



St. Luke's



St. Luke's Hospital

Community Health Needs Assessment

2025

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Message to Our Community

St. Luke's is dedicated to providing exceptional care to every patient, every time and has served our community for many generations. We continue to advance our mission through our ONE St. Luke's strategic plan to create a more seamless and even higher quality healthcare experience for our patients. Every three years, we also further our mission through an intentional process to identify the greatest current health and related social needs in our community.

We are proud to present St. Luke's Hospital's 2025 Community Health Needs Assessment. It is the culmination of a systematic approach incorporating data analysis, community input and our team's collaboration with other St. Louis area health systems and additional community partners. In this report, we present our community's priority health and social needs in which St. Luke's is positioned to make a meaningful impact and support equitable access to care.



As we develop initiatives to address these priorities, we will continue to focus on providing exceptional care to improve the health and well-being of each patient and the community. We are One Team with One Purpose and One Passion. **We are ONE St. Luke's!**

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrew Bagnall', written in a fluid, cursive style.

Andrew J. Bagnall, MHA, FACHE
President and Chief Executive Officer



Executive Summary

The Community Health Needs Assessment (CHNA) is a systematic process to identify gaps in access to care and the unmet needs in our community so that we can develop a plan to meet those needs with our resources, mission, and partners in the community. The CHNA includes assessment of not only health needs, but also the social and economic drivers that impact the ability to access and understand health that are often the root causes of health disparities. It is through this multi-faceted assessment that we uncover opportunities to collaborate as a community to address the most pressing challenges that have potential to allow all to achieve a healthy and productive life.

Data is the primary tool that guides the CHNA process. The St. Luke's Hospital CHNA included assessment of public health data, community surveys, and feedback from stakeholder focus groups from which the data were analyzed by zip code and in aggregate, compared to the St. Louis County benchmark. When combined, the inputs from all data sources allow St. Luke's to meaningfully incorporate findings with organizational strategy to impact the overall care and health of the community.

The magnitude of public health priorities requires a unified effort for meaningful impact. During the CHNA process, St. Luke's continued to collaborate with other regional hospitals and health systems as part of the

St. Louis Regional Hospital CHNA Collaborative to listen to our community, allowing opportunities for input and feedback. Focusing on the strengths of our community to address identified needs and recognizing that the greatest impact will be realized together, it is important that this collaboration continues through implementation to improve the health and well-being of the communities we serve.

The development of St. Luke's Hospital CHNA was guided by an internal Steering Committee comprised of St. Luke's leaders to align community health assessment and initiative development with organizational priorities. The Steering Committee is responsible for the guidance and review of the CHNA and the subsequent Community Health Implementation Plan (CHIP).

In June 2025, the St. Luke's Board provided final approval to develop and implement community health initiatives intended to impact the following priority needs:

- Older Adults and Age-Related Illnesses
- Weight Management and Heart Health
- Cancer





Introduction

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

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

Year after year, St. Luke's is nationally recognized for excellence in clinical quality and safety in patient care. St. Luke's is a 2024-2025 Best Hospital in the State of Missouri and a Best Regional Hospital, St. Louis Metro, by U.S. News & World Report. St. Luke's also received "High Performing" ratings in 13 Frequently Treated Procedures & Conditions, including: Aortic valve surgery, Chronic obstructive pulmonary disease (COPD), Colon cancer surgery, Heart attack, Heart bypass surgery, Heart failure, Hip replacement, Kidney failure, Knee replacement, Leukemia, lymphoma & myeloma, Lung cancer Surgery, Pneumonia, and Stroke. St. Luke's Hospital was also named one of the 2025 Best Hospitals for Maternity by U.S. News & World Report.

St. Luke's Center for Cancer Care was named one of Newsweek's "America's Best Cancer Hospitals for two years in a row, 2023-2024, and 1 of only 200 hospitals in the United States named to the list. The awards were given to leading hospitals providing cancer care in the United States based on a nationwide online survey of oncology professionals, hospital quality metrics, results from patient experience surveys

In 2025, St. Luke's was also recognized as one of America's 50 Best Hospitals for Cardiac Surgery™ by Healthgrades. Among St. Luke's many distinctions are 4 Specialty Excellence Awards™, placing the hospital among the nation's top 10% for Cardiac Surgery, Vascular Surgery, Gastrointestinal Surgery, and Surgical Care. St. Luke's is a Five-Star Recipient for 8 services, including Coronary Bypass Surgery, Valve Surgery, Treatment of Heart Attack, Repair of Abdominal Aorta, Peripheral Vascular Bypass, Upper Gastrointestinal Surgeries, Colorectal Surgeries, and Treatment for Bowel Obstruction.

St. Luke's is the only hospital in Missouri to earn Healthgrades Outstanding Patient Experience Award 15 Years in a Row, 2011-2025. This places it among the top 10% of hospitals nationwide for patient satisfaction, applying a scoring methodology to ten patient experience measures. These focus on patients' perceptions of their hospital care — including staff communication, medication explanations, and cleanliness. St. Luke's award is a direct result of positive patient feedback in these critical areas.

St. Luke's is proud to provide health education, screenings and outreach programs that engage our community members to take action for better health for themselves and the health of their families. In addition, St. Luke's partners with area employers to help identify, address and decrease health risks before they result in chronic disease, illness and costly healthcare claims, lowering costs and improving quality of life for all.

St Luke's Rehabilitation Hospital

St. Luke's Rehabilitation Hospital is a joint venture that was established in 2019 between St. Luke's and Post Acute Medicine (PAM). The Rehab Hospital is a 35-bed, free-standing acute care hospital, located three miles from St. Luke's Hospital, and specializes in the care of patients following injury, significant illness, or disability. The diagnoses of typical Rehab Hospital patients include but are not limited to stroke, other neurological disorders, traumatic and non-traumatic brain injury, spinal cord injury, orthopedics, oncology, cardiology, and post-critical care admission. The hospital is also specialty certified by The Joint Commission in stroke and offers stroke education for the patient and family, including a monthly community stroke support group.

The St. Luke's Rehab philosophy is that everybody deserves a chance at rehab so that they may return home. While the patient may be returning home with new skill sets, they are provided the ability to enjoy a functional and stable life. Approximately 85% of all St. Luke's Rehab admissions discharge home, which is significantly higher than the national rate among rehabilitation hospitals. In conjunction, St. Luke's Rehab patients' improvement in functionality from admission to discharge consistently ranks higher than the national rates. In the latest analysis of patient satisfaction via Google reviews, St. Luke's Rehab ranked in the top 10 for all PAM hospitals with a score of 4.86 on a scale of 0 to 5.

Unique attributes of St. Luke's Rehab Hospital include 24 hours a day registered respiratory therapist staffing and advanced cardiac life support certification of respiratory therapy and registered nursing staff. St. Luke's Rehab admits patients from multiple locations in the St. Louis market, including short term acute care hospitals or Skilled Nursing Facilities (SNF), a patient's home, local Emergency Departments, and from Assisted Living Facilities (ALFs) or Independent Living Facilities (ILFs). Transition to St. Luke's Rehab Hospital from these sites of care more easily allows the patient to begin receiving medical, nursing, and therapy treatment without being required to be admitted from an acute care hospital.

St. Luke's Rehab Hospital and its employees actively partner with the local community, providing support through Christmas toy donations at Epworth Drop-in Center (safe haven for homeless and at-risk youth) and Ranken Jordan Pediatric Bridge Hospital, school supply donations to Partnering with Safe Connections (women's domestic abuse shelter), and providing blood pressure and vital screenings at the Guns and Hoses boxing event to support local first responders.



Community Served

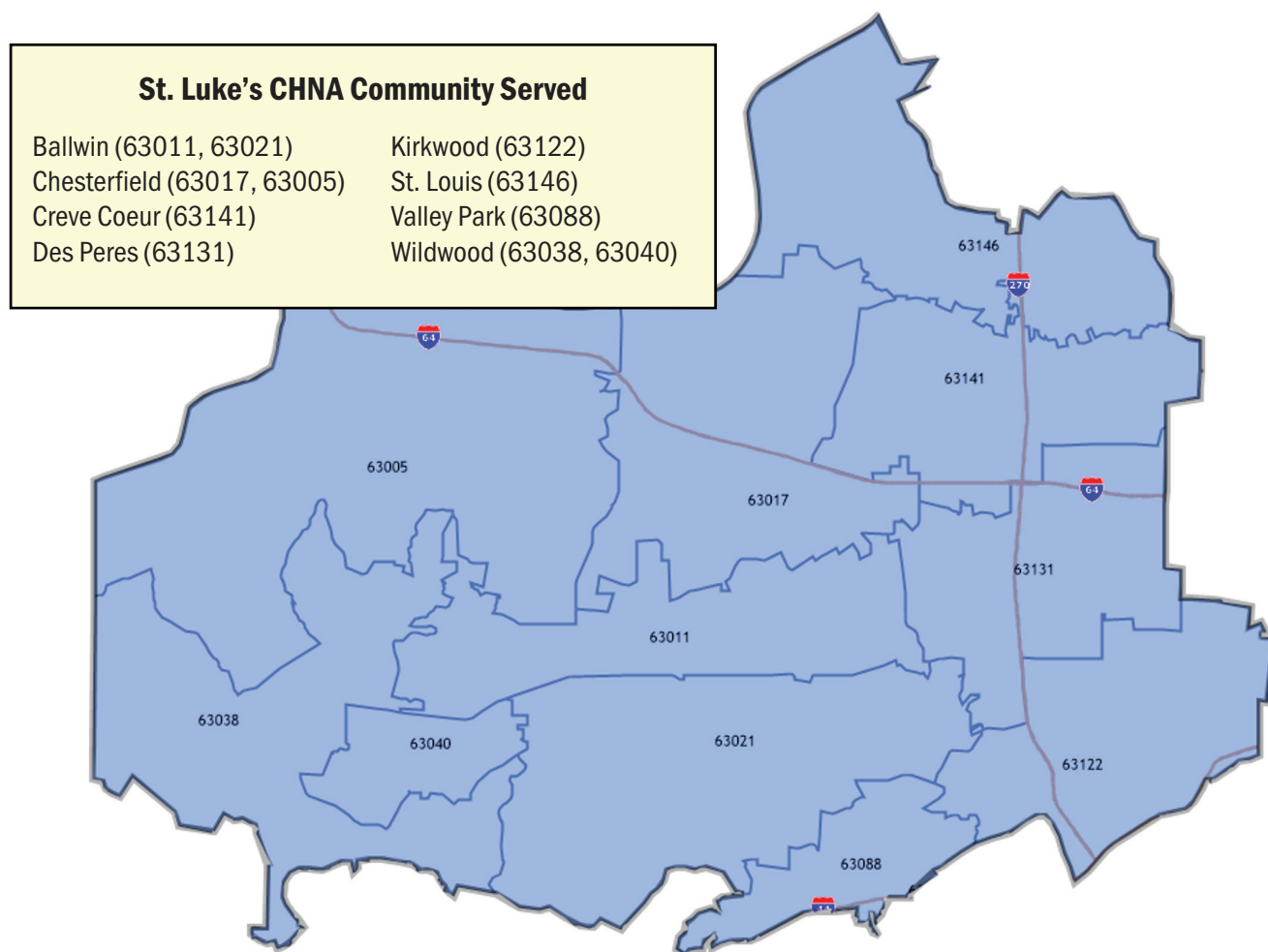
St. Luke's Hospital defines its community served based on a geographic area of zip codes where most patients who rely on St. Luke's Hospital for care reside, including populations with greater needs and disparities that may lead to poor health outcomes.

Review of St. Luke's Hospital inpatient volume and market share by zip code identified the zip codes from which most patients rely on St. Luke's Hospital for care.

To ensure that St. Luke's does not exclude from the assessment those who are medically underserved, low-income, or minority populations, an assessment of socioeconomic status by zip code was also included in the process to define community served. The socioeconomic status rank, provided through ExploreMOHealth, highlights nearby populations who are more likely to experience health disparities and may not receive medical care due to insurance status, geographic, language, or financial barriers.

Defining the St. Luke's Hospital CHNA geographic area based on zip code-level volume, market share, and socioeconomic status allows for a focused assessment to impact areas most significant to our organization.

Based on review of all data elements related to the St. Luke's Hospital CHNA community, the St. Luke's Hospital CHNA Steering Committee approved a CHNA geography comprised of 11 zip codes.



Data Collection and Methods

St. Luke's Hospital CHNA was developed through analysis of primary and secondary data from a variety of sources including public health data, community survey input, and feedback from stakeholder focus groups.

Data analysis of secondary data was the primary method of assessment of community health needs. Secondary data was analyzed at the zip-code level and benchmarked against St. Louis County. Indicators included demographics; health behaviors, conditions, and outcomes; access and utilization; and socioeconomic factors. For a detailed list of data and sources, refer to Appendix A.

St. Luke's continues to collaborate with other regional health systems in the CHNA process with the goal of assessing and potentially addressing community health needs together. Because all local health systems serve the same populations, partner with the same community organizations, and strive to address the most prevalent needs in the area, it is appropriate to collaborate in the assessment process when community members are engaged. The St. Louis Regional Hospital CHNA Collaborative is comprised of community health leaders from St. Luke's, Mercy, SSM Health, BJC HealthCare, and Shriners Hospitals for Children.

Primary data was collected through a St. Louis regional community survey and a stakeholder focus group. Between March and June 2024, the St. Louis Regional Hospital CHNA Collaborative disseminated a web-based community survey throughout the St. Louis area. The survey was available to all residents of the St. Louis metropolitan area. Survey promotions included a press release to local media outlets, hospital news stories, social media promotions, flyer distribution throughout the community at hospital-sponsored activities, and through community-based partner organizations including those with internet availability for individuals without access to internet at home. 618 respondents in the St. Luke's Hospital geography completed the survey. For a list of survey questions and responses for the St. Luke's Hospital CHNA area, refer to Appendix B.

After survey data were summarized, the Regional Hospital CHNA Collaborative hosted six regional stakeholder conversations (focus groups) with community partners from a wide variety of community-facing organizations who represent broad interests

of the community. The goal of hosting stakeholder conversations was to present the survey outcomes and gather additional detail about the data from experts in the field, in addition to discussing how we might collaboratively build on the results so that we can address the most pressing needs. For a summary of the West/Mid-St. Louis County stakeholder conversation and a list of organizations participating in the stakeholder conversation, refer to Appendix C.

The St. Luke's Hospital CHNA Steering Committee reviewed high scoring data indicators that were identified through primary and secondary data assessment in comparison to St. Louis County benchmarks, magnitude of impact on the population, and community and stakeholder feedback. Each elevated indicator was prioritized by the Steering Committee based on internal criteria including alignment with St. Luke's strategic priorities, resources required to address the issue, partnership opportunities, and St. Luke's Hospital's ability to readily impact the issue.

The individual prioritization criteria rankings of health needs were sorted by magnitude of total score and discussed by the Steering Committee to select the final list of prioritized needs.

Data Limitations

The St. Luke's Hospital CHNA incorporated multiple types and sources of data to ensure the most reliable and well-rounded data inputs to inform the assessment, however, we acknowledge that data availability and bias may impact outcomes of analysis. While the main goal of conducting a CHNA is to identify gaps to build strategies to address health equity, lack of detail in some public health data does not allow for stratification to identify populations and upstream root cause indicators in the community that could flag as cause for poor health outcomes. Additionally, qualitative survey responses and focus group feedback may introduce subjective responses and/or literacy limitations. While many methods were used to connect community members with the community survey, most survey respondents from the St. Luke's Hospital CHNA community were highly educated, middle to older-aged, white women.

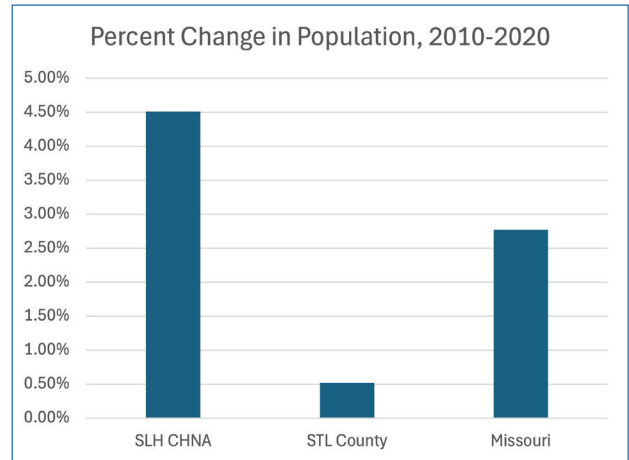
Data Assessment

Data for the St. Luke's Hospital 2025 CHNA was collected and analyzed in aggregate for the St. Luke's Hospital CHNA geography and was also examined at the zip code level of the 11 zip codes that comprise the St. Luke's Hospital CHNA geography to allow for more precise identification of issues for actionable insights to influence health outcomes.

Demographics

Compared to its St. Louis County benchmark, the St. Luke's Hospital CHNA population has grown more rapidly, includes a higher proportion of older adults, is less racially diverse, and includes a higher proportion of foreign-born residents and people of ethnic descent.

The St. Luke's Hospital CHNA population increased between 2010 and 2020 by 4.5% compared to 0.52% growth in St. Louis County during the same period. The population change was greatest in Des Peres (63131) with 8.8% growth and was also well above benchmark in Chesterfield (63005) at 8.4%, St. Louis (63146) at 7.5%, and Kirkwood (63122) at 7.3%.



Residents aged 45-64 years represent the largest age group in the St. Luke's Hospital CHNA population; comparatively, the 18-44 age group represents the largest age group in St. Louis County in aggregate. The 65+ age group is proportionately higher than the St. Louis County benchmark.

	SLH CHNA •		STL County		Missouri	
	2022 Pop.	% of Total	2022 Pop.	% of Total	2022 Pop.	% of Total
Age 0-17	42,969	15.04%	155,684	15.68%	991,259	16.05%
Age 18-44	88,359	30.93%	332,404	33.49%	2,148,707	34.80%
Age 45-64	91,860	32.16%	309,381	31.17%	1,899,974	30.77%
Age 65+	62,444	21.86%	195,222	19.67%	1,134,771	18.38%
Total	285,632	100.00%	992,691	100.00%	6,174,711	100.00%

2022 Population, Hospital Industry Data Institute (HIDI)

*Orange shading indicates greater than 5% variance from benchmark.

The St. Luke's Hospital CHNA population is less racially diverse than its St. Louis County benchmark, however Census data indicates a higher proportion of Asian and foreign-born residents, primarily in Chesterfield and St. Louis (63146). By volume, Chesterfield (63017) ranks highest among all St. Louis County zip codes with the greatest number of foreign-born residents. Local demography expert analysis supports the increase in foreign-born populations in west St. Louis County. Professor Ness Sandoval, who specializes in demography and sociology at Saint Louis University, has studied the recent population increase and considers Chesterfield to be an "immigrant destination" due to low crime and strong public education, which could translate into continued population growth among younger age groups who are attracted to live and raise families in west St. Louis County.^{1,2,3}

¹Amelotti, David. (2024, January 19). While St. Louis City population lags, Maryland Heights and Chesterfield celebrated as 'Immigrant Destinations'. First Alert 4. <https://www.firstalert4.com/2024/01/20/while-st-louis-city-population-lags-behind-maryland-heights-chesterfield-celebrated-immigrant-destinations/>

²Schmid, Eric. (2024, January 2). What St. Louis' foreign-born population means for the region's demographic issues. St. Louis Public Radio. <https://www.stlpr.org/economy-business/2024-01-02/how-st-louis-foreign-born-population-touches-local-demographic-issues>

³Henderson, Andrea Y. (2023, September 5). Fast-growing Indian community drawn to St. Louis by its welcoming spirit. St. Louis Public Radio. <https://www.stlpr.org/race-identity-and-faith/2023-09-05/fast-growing-indian-community-drawn-to-st-louis-by-its-welcoming-spirit>

Health Behaviors

Unhealthy behaviors and poor lifestyle choices will significantly impact an individual's overall health and are associated with an increased risk of developing some chronic diseases.

Overall, the health behaviors that influence health of the St. Luke's Hospital CHNA population rank better than benchmark. While not flagged as risks for the overall St. Luke's Hospital CHNA geography, substance abuse and the percent of seniors who are up to date on core preventive services show unfavorable variance from benchmark at greater than 5% in Valley Park (63088).

Health Conditions

Health conditions measured by rate of chronic disease can help to identify communities that are more likely to have adverse outcomes and can also inform how well programs and policies are managing chronic disease.

Chronic disease trends remain consistent with prior year assessments for the St. Luke's Hospital CHNA geography, with all cumulative chronic disease rates and most individual disease rates (except cancer) being less than 5% variance or better than benchmark. Hypertension, arthritis and joint disease, and cancer continue to lead as most prevalent chronic diseases. Other than cancer, the greatest variance of disease rate prevalence compared to benchmark in the cumulative St. Luke's Hospital CHNA geography is for arthritis and joint disease, which reflects the demographics of a community with high prevalence of older adults.

The combined chronic disease rate is highest and greater than 5% over variance in Chesterfield (63017), which is the area's geographic driver for most individual chronic disease rates. The greater proportion of chronic diseases in Chesterfield also aligns with the zip code's greater proportion of older adults.

Health Outcomes

Health outcomes can measure effectiveness as to how well the population's health and chronic disease are being managed and lend insight to patient quality of life.

In the assessment, health outcomes for the St. Luke's Hospital CHNA geography are measured by mortality statistics. It is notable that mortality rates of most chronic conditions in the St. Luke's Hospital CHNA geography are lower than benchmark comparisons, which likely indicates better disease management and prevention. Heart disease and cancer remain the top causes of death, and while data reveals COVID-19 to be an additional driver, consideration should be granted to the timing of data assessed (2020).

In the St. Luke's Hospital CHNA geography, the mortality measure of Years of Potential Life Lost (YPLL) in Valley Park (25.6) is highest among all zip codes in St. Luke's Hospital CHNA geography (cumulative 16.0).

Access to Care

Access to care reflects the ability to obtain healthcare services needed to meet the health needs of the community. The ability to access care that is available and affordable can directly impact chronic disease, health outcomes, and quality of life.

Utilization of health services in the St. Luke's Hospital CHNA geography is better than benchmark, with lower inpatient, emergency, and preventable visits. The "hospital utilization" statistic, sourced from ExploreMOHealth, is defined as inpatient, outpatient, and ED visits combined. This statistic reveals higher than benchmark utilization for the CHNA geography, and because data shows that inpatient and emergency utilization are low, the higher "hospital utilization" aligns with higher utilization for outpatient visits. Higher outpatient utilization suggests better health management through doctor visits and recommended screenings.

Social and Economic Needs

According to the World Health Organization, social determinants of health (SDOH) are non-medical factors that influence health outcomes. SDOH are critical drivers of health disparities and patient outcomes. Unmet social needs such as housing instability, food insecurity, and transportation barriers impact a patient’s ability to access preventive services and medical treatment to achieve optimal health.

With the exception of “community walkability,” all evaluated social and economic needs of the aggregate St. Luke’s Hospital CHNA geography reflect overall better rates than benchmark. At the zip code level of the CHNA geography, St. Louis (63146) and Valley Park consistently rank lowest for social and economic factors among all zip codes.



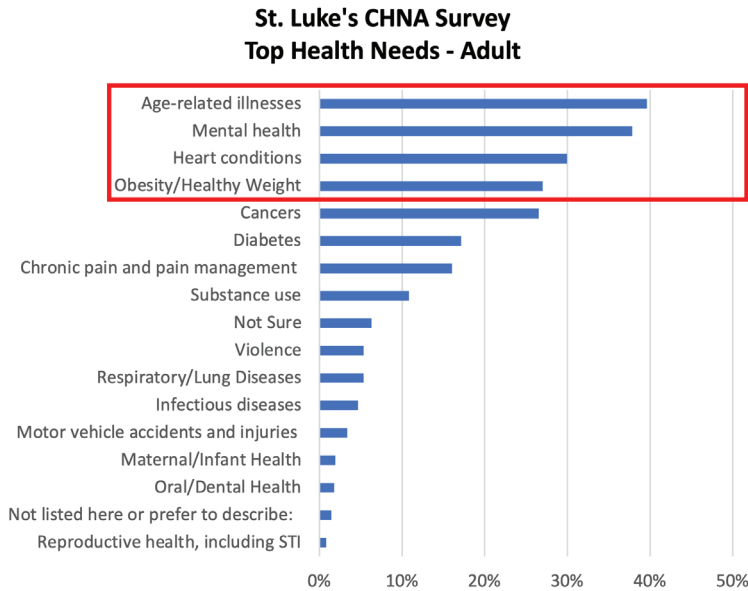
Community Survey



St. Luke’s continues to partner with St. Louis area regional health systems to collaboratively assess and potentially address community health needs. Because all local health systems serve the same populations, partner with the same community organizations, and ultimately address the most prevalent health and social needs in the area, it is important to come together in the process, not only in terms of efficiency, but also in terms of collaborative impact for the benefit of our community.

Between March and June 2024, the St. Louis Regional Hospital CHNA Collaborative disseminated and promoted a community survey with the goal of reaching a variety of community members and partners. A total of 6,458 surveys were collected throughout the St. Louis metropolitan area, of which 618 were from the St. Luke’s Hospital CHNA. Respondents of the survey were primarily highly educated, middle-to-older aged, white women.

Survey data from the St. Luke’s Hospital CHNA geography revealed the top health needs for adults are age-related illnesses, mental health, heart conditions, and obesity. Top health needs for children were identified as mental health, obesity, substance use, and intellectual and developmental disabilities.



Stakeholder Conversations

After summarizing the community survey results, the St. Louis Regional Hospital CHNA Collaborative hosted six regional focus groups for stakeholder conversations with community partners who represented a wide variety of community organizations with the goal of presenting survey outcomes and gathering additional detail to further expand on the data and to identify how we might collaboratively build on the results to address the most pressing needs.

Mental health quickly emerged as the main topic of focus in the West/Mid-St. Louis County stakeholder conversations. Education and community support services to educate and prevent mental health crises were indicated as key drivers to prevent clinical indications. With limited access to mental health services, improved education and support could alleviate the need for escalated clinical interventions.

Access to healthcare providers was also addressed, as access can be limited in the St. Luke's Hospital CHNA geography due to the availability of providers, scheduling limitations, and the shortage of providers accepting Medicaid. Further impacting access to healthcare is the limited availability of affordable housing (especially multi-family units) and transportation.

A holistic approach to improve the health and social needs of the St. Luke's Hospital CHNA geography through regional partnership between healthcare providers and community partners will encourage sustained and realized improvement. Coordinating the services and resources of service providers would help community members more easily access the help that they need and ensure seamless referrals and support, while ultimately making substantial progress in improving the health outcomes for all residents.



Health Needs Prioritization

The St. Luke's Hospital CHNA Steering Committee reviewed results of the data analysis and the significant health and social needs that emerged, prioritizing each considering St. Luke's organizational strengths and priorities, internal and partner resources available, and St. Luke's ability to impact and support the issue. After reviewing and discussing the priority rankings and available resources, the St. Luke's Hospital CHNA Steering Committee recommended focusing FY2026-FY2028 community health improvement strategies and resources to impact the following priority health needs:

- **Older Adults and Age-Related Illnesses**
- **Weight Management and Heart Health**
- **Cancer**

As the CHNA process continues forward into development of the Community Health Implementation Plan (CHIP), identification of the root causes of each of these priority health needs will inform which community health strategies and collaborations are most meaningful and impactful.

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

Older Adults & Age-Related Illnesses

Demographic assessment of the St. Luke's Hospital CHNA community by volume of age groups identifies the 45-64 age group to be the largest age group of the St. Luke's Hospital CHNA compared to St. Louis County, where the 18-44 age group is the largest. In addition, the proportion of the age 65+ age group in St. Luke's Hospital CHNA geography (22%) exceeds the proportion of age group 65+ in St. Louis County (20%). 30% of the Chesterfield (63017) population, where St. Luke's Hospital is located, is age 65+.

The prevalence of age-related illnesses is shown to be heightened in the St. Luke's Hospital CHNA. Arthritis and joint disease rates are elevated above benchmark as is the rate of Alzheimer's disease as an underlying cause of death. 40% of the community survey respondents included age-related illnesses as a top-rated health concern.

The population of older adults in the St. Luke's Hospital community allows for many opportunities to address the needs of this demographic, including but not limited to core preventive services, health literacy, physical activity, social isolation, and chronic disease management. Impacting the health and social needs of the older demographic has the potential to make a significant impact on health, well-being, and quality of life.

Weight Management & Heart Health

Overweight and obesity-related health conditions including hypertension, heart disease, and diabetes represent some of the leading chronic conditions in the

St. Luke's Hospital CHNA geography, and heart disease is the leading underlying cause of death. Aggregate responses from the CHNA community survey include heart conditions (30% of respondents) and obesity/healthy weight (27% of respondents) as top health concerns of the community.

Obesity and being overweight are linked to many serious health conditions, including heart disease. Initiatives intended to prevent obesity and maintain a healthy weight such as promotion of healthy eating and increasing physical activity will also reduce risk factors for heart disease, thereby also positively impacting rates of heart disease and related conditions.

Cancer

Cancer is the third most prevalent chronic disease, but the second leading cause of death in the St. Luke's Hospital CHNA community. Cancer is the only chronic disease in the St. Luke's Hospital CHNA community to exceed benchmark, and prevalence rates of cancer exceed the St. Louis County benchmarks of most tumor types. The St. Luke's Hospital CHNA community also reflects higher rates of cancer screenings (mammography, colorectal, Pap smear) compared to St. Louis County benchmarks.

Minimizing barriers to access or social determinants of health and promotion of screenings and risk factor reduction are effective strategies to connect patients to treatment and reduce cancer deaths. Cancer care is a service line strength at St. Luke's and we plan to continue to improve the health of our community through prevention and early detection.

Additional Community Health Needs

The St. Luke's Hospital CHNA process identified additional significant health needs, however limited resources require that focused CHNA-related initiatives align with St. Luke's ability to make an impact. The following community needs were identified in the CHNA process, however, were not selected as focus areas in St. Luke's Hospital's 2025 CHNA.

Foreign-born Population:

St. Luke's is committed to providing all patients with quality health care services, delivered with dignity and concern. To ensure effective communication with patients and family members, St. Luke's provides language translation services through interpreters. Development of CHNA initiatives to assist the growing foreign-born population was not selected as a specific focus, however the needs of this population will be considered when developing initiatives focused on the selected priority needs.

Mental Health & Substance Abuse:

While community survey respondents and stakeholder partners ranked mental health as an under-resourced and elevated concern for our local community, St. Luke's will need to rely on partners to provide mental health and substance abuse services to effectively address the prevalent needs. St. Luke's will continue to partner with community-based organizations and mental health providers better suited to address the mental and behavioral health needs of our community for the most efficient and appropriate transfer of patients in need.

Geographic Vulnerabilities – Valley Park:

As an existing service provider, St. Luke's is committed to continuing to offer health care services to residents of Valley Park. Being a geographic area with the most vulnerabilities in the St. Luke's Hospital CHNA community, the Valley Park area will be considered for targeted interventions while planning for and implementing initiatives for the selected priority needs.

Community Walkability:

Community walkability is an area-wide issue that would require changes in infrastructure and policy. At this time, St. Luke's lacks resources to engage at the level of collaboration that would result in changes to local infrastructure to make meaningful improvements. Community walkability was not selected as a priority need for CHNA focused initiatives, however St. Luke's Hospital's seasonal walking group established through implementation of the 2022 CHNA will continue to be offered and promoted throughout the community going forward. In addition, development of initiatives to impact weight management will likely include opportunities for increased physical activity.

Public Transportation:

St. Luke's lacks the expertise and competencies to effectively address improvements to public transportation in the community. However, consideration will be granted during development of community health initiatives to understand whether the transportation needs of related populations are substantial enough to evaluate options to improve access.

Affordable Housing:

St. Luke's lacks the expertise and competencies to effectively address improvements to affordable housing in the St. Luke's Hospital CHNA community.

Access to Medicaid Providers:

Resource constraints limit St. Luke's ability to focus initiatives to improve access to Medicaid providers.





Update to 2022 CHNA

In 2022, the St. Luke's Hospital CHNA Executive Team committed to focus community health improvement strategies and resources to impact three priority community health needs between FY2023 and FY2025. The three priority health needs included: **Older Adults**, **Mental Health**, and **Obesity/Weight Management**. Following the approval of St. Luke's 2022 CHNA, initiatives were developed, assessed, and implemented as appropriate for each of the priority needs. The following initiatives were implemented to address each priority health need between July 2022 and June 2025.

Older Adults

To increase the number of older adults actively engaged in healthy lifestyles, the Older Adults Action Team developed strategies to improve knowledge of healthy behaviors and disease management strategies, increase opportunities to engage in healthy behaviors, improve access to insurance coverage and services, and decrease the number of avoidable hospitalizations among older adults. Since the approval of the 2022 CHNA, St. Luke's has implemented the following initiatives to work toward achieving these outcomes:

- Expanded St. Luke's senior outreach education in the community, directly and intentionally engaging with partner sites catering to senior populations and providing senior health education topics.
- Implemented monthly "Coffee and Conversations" community education to promote ongoing engagement, socialization, and health education.
- Established partnership with Missouri State Health Insurance Assistance Program (SHIP) to provide monthly Medicare counseling, education, and enrollment assistance.
- Developed and distributed St. Luke's Family & Caregiver Resource Guide, a resource to help caregivers recognize and understand changes an aging loved one may experience and offer guidance on when to seek help if needed.
- Expanded readmissions reduction program to include high-risk patients, Des Peres Hospital patients, total joint patients, and age 80+ Black patients.
- Implemented Intensive Diabetes Management program in St. Luke's Medical Group practices to proactively identify and care for diabetic patients and improve patient outcomes.
- Hired a Social Worker in St. Luke's Emergency Department to assist with follow-up and post-acute placement of patients.

Mental Health

To improve access to and knowledge of mental health resources, the Mental Health Action Team developed strategies to improve knowledge through community education about mental health awareness, reduced stigma, coping strategies, and resource connections, improve patient access to mental health services through community partnerships and coordination of patient care, and improve knowledge among hospital staff about mental health resources and how to navigate and access points of care. Since the approval of the 2022 CHNA, St. Luke's has implemented the following initiatives to work toward achieving these outcomes:

- Hosted a community book club, focused on topics to promote positive mental health and family connections.
- Developed and deployed Mental Health Toolkit of resources and education for St. Luke's staff to use when referring patients with mental health needs.
- Hired a Social Worker in St. Luke's Emergency Department to assist with follow-up and post-acute placement of patients.
- Developed EAP video to promote employee awareness of navigating mental health resources.
- "Code Lavender Cart" established and made available for use by St. Luke's departments whose staff have encountered crisis or need mental health resources.

Weight Management

To reduce the prevalence of at-risk, overweight, and obese individuals in the community, the Weight Management Action Team developed strategies to partner with community organizations to increase availability of healthy food and exercise options and improve knowledge and awareness about healthy habits, resources, and access. Since the approval of the 2022 CHNA, St. Luke's has implemented the following initiatives to work toward achieving these outcomes:

- Established monthly community walking group at St. Luke's walking trail to promote exercise and health education.
- Implemented quarterly "Let's Cook!" food demonstrations on each hospital campus and in the community, in collaboration with community partners, to encourage and educate about healthy food preparation and eating.
- Partnered with Schnucks Markets to offer Dietitian-guided supermarket tours to promote healthy shopping and food choices.

No questions or comments about the St. Luke's 2022 CHNA have been received.



Appendix

Appendix A

Secondary Data

Appendix B

Community Survey Questions

Community Survey Responses

Appendix C

West/Mid-St. Louis County Stakeholder Conversation Summary

Participating Stakeholder Organizations

Appendix D

Community Resources

Appendix A: Secondary Data

St. Luke's 2025 Community Health Needs Assessment (CHNA) - Secondary Data

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Demographic data variance shading indicates greater than 5% variance from St. Louis County benchmark

	63005	63011	63017	63021	63038	63040	63088	63122	63131	63141	63146	SLH CHNA	STL Co.	MO
	Chesterfield	Ballwin	Chesterfield	Ballwin	Wildwood	Wildwood	Valley Park	Kirkwood	Des Peres	Creve	St. Louis			
DEMOGRAPHICS - 2022 Population														
ⁱ Hospital Industry Data Institute (HIDI), ⁱⁱ American Community Survey (ACS), 2018-2022, ⁱⁱⁱ Decennial Census														
Age 0-17 ⁱ	3,010	5,203	5,007	9,366	1,054	1,806	1,450	6,615	2,367	2,941	4,150	42,969	155,684	991,259
	15.70%	14.77%	12.19%	16.39%	14.51%	18.19%	16.35%	16.79%	14.56%	13.60%	13.98%	15.04%	15.68%	16.05%
Age 18-44 ⁱ	5,904	10,717	11,397	18,448	2,173	3,099	3,329	11,650	4,560	6,903	10,179	88,359	332,404	2,148,707
	30.79%	30.43%	27.75%	32.29%	29.91%	31.21%	37.54%	29.56%	28.06%	31.93%	34.29%	30.93%	33.49%	34.80%
Age 45-64 ⁱ	6,731	11,318	12,358	19,354	2,644	3,692	2,693	12,741	5,189	6,323	8,817	91,860	309,381	1,899,974
	35.10%	32.13%	30.09%	33.88%	36.40%	37.18%	30.36%	32.33%	31.93%	29.25%	29.70%	32.16%	31.17%	30.77%
Age 65+ ⁱ	3,532	7,984	12,309	9,963	1,393	1,333	1,397	8,403	4,136	5,453	6,541	62,444	195,222	1,134,771
	18.42%	22.67%	29.97%	17.44%	19.18%	13.42%	15.75%	21.32%	25.45%	25.22%	22.03%	21.86%	19.67%	18.38%
Total	19,177	35,222	41,071	57,131	7,264	9,930	8,869	39,409	16,252	21,620	29,687	285,632	992,691	6,174,711
Birth Rate per 1,000 Women Ages 15-50 ⁱⁱ	54.63	64.97	65.82	53.27	33.36	21.17	60.52	43.96	48.65	25.56	58.60	52.35	50.45	52.75
% Change in Population, 2010-2020 ⁱⁱⁱ	8.35%	3.16%	3.14%	0.74%	-2.01%	4.05%	-0.58%	7.34%	8.78%	6.18%	7.51%	4.51%	0.52%	2.77%
DEMOGRAPHICS - Race														
U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates														
White	77.21%	84.99%	77.28%	81.86%	93.32%	81.76%	85.93%	87.38%	89.76%	77.77%	66.58%	81.06%	62.80%	77.60%
Black or African American	0.80%	2.22%	3.79%	2.25%	1.32%	0.73%	7.14%	4.52%	1.35%	6.85%	15.12%	4.41%	23.60%	10.70%
American Indian and Alaska Native	0.24%	0.08%	0.02%	0.24%	0.00%	0.00%	0.00%	0.02%	0.15%	0.05%	0.25%	0.12%	0.10%	0.30%
Asian	13.83%	5.81%	12.83%	8.33%	3.45%	6.58%	3.37%	1.92%	5.55%	11.02%	14.36%	8.46%	5.00%	2.20%
Native Hawaiian and Other Pacific Islander	0.04%	0.02%	0.00%	0.02%	0.05%	0.00%	0.00%	0.01%	0.00%	0.12%	0.00%	0.02%	0.00%	0.10%
Two or more races	6.96%	6.60%	5.74%	6.66%	1.87%	9.59%	3.44%	5.56%	2.48%	3.41%	3.03%	5.37%	7.30%	7.30%
Other	0.92%	0.28%	0.34%	0.65%	0.00%	1.34%	0.12%	0.59%	0.71%	0.78%	0.67%	0.57%	1.30%	1.80%
DEMOGRAPHICS - Other Variables														
ⁱ www.exploreMOhealth.org, 2022, ⁱⁱ American Community Survey (ACS), 2018-2022														
% of Total Households w. Children ⁱ	35.99%	31.71%	30.08%	33.52%	36.56%	39.27%	20.50%	31.68%	36.51%	23.57%	21.44%	30.18%	28.60%	28.85%
% Foreign Born of Total Population ⁱ	15.04%	8.30%	15.72%	8.87%	7.92%	6.55%	5.82%	3.76%	6.96%	14.12%	17.27%	10.71%	7.61%	4.18%
% Limited English (age 5+) ⁱ	2.00%	3.00%	5.00%	3.00%	1.00%	2.00%	2.00%	1.00%	1.00%	3.00%	6.00%	3.12%	2.95%	2.00%
% Non-English Speakers (age 5+) ⁱ	0.71%	0.88%	1.96%	1.21%	0.00%	0.00%	1.44%	0.41%	0.79%	1.41%	4.12%	NA	1.31%	1.03%
% Pop Disability ⁱ	5.94%	9.73%	7.78%	8.44%	5.53%	6.52%	8.82%	7.38%	6.70%	10.67%	11.69%	8.76%	11.63%	14.36%
% Veterans (Age 18+) ⁱ	5.92%	5.96%	6.64%	5.65%	5.85%	6.39%	6.44%	6.09%	5.07%	6.21%	6.18%	5.55%	6.64%	7.97%
% Seniors Living Alone (Age 65+, excluding group home) ⁱⁱ	18.82%	28.11%	22.46%	27.49%	18.15%	26.62%	46.93%	32.19%	15.39%	26.46%	37.10%	27.43%	28.63%	28.17%

Appendix A: Secondary Data

St. Luke's 2025 Community Health Needs Assessment (CHNA) - Secondary Data

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	Chesterfield	Ballwin	Chesterfield	Ballwin	Wildwood	Wildwood	Valley Park	Kirkwood	Des Peres	Creve	St. Louis			
HEALTH BEHAVIORS														
ⁱ www.exploreMOhealth.org , 2022, ⁱⁱ PLACES, Behavioral Risk Factor Surveillance System (BRFSS), 2022														
Health Behaviors Rank (of 935) ⁱ	31	59	95	75	52	94	178	78	49	179	209			
Obesity Diagnoses per 1,000 ⁱ	30.87	53.66	48.91	49.91	29.08	43.66	62.97	40.92	28.32	45.08	65.70	45.37	74.91	98.47
% No Exercise ⁱⁱ	15.80%	17.60%	17.90%	16.90%	16.70%	15.40%	21.30%	16.70%	15.80%	18.60%	19.20%	17.40%	23.30%	24.80%
Opioid Use Diagnoses per 1,000 ⁱ	5.01	7.31	8.91	7.61	6.71	9.24	10.49	7.88	6.90	13.08	13.01	8.74	16.17	24.26
STI Diagnoses per 1,000 ⁱ	7.29	8.48	9.42	7.84	5.44	6.44	11.47	7.77	6.70	8.97	10.80	8.24	15.81	15.90
Smoking Diagnoses per 1,000 ⁱ	77.83	136.45	134.80	118.12	93.33	97.41	173.38	119.44	90.93	126.54	153.77	120.18	213.71	294.92
Substance Use Disorder Diagnoses per 1,000 ⁱ	0.92	1.18	0.93	1.25	0.96	0.74	1.91	0.95	0.76	1.01	1.25	1.08	1.74	1.43
Teen Pregnancy per 1,000 ⁱ	0.20	0.22	0.33	0.62	0.51	0.00	2.46	0.43	0.11	0.28	1.46	0.60	3.45	5.30
% Visit Doctor Routine Checkup ⁱⁱ	79.10%	79.30%	81.10%	78.20%	79.30%	78.20%	76.40%	79.80%	80.70%	79.20%	78.70%	79.31%	76.80%	74.81%
% Visit Dentist ⁱⁱ	75.00%	72.80%	74.20%	72.70%	74.30%	74.90%	64.80%	74.40%	76.40%	71.00%	69.10%	72.92%	62.20%	59.73%
% Sleep less than 7 Hours ⁱⁱ	28.10%	28.40%	27.20%	29.00%	28.40%	28.40%	31.50%	27.90%	26.70%	29.00%	30.80%	28.53%	35.00%	37.54%
% Cholesterol Screening ⁱⁱ	88.70%	87.80%	89.50%	85.80%	88.50%	87.30%	81.70%	88.00%	90.40%	87.40%	85.90%	87.51%	83.30%	81.02%
% Colorectal Cancer Screening ⁱⁱ	71.10%	72.60%	74.60%	71.10%	71.90%	71.00%	67.80%	72.70%	73.10%	72.30%	70.90%	72.14%	60.80%	58.44%
% Mammography Use ⁱⁱ	80.30%	80.00%	80.00%	79.20%	80.20%	77.50%	77.90%	79.70%	80.90%	80.00%	78.90%	79.63%	76.80%	74.20%
% Pap Smear Use ⁱⁱ	87.10%	86.00%	85.40%	85.20%	87.10%	87.50%	82.50%	87.10%	87.30%	84.90%	84.00%	85.74%	84.40%	82.03%
% Seniors up-to-date Core Preventative Services ⁱⁱ	51.30%	48.00%	47.30%	47.70%	50.20%	49.90%	41.90%	48.10%	51.00%	48.90%	46.60%	48.11%	45.00%	40.61%

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St. Luke's 2025 Community Health Needs Assessment (CHNA) - Secondary Data

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	63005	63011	63017	63021	63038	63040	63088	63122	63131	63141	63146	SLH CHNA	STL Co.	MO
	Chesterfield	Ballwin	Chesterfield	Ballwin	Wildwood	Wildwood	Valley Park	Kirkwood	Des Peres	Creve	St. Louis			
HEALTH CONDITIONS														
PLACES, 2022, ⁱⁱ www.exploreMOhealth.org, 2022														
% Poor Self-Reported Mental Health ⁱ	11.90%	12.80%	11.30%	13.20%	12.70%	13.10%	16.50%	12.50%	11.40%	13.30%	13.40%	12.68%	17.10%	18.55%
% Poor Self-Reported Physical Health ⁱ	9.80%	10.90%	10.70%	10.40%	10.80%	9.90%	12.70%	10.70%	10.10%	11.00%	11.00%	10.66%	13.10%	13.70%
Chronic Diseases per 1,000 ⁱⁱ	845	1,159	1,298	959	820	897	1,038	949	927	1,127	1,201	1,020	1,196	1837
Heart Disease per 1,000 ⁱⁱ	61	104	119	79	63	68	99	81	74	97	103	86	102.19	175.62
Hypertension per 1,000 ⁱⁱ	173	261	298	210	179	192	231	196	186	234	260	220	281.07	434.01
Atherosclerosis Disease per 1,000 ⁱⁱ	46	75	85	59	48	47	69	57	56	72	74	63	67.85	129.75
Stroke per 1,000 ⁱⁱ	5	7	9	6	6	5	5	6	6	7	7	6	7.54	13.67
Asthma per 1,000 ⁱⁱ	24	33	32	31	25	27	39	32	27	33	47	32	65.31	51.75
COPD per 1,000 ⁱⁱ	15	33	34	24	17	20	42	27	18	26	35	26	45.50	114.30
Arthritis/Joint Disease per 1,000 ⁱⁱ	208	234	273	195	191	224	174	197	221	267	237	220	211.25	318.44
Diabetes per 1,000 ⁱⁱ	69	114	119	99	69	83	112	78	69	101	131	95	141.16	244.42
Kidney Disease per 1,000 ⁱⁱ	37	73	80	55	44	42	65	58	51	62	82	59	80.21	86.96
Low Birthweight per 1,000 ⁱⁱ	38	30	33	45	12	33	83	36	27	41	45	38	64	58
Mental Health Diagnosed per 1,000 ⁱⁱ	3	6	5	6	6	6	10	5	4	8	8	6	10.52	8.61
Liver Disease per 1,000 ⁱⁱ	24	28	31	27	21	26	31	23	24	24	28	26	27.62	37.57
Cancer per 1,000 ⁱⁱ	182	197	218	175	158	163	171	193	195	205	197	187	166.26	233.87
Breast Cancer per 1,000 ⁱⁱ	106	100	118	90	68	76	69	108	110	108	114	97	83.33	90.57
Colorectal Cancer per 1,000 ⁱⁱ	11	12	13	12	18	15	18	14	12	11	16	14	12.93	20.96
Female Genital Cancer per 1,000 ⁱⁱ	9	11	7	9	6	10	5	9	7	10	5	8	7.59	10.97
Gastrointestinal Cancer per 1,000 ⁱⁱ	15	14	15	16	21	15	18	15	15	11	17	16	14.94	24.95
Lung Cancer per 1,000 ⁱⁱ	8	14	14	15	9	5	24	13	15	18	15	14	16.32	29.61
Lymphatic Cancer per 1,000 ⁱⁱ	25	28	35	26	22	28	32	26	25	33	28	28	21.65	34.11
Male Genital Cancer per 1,000 ⁱⁱ	51	58	74	44	38	46	32	58	62	67	53	53	48.01	45.78
Nonspecified Cancer per 1,000 ⁱⁱ	0	1	1	1	1	1	1	1	1	0	1	1	0.87	1.78
Other Cancer per 1,000 ⁱⁱ	14	22	22	16	12	17	19	16	19	22	18	18	15.15	22.71
Secondary Malignancies per 1,000 ⁱⁱ	26	26	28	23	22	17	25	29	26	22	24	24	23.66	35.52
Skin Cancer per 1,000 ⁱⁱ	8	7	9	5	4	5	4	9	7	5	5	6	4.16	10.98
Urinary Cancer per 1,000 ⁱⁱ	8	8	14	8	10	6	6	9	9	9	13	9	7.61	12.45
Uterine/Cervical Cancer per 1,000 ⁱⁱ	8	7	7	8	4	2	12	10	9	8	11	8	8.08	11.42

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HEALTH OUTCOMES - Mortality														
ⁱ www.exploreMOhealth.org , 2022														
ⁱⁱ Missouri Department of Health and Senior Services: Death MICA, 2020. https://healthapps.dhss.mo.gov/MoPhims/MICAHome														
Mortality Rank (of 935) ⁱ	43	98	105	120	121	71	215	84	58	144	190			
Premature Deaths per 1,000 ⁱ	0.55	1.01	1.16	1.12	0.96	0.78	1.44	0.89	0.72	1.13	1.37	1.01	2.23	2.73
Years of Potential Life lost per 1,000 ⁱ	6.27	15.20	13.18	16.29	19.34	12.11	25.55	13.78	10.34	20.70	23.67	16.04	NA	NA
Accidents (unintentional injuries) per 100,000 ⁱⁱ												44	75.96	71.44
Alzheimer's disease per 100,000 ⁱⁱ												65	62.26	46.53
Aortic aneurysm & dissection per 100,000 ⁱⁱ												2	4.13	3.76
Benign/in situ neoplasms and neoplasms of uncertain behavior per 100,000 ⁱⁱ												7	6.95	6.17
Cancer per 100,000 ⁱⁱ												187	205.30	209.03
Chronic liver disease & cirrhosis per 100,000 ⁱⁱ												9	11.18	14.56
Chronic lower respiratory diseases per 100,000 ⁱⁱ												31	37.78	62.79
COVID-19 per 100,000 ⁱⁱ												71	137.51	115.54
Diabetes per 100,000 ⁱⁱ												11	26.19	29.86
Essential hypertension per 100,000 ⁱⁱ												4	8.76	9.34
Heart disease per 100,000 ⁱⁱ												224	274.41	258.02
Homicide per 100,000 ⁱⁱ												NA	19.04	12.99
Influenza and pneumonia per 100,000 ⁱⁱ												14	20.45	18.93
Kidney disease(nephritis, nephrotic syndrome and nephrosis) per 100,000 ⁱⁱ												23	28.91	27.24
Other digestive diseases per 100,000 ⁱⁱ												26	24.88	25.46
Other diseases/conditions per 100,000 ⁱⁱ												165	146.97	127.86
Other Infections-Parasites per 100,000 ⁱⁱ												6	6.95	8.05
Other major cardiovascular diseases per 100,000 ⁱⁱ												4	4.94	4.70
Other respiratory diseases per 100,000 ⁱⁱ												18	25.49	24.71
Parkinson's disease per 100,000 ⁱⁱ												18	18.94	14.12
Pneumonitis due to solids and liquids per 100,000 ⁱⁱ												8	8.46	8.02
Septicemia per 100,000 ⁱⁱ												9	14.61	15.43
Stroke (cerebrovascular diseases) per 100,000 ⁱⁱ												58	65.48	53.04
Suicide per 100,000 ⁱⁱ												11	14.41	18.22

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ACCESS TO CARE													
<i>www.exploreMOhealth.org, 2022</i>													
Hospital Utilization includes hospital inpatient, emergency department, and outpatient visits													
Clinical Care Rank (of 935)	77	121	106	96	199	62	213	107	47	22	141		
Inpatient Utilization per 1,000	62	104	107	89	66	77	119	90	76	95	117	120	124
Hospital Utilization per 1,000	1,792	1,983	2,146	1,792	1,661	1,934	1,649	1,755	1,838	1,977	1,951	1,852	2,729
ED Utilization per 1,000	235	282	282	250	238	253	322	236	208	301	369	271	411
Preventable ED Visits per 1,000	92	101	95	92	91	97	121	84	68	112	146	100	161
Preventable Hospitalizations per 1,000	3	7	8	6	4	4	10	6	4	5	9	6	11
SOCIAL & ECONOMIC FACTORS													
<i>www.exploreMOhealth.org, 2022</i>													
<i>ⁱⁱ ADI: ranking of socioeconomic disadvantage, including factors for income, education, employment, and housing quality. Higher values represent more disadvantage. Source: Neighborhood Atlas, 2022</i>													
<i>ⁱⁱⁱ www.211counts.org, December 2022-December 2023</i>													
Socioeconomic Status Rank (of 935) ⁱ	4	20	11	33	7	15	211	13	3	10	59		
Area Deprivation Index ⁱⁱ	12.82	29.35	23.72	36.48	17.86	27.81	62.03	28.56	10.55	20.41	45.25	29.18	64.14
United Way 211 Requests per 1,000 ⁱⁱⁱ	4.48	7.78	8.01	8.40	3.03	3.52	18.15	9.54	16.24	13.78	40.99	12.40	42.24
United Way 211 Child Care & Parenting per 1,000 ⁱⁱⁱ	0.00	0.06	0.07	0.00	0.00	0.00	0.00	0.03	0.00	0.05	0.03	0.03	0.11
United Way 211 Clothing & Household per 1,000 ⁱⁱⁱ	0.10	0.09	0.17	0.30	0.00	0.00	0.56	0.36	0.74	0.23	1.01	0.33	1.74
United Way 211 Disaster per 1,000 ⁱⁱⁱ	0.05	0.00	0.05	0.04	0.00	0.00	0.00	0.08	0.12	0.05	0.10	0.05	0.19
United Way 211 Education per 1,000 ⁱⁱⁱ	0.16	0.00	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.03	0.02	0.09
United Way 211 Employment & Income per 1,000 ⁱⁱⁱ	0.05	0.20	0.27	0.23	0.14	0.30	0.90	0.25	0.00	0.14	0.57	0.26	1.54
United Way 211 Food per 1,000 ⁱⁱⁱ	0.47	0.45	0.24	0.42	0.28	0.20	0.34	0.25	0.49	0.46	1.48	0.48	1.93
United Way 211 Government & Legal per 1,000 ⁱⁱⁱ	0.16	0.20	0.32	0.26	0.00	0.00	0.34	0.13	0.00	0.32	0.57	0.25	1.74
United Way 211 Healthcare & COVID per 1,000 ⁱⁱⁱ	0.10	0.31	0.49	0.18	0.00	0.20	1.01	0.33	0.62	0.19	0.64	0.35	1.00
United Way 211 Healthcare & COVID per 1,000 ⁱⁱⁱ	0.10	0.31	0.49	0.18	0.00	0.20	1.01	0.33	0.62	0.19	0.64	0.35	1.00
United Way 211 Housing & Shelter per 1,000 ⁱⁱⁱ	2.24	3.75	3.87	3.90	1.24	1.11	10.26	4.36	9.60	9.39	26.44	6.95	19.47
United Way 211 Housing & Shelter per 1,000 ⁱⁱⁱ	0.05	0.37	0.12	0.26	0.14	0.20	0.23	0.20	1.48	0.19	0.74	0.34	0.55
United Way 211 Mental Health per 1,000 ⁱⁱⁱ	0.31	0.62	0.37	0.46	0.00	0.20	0.90	0.53	1.11	0.42	1.11	0.56	1.99
United Way 211 Other per 1,000 ⁱⁱⁱ	0.26	0.09	0.29	0.37	0.96	0.00	1.24	0.46	0.00	0.42	1.04	1.20	1.47
United Way 211 Transportation per 1,000 ⁱⁱⁱ													
United Way 211 Utilities per 1,000 ⁱⁱⁱ	0.52	1.65	1.73	1.98	0.28	1.31	2.37	2.56	2.09	1.94	7.21	2.38	11.28

Appendix A: Secondary Data

St. Luke's 2025 Community Health Needs Assessment (CHNA) - Secondary Data

Orange shading indicates data with greater than 5% unfavorable variance from St. Louis County benchmark
Demographic data variance shading indicates greater than 5% variance from St. Louis County benchmark

	63005	63011	63017	63021	63038	63040	63088	63122	63131	63141	63146	SLH CHNA	STL Co.	MO
	Chesterfield	Ballwin	Chesterfield	Ballwin	Wildwood	Wildwood	Valley Park	Kirkwood	Des Peres	Creve	St. Louis			
SOCIAL & ECONOMIC FACTORS - Insurance Status <i>www.exploreMOhealth.org, 2022</i>														
Population Receiving Medicaid %	1.58%	3.30%	3.06%	4.72%	2.22%	2.58%	8.13%	3.24%	1.79%	4.04%	4.73%	3.62%	11.25%	14.56%
Insured (less Medicaid) %	95.56%	94.15%	94.54%	90.41%	96.17%	94.54%	82.05%	94.70%	96.72%	92.14%	91.78%	93.13%	82.74%	75.91%
Total Uninsured Population %	2.86%	2.55%	2.40%	4.87%	1.61%	2.88%	9.82%	2.06%	1.49%	3.82%	3.49%	3.25%	6.01%	9.53%
SOCIAL & ECONOMIC FACTORS - Food Security <i>www.exploreMOhealth.org, 2022</i>														
Students Eligible for FRIP	10.70%	10.20%	8.60%	11.90%	10.30%	9.70%	24.40%	8.00%	8.40%	12.60%	16.50%	10.70%	36.90%	44.20%
Households Receiving SNAP	0.10%	1.65%	0.62%	1.87%	0.49%	1.07%	4.50%	1.81%	0.51%	0.34%	3.47%	1.75%	7.96%	10.15%
SOCIAL & ECONOMIC FACTORS - Education <i>www.exploreMOhealth.org, 2022</i>														
Age 25+ No High School Diploma	1.41%	2.75%	1.97%	2.80%	0.65%	0.95%	5.91%	1.69%	1.66%	2.68%	2.49%	2.29%	5.9%	9.0%
On-Time High School Graduation Rate	94.51%	93.63%	92.40%	93.04%	94.51%	94.51%	88.98%	102.59%	97.63%	94.30%	88.15%	94.10%	88.4%	83.1%
Age 25+ with Associate's Degree or Higher	79.38%	69.25%	73.17%	66.71%	72.76%	73.41%	57.23%	73.51%	81.47%	76.18%	69.29%	72.35%	53.0%	38.9%
Age 25+ with Bachelor's Degree or Higher	78.30%	63.96%	67.67%	59.57%	60.46%	65.92%	49.19%	68.22%	78.42%	70.57%	59.63%	66.45%	45.3%	30.7%
SOCIAL & ECONOMIC FACTORS - Employment and Income <i>www.exploreMOhealth.org, 2022</i>														
<i>^www.exploreMOhealth.org, 2022</i>														
<i>^American Community Survey (ACS), 2018-2022</i>														
Median Household Income ¹	\$167,593	\$110,955	\$119,448	\$98,804	\$160,350	\$115,000	\$56,366	\$114,470	\$182,000	\$112,328	\$75,862	NA	\$72,562	\$61,043
Per Capita Income ¹	\$83,511	\$56,721	\$64,696	\$49,203	\$72,970	\$56,926	\$41,564	\$61,254	\$99,002	\$80,193	\$51,021	\$67,370	\$45,307	\$33,770
Poverty Rate ⁱⁱ	2.87%	5.44%	4.03%	4.21%	1.82%	2.67%	12.70%	3.98%	2.77%	5.11%	5.80%	4.51%	10.4%	13.2%
Unemployment ⁱⁱ	2.03%	2.52%	3.38%	3.32%	2.81%	4.79%	7.04%	2.39%	2.28%	2.34%	2.51%	2.92%	3.91%	3.72%
SOCIAL & ECONOMIC FACTORS - Housing and Households <i>www.exploreMOhealth.org, 2022</i>														
Median Home Value	\$87,400	\$13,700	\$39,100	\$274,800	\$439,200	\$346,700	\$191,700	\$375,800	\$635,100	\$479,900	\$240,400			
Renter Occupied Housing %	12.13%	13.24%	18.95%	18.93%	3.97%	14.05%	45.97%	18.37%	7.20%	28.27%	39.63%			
Single Parent Households %	2.87%	3.52%	3.41%	5.12%	1.63%	8.00%	7.63%	4.39%	2.81%	5.68%	3.29%			
Cost Burdened Households Housing Costs Exceed 30% of Income %	18.91%	22.21%	21.68%	21.59%	20.30%	18.79%	35.04%	19.48%	22.79%	24.24%	26.58%	22.51%	26.7%	25.0%
SOCIAL & ECONOMIC FACTORS - Transportation <i>www.exploreMOhealth.org, 2022</i>														
<i>^www.exploreMOhealth.org, 2022</i>														
<i>^Agency for Toxic Substances and Disease Registry - Environmental Justice Index (values range 1-20, higher value is more walkable), 2022</i>														
Households with No Motor Vehicle ⁱ	1.03%	3.55%	4.09%	2.86%	0.00%	2.26%	7.63%	2.96%	0.86%	2.06%	4.16%	3.11%	6.2%	6.5%
Walkability Index ⁱⁱ	7.83	9.44	9.36	8.26	6.8	8.34	7.03	11.51	9.1	10.7	11.47	9.52	10.77	8.28

Appendix B: Community Survey Questions

St. Louis Health System Collaborative CHNA 2024-2025

Your community is where you live, learn, work, worship, and play. You have an important perspective on the needs in your community, and we would like to learn from you. The hospital systems in the St. Louis region are working together to learn from community members and identify the top health concerns and health related needs. **Your input is very important to us and will be used to help identify priorities and develop solutions.**

The survey will take about 5 minutes. **All responses are confidential and anonymous.** You will not be asked for your name, and we will only share combined results. Once you complete the survey, please share the link with your family, friends, and neighbors!

Thank you for sharing your time and thoughts.

Thank you for taking the time to tell us about your community.

What is your home ZIP code?

☐ Enter the five-digit ZIP code of the address where you live:

Appendix B: Community Survey Questions

Appendix B: Community Survey Questions

The next question asks about the resources in your community that help you, your family, and neighbors be healthy.

Thinking about the community where you live, how available are the following resources?

Choose a number from 1 to 5, where 1 means *Never available*, and 5 means *Always available*. If you do not know, choose *Not sure*.

	1 Never	2 Rarely	3 Sometimes	4 Often	5 Always	Not sure
Safe childcare	0	0	0	0	0	0
Affordable healthy foods	0	0	0	0	0	0
Affordable housing	0	0	0	0	0	0
Public transportation	0	0	0	0	0	0
Health care services	0	0	0	0	0	0
Mental health and substance use services	0	0	0	0	0	0
Places to be physically active, such as community parks	0	0	0	0	0	0
Services that support people as they age	0	0	0	0	0	0
Clean outdoor environment	0	0	0	0	0	0
Good paying jobs	0	0	0	0	0	0
Good schools	0	0	0	0	0	0
Safe community	0	0	0	0	0	0

Appendix B: Community Survey Questions

The next few questions ask about the health needs in your community.

Thinking about **yourself or other adults** in the community where you live, what are the **top three** health problems?

Choose **three** items from the list that are a concern for **yourself or other adults** in your community.

<input type="radio"/>	Age-related illnesses (such as memory issues, movement issues, and falls)
<input type="radio"/>	Cancers
<input type="radio"/>	Chronic pain and pain management
<input type="radio"/>	Diabetes and high blood sugar
<input type="radio"/>	Heart conditions (such as heart diseases, high blood pressure, and stroke)
<input type="radio"/>	Infectious diseases (such as Covid-19, Influenza, pneumonia, and measles)
<input type="radio"/>	Maternal and infant health (such as preterm births and adequate care for birthing people and their babies)
<input type="radio"/>	Mental health (such as anxiety, depression, loneliness, and suicide)
<input type="radio"/>	Motor vehicle accidents and injuries
<input type="radio"/>	Obesity and maintaining healthy weight
<input type="radio"/>	Oral (mouth) and dental health
<input type="radio"/>	Reproductive and sexual health, including sexually transmitted infections (STIs and STDs)
<input type="radio"/>	Respiratory and lung diseases (such as allergies, asthma, and COPD)
<input type="radio"/>	Substance use (such as alcohol, drug, and tobacco use)
<input type="radio"/>	Violence (such as assaults, domestic violence, and gun violence)
<input type="radio"/>	Not listed here or prefer to describe:
<input type="radio"/>	Not sure

Appendix B: Community Survey Questions

Thinking about **your or other children** in the community where you live, what are the **top three** health problems?

Choose **three** items from the list that are a concern for **your or other children** in your community.

<input type="radio"/>	Abuse and neglect
<input type="radio"/>	Blood diseases (such as lead poisoning, anemia, and sickle cell)
<input type="radio"/>	Cancers
<input type="radio"/>	Diabetes and high blood sugar
<input type="radio"/>	Infectious diseases (such as Covid-19, RSV, Influenza, pneumonia, and measles)
<input type="radio"/>	Injuries (such as motor vehicle accidents and injuries, poisonings, drownings, and burns)
<input type="radio"/>	Intellectual / developmental disabilities (such as autism, Down Syndrome, ADHD)
<input type="radio"/>	Infant / baby health (such as low birth weight, health problems, and death before the age of one)
<input type="radio"/>	Mental health (such as anxiety, depression, loneliness, suicide, and bullying)
<input type="radio"/>	Obesity and maintaining healthy weight
<input type="radio"/>	Oral (mouth) and dental health
<input type="radio"/>	Reproductive and sexual health, including teen pregnancy and sexually transmitted infections (STIs and STDs)
<input type="radio"/>	Respiratory diseases (such as allergies and asthma)
<input type="radio"/>	Substance use (such as alcohol, drug, and tobacco use)
<input type="radio"/>	Violence (such as assaults, domestic violence, gun violence, and school shootings)
<input type="radio"/>	Not listed here or prefer to describe:
<input type="radio"/>	Not sure

Thinking about the community where you live, which barriers prevent access to health care?
Select all that apply.

<input type="radio"/>	Cultural / religious beliefs
<input type="radio"/>	Language barriers
<input type="radio"/>	Fear (such as fear of doctors or not ready to discuss a health problem)
<input type="radio"/>	Don't feel welcome or respected
<input type="radio"/>	No health insurance
<input type="radio"/>	Costs associated with getting healthcare
<input type="radio"/>	Health insurance is not accepted
<input type="radio"/>	Transportation (getting to and from doctor's visits and appointments)
<input type="radio"/>	Don't know how to find healthcare services or providers
<input type="radio"/>	Not enough health care services or providers
<input type="radio"/>	Scheduling problems (such as health services not open when available)
<input type="radio"/>	Not listed here or prefer to describe:
<input type="radio"/>	None

Appendix B: Community Survey Questions

The following questions ask about the specific mental health and substance use needs in your community.

Thinking about **yourself or other adults** in the community where you live, what are the **top three** mental health and substance use problems?

Choose **three** items from the list that are a concern for **yourself or other adults** in your community.

<input type="radio"/>	Alcohol use
<input type="radio"/>	Anxiety
<input type="radio"/>	Depression
<input type="radio"/>	Domestic violence
<input type="radio"/>	Drug use
<input type="radio"/>	Eating disorders
<input type="radio"/>	Loneliness
<input type="radio"/>	Post Traumatic Stress Disorder (PTSD)
<input type="radio"/>	Serious mental illnesses (schizophrenia, major depressive disorders, bipolar disorder)
<input type="radio"/>	Suicide
<input type="radio"/>	Not listed here or prefer to describe:
<input type="radio"/>	Not sure

Thinking about **your or other children** in the community where you live, what are the **top three** mental health and substance use problems?

Choose **three** items from the list that are a concern for **your or other children** in your community.

<input type="radio"/>	Alcohol use
<input type="radio"/>	Anxiety
<input type="radio"/>	Bullying
<input type="radio"/>	Depression
<input type="radio"/>	Drug use
<input type="radio"/>	Eating disorders
<input type="radio"/>	Loneliness
<input type="radio"/>	Post Traumatic Stress Disorder (PTSD)
<input type="radio"/>	Serious mental illnesses (schizophrenia, major depressive disorders, bipolar disorder)
<input type="radio"/>	Suicide
<input type="radio"/>	Not listed here or prefer to describe:
<input type="radio"/>	Not sure

Appendix B: Community Survey Questions

We strive to create programs and services that represent the full diversity of our community.

We are asking the following questions about you to ensure that we are meeting this goal. You may skip any questions that you prefer not to answer. All responses are confidential and anonymous.

What is your age group? Choose one answer.

<input type="radio"/>	Under 18
<input type="radio"/>	18-24
<input type="radio"/>	25-34
<input type="radio"/>	35-44
<input type="radio"/>	45-54
<input type="radio"/>	55-64
<input type="radio"/>	65-74
<input type="radio"/>	75+
<input type="radio"/>	Prefer not to disclose

Which of the following best describes you? Choose all that apply.

<input type="radio"/>	Woman
<input type="radio"/>	Man
<input type="radio"/>	Genderqueer
<input type="radio"/>	Transgender/Trans woman
<input type="radio"/>	Transgender/Trans man
<input type="radio"/>	Non-binary
<input type="radio"/>	Other or prefer to self-describe:
<input type="radio"/>	Prefer not to disclose

Which of the following best describes you? Listed in alphabetical order. Choose all that apply.

<input type="radio"/>	American Indian or Alaska Native
<input type="radio"/>	Asian
<input type="radio"/>	Black or African American
<input type="radio"/>	Middle Eastern or North African
<input type="radio"/>	Native Hawaiian or Other Pacific Islander
<input type="radio"/>	White
<input type="radio"/>	Other or prefer to self-describe:
<input type="radio"/>	Prefer not to disclose

Appendix B: Community Survey Questions

What is the highest level of education you have completed? Choose one answer.

<input type="radio"/>	Less than high school
<input type="radio"/>	High school diploma/GED
<input type="radio"/>	Some college credit, no degree
<input type="radio"/>	2-year college/Vocational training
<input type="radio"/>	4-year college/Bachelor's degree
<input type="radio"/>	Master's, Professional, or Doctorate degree
<input type="radio"/>	Other or prefer to self-describe:
<input type="radio"/>	Prefer not to disclose

Which languages do you speak at home? Choose all that apply.

<input type="checkbox"/>	English
<input type="checkbox"/>	Albanian
<input type="checkbox"/>	Arabic
<input type="checkbox"/>	Bosnian
<input type="checkbox"/>	Farsi/Dari (Persian)
<input type="checkbox"/>	French
<input type="checkbox"/>	Hindi
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Nepali
<input type="checkbox"/>	Pashto
<input type="checkbox"/>	Mandarin
<input type="checkbox"/>	Sign Language (ASL)
<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Swahili
<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Other or prefer to self-describe:
<input type="checkbox"/>	Prefer not to disclose

Appendix B: Community Survey Questions

What best describes your employment status? Choose one answer.

<input type="radio"/>	Full-time
<input type="radio"/>	Disabled
<input type="radio"/>	Not Employed
<input type="radio"/>	On Active Military Duty
<input type="radio"/>	Part-time
<input type="radio"/>	Retired
<input type="radio"/>	Self Employed
<input type="radio"/>	Student Full-time
<input type="radio"/>	Student Part-time
<input type="radio"/>	Other or prefer to self-describe:
<input type="radio"/>	Prefer not to disclose

What is your total household income for the year? Choose one answer.

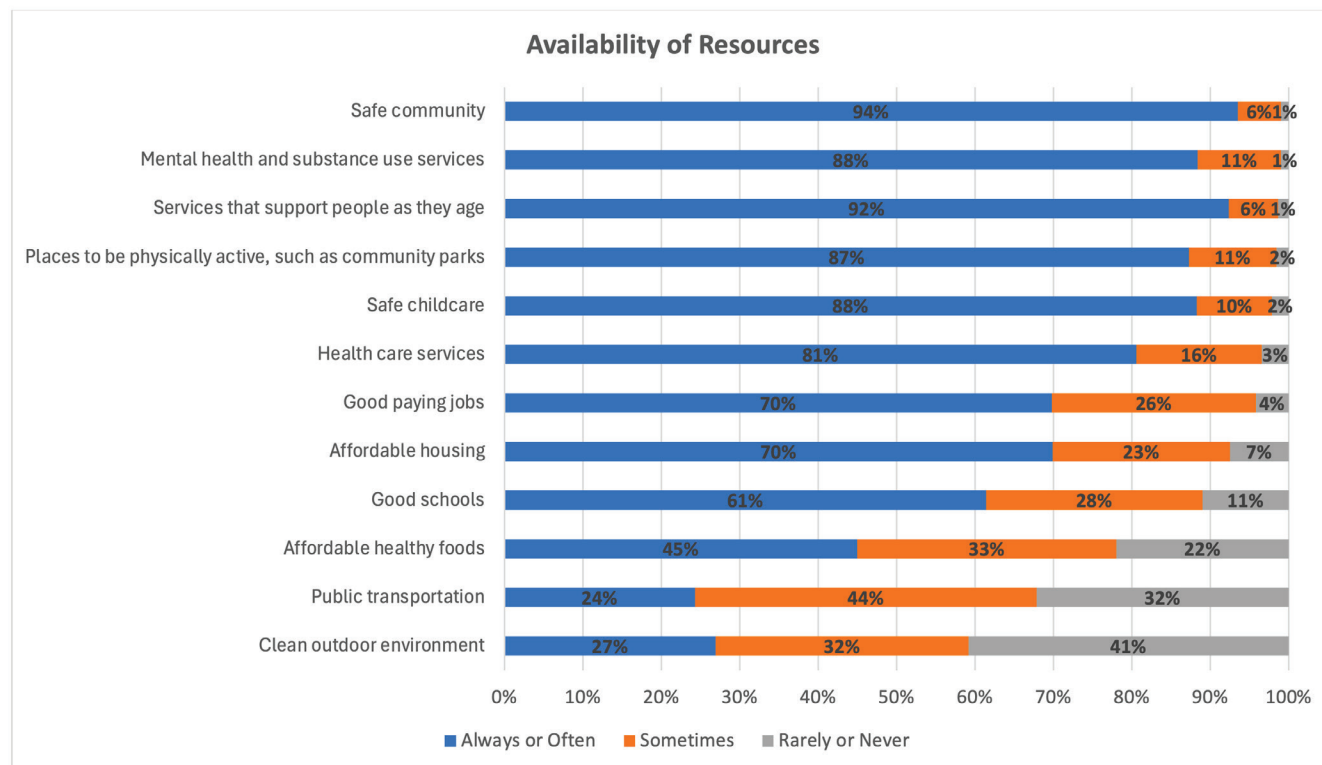
<input type="radio"/>	Less than \$10,000
<input type="radio"/>	\$10,000 to \$24,999
<input type="radio"/>	\$25,000 to \$49,999
<input type="radio"/>	\$50,000 to \$74,999
<input type="radio"/>	\$75,000 to \$99,999
<input type="radio"/>	\$100,000 to \$149,999
<input type="radio"/>	\$150,000 to \$199,999
<input type="radio"/>	\$200,000 or more
<input type="radio"/>	Prefer not to disclose

You have answered the final question of the survey. If you need to change any of your responses, please take a moment to return to previous pages. Otherwise, click "Next page".

Appendix B: Community Survey Responses

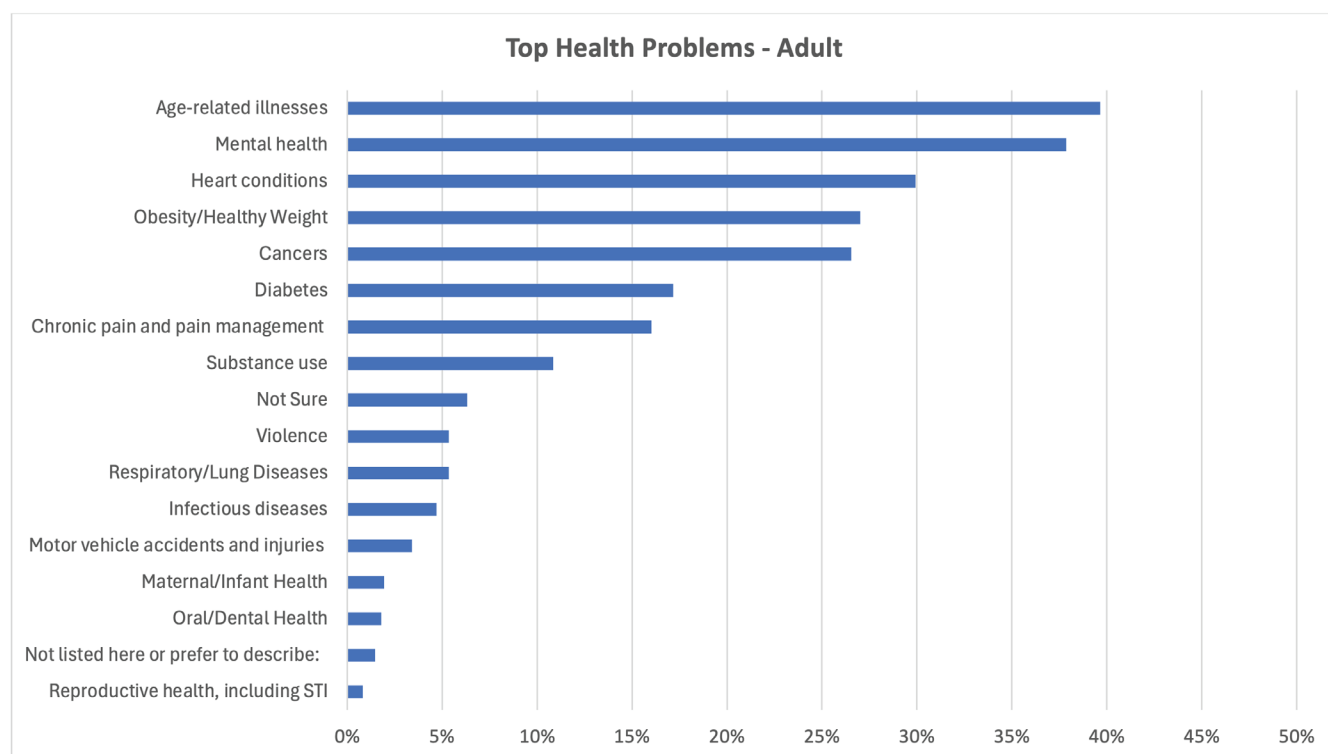
Thinking about the community where you live, how available are the following resources?

Choose a number from 1 to 5, where 1 means *Never available*, and 5 means *Always available*. If you do not know, choose *Not sure*.



Thinking about **yourself or other adults** in the community where you live, what are the **top three** health problems?

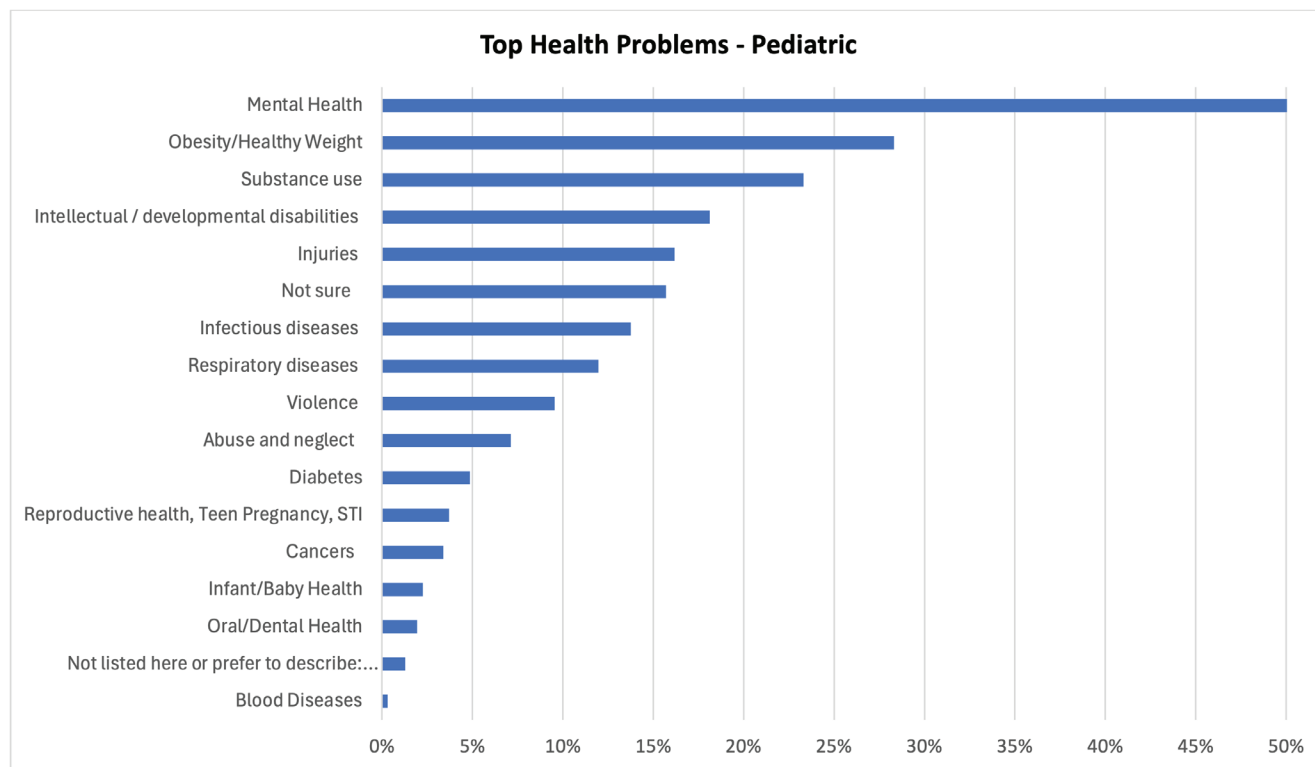
Choose **three** items from the list that are a concern for **yourself or other adults** in your community.



Appendix B: Community Survey Responses

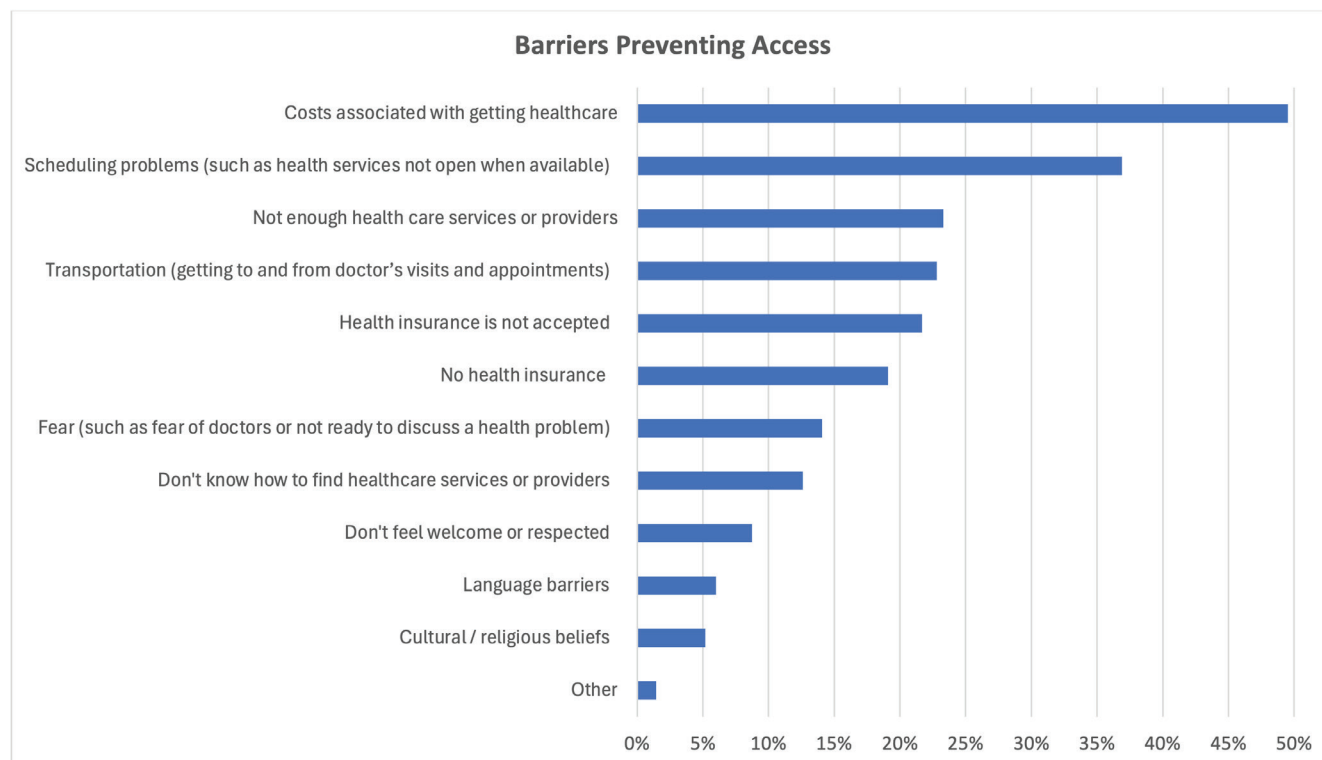
Thinking about **your or other children** in the community where you live, what are the **top three** health problems?

Choose **three** items from the list that are a concern for **your or other children** in your community.



Thinking about the community where you live, which barriers prevent access to health care?

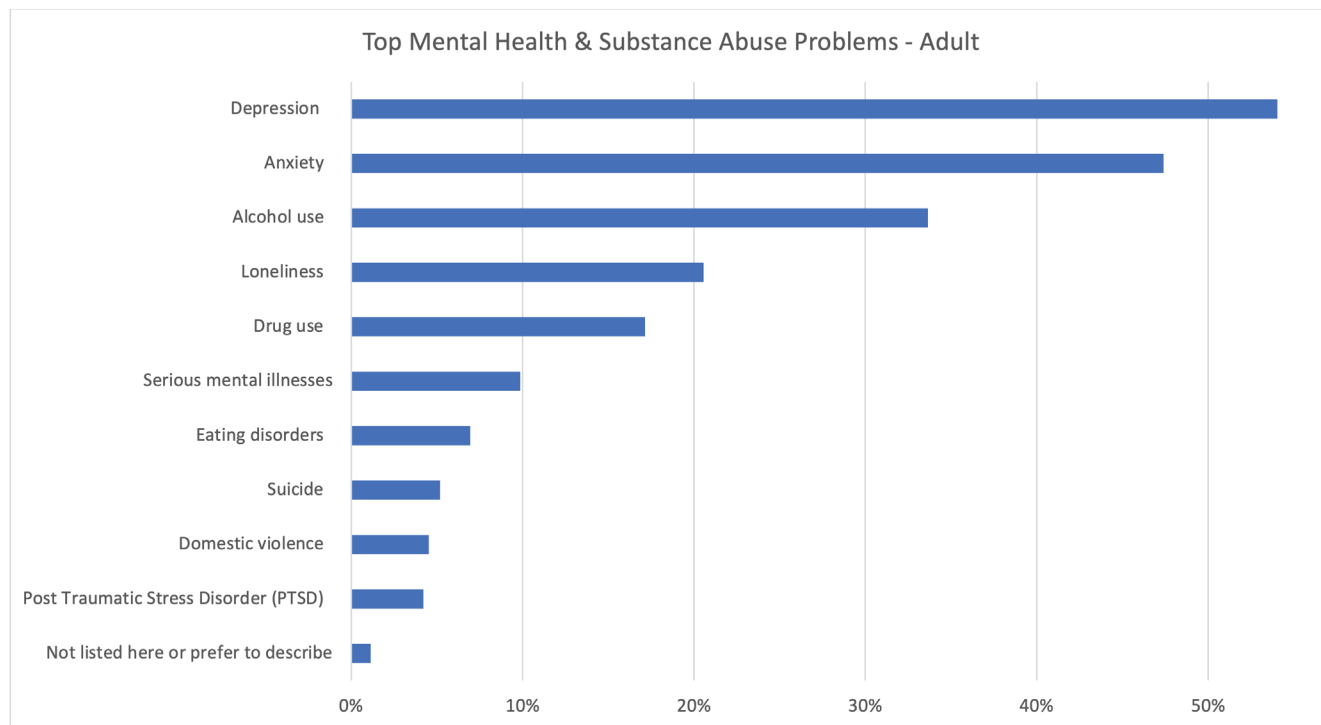
Select all that apply.



Appendix B: Community Survey Responses

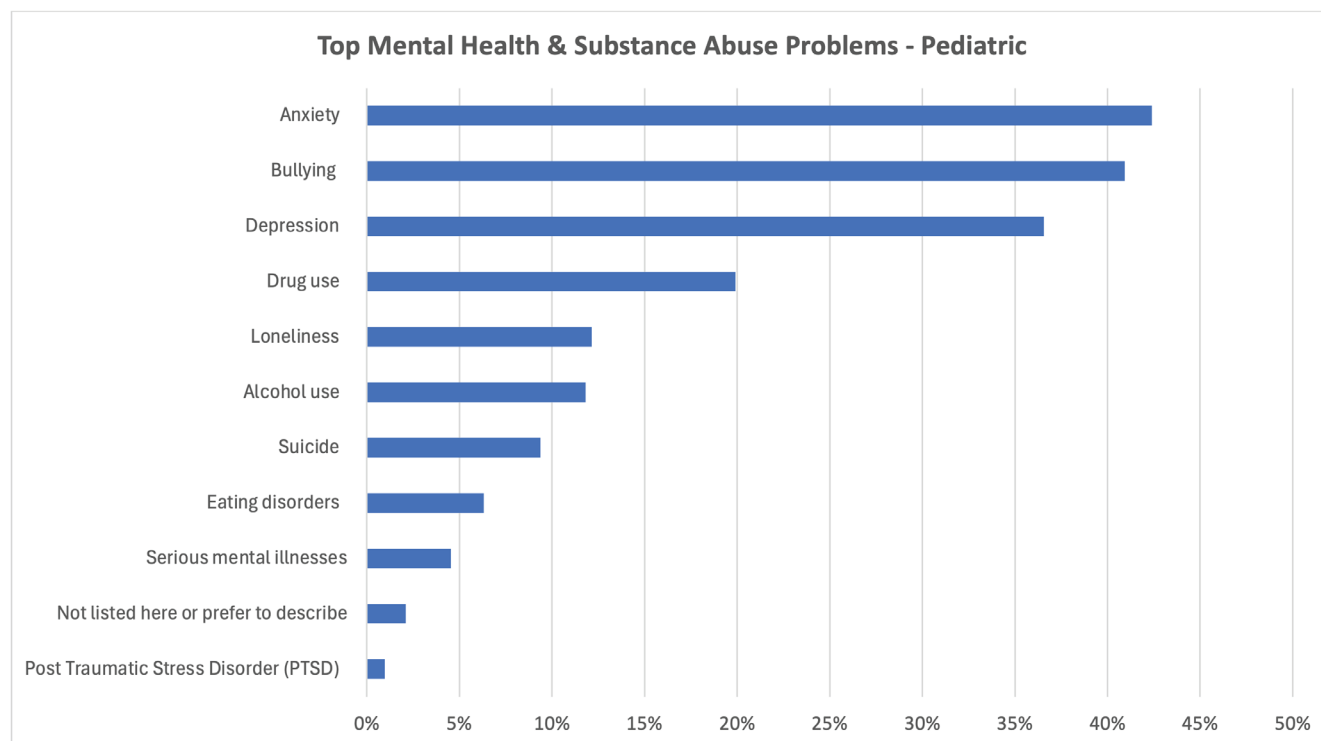
Thinking about **yourself or other adults** in the community where you live, what are the **top three** mental health and substance use problems?

Choose **three** items from the list that are a concern for **yourself or other adults** in your community.



Thinking about **your or other children** in the community where you live, what are the **top three** mental health and substance use problems?

Choose **three** items from the list that are a concern for **your or other children** in your community.



Appendix B: Community Survey Responses

What is your age group? Choose one answer.

Age Group	Age Group Count	Age Group %
Under 18	1	0.21%
18-24	5	1.04%
25-34	38	7.93%
35-44	74	15.45%
45-54	89	18.58%
55-64	99	20.67%
65-74	99	20.67%
75+	67	13.99%
Prefer not to disclose	7	1.46%
Grand Total	479	100.00%

Which of the following best describes you? Choose all that apply.

Gender	Gender Count	Gender %
Man	91	2.45%
Woman	379	10.22%
Non-binary	2	0.05%
Prefer not to disclose	10	0.27%
Grand Total	482	100.00%

Which of the following best describes you? Listed in alphabetical order. Choose all that apply.

Race	Race Count	Race %
American Indian or Alaska Native	7	1.49%
Asian	22	4.67%
Black or African American	20	4.25%
Native Hawaiian or Other Pacific Islander	1	0.21%
Other or prefer to self-describe	6	1.27%
White	415	88.11%
Grand Total	471	100.00%

Appendix B: Community Survey Responses

What best describes your employment status? Choose one answer.

Employment	Employment Count	Employment %
Disabled	5	1.05%
Not Employed	5	1.05%
Student Part-time	2	0.42%
Student Full-time	2	0.42%
Part-time	35	7.32%
Full-time	271	56.69%
Self Employed	8	1.67%
Retired	133	27.82%
Other or prefer to self-describe	7	1.46%
Prefer not to disclose	10	2.09%
Grand Total	478	100.00%

What is your total household income for the year? Choose one answer.

Income	Income Count	Income %
Less than \$10,000	2	0.54%
\$10,000 to \$24,999	6	1.61%
\$25,000 to \$49,999	27	7.24%
\$50,000 to \$74,999	38	10.19%
\$75,000 to \$99,999	38	10.19%
\$100,000 to \$149,999	87	23.32%
\$150,000 to \$199,999	69	18.50%
\$200,000 or more	106	28.42%
Grand Total	373	100.00%

Appendix B: Community Survey Responses

What best describes your employment status? Choose one answer.

Employment	Employment Count	Employment %
Disabled	5	1.05%
Not Employed	5	1.05%
Student Part-time	2	0.42%
Student Full-time	2	0.42%
Part-time	35	7.32%
Full-time	271	56.69%
Self Employed	8	1.67%
Retired	133	27.82%
Other or prefer to self-describe	7	1.46%
Prefer not to disclose	10	2.09%
Grand Total	478	100.00%

What is your total household income for the year? Choose one answer.

Income	Income Count	Income %
Less than \$10,000	2	0.54%
\$10,000 to \$24,999	6	1.61%
\$25,000 to \$49,999	27	7.24%
\$50,000 to \$74,999	38	10.19%
\$75,000 to \$99,999	38	10.19%
\$100,000 to \$149,999	87	23.32%
\$150,000 to \$199,999	69	18.50%
\$200,000 or more	106	28.42%
Grand Total	373	100.00%

Appendix C:

West/Mid-St. Louis County Stakeholder Conversation Summary

Stakeholder Conversation Summary Report

Geographic Region: Mid-West

Location: St. Luke's Institute for Health Education

Date: July 23, 2024

Number of Participants: 11

Executive Summary

As part of the Collaborative's Community Health Needs Assessment (CHNA), six stakeholder conversations were conducted across the region to gather insights into the health needs and barriers facing diverse populations. The conversations held in the Mid-West region focused on critical health challenges such as mental health, substance use, social determinants of health (SDOH), and access to care.

The group identified mental health as a top priority, noting that the pandemic has exacerbated issues such as anxiety, depression, and substance abuse. Participants consistently cited housing and transportation as significant barriers to health and emphasized the need for better coordination of services to address these challenges. This report synthesizes the key findings from these conversations and offers practical recommendations for improving healthcare access, addressing social determinants of health, and fostering meaningful community engagement.

Introduction

On July 23, 2024, the Collaborative hosted a stakeholder conversation at St. Luke's Institute for Health Education as part of the broader effort to conduct a Community Health Needs Assessment (CHNA) across the St. Louis region. Participants included representatives from community-based organizations, healthcare providers, and social service agencies, all focused on identifying critical health needs and addressing systemic barriers impacting the health and well-being of the Mid-West region's residents.

This report synthesizes insights from the Mid-West region conversations, highlighting key health concerns, recurring themes, and actionable recommendations. The report aims to inform strategic actions that healthcare systems and community organizations can undertake to improve health outcomes and foster stronger community engagement.

Appendix C:

West/Mid-St. Louis County Stakeholder Conversation Summary

Key Health Priorities and Recurring Themes

Mental Health and Substance Use

Mental health emerged as a top priority in both conversations. Participants were surprised that mental health emerged as the number one concern despite the stigma traditionally associated with it. Mental health issues, including anxiety, depression, and substance abuse, have been exacerbated by the pandemic and economic instability.

Fentanyl abuse was identified as an epidemic in certain areas, with participants stressing the need for comprehensive mental health services. They suggested that shifting the language from “mental health” to “wellness” could help reduce stigma and encourage more community engagement. Access to mental health services remains limited, and improving both access and education around mental health was seen as critical to preventing the need for clinical interventions.

Social Determinants of Health (SDOH)

Housing and transportation were consistently identified as major social determinants affecting health outcomes in the Mid-West region. Many participants noted that the CHNA survey data did not adequately reflect the housing needs of communities facing homelessness and instability. Affordable housing, particularly multifamily units, is lacking, and rental assistance programs are limited.

Public transportation options, such as Metro’s \$2 service, are available but underutilized due to a lack of awareness. Participants emphasized the need for better communication and coordination around transportation resources to improve access to care and other services.

Access to Healthcare Services

Access to healthcare, particularly for mental health and maternal health services, was a persistent challenge. Participants expressed frustration with long wait times, the shortage of healthcare providers accepting Medicaid, and logistical barriers such as transportation and scheduling. The link between housing insecurity and poor health outcomes, particularly in maternal and infant health, was highlighted. Stakeholders noted that families often struggle to access the resources they need during pregnancy and post-birth due to these systemic challenges.

Challenges and Gaps Identified

Data Representation

Stakeholders raised concerns about the underrepresentation of vulnerable populations in the CHNA survey. Participants noted that traditional survey outreach often excludes those most

Appendix C:

West/Mid-St. Louis County Stakeholder Conversation Summary

affected by housing instability, domestic violence, and mental health challenges. For example, the survey failed to capture the realities of unhoused populations or families living in precarious housing situations.

Stakeholders recommended using community health workers, churches, schools, and grassroots organizations to reach underrepresented populations in future surveys.

Fragmented and Inaccessible Care

The lack of coordination between healthcare providers, community organizations, and social services saw a lack of coordination as a major barrier to effective care. While many resources exist, they are difficult for residents to navigate. Participants emphasized that better integration and communication between service providers would help community members more easily access the help they need. One participant specifically noted the need for a more comprehensive relationship between hospitals and community mental health organizations to ensure seamless referrals and support.

Community Engagement Strategies

Leveraging Trusted Community Organizations

Partnering with trusted community organizations, such as churches, grassroots groups, and local agencies, was seen as essential for reaching vulnerable populations. These organizations have established relationships with residents and can help distribute surveys, gather feedback, and connect individuals to services. Participants suggested working with food pantries, shelters, and schools to engage the community effectively.

Meeting the Community Where They Are

Bringing healthcare services directly to residents was strongly recommended. Participants suggested mobile clinics or community events at schools, churches, grocery stores, and libraries were suggested as ways to engage with residents in familiar, accessible spaces. This approach reduces logistical barriers such as transportation and ensures that healthcare systems can reach more people.

Incentivizing Participation

Participants suggested offering incentives, such as food, transportation passes, or childcare, to encourage participation in community conversations and surveys. These incentives make it easier for people to attend and show respect for their time and input.

Appendix C:

West/Mid-St. Louis County Stakeholder Conversation Summary

Ensuring Continuous Engagement

Maintaining long-term relationships with the community was emphasized as critical. Participants recommended hosting regular community meetings, establishing advisory boards, or conducting follow-up surveys to keep the community involved in decision-making processes. Transparency about how feedback is being used and sharing measurable outcomes were seen as essential to maintaining trust and ongoing participation.

Opportunities for Improvement

Strengthening Mental Health Services

Expanding access to mental health services, particularly for substance use disorders and serious psychological illnesses, was a key recommendation. Participants called for more resources to address the mental health crisis, particularly in underserved areas. Schools were identified as key partners in expanding mental health support, with suggestions to embed mental health counselors in schools to provide early intervention.

Addressing Social Determinants of Health

Housing, transportation, and food insecurity were repeatedly mentioned as barriers to health. Improving access to affordable housing, public transportation, and ensuring food security for families were identified as critical steps toward improving overall health outcomes. Participants recommended creating more partnerships between healthcare providers and local government agencies to address these systemic issues.

Coordinating Care Across Organizations

Better coordination between healthcare systems, community organizations, and social services was a recurring theme. Participants suggested creating a centralized database of resources available to the community and ensuring that healthcare providers are aware of all the services that residents can access.

Recommendations for Next Steps

- **Co-Design Future Surveys:** Collaborate with community leaders and residents to design future CHNA surveys to ensure the voices of underrepresented populations are captured. Surveys should be available in multiple languages and paper formats and distributed through trusted community organizations.
- **Expand School-Based Health Services:** Schools are critical access points for healthcare, especially for mental health. Expanding school-based health programs and

Appendix C:

West/Mid-St. Louis County Stakeholder Conversation Summary

embedding mental health counselors in schools will help address mental health needs early.

- **Invest in Mobile Health Services:** Mobile health clinics should be prioritized to bring healthcare services to neighborhoods, schools, and community events. These clinics can help overcome transportation barriers and provide care where it is most needed.
- **Strengthen Partnerships with Community-Based Organizations:** Collaborate with local organizations that have established trust with residents to ensure more effective outreach and service delivery. Working closely with CBOs will help address social determinants of health and tailor services to meet the community's needs.

Conclusion

The stakeholder conversations in the Mid-West region underscored significant health challenges, particularly around mental health, housing, and access to care. Addressing these challenges requires a collaborative approach that involves healthcare systems, schools, community organizations, and local government. By investing in mental health services, addressing social determinants of health, and engaging the community in meaningful ways, healthcare systems can make substantial progress in improving health outcomes for all residents.

Acknowledgments

The St. Louis Regional Hospital Collaborative and Key Strategic Group extend our sincere thanks to the participants of the Mid-West stakeholder conversations for their time, insights, and dedication. We also thank St. Luke's Institute for Health Education for hosting the meeting and providing a welcoming space for these critical discussions.

Appendix C:

West/Mid-St. Louis County Stakeholder Conversation Participating Organizations

Aging Ahead
BJC Behavioral Health
Chief – Eureka fire District
Circle of Concern
Deaconess Foundation
National Alliance on Mental Illness
Operation Food Search
PreventED
United Way of Greater St. Louis
St. Luke's
Mercy Hospital St. Louis
Missouri Baptist Medical Center, BJC HealthCare

Appendix D: Community Resources

COMMUNITY RESOURCES POTENTIALLY AVAILABLE TO ADDRESS SIGNIFICANT HEALTH NEEDS

WEIGHT MANAGEMENT & HEART HEALTH

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

EXERCISE

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

GROCERY/FOOD PANTRIES

Dierberg's Markets
Schnucks
Circle of Concern

FARMERS' MARKETS

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

OLDER ADULTS & AGE-RELATED ILLNESSES

AARP
Aging Ahead
AmeriCorps Seniors
Catholic Charities of St. Louis
LifeWise STL
Lutheran Senior Services
Missouri SHIP
Senior Living Facilities
Seniors' Resource Guide
St. Louis County Older Resident Programs (CORP)
St. Louis Oasis

AGE-RELATED ILLNESS

Alzheimer's Association
American Cancer Society
American Diabetes Association
American Heart Association
American Lung Association
American Parkinson's Disease Association
Arthritis Foundation

ADULT DAY SERVICES

Adult Day Center at the J
Family Partners

Appendix D: Community Resources

COMMUNITY RESOURCES POTENTIALLY AVAILABLE TO ADDRESS SIGNIFICANT HEALTH NEEDS

OLDER ADULTS & AGE-RELATED ILLNESSES

ADULT FOOD SERVICES

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

TRANSPORTATION

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

CANCER

American Cancer Society
Cancer and Careers
Cancer Hope Network
Cancer Support Community
CancerCare
Food Outreach
Imerman Angels
Livestrong
Peregrine Society

BLOOD CANCER RESOURCES

Leukemia & Lymphoma Society

BRAIN CANCER RESOURCES

American Brain Tumor Association

LUNG CANCER RESOURCES

American Lung Association
Lung Cancer Connection

BREAST & GYNECOLOGIC CANCER RESOURCES

Faith Through Fire
Gateway to Hope
Komen Treatment Assistance Program
Pink Ribbon Good
St. Louis Ovarian Cancer Awareness
TaTa Sisterhood
The Breakfast Club
The Pink Fund
Valeda's Hope

Appendix D: Community Resources

COMMUNITY RESOURCES POTENTIALLY AVAILABLE TO ADDRESS SIGNIFICANT HEALTH NEEDS

GENERAL:

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

COMMUNITY NETWORKS

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

HEALTHCARE PROVIDERS

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

SCHOOL DISTRICTS

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

✝ St. Luke's



St. Luke's Hospital Community Health Needs Assessment **2025**

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

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Attn: Community Benefit
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