



2013 Community Health Needs Assessment





2013 Community Health Needs Assessment

TABLE OF CONTENTS

Executive Summary.....	2
I. History of St. Anthony's Medical Center.....	3
II. Our Community	4
III. Community Health Needs Assessment Methodology and Process.....	5
IV. Community Resources to Address Needs.....	18
A. SAMC Internal Resources	
B. External Community-Based Resources	
V. Identified Community Needs.....	20
A. Needs Identified	
B. Process for Prioritizing	
C. Prioritized Needs	
Appendix I SAMC Service Area — Census Data.....	21
Appendix II Perceptions of the Needs of St. Louis County Residents from the Perspective of Community Leaders – Key Stakeholder Assessment Summary.....	26
Appendix III Prell Organization Needs Assessment Survey Summary.....	31
Appendix IV Physician Survey Summary	36
Appendix V Data Sources	39

Background and Process

As part of the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, every non-profit hospital is required to conduct a community-based needs assessment every three years. St. Anthony's Medical Center (SAMC) conducted a community health needs assessment (CHNA) and developed an implementation plan with strategies to address identified needs. This process was undertaken by the Community Outreach team at St. Anthony's Medical Center, led by Community Outreach Coordinator Laura Bub, MPH.

The following are requirements for the CHNA:

- The CHNA must take into account input from individuals who represent the broad interests of the community served by the hospital, including those with knowledge and expertise in public health.
- The CHNA must be made widely available to the public.
- The hospital is required to adopt an implementation strategy to meet the community health needs identified through the assessment process.
- As part of Schedule H of its Form 990, St. Anthony's also must submit in detail what the hospital will do and will not do in response to the CHNA.

St. Anthony's sought guidance and partnership from the St. Louis County Department of Health and a collaboration with Barnes-Jewish West County Hospital (BJWCH), Missouri Baptist Medical Center (MBMC), and St. Luke's Hospital (SLH). St. Anthony's Medical Center used survey data from community members and local physicians, a key stakeholder analysis, and secondary data from existing resources to identify and prioritize health problems and risk factors in the St. Anthony's Medical Center service area.

Needs Identified

The top three priority health needs for the St. Anthony's Medical Center community, as determined by the St. Anthony's Medical Center Community Outreach team and reviewed by St. Anthony's Medical Center's Administration, are:

1. Mental Health

- **Focus on education and support**

2. Education on lifestyle choices

- **Specific focus on obesity and diabetes**

3. Access

- **Focus on cost, geography and knowledge of resources**

Next Steps

After carefully reviewing the data and mapping existing resources, St. Anthony's Medical Center is developing an implementation plan with evidence-based strategies. The plan will be submitted to a committee of appointed members from St. Anthony's Medical Center, for their approval. The final version of the CHNA and Implementation Plan will be available to the public on the St. Anthony's Medical Center website, www.stanthonysmedcenter.com.

I. History of St. Anthony's Medical Center

St. Anthony's Medical Center's long and proud tradition of service to the St. Louis area began in 1900 when the Franciscan Sisters of Germany opened St. Anthony's Hospital in south St. Louis. The Sisters established a Catholic, faith-based tradition of care inspired by St. Anthony of Padua, who patterned his life and healing ministry after the example set by Jesus Christ.

As the community grew, the Franciscan Sisters made plans to expand the original facility. New wings were added in 1904 and 1928, establishing St. Anthony's as a leading health care provider nationally and locally. In the late 1940s and early 1950s, St. Anthony's gained national recognition as the midwest's primary treatment center for polio victims. And in 1957, St. Anthony's became one of the first hospitals in the area to offer cobalt cancer treatment.

In 1967, the Franciscan Sisters transferred ownership and control of the hospital to a board of community leaders, making St. Anthony's the first Catholic hospital in the St. Louis area to be administered by a lay board. Following this transition, plans were made to relocate the hospital to south St. Louis County. In 1975, St. Anthony's Medical Center opened at its present location and remains the only hospital in south St. Louis County. Over the years St. Anthony's has changed and grown to meet community needs, taking pride in the services it offers.

The mission, vision and values of St. Anthony's Medical Center are vital statements that guide the conduct and decisions made by our leaders, physicians and employees. The mission describes what we do and have done for decades, and our vision expresses what we will be – for the patients we serve today and in the future.

Our Mission

St. Anthony's, a Catholic medical center, has the duty and the privilege to provide the best care to every patient, every day.

Our Vision

St. Anthony's vision is to become the premier health care organization in the St. Louis region. We want to be the first choice for quality health care services among patients and families in the communities we serve.

Our Values

- The patient comes first in all we do.
- We will strive for excellence through teamwork and mutual respect.
- We express compassion and respect for all persons served and those serving.
- As a Catholic medical center, we support the spiritual and physical needs of our patients and staff.

II. Our Community

St. Anthony’s Medical Center serves more than 918,000 residents in the St. Louis area, which covers St. Louis, our southern communities and several locations in southwest Illinois. St. Anthony’s Medical Center is considered the third-largest medical center in the St. Louis metropolitan area. Our needs assessment is targeted to our service area, which is defined as the geographic area encompassing the following ZIP codes and counties:

Area Zip Code Listing	Town/City	County
62236	Columbia, Illinois	Monroe
62298	Waterloo, Illinois	Monroe
63010	Arnold	Jefferson
63012	Barnhart	Jefferson
63016	Cedar Hill	Jefferson
63020	DeSoto	Jefferson
63026	Fenton	St. Louis
63028	Festus	Jefferson
63049	High Ridge	Jefferson
63050	Hillsboro	Jefferson
63051	House Springs	Jefferson
63052	Imperial	Jefferson
63109	St. Louis City	St. Louis City
63111	St. Louis City	St. Louis City
63116	St. Louis City	St. Louis City
63119	Webster Groves	St. Louis
63123	Afton	St. Louis
63125	Lemay	St. Louis
63126	Crestwood	St. Louis
63127	Sunset Hills	St. Louis
63128	Sappington	St. Louis
63129	Mehlville	St. Louis

The St. Anthony’s service area was determined by the proximity of these communities to the hospital, which is located at 10010 Kennerly Road, St. Louis, Mo., 63128.

The total population of the 22 ZIP codes listed above was 564,479 according to the 2010 U.S. Census. Estimated Census data for 2016 lists the projected population at 574,855, a 1.8% increase in these listed ZIP codes. The average number of households in the 2010 Census was 228,000, and that is projected to increase by 1.6% to 231,584 in 2016.

Average household income as represented by 2010 Census data was \$65,886, and that is projected to increase to \$67,429 by 2016.

Because St. Louis County and Jefferson County account for the biggest portion of the service area, these two counties were examined in detail and broken out by race, gender and age. Jefferson County and St. Louis County are similar in age breakouts. Jefferson County residents have a median age of 37.8 years, compared to 40.0 in St. Louis County. St. Louis County has a slightly higher population of residents ages 60+, with 21.4% compared to 18.4% in Jefferson County.

In terms of race, South County is predominantly white (94%) compared to St. Louis County as a whole (76%). African-Americans account for 4% of the population in South County, and residents of other races account for 2.2%. Jefferson County as a whole is also predominantly white (96%). African-Americans account for 1% of its population, and 3% fall into the category of “other race.”

Please see Appendix I for a table of 2010 Census data for the SAMC service area.

III. Community Health Needs Assessment Methodology and Process

St. Anthony’s Medical Center sought to conduct its needs assessment using primary and secondary data.

Primary data were collected in three ways – a collaboration of key stakeholders in a focus group setting, a telephone survey of 500 adult community members, and physician surveys.

KEY STAKEHOLDER ANALYSIS

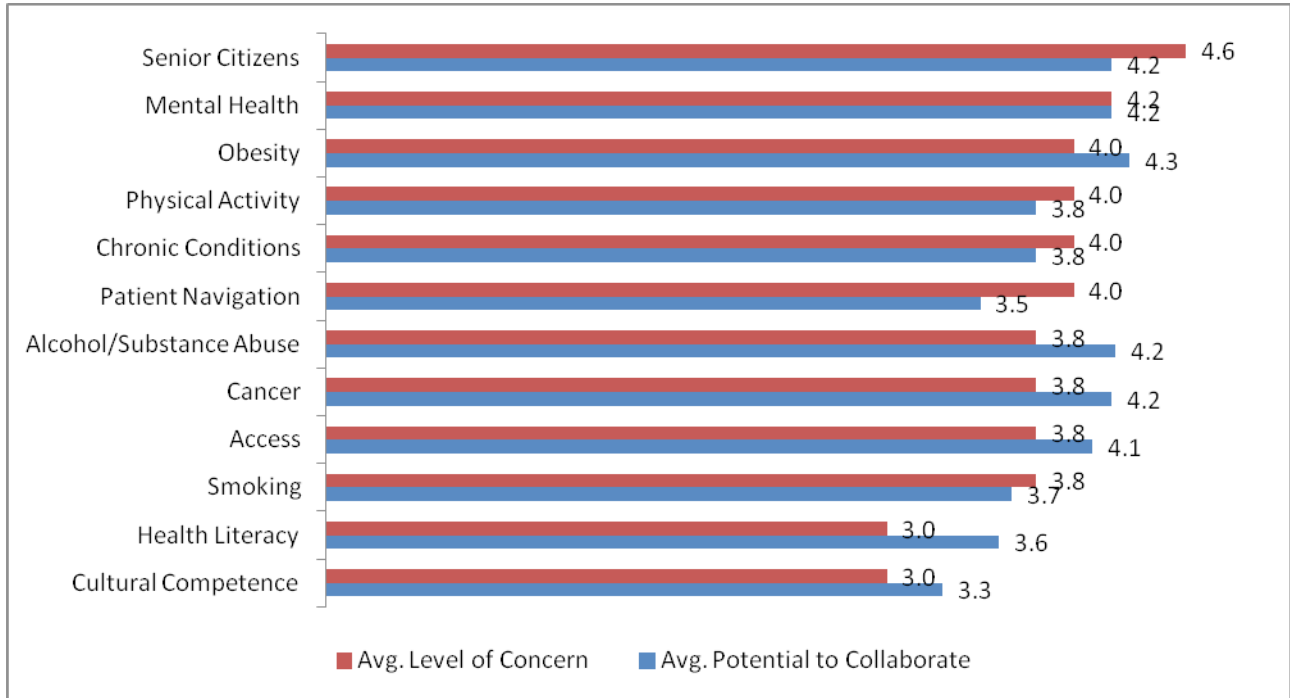
In the Key Stakeholder Analysis, St. Anthony’s Medical Center partnered with Barnes Jewish West County Hospital (BJWCH), Missouri Baptist Medical Center (MBMC), and St. Luke’s Hospital (SLH). Each hospital representative invited up to four key leaders from their respective communities to attend a two-part focus group and represent their communities. An initial focus group was conducted in June 2012 to solicit feedback from the key leaders on the health needs of the St. Louis County population. A second meeting was held in July 2012 to share the results of the first focus group and findings from other secondary data analysis.

Eighteen individuals were in attendance, representing various St. Louis County organizations (see Appendix II). Each individual received a worksheet to complete prior to the focus group, to identify perceptions of the greatest health-care needs in St. Louis County. The subsequent focus group session was targeted at identifying priority health-care needs in the community, and the community’s ability to collaborate on them.

After being educated about the secondary community health need data presented in the initial focus group, key stakeholders were asked to evaluate each health need based on two factors: Level of community concern, and the ability to collaborate on the health issue. Each was rated on a scale of 1 (low) to 5 (high).

- The health-care needs of senior citizens, mental health patients and obese patients rated the highest in level of community concern and ability to collaborate; each had an average score greater than 4.0.
- Physical activity, chronic conditions and patient navigation also scored high relative to community concern (average score \geq 4.0), but their ability to collaborate was rated lower.

COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY AND PROCESS



- Alcohol/substance abuse, cancer and access to care rated high based on ability to collaborate, but rated lower in their level of community concern.
- Smoking, health literacy and cultural competence rated lower in community concern and ability to collaborate.

See Appendix II for more detail.

PRELL ORGANIZATION NEEDS ASSESSMENT TELEPHONE SURVEY

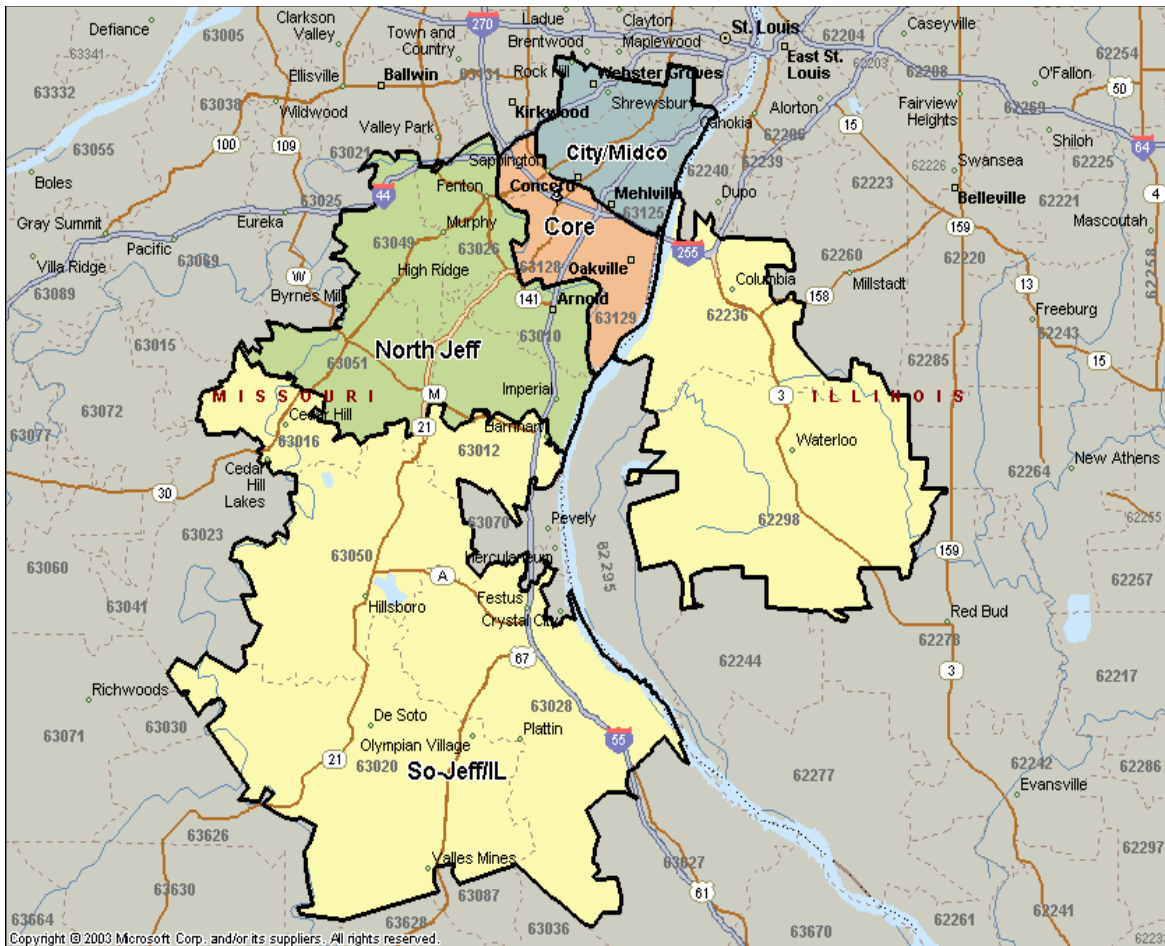
St. Anthony’s Medical Center partnered with the Prell Organization to assess the health-care needs of the community by conducting a telephone survey with a random sample of 500 adults age 21 years or older. These interviews were conducted in November 2012 at Communications for Research in Steelville, MO, using a CATI interviewing system.

The Prell Organization conducted the research study in a method designed to determine the following health needs of the population St. Anthony’s Medical Center serves:

1. Health care issues
2. Personal health issues
3. Health care utilization
4. Personal health habits
5. Demographic differences

Prell employed a stratified random sample that set quotas for each ZIP code to match the overall adult population in the PSA. This had the effect of reducing the sampling error for this survey. For the purpose of the analysis, Prell collapsed the ZIP codes into four geographic segments, as seen in the following chart.

Core:		North Jeff. Co.		City St. Louis Mid-Co.		S. Jeff + Illinois	
	PCT		PCT		PCT		PCT
63127	1	63051	2	63109	5	62236	2
63128	7	63052	6	63111	1	62298	5
63129	13	63049	3	63116	4	63012	2
	21	63010	6	63119	8	63016	1
		63026	10	63123	7	63020	3
			27	63125	3	63028	5
				63126	4	63050	3
					32		21



KEY FINDINGS

- Given the economic turbulence of the past few years, and the extensive public debate about health-care reform, the cost of health care was the biggest problem facing the communities that surround SAMC. And while non-cost issues are being addressed fairly well, the health-care resources available in this area are having a very difficult time addressing and resolving cost-related problems.
- Citizens in this area appear to be in reasonably good health, with relatively few chronic illnesses or conditions. In addition, the vast majority of those with chronic conditions feel confident they have the tools to manage their conditions. The bottom line is that only a small percentage of the population, about 4%, are at risk with a chronic condition and lack the confidence that it can be managed effectively.
- Citizens in this area also have no serious issues gaining access to medical care through regular check-ups with a physician; the ability to “get in to see a doctor” when needed; or coverage by managed care or Medicare. For the most part, there were no barriers to obtaining medical care. However, the “cost of care” is still a large and forbidding barrier to many of these respondents.

- On the surface, when the respondents report on their own habits, they appear to maintain healthy lifestyles. This includes a relatively low incidence of diagnosed diabetes and tobacco use. And most assert that their families usually eat “well balanced and healthy foods.” However, there are some warning signs that many of these respondents could be at risk because almost a third of them do not exercise at all.
- While the overall population appears to be in good health and live relatively healthy lifestyles, people in southern Jefferson County and Illinois are challenged by their remoteness from health care providers and a lack of access to care. Because they are relatively young and less educated, and have a higher incidence of tobacco use, residents of the southern part of the service area are more at risk.
- In summary, this analysis indicates that citizens who reside in these communities could be served by the following actions:
 1. Educate at-risk citizens about how to lower their health care costs.
 2. Promote substance abuse programs to relieve the community’s concerns.
 3. Reduce emergency department wait times by educating patients about the availability of urgent cares.
 4. Promote programs that encourage community members to exercise.
 5. Provide more medical outreach to residents of the southern part of the service area.

Please see Appendix III for the survey tool.

ST. ANTHONY’S MEDICAL CENTER PHYSICIAN SURVEY

Physicians play a very important role in looking at the health needs of our community, because they are often the first point of contact when it comes to health issues. Physicians also play a key role in establishing good preventive health behavior, and may also be a key to finding out why patients are or are not on the road to good health.

Because physicians play this role in recognizing the health needs of the population, we chose to survey primary care physicians and obstetrician/gynecologists affiliated with St. Anthony’s Medical Center. Twenty-seven physicians took part in a seven-question survey using an online survey tool. The physicians were asked three open-ended questions and four closed questions focused on the health needs of our population.

KEY FINDINGS

- Cost of health care, including medications and services, is mentioned throughout the survey.
- The most prevalent chronic disease indicated is obesity at 53.8%, with diabetes following closely behind at 42.3%.
- The two most needed health education services are programs targeted to exercise/diet and diabetes. This corresponds to the most prevalent chronic diseases, obesity and diabetes.
- Survey results indicated that substance abuse as a whole is a prevalent problem in our community

- 44.4% of physicians responded that alcohol and drug abuse is a problem in our community, while 59.1% responded that it is somewhat of a problem. Only 3.7% mentioned that it was a minor problem.
- There were many mentions of the need for stronger and better mental health services. Anxiety and depression rated fairly high as prevalent health conditions (20.8%). The need for health education related to alcohol and drug abuse also was mentioned quite often.
- There were many mentions of patients unable to take their health into their own hands and properly manage their chronic conditions. The survey indicated that many patients lack motivation to become healthier and make changes to improve their health outcomes.

Please see Appendix IV for survey questions and responses.

SECONDARY DATA

Secondary data were collected by a variety of means, from local, county, state and hospital sources. These secondary data sources are important in creating a profile of the community that St. Anthony's serves.

There are limitations to the available data on our community. Most data are available only at the county level, as opposed to a detailed, ZIP code analysis that would allow a more thorough look at sub-county information. Analysis of these data focused heavily on St. Louis County and Jefferson County in Missouri, because these are the two largest in our community. Another limitation is the lack of available data on our vulnerable populations, including low-income and minority groups.

St. Anthony's Medical Center Emergency Room and Urgent Care Data

COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY AND PROCESS

St. Anthony's Medical Center		
Total St. Anthony's Medical Center ER Cases for 2012* – 68,360		
Top Ten Diagnosis Codes	Number of Cases	Percentage of Total Cases
Symptoms involving respiratory system and other chest symptoms (786-786)	3,815	5.6%
Other diseases of urinary system (590-599)	2,633	3.9%
Other symptoms involving abdomen and pelvis (789-789)	2,575	3.8%
Sprains and strains of joints and adjacent muscles (840-848)	2,570	3.8%
Other psychoses (295-299)	2,410	3.5%
General symptom (780-780)	2,409	3.5%
Other forms of heart disease (420-429)	1,961	2.9%
Acute respiratory infections (460-466)	1,902	2.8%
Certain traumatic complications and unspecified injuries (958-959)	1,813	2.7%
Chronic obstructive pulmonary disease and allied conditions (490-496)	1,812	2.7%

Source – St. Anthony's Medical Center Internal Data

St. Anthony's Medical Center		
Total St. Anthony's Medical Center Urgent Care Cases for 2012* – 97,152		
Top Ten Diagnosis Codes	Number of Cases	Percentage of Total Cases
Acute respiratory infections (460-466)	17,359	17.8%
Sprains and strains of joints and adjacent muscles (840-848)	12,631	13.0%
Diseases of the ear and mastoid process (380–389)	5,409	5.5%
Other diseases of urinary system (590-599)	5,077	5.2%
Infections of skin and subcutaneous tissue (680-686)	4,957	5.1%
Contusion with intact skin surface (920-924)	4,530	4.6%
Routine medical exam (V70)	4,511	4.6%
Other diseases of the upper respiratory tract (470-478)	3,606	3.7%
Dorsopathies (720-724)	3,560	3.7%
Other inflammatory conditions of skin and subcutaneous tissue (690-698)	3,338	3.4%

Source – St. Anthony's Medical Center Internal Data

It is important to examine these emergency department diagnosis codes to gain insight about conditions seen over a particular time period. For the year 2012, there were 68,360 emergency room cases at St. Anthony’s. The most frequent diagnosis code is “respiratory system and other chest symptoms,” at 5.6% of all cases. “Other psychoses,” which falls in the mental health category, is ranked 5th at 3.5%. Other forms of heart disease follow closely behind at 2.9% of all cases. Because urgent care cases tend to be less serious in nature, they are less indicative of chronic disease, but St. Anthony’s urgent care visits did run high at 97,152 for the year 2012.

Missouri County-Level Study 2011

The 2011 Missouri County Level Study was conducted to produce county-specific prevalence estimates of chronic diseases, conditions and risk factors. To capture these data, a total of 47,261 adults were interviewed via randomly selected land-line telephones. Additionally, 4,882 randomly selected adult cell phone users were interviewed.

Health & Preventive Practices for Missouri Residents						
	St. Louis County		Jefferson County		State of Missouri	
	Number of Respondents	Prevalence	Number of Respondents	Prevalence	Number of Respondents	Prevalence
Fair or poor general health status	1,193	15.5	522	14.7	50,087	20.2
Activity limitation	1,197	21.5	519	23.7	50,050	24.0
No health care coverage (ages 18-64)	898	20.4	379	16.9	30,222	23.7
Could not get needed medical care in the past 12 months	1,195	7.9	522	8.8	50,188	8.9
High blood pressure	1,193	34.5	520	34.2	50,067	34.3
Ever had blood cholesterol checked (ages 35+)	922	92.4	441	92.5	44,173	89.5
High cholesterol (among those age 35+ who have had it checked)	854	42.0	406	43.7	39,813	44.8
Current asthma	1,192	10.5	521	10.5	49,985	10.2
Ever been told have cancer	1,196		524	10.5	50,215	9.4
Ever been told have COPD, emphysema or chronic bronchitis	1,194	10.2	522	8.6	50,041	8.1
Ever been told have arthritis	1,195	27.2	521	28.4	50,129	29.4
Ever been told have a depressive disorder	1,191	18.1	523	20.1	50,107	20.6
Ever been told have a kidney disease	1,197	2.7	523	2.3	50,139	2.6
Ever been told have a vision impairment	1,188	19.2	522	15.4	49,851	18.5

COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY AND PROCESS

Overweight (25-29.9 BMI)	1,136	33.0	498	35.6	47,712	34.3
Obese (>30 BMI)	1,136	28.8	498	34.9	47,712	30.2
Current cigarette smoker	1,190	17.9	521	21.7	50,039	23.0
No leisure time physical activity	1,197	19.9	524	24.8	50,127	23.7
Use walking trails, parks, playgrounds or sports fields for physical activity	1,183	50.5	519	47.5	49,434	44.4
Use sidewalks in neighborhood	1,192	77.8	522	23.4	50,104	53.7
Have roads and streets with shoulders or marked lanes for bicycling in local community	1,181	45.0	519	15.6	49,408	31.6
Consider neighborhood to be extremely or quite safe	1,189	81.4	521	88.5	49,517	80.05
Strongly agree or agree that it is easy to purchase health food in neighborhood	1,184	86.7	515	82.8	49,261	82.2
Ate fruits and vegetables fewer than five times per day	1,194	86.0	521	88.3	50,006	87.4
Never had a mammogram (women age 40 and older)	576	6.1	240	8.7	26,743	10.0
No mammogram or clinical breast exam in last year (women age 40 and older)	572	22.4	238	33.0	26,216	30.6
Never had a Pap smear (women age 18 and older)	756	6.2	307	5.6	31,013	7.6
No Pap smear in last 3 years (women age 18 and older)	749	22.3	302	22.3	30,483	26.5
Never had a blood stool test (men and women age 50 and older)	632	72.2	292	72.5	34,927	66.1
Never had a sigmoidoscopy or colonoscopy (men and women age 50 and older)	634	29.0	292	26.5	35,011	33.9
Had sigmoidoscopy or colonoscopy in past 10 years (men and women age 50 and older)	631	32.4	291	31.3	34,771	38.1
Most recent exam was a colonoscopy	448	97.8	207	97.8	21,851	96.0

Source: Missouri County-Level Study 2011 – Health & Preventive Practices for Missouri Residents

KEY FINDINGS

- Both St. Louis County and Jefferson County rated low in perceived health status. In St. Louis County, 15.5% of respondents described their health status as “fair or poor,” as did 14.5% in Jefferson County, compared to 20.2% for the state.
- Both St. Louis County and Jefferson County had higher rates of cholesterol checks than the state as a whole.
- St. Louis County had a high prevalence of residents with COPD, emphysema or chronic bronchitis – 10.2%, compared to 8.6% for Jefferson County and 8.1% for the state.
- St. Louis County had a high prevalence of diabetes – 11.1%, as opposed to 9.8% for Jefferson County and 10.7% for the state.
- Jefferson County had a higher rate of overweight or obese residents than St. Louis County or the state.
- Jefferson County had a low incidence of sidewalk use in neighborhoods (23.4% of respondents), compared to St. Louis County (77.8%) and the state (53.7%). Only 15.6% of Jefferson County respondents reported having roads and streets with shoulders or marked lanes for biking in their communities, compared to 45.0% for St. Louis County and 31.6% for the state.
- Jefferson County had a higher rate of women age 40 and older who reported they had had no mammogram or clinical breast exam in the past year. The rate was 33.0% for Jefferson County, compared to 22.4% for St. Louis County and 30.6% for the state.
- St. Louis County and Jefferson County had a higher rate of respondents who had never had a blood stool test —72.2% for St. Louis County and 72.5% for Jefferson County, compared to 66.1% for the state. The two counties also ranked lower in patients who had had colonoscopies in the previous 10 years.

Missouri BRFSS

Missouri’s Behavioral Risk Factor Surveillance System (BRFSS) is a population-based survey conducted throughout the year, with sampling for state-level estimates. BRFSS questions are revised annually, and some questions are not asked every year. The two most recent years of BRFSS data available – 2008 and 2009 – were obtained to compute indicators.

When you compare St. Louis County and Jefferson County chronic disease profiles to state rates, there are definitely some statistics that set the two counties apart from Missouri as a whole.

Source for chart on facing page:

Missouri BRFSS <http://health.mo.gov/data/CommunityDataProfiles/>

Death rates are per year per 100,000 population and are age-adjusted to the U.S 2000 standard population

Hospitalization rates are per year per 10000 population and are age-adjusted to the U.S. 2000 standard population

Emergency Room rates are per year per 1000 population and are age-adjusted to the U.S. 2000 standard population.

COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY AND PROCESS

Chronic Disease Comparison for St Louis County and Jefferson County Residents				
	Data Years	Jefferson County	St. Louis County	State Rate
		Age-Adjusted Rate	Age-Adjusted Rate	Age-Adjusted Rate
Hospitalizations: Heart disease	2005-2009	173.4	146.4	152.4
ER visits: Heart disease	2005-2009	8.9	10.4	12.9
Hospitalizations: Ischemic heart disease	2005-2009	67.6	46.6	55.2
ER visits: Ischemic heart disease	2005-2009	0.2	0.2	0.8
Hospitalizations: Stroke/Other cerebrovascular disease	2005-2009	32.8	30.8	30.4
ER visits: Stroke/Other cerebrovascular disease	2005-2009	0.5	0.5	0.8
Hospitalizations: All cancers (malignant neoplasms)	2005-2009	38.9	42.4	39.1
Hospitalizations: Colorectal cancer	2005-2009	4.9	5	4.9
Hospitalizations: Lung cancer (SEER)	2005-2009	6.3	5	5.2
Hospitalizations: Breast cancer	2005-2009	1.6	2	2.2
Hospitalizations: Cervical cancer	2005-2009	0.5	0.5	0.8
Hospitalizations: Prostate cancer	2005-2009	3.3	3.6	2.8
Hospitalizations: Diabetes mellitus	2005-2009	16.8	18.3	17.3
ER visits: Diabetes mellitus	2005-2009	0.9	1.3	1.7
Hospitalizations: Chronic obstructive pulmonary disease excluding asthma	2005-2009	22.6	13.7	23.2
ER visits: Chronic obstructive pulmonary disease excluding asthma	2005-2009	4.3	3.1	5.4
Hospitalizations: Asthma	2005-2009	10.4	15.8	13.4
ER visits: Asthma	2005-2009	3.2	6.4	5.1
Hospitalizations: Arthritis/lupus	2005-2009	41.6	43.4	41
ER visits: Arthritis/lupus	2005-2009	4.7	6.5	8.7
Heart disease				
Deaths: Heart disease	1999-2009	284	240.6	245.6
Ischemic heart disease				
Deaths: Ischemic heart disease	1999-2009	210.7	184.6	170.3
Stroke/other cerebrovascular disease				
Deaths: Stroke/other cerebrovascular disease	1999-2009	59.5	51.3	54.9
All cancers (malignant neoplasms)				
Deaths: All cancers (malignant neoplasms)	1999-2009	211.3	188.3	197.7
Colorectal cancer				
Deaths: Colorectal cancer	1999-2009	19.5	18.8	19.4
Colon and rectum cancer (SEER)				
Deaths: Colon and rectum cancer (SEER)	1999-2009	19.2	18.7	19.2
Lung cancer (SEER)				
Deaths: Lung cancer (SEER)	1999-2009	75.6	53.5	61.4
Breast cancer				
Deaths: Breast cancer	1999-2009	14.1	16	14.6
Cervical cancer				
Deaths: Cervical cancer	1999-2009	1.1	1.5	1.4
Prostate cancer				
Deaths: Prostate cancer	1999-2009	8.4	8.1	9.1
Diabetes mellitus				
Deaths: Diabetes mellitus	1999-2009	28.6	21.2	23.8
Chronic obstructive pulmonary disease excluding asthma				
Deaths: Chronic obstructive pulmonary disease excluding asthma	1999-2009	57.6	33.8	47.4
Asthma				
Deaths: Asthma	1999-2009	0.7*	1.2	1.3
Smoking-attributable (estimated)				
Deaths: Smoking-attributable (estimated)	1999-2009	178.6	130.5	152.2
Arthritis/lupus				
Deaths: Arthritis/lupus	1999-2009	4.1	3.5	3.5

KEY FINDINGS

- From 2005 to 2009, Jefferson County had a higher rate of hospitalizations due to heart disease (173.4) compared to St. Louis County (146.4) and the state of Missouri (152.4).
- Hospitalizations for all cancers were slightly elevated in St. Louis County (42.4) compared to 38.9 in Jefferson County and 39.1 for the state of Missouri.
- Diabetes hospitalizations were also slightly higher for St. Louis County (18.3) than for Jefferson County (16.8) and the state of Missouri (17.3).
- Deaths due to heart disease were higher in Jefferson County (284) compared to 240.6 for St. Louis County and 245 for the state of Missouri. Deaths due to stroke were also slightly elevated for Jefferson County (59.5) compared to St. Louis County (51.3) and the state of Missouri (54.9).
- There was also a significant difference in rate of deaths due to cancer. Jefferson County had a rate of 211.3 in comparison to 188.3 for St. Louis County and 197.7 for the state of Missouri.
- The rate of death due to lung cancer or COPD (chronic obstructive pulmonary disease) was also higher for Jefferson County than for St. Louis County or the state of Missouri.
- The most alarming rate comparison involved smoking-attributable deaths. The rate was 178.6 for Jefferson County as opposed to 130.5 for St. Louis County and 152.2 for the state of Missouri.

Tobacco Use in Missouri

It is important to analyze tobacco use rates for our two biggest counties, St. Louis County and Jefferson County, as the rates of smoking in Missouri are higher than the national average. Other data indicate that Jefferson County also has a higher rate of smoking than the national average.

Using the Community Data Profiles for the state of Missouri, we were able to break out the prevalence of tobacco use for our two counties compared to each other, and to state data. The prevalence of smoking is higher in Jefferson County than St. Louis County, but still lower than the state average of 23%. The nationwide tobacco use rate is 19%, so Missouri is 4% higher in smoking prevalence than the nation as a whole.

Tobacco Use among Missouri Adults	
Location	Smoking Prevalence
Jefferson County	21.7%
St. Louis County	17.9%
Missouri	23.0%
Nationwide	19.0%*

*Sources: 2011 County Level Study, Missouri Department of Health & Senior Services;
Centers for Disease Control 2010

Poverty Rates

Poverty rates, food uncertainty, and the use of food stamps and free or reduced lunch programs can provide early indicators of the health of a community.

Using the Missouri Hunger Atlas, we were able to get a snapshot of where Jefferson County and St. Louis County fall in terms of poverty, unemployment rates and food uncertainty. Both St. Louis County and Jefferson County have poverty rates that are lower than the state average. But Jefferson County’s unemployment rate is slightly higher than the state average, while St. Louis County’s is lower. St. Louis County has a low rate of food uncertainty, while Jefferson County has an average ranking. Both St. Louis County and Jefferson County have low rates of need for food stamps and the free and reduced school lunch program.

	St. Louis County	Jefferson County	State
Population below poverty	9.0%	8.0%	13.5%
<18 years of age, below poverty	12.0%	11.0%	18.9%
>64 years of age, below poverty	6.4%	6.8%	12.3%
Unemployment rate	5.9%	6.8%	6.1%

Source: Missouri Hunger Atlas <http://www.missourifamilies.org/mohungeratlas/counties/>

	St. Louis County	Jefferson County	State of Missouri	Need Indicators
Food Uncertainty				
% Households food uncertain	9.3%	12.5%	15.8%	STL CO - Very low JEFF CO - Average
% HH w/children food uncertain	13.8%	16.5%	23.4%	STL CO- Very low JEFF CO - Low
% Food uncertain w/hunger	3.0%	4.5%	7.2%	STL CO - Very low JEFF CO - Average
SNAP/Food Stamps				
% Total population income eligible	12.8%	11.6%	18.2%	STL CO - Very low JEFF CO - Very low
% <18 years income eligible	18.1%	15.8%	24.7%	STL CO - Very low JEFF CO - Very low
Free & Reduced School Lunch Program				
% Students eligible	37.4%	31.3%	42.9%	STL CO – Very low
JEFF CO – Very low				
Women, Infants and Children Program (WIC)				
% <5 eligible	32.6%	30.0%	42.8%	STL CO - Very low JEFF CO - Very low

Source: Missouri Hunger Atlas <http://www.missourifamilies.org/mohungeratlas/counties/>

COMMUNITY RESOURCES TO ADDRESS NEEDS

IV. Community Resources to Address Needs

Internal Resources

St. Anthony's offers a variety of programs designed to help our community stay well and well informed about their health. Programs, screenings and special events are held at various locations throughout the medical center and in our community.

St. Anthony's Medical Center Internal Resources	
Fitness and exercise classes	Includes Arthritis Foundation Exercise Class, Better Fitness, More than Just Dance, Pain Free Joints, Pilates, PiYoga, Senior Strength and Balance, Stability Ball, Strength Training, Stretch, Balance and Strength, T'ai Chi for Health, Yoga, and Zumba.
For Your Health	Heartsaver CPR, AED and Newtritious You
Free wellness programs and classes	Bike helmet fittings, Spring Runners Clinic, walking clinics, and other classes focused on fitness, nutrition and overall health.
Parenting and childbirth classes	Sibling classes, grandparenting classes, and childbirth/parenting classes that include Breastfeeding, Caring for your Newborn, CPR for Family and Friends, Early Pregnancy, Lamaze/Infant Care and Teen Lamaze/Infant Care.
Events	Go Pink & Red, Get Fit South County
Screenings	Skin cancer screenings, ongoing cholesterol screenings, leg and venous screenings
Speakers bureau	Includes topics such as heart health, life and family health, orthopedics, stroke, senior safety and care, cancer, diabetes and nutrition. Topics also can be customized for community groups.
Support groups	<p>Health Related: AIDS Positive Support Group, Amputee Support Group, AWAKE Support Group, Cancer Support Group, Cardio-pulmonary Support Group, Diabetes Support Group, Look Good/Feel Better Support Group, Man to Man Prostate Support Group, Stroke Club, Women with Breast Cancer Support Group, Women Heart Group</p> <p>Behavioral Health Support: Adult Children of Alcoholics, Alateen, Pre-Alateen, Alcoholics Anonymous, Al-Anon, Al-Anon Newcomers, CODA, Depressive/Manic Depressive Support Groups, Narcotics Anonymous, Nicotine Anonymous, Gamblers Anonymous, Over-Eaters Anonymous</p> <p>Other: Hospice Support Group, Grief Support Group, New Moms' Network</p>
Community partnerships	<p>St. Anthony's partners with the following groups:</p> <ul style="list-style-type: none"> • St. Louis County Health Dept. for the CHIP (Community Health Improvement Plan) • South County YMCA (screenings, lectures and other health events) • Our local school districts' Parents as Teachers programs (speaker series on parenting topics) • Other schools, churches, and organizations (health-care resources to educate our community) • Local employers and businesses (Community Health and Wellness department's on-site screenings, flu shots and other services)

COMMUNITY RESOURCES TO ADDRESS NEEDS

External Resources	
Health departments	Monroe County Health Department, St. Louis County Health Department, Jefferson County Health Department
YMCA	Monroe County YMCA of Southwest Illinois, South County YMCA
Recreational facilities	Arnold Recreational Facility (part of St. Louis County Parks and Recreation), Riverchase Recreational Facility (Fenton)
Health service facilities, free and reduced rate services	South County Health Center, Jefferson County Nursing Clinic
Behavioral health services	COMTREA – Community Mental Health Center for Jefferson and south St. Louis counties

V. Community Health Needs Identified in the Assessment

The St. Anthony’s Medical Center Community Outreach team reviewed survey data, results of the Prell study, the key stakeholder assessment, physician survey, and detailed secondary data pertaining to our targeted community. Using these sources, members identified needs based on the following criteria: the severity of the need, resources currently available or unavailable in the community to address the need, and the ability to make long-term impact on the health of our community.

The following were chosen as St. Anthony’s Medical Center’s three main priorities in improving the health of our community.

Community Health Need Priorities	
Mental health	With a focus on education and support
Education about healthy lifestyle	With a specific focus on obesity and diabetes
Access to care	Focusing on cost, geography and knowledge of resources

Need(s) that will not be addressed

Tobacco use is a need identified in our assessment that St. Anthony’s Medical Center has chosen not to address. Although all identified community health needs are important to St. Anthony’s, we had to choose needs in which we could make the most impact on our community and in which we could best align our resources.

Tobacco use, and smoking attributable deaths, are higher in Missouri than the national average and pose a problem for our community. We chose not to address this need because of the availability of resources in our area, specifically the efforts that are already being put forth by the Jefferson County Health Department to address smoking. Jefferson County was the part of our community that was identified in our assessment as being the highest in tobacco use.

APPENDIX I: ST. ANTHONY'S COMMUNITY INCOME CHARACTERISTICS

POPULATION BY ZIP CODE

POPULATION	2000	2010	2013 ESTIMATED	2018 PROJECTED
State of Missouri	5,595,288	5,988,927	6,034,014	6,103,299
62236	10,505	12,693	13,127	13,730
62298	12,953	16,446	16,882	17,489
63010	35,212	36,187	36,037	35,841
63012	9,584	10,175	10,294	10,472
63016	8,091	8,192	8,099	7,967
63020	19,670	20,622	20,538	20,429
63026	38,645	43,510	44,228	45,300
63028	23,256	26,512	26,748	27,119
63049	16,381	16,322	16,384	16,499
63050	13,088	15,408	15,560	15,806
63051	13,613	14,043	13,997	13,942
63052	20,509	26,202	26,820	27,757
63109	29,063	26,922	26,539	26,033
63111	21,336	20,041	19,841	19,615
63116	46,899	43,698	43,254	42,699
63119	34,547	33,686	33,316	32,872
63123	49,564	49,145	48,990	48,846
63125	33,322	32,366	32,337	32,357
63126	15,420	15,116	15,022	14,908
63127	4,537	4,965	4,992	5,039
63128	28,984	29,026	29,067	29,173
63129	51,419	52,930	53,263	53,833

Source: Hospital Industry Data Institute. Data as of 7/6/2012, Reported 2/1/13.

MEDIAN HOUSEHOLD INCOME BY ZIP CODE

MEDIAN HOUSEHOLD INCOME	2000	2013 ESTIMATED	2018 PROJECTED
State of Missouri	\$38,441	\$44,633	\$45,225
62236	62,330	77,363	83,312
62298	52,572	68,096	73,253
63010	49,987	56,312	54,666
63012	57,589	63,454	61,609
63016	47,726	53,939	52,208
63020	39,940	42,481	41,677
63026	56,366	65,355	64,448
63028	42,331	45,547	44,186
63049	50,918	54,970	53,660
63050	47,365	56,705	55,171
63051	46,568	49,123	47,811
63052	54,864	62,304	61,058
63109	40,787	44,757	43,341
63111	24,092	28,553	27,761
63116	30,942	34,549	33,439
63119	53,439	61,709	61,967
63123	42,973	47,937	48,015
63125	38,581	42,011	42,217
63126	54,537	62,408	62,593
63127	63,743	73,271	73,759
63128	59,862	63,582	63,931
63129	61,418	67,690	67,806

*Source: Hospital Industry Data Institute
Data as of 7/6/2012, Reported 2/1/13*

AVERAGE HOUSEHOLD INCOME BY ZIP CODE

AVERAGE HOUSEHOLD INCOME	2000	2013 ESTIMATED	2018 PROJECTED
State of Missouri	\$49,894	\$60,079	\$61,256
62236	\$68,787	\$93,180	\$101,120
62298	58,985	86,610	96,321
63010	55,940	63,230	61,744
63012	61,049	72,408	70,718
63016	51,885	62,196	60,678
63020	46,133	48,877	47,928
63026	64,550	77,026	76,305
63028	50,184	56,205	54,816
63049	56,348	63,155	61,814
63050	56,003	63,484	62,176
63051	52,059	58,439	57,225
63052	60,424	66,741	65,558
63109	49,465	56,619	55,009
63111	31,221	37,099	36,035
63116	37,781	44,885	43,660
63119	68,307	86,821	87,255
63123	51,915	58,172	58,366
63125	45,630	51,615	51,957
63126	63,734	77,882	78,188
63127	93,084	114,364	116,105
63128	75,280	89,404	90,045
63129	70,432	84,199	84,430

Source: Hospital Industry Data Institute
Data as of 7/6/2012, Reported 2/1/13

APPENDIX I: ST. ANTHONY'S COMMUNITY INCOME CHARACTERISTICS

PER CAPITA HOUSEHOLD INCOME BY ZIP CODE

PER CAPITA HOUSEHOLD INCOME	2000	2013 ESTIMATED	2018 PROJECTED
State of Missouri	\$19,936	\$23,893	\$24,427
62236	\$26,453	\$35,697	\$38,591
62298	21,389	33,321	37,164
63010	20,393	24,201	23,847
63012	20,408	25,245	24,695
63016	17,894	23,184	22,863
63020	17,320	18,784	18,587
63026	23,690	28,918	28,605
63028	19,255	21,487	21,062
63049	20,258	24,257	24,094
63050	19,602	22,843	22,492
63051	18,150	21,443	21,183
63052	20,803	23,361	22,886
63109	24,032	28,801	28,348
63111	13,241	15,826	15,530
63116	16,345	20,052	19,695
63119	29,758	37,158	37,469
63123	23,555	26,112	26,297
63125	20,208	22,371	22,680
63126	26,402	33,590	33,907
63127	39,597	47,491	48,110
63128	30,742	38,392	38,789
63129	25,921	33,720	33,945

*Source: Hospital Industry Data Institute
Data as of 7/6/2012, Reported 2/1/13*

APPENDIX I: ST. ANTHONY'S COMMUNITY INCOME CHARACTERISTICS

AGE, RACE AND SEX DEMOGRAPHICS

Subject	Jefferson County, Missouri			St. Louis County, Missouri		
	Total	Male	Female	Total	Male	Female
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Total population	219,480	108,715	110,765	998,692	472,277	526,415
SELECTED AGE CATEGORIES						
5 to 14 years	13.7%	14.3%	13.1%	12.9%	13.9%	12.0%
15 to 17 years	4.4%	4.2%	4.5%	4.3%	4.7%	4.0%
18 to 24 years	8.6%	9.1%	8.2%	8.7%	9.1%	8.3%
15 to 44 years	39.2%	39.4%	39.0%	37.5%	38.5%	36.6%
16 years and over	78.3%	77.7%	79.0%	79.8%	78.2%	81.4%
18 years and over	75.3%	74.4%	76.1%	77.0%	75.2%	78.6%
60 years and over	18.4%	16.7%	20.0%	21.4%	19.3%	23.2%
62 years and over	15.5%	14.4%	16.6%	18.8%	16.6%	20.8%
65 years and over	11.7%	10.4%	12.9%	15.1%	13.1%	17.0%
75 years and over	4.5%	3.7%	5.4%	7.5%	6.0%	8.9%
SUMMARY INDICATORS						
Median age (years)	37.8	37.3	38.2	40.0	37.9	41.9

Source: U.S. Census Bureau, 2011 American Community Survey

Adult (18+) Race and Ethnicity Composition of St. Louis County and South St. Louis County, 2009

	White	African-American	Other Race
South County	94%	4%	2.2%
St. Louis County	76%	20%	4.2%
Jefferson County	96%	1%	3%

Source: U.S. Census Bureau: 2011 American Community Survey, St. Louis County Department of Health 2011 Community Health Needs Assessment.

APPENDIX II: KEY STAKEHOLDER ANALYSIS

PARTICIPATING COMMUNITY GROUPS

Volunteers in Medicine
American Heart Association
St. Louis Suburban School Nurses
EMS representative
Catholic Family Services
Manchester United Methodist Church
Chesterfield YMCA
Jewish Community Center
Alderman, City of Glendale
United Way
American Cancer Society
Mid East Area on Aging
South County Health Center
National Council on Alcohol and Drug Abuse
City Councilwoman, Town and Country
City of Chesterfield
St. Louis County Department of Health

ST. LOUIS COUNTY NEEDS ASSESSMENT WORKSHEET

Participants addressed these three questions in the focus group session:

1. In your opinion, what are the three greatest health needs or challenges that exist within the St. Louis county population?
2. To your knowledge, what resources are currently available in St. Louis County for addressing each one of them? Who/what organization is trying to address them?
3. In your opinion, where is the largest gap between an existing need and available services in St. Louis County?

FOCUS GROUP TRANSCRIPT

The transcript of the focus group was analyzed in conjunction with the completed worksheets that were returned. The following needs were identified, and are listed in order from most frequently mentioned to least.

Mental Health Issues (6 mentions)

- There is a need for increased awareness and education about mental health issues, as well as advocacy and support for people with those conditions.
- There continues to be a stigma about mental health that often prevents it from being openly addressed in the community.
- Outpatient mental health services for adults, including counseling and psychiatric care, are in short supply.
- Children discharged from the hospital often need adolescent day care services that are not currently available.
- Mental health issues are often exacerbated by chronic conditions.

Access to Health Care for the Underinsured and Uninsured (6 mentions)

- There continues to be a need for assistance and support in this subpopulation, including access to MO HealthNet facilities (locations, hours of operation, additional service providers).
- Those with limited or no health insurance are using the Emergency Department for primary care.
- These individuals also have limited access to specialty care.
- Volunteer health care providers are needed at facilities that serve those with no insurance.
- Compared to St. Louis city, there are few facilities in south and west St. Louis County where those with limited insurance can access care.

Care of the Elderly (5 mentions)

- Respondents using a number of medications said there is a need for education on why they are taking them and how to take them properly.
- Being safe at home is a major concern, especially with regard to fall prevention.
- There is a need for social supports to help maintain the elderly in their homes, especially the frail elderly. This includes seniors discharged from the hospital, who may not have support to help make that transition.

- Individuals who suffer from Alzheimer’s disease and dementia may be difficult to initially diagnose, and families and medical personnel may wait too long before seeking treatment for them.
- Understanding when a “Do Not Resuscitate” order is appropriate requires education for the senior population and their families and caregivers.

Drug and Alcohol Use and Abuse (5 mentions)

- There is concern about illicit drugs including heroin, as well as prescription drugs.
- The use and abuse of alcohol are growing concerns, especially among women age 65 and older.
- Taking multiple medications at the same time, and mixing prescription medications with alcohol, are areas of concern. So is the lack of awareness about their interactions.
- Similar to mental health issues, there is a stigma about substance abuse that prevents it from being addressed.

Transportation to Health Services (4 mentions)

- The lack of public transportation and the limited availability of ride services in west and south St. Louis County create obstacles for some individuals to access health care.
- The process of scheduling ride services also creates challenges. They include having to schedule five days in advance, and experiencing long wait times before and after service delivery.
- Transportation issues contribute to the inappropriate use of ambulances, and use of the ER for primary care.

Health Advocates and Patient Navigators (4 mentions)

- Obstacles in accessing health services often require an outside person to help a patient navigate the system.
- These obstacles include communication barriers of several types, such as the inability to understand English, and difficulty understanding medical and insurance terminology.
- Low health literacy compromises patients’ ability to process information about medical diagnosis and treatment, and to ask pertinent questions. This also creates challenges in receiving quality health care.

Overweight and Obese Patients, and Nutrition (4 mentions)

- Being overweight is a major contributor to other chronic diseases, including diabetes and heart disease.
- The lack of access to healthy, fresh foods creates “food deserts,” and an overabundance of fast food options leads to “food swamps.” These factors contribute to unhealthy weight issues.
- There continues to be a need for education and new social norms in the consumption of healthy food.
- There is a need for education to encourage physical activity and preventive care as parts of a healthy lifestyle.

Access to Affordable Health Care (3 mentions)

- There is a lack of affordable dental care.
- The cost of co-pays and deductibles often creates obstacles that prevent individuals from seeking health services.
- The cost of medications often can be a barrier for those who need them.

- The Affordable Care Act does not provide insurance for medical devices such as hearing aids, dentures and glasses.

Improper Use of 911, Ambulances and Hospitals (3 mentions)

- This subject relates to the availability of primary care services and transportation.
- Some people use ambulances as a taxi service, in part because they believe they will be seen more quickly.
- They are also using the ED for conditions that could be treated by a primary care provider.
- There was also a mention of patients with behavioral health problems being sent to the ED.

Heart Disease, including Stroke and Hypertension (3 mentions)

- Heart disease is the number one killer of St. Louisans, and a significant cause of disability.

Other issues that were mentioned by two or fewer individuals:

- Pediatric concerns: Fun, safe activities for kids age 10 to 17 with high levels of stress and social isolation.
- Tobacco use.
- Communication issues.
- Costs of physician malpractice insurance.
- Diabetes and related health issues.
- Access to care in minority communities.
- Longitudinal data to track the need for services.
- The challenges of serving the homeless, and the increase in the numbers of homeless people due to the economy.

Cultural Barriers

Another issue was mentioned during the focus group but was not specifically identified on the worksheets. This relates to the role that cultural barriers play in the ability of St. Louis County residents to access health care services. These barriers exist for those who are native to our country as well as those who are foreign-born.

Cultural competence was described as “Being sensitive and understanding the context in which a person is operating: His or her belief system, family context, religious context and health behaviors... understanding that, being sensitive to it, providing linguistically appropriate help when beginning to address those issues, and having an attitude of acceptance of that individual.”

The Bosnian population was specifically identified as one whose health-care needs should be considered in the context of cultural competence. Several examples were given of how awareness of cultural values influences this population’s health-care needs.

- Because cigarettes are more expensive in their homeland, Bosnians view smoking as an indicator of higher social status, not as a negative health risk.
- Their lack of familiarity with the English language creates barriers to communication with EMS workers trying to address a medical issue.
- In Bosnian culture, it is unacceptable for a woman to be treated by a male doctor.

WHAT ROLE SHOULD THE HOSPITAL PLAY?

There is a general need for information about resources in the community. A list of resources and organizations that address the health-care needs of St. Louis County residents would be very helpful to faith groups and those who provide support to people in need.

- This would include promoting awareness of the United Way's 2-1-1 telephone help line, which offers referrals to nonmedical support services in the community.
- Community organizations also mentioned a need for speakers on various health topics that target a wide audience, including senior citizens' groups and youth/parent groups.

Having area hospitals and health-care organizations collaborate and rally around a single health care issue would be very powerful, and potentially very effective. There should be more opportunities for hospitals to partner with each other and use their collective power to tackle specific health issues.

- Potential topics to consider are tobacco, obesity and health policy issues.

Hospitals can provide medical personnel to staff clinics that care for the uninsured and underinsured. They also can encourage their private and retired medical staff to volunteer in these facilities. Hospitals can identify additional ways to help patients transition home after discharge, to prevent them from being readmitted to the hospital. This may involve a broader use of home health services in an educational capacity, or providing navigators to ensure that patients keep follow-up appointments and take their medications properly.

- Case managers, social workers and discharge planners may be sources of information about other resources for patients in need, such as meals, adult day care programs and other community-based services.
- These trained professionals also can serve as patient navigators to those having trouble accessing needed services.
- It would be helpful to conduct discussion roundtables ensuring social workers are aware of all resources available in the community, so the information can be passed along to their patients.

Hospitals also should consider using area schools as locations for providing health care services, not only to children, but also to adults.

- Several hospitals, including St. Louis Children's Hospital, have medical vans that they send to schools to see children with asthma.
- Why not consider providing adult care this way as well? It might address the transportation issue, since schools are generally located in communities where families live and need care.

Staff working at area hospitals also should reflect the diversity of their communities. They should work with local educational institutions to make sure that all health care workers receive training to be culturally competent. Another suggestion was that hospitals should partner with each other to share the cost and responsibility of the data gathering process. Given that each hospital must repeat a needs assessment every three years, but public health departments are on a five-year schedule, the two sets of organizations will not be in synch.

- Hospitals should lobby for a change in the law so hospitals and public health departments are on the same schedule.

Hospitals should work to create data systems that talk to each other, so patients who are seen by various parts of the health system can have their information made available to others via a master patient index.

APPENDIX III: PRELL ORGANIZATION NEEDS ASSESSMENT SURVEY SUMMARY

SURVEY INSTRUMENT

Q1. Hello, my name is (insert name) from Communications for Research, an independent market research firm. I'm conducting a survey today about health care in your area. We are only interested in your opinions on this subject; at no time will I try to sell you anything. In what ZIP code do you currently live?
 (Unaided - if not below, terminate.)
 (If not on this list, or if person refuses or doesn't know, terminate.)

Core:		North Jeff. Co.		City St. Louis Mid-Co.		S. Jeff + Illinois	
	Quota		Quota		Quota		Quota
63127	4	63051	11	63109	26	62236	11
63128	33	63052	29	63111	3	62298	23
63129	65	63049	14	63116	19	63012	12
	102	63010	32	63119	40	63016	7
		63026	10	63123	40	63020	13
			135	63125	15	63028	22
				63126	18	63050	14
					161		21

Q2. And which of these categories describes your age group? Are you: (Aided – read off:)

- x. Under 21 years old – (if so, terminate)
- 1. 21 to 34 (goal=110)
- 2. 35 to 44 (goal=93)
- 3. 45 to 54 (goal=112)
- 4. 55 to 64, or (goal=87)
- 5. 65 years and older (goal=98)
- 9. Refusing (If so – do *not* terminate)

Q3. First off, I would like to ask you about health care in your community ...
 What do you think is the biggest health care problem facing your community?

(Force one response – if not sure, or refuses, skip to Q5)

APPENDIX III: PRELL ORGANIZATION NEEDS ASSESSMENT SURVEY SUMMARY

Q4. And how well is that problem being addressed by the health care resources that are available in your area? (Aided – read off responses in order:)

1. Very well
2. Somewhat well
3. Not too well
4. Not very well at all
9. (Don't ask:) Not sure / Refused

Q5. In your opinion, how much of a problem is substance abuse, including drugs and alcohol, in your community? (Aided – read off in order:)

0. A big problem
1. Somewhat of a problem
2. A minor problem, or
3. Not a problem at all
8. (Don't ask:) Not sure
9. (Don't ask:) Refused

Q6. Has any doctor ever told you that you have a chronic illness or condition that is an on-going medical problem? (If no, circle code 0 at left – and then go to Q7) (If yes – ask:)

What chronic illness or condition do you have? (Unaided – circle all that apply at left)

		Very Confident	Somewhat Confident	A Little Confident	Not at all Confident	(Don't ask) DK/Ref.
0.	No (If so – go to Q7)	x	x	x	x	x
1.	Yes, but refused to specify (go to Q7)	x	x	x	x	x
2.	Not sure / don't know (go to Q7)	x	x	x	x	x
3.	Arthritis (rheumatoid/gout/lupus)	4	3	2	1	9
4.	Asthma	4	3	2	1	9
5.	Cancer	4	3	2	1	9
6.	COPD or lung disease	4	3	2	1	9
7.	Diabetes (high blood sugar)	4	3	2	1	9
8.	Heart disease (angina/heart attack)	4	3	2	1	9
9.	High cholesterol	4	3	2	1	9
10.	High blood pressure / hypertension	4	3	2	1	9
11.	Kidney disease	4	3	2	1	9
12.	Osteoporosis (brittle bones)	4	3	2	1	9
13.	Obesity (very overweight)	4	3	2	1	9
14.	Anxiety or depression	4	3	2	1	9
15.	Other (specify:)	4	3	2	1	9
16.	Other (specify:)	4	3	2	1	9

- Q7. And how confident do you feel that you can do everything that is necessary to manage your condition of ___? (Insert each of the pre-coded conditions mentioned above – read off scale).
- Q8. In general, would you say that the condition of your health is: (Aided – read off:)
1. Excellent
 2. Very good
 3. Good
 4. Fair, or
 5. Poor
 9. (Don't ask:) Not sure / Refused
- Q9. Do you have a doctor whom you see for regular check-ups? (If yes – ask:) About how long has it been since you last visited a doctor for a routine check-up or physical examination?
0. (Don't ask:) No regular doctor (Aided – read off responses:)
1. Within the past 12 months
 2. One to two years ago
 3. Three to four years ago, or
 4. More than four years ago
 5. (Don't ask:) Never had check-up
 9. (Don't ask:) Not sure / Refused
- Q10. In the last 12 months, has there been a time when you needed medical care, but could not get in to see a doctor?
1. Yes
 2. No / not sure

APPENDIX III: PRELL ORGANIZATION NEEDS ASSESSMENT SURVEY SUMMARY

Q11. Which of the following – if any – do you consider to be a barrier to obtaining medical care for the people who live in your household? (Read and rotate parts.) Would that be: A large barrier; a small barrier; or no barrier at all?

(Repeat scale as necessary)

		Large Barrier	Small Barrier	No Barrier at all	Don't Ask	Not Sure
0.	No (If so – go to Q7)	x	x	x	x	x
1.	Yes, but refused to specify (go to Q7)	x	x	x	x	x
2.	Not sure / don't know (go to Q7)	x	x	x	x	x
3.	Arthritis (rheumatoid/gout/lupus)	4	3	2	1	9
4.	Asthma	4	3	2	1	9
5.	Cancer	4	3	2	1	9
6.	COPD or lung disease	4	3	2	1	9
7.	Diabetes (high blood sugar)	4	3	2	1	9

Q12. Do you engage in any physical exercise or sports activities outside of your job?
 (If no – write in 00 – and go to Q13)
 (If yes – ask:) About how many minutes or hours do you exercise in a typical week?

_____ minutes (or) _____ hours

Q13. How would you describe the eating habits of the people who live in your household?
 ... Do they eat well-balanced and healthy foods: (Aided – read off in order:)

1. All of the time
2. Most of the time
3. Some of the time
4. None of the time
9. (Don't ask:) Not sure / Refused
8. (Don't ask:) Varies (If so – ask:) "Overall ..."

Q14. Do you currently use any tobacco products?

1. Yes, use tobacco
2. No, do not use tobacco
3. Not sure
4. Refused

APPENDIX III: PRELL ORGANIZATION NEEDS ASSESSMENT SURVEY SUMMARY

Q15. Do you have some form of insurance that covers a portion or all of your health care expenses?
(If no – check 0 and go to Q16.) (If yes – ask:)

What type of health insurance do you have? (Read off not rotated – multiple responses OK)

- 0. (Don't ask:) No health plan
- 1. A PPO or HMO
- 2. Medicare
- 3. Medicaid
- 4. Some other plan (specify)
- 7. (Don't ask:) Yes, but can't remember which
- 9. (Don't ask:) Not sure / Refused

Q16. These next few questions are for classification purposes only ...

What is the highest grade or year of school that you have completed?

- 08. Grade school (0-8) (Read off – if necessary)
- 11. Some high school (9-11)
- 12. High school graduate or GED (12th)
- 13. Some college or technical school (1-3 years)
- 16. College graduate (4 or more years)
- 18. Graduate or professional degree
- 99. (Don't ask:) Refused / not sure

Q17. Which of the following categories does your household's annual income fit into:

- 1. Under \$25,000 per year (Read off responses in order)
- 2. Between \$25,000 and \$50,000
- 3. \$50,000 to \$75,000
- 4. \$75,000 to \$100,000
- 5. \$100,000 to \$125,000
- 6. More than \$125,000 per year
- 9. (Don't ask:) Refused / not sure

Q18. And finally, what can a hospital like St. Anthony's Medical Center do to help improve your health and the health of the people in your community?

(Multiple responses allowed.) (If says "Lower costs," ask – "Anything other than lowering costs?")

Q19. (Don't ask:) Respondent's gender: (no quotas) 1. Male 2. Female

APPENDIX IV: PHYSICIAN SURVEY RESULTS

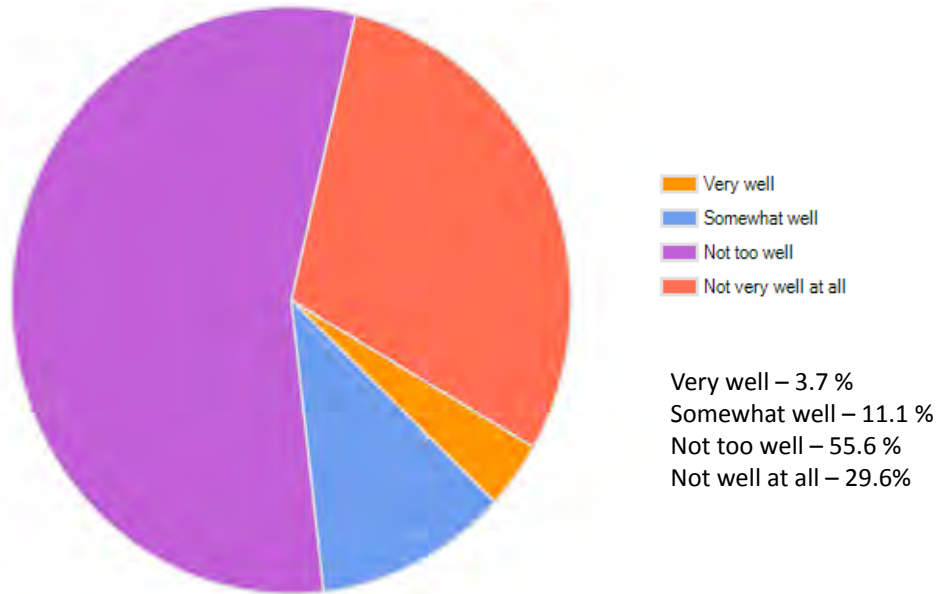
APPENDIX IV – PHYSICIAN SURVEY RESULTS

What is the biggest health care problem facing our community and the patients you serve?				
Answer Options		Response Count		
Answered question		27		
Skipped question		0		
Response Category				
Cost Related	Obesity/Diabetes	Access	Mental Health	Other
9	5	4	2	6

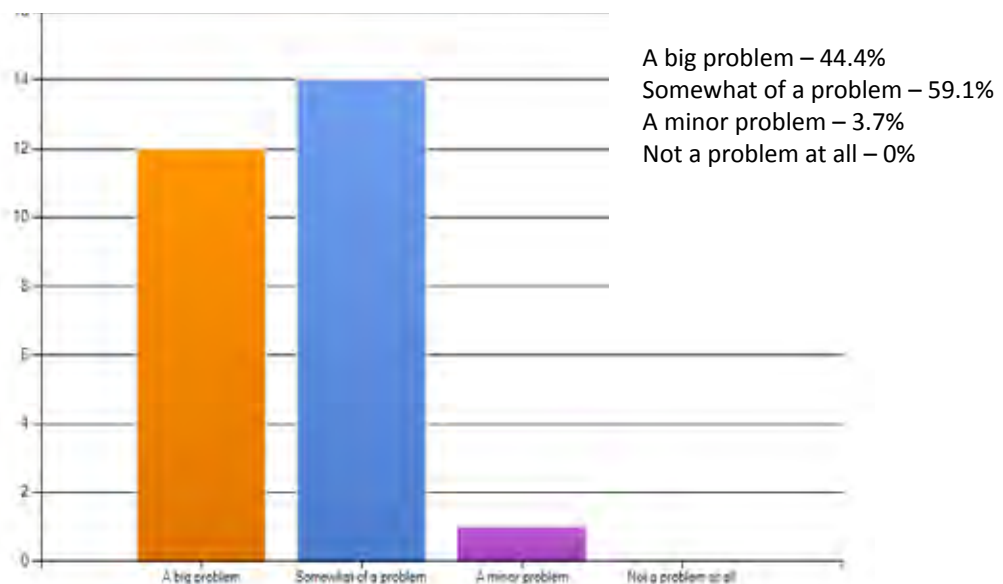
What do you feel is the biggest barrier to a patient being able to manage his or her chronic disease or condition?			
Answer Options		Response Count	
Answered question		27	
Skipped question		2	
Response Category			
Cost Related	Education/Resources	Self-discipline/ motivation/ own responsibility	Other
5	4	10	5

What can a hospital like St. Anthony’s Medical Center do to help improve the health of your patients and others in our community?				
Answer Options		Response Count		
Answered question		27		
Skipped question		2		
Response Category				
Increased access to mental health services	Increase outreach programs/ health education	Establish community clinics	Partner with the community	Change the system of follow-up with patients/ how care is provided
4	11	2	2	6

How well is the health care problem that you indicated previously being addressed by the health care resources that are available in your area?

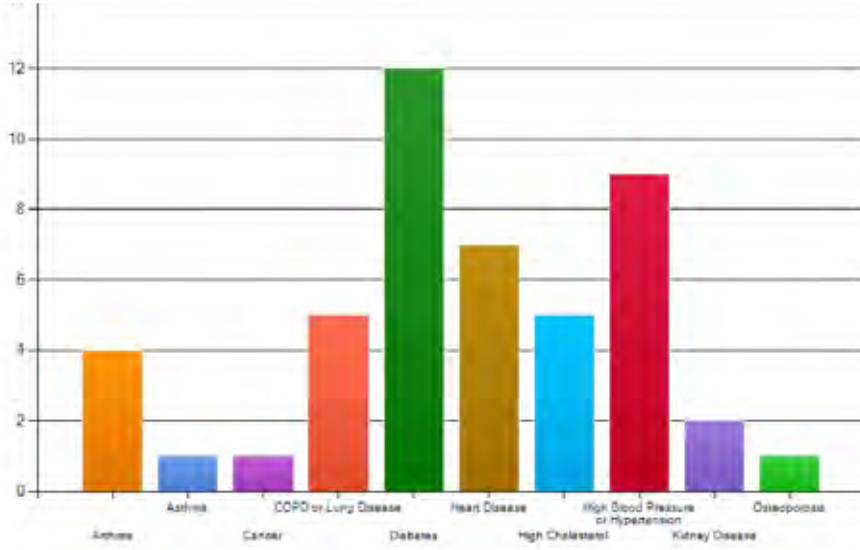


In your opinion, how much of a problem is substance abuse, including drugs and alcohol abuse, in our community?



APPENDIX IV: PHYSICIAN SURVEY RESULTS

Of the chronic illnesses or conditions that you see in your patients, which chronic disease or condition do you feel is the most prevalent?

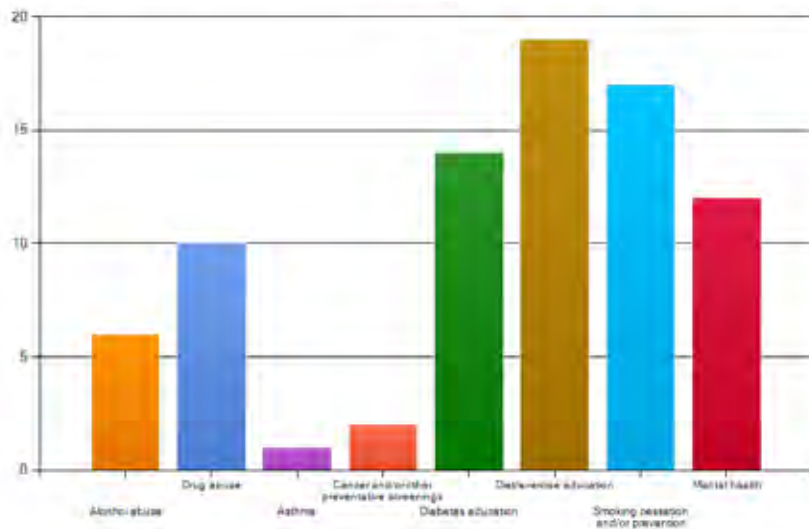


“Other” Responses

- All of them can be directly related to inactivity!!
- Chronic pain.

Arthritis – 15.4%
 Asthma – 3.8%
 Cancer – 3.8%
 COPD/lung – 19.2%
 Diabetes – 42.3%
 Heart disease – 26.9%
 High cholesterol – 15.4%
 High BP – 30.8%
 Kidney disease – 7.7%
 Obesity – 53.8%
 Osteoporosis – 3.8%
 Anxiety/depression – 20.8%

Please select the type of health education services most needed by the patients in our community:



This question allowed multiple responses.

Alcohol abuse – 23.1%
 Drug abuse – 38.5%
 Asthma – 3.8%
 Cancer – 7.7%
 Diabetes – 53.8%
 Diet/exercise – 73.1%
 Smoking – 65.4%
 Mental health – 46.2%

APPENDIX V: DATA SOURCES

Data Used	Data Source
St. Anthony's Medical Center ER Cases for 2012	St. Anthony's Medical Center Internal Data
St. Anthony's Medical Center Urgent Care Cases for 2012	St. Anthony's Medical Center Internal Data
Population by Zip Code	Hospital Data Institute as of 7/6/2012, reported 2/1/13
Median Household Income by Zip Code	Hospital Data Institute as of 7/6/2012, reported 2/1/13
Average Household Income by Zip Code	Hospital Data Institute as of 7/6/2012, reported 2/1/13
Per Capita Household Income by Zip Code	Hospital Data Institute as of 7/6/2012, reported 2/1/13
Age, Race and Sex Demographics	U.S Census Bureau 2011 American Community Survey http://www.census.gov/acs/www/
Adult (18+) Race and Ethnicity	U.S Census Bureau 2011 American Community Survey http://www.census.gov/acs/www/ St. Louis County Department of Health 2011 Community Health Needs Assessment http://www.stlouisco.com/HealthandWellness/HealthEducationandInformation/2011CommunityHealthNeedsAssessment
Health & Preventive Practices for Missouri Residents	Missouri County Level Study 2011 http://health.mo.gov/data/cls/
Chronic Disease Comparison for St. Louis County and Jefferson County Residents	Missouri BRFS http://health.mo.gov/data/CommunityDataProfiles
Tobacco Use among Missouri Adults	Missouri County Level Study 2011 http://health.mo.gov/data/cls/ Centers for Disease Control 2010 http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/states/missouri/index.htm
Missouri Poverty Rates	Missouri Hunger Atlas http://www.missourifamilies.org/mohungeratlas/counties
Missouri Food Uncertainty	Missouri Hunger Atlas http://www.missourifamilies.org/mohungeratlas/counties