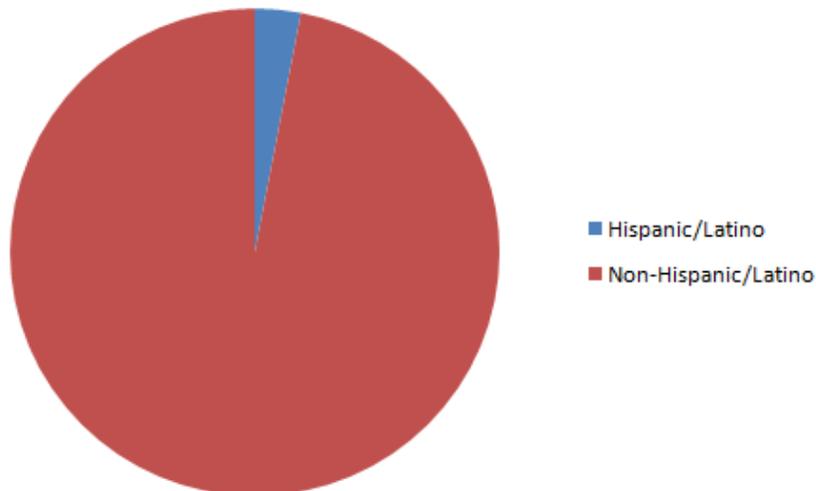
Source: Claritas, 2019. www.thinkhealthstl.com

Population by Race, West St. Louis County



Source: Claritas, 2019. www.thinkhealthstl.com

Population by Ethnicity, West St. Louis County



Source: Claritas, 2019. www.thinkhealthstl.com

Demographics - Population by Sex & Age

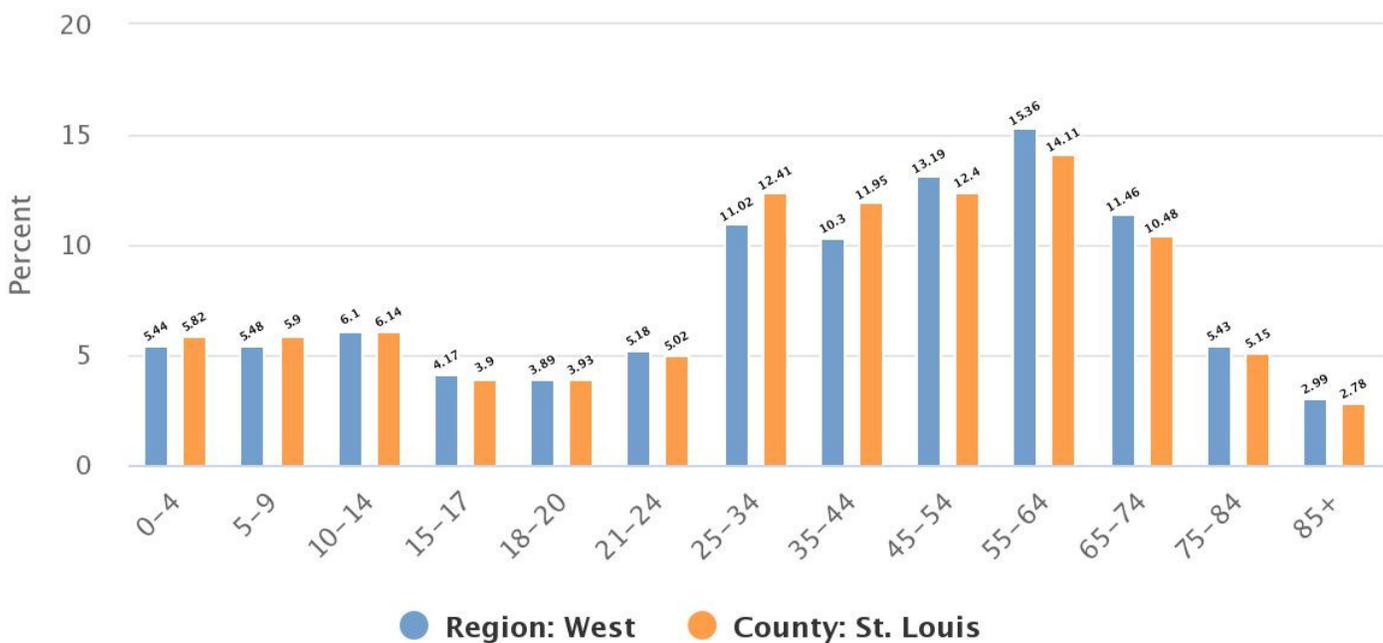
Population by Sex	Region: West		County: St. Louis	
	Persons	% of Population	Persons	% of Population
Male	145,571	48.08%	472,742	47.51%
Female	157,198	51.92%	522,373	52.49%

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



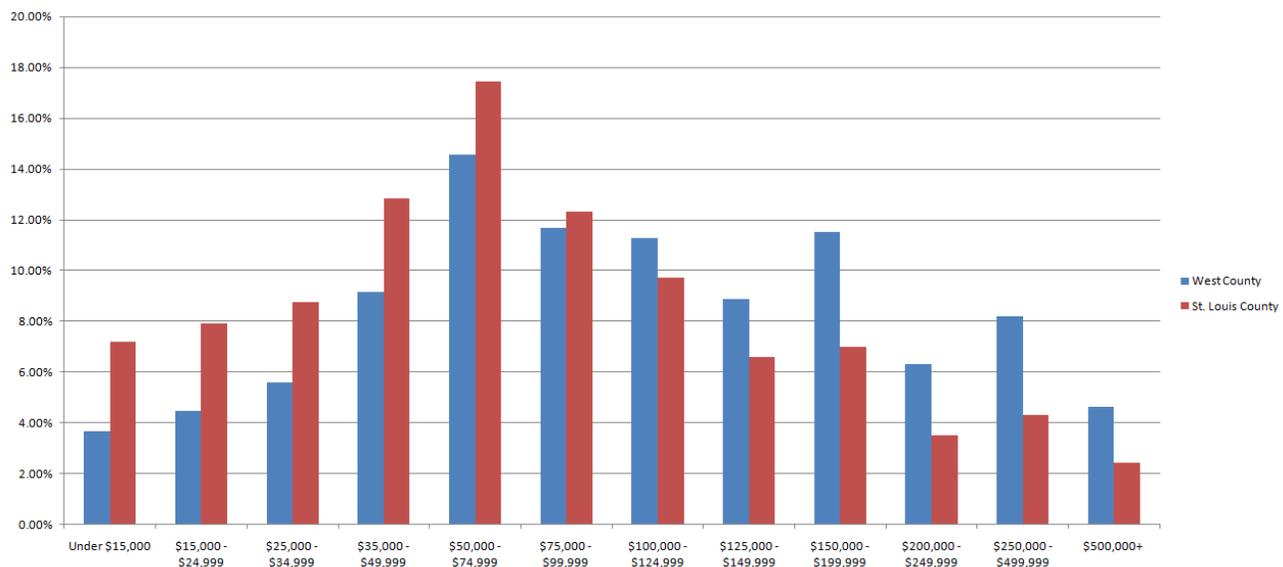
Source: Claritas, 2019. www.thinkhealthstl.com

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

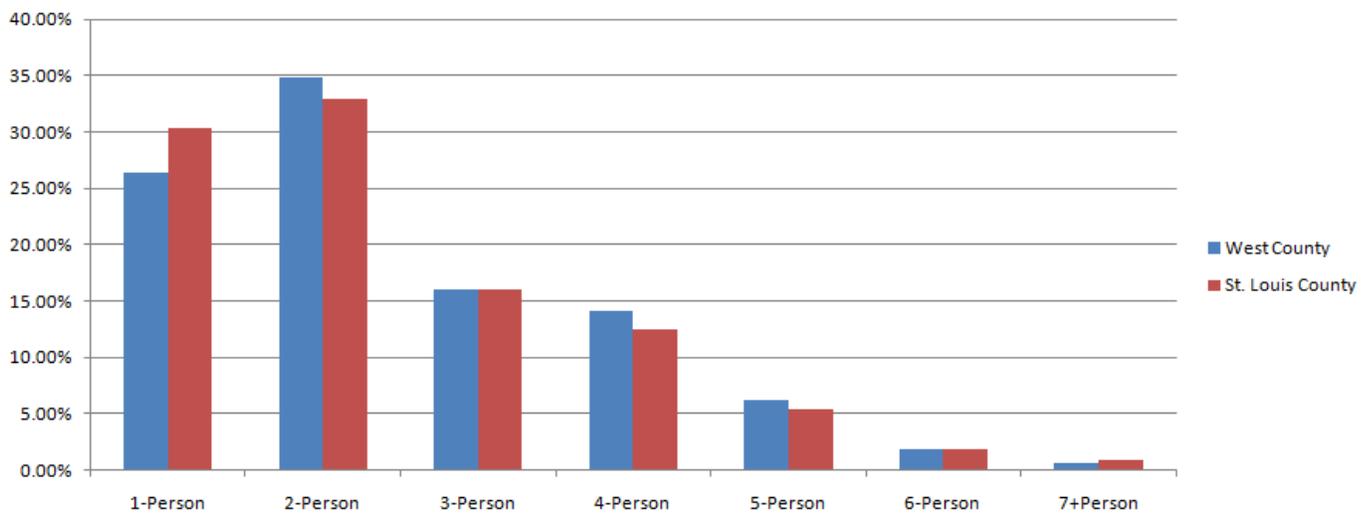
Median Length of Residence	Region: West		County: St. Louis	
	Years		Years	
All	11.34		10.60	
Renter Occupied	4.11		4.20	
Owner Occupied	14.56		15.40	

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%

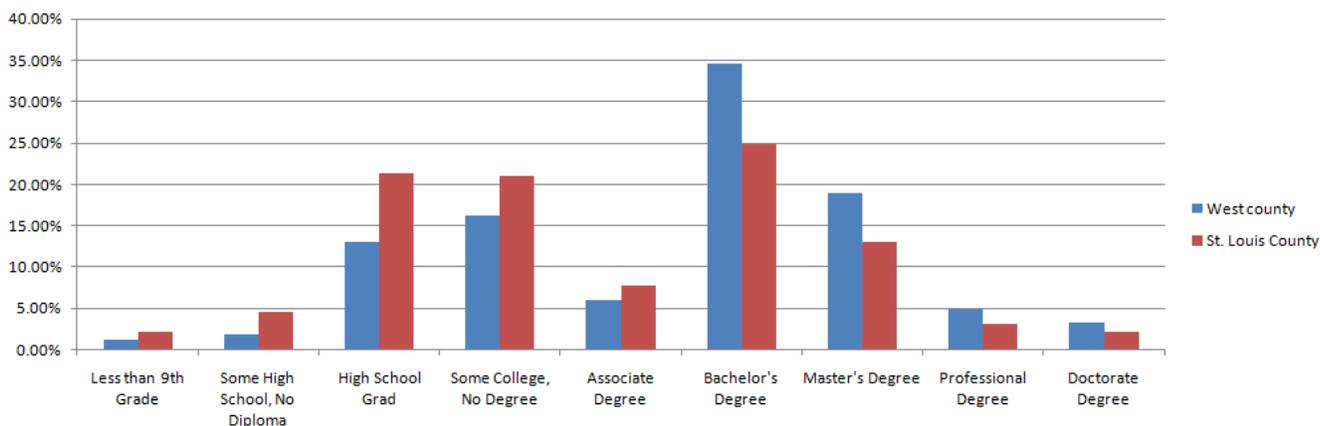
Source: Claritas, 2019. www.thinkhealthstl.com

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%

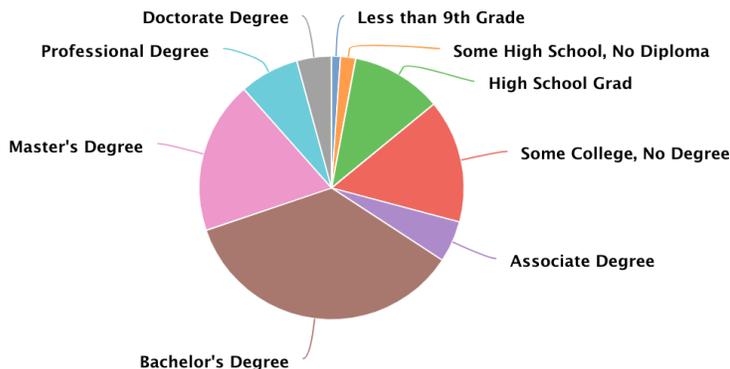
Source: Claritas, 2019. www.thinkhealthstl.com

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

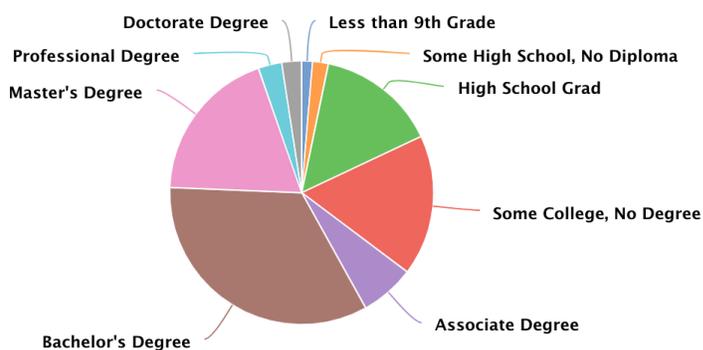


Source: Claritas, 2019. www.thinkhealthstl.com

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

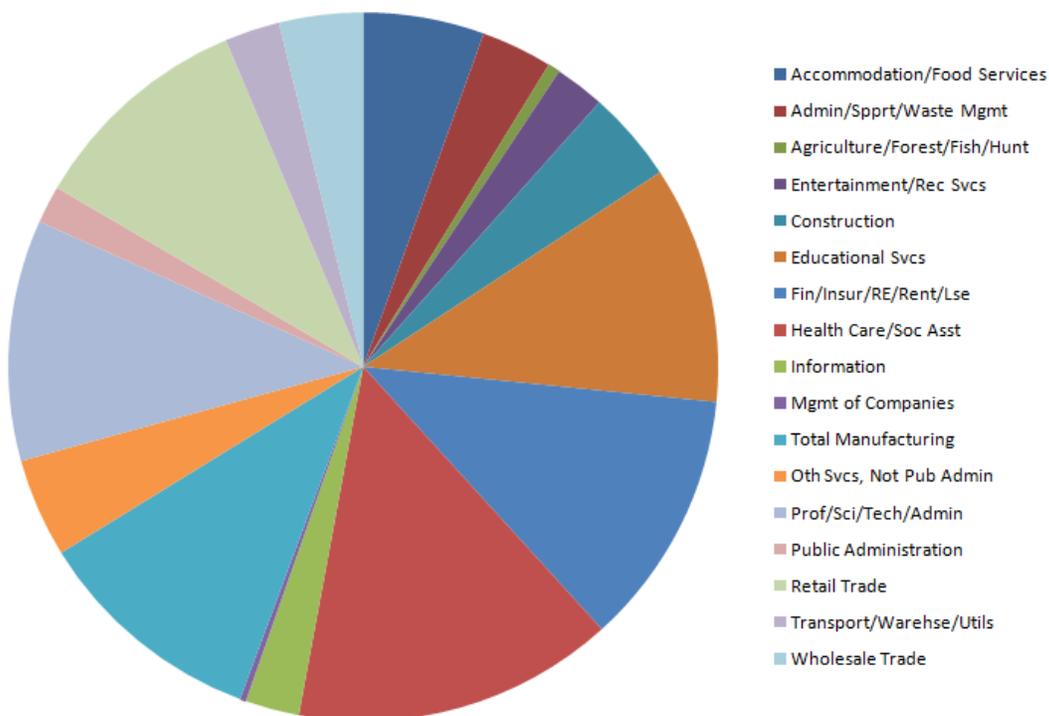
Employed Civilian 16+ by Occupation Group	Region: West		County: St. Louis	
	Persons	% of Employed Civilian 16+ Population	Persons	% of Employed Civilian 16+ Population
White Collar	125,778	80.14%	342,443	69.24%
Blue Collar	13,188	8.40%	69,874	14.13%
Service and Farm	17,986	11.46%	82,245	16.63%

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. 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.

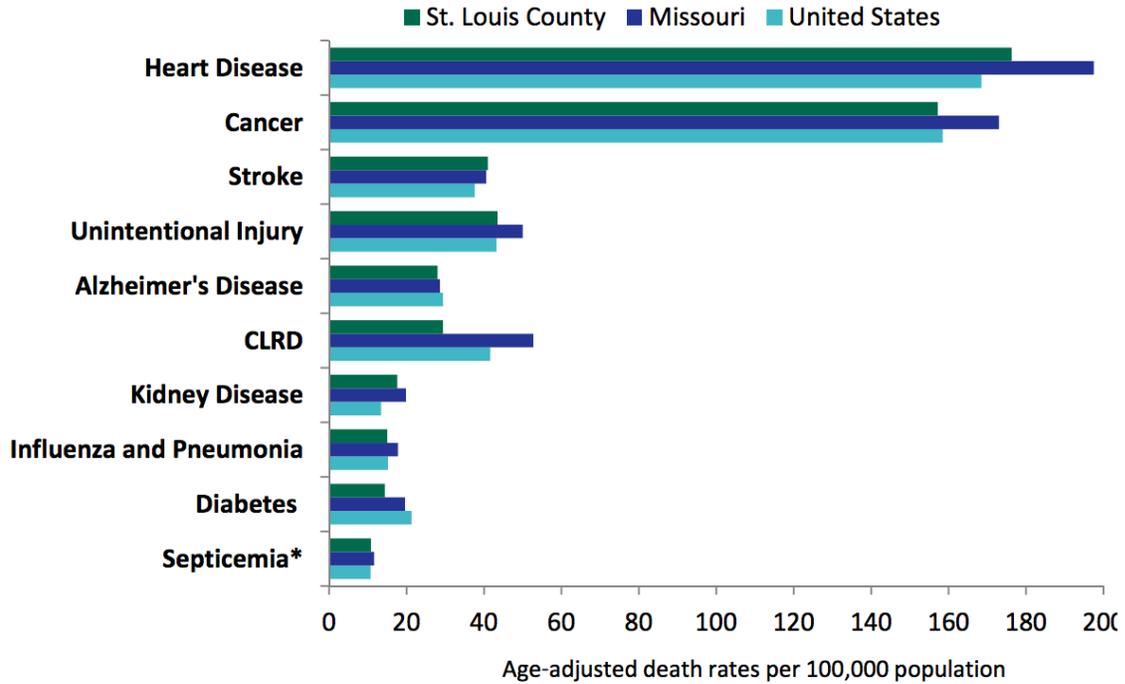
The leading causes of death across St. Louis County are heart disease, cancer and stroke, followed by unintentional injury, according to the Saint Louis Region Community Health Assessment & Community Health Improvement Plan, published August 2018 (Appendix C).

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.

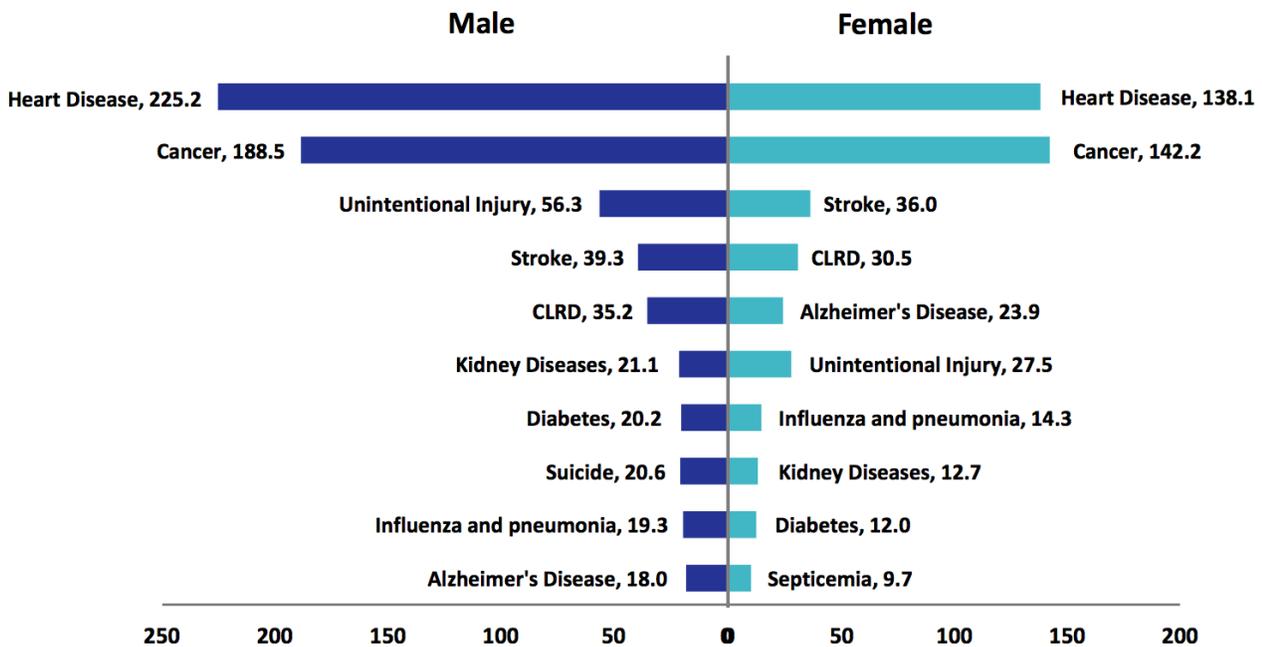
The St. Louis County Department of Public Health's Leading Cause of Death Profile (Appendix D), published in February of 2018, reiterates the burden of chronic disease in St. Louis County. Seven of the ten leading causes of death during 2010-2014 were chronic diseases, accounting for 66 percent of all deaths. Notably, comparing 2011-2015 to 2010-2014 five-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.



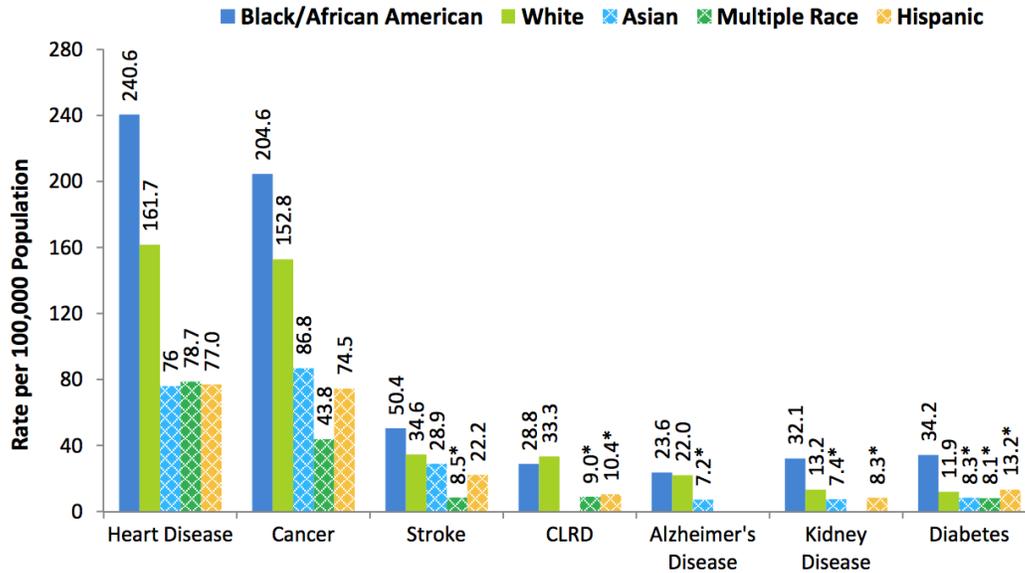
Source: St. Louis County Leading Causes of Death Profile, 2018

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, 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

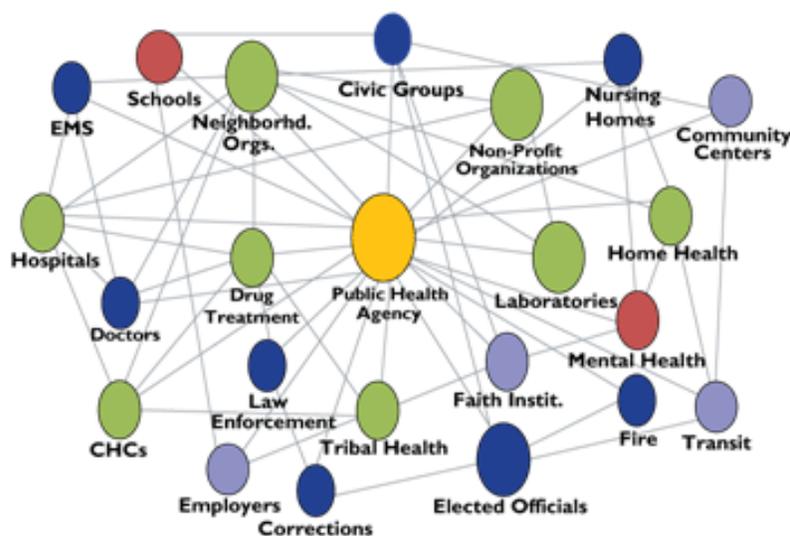
St. Luke's Hospital's network of care is embedded within the complex health landscape of the St. Louis region. In order to achieve progress on health outcomes, and improve the quality of life and well-being of individuals within our community, it has become increasingly important to participate in a collaborative process for health needs assessment. Since 2012, St. Luke's 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. While alignment with these larger regional efforts 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 collaborative.

In August 2018, several of the collaborating hospitals convened a community focus group to supplement data provided by the STLPHC's reporting. The objectives of the session were 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 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 Hospital 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 Hospital worked with St. Luke's Des Peres 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

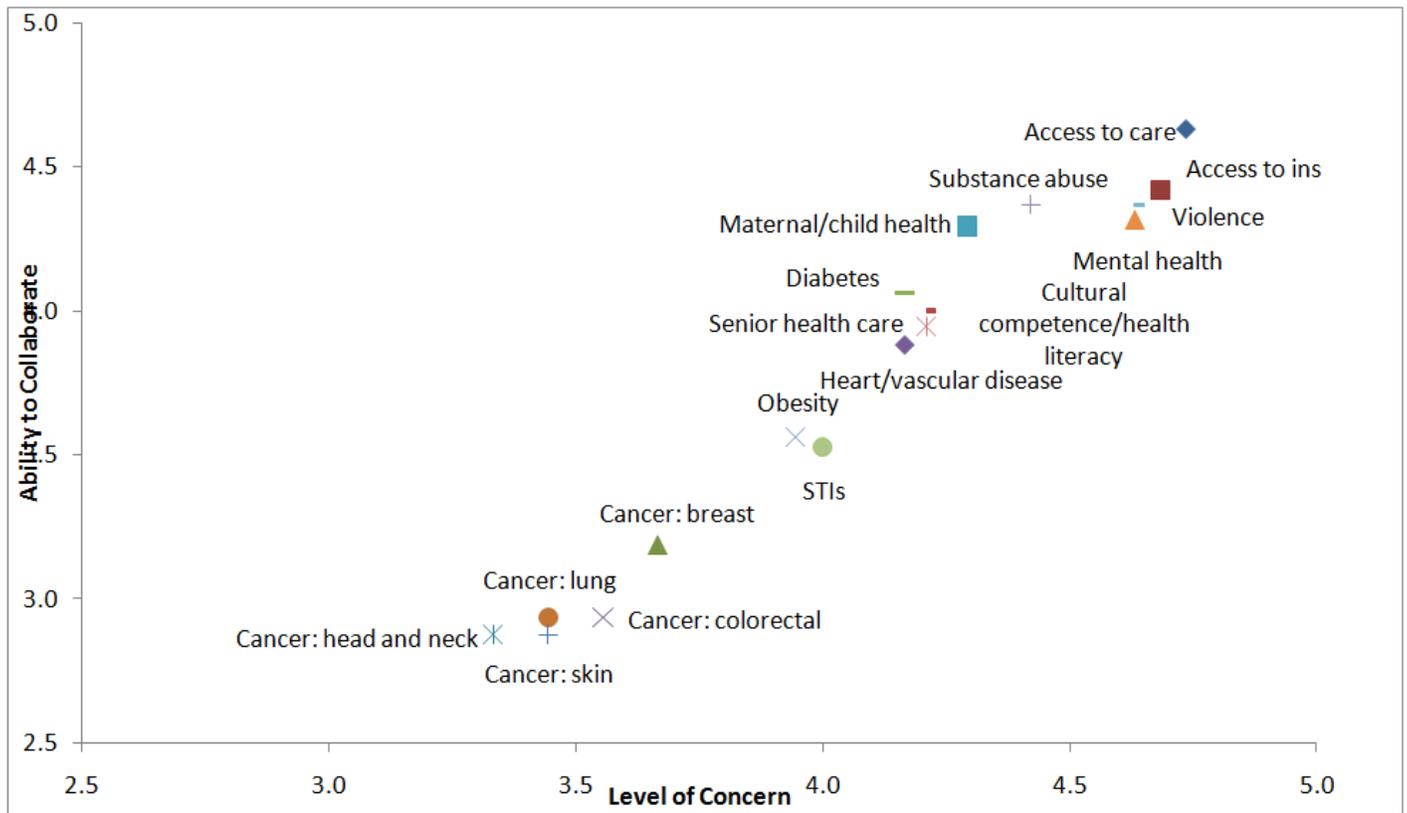


Figure 7. Focus Group Ratings, 2018

Hospital Focus Groups

Focus groups were held with St. Luke's Hospital and St. Luke's Des Peres 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 Hospital employees as priority needs. In general, staff believed that St. Luke's Hospital's existing community offerings--whether through resources, education, programs or classes--were an asset to the community, but 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. To promote ongoing feedback from the community, the survey tool will be made widely available to the public through St. Luke's website.

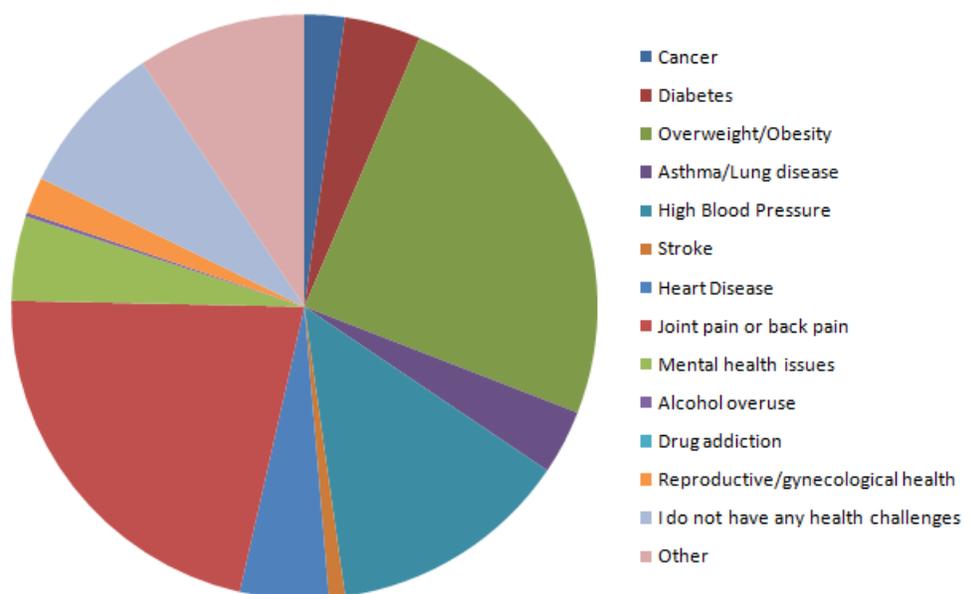
An email linking to the survey and describing the community health needs assessment process was sent to 7,733 individuals in the Spirit of Women database. Of these, 1,739 individuals opened the email and 410 clicked into the survey. 61% of individuals who opened the survey completed all questions (n=253). 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 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 Hospital 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

Since the 2012-2013 CHNA, St. Luke's has largely focused its attention on three priority areas: obesity and sedentary lifestyle, cancer screenings and support services, and management of chronic conditions. While we recognize that these areas are still prevalent needs in the community, St. Luke's Hospital has established the following priorities on which to develop actionable objectives for 2019-2022:

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

These specific areas were identified based on current health data, community input through focus groups and surveys outlined in Part VI, and in consideration of regional strategies. 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 four new priorities.

Regionally, the St. Louis Partnership for a Healthy Community 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 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.

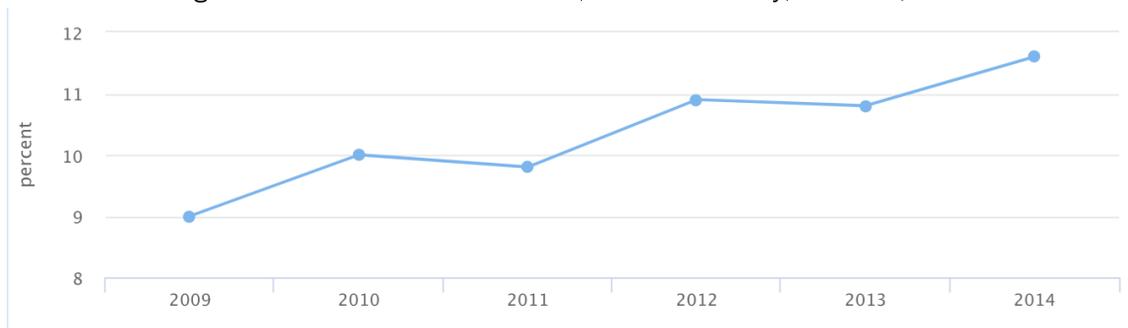


Priority 1: Diabetes Prevention and Self-Management

Goal: Improve diabetes self-management and early treatment and prevention of diabetes through access to healthcare resources.

Nationwide, 30.3 million individuals live with diabetes (CDC, 2019). This includes 11.6% of adults over the age of 20 in St. Louis County, which is higher than state and national averages, and has increased since 2013. 24.8% of the Medicare population has also been diagnosed with diabetes, and at the same time, diabetic monitoring among Medicare patients is also below state averages, with 86% of diabetic Medicare patients ages 65-75 reporting having had a blood sugar (HbA1c) test in the past year, compared to 86.3% statewide (Figure 10). With appropriate treatment and lifestyle changes, diabetes and its complications can be managed. But without proper care, diabetes can lead to kidney disease, nerve damage, high blood pressure, and stroke. While fewer people in St. Louis County die because of complications of their diabetes than in Missouri or the U.S. as a whole, health disparities are prevalent, with men and African-Americans in St. Louis County having a significantly higher risk.

Figure 9. Adults 20+ with Diabetes, St. Louis County, Missouri, 2014

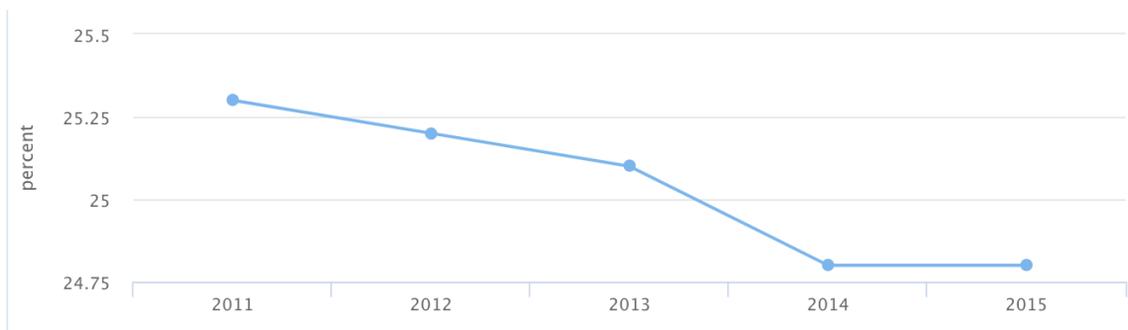


COMPARED TO



Source: Claritas, 2019. www.thinkhealthstl.com

Figure 10. Diabetes in the Medicare Population, St. Louis County, Missouri, 2015



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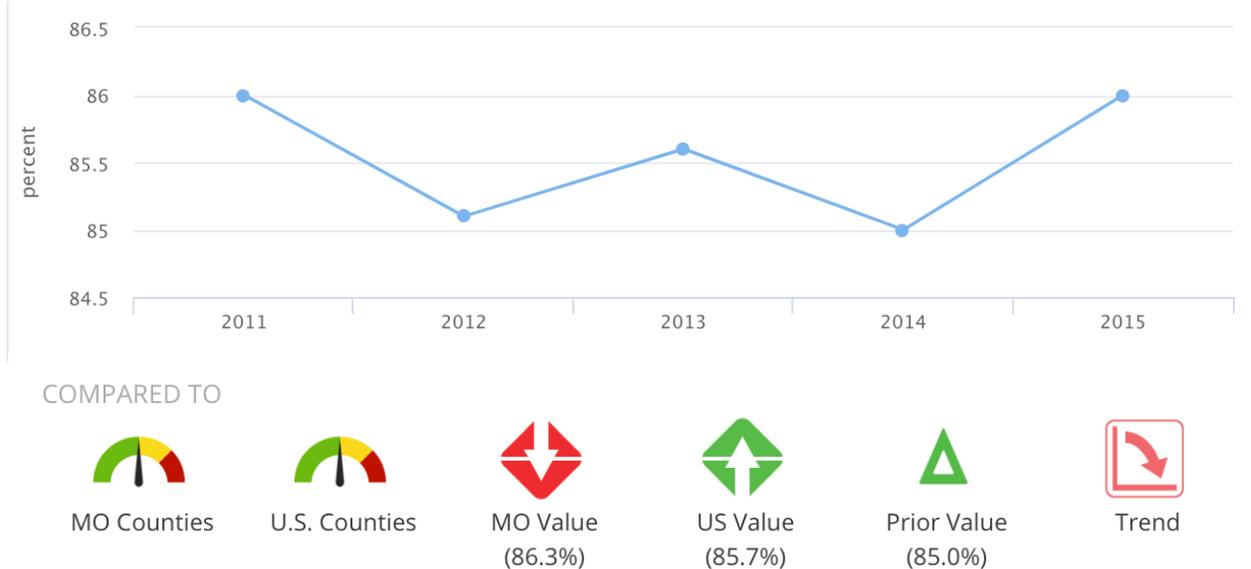


Source: Claritas, 2019. www.thinkhealthstl.com

Diabetes Prevention and Self-Management (Cont.)

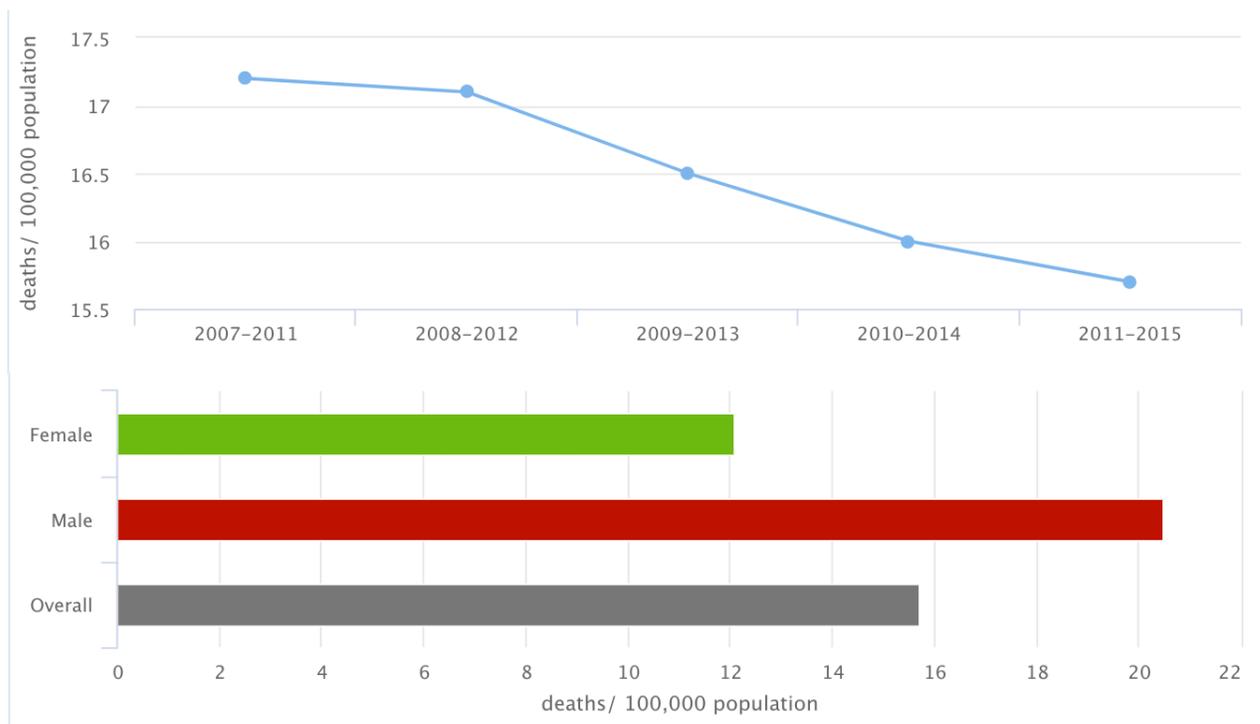
According to the Centers for Disease Control and Prevention (CDC), more than 1 out of 3 adults nationwide have prediabetes, and 90% of those with prediabetes do not know that they have it. In order to make a significant impact on the rate of diabetes diagnosis, it is essential to be proactive about preventing the onset of disease, and helping those individuals with prediabetes make lifestyle changes to lower or reverse their diabetes risk.

Figure 11. Diabetic Monitoring in the Medicare Population, Ages 65-75, St. Louis County, Missouri, 2015



Source: Claritas, 2019. www.thinkhealthstl.com

Figure 12. Age-Adjusted Death Rate due to Diabetes and by Gender, St. Louis County, Missouri, 2011-2015



Source: Claritas, 2019. www.thinkhealthstl.com

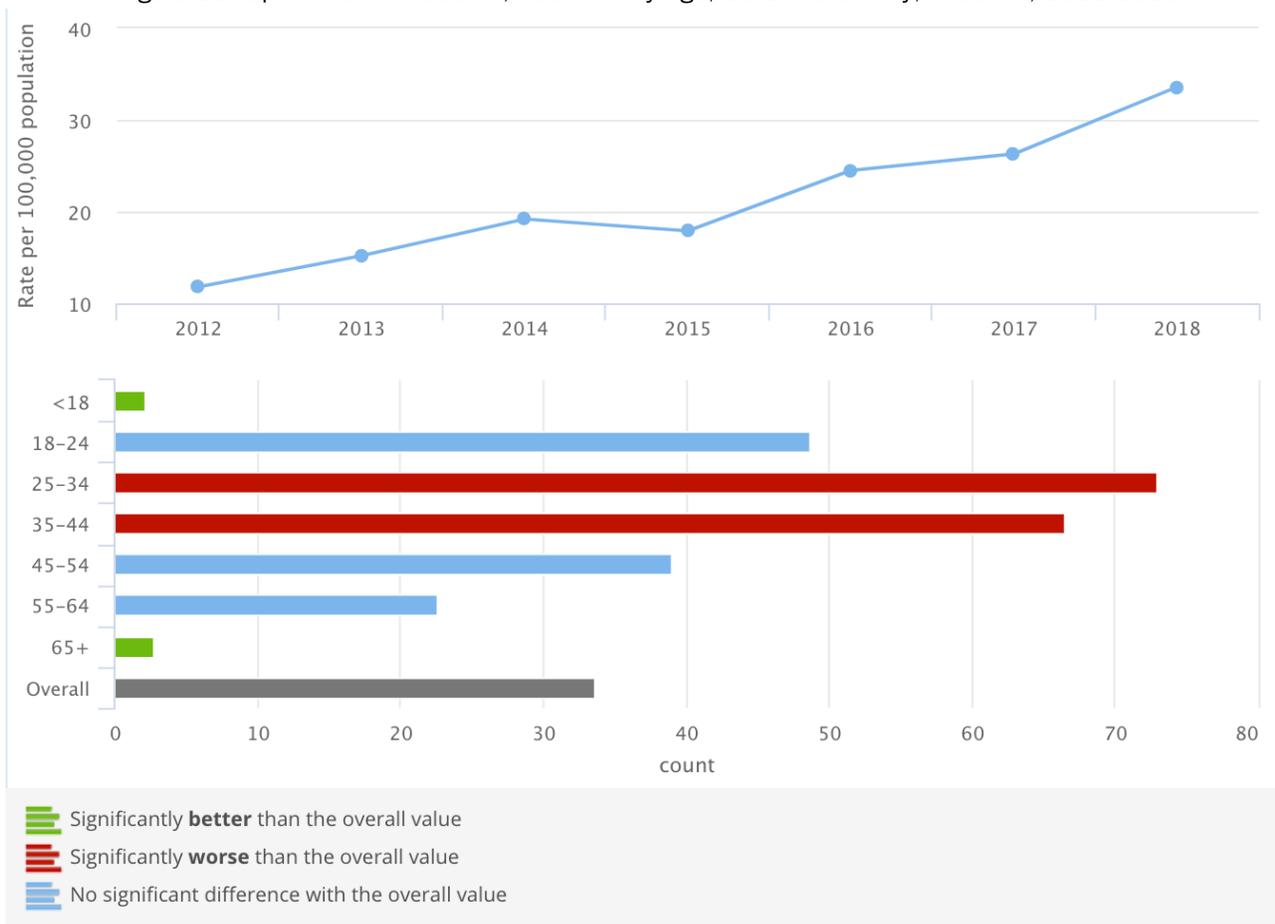
Priority 2: Opioid Use Disorder (OUD)

Goal: Reduce overdose deaths by educating the community, promoting responsible prescribing practices and medication disposal, increasing the availability of Naloxone and connecting patients with Medication-Assisted Treatment (MAT) and supportive services.

Across the region, community members have voiced concern about mental health and substance abuse, and in particular, the opioid crisis. In the past 7 years, opioid-related deaths have increased by nearly 300%, affecting individuals and families of all ages and socioeconomic statuses, with a disproportionate number of men, African-Americans, and individuals ages 25-44 impacted. On June 28, 2018, opioid addiction and overdose were declared a public health emergency in St. Louis County. An action plan was released in conjunction with the declaration.

The community-wide effort, led by the Saint Louis County Department of Public Health, focuses on five key areas in the fight against opioid addiction, including education & prevention, harm reduction & rescue, treatment, recovery and public health data. Since the action plan was released, improvements have been measured in the amount of opioids prescribed, the number of available healthcare providers trained in Medication-Assisted Treatment (MAT) and in the utilization of the Prescription Drug Monitoring Program (PDMP) database. However, opioid-related deaths continue to rise.

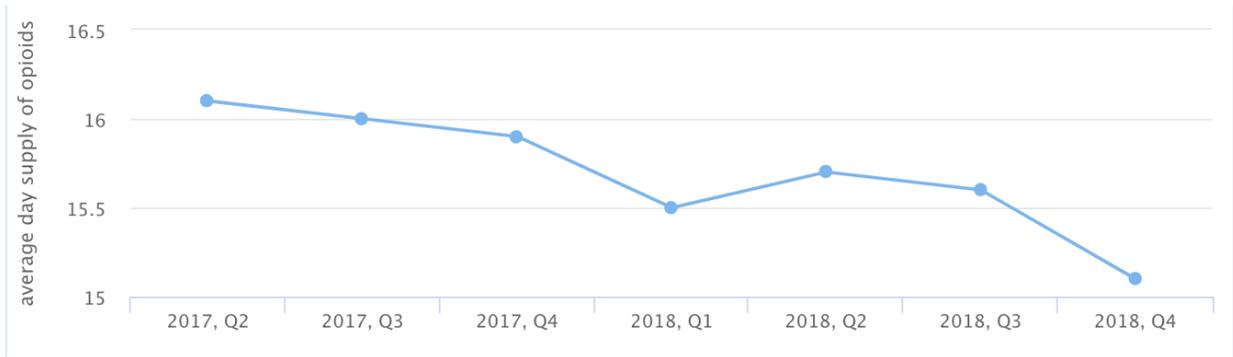
Figure 13. Opioid-Related Deaths, Stratified by Age, St. Louis County, Missouri, 2012-2018



Source: Claritas, 2019. www.thinkhealthstl.com

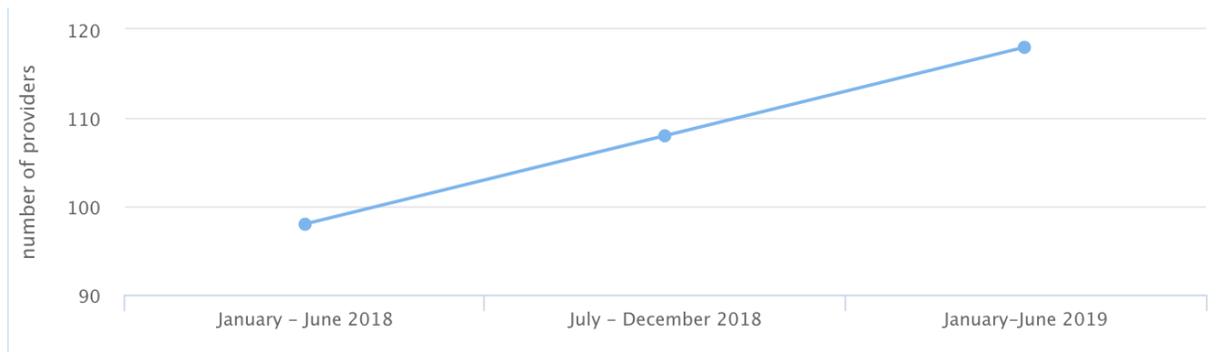
Opioid Use Disorder (Cont.)

Figure 14. Average Day Supply of Opioids Prescribed, St. Louis County, Missouri, 2017-2018



Source: Claritas, 2019. www.thinkhealthstl.com

Figure 15. Medication-Assisted Treatment (MAT) Providers, St. Louis County, Missouri, 2018-2019



Source: Claritas, 2019. www.thinkhealthstl.com

Figure 16. PDMP Patient Searches/Prescriptions Dispensed, 2017-2019



Source: Claritas, 2019. www.thinkhealthstl.com



Priority 3: Health Literacy & Cultural Competency

Goal: Empower individuals to take appropriate action for their health through improved health literacy and cultural competency.

According to the Centers for Disease Control and Prevention, being health literate is essential for a patient to receive timely and effective healthcare services. Health literacy involves being able to understand your health risk for a particular disease, engage in self-care and disease management, recognize bias in health information reporting, and respond to necessary alerts and warnings. Adults with low health literacy tend to have poor health status, use emergency rooms and inpatient care more frequently and have a higher risk of death.

While health literacy is correlated with education, it involves more than being able to simply read health information. Even in a community like West County, where over 60% of the population has at least a Bachelor's degree, patients may not receive the care they need, whether because they don't understand what a healthcare provider communicates to them about their care, or because they are unsure about how to navigate the healthcare system itself. Though health information has been made widely available through the internet, it is not always easy to determine what information you can trust, and an abundance of conflicting information can lead to confusion and overwhelm. Patient empowerment is a vital aspect of health literacy, but provider education is essential as well; provider-patient communication is linked to patient satisfaction, adherence to medical instructions and overall health outcomes.

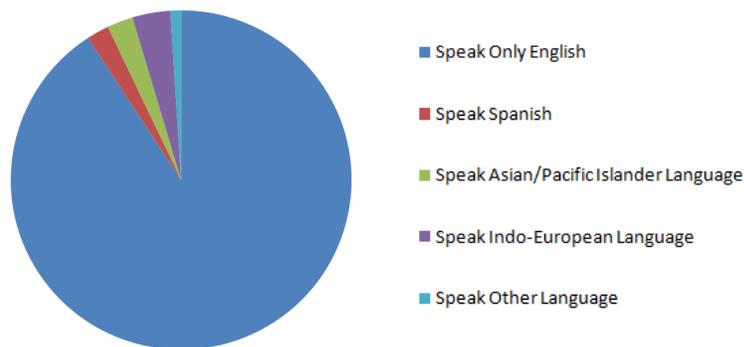
Age and ethnicity are also associated with low health literacy. As the population of West County becomes increasingly diverse, clinicians will more frequently see patients with broad perspectives regarding health, often influenced by their social or cultural backgrounds. In these cases, cultural competency is essential in supporting providers to understand and meet the social, cultural, and linguistic needs of those patients.

Nearly 45% of West County residents are ages 45 years and older. As this population continues to age, special considerations should be made to ensure that health communications clear and accessible. According to the CDC, 71% of adults older than age 60 had difficulty in using print materials, 80% had difficulty using documents such as forms or charts, and 68% had difficulty with interpreting numbers and doing calculations.



Health Literacy & Cultural Competency (Cont.)

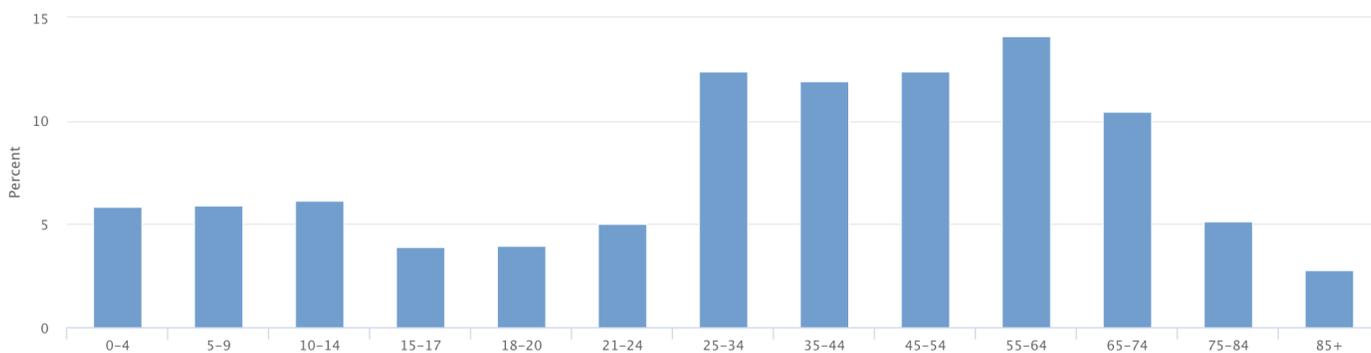
Figure 17. Population Age 5+ by Language Spoken at Home, St. Louis County, Missouri, 2019



Population 5+ by Language Spoken at Home	County: St. Louis	
	Persons	% of Population Age 5+
Speak Only English	850,855	90.79%
Speak Spanish	19,946	2.13%
Speak Asian/Pacific Islander Language	23,070	2.46%
Speak Indo-European Language	33,811	3.61%
Speak Other Language	9,514	1.02%

Source: Claritas, 2019. www.thinkhealthstl.com

Figure 18. Population by Age, St. Louis County, Missouri, 2019



Population by Age Group	County: St. Louis	
	Persons	% of Population
0-4	57,919	5.82%
5-9	58,705	5.90%
10-14	61,098	6.14%
15-17	38,850	3.90%
18-20	39,107	3.93%
21-24	49,942	5.02%
25-34	123,534	12.41%
35-44	118,919	11.95%
45-54	123,383	12.40%
55-64	140,447	14.11%
65-74	104,315	10.48%
75-84	51,235	5.15%
85+	27,661	2.78%

Source: Claritas, 2019. www.thinkhealthstl.com

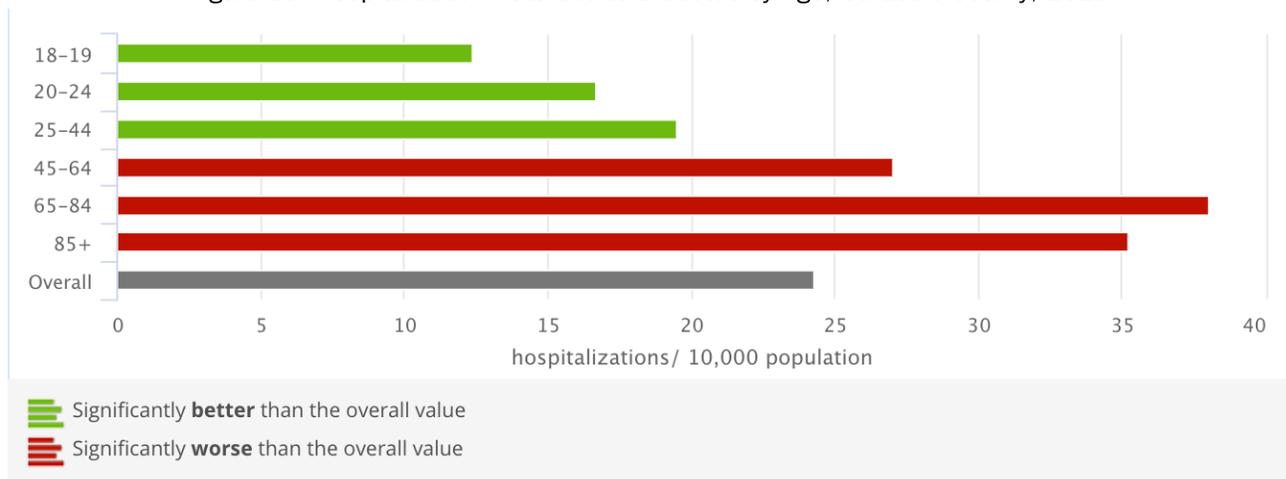
Priority 4: Access to Care for Older Adults

Goal: Improve the health, function and quality of life for older adults through improved access to health services, resources and information.

As Americans live longer, growth in the number of older adults is unprecedented. The CDC reports that the population of adults aged 65 or older and is projected to reach 23.5% (98 million) by 2060, bringing additional challenges to addressing the health and well being of seniors. In addition to health literacy, several concerns with regard to the elderly exist in the community, including chronic disease management, mental health, safety in the home, managing medications, and delayed diagnosis and treatment of cognitive disorders such as Alzheimer's disease or dementia. Central to these issues is the underlining struggle that many seniors have in accessing and affording care, which leads to the fragmentation of care, poor management of chronic diseases, and increased risk for hospitalization.

- In St. Louis County, 12.5% of seniors aged 65+ reported living below the poverty level.
- In 2019, the hospitalization rate due to diabetes was higher for adults 65+ than any other group (Figure 19)

Figure 19. Hospitalization Rate due to Diabetes by Age, St. Louis County, 2019



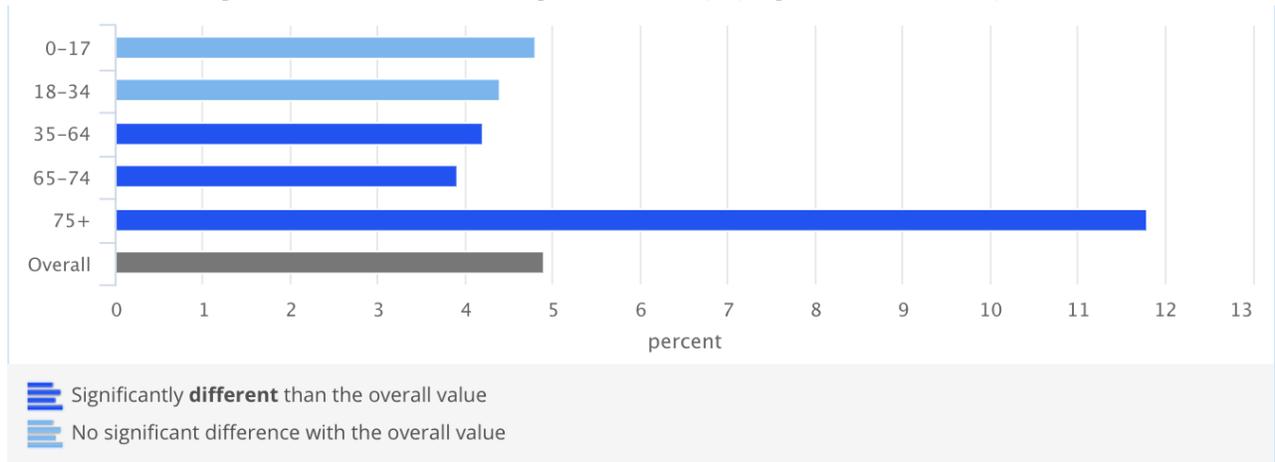
Source: Claritas, 2019. www.thinkhealthstl.com



Access to Care for Older Adults (Cont.)

Addressing access to care is particularly important because older adults are at an increased risk for disability with age, including increased cognitive, hearing, self-care, vision and ambulatory difficulties (Figure 20). They can also experience greater rates of social isolation, with fewer personal networks to assist in overcoming barriers to care.

Figure 20. Persons with a Cognitive Difficulty by Age, St. Louis County, 2019



Source: Claritas, 2019. www.thinkhealthstl.com



Other Identified Needs

The data outlined in this community health needs assessment 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 community health needs assessment 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.

Access

Access to care was a predominant concern across voiced throughout the health assessment process, and has been identified by the STLPHC as a priority area. While access is not explicitly identified as one of our four priorities, it is a central focus of our approach to improving health and function of older adults, and elements of access will be woven into implementation plans for each of the remaining priorities. In addition, St. Luke's lives out its ministry of healing by dedicating itself to improving the health of the community through the wide array of services it makes available to the St. Louis metropolitan area. St. Luke's Hospital is proud of our mission to provide care to patients regardless of their ability to pay.

Financial Assistance is provided to all patients with an identified need. St. Luke's Hospital reaches out to self-pay and underinsured patients in a number of ways, including raising awareness of Medicaid health insurance and the hospital's self-pay plan for patients. By assisting our patients with the Medicaid application process, St. Luke's helps patients obtain the benefits for which they qualify. We are committed to working with patients who do not have private insurance and who do not qualify for Medicaid, offering self-pay discounts in line with those that have been negotiated with private insurance companies. In addition, patients may be eligible for a "prompt pay" discount. Financial assistance may be available for patients, depending on income, assets, family size and medical needs. Eligibility is based on Federal Poverty Guidelines. Assistance may be available in the form of free services or reduced rates.

St. Luke's Pediatric Care Center is a mission-based agency of St. Luke's Hospital that has been providing primary and preventative care to medically underserved and underinsured children from birth to age 18 in North St. Louis City and County for more than 60 years. St. Luke's Hospital funds this community project, with operating costs exceeding \$1 million dollars.



The primary goal of the Center is to establish and maintain access to healthcare for families through a primary care physician, thereby helping them understand and deal with potential issues before the issues become serious enough to require acute care. The staff consists of two full-time, board-certified pediatricians, as well as a site manager, registered nurse, social worker and office coordinator, all of whom are dedicated to improving healthcare for children and families.

[Healing Grace](#) was formed in June 2007 by one of our St. Luke's Medical Group physicians with the goal of providing a clinic for the uninsured in West St. Louis County by using primarily volunteer help and low-cost generic medications. The clinic is located on the grounds of Central Baptist Church in Eureka, Missouri.

St. Luke's has provided medical supplies and used equipment for the clinic. The clinic is operated by the Central Baptist Church. Ongoing support from St. Luke's includes the provision of a part-time physician assistant and medical assistant who see patients at the clinic 3 days per week, some minimal medical supplies and physician coverage for the physician assistant. Through the St. Luke's Center for Diagnostic Imaging, imaging services are provided free or at a reduced cost to patients. Chronic conditions are managed and care is coordinated through arrangements with other hospital departments and members of St. Luke's Medical Staff, with financial assistance provided.

Several additional health clinic resources exist within the St. Louis County area, including:

- Saint Louis Integrated Health Network
- North Central Community Health Center
- Affinia Healthcare
- Health Care for Kids
- John C. Murphy Health Center
- Show Me Healthy Women
- South County Health Center
- St. Louis ConnectCare
- Volunteers in Medicine

[Transportation](#) is another significant barrier regarding access. The major concern is that people who do not have a car, gas or convenient access to a bus, have more limited access to healthcare resources and the medical professionals who provide them care. Services in the St. Louis County area that provide transportation to various hospitals and medical institutions include:

- American Cancer Society's Road to Recovery Program
- Mid-East Area Agency on Aging (MEAAA)
- St. Louis County's Older Residents Program (CORP)
- Missouri Department of Social Services provides non-emergency medical transportation to eligible Medicaid participants
- Select HMO insurance providers offer a certain number of rides to medical appointments

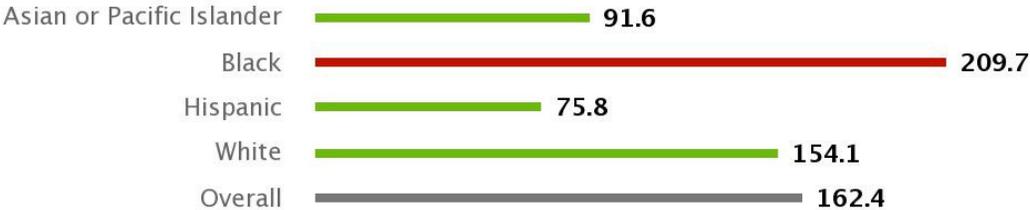
Cancer

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 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). St. Luke's Hospital's cancer registry reflects similar trends, in that our patient population is 92.4% white and over 60% female (2017), while the population in West County is 84.6% white and 51% female. This suggests that outreach and screening programs are falling short of closing gaps in care.

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.

Figure 21. Age-Adjusted Death Rate due to Cancer by Race/Ethnicity, St. Louis County, 2011-2015



Source: Claritas, 2019. www.thinkhealthstl.com

At St. Luke's Hospital, the Center for Cancer Care offers our community comprehensive inpatient and outpatient services, educational information and emotional support for the prevention, diagnosis and treatment of cancer. Services offered to the community and local patient population include comprehensive breast health screening, diagnostic, surgical, treatment and support services, radiology services, clinical trials, radiation oncology, infusion services, chemotherapy and breast cancer support.



St. Luke's Cancer Resource Center is available to give patients and family members access to accurate and current information on early detection, screenings, coping techniques, support groups and community resources, and in the community at large, St. Luke's implements robust community screening programs for mammography, lung cancer and skin cancer. Our mobile mammography van provides 3-D mammography to women across the St. Louis area, including those with financial need, and 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. Collaborating with these agencies and health care systems as a part of our commitment to the STLPHC will improve our collective reach and ultimately improve cancer outcomes over time.

Even further, cancer prevention and treatment will naturally be integrated into planned activities as St. Luke's Hospital works to develop implementation plans for the selected priorities, particularly related to health literacy and cultural competency, opioid use disorder and access to care for older adults.

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 CDC. By 2025, studies predict that chronic diseases will affect 49% of the population (RAND Corporation, 2000).

The U.S. Centers for Disease Control and Prevention 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 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 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
- 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.

St. Luke's Hospital will develop a comprehensive implementation plan for the following four priorities, with an emphasis on improving access within each focus area:

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

St. Luke's Des Peres Hospital will develop a comprehensive implementation plan for following 2 focus priorities:

- Access to Care
- Nutrition and Weight Status

Any feedback or input about the implementation plan can be provided to St. Luke's Hospital by emailing 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