

EXECUTIVE SUMMARY

INTRODUCTION

The St. Louis Regional Health Commission (RHC), formed in 2001 upon the consensus recommendation of Civic Progress, governmental leaders, and community members, works in partnership with regional health sector advocates and stakeholders to improve health care access, reduce health disparities, and improve health outcomes for the uninsured and underinsured in St. Louis City and County.

In 2003 the RHC released a comprehensive report on the state of health status, health disparity, and performance of the health care safety net in the St. Louis region. The creation of the report, *Building a Healthier Saint Louis: A Report on the Integrity of Saint Louis' Health Care Safety Net*, was a collaborative effort between the RHC, its Advisory Boards, and the community at large. *Building a Healthier Saint Louis* played a key role

in the RHC's initial strategic planning process for the delivery of primary and specialty health care services to the uninsured and underinsured in St. Louis City and County.

After the 2003 release, the RHC committed to providing an updated report to review community-wide progress in improving health status. Timed with the availability of Census 2010 data, the RHC's *Decade Review of Health Status* fulfills that commitment. This new report focuses on *change* over the past decade in leading health indicators and disparity metrics across St. Louis City and County.

This report focuses on change over the past decade in leading health indicators and disparity metrics in St. Louis City and County.

Three Objectives Fulfilled

- (1) Present an objective analysis of change in leading health indicators and disparity metrics in St. Louis City and County over the past decade (2000 to 2010).
- (2) Highlight noteworthy and relevant "success stories" about change in health status or factors that impact health in St. Louis City and County over the past decade (2000 to 2010).
- (3) Provide a data-driven platform to guide future RHC and community-based funding initiatives geared towards improving health care access, reducing health disparities, and improving health outcomes for the uninsured and underinsured in St. Louis City and County in the decade to come.

Provided in the pages to follow are detailed statistics, illustrations, and narrative regarding change observed in 14 key health conditions and other factors that impact health. In addition to a survey of data, this report also acknowledges and celebrates the regional progress already made to improve health outcomes and reduce disparity over the past decade.

Decade Review of Health Status is another step in the RHC's collaborative work to improve access and reduce health disparities in St. Louis City and County. Looking forward, the RHC will continue to work across the region to develop innovative and effective solutions to improve health status.

SUMMARY OF KEY FINDINGS

Summarized below are important changes in the status of 14 key health conditions, or factors that impact health, in the St. Louis region over the past ten years. A high-level overview of findings is provided, followed by a review of individual conditions and indicators. Each of these topic areas are explored in greater depth later in the report.

Overview of Health Outcomes

1

Gains in health status achieved, notably in the City.

Over the past ten years, the City and County have seen substantial drops in mortality attributable to leading chronic health conditions, including heart disease, stroke, diabetes, and cancer. Declines in regional mortality are similar to trends seen nationwide for many chronic conditions during this time. Although negative health outcomes generally remain more prevalent in the City as compared to the County, the gap between these two areas considerably narrowed over the past ten years in many leading health conditions and social determinants of health.

2

Population of the region changed considerably.

The St. Louis region looks much different today than it did a decade ago. Statistics about age, poverty and racial/ethnic composition indicate the City and County changed considerably. This report did not explore to what degree sociodemographic changes were associated with health status during this time.

3

Poor health outcomes continue to be geographically concentrated.

Many of the 29 zip codes identified as high risk in the RHC's *Building a Healthier St. Louis Report* (2003) have shown improvement in health status over the past ten years. However, current data suggest that the geographic distribution of unfavorable health outcomes in the St. Louis region remains largely the same as a decade ago. Despite progress, poorer health outcomes are particularly concentrated in the City and adjacent areas of North and South County.

4

Health disparities persist.

Despite overall improvement in health status throughout the St. Louis region over the past ten years, race- and gender-based disparities persist. Three-fold differences or greater are observed between African-Americans and Caucasians in diabetes and AIDS mortality, low birth weight, and emergency room visits attributable to childhood asthma. Two-fold or greater differences are observed between males and females in heart disease, stroke, and diabetes mortality.

5

Risk factors still matter.

Although the region has seen substantial overall improvement in health status over the past decade, negative trends in obesity, tobacco use, and inactivity were also observed. These risk factors are associated with many social determinants of health.

Developed by Task Force

This report was a collaborative and consensus-based effort led by the RHC's Health Status Reporting Task Force, co-chaired by Dr. Dolores Gunn, Director of the St. Louis County Department of Health, and Pamela Walker, Interim Director of the City of St. Louis Department of Health. A complete roster of Task Force members can be found in the Acknowledgment section of this report.

SUMMARY OF KEY FINDINGS *(cont)*

Overview of Health Outcomes by Condition or Category

Demographics and Social Determinants:

- The total combined population of the City and County shrank 3.4% between 2000 and 2010. In comparison, the total population of Missouri and the United States grew 7.0% and 9.7%, respectively, during the same period.
- Areas with greatest overall population decline are located in the City and North County.
 - Population decline among children (under five years old) is most acute in West County, North County, and the City.
- Between 2000 and 2010, the size of the African-American population in the City decreased by 12% in contrast to an increase of 20% in the County.
- Although the total population in the region decreased, the number of people living in poverty increased by 26% from 2000 to 2010.
- While the rate of unemployment remained consistently higher in the City between 2000 and 2010, the number of unemployed persons rose in the County and fell in the City during this time.

Heart Disease:

- Between 2000 and 2010, the rate of **heart disease mortality fell 29% in the region.**
- The gap in heart disease mortality between the City and County narrowed slightly from 2000 and 2010.
- While mortality rates fell for all gender-race groups in the region, substantial differences persist. For example, current data reveal that men are 60% more likely to die of heart disease as compared to women.

Diabetes:

- **Diabetes mortality rates declined 24%** in the City and County from 2000 to 2010.
- While mortality rates for diabetes decreased, annual hospitalizations increased substantially over levels from 2000.
- While mortality rates fell for all gender-race groups in the region, substantial differences persist. For example, current data reveal that African-Americans are 260% more likely to die of diabetes as compared to Caucasians.

Stroke:

- Between 2000 and 2010, **mortality rates for stroke fell 30%** in the region.
- The gap in stroke mortality between the City and County narrowed from 2000 and 2010.
- While mortality rates for stroke fell for all gender-race groups, substantial differences persist. For example, current data reveal that African-Americans are 60% more likely to die of stroke as compared to Caucasians.

SUMMARY OF KEY FINDINGS *(cont)*

Chronic Obstructive Pulmonary Disease (COPD):

- Between 2000 and 2010, mortality rates for COPD were consistently lower in the City and County, while an increase was observed statewide.
- While mortality rates fell for all gender-race groups in the region, the most substantial drops were observed among African American men and women. Mortality rates decreased by 28% and 16% for African-American men and women, respectively, between 2000-01 and 2009-10.

Cancer:

- **Mortality rates for breast, lung, colorectal, and prostate cancer fell (11-24%)** in the region between 2000 and 2010. Cancer incidence in the City and County declined in similar fashion.
- Current data reveal that, unlike many other health conditions, zip codes with the highest rates of breast and prostate cancer mortality do not appear concentrated in the urban center.
- The racial health disparity related to prostate is much greater than breast and colorectal cancer. Current data reveal that African-American men are 2.3 times more likely to die from prostate cancer than Caucasian men, in comparison to breast and colorectal cancer where the relative risk is 1.2 and 1.8, respectively.

Health Disparities:

- Health disparities still exist in the City and County, notably by racial group. African Americans in the region continue to have poorer health status, in comparison to Caucasians.
- Rates of avoidable hospitalization among African American men and women rose between 2000 and 2009 while rates for Caucasians remained relatively flat at less than half the level of African Americans.
- In the City and County, African American adults are more than twice as likely to be uninsured as compared to Caucasian adults.

Maternal and Child Health:

- Between 2000 and 2009, **the number of births by teenage mothers (ages 15 to 17 years) fell by 30%.**
- Current data trends show that African-American infants are at greater risk for poor health outcomes as compared to Caucasian infants. While African-American infants made up 40% of all live births in the City and County from 2008-09, this group accounted for 70% of the 145 average annual infant deaths reported during this time period.
 - In addition, African-American infants are nearly three times more likely than Caucasians to be born at a low birth weight (<2,500 grams). This health disparity has persisted from 2000 to 2009.

SUMMARY OF KEY FINDINGS (cont)

Childhood Asthma:

- Current data reveal a concentration of uncontrolled asthma among children (under five years) across North City and North County.
- African-American children in the region are 7.5 times more likely to visit the emergency room for asthma than Caucasian children. This health disparity has persisted between 2000 and 2009.

Early Childhood Health:

- Lead poison prevalence plummeted in the City between 2000 and 2010, **dropping from 31% to 3%**.
- The rate of leading injuries among children (under five years) decreased among nearly all categories across the region.

Behavioral Health:

- From 2000 to 2009, ER visits in the region with alcohol-related mental disorder and affective disorder diagnosis increased 21% and 81%, respectively.
- High rates of acute mental health disorders are highly concentrated in areas of the City and parts of North County.
- There is a lack of robust and reliable behavioral health data available in the St. Louis region.

Sexually Transmitted Infections:

- Rates of STIs increased approximately 26% throughout the region from 2000 to 2010. Notably, chlamydia infection rose steadily in the City and County during this period. Zip codes with greatest increase are located primarily in the City and North County.
- Approximately 180 new HIV infections were diagnosed per year in the region over the past decade. In 2010, nearly 5,000 persons were living with HIV or AIDS in the region.
- Although HIV/AIDS mortality rates fell for all gender-race groups in the region, substantial differences persist. For example, current data reveal that African-Americans are 6.5 times more likely to die of HIV/AIDS as compared to Caucasians.

Violence and Injury:

- Homicides increased 18% in the region between 2000 and 2009.
- Motor vehicle injury rates fell for Whites and Blacks between 2000 and 2009.
- The majority of zip codes with high rates of victims of violence were located in the City and North County.

Medical Risk Factors:

- Approximately 31% and 29% of the City and County population, respectively, is obese.
- The prevalence of both high cholesterol and high blood pressure among adults is estimated to be greater than one in three in the region.
- Approximately 27% and 15% of adults in the City and County, respectively, are current smokers.