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CITY OF ST. LOUIS COMMUNITY HEALTH ASSESSMENT (CHA)

City of St. Louis Department of Health

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St. Louis City is the kind of great city that attracts residents and businesses from throughout the region. The Slay Administration and its public and private partners have received national and international recognition for a St. Louis renaissance over the past eight years.

It's also a place where residents, organizations, businesses and governmental entities work tirelessly to make St. Louis City a healthy St. Louis community every day, all of the time. And although we have work to do we are headed in the right direction.

There has been significant improvement in major health indicators such as overall mortality, heart disease, cancer, stroke, diabetes, infant mortality, lead poisoning, gonorrhea and asthma in the City of St. Louis over the past 10 years:

- Overall mortality rates have decreased 14%
- Heart disease mortality decreased 26%
- Incidence of the top four types of cancer has decreased by an average of almost 10%
- Deaths due to stroke have decreased 36%
- Diabetes deaths have decreased 11%
- Infant mortality is down 7%
- Childhood lead poisoning prevalence has fallen by 80%
- Incidence of gonorrhea is down 41%
- 6% fewer children with asthma on Medicaid are requiring acute care in a hospital setting

Mayor Slay has dedicated \$5.5 million annually to urgent and specialty care as part of a federal match guaranteeing \$25 million for these services. Between 2001 and 2010, St. Louis City and County safety net institutions provided over 3.6 million primary and 1.1 million specialty care visits and they have grown by 25% and 30% respectively, during this time.

Access to care has significantly improved in St. Louis over the past ten years:

- Between 2001 and 2010, more than 6 million outpatient visits were made by low-income residents to regional health care safety net institutions. In 2010 alone, more than 750,000 outpatient visits were made by the uninsured and Medicaid population to health care safety net sites in St. Louis. The funding provided through the Regional Health Commission (RHC) over this time represented 20-25% of all funding to community health centers.
- Safety net sites saw more than 175,000 more visits by uninsured and Medicaid patients in 2010 than in 2001, a 25% increase in volume, without a large increase in funding over this time.
- Use of emergency department services for non-emergencies decreased 12% (-20,000 visits) between 2001 and 2010. Notably, use of emergency department services for non-emergencies decreased 26% among the uninsured, in part due to the increase in access at community health centers over this time.

However, there is still much work to do. For example, despite overall improvement in health status over the past ten years in both the African American and Caucasian populations in St. Louis City, race- and gender-based disparities persist. And in some ZIP Codes where there are few cases the rates in comparison to federal and state rates are unacceptable.

The Community Health Assessment and Community Health Improvement Plan was ordered by me to help us better understand community needs and health disparities. It has been funded in part by the Missouri Foundation for Health. It was a dynamic and informative process led by REESSI. Ninety residents attended seven focus groups to help identify community priorities. Twenty-four representatives actively participated in analysis and planning from a diverse set of organizations including educational institutions, regional coalitions, service providers, government agencies, and businesses. Two City Aldermen were part of the group. And twenty-two individuals participated on a residents group representing a diverse set of neighborhoods and communities in the City of St. Louis.

This was a data-driven process utilizing the City DOH Understanding Our Needs City Health Assessment data, which is compiled from State data sources such as birth and death certificates and hospital discharge data.

Clear goals have been established through the CHA and the CHIP development process pertaining to mortality, violence, education, self destructive behavior and poverty.

Experience-On-Demand led the St. Louis City Board of Health and DOH managers through an in depth review of programs, essential services and core business.

Clear strategic initiatives have been established for the Department through the Strategic Plan development process pertaining to increasing regional collaboration and partnerships; actively engaging the community; improving accountability, quality and performance; improving communications; utilizing technology; increasing grant funding; and improving talent management.

The CHIP and the DOH Strategic Plan will be implemented and updated over the next 18 to 24 months.

The Understanding Our Needs City Health Assessment, Community Health Assessment, Community Health Improvement Plan and the City Department of Health Strategic Plan all reflect the commitment and the concern that residents, organizations, businesses and governmental agencies have to assure that St. Louis City is a viable city that is safe, clean and healthy.

Signed by

Pamela Rice Walker, MPA, CPHA,
Interim Health Director for the City of St. Louis

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I. INTRODUCTION

I.A. CITY OF ST. LOUIS DEPARTMENT OF HEALTH

St. Louis, a charter city in the state of Missouri, is bordered by the Mississippi River on the east and St. Louis County on the north, south, and west. The City of St. Louis is located in a metropolitan region of six counties with a population of 2.7 million and is a completely separate entity from St. Louis County. The City is divided into 79 distinct neighborhoods. While these neighborhoods have no legal jurisdiction, the social and political influence of neighborhood identity is powerful in St. Louis. A map of the city's ZIP codes and wards is attached in **Appendix A**.

The Institute of Medicine (2002) defines public health as what society does collectively to assure conditions for people to be healthy.¹ More specifically, it is one of many efforts organized by a society to protect, promote, and restore the people's health (Last, 1988).² Health is not merely the absence of disease but a complete state of physical, mental, and social well-being (WHO, 1948).³ The public health infrastructure, primarily consisting of federal, state, and local government agencies, carries out the majority of public health activities in partnership with non-government agencies, coalitions, and individuals. The City of St. Louis Department of Health is the local public health agency serving the City through its vision, mission, and values. The health department's vision is for the City of Saint Louis to be a *healthy environment where citizens realize their desire for longer, healthier and happier lives at home, at work and in their neighborhoods*. The organizational mission is *to assure a healthy community through continuous protection, prevention and promotion of the public's health*. Caring, qualified, culturally competent employees who are responsive and proactive to community needs support the achievement of this mission. The department was established in 1867 and has delivered outreach and prevention services to the City for 145 years—currently serving a population of 319,294. The City of St. Louis Department of Health is fully accredited at the comprehensive level, which is the highest granted by the state accrediting board—Missouri Institute of Community Health.

I.B. CONTEXT FOR THE ASSESSMENT

After more than six years of exploration and investigation, the Centers for Disease Control and Prevention (CDC), in collaboration with the Robert Wood Johnson Foundation, is supporting a national voluntary accreditation program for public health agencies. The newly created non-profit Public Health Accreditation Board (PHAB) oversees the accreditation process. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the U.S. through national public health department accreditation. PHAB's vision is a high-performing governmental public health system that leads to a healthier nation. For a public health department to be accredited, it must meet stringent requirements for the 10 essential services of the core public health functions and demonstrate a commitment to constant improvement. The functions exclude Medicaid, mental health, substance abuse, primary care and human service programs. Thirty health departments have already tested the process of national accreditation and local officials were pleased with and support the outcomes. In July 2009 the PHAB Board approved a set 30 proposed standards and 102 proposed measures for local health departments.

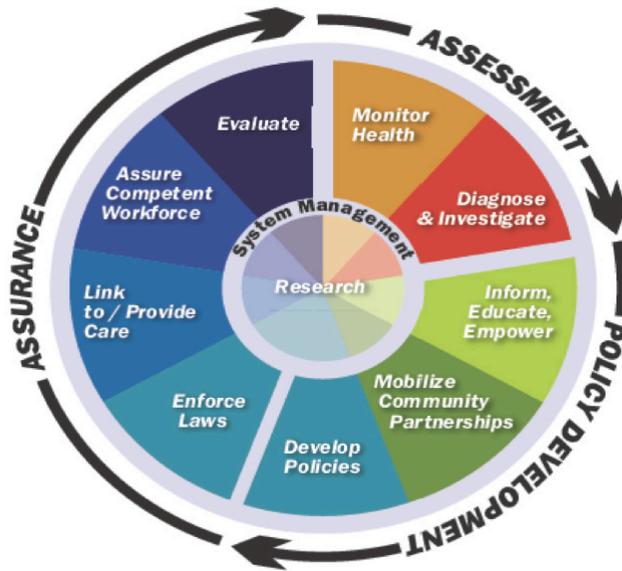


Figure 1–Core Public Health Functions/Essential Services

Each measure can be classified as either capacity (something that is in place), process (something that must be done), or outcome (a change or lack of change resulting from an action or intervention). Two subtypes of outcomes are used: process outcome, in which the results of a process are tracked, and health outcome, where the results may include health status information. In September 2011, the national accreditation process was launched and 97 health departments are at various stages in the accreditation system. The process involves 12 domains and the first ten domains address the ten Essential Public Health Services as shown in **Figure 1**. The services are part of the three core functions of public health–1) Assessment, 2) Assurance, and 3) Policy Development.

Domain 11 addresses management and administration, and Domain 12 addresses governance. Four out of the twelve domains lend themselves to the engagement of external organizations and the community: Domain 1—Conduct and disseminate assessments focused on population health status and public health issues facing the community; Domain 3—Inform and educate about public health issues and functions; Domain 4—Engage with the community to identify and address health problems; and Domain 5—Develop public health policies and plans. The City of St. Louis Department of Health plans to seek national accreditation and initiated a joint effort involving a community health assessment and a process to develop a Community Health Improvement Plan (CHIP) in November 2011 that included receiving input and feedback from a cross section of residents in the City (separate report, October 2012). From March–July 2012, the health department convened a select group of partners and citywide residents to construct a citywide health improvement plan as an agency responsibility under the **Policy Development** core public health function. The department engaged a research and evaluation consulting firm (REESSI) to facilitate the development of the plan.

II. METHODOLOGY

II.A. OVERVIEW OF THE ASSESSMENT DESIGN

The REESSI team employed a *case study design* to determine the health status of the residents in the City of St. Louis. Two theoretical frames for public health planning guided the assessment process—1) Mobilizing for Action Through Planning and Partnership (MAPP)¹ and the PRECEDE-PROCEED Model.² The MAPP framework is a *community-wide strategic planning tool for improving community health and helping communities prioritize public health issues and identify resources to address them* (MAPP, 2011). The PRECEDE-PROCEED frame uses an ecological and educational approach that respects context. The assessment team followed the MAPP steps for the community health status assessment and elements of the PRECEDE-PROCEED model that focused on Social Assessment and Situational Analysis and Epidemiological Assessment as illustrated in **Figure 2**.

¹ MAPP was developed through a cooperative agreement between the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC).

² The Precede-Proceed Model is a comprehensive framework for planning population-based health programs. It was developed by Lawrence Green and Marshall Kreuter in 1980 and adapted in 1999 and 2004.

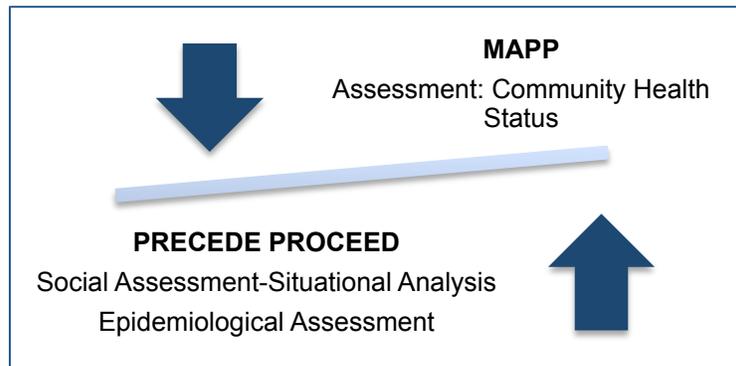


Figure 2-Theoretical Models for the CHA

The community health assessment activities led to answers to four overarching questions:

- *What is the profile of St. Louis residents?*
- *How healthy are the residents of the City of St. Louis?*
- *What are the residents' beliefs and perceptions about their health?*
- *What are the residents' perceptions and beliefs about the role of the City of St. Louis Department of Health and City leaders in their health protection, promotion and restoration?*

II.B. PARTICIPANTS

The data collection activities consisted of interactions with two health department staff that manage the demographic and epidemiological data for the department; individual and group interviews with residents of the City and surveys of a convenience sample of residents who participated in the focus groups. The criteria for residents were—must be a resident of the City of St. Louis, aged 18 or older and willingness to participate in the two-hour informational focus group meeting. The initial recruitment plan revolved solely around the 28 Alderpersons in the City of St. Louis. The Interim Director of the City of St. Louis Department of Health submitted a letter to the Alderpersons, explaining the Community Health Assessment activities, the process for national accreditation and making a request for three–four residents from their respective Wards to participate in the meetings. The Commissioner of Health sent follow-up e-mails and made direct phone calls to the Alderpersons. From these combined outreach efforts, 12 Alderpersons responded with the names of 30 residents. A REESSI outreach team canvassed sixteen wards and recruited an additional 59 persons for a total of 89 residents. The information in **Table 1** shows the locations, dates, and number of residents in each respective meeting. The logistics document for the focus groups is attached in **Appendix B**.

Table 1-Focus Groups Information

	Date	Location	Zips	# of Residents
Cluster One	2/20/2012	Friendly Temple Missionary Baptist Church, 5515 Martin Luther King, 63113	63147, 63120, 63115	15
Cluster Two	2/16/2012	Sanctuary, 4449 Redbud, 63115	63107, 63113, 63112	12
Cluster Three	2/20/2012	Old North St. Louis Restoration Office, 2700 No. 14 th , 63106	63103, 63106, 63108	11
Cluster Four	2/15/2012	Herbert Hoover Boys & Girls Club-Adams Park Unit, 1311 Tower Grove Ave., 63110	63101, 63102, 63104, 63110, 63118	12
Cluster Five	2/13/2012	Southwest Baptist Church, 6401Scanlan, 63139	63110, 63139	12
Cluster Six	2/16/2012	St. Mary Magdalen, 4323 So. Kingshighway, 63109	63116, 63118, 63111	15
Cluster Seven	2/20/2012	Carondelet YMCA, 930 Holly Hills, 63111	63111, 63116, 63109	12

II.C. DATA COLLECTION*Health Department Indicators Data*

The City of St. Louis Department of Health provided the REESSI team with a master data spreadsheet with ZIP code level data for 64 indicators across the seven categories of *demographics, socioeconomic, quality/access, epidemics, environmental, injury and behavior*. The information in **Table 2** shows the categories and number of indicators.

Table 2–Department of Health Indicators Data

Category	Number of Indicators	Sample of Indicators
Demographics	11	Population; Race; Crude Birth Rate
Socioeconomic	8	Household Income; Below Poverty
Quality/Access	19	ER Visits; Clinics; Infant Mortality
Epidemics	9	HIV; Syphilis; Gonorrhea
Environmental	3	Asthma; Lead
Injury	3	Motor-vehicle accident; Accident Mortality
Behavior	11	Homicide; Overall Mortality

Using the Healthy People 2020 objectives as a guide, the REESSI team constructed four categories of health outcomes to present to the residents during

the informational and focus group meetings.³ The categories are summarized in **Table 3**.

Table 3–Health Outcomes Categories

Health Outcomes Category	Number of Indicators	Sample Indicators
Social and Economic	5	Population; Average Household Income
Reproductive & Sexual Health	8	Teen Births; Prenatal Care; Sexually Transmitted Infections (STIs)
Mortality	7	Life Expectancy; Overall Mortality
Health Services	3	Hospital Admission; ER Use

These 23 indicators formed the basis for the City of St. Louis Community Health Assessment activities and offer a snapshot of the health status of the City of St. Louis residents. The side-by-side comparison chart for the indicators across the 18 ZIP codes of the City is attached in **Appendix C**.

Focus Groups

Dr. Laverne Morrow Carter (Project Director) and Dr. Jade James (Medical Doctor and Community Health Consultant) facilitated the focus groups with the support of two Project Associates. Participants were asked to register at the meetings by providing information on a formal sign-in sheet with their First Name, Last Initial, and ZIP code. The meetings included two components–1) A review of the health indicators for the ZIP codes of each meeting and 2) the focus group discussion. The participants received handouts that offered definitions, showed the indicators and explained the purpose of the focus groups. Further, participants were told that their participation was voluntary and that the information they provided would remain confidential. It was explained that no names would be used that could link any participant either directly or indirectly to comments. Each focus group was conducted using a structured discussion guide. The questions for the focus groups were linked to three of the accreditation domains. The focus group component of the meeting was approximately 30-40 minutes in duration. REESSI offered a full meal and paid the residents \$35.00 each for participation. The sessions were tape-recorded with the consent of the participants. The tapes were sent to a professional transcriber, who has been used by REESSI for nearly 15 years. The transcripts, which were prepared with no names averaged 13-25 single spaced typed pages.

³ The Healthy People process provides science-based, 10-year national objectives for improving the health of all Americans. The plan can be accessed at healthypeople.gov.

The electronic transcripts and MP3 USBs from the focus group are maintained in a confidential locked file in REESSI's corporate office. The data will be retained for five years and then destroyed. The transcriber maintains confidential electronic copies of the transcripts for a period of one year and then the transcripts are destroyed. She is also under a contractual obligation to retain the confidentiality of the data. The discussion guide and handouts for the focus groups are presented in **Appendices D and E**, respectively.

Residents' Surveys

During the March 2012 meeting of the Residents' Advisory Group, a written survey on the quality of life in St. Louis was administered to 17 residents. The REESSI staff developed the survey from suggested items in the MAPP process. These residents had also participated in the various focus groups and they all offered informed consent to complete the survey. A copy of the survey is attached in **Appendix F**.

Immigrant Interviews

REESSI staff made contact in February 2012 with the International Institute of St. Louis⁴ to recruit eight diverse legal immigrants who are residents of the City of St. Louis and English speaking to participate in structured interviews on March 26, 2012. Two REESSI team members conducted interviews with eight immigrants (three females and five males) at the institute. The countries of origin are Afghanistan, Bosnia, Ethiopia, Liberia, Bhutan, Egypt, and Israel. Prior to each interview, the REESSI staff person explained the purpose of the interview and obtained consent from the interviewee to conduct and record the interview. A copy of the interview discussion guide is attached in **Appendix G**. Language barriers were an inhibitor and several questions were greatly simplified so they could be understood by the interviewees.

II.D. DATA ANALYSIS

Content Analysis of Qualitative Data

Qualitative research takes place in natural settings (i.e. the community of interest), uses open-ended methods, and is emergent rather than premeditated (Creswell, 2003).⁴ The analysis process is inductive and requires the investigators to engage in their interpretation of the datasets. REESSI engages multiple reviewers in the analysis of qualitative data—at least two individuals trained and experienced in qualitative methods review the transcripts and the Project Director develops final interpretations from the categories constructed by

⁴ The International Institute is community-based center that provides one-stop support for new immigrants in the St. Louis region.

each reviewer. The focus groups yielded more than 140 pages of transcripts, while the interviews yielded approximately 10 pages. The Project Director and two Research Associates thoroughly read all of the transcripts at least two times, focusing on the overall questions. Each reviewer generated coding themes after the second review. The codes were converted to categories and the most salient chunks of data were placed under categories. The Project Director reviewed these preliminary analyses from each reviewer, determined points of convergence and established a final set of themes.

Analysis of Survey Responses

The REESSI Research Assistant coded the responses and entered the survey responses into a statistical analysis software package (SPSS). A descriptive analysis focusing on the frequency of each response yielded results in tables and bar charts.

III. RESULTS

III.A. SOCIAL-EPIDEMIOLOGICAL DATA

Indicators are markers of health status, service provision or resource availability, designed to enable the monitoring of service performance or program goals. Monitoring is a process of comparison, across populations or geographical areas, to highlight differentials or to detect changes over time (to measure progress) between reality and goals (WHO, 2006).⁵ The assessment team selected 23 indicators out of the 65 monitored by the St. Louis Department of Health. The indicators are categorized into four domains:

1. Social and Economic Indicators

Socioeconomic (SES) status is important to health not only for those in poverty, but at all levels of SES. On average, the “more advantaged individuals are, the better their health” (Adler and Ostrove, 1999, Socioeconomic Status and Health).⁶



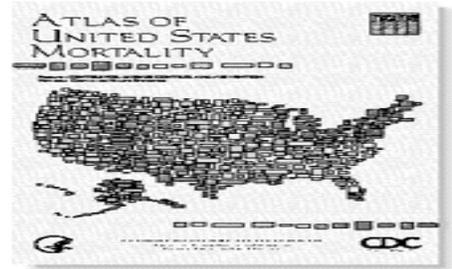
2. Reproductive and Sexual Health Indicators



Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. It also includes sexual health, the purpose of which is the enhancement of life and personal relations (International Conference on Population and Development, 2009).⁷

3. Mortality Indicators

These indicators offer the best proxy of the health of those who are living. These data reveal the true reality of a community's health status and provide an immediate view of current health problems, point to patterns of risk in specific communities, and show trends in explicit causes of death over time (National Center for Health Statistics, 2012).⁸



4. Health Services Indicators



Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. There are four components of access to care: coverage, services, timeliness, and workforce (Healthy People 2020– Access to Health Services).

The most current indicators in these categories are presented across the City of St. Louis ZIP codes using bar charts to illustrate the patterns and trends in the data. The indicators for the ZIP codes are separated and presented in *three areas* as shown in **Table 4**.

Table 4–ZIP code Areas

Areas	ZIP codes
One	63101, 63102, 63103, 63104, 63106, 63107
Two	63108, 63109, 63110, 63111, 63112, 63113
Three	63115, 63116, 63118, 63120, 63139, 63147

Comparison charts of the four categories of indicator data across ZIP codes in each area are presented on pages 13–33. Comparison charts of the four categories of data for the City of St. Louis (City), the State of Missouri and the United States (U.S.) are presented on pages 34–39.

Area 1 (ZIP codes 63101, 63102, 63103, 63104, 63106, 63107)
Social and Economic Indicators

The population data are for 2010 and in this set of ZIP codes the population numbers range from 2,316 in 63102 to 18,656 in 63104.

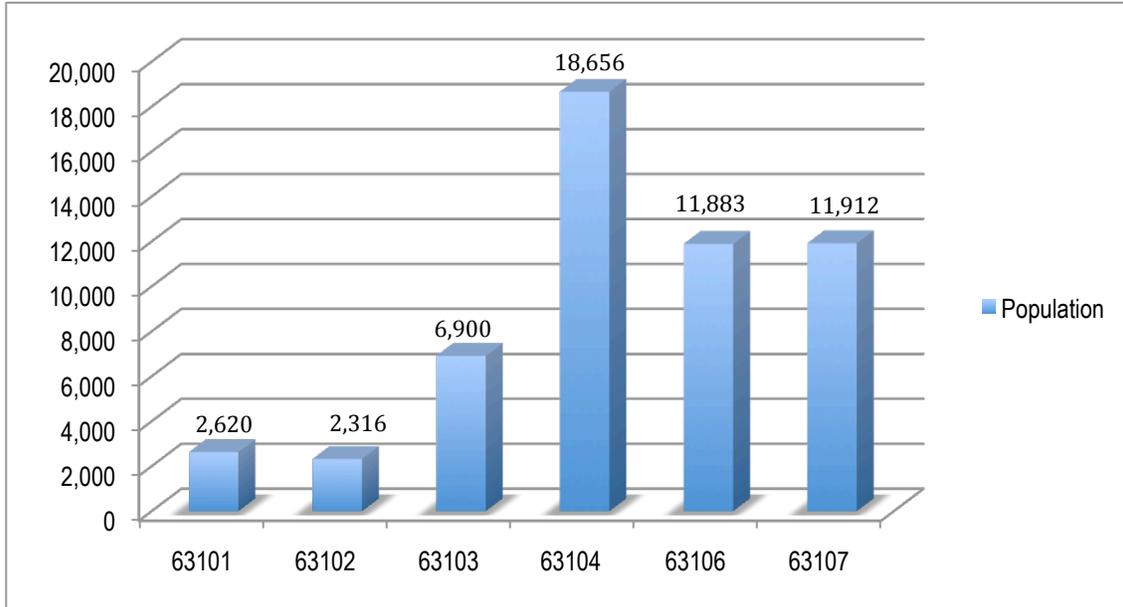


Figure 3– Population (2010)

The highest average household income is \$63,616.00 for 63102 and the lowest average household income is in 63106 at \$22,923.00. The average household income for the City is \$44,675.00.



Figure 4–Average Household Income (2011)

In line with its average household income, 63102 has the highest rate of high school graduates (85%), the lowest rate of families below the poverty level (15%), but also a very high percentage (41%) of the population is unemployed. The lowest rate of high school graduates (58%), is in 63106, which also carries the highest rate of families below the poverty level (46%). The unemployment rates for 63106 (28%) and 63107 (26%) are more than double the City's rate (12%).

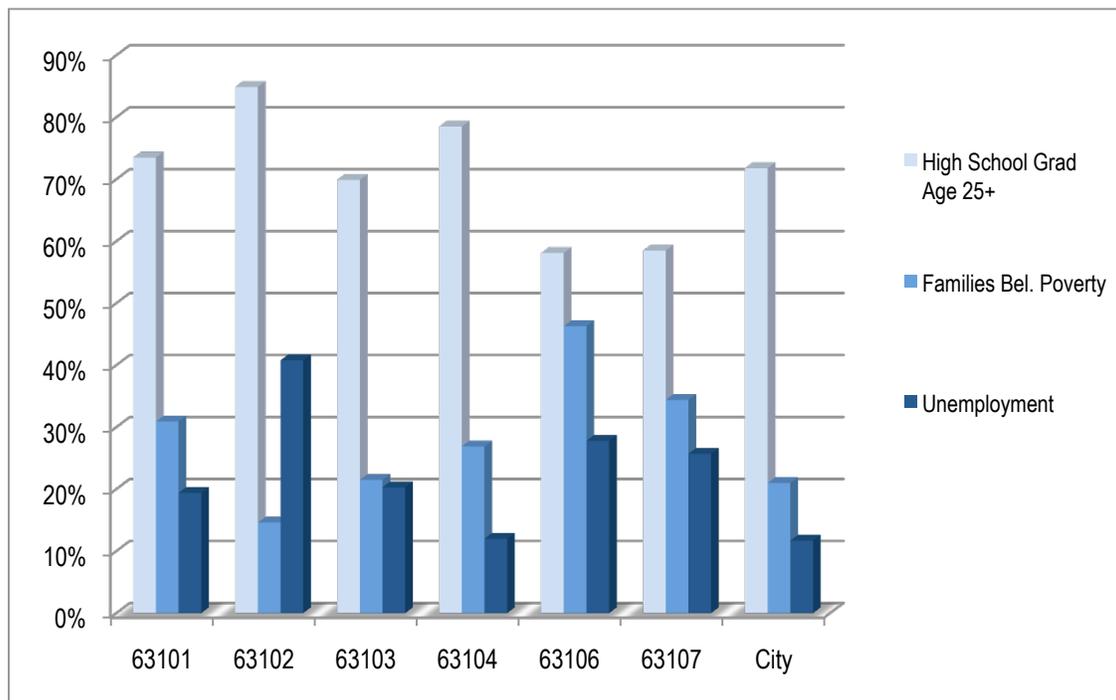


Figure 5– High School Graduates (2009), Families Below Poverty (2009), & Unemployment (2011)

**Area 1 (ZIP codes 63101, 63102, 63103, 63104, 63106, 63107)
Reproductive and Sexual Health Indicators**

The highest rates for teen births (12%), low birth weight (20%), and no prenatal care in the first trimester (26%) are in 63107.

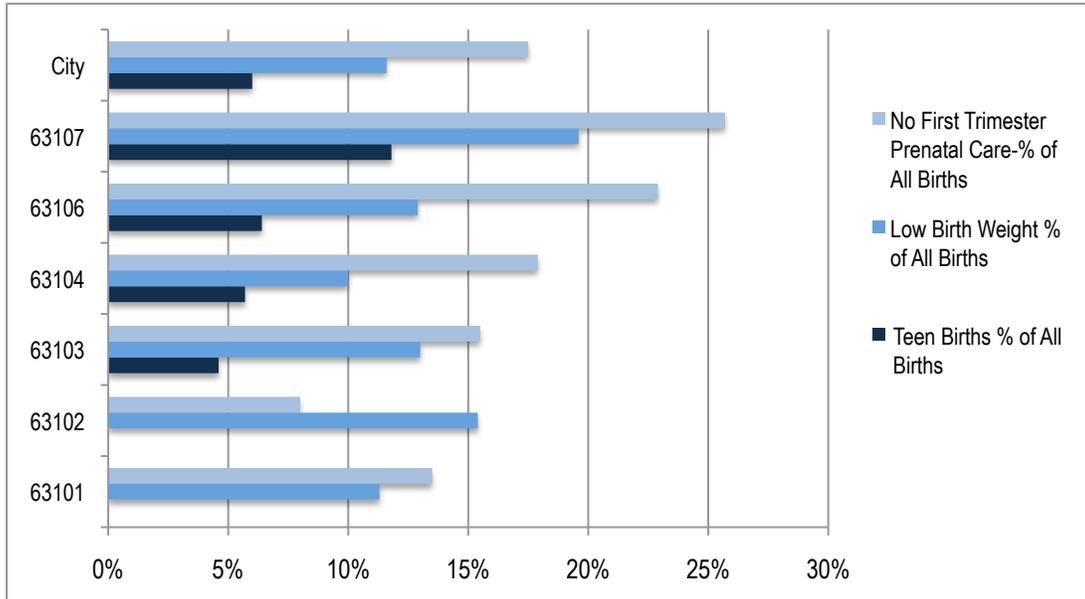


Figure 6—No First Trimester Care, Low Birth Weight & Teen Births (2006-2008 Average)

The infant mortality rates for both 63103 (27/1000) and 63107 (25/1000) are much higher than the rates in the other four ZIP codes and the City, which has an infant mortality rate of 11/1000.

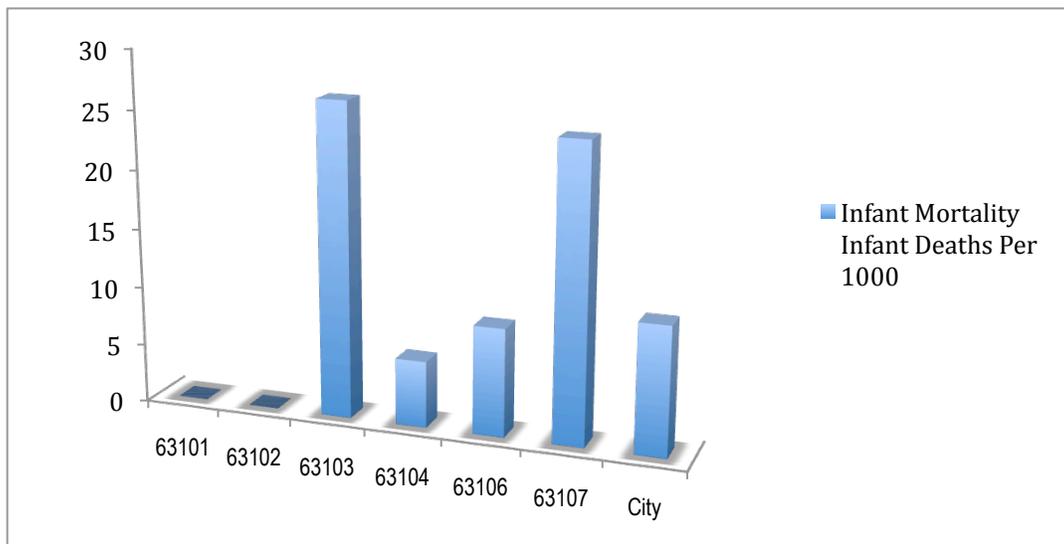


Figure 7-Infant Mortality (2006-2008 Average)

The HIV infection prevalence rate is highest for 63104 at 1436/100,000. The Syphilis rates for all ZIP codes and the City are much lower than the rates for the other sexually transmitted infections, while the Chlamydia rate for 63106 at 2581/100,000 is double that of the City, which is 1273/100,000.

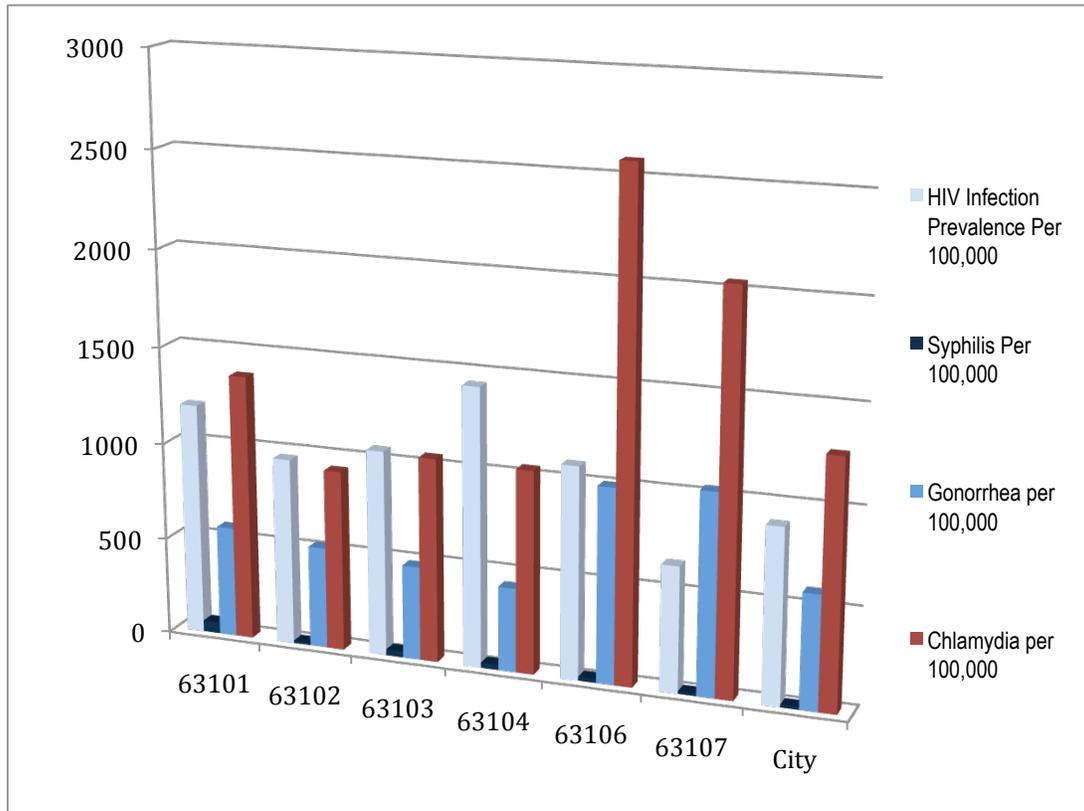


Figure 8-HIV (2010), Syphilis, Gonorrhea, & Chlamydia (2006-2010 Average)

**Area 1 (ZIP codes 63101, 63102, 63103, 63104, 63106, 63107)
Mortality Indicators**

The Life Expectancy ranges from a low of age 69 in 63106 to the age of 99.7 in 63103.

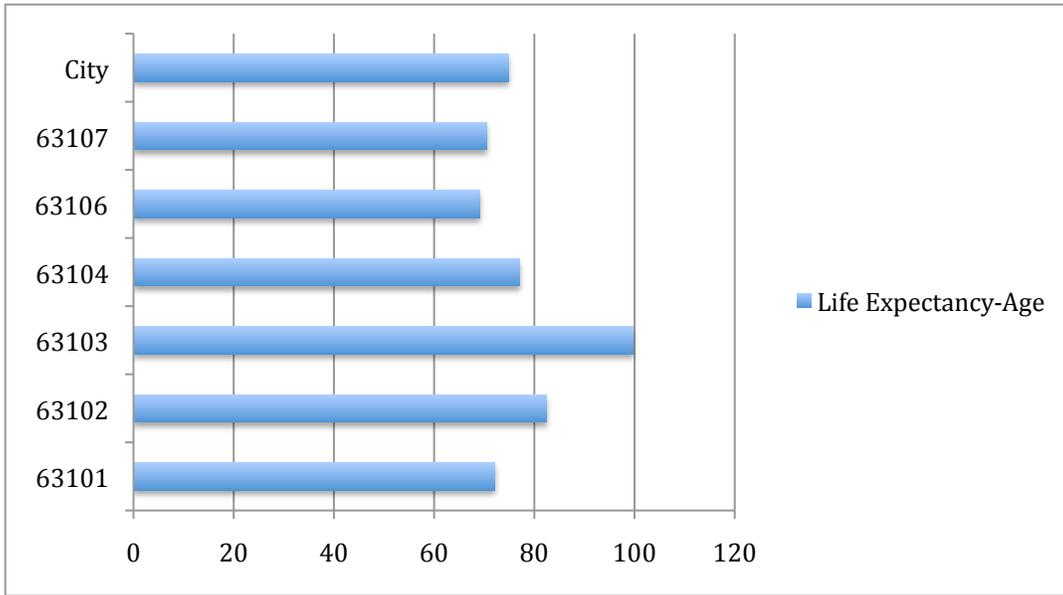


Figure 9-Life Expectancy (2006-2008 Average)

The overall mortality rate is the highest in 63106 (1266/100,000), while 63103 and 63102 show the lowest rates (665 and 672 per 100,000, respectively).

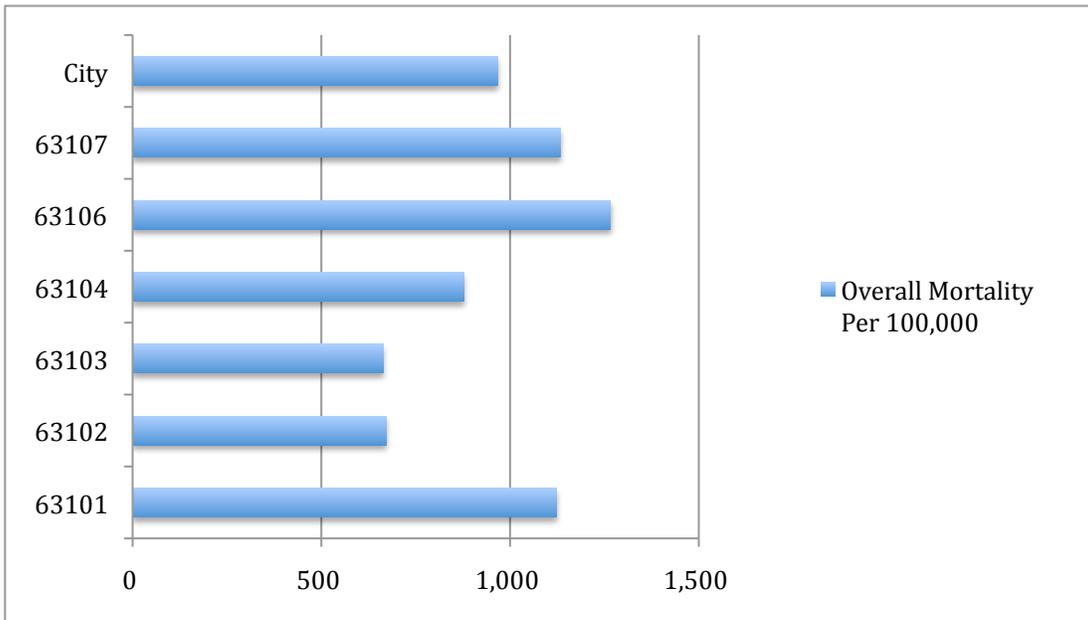


Figure 10-Overall Mortality (2006-2008 Average)

The homicide rate (78/100,000) in 63107 is more than double the rate of the City (32/100,000). The highest suicide rates are in 63101 and 63103 (both are at 27/100,000).

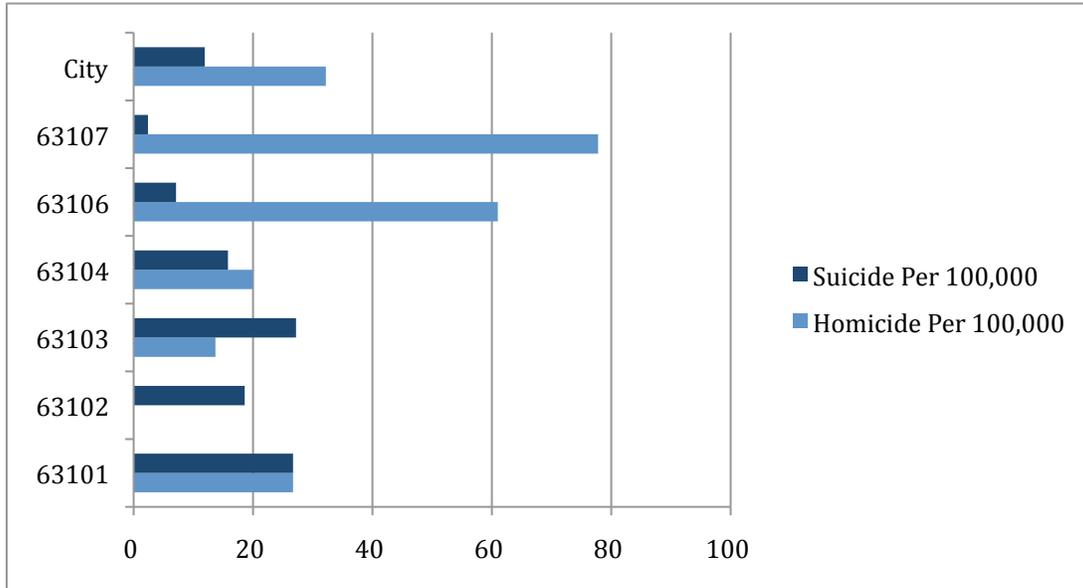


Figure 11–Homicide and Suicide (2006-2008 Average)

The diabetes mortality rate is highest in 63101 at 104 per 100,000, while the City rate is 29 per 100,000. The cancer rates are highest in 63106 (285/100,000) and 63107 (281/100,000). The heart disease rates in 63106 and 63101 are the highest at 309 and 290 per 100,000 respectively, while the City rate is 269 per 100,000.

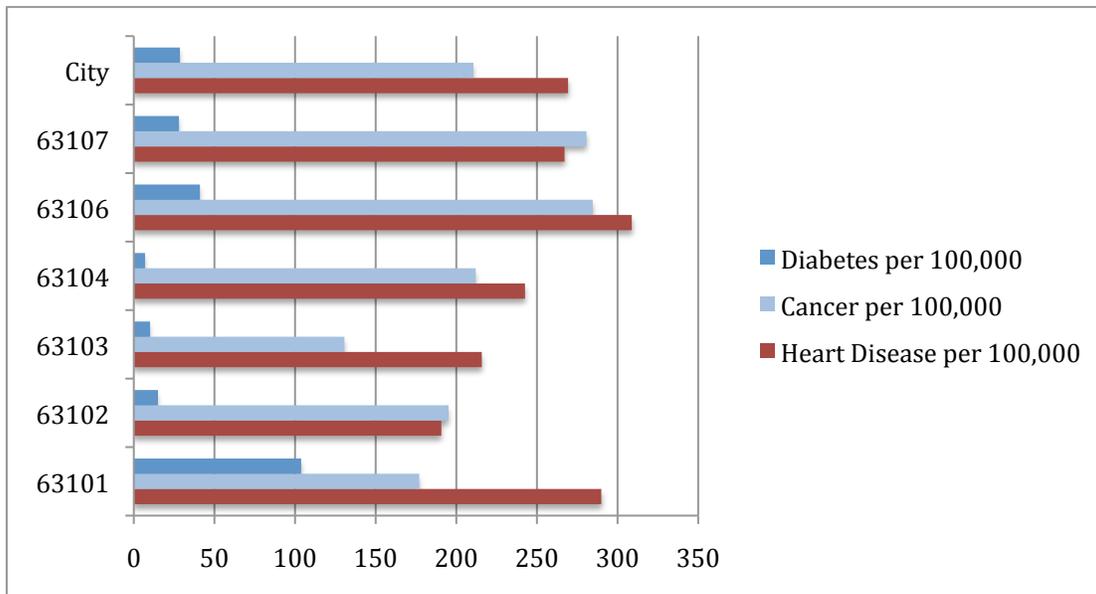


Figure 12–Diabetes, Cancer & Heart Disease Mortality Rates (2006-2008 Average)

**Area 1 (ZIP codes 63101, 63102, 63103, 63104, 63106, 63107)
Health Services Indicators**

The hospital admissions rate for all ZIP codes is highest in 63101 at 276 per 1000 and lowest in 63104 at 122 per 1000. The highest emergency room visits rates in this group of ZIP codes are in 63101 and 63106 at 807 and 717 per 1000, respectively, while the City rate is 392 per 1000. Again, the pattern shows 63101 having the highest rate of avoidable hospitalizations at 40 per 1000, while 63104 has the lowest rate at 17 per 1000.

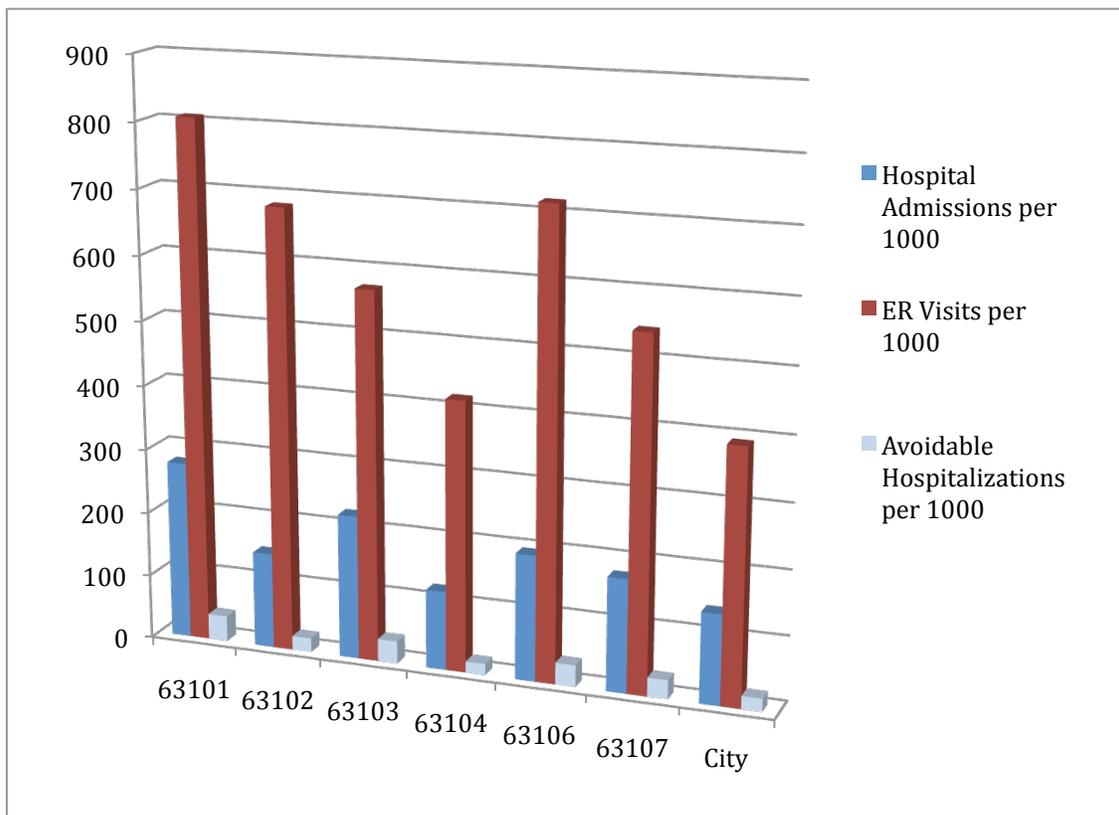


Figure 13- Hospital Admissions, ER Visits, & Avoidable Hospitalizations (2006-2008 Average)

Area 2 (ZIP codes 63108 63109, 63110, 63111, 63112, 63113)
Social and Economic Indicators

The population data are for 2010 and in this set of ZIP codes the population numbers range from 13,167 in 63113 to 26,946 in 63109.

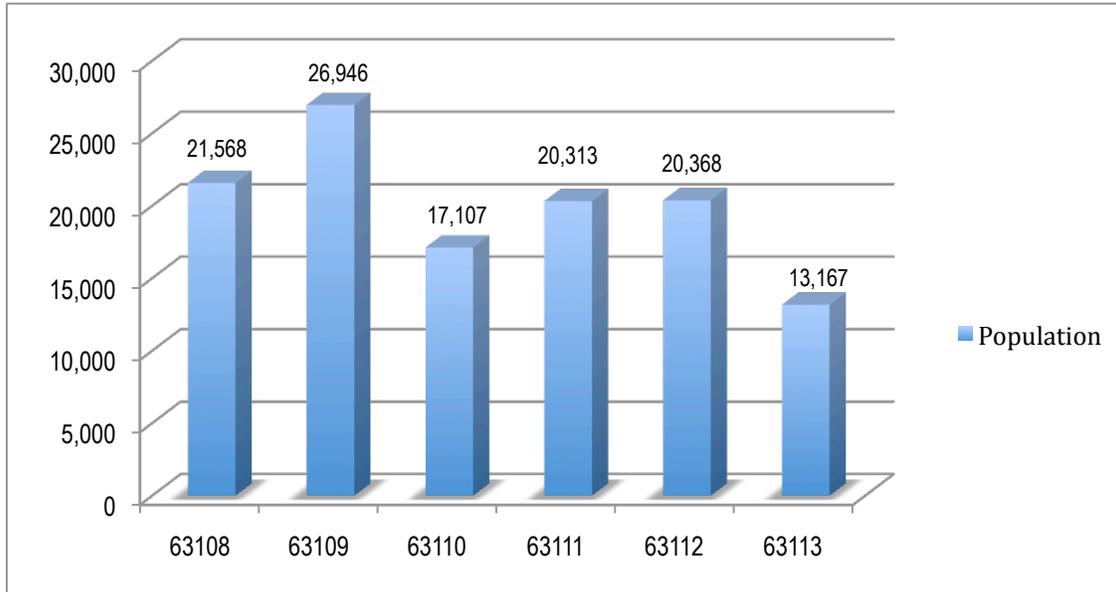


Figure 14– Population (2010)

The highest average household income is \$58,785.00 in 63109 and the lowest average household income is in 63113 at \$32,065.00. The average household income for the City is \$44,675.00.

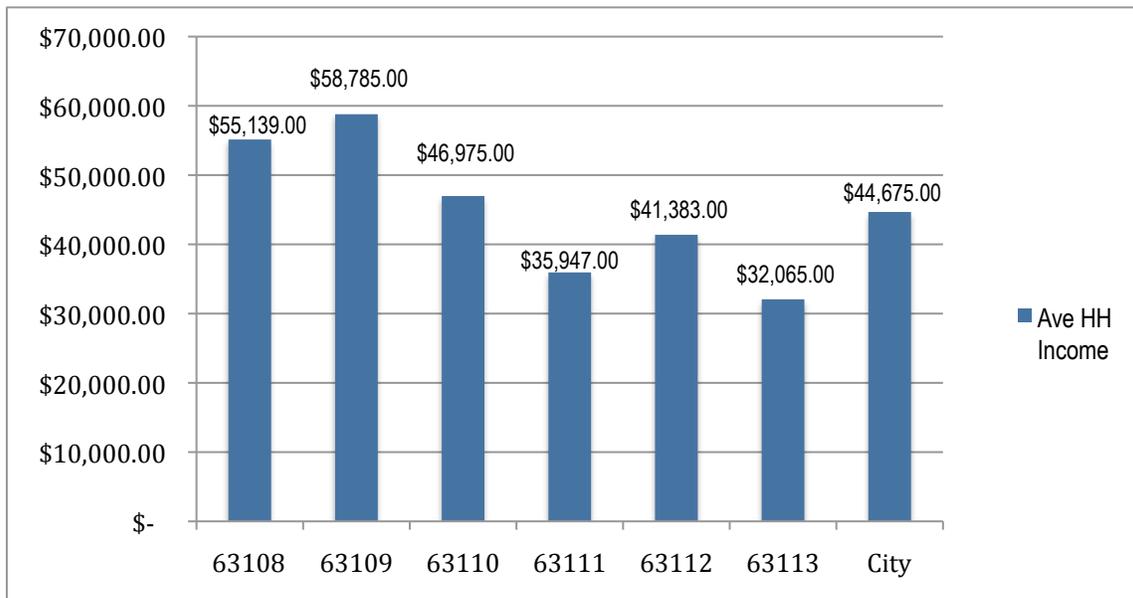


Figure 15–Average Household Income (2011)

In line with its average household income, 63109 has the highest rate of high school graduates (85%) and the lowest rate of families below the poverty level (5%). The lowest rates of high school graduates are in 63111 and 63113, with both at 61%. The highest rates of families below poverty are in 63112 and 63113 at 29% and 27%, respectively. The highest employment rate in this group of ZIP codes is in 63113 at 19%, while the lowest unemployment rate is in 63109 at 4%.

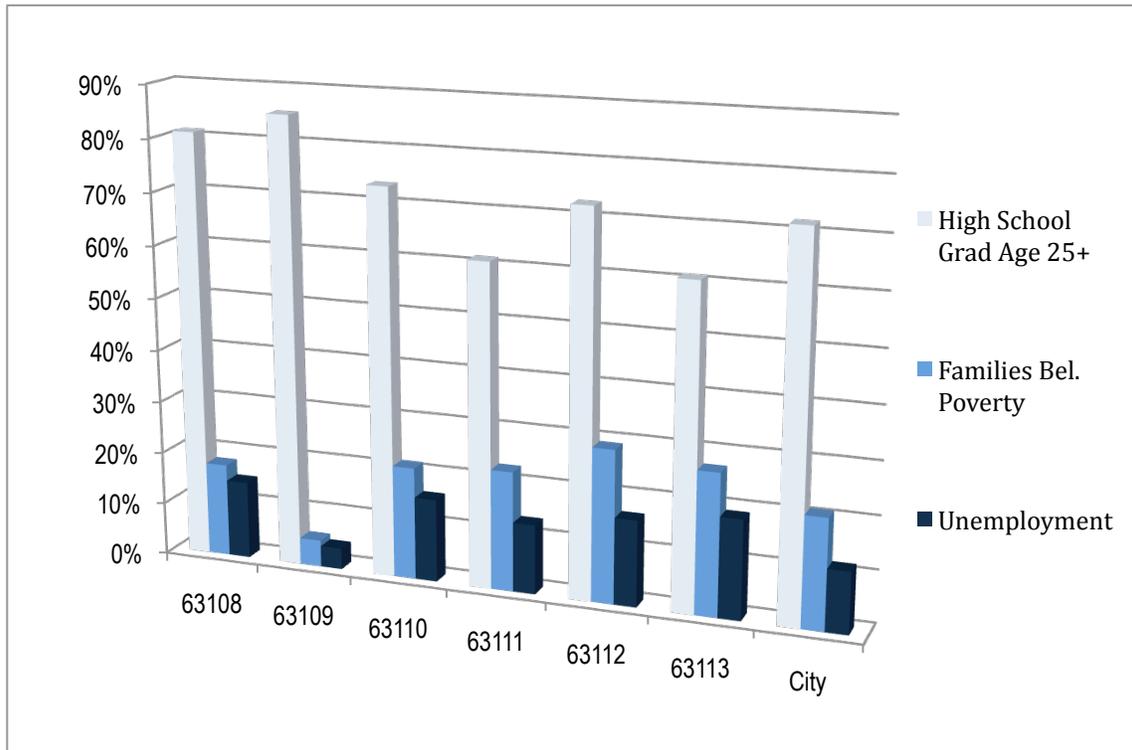


Figure 16– High School Graduates (2009), Families Below Poverty (2009), & Unemployment (2011)

**Area 2 (ZIP codes 63108 63109, 63110, 63111, 63112, 63113)
Reproductive and Sexual Health Indicators**

The highest rates for teen births, low birth weight babies, and no prenatal care in the first trimester are in 63113, with teen births at 12% of all live births, low birth weight at 16% of all live births, and no first trimester prenatal care at 26% of all live births.

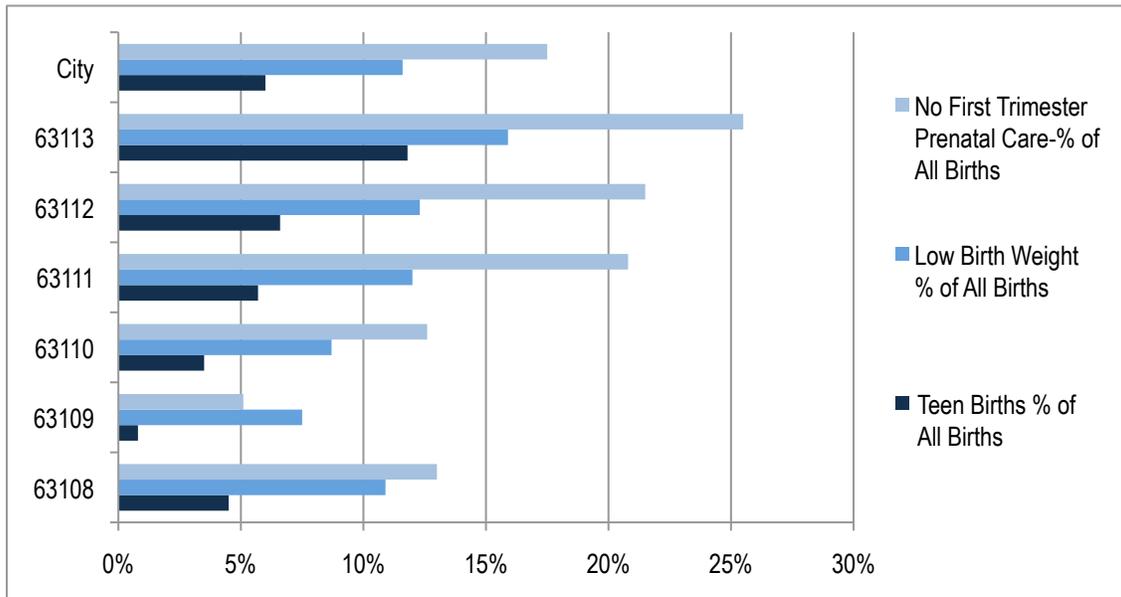


Figure 17–No First Trimester Care, Low Birth Weight & Teen Births (2006-2008 Average)

The infant mortality rate for both 63110 and 63112 is 16 per 1000, which is higher than the rates in the other four ZIP codes and the City rate of 11 per 1000.

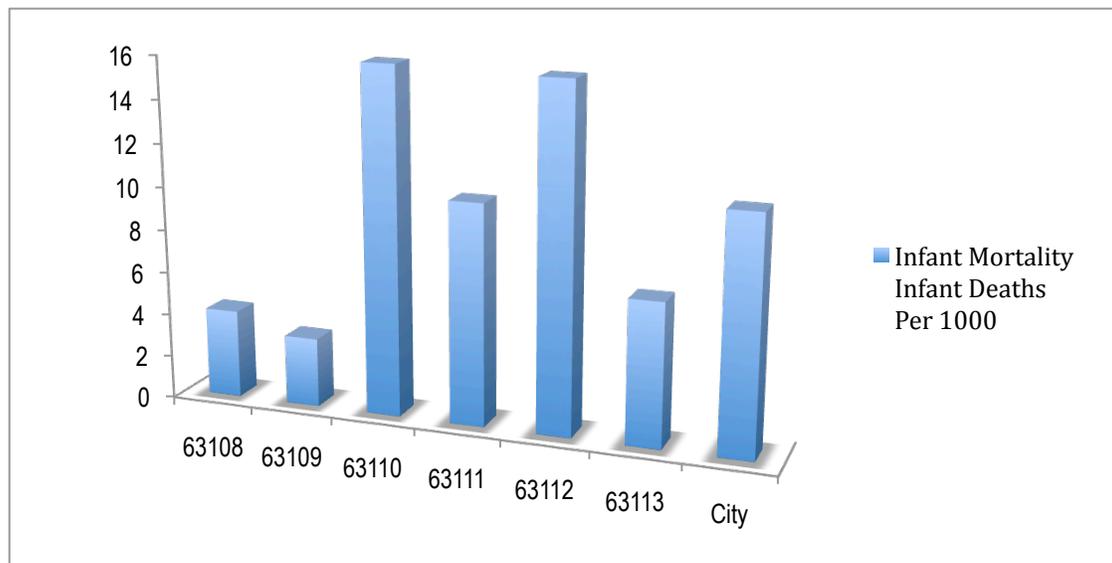


Figure 18-Infant Mortality (2006-2008 Average)

The HIV infection prevalence rate is highest for 63108 at 1096/100,000. The Syphilis rates for all ZIP codes and the City are much lower than the rates for the other sexually transmitted infections, while the Gonorrhea rate for 63113 at 1044/100,000 is more than one and half times the rate for the City (588/100,000). Also, the Chlamydia rate for 63113 at 2055/100,000 is more than one and half times the rate for the City (1273/100,000).

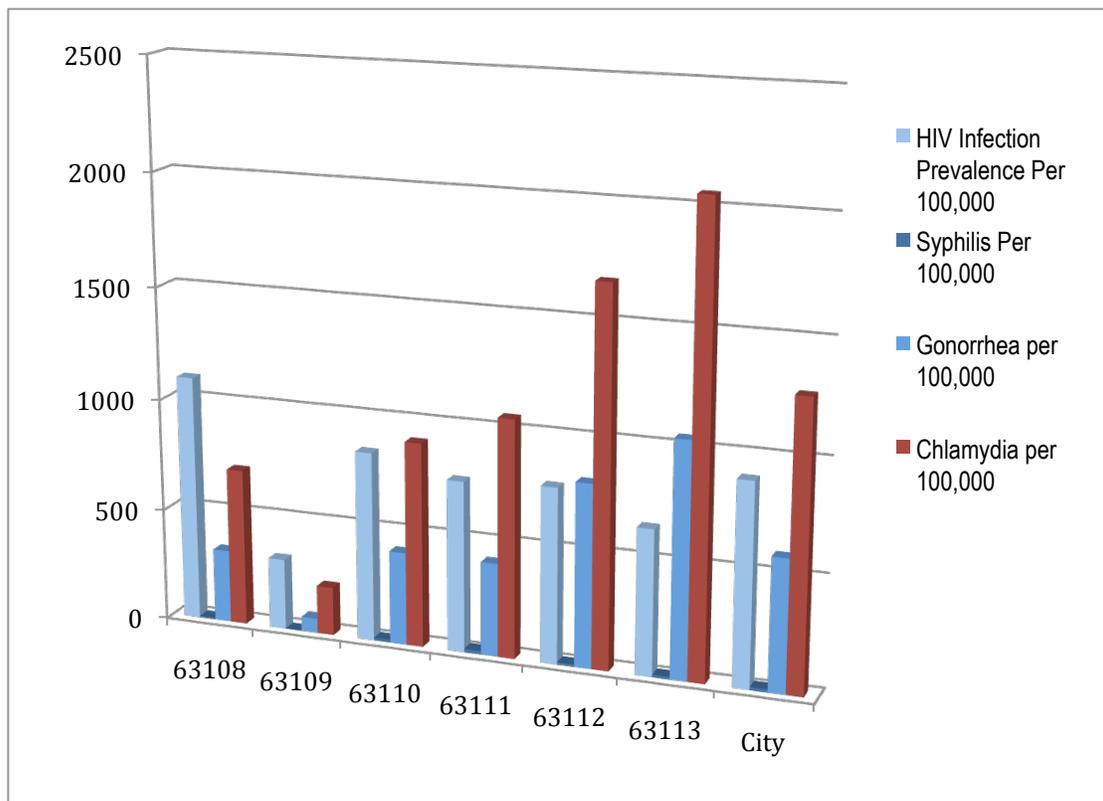


Figure 19-HIV (2010), Syphilis, Gonorrhea, & Chlamydia (2006-2010 Average)

**Area 2 (ZIP codes 63108 63109, 63110, 63111, 63112, 63113)
Mortality Indicators**

The Life Expectancy ranges from a low of age 70 in 63113 to the age of 82 in 63109.

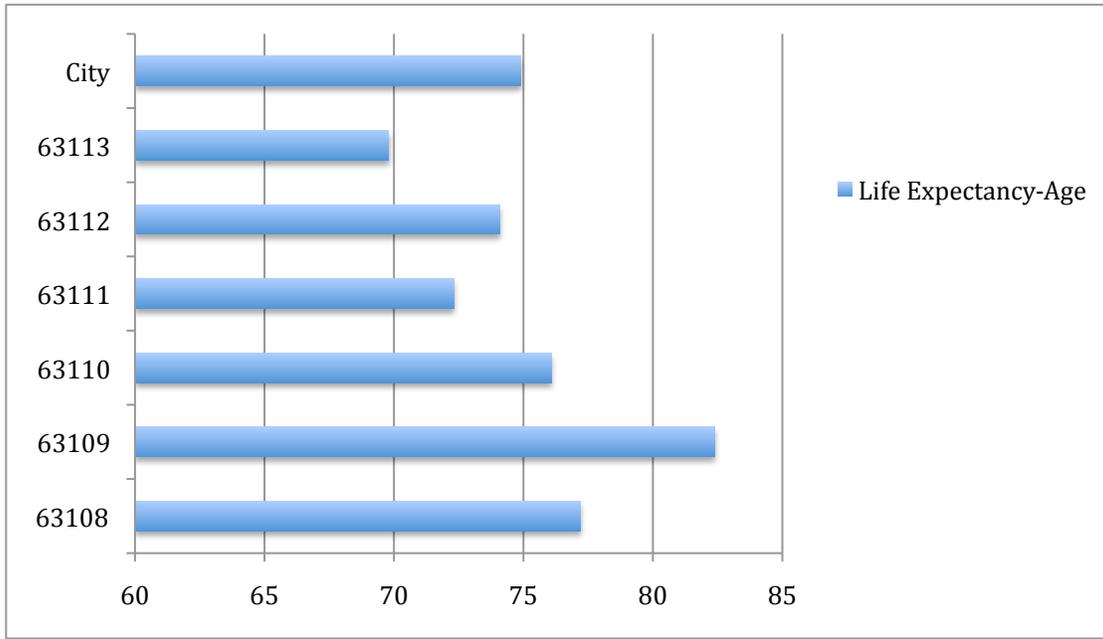


Figure 20-Life Expectancy (2006-2008 Average)

The overall mortality rate is the highest in 63113 (1265/100,000), while 63109 has the lowest rate at 687/100,000.

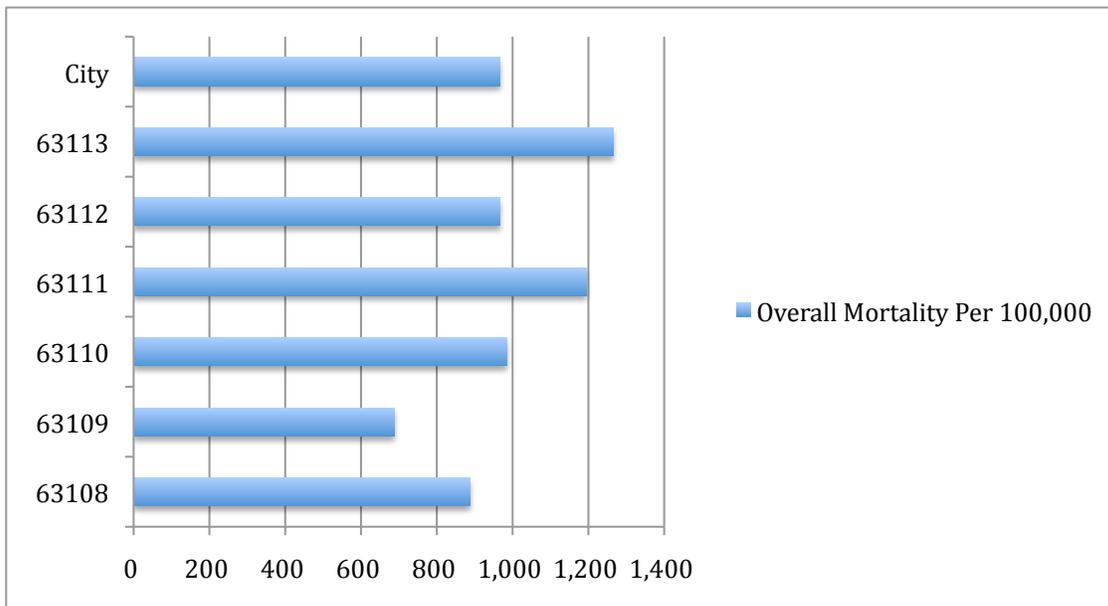


Figure 21-Overall Mortality (2006-2008 Average)

The homicide rate (75/100,000) in 63113 is more than double the rate of the City (32/100,000). The highest suicide rate is in 63111 (25/100,000).

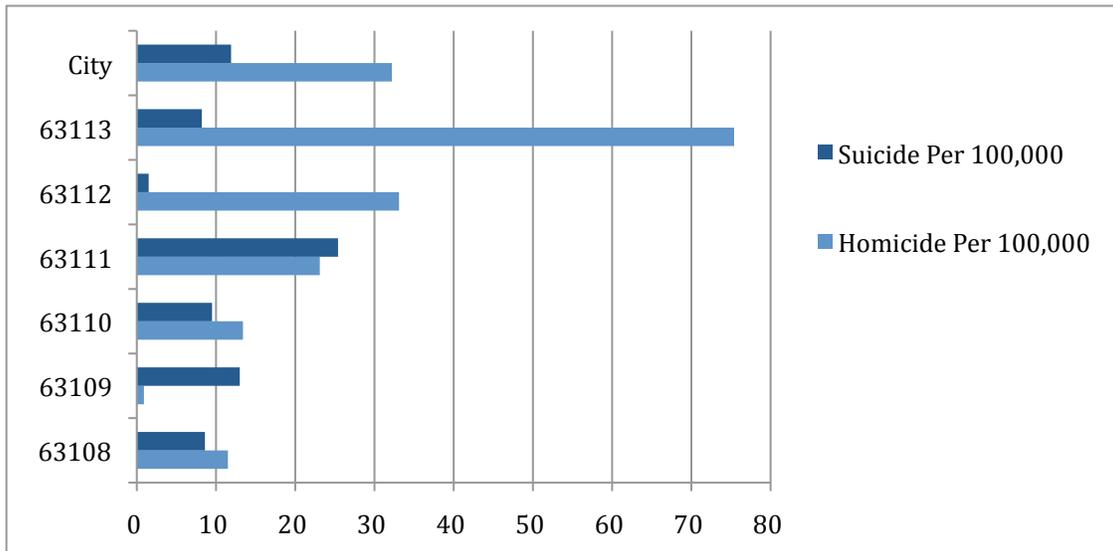


Figure 22- Homicide and Suicide (2006-2008 Average)

The diabetes mortality rate is lowest in 63109 at 20/100,000, with the rates in the other ZIP codes being in a range of 32/100,000 to 35/100,000. The heart disease rates in 63113 and 63111 are the highest at 355 and 350 per 100,000, respectively, while the City rate is 269 per 100,000. The cancer rate is lowest in 63109 at 123/100,000 and highest in 63113 at 278/100,000.

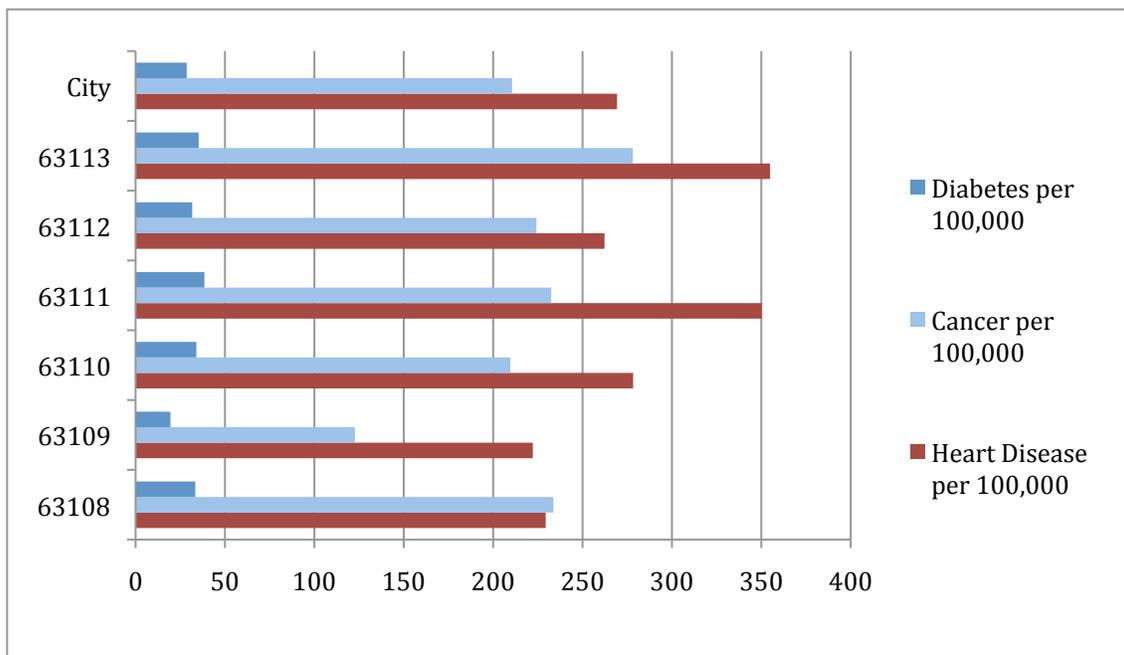


Figure 23–Diabetes, Cancer & Heart Disease Mortality Rates (2006-2008 Average)

**Area 2 (ZIP codes 63108 63109, 63110, 63111, 63112, 63113)
Health Services Indicators**

The hospital admissions rates for this group of ZIP codes are highest in 63113 at 220 per 1000 and lowest in 63109 at 104 per 1000. The highest emergency room visits rates in this group of ZIP codes are in 63113 and 63111 at 581 and 495 per 1000, respectively, while the City rate is 392 per 1000. Again, the pattern shows 63113 having the highest rate of avoidable hospitalizations at 37 per 1000, while 63109 has the lowest rate at 10 per 1000.

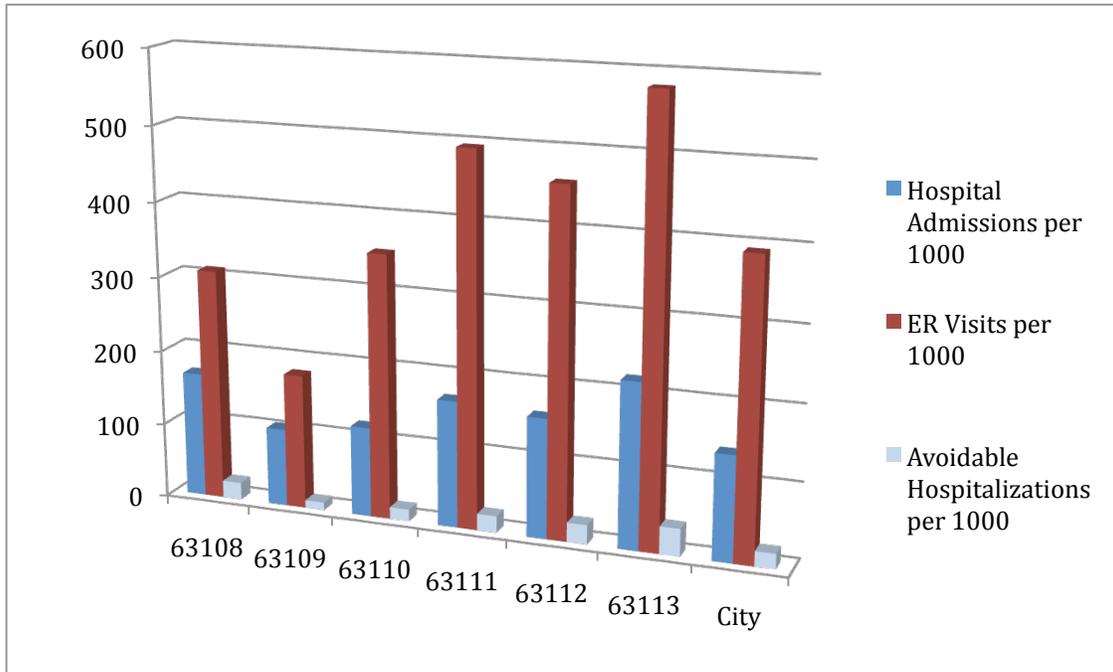


Figure 24—Hospital Admissions, ER Visits, & Avoidable Hospitalizations (2006-2008 Average)

Area 3 (ZIP codes 63115, 63116, 63118, 63120, 63139, 63147)
Social and Economic Indicators

The population data are for 2010 and in this set of ZIP codes the population numbers range from 10,296 in 63120 to 43,540 in 63116.

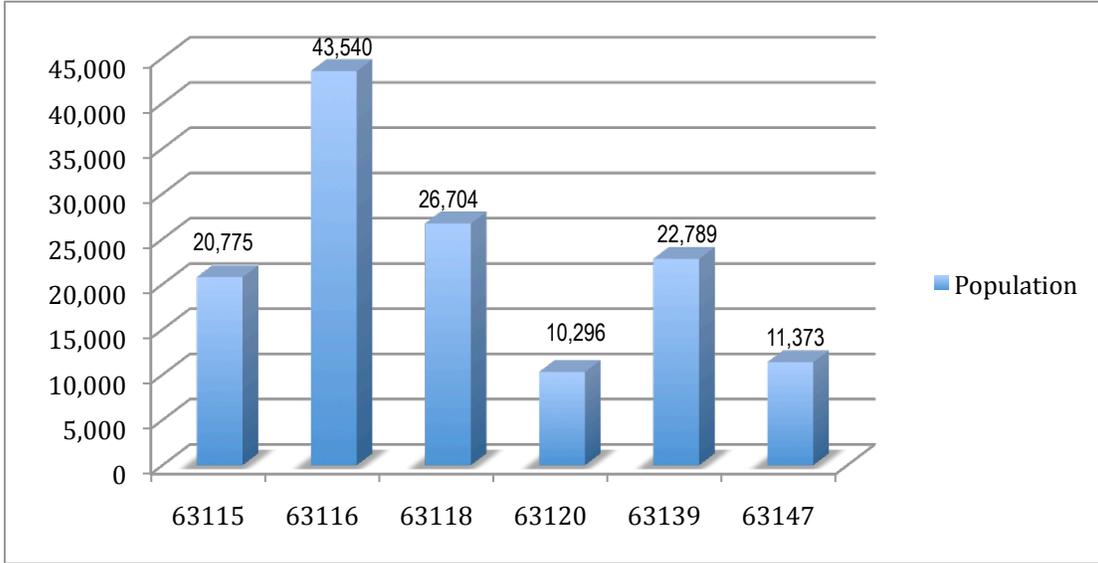


Figure 25– Population (2010)

The highest average household income is \$51,802.00 for 63139 and the lowest average household income is in 63120 at \$32,713.00. The average household income for the City is \$44,675.00.

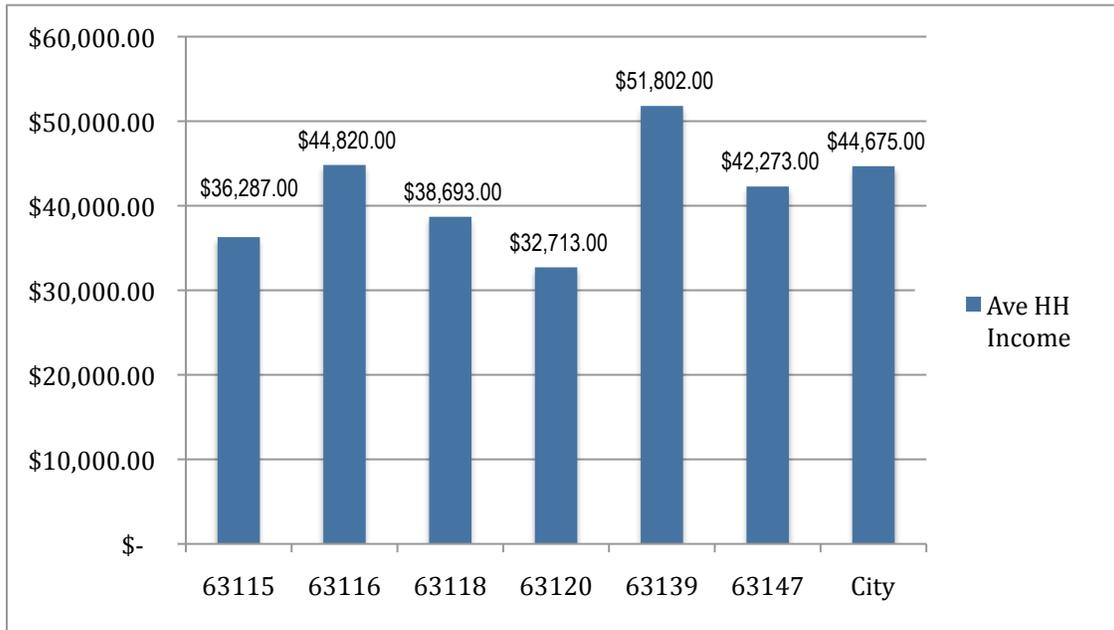


Figure 26–Average Household Income (2011)

In line with its household income numbers, 63139 has the highest rate of high school graduates (80%), the lowest rate of families below the poverty level (8%), and the lowest percentage of its population that is unemployed (6%). The lowest rates of high school graduates are in 63120 (60%) and 63118 (62%). The highest rates of families below the poverty level is in 63120 at 32%. The unemployment rate for 63120 (28%) is more than double the City's rate (12%).

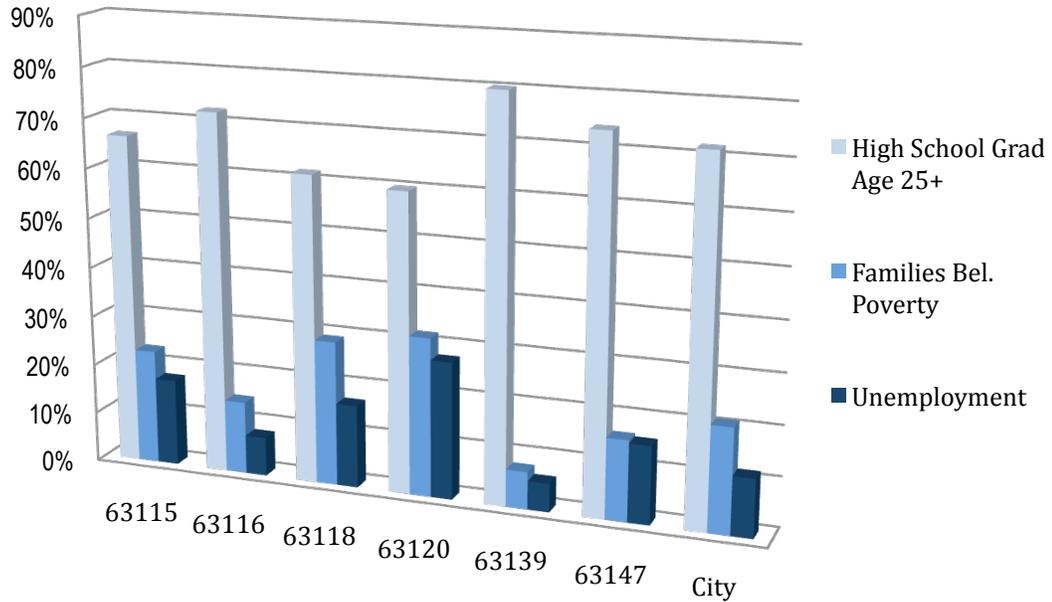


Figure 27—High School Graduates (2009), Families Below Poverty (2009), & Unemployment (2011)

**Area 3 (ZIP codes 63115, 63116, 63118, 63120, 63139, 63147)
Reproductive and Sexual Health Indicators**

The highest rates for no first trimester prenatal care are in 63120 (24%) and 63147 (22%). The highest low birth weight rates are in 63120 and 63147 (both at 15%), compared to the City rate of 12%. The ZIP code with the highest teen birth rates is 63120 at 11%.

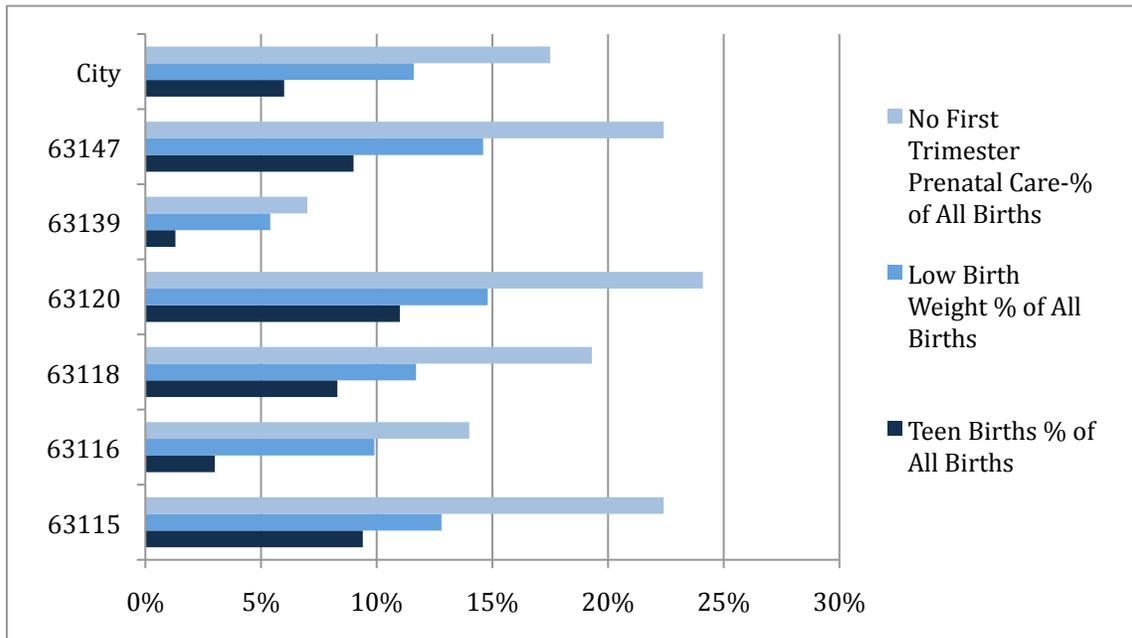


Figure 28—No First Trimester Care, Low Birth Weight & Teen Births (2006-2008 Average)

The infant mortality rate for 63120 (17 per 1000) is higher than the rates in the other four ZIP codes and the City rate of 11 per 1000.

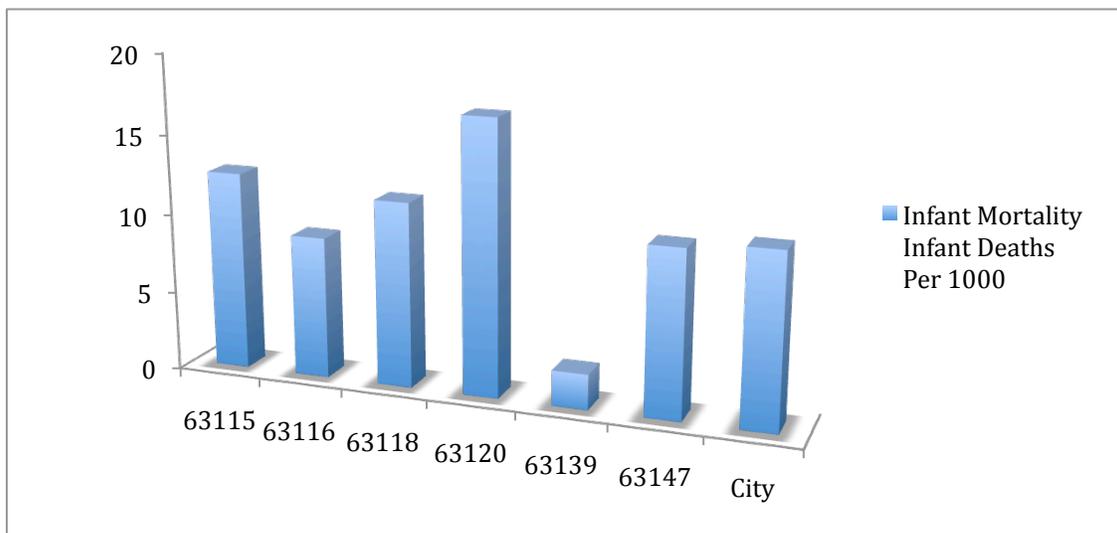


Figure 29—Infant Mortality (2006-2008 Average)

The HIV infection prevalence rate is highest in 63118 at 1031/100,000. The Syphilis rates for all ZIP codes and the City are much lower than the rates for the other sexually transmitted infections. The Gonorrhea rates for 63120 (1094/100,000) and 63115 (1043/100,000) are more than one and half times the City rate (588/100,000). The Chlamydia rate for 63120 at 2308/100,000 is also more than one and half times higher than the City rate of 1273/100,000.

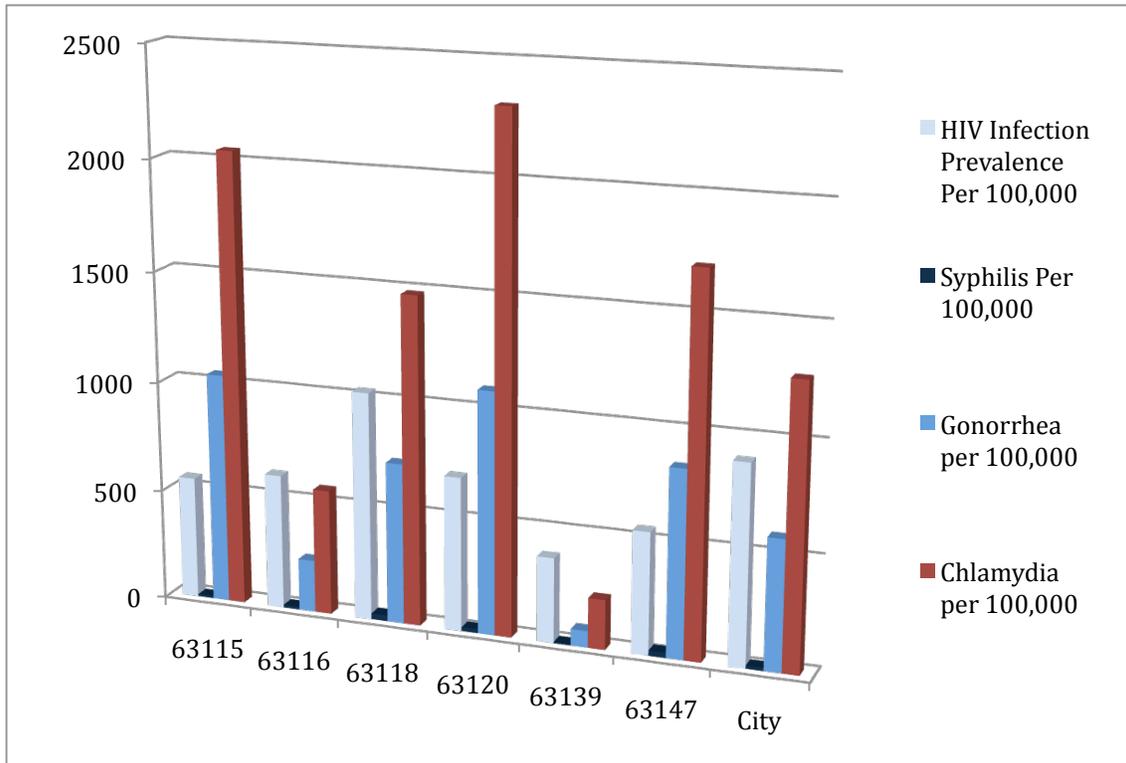


Figure 30-HIV (2010), Syphilis, Gonorrhea, & Chlamydia (2006-2010 Average)

**Area 3 (ZIP codes 63115, 63116, 63118, 63120, 63139, 63147)
Mortality Indicators**

The Life Expectancy ranges from a low of age 70 in 63120 to the age of 80 in 63139.

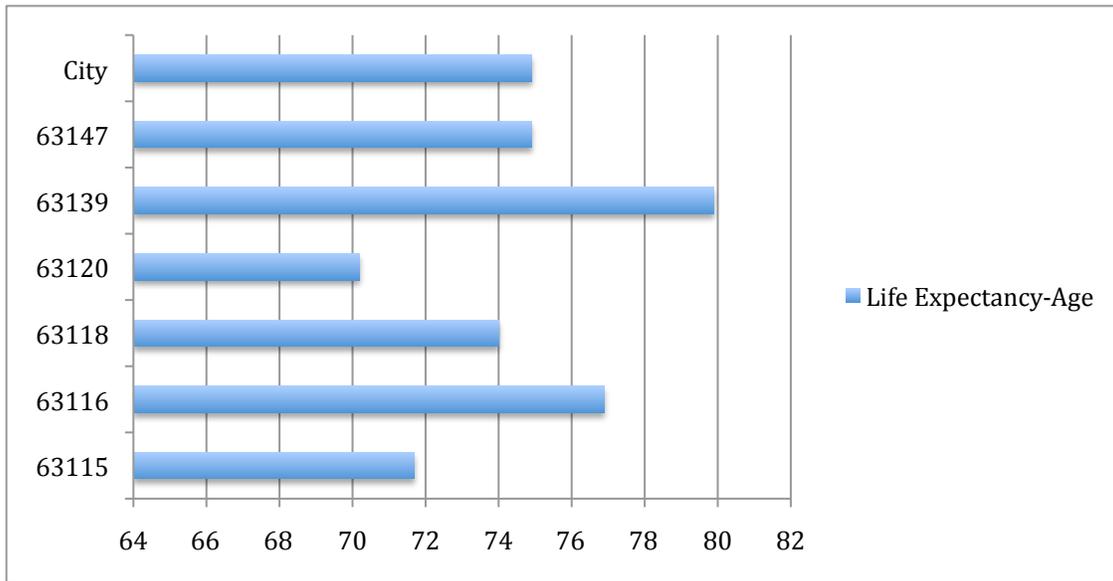


Figure 31–Life Expectancy (2006-2008 Average)

The overall mortality rates are the highest in 63120 (1048/100,000) and 63115 (1038/100,000), while 63139 shows the lowest rate (792/100,000).

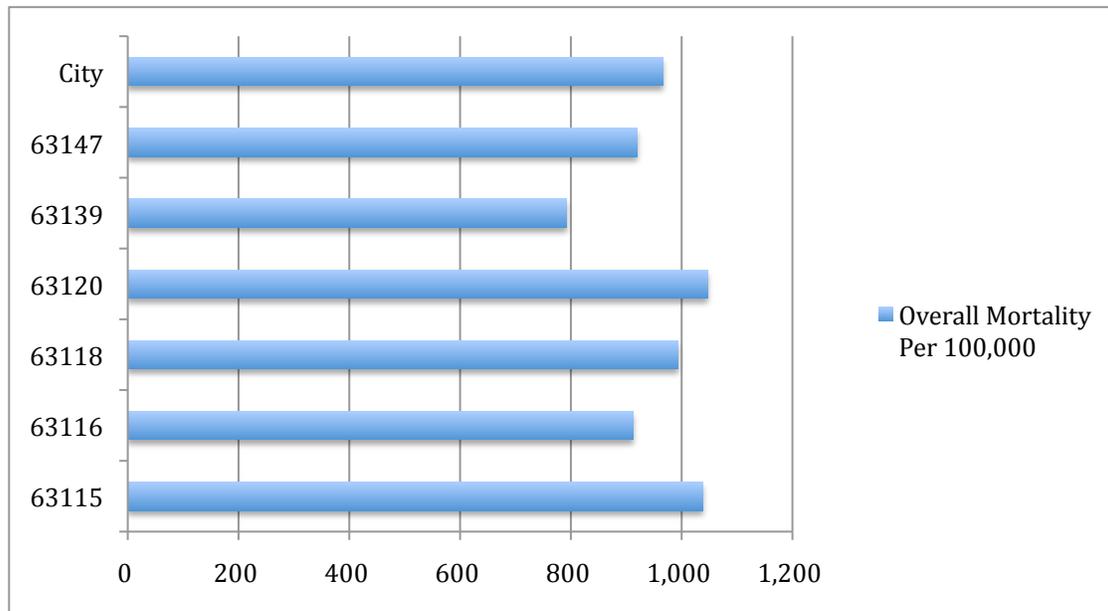


Figure 32–Overall Mortality (2006-2008 Average)

The homicide rate (94/100,000) in 63115 is nearly triple the rate of the City (32/100,000). The highest suicide rate is in 63139 (20/100,000), while the lowest suicide rate is in 63147 (2.5/100,000).

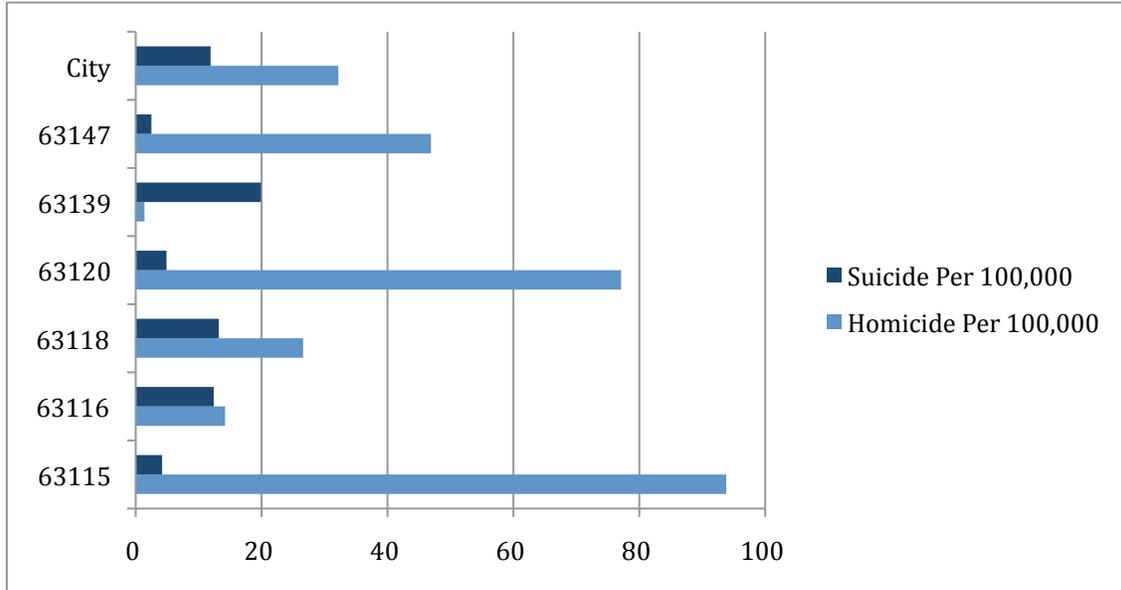


Figure 33- Homicide and Suicide (2006-2008 Average)

The diabetes mortality rate is highest in 63115 at 46/100,000, while the City rate is 29/100,000. The cancer rates are highest in 63120 (266/100,000) and 63147(233/100,000). The heart disease rate in 63118 is the highest of all ZIP codes in this group at 315/100,000.

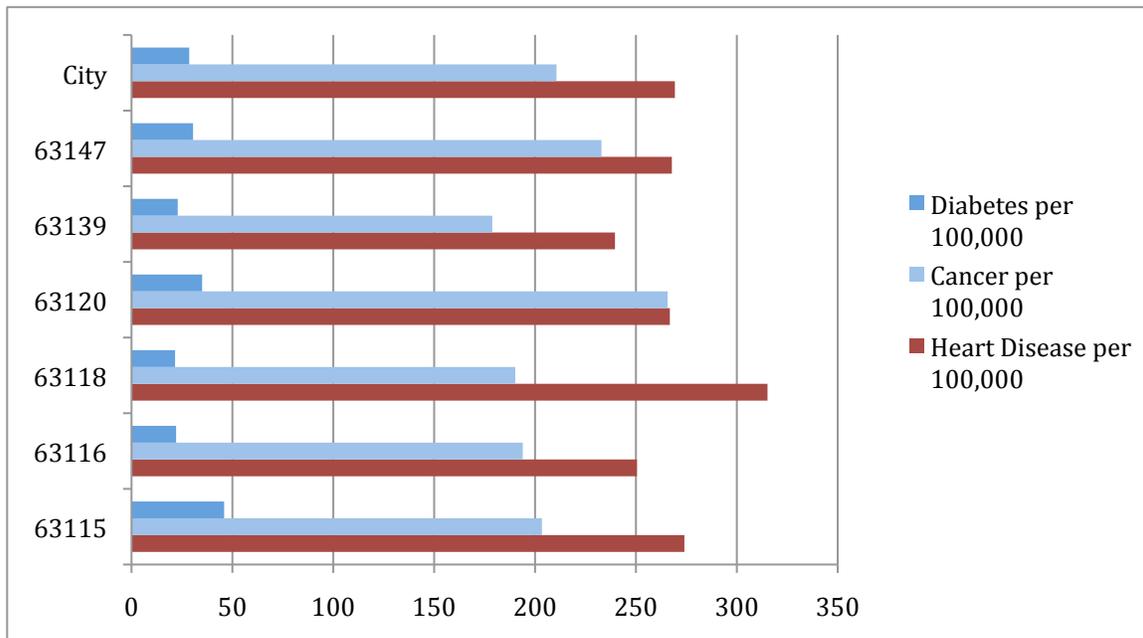


Figure 34–Diabetes, Cancer, & Heart Disease Mortality Rates (2006-2008 Average)

**Area 3 (ZIP codes 63115, 63116, 63118, 63120, 63139, 63147)
Health Services Indicators**

The hospital admissions rates for all ZIP codes in this group are highest in 63115 and 63120 at 177 and 173 per 1000, respectively and lowest in 63139 at 115 per 1000. The highest emergency room visits rates in this group of ZIP codes are in 63118 and 63120 at 573 and 543 per 1000, respectively, while the City rate is 392 per 1000. In this group of ZIP codes, the highest rate of avoidable hospitalizations is in 63120 at 31 per 1000, while 63139 has the lowest rate at 12 per 1000.

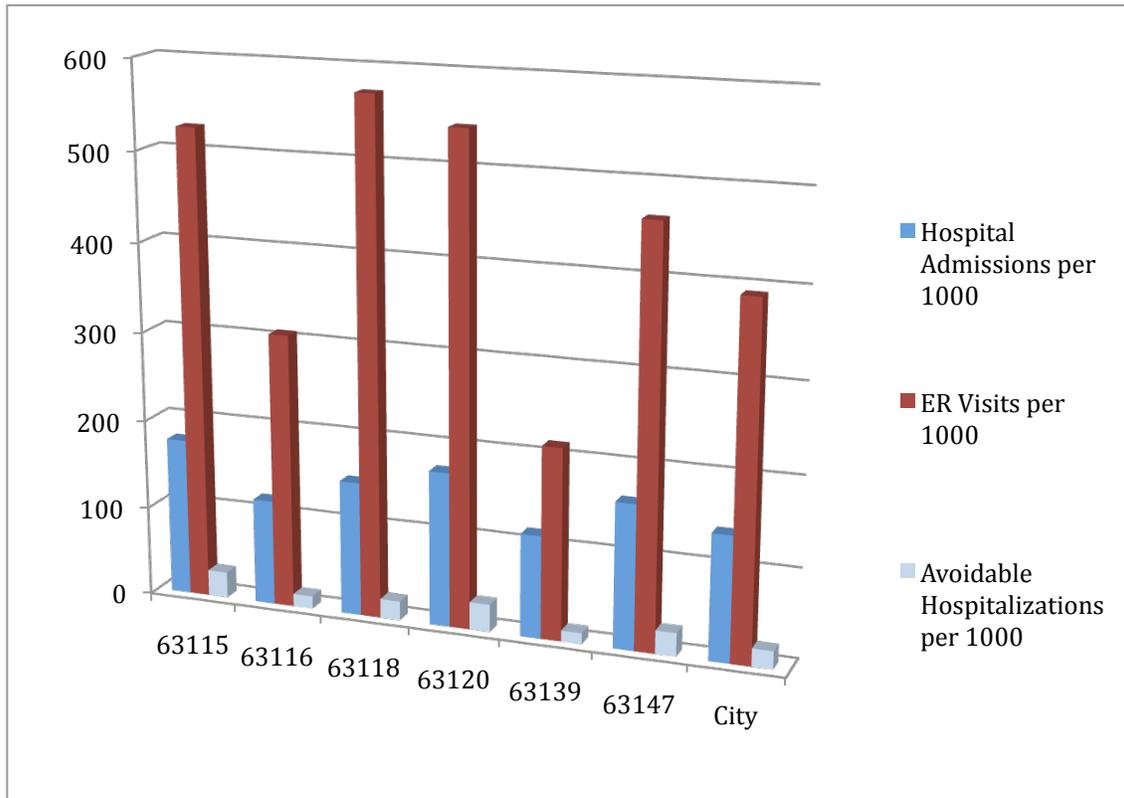


Figure 35- Hospital Admissions, ER Visits, & Avoidable Hospitalizations (2006-2008 Average)

City-Missouri-US Comparisons Social and Economic Indicators

The average household income (\$44,675.00) in the City of St. Louis is lower than both the averages for the State of Missouri (\$58,796.00) and the U.S. (\$67,529.00).

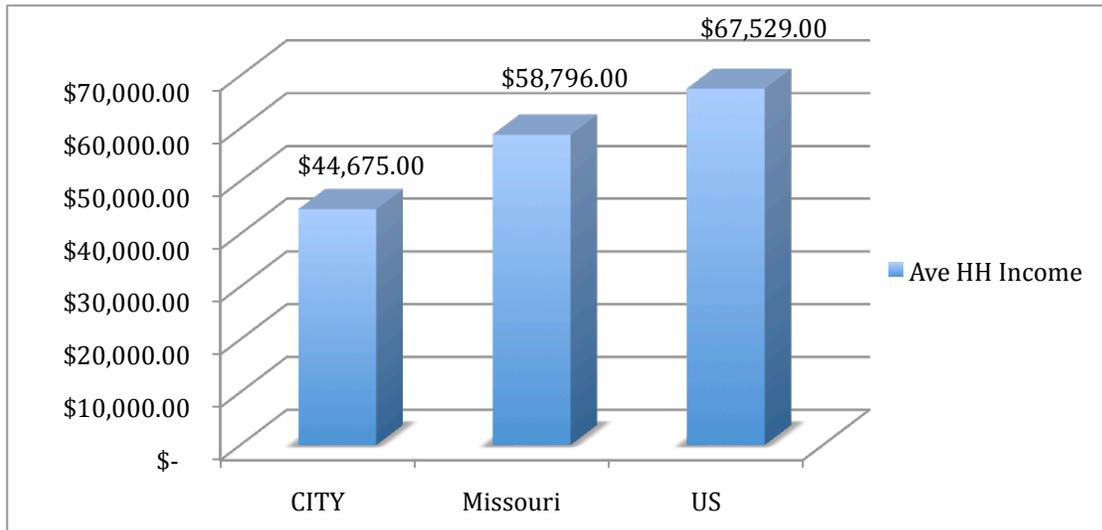


Figure 36–Average Household Income (2011)

The City unemployment rate is higher than both the State of Missouri and U.S. rates. The percent of families below the poverty level is more than double the state and national rates. The percentage of high school graduates over 25 are lower in the City than the State of Missouri and the U.S.

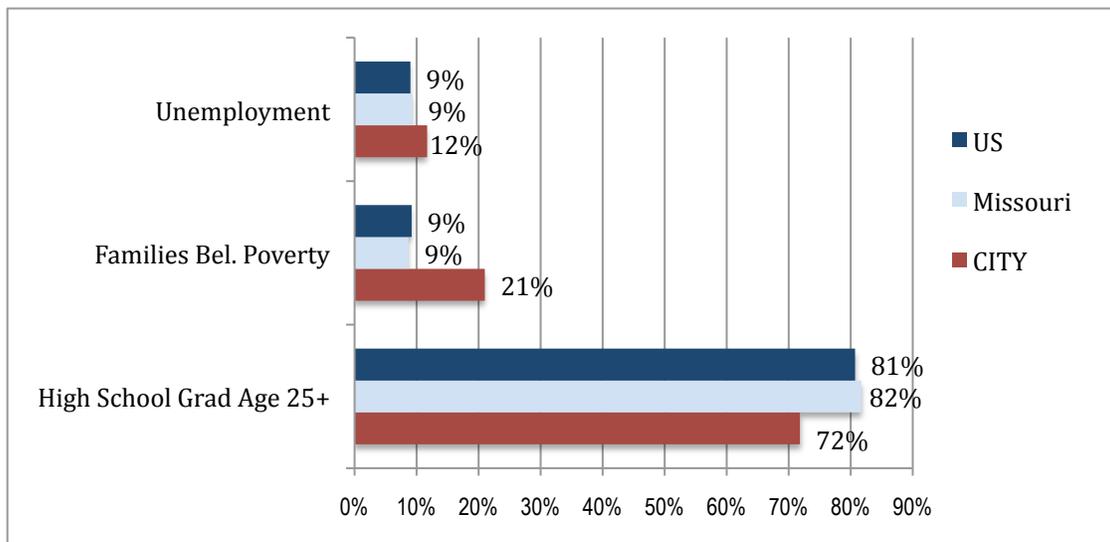


Figure 37– High School Graduates (2009), Families Below Poverty (2009), & Unemployment (2011)

City-Missouri-US Comparisons Reproductive and Health Indicators

The infant mortality rate for the City of St. Louis is higher than those for both the State of Missouri and U.S.

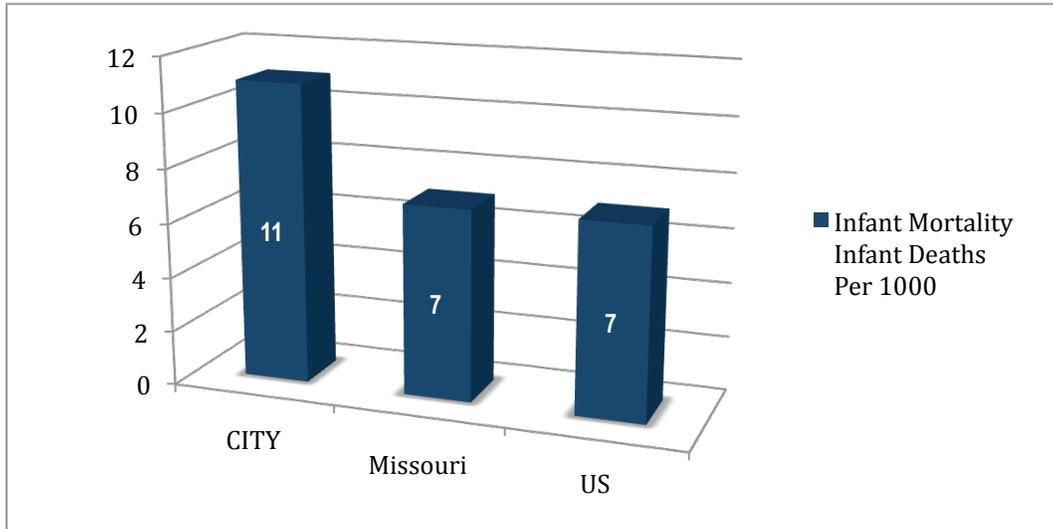


Figure 38—Infant Mortality (2006-2008 Average)

The teen birth rate for the City of St. Louis is double the U.S. rate and one and a half times the Missouri rate. The low birth weight and no first trimester prenatal care rates for the City of St. Louis also exceed the rates for the State of Missouri and the U.S.

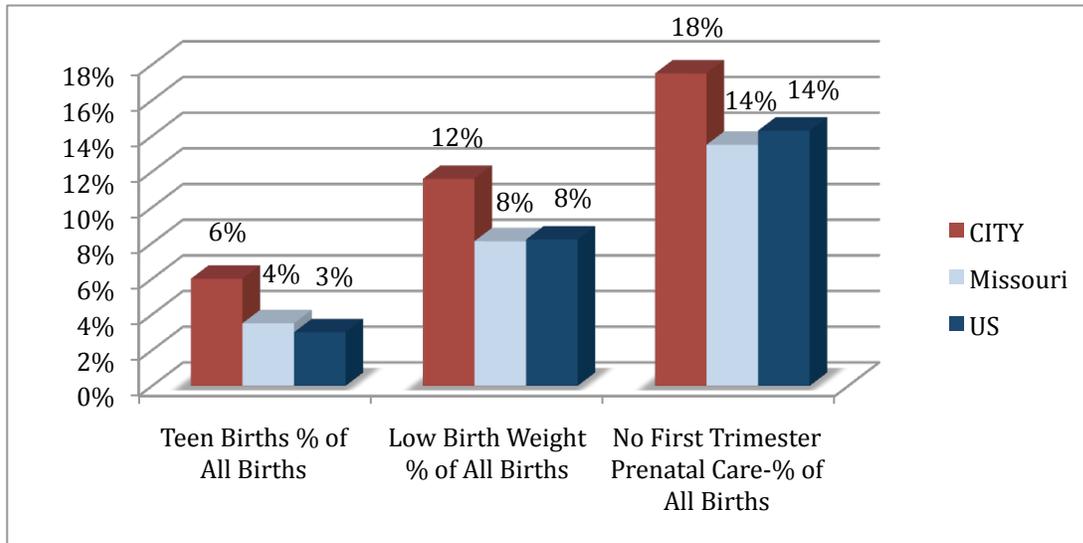


Figure 39—Teen Births, Low Birth Weight, & 1st Trimester Care (2006-2008 Average)

The City of St. Louis rate for Chlamydia is nearly three and half times the U.S. rate and more than three times the State of Missouri rate. The Gonorrhea rate in the City is more than five times the U.S. rate and slightly greater than four times the State of Missouri rate. The HIV Infection Prevalence rate for the City is almost double the U.S. rate and is nearly five times the State of Missouri rate.

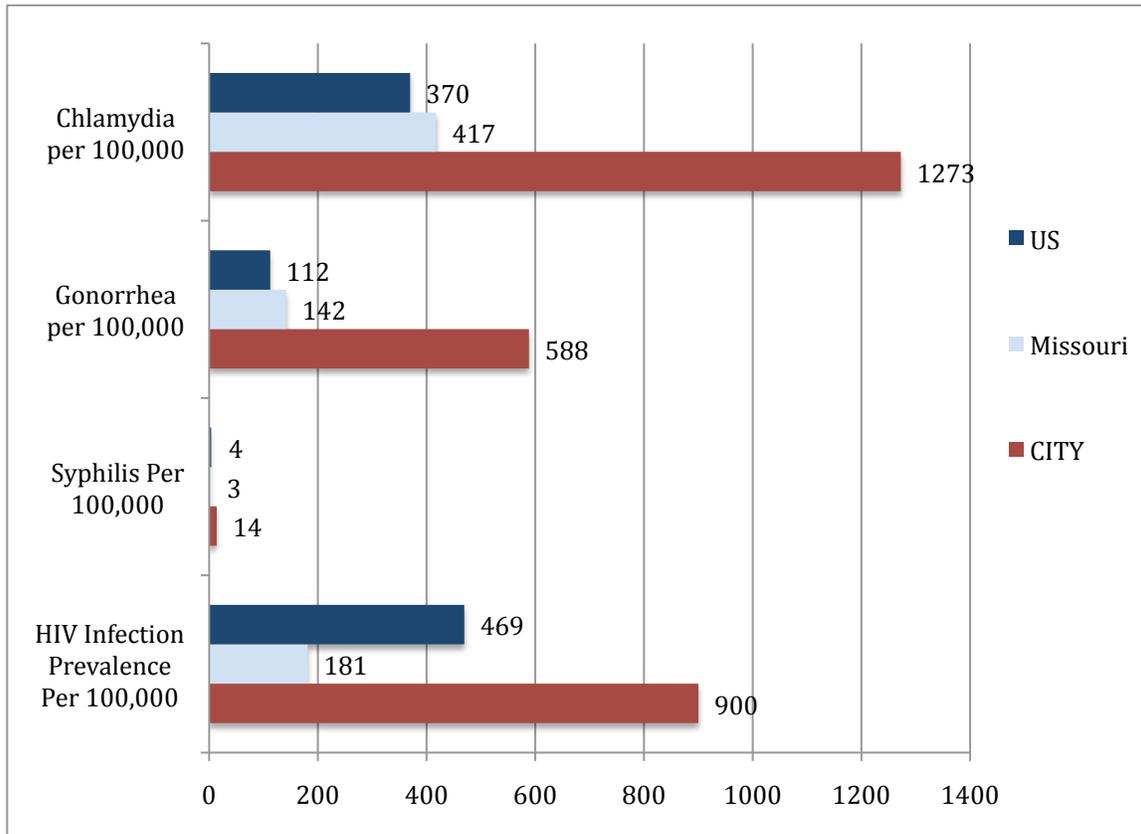


Figure 40-HIV (2010), Syphilis, Gonorrhea, & Chlamydia (2006-2010 Average)

Mortality Indicators

The life expectancy age for the City of St. Louis is two years lower than the State of Missouri age and three years lower than the national expectancy age.

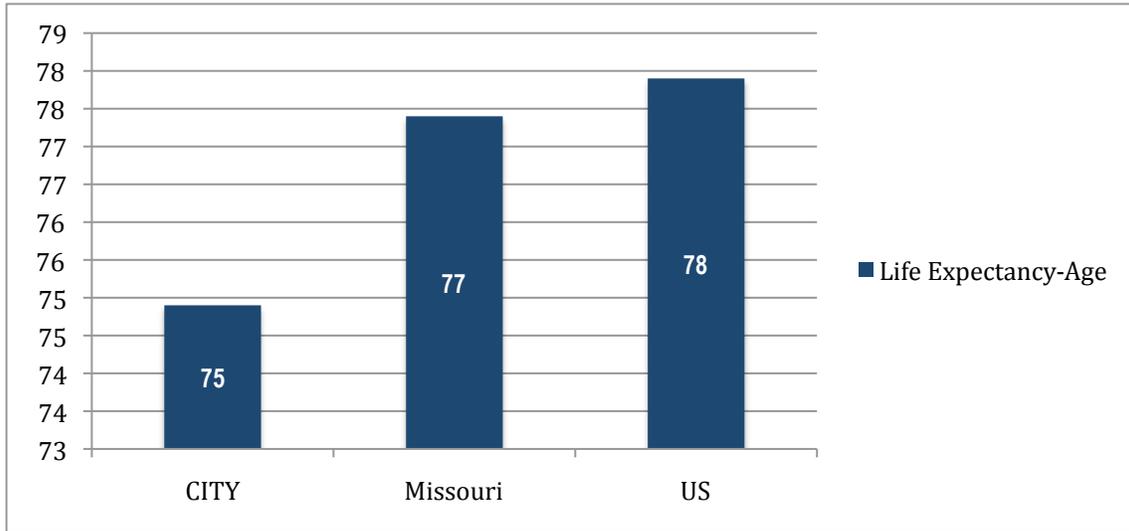


Figure 41-Life Expectancy (2006-2008 Average)

The overall mortality rate for the City of St. Louis is 26% higher than the U.S. rate and 12% higher than the state rate.

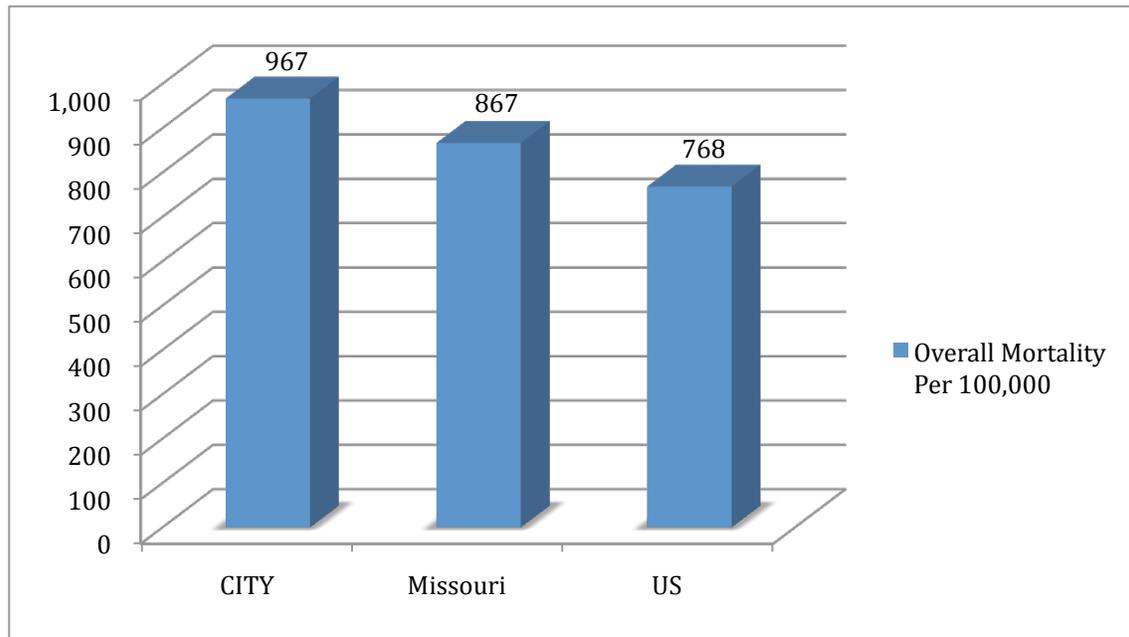


Figure 42-Overall Mortality (2006-2008 Average)

The suicide rate for the City of St. Louis is slightly higher than the U.S. rate and somewhat lower than the State of Missouri rate. The homicide rate for the City is more than five times the U.S rate and more than four times the State of Missouri rate.

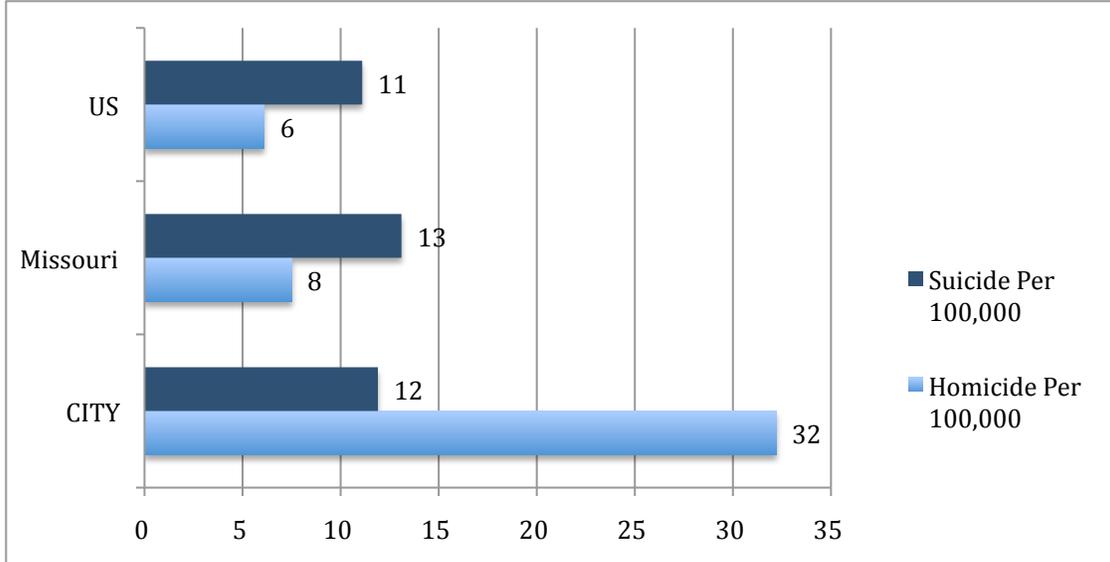


Figure 43- Homicide and Suicide (2006-2008 Average)

The City's diabetes mortality rates are slightly higher than both the State of Missouri and U.S. rates. The cancer and heart disease mortality rates for the City of St. Louis are higher than both the U.S. and the State of Missouri rates.

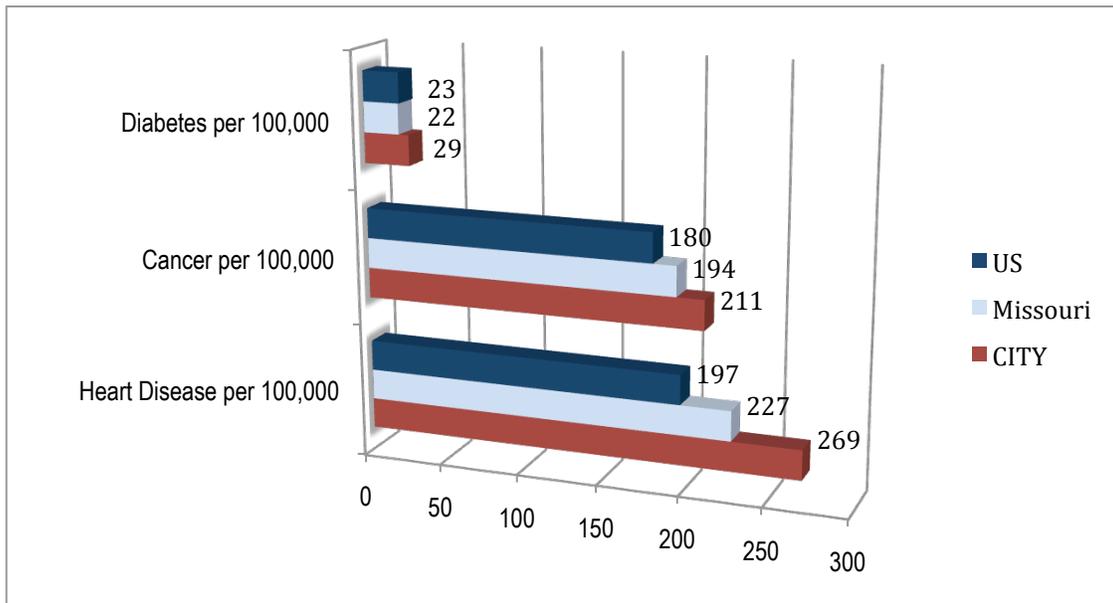


Figure 44- Heart, Cancer & Diabetes (2006-2008 Average)

City-Missouri-US Comparisons Health Services Indicators

The City of St. Louis emergency room visits rate is lower than the U.S. rate and higher than the State of Missouri rates. The hospital admission rates for the City of St. Louis are higher than the State of Missouri rate and lower than the U.S. rate.

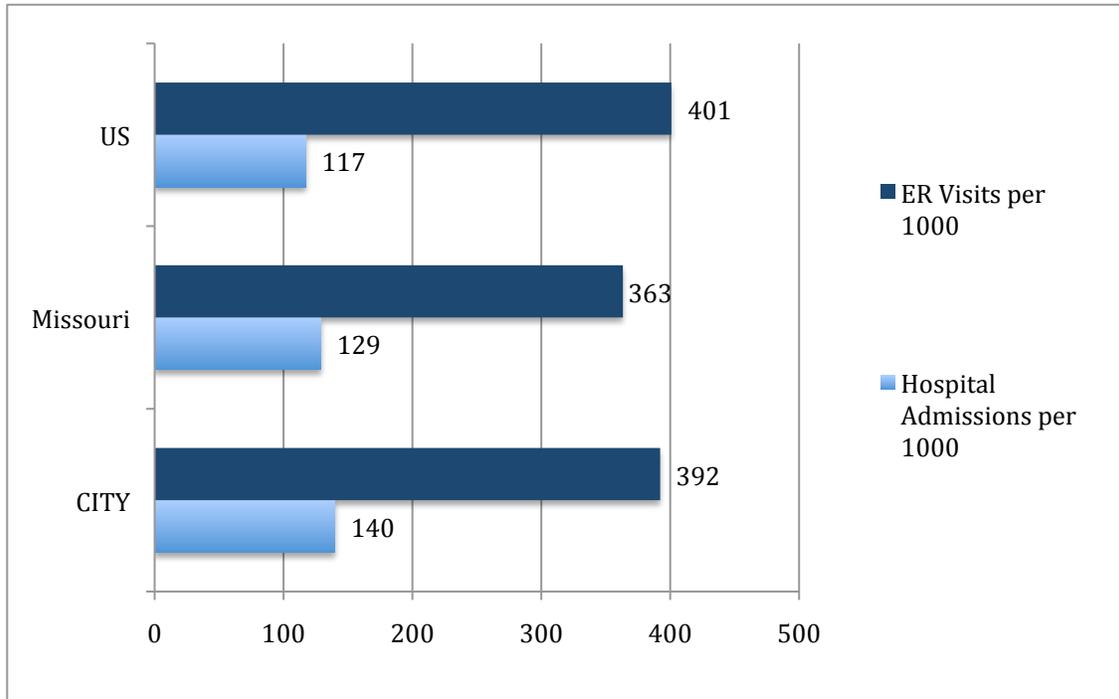


Figure 45- Hospital Admissions & ER Visits (2006-2008 Average)

III.B. FOCUS GROUP RESULTS

III.B.1. Cluster One

Residents in Cluster One have many issues directly related to health services and individual access to health care, as well as a number of other concerns peripherally related to health. Residents believe that poor health outcomes are closely related to poverty levels in the City and that more businesses and resources need to be attracted.

If you go from St. Louis Avenue all the way down to Jefferson, come up Martin Luther King Drive or Kings Highway, in there, you see lots of everything. It's like it's a tract of land and they moving everybody out there. What they need to do is bring in some more businesses or something where somebody can make some money. There's nothing there, you know, and the people in there, that's why they depressed. When they come out the house, all they see is vacant lots.
City of St. Louis Resident, February 20, 2012 Focus Group

They [communities] are underdeveloped. They don't have the financial resources, daycare centers, youth centers...a lot more finance into the public school system [is needed] from the government.
City of St. Louis Resident, February 20, 2012 Focus Group

Much of the conversation centered on the causes and solutions to poverty in the City. Specifically, residents in Cluster One are concerned about a perceived increase in teenage pregnancy, quality of education, poor sanitation, quality of parenting skills, and community safety.

A lengthy discussion ensued about teenage mothers who possess little knowledge or income to support themselves and/or their children.

...I think that I would like to find a solution for the teenage pregnancy. I mean, I think it's way out of [control] I mean, it's just ridiculous the way these babies are having babies.
City of St. Louis Resident, February 20, 2012 Focus Group

...this week...a young lady had a baby and it [baby] was still connected, she snatched the umbilical cord out of it, threw the baby in the back of somebody's house.
City of St. Louis Resident, February 20, 2012 Focus Group

They really don't know what pregnancy is. They really don't know what they, they --- because they so young...They not being taught. They don't know... they don't have the information.
City of St. Louis Resident, February 20, 2012 Focus Group

You know what I feel about the system too, these young girls having babies...and soon as they have a baby, [they put] them in their own house. The system set [them] up for failure.

City of St. Louis Resident, February 20, 2012 Focus Group

Many residents believe that a lack concern for and understanding of health services are pervasive among the young people in their neighborhoods. Furthermore, teenage mothers are seen as undereducated and without adequate parenting skills to raise their children as healthy and productive members of the community. Residents contend that children who grow up with little access to health services are unlikely to understand the importance of these services and therefore unlikely to seek services as adults.

Most residents expressed a discontent with the culture of revenue driven health care services.

And if they [health care system] can't make money off of you, then, you're not feasible...They want you hurry up and die...Once they get you on that list and they done sold you and put you on all the medication they can and they can't make no more money on you, then you need to, you just drop and die.

City of St. Louis Resident, February 20, 2012 Focus Group

They don't want you to get cured, ain't no money in the cure.

City of St. Louis Resident, February 20, 2012 Focus Group

Moreover, they discussed difficulties with health services affordability and accessibility.

You have your own regular life to live and then you got health problems...you can't address to stay healthy to take care the rest of your family. And I just broke, I just broke at that point and next thing you know, I'm sitting in a mental clinic because the people that came to my house tried to take me to the hospital.

City of St. Louis Resident, February 20, 2012 Focus Group

I had lost my job. I was making like \$35-\$40,000 a year welding. When I became where I couldn't bear that type work anymore, my legs and my back would give out to where I couldn't walk. So and then I eventually lost my job because I couldn't keep up. But at the time I didn't have any medical insurance when I lost my job but I knew it was an issue with my back. So I had to go around that to go get a mental diagnosis of being major depressed, get the medication for major depression in order to get Medicaid, not on spend down Medicaid which means I was covered 100, because when you have mental, you're covered 100% on Medicaid.

City of St. Louis Resident, February 20, 2012 Focus Group

The majority of the residents in Cluster One also see health insurance as unaffordable. Some voiced concerns about affording health care services even

with health insurance coverage—citing co-pays, deductibles, and spend downs. Another concern about health insurance is related to covered costs. Residents are discouraged by the trend with insurance companies and Medicaid in denying coverage of less severe conditions, which leads to the loss of jobs for health reasons before receiving treatment. Residents admitted their limited knowledge of the health care system and expressed their confusion by many practices they perceive as violations of quality care. For example, providing services for expensive procedures after a condition has gone untreated for too long but denying early services for the same condition when the condition would have been easier and seemingly less expensive to treat. There was also a general consensus about the role racism may play in decisions and how they are treated.

I had a little bump start out about a couple of weeks ago, started out as a little bump. A couple of days, my whole face was swollen. I called my primary doctor. They couldn't see me for three weeks.

City of St. Louis Resident, February 20, 2012 Focus Group

You have so many of our African American people that are not going to the doctors because they don't have insurance. That's why we have so many chronic diseases. People losing their eyesight to cataracts and diabetes and their legs and their kidneys and everything. The State of Missouri is a racist state.

City of St. Louis Resident, February 20, 2012 Focus Group

As a result, residents are distrustful of the health care industry; including service providers, insurance companies, and government agencies. Residents cited poor customer service as evidence of lack of concern for the patients and discussed a strategy of getting diagnosed with a mental health condition to get Medicaid to cover physical health issues.

Because I feel that people who do have insurance, we're paying a higher premium. So that they can put money aside that takes care of a lot of people that go into hospitals that don't have insurance.

City of St. Louis Resident, February 20, 2012 Focus Group

But only through being diagnosed first with a mental condition and getting the Medicaid was I able to get diagnosed with the [physical condition] I really suffer from.

City of St. Louis Resident, February 20, 2012 Focus Group

Most residents believe the public education system in the City of St. Louis is not providing sufficient education for children to understand healthy practices. Also, the school system is viewed as insufficient in its preparation of young people to seek jobs that can sustain them through life. Moreover, they are concerned about the drop out levels.

I think education [is an important issue]. I think some of these parents and teachers need to sit down with their child or student and get them more time to learn certain things and give them --- night school. Whatever it need to be, whatever they need, it should be done to get more educated.

City of St. Louis Resident, February 20, 2012 Focus Group

Get more...teachers that really wants to teach...let them teach. That's what we need. Right now we don't have teachers in there that want to teach. They have rules and regulations that they must abide by...also put the books back into the school. My grandson come home, no book, homework and I say where your book?

City of St. Louis Resident, February 20, 2012 Focus Group

OK, now three issues I want to touch up on is children not having to be enrolled until the age of nine...That's a big mistake. They, they need to get rid of that and where these children can drop out of school at the age of 16, they need to get rid of that...They need to make them stay until they're 21.

City of St. Louis Resident, February 20, 2012 Focus Group

Other concerns among Cluster One residents include sanitation and safety in their communities. Neighborhood stability and safety in particular were seen as both barriers and inhibitors.

...there are many houses that need to be condemned and the landlord does not keep up the property where the tenants are living and there needs to be some sort of restrictions on him that he can be made to pay or give up that property that he has leased out or rented out to tenants that are not satisfied with the way, the condition they have to live under.

City of St. Louis Resident, February 20, 2012 Focus Group

...my block is practically empty. Everybody's moved out. They had broken in, threw all the stuff out of the house and them houses need boarded up. They boarded up the bottom but they didn't board up the top. Windows are broken out, the curtains flying out by the window. It's just, you look our window and you see all of this ...

City of St. Louis Resident, February 20, 2012 Focus Group

III.B.2. Cluster Two

Cluster Two residents have concerns similar to those raised by residents in Cluster One. Specifically, difficulties with the lack of health insurance and affordability of health services, discontent with the quality of health care services and greater need for elders to get involved with the development of young people were all mentioned in this Cluster. A more prominent concern in Cluster Two (relative to Cluster One) is distrust of health providers in general and limited knowledge of how the federally financed health programs work. Residents'

concerns related to health care affordability were noted within the context of affording health care services over and above insurance, Medicaid, or Medicare coverage. The increased fees in the face of decreased services particularly upset these residents. This pattern has led residents to feel that the services provided within their community are not intended for them. They cite as evidence the lack of concern and professionalism they encounter when seeking services. For example, doctors who do not take the time to explain the diagnosed conditions or course of treatment troubles residents.

A typical doctor visit, as described by more than one participant, includes: waiting 2 hours (or longer) to be seen, being disrespected by the office staff, being asked about symptoms by a doctor, the doctor then writing a prescription but never explaining the diagnosis or the purpose of the prescription.

..my mother was at the doctor today for 2 hours and they almost had to bring the president of the hospital and it wasn't with loud talk, it wasn't with threats, it wasn't with any of that. I thought that it was too much for her. And so there is a way to do it and it's the right way...if you talk to one doctor the right way they're going to think twice before they treat the next patient.

City of St. Louis Resident, February 16, 2012 Focus Group

And so I went to one of those clinics that you're talking about, and I went three times in 45 days and the doctor said why are you here, what are you coming for, you're chronic. I cannot believe how I was treated there. I cannot believe the level, I mean of everything that I saw there was not acceptable, it was not acceptable.

City of St. Louis Resident, February 16, 2012 Focus Group

I was living out in the county ---, the ambulance, when you call within 2 minutes they there. The kind of medicine I need, the kind of treatment I need it was there. When I moved to the City it's a totally different opinion on everything.

City of St. Louis Resident, February 16, 2012 Focus Group

But they [clinics] have to get you out. And now it look like in 10-15 minutes that's the longest time that you're going to spend with your doctor...And they don't tell you anything.

City of St. Louis Resident, February 16, 2012 Focus Group

And then the doctor gave me a prescription, the doctor gave me a prescription and I said what's this for and she said you take that because I don't want you to mess this up. That's what she said, because I don't want you to mess this up, I want you to take this for 30 days, 3x/day. I wasn't told the name of it, I wasn't told what it was.

City of St. Louis Resident, February 16, 2012 Focus Group

Residents attribute the poor services from health providers to a lack of training and/or concern for people in general. Residents are also concerned that the

inadequate services offered may be due to a lack of respect for low-income residents with no insurance and/or people of color.

I think that the health problems, and according to the statistics that you've given us, is due to a lack of education, and also it's due to the way that the people are treated.

City of St. Louis Resident, February 16, 2012 Focus Group

But we got to stand up for [ourselves]. And these neighborhood clinics are targeting the poor and the Black. I think anybody can go there but they're targeting the poor and they're targeting the Black, and to me if it's a hospital it should be the same quality as any other hospital. If it's a doctor it should be the same quality as any other doctor.

City of St. Louis Resident, February 16, 2012 Focus Group

...if you go into a hospital and you're in their ER department for 8 hours, or 12 hours, or how many hours that you think because a receptionist or a nurse is behind the counter talking about what they did last night, or who, or whatever they did last night and you got to patient over here that got 120 or 120/101 high blood pressure, which she's about to spaz out, or he about to spaz out or have a heart attack and they're back here gossiping, and there's a person that need help. I have a problem with that, I have a problem with that because if you're talking about healthcare that's serious, it's a person's life, and life is more important.

City of St. Louis Resident, February 16, 2012 Focus Group

But I was sick, and I was sick enough to be scared to go to the doctor, so I called the doctor to make an appointment, so the lady says well why would you call you haven't even been here in over 2 years, I said what difference does that make I'm sick now I want to come in and see the doctor, you know?

City of St. Louis Resident, February 16, 2012 Focus Group

...there was a time when I had to go to one of the [clinics], you get there and they, you know you get to be such in a degrading manner, you know because they want to give you the lowest treatment because you don't have insurance.

City of St. Louis Resident, February 16, 2012 Focus Group

Residents expressed dismay at their lack of a voice or a platform from which to voice their concerns. In any event, many participants believe their complaints would not be heard. Likely due, in part, to an overall distrust of the health care system, some also fear retribution if their complaints are voiced.

Or on the medical [side] you know, don't say nothing [complain] maybe they might give you the wrong medicine. You know people are afraid, I'm not but that's that you think.

City of St. Louis Resident, February 16, 2012 Focus Group

...and if they complain about that doctor then they may not get their medicine.
City of St. Louis Resident, February 16, 2012 Focus Group

These residents are also concerned that health care providers and insurance companies are more interested in generating revenue and less interested in providing services to community residents. Cluster Two Residents also admitted to lacking knowledge about how the health care system works. Residents in this Cluster shared their ambiguity about why some patients can receive funding for items like wheelchairs but others cannot receive funding for prescribed medications. Similar to points made in Cluster One, residents in Cluster Two are confused by why coverage might be denied for seemingly less expensive preventative services, causing patients to delay visits to their doctors until their conditions require more expensive emergency services. The elderly are on fixed incomes and forced to make decisions between medications and survival. Moreover, they are not able to access services because of transportation issues.

We need people in the medical field that care about people, right now it's about money, that's all it's about.
City of St. Louis Resident, February 16, 2012 Focus Group

Now people that are on Medicaid have access to more medical treatment than people who are not. I make too much money for food stamps but not enough money to eat. OK that's where I am.
City of St. Louis Resident, February 16, 2012 Focus Group

My mother was taking like \$200 a month worth of medicine and was only getting \$300 for Social Security. So she couldn't possibly pay that you know and survive, you know what I mean?
City of St. Louis Resident, February 16, 2012 Focus Group

And what about the ones that need help that can't get help? You [remember] they used to have the buses going around and see if anybody that needs any kind of medical assistance. There's a lot of people ain't getting medical because they can't get to the hospital. Where's the buses that they used to have?
City of St. Louis Resident, February 16, 2012 Focus Group

Focusing on personal responsibility, residents acknowledge that people need to do more for themselves and that the elders need to be engaged to educate the younger generations.

People need to start taking care of [themselves]..it starts with them.
City of St. Louis Resident, February 16, 2012 Focus Group

It starts at home. Not just at home we need the older generation to come on back out, take charge of [educating] our generation.
City of St. Louis Resident, February 16, 2012 Focus Group

The residents in Cluster Two feel strongly that they need to have a louder voice in the solutions to health issues in their community. They are interested in pursuing avenues for providing feedback to service providers. These residents also are interested in receiving health related education in their communities. In addition, group/community meetings and well-constructed programs for youth were suggested as solutions.

Having more programs for these kids, you know what I'm saying? They're going to keep on doing the same thing they do, you know what I'm saying? Running the streets, smoking plus drinking, and all of that.

City of St. Louis Resident, February 16, 2012 Focus Group

Well one of the solutions is the community meetings, I mean the community meetings and the voices, I mean how can you get to your elected officials other than at voting time or election time.

City of St. Louis Resident, February 16, 2012 Focus Group

III.B.3. Cluster Three

The concerns raised in Cluster Three are mostly related to access to social and community services. Residents cited HIV/AIDS, teen pregnancy, drugs, and mental health as the biggest health problems the City is currently facing.

Now babies have babies and constantly on top of that [the drug use] It's not about drugs. We feed in to what they say is about drugs. We think it's the primary thing in our neighborhood but we can overcome that one day at a time if we start, but it's going to take participation.

City of St. Louis Resident, February 20, 2012 Focus Group

Stop with the, all the children--- because you can't, babies raising babies, that ain't helping us none of us who have [lots of children].

City of St. Louis Resident, February 20, 2012 Focus Group

...[In] my era, when crack first came out in the early 80's, man, it was popping. It was coming through like a California fire. But some of us didn't...get it, you talk about the mental state. A lot of --- babies are messed up from that epidemic of crack. I'm going to tell the truth.

City of St. Louis Resident, February 20, 2012 Focus Group

There was extended discussion about youth having too much time and freedom on their hands, which leads to negative outcomes such as premature births and diseases.

...It's a lot of freedom down there [nothing to do in a particular ZIP code]...a lot of freedom. That's why there's so much childbirth and transfer of [sex] diseases

because I stayed down there and you just run wild all day. It's like mothers don't care, fathers [are] locked up, not around. The same, same story.
City of St. Louis Resident, February 20, 2012 Focus Group

Some residents shared, and others in the group agreed that HIV infections and experiences are higher and more prevalent than is known, because of embarrassment and shame.

The African American community specifically but we have to go by area code, but specifically us as African American men, specifically, and also with women, the problem was back in the 80's was crack cocaine. And most of people --- were on crack. But now the thing --- place was even more worse and much more devastating is HIV/AIDS in the African American community. And HIV/AIDS is such a pandemic and epidemic in St. Louis to where we're embarrassed or ashamed to even mention the word. It affects our dignity.
City of St. Louis Resident, February 20, 2012 Focus Group

...I know --- females who have are HIV positive and the one thing that hurt my heart the most was to actually meet children who are African American kids who are actually infected and the mode of transport, the mode of, how they got infected which was somebody was messing with that child.
City of St. Louis Resident, February 20, 2012 Focus Group

The participants openly discussed depression and other mental health challenges. The greatest comments on these issues came from the males in the group.

...my health issue is like mental health...I've been incarcerated, you understand. But if it hadn't been for the system, I wouldn't have the chance, I had to be rehabilitated, mentally [while incarcerated] so I would stop saying it ain't nothing I done because when I was young man, I was a bad young man.
City of St. Louis Resident, February 20, 2012 Focus Group

Residents in Cluster Three spoke passionately about the deterioration of their community and cited closed schools and services, lack of jobs, and lack of community resources for men and young people. They expressed a keen understanding of how having a strong tax base from the right kind of businesses strengthens a community. They want to see decisions by policy makers that bring health building activities to the community, not liquor stores.

When you got all this empty time and you have no healthy place to go, you're going to hook up with people that have bright ideas and them bright ideas get you in trouble, OK.
City of St. Louis Resident, February 20, 2012 Focus Group

We need services [to] help each other. We need to put our men in better places and when they talk about the budgeting for the tax, City tax money and then they

don't use all that money and they're trying to do something with the money, maybe if they just threw it into a community fund for community centers for kids [to have healthy things to do]. We...taking money and doing too many dumb things with it and...we're getting hurt.

City of St. Louis Resident, February 20, 2012 Focus Group

If your community have those jobs in that particular community, you got a tax base in that ward. If you're in a ward and you have no businesses, you have no tax base. If you don't have a tax base in those particular wards, then you just don't have those dollars.

City of St. Louis Resident, February 20, 2012 Focus Group

...instead of all these liquor stores...need to turn them down and start doing healthy things.

City of St. Louis Resident, February 20, 2012 Focus Group

Residents in Cluster Three shared that they are discouraged from seeking health services because the services are unaffordable and not located close to them. Furthermore, residents feel disrespected by both the medical and office staff at the “government clinics”. They also believe they do not have enough information about how the health system in St. Louis works.

We don't need this massive [facility] at some other place. We need 100 places. You know we got almost a liquor store on every corner. A church on almost every corner and some of them places, and then they closed the schools and stuff and the schools are sitting there. They need to make community service centers out of it.

City of St. Louis Resident, February 20, 2012 Focus Group

OK, if you got health insurance and you go a nice regular clinic, you get in real quick. If your appointment is at a certain, you never wait more than 15 minutes. But if you go to some of these clinics that they have set up like Connect Care and Grace Hill, you go, you have registration time, you have to be there early. You have an appointment time and you miss that waiting on registration. Then you have to wait, wait, wait. I mean, I've had a 12:30 appointment and did not get out of the clinic until 5, 5:30. And I think part of the problem is they don't consider that we have valuable time just like they do because you're going to a clinic that's government funded. You don't have any money. You just sit and wait.

City of St. Louis Resident, February 20, 2012 Focus Group

You know, by us not being educated about our health, we're going to the ER just to get a quick fix, you know. And not really getting what's really going on.

City of St. Louis Resident, February 20, 2012 Focus Group

It is important to note that residents in Cluster Three did not speak as much as residents in other Clusters about issues directly related health. However, they

addressed some concerns that are peripherally related to their concerns about access to basic services. For example, residents discussed the lack of available jobs, quality of education, and pressing political issues in their community. The young male residents discussed having nothing and being on the streets.

Education is the key to me. But the solution to that is not only education. [It is]...for us to, to be all we can be, we stay in school and be all we can be.
City of St. Louis Resident, February 20, 2012 Focus Group

We need to bring back schools to the community.
City of St. Louis Resident, February 20, 2012 Focus Group

But we are put out in the streets, you know what I'm saying? Some of us teenagers don't have homes to go to. You know what I'm saying? So we're out here, we're looking for some money, you know what I'm saying? Well that's why you, you all, you know what I'm saying --- young folks because they out here in the streets. They --- trying to get the money but they ain't nothing --- you know, I ain't got nothing.

City of St. Louis Resident, February 20, 2012 Focus Group

They also expressed an understanding for the need of health and nutrition related education in the schools and the community.

...Biggest problems that I see in the community is some of the elderly people and --- young people also is dealing with diabetes and people are not eating right because they don't have access to healthy food. What they do [is go] down to the Arab store where they have produce and stuff on the shelf and when you look at it, you go the Arab stores, look at some of those dates, you know, and read [the] labels and so forth. Stuff is outdated, the fresh vegetable stuff, not really fresh. You walk in the store and you smell ...death.

City of St. Louis Resident, February 20, 2012 Focus Group

I put a community garden in there and some of these gardens I take care of solely. And I don't grow the food for myself. I grow the food for my community and that's why I want to come and pick the food and vegetables. And so for us to try to help them and their solution and everything...

City of St. Louis Resident, February 20, 2012 Focus Group

The residents all agreed that they must agitate, get involved, and bring the changes.

I heard them say I'm all I got to change myself.
City of St. Louis Resident, February 20, 2012 Focus Group

And one of the solutions is even starting here like in this room is agitate. Agitate means make some noise and, you know, really be active.

City of St. Louis Resident, February 20, 2012 Focus Group

III.B.4. Cluster Four

Residents in Cluster Four have many concerns directly related to health. Some of their specific concerns include: preventive health services and health screenings; access to health care services; access to prenatal health services; affordability of services; medicines and insurance coverage; and accessible services for children, elderly, and disabled residents. They also included drug use, teen pregnancy, parenting skills training, inadequate services for the disabled, quality of education, and limited resources in the City as worrisome problems. Moreover, they focused on collaborative efforts and resident involvement as solutions. As mentioned by residents in other Clusters, unemployment and limited availability of jobs providing health insurance are critical concerns. These residents also raised additional concerns that are indirectly related to health in their community such as stressful and unsafe environments. Access to health care services is seen as limited by the lack of insurance, availability and costs of health services, consequently leading to emergencies.

So I think that when you're involved in a...when you're living in a stressful situation, although you may not be involved in the actual shootings, or the deaths, or whatever, it does have a negative impact on your sense of well being.
City of St. Louis Resident, February 15, 2012 Focus Group

The lack of insurance I think [is an issue].
City of St. Louis Resident, February 15, 2012 Focus Group

I think lack of clinics is another, if the clinics were available. They're not free, they make you pay co-pays, based on your salary.
City of St. Louis Resident, February 15, 2012 Focus Group

Further, they discussed the lack of resources in the City compared to the county, as well as other social ills such as violence and substance abuse as inhibitors and stressors in their neighborhoods.

... It seems like a lot of the resources are going toward emergencies rather than preventative care.
City of St. Louis Resident, February 15, 2012 Focus Group

Violence...High drug use...Especially with these youngsters...Heroin, cocaine, marijuana, PCP, any type of prescription they get their hands on.
City of St. Louis Resident, February 15, 2012 Focus Group

[Leaders should] put some resources into the communities and stop giving everything to the county, you know like grocery stores, banks, you know just plain, basic services. And get people back into the City of St. Louis. And tear down some of these old abandoned houses where people that hang out and get into mischief.
City of St. Louis Resident, February 15, 2012 Focus Group

The residents in Cluster Four agree that people are using the emergency room as a regular source of health care. Residents continue to express concern and discontent with the health services system and providers that are in place to meet their health care access needs. They adamantly stated their discontent with quality of services received, particularly from intake personnel.

But I don't think it's just is the reproductive health I think a lot of these other things, like people are using emergency rooms as regular clinics, and I think that's for two reasons in my view one is they don't have health insurance, and a lot of those services are just not available in the City.

City of St. Louis Resident, February 15, 2012 Focus Group

I talked to a man that came over to do some work and he had completely blown out his knee but he was still continuing to have to work, and this was in the summer, and he couldn't get an appointment at Grace Hill until November. Now there's where the problem is, the facilities we have are so completely dysfunctional.

City of St. Louis Resident, February 15, 2012 Focus Group

Yeah they need to do a better job at screening and hiring these people at these clinics and these hospitals, because they're very unprofessional, if you can't get it right you don't need to be in office.

City of St. Louis Resident, February 15, 2012 Focus Group

She said it right about these clinics, what they call to help us, they're just for show because you would call to make an appointment, where I need to get my teeth pulled, I have a wisdom tooth I need to get pulled. But you could call them and tell them this and people won't get an appointment for 6 months.

City of St. Louis Resident, February 15, 2012 Focus Group

And not just not enough resources when you put these people in these places to help other people, they got to have some skills, they can't be in there on their cell phone, or holding a personal conversation on their phone, and you're in there head split wide open like a cantaloupe, about to die, fill out these forms.

City of St. Louis Resident, February 15, 2012 Focus Group

Several residents in the group also described their perception of ambulance services and their opinions about the inferiority of the generic drugs they are prescribed.

I'm going to give you a personal thing with me, I got shot and ran over in the same day, it took them people --- 3 hours to come get me. By the time the ambulance came and got me my grandmother had already fixed it.

City of St. Louis Resident, February 15, 2012 Focus Group

And then the medicines that they have us on, they the type, the generics, which they don't work as good as the real medicines.

City of St. Louis Resident, February 15, 2012 Focus Group

Like residents in several of the other Clusters, the residents in Cluster Four proffered their concerns and dismay with the number of teen mothers and the absolute disconnect these young mothers have from school and academics.

I think the teen birth [is a problem]. From what I've seen just in my neighborhood, certain areas of my neighborhood, a young girl going to school, and I happen to know a lot of them, I have befriended them, going to school as a teenager and then the next summer she's carrying a baby with her. I mean it's constant, it's all the time, I mean that's all I see. And I think what upsets me the

most is because it's really concentrated in Section 8 housing and things like that, and I just, it just makes me ill and wonder why there's not more education, and why isn't it easier for these girls to get birth control.

City of St. Louis Resident, February 15, 2012 Focus Group

...they [young girls] were in school, they were high school students, the running story was that if they had their first child by the time they were 13 they had 3 by the time they graduated. Now the focus of their studies at that point was on mothering, which there is, that is an education that time will give you. But I didn't think they focused enough on the scholastics to really get the feet under these young ladies.

City of St. Louis Resident, February 15, 2012 Focus Group

The residents in Cluster Four engaged in a spirited and passionate discussion about the lack of knowledge the young mothers have about life, fear and the core emotions at play, and the need for youth to be prepared for adulthood and responsibilities.

But some of this I believe is a lack of education too, just a plain lack of knowledge about life and some of the adverse effects of some of these choices that some of these people they have.

City of St. Louis Resident, February 15, 2012 Focus Group

Basically there's two emotions we deal with, we either deal with fear or we deal with love...If I'm scared of where I live and the difficulty of going to school, [cramming] out a living, all those kind of things, drugs are the only way to get through the whole process.

City of St. Louis Resident, February 15, 2012 Focus Group

I feel they need to get some more places for people that don't have no education, you know train them for jobs and stuff.

City of St. Louis Resident, February 15, 2012 Focus Group

Residents talked about the needs of the “children having children” and their children. They believe education and comprehensive services are important and that real sex education starts at home with the parents.

I think focus on the children is a necessity...
City of St. Louis Resident, February 15, 2012 Focus Group

But you know there's just a lot of excuses and people really need to start taking responsibility for themselves, you know, the sex education that starts at home, you know you can't depend on a school to teach your kid that you know you don't put this there and that don't go in there and you shouldn't be hanging out with ---. I got a 15 year old sister who just had a baby in July, and why did she have a baby, an outcry, you know. And that's all, a lot of these kids are looking for somebody to care and sometimes these younger girls follow the men that care about them and they, that's what that is.

City of St. Louis Resident, February 15, 2012 Focus Group

I'd like to see a full service school, that every school should be a full service school. Which means we should have, children should have access to health, they should have access to nutrition training, they should have access to physical fitness, access to mental health if needed, and also social work services, and these services should be available not only to the children but to the parents of the children in those schools.

City of St. Louis Resident, February 15, 2012 Focus Group

I'd like to see an outreach program similar to the one teachers, Parents as Teachers, where people, nurses, or educators, or social workers, someone, would free of cost be able to go to these families and assess their needs, be it nutrition, health, parenting skills, whatever, something like that.

City of St. Louis Resident, February 15, 2012 Focus Group

...you know, the sex education that starts at home, you know you can't depend on a school to teach your kid that you know you don't put this there and that don't go in there.

City of St. Louis Resident, February 15, 2012 Focus Group

Access to health care for elderly residents also was discussed. Residents are concerned that costs of health and prescription drugs for elderly residents are a barrier to care despite Medicare coverage.

I think we haven't talked a lot about services for the elderly.
City of St. Louis Resident, February 15, 2012 Focus Group

They are probably running a real close second to children in terms of no resources available. So if I had money I could just do anything I want I would certainly put in some services, social services as well as health services for the elderly. And particularly those kinds of services that will give them in-home kinds of services.

City of St. Louis Resident, February 15, 2012 Focus Group

Residents with disabilities are another segment of the population in need of greater access to services. It was suggested that these residents receive help to reach others like themselves—they have an informal network.

It's all about survival of the fittest or whatever because that's not our choice, we weren't brought into the world blind and we didn't make a choice, we didn't come out and say I want to be blind, or I can't see, or even other disabilities I can't walk, I can't talk, you know we as disabled people are one people and we all have a collective ---, it's all the same message. Help us so that we can help others

City of St. Louis Resident, February 15, 2012 Focus Group

The Residents spent a fair amount of time discussing possible solutions that bring community members together and they believe that too little attention is given to South St. Louis, with most of the focus going to North St. Louis.

You got to organize community activities, things for people to get out there doing, and open up and come out and meet everybody.

City of St. Louis Resident, February 15, 2012 Focus Group

Have a block party. I grew up on the north side on --- and Union and we had block parties for the community, that's what we did, and it was just one of those things that wasn't, there wasn't no formal thing, you know, we had music and we just turned it on and I had, you know I had 12 brothers and sisters so you know

...we outside and everybody starts showing up and we had food for everybody, it wasn't like you know we're going to come to charge you an admission fee, we just did it.

City of St. Louis Resident, February 15, 2012 Focus Group

They need to pay more attention to the south side because the Mayors and stuff when they do come to St. Louis and stuff they be all on the north side, they don't come south.

City of St. Louis Resident, February 15, 2012 Focus Group

The Residents shared their beliefs that policy makers and lawmakers place money and power over people. The City needs to be equal to the county and have comparable resources.

...when you put money over people you have a problem, and that's the main issue is money over people and it needs to be the other way around.

City of St. Louis Resident, February 15, 2012 Focus Group

[They] need to put some resources into the communities and stop giving everything to the county, you know like grocery stores, banks, you know just plain, basic services. And get people back into the City of St. Louis. And tear down some of these old abandoned houses where people that hang out and get into mischief

City of St. Louis Resident, February 15, 2012 Focus Group

The members of this group were pleased that the health department is conducting the focus groups and they shared that they had never seen any such activities in the past. They further discussed the *patchwork* of services that are

not connected and the need for providers to work together and educate residents about what they have to offer.

This is the first thing being done, because it's the first time somebody came out and took interest in what was really going on.

City of St. Louis Resident, February 15, 2012 Focus Group

You know I think the police, but you know all they're doing is picking up someone that selling a little pot on the corner, we're not dealing with the issue. I worked at a food pantry in our neighborhood where they give out food to these people that need their food, but that's really not solving the problem

City of St. Louis Resident, February 15, 2012 Focus Group

Yes it's a patchwork, you have the churches that are involved and various ones of them will bring in like either food pantries, or some of them distribute clothing. You also have Boys and Girls Club, as well as Big Brothers and Big Sisters. So it's happening but it's a piece meal effect, it's being done in different areas and by different groups. And I guess what we probably really need is if we could come together with them in some type of umbrella.

City of St. Louis Resident, February 15, 2012 Focus Group

So really what we need is we see different organizations and different groups, some being done at the local and state level, some by private groups, others by government groups, but we really need is everybody, these to come together, we need to all form a group of focus, right, and get it all coordinated.

City of St. Louis Resident, February 15, 2012 Focus Group

The Residents all liked the idea of educating members of the community to serve and solve their own problems, particularly in light of cuts in government programs and decreases in foundation funding. This group strongly believes that residents must take responsibility and be the “leaders” they seek and have been waiting on for years. Every resident has to get involved.

...in the poorest of countries where you have women that had really no education, had been taught how to come in and do simple health tasks and take care of people in the villages that had HIV and AIDS, and these people faithfully came in there every day and they did their jobs, and they were trained to do it. We really need to pour money at something [like this] until we really get the people involved. If we do this, it should be a requirement that each of us, each person in that community has a duty and a responsibility, it could be for the children, it could be towards the senior citizens, it could be for those people that need someone to come in and do household work. But we all have to get involved.

City of St. Louis Resident, February 15, 2012 Focus Group

It would be among the community to participate and to educate these youngsters.

City of St. Louis Resident, February 15, 2012 Focus Group

But you know there's just a lot of excuses and people really need to start taking responsibility for themselves.
City of St. Louis Resident, February 15, 2012 Focus Group

III.B.5. Cluster Five

Residents in Cluster Five have few concerns directly related to health services and individual access to services. They focused mostly on social issues that impact public health, drugs and safety. Residents in Cluster Five were keenly aware of the roles safety and stress play in community health outcomes. These residents described how concern for one's safety could contribute to poor health outcomes, both as a barrier to seeking services and as a stressor. Notably, they also described concern for safety as a barrier to making healthy lifestyle choices. In the limited discussion directly related to health, the residents in Cluster Five focused on the "politics" of the health numbers, limited access to health services due to lack of insurance, and the link between jobs, health insurance, and health outcomes.

...politics really are going to play factors into your health data more than I think people really understand because it affects access to resources, calls being responded to, the leadership in your neighborhood, not just from neighbors but higher on up, City officials and what have you, what they will allow, what they will tolerate, what they will have a blind eye to. It's going to impact your health numbers.

City of St. Louis Resident, February 13, 2012 Focus Group

I am exposed to that experience all the time and accessibility to health care is [bad], [the parents I work with] have lost their kids to the state, most of them, the things that they're required, they don't have access to. They don't have the health care to get better.

City of St. Louis Resident, February 13, 2012 Focus Group

[In these ZIP codes] there is a lot of people pretty much got jobs. [They have health insurance].

City of St. Louis Resident, February 13, 2012 Focus Group

Residents believe residing in unsafe, high stress environments makes it difficult to address other problems in the community that are leading to poor health outcomes. For example, unsupervised youth and illegal drug use are seen as both a cause of depriving the community of resources, as well as the effect of failing to provide an enriched environment for young people.

But the kids just running around pretty much doing what they want to do.
City of St. Louis Resident, February 13, 2012 Focus Group

In [these communities], there's not a lot of things for young kids to do but get into trouble, you know, like you see it on television or music and there's like, we don't have a lot of recreational centers where we can go play basketball or, you know, things like that.

City of St. Louis Resident, February 13, 2012 Focus Group

What I've encountered going into homes is families wanting it to change and they're swimming upstream because everything around them, I mean, there's houses falling down next door to them. Kids that are being exposed to unsafe, you know, environments, like them just having to work. Most of my clients are worried for [their] safety.

City of St. Louis Resident, February 13, 2012 Focus Group

And like one of my personal experience, I have, my grandmother lives on Flat and one of the bad experiences she had was someone shot through her back window in one of her rooms.

City of St. Louis Resident, February 13, 2012 Focus Group

And there's other neighborhoods where you don't see as much physical activity based on people's comfortability and safety.

City of St. Louis Resident, February 13, 2012 Focus Group

A related topic was the quality of education in the schools. Residents feel the schools should be focused on teaching healthy lifestyles, but can barely cover the basics. They also believe that schools can be used as centers for neighborhood activities, such as recreation.

There is not enough focus on health, healthy life styles in, not only in the St. Louis public schools but perhaps other schools as well and health programs that are accessible for families, there's just not enough out there.

City of St. Louis Resident, February 13, 2012 Focus Group

...they don't have accessibility to the basics [math, science, reading] so those extra things, they can't even consider working on, like focusing on their health or physical education or, I mean, it's just not available financially.

City of St. Louis Resident, February 13, 2012 Focus Group

I would say like more rec [recreation] centers. Like a lot of people can't afford the YMCA and stuff like that. Maybe more free rec centers for people who can't afford YMCA. Maybe they can have some of the rec centers of the public schools in the area, like have the rec centers in the gyms when the school hours are over

City of St. Louis Resident, February 13, 2012 Focus Group

Residents in Cluster Five were more interested in providing suggestions for improving their community's health. One group of older residents described to a younger group of Residents, who listened closely and intently, how they closed a drug house.

We could write a book. We had such a problem on our street for a while with this one house with this one guy dealing, I mean, two o'clock in the morning BMW's, you know. All these cars coming and going. Yes and, you know, we finally got the police involved and tried to, you know, assess the situation and see what we could do and finally it got so bad, we had, we have block meetings and when this would happen, everyone would come out in their pajamas and robes and watch these struggles. But they eventually closed the house.

City of St. Louis Resident, February 13, 2012 Focus Group

It's my experience that you don't wait for the cops. If you want some to get done, you've got to get up and holler so that you get their attention. We were like the three [bitties]. I'm telling you, we were out there every day. They started up, we were out there. You can do it, we can do it too.

City of St. Louis Resident, February 13, 2012 Focus Group

The younger residents responded that the drug dealers control specific neighborhoods and that they fear for their lives, but they do understand that there is strength in being collective in responding to neighborhood issues.

You're fearing your life. That's, that's why a lot of people in the inner City don't get off into it. They don't, they, when the police come around, they just say, I don't know, I don't know nothing about it because there's some people who are ready to come in your house and get you or wait until you come outside. I mean, it's sad.

City of St. Louis Resident, February 13, 2012 Focus Group

Many of the residents noted that they were not aware of anything the health department was doing to improve health outcomes within the City and made recommendations on what the department could do to be more connected to the communities.

I don't, I don't see nothing [that the health department is doing].

City of St. Louis Resident, February 13, 2012 Focus Group

Truthfully I don't, [know what they are doing] since they closed the hospitals and the clinics, I don't even know what the Health Department does anymore.

City of St. Louis Resident, February 13, 2012 Focus Group

Unfortunately and no disrespect, this is the first time a lot of us are hearing these numbers, the first time we're hearing as a community from the Health Department.

City of St. Louis Resident, February 13, 2012 Focus Group

I can't speak for everybody else, do we know what all services the Health Department provides to the communities? Not for real.

City of St. Louis Resident, February 13, 2012 Focus Group

And I hope it continues [pass] that [accreditation], and then we can see more numbers, we can keep a dialogue going...And I'd like to see it more than in just

in focus groups. I'd like to see the Health Department at community resource fairs.

City of St. Louis Resident, February 13, 2012 Focus Group

Most residents shared that they would like to see the health department engage in more outreach and contact with the community, such as attending neighborhood association meetings.

I'd like to see them [health department] at neighborhood associations meetings. I'd like to see them meeting with the people who are the strong folks in the neighborhood to keep things going because I'm looking at some of these numbers, you know, are going to help, and it's like gee, suicide, look at all these, you know, the heart disease, the cancer, the diabetes. We may be able to do something about that working together.

City of St. Louis Resident, February 13, 2012 Focus Group

You look at those figures, you're talking about the Health Department needs to [do] I think, get out of that office on Market, send some people out to the corners on his hood, in his hood, and even some over here where these kids are. Let them know just say no is not working. If kids are getting that many diseases, they need to know, learn more and I think that's one good thing they could do.

City of St. Louis Resident, February 13, 2012 Focus Group

In addition to health education for children, residents suggested that health education and knowledge of available community resources be better communicated to all residents. Health resource fairs and community meetings were suggested as strategies the City could use to provide this information to the residents.

I think that communication piece is essential when it was, talking about like resources for communities...It needs to be central...there needs to be like a database or a website, some accessibility.

City of St. Louis Resident, February 13, 2012 Focus Group

So I would say community resources, availability of community resources being, you know, if you have a health fair, have it at a school that is accessible within walking distance, on a bus line that, and motivation, reason, you give away, you know, coupons, you give away goody bags, you give, you have to draw people in to get their attention and give them the [information].

City of St. Louis Resident, February 13, 2012 Focus Group

Much like the residents in several of the other Clusters, they would like to see a decrease in activities that divide and split the City.

...one of the solutions is going to have to be that we stop seeing ourselves divided by ZIP codes.

City of St. Louis Resident, February 13, 2012 Focus Group

That we stop pretending like a problem stops when you get to a ZIP code line and see it as a larger community where we can partner across ZIP code lines, where we can partner, where we can make a difference in communities that aren't the street right next to ours.

City of St. Louis Resident, February 13, 2012 Focus Group

The residents in Cluster Five recommended that the Mayor make public health a priority and develop, as well as share a vision for the City. Moreover, they discussed and strongly recommended more collaboration, working as a united City, and holding elected officials accountable.

As far as [the] Mayor --- politics and public health, if there was more acknowledgement...that would be remarkable, just combined with everything else. I don't know if the Mayor's ever said anything about public health.

City of St. Louis Resident, February 13, 2012 Focus Group

I like this Mayor very much. I think he's a real decent man. But on the other hand, I'd like to see some vision. I don't know if he got any money to support a vision but I'd like to see somebody with some, just really good ideas, you know, throw them out and see what we can do about them.

City of St. Louis Resident, February 13, 2012 Focus Group

...there's got to be collaboration, partnership, you can't just draw the line between, you know, one part of the City the other part of the City. Everybody's got to work together. There's got to be accessibility to resources and I think there's also got to be accountability if we're going to vote people in to Aldermanic positions or people are going to be the leaders of our neighborhoods, they have to be held accountable and, you know, you can't, we can't get what we need if we don't have people in leadership positions that are willing to stand up for us and fight for what we want.

City of St. Louis Resident, February 13, 2012 Focus Group

III.B.6. Cluster Six

The primary concerns for residents in Cluster Six are related to the affordability of health services and health insurance and the education of young people in the City. The central focus of their discussion was on the public school system. Residents are concerned that health insurance is difficult to come by and in most cases too expensive to afford. They offered real specific advice to the City officials, specifying a desire for more neighborhood outreach and involvement. The residents shared poignant and complete examples of personal challenges with not having adequate health insurance and the high costs of some health services.

I was not shocked [by this current data]. I did intake last year when our pantry reopened and I interviewed everyone of the clients and I was aware of the lack of income, lack of insurance, and how many people in a household were on disability, and it... just, it blew me away, it blew me away.

City of St. Louis Resident, February 16, 2012 Focus Group

And we talk about health, if we talking about health we need insurance. And the only way we'll be able to do that is if we get our butts up and go to work every day.

City of St. Louis Resident, February 16, 2012 Focus Group

In 1997 I had cancer and was self-employed, I didn't have any insurance, I had to file bankruptcy, and that's what happens to people. Fortunately when it returned I was over 65 so I had Medicare. But people need insurance. You had all the data on the emergency rooms, most of those people in the emergency room will go to a doctor if they had insurance.

City of St. Louis Resident, February 16, 2012 Focus Group

I have a situation, my one son-in-law, October 30th he has a massive heart attack, he was self-employed, had no insurance, 45 years-old, he basically was dead for 10 minutes before they revived him. When he was released from rehab three weeks ago my daughter had to pay for his medication because they didn't have the Medicaid card yet. She had to put out \$250 of her own money and still feed herself, and my son-in-law and three children. And the system is not good.

City of St. Louis Resident, February 16, 2012 Focus Group

Well I won't going to ride in the ambulance because of how much that cost, if I can't drive I guess you're going to find me dead. Because I'm not going to pay \$800 to ride in the ambulances, that's too much.

City of St. Louis Resident, February 16, 2012 Focus Group

There was also agreement that mental health and substance abuse issues are major problems in the City.

[Substance abuse is a]...big problem.

City of St. Louis Resident, February 16, 2012 Focus Group

We need to stop taking that [substance abuse] for granted and recognize that's a problem in our communities, and what not. And it's not going to get any better any time sooner either, it's always be going to be there.

City of St. Louis Resident, February 16, 2012 Focus Group

Residents seemed most interested to discuss the education issues ranging from the loss of accreditation to high school graduates that are ill-prepared for jobs. The challenges with the City's public education system appeared to be the most salient issue for residents in this Cluster.

And unfortunately that drop out rate is what's keeping St. Louis, one of the things that's keeping St. Louis Public Schools from becoming accredited, which means we get more tax money, which means we can hire more teachers, which means we can work with more students at risk.

City of St. Louis Resident, February 16, 2012 Focus Group

Well I've been a teacher for 16 years here in the City, and my opinion is that education is not important, I'm talking about the crazy check, the welfare check, education is not important if you get a monthly check to pay your bills. You don't need an education. And we were taught, that's called disincentive incentives.

City of St. Louis Resident, February 16, 2012 Focus Group

Education is a key, I say that to a certain point, but at the same time when I was off from work for a little while, and I've been employed for over 17-18 years, and I was off for a couple of, I'd say about half a year, when I was out in the neighborhood walking around it amazed me how many people were at home, with their children, and I commend mothers and fathers that are working hard to try to keep their kids in school and doing what they can. But there are so many of them that are not doing anything.

City of St. Louis Resident, February 16, 2012 Focus Group

...stop closing them schools down for the educational purpose and clamming all them kids up in those classrooms so our teachers can have, can be one-on-one with these students. And taking away some of the programs they have in the schools too.

City of St. Louis Resident, February 16, 2012 Focus Group

But you know there's another problem with the education. I work with personnel, Human Resources, and we had a young man come in and applied for a job, graduated from high school and couldn't read enough to fill out an application. All he could do was put his name on it. All he could do was write his name, the rest of it he couldn't do it.

City of St. Louis Resident, February 16, 2012 Focus Group

And as far as education I think the Superintendent should also clean house.

City of St. Louis Resident, February 16, 2012 Focus Group

The residents in Cluster Six are dissatisfied with City government. They emphasized the need for health department participation at the community level and were grateful for the focus group meeting and the opportunity to speak out about problems they are experiencing. They want to see the Mayor become involved again at the neighborhood level, while commending the work of their Alderpersons.

I think they [health department] need to get out there to the schools and educate these kids...and to the community you know neighborhood meetings.

City of St. Louis Resident, February 16, 2012 Focus Group

I think we get no cooperation from City Hall...Because they don't have any solutions.

City of St. Louis Resident, February 16, 2012 Focus Group

To the Mayor...kill the corruption, go around to the neighborhoods and speak to all the neighborhoods, quit worrying about the downtown area.

City of St. Louis Resident, February 16, 2012 Focus Group

I can't say anything bad about my Alderman, because my Alderman works hard, OK? But the Mayor needs to, I'm with them, most what everybody was saying, needs to come back into the community and see...I understand he wants to redo downtown but the community needs him outside

City of St. Louis Resident, February 16, 2012 Focus Group

The Cluster Six residents offered a list of possible solutions, which included bringing more businesses into the City and improving education. They strongly emphasized that people across the City must work together to bring positive change.

...the City needs to be focused on all levels, education, health, anything that you can think of that keeps the City functioning and I think that's what we need to improve on.

City of St. Louis Resident, February 16, 2012 Focus Group

I want them to bring businesses back into them [communities]. Yeah, bring more wealth into the City, or into the neighborhood.

City of St. Louis Resident, February 16, 2012 Focus Group

Education [school system] need to be more focused on, and the safety in the neighborhoods need to be improved.

City of St. Louis Resident, February 16, 2012 Focus Group

People [want] to work together, they need to work together more in the neighborhood.

City of St. Louis Resident, February 16, 2012 Focus Group

Because if you can change our block, and the next block, then we get it all put together.

City of St. Louis Resident, February 16, 2012 Focus Group

III.B.7. Cluster Seven

Residents in Cluster Seven have some concerns directly related to health and individual access to health services, as well as a number of other issues indirectly related to health. They are concerned about illegal drug use, prostitution, quality of education, availability of services, and the lack of jobs. Residents discussed the dearth of quality health services within the City. They recognize that residents are moving out of the City and speculated on several causes.

The Residents engaged in a discussion about what used to be and how the availability of health services and public transportation has changed.

Yes, I think in 2006 particularly, things were so different medically as to where you went, you know. Ambulances, the use of ambulances. We didn't have med stops. We didn't have urgent care. Your doctor was more available. Now, you know, all this is very regulated and, and now people have not, I don't believe that, especially the, the, really the poor population that I see even our neighborhood, I don't think they've been educated on, you know, when they say well you shouldn't use the ambulance. It's like well tell me where I'm supposed to go and be sure they can get there. And we don't have good public transportation.

City of St. Louis Resident, February 20, 2012 Focus Group

Yes, but they used to [have good transportation]... they used to have more hospitals in the City that you could get to.

City of St. Louis Resident, February 20, 2012 Focus Group

The City had their own hospital but here, nearby here we have those church run hospitals. Of course, St. Anthony's and St. Alexis Brothers and so they were on,

they were on transportation lines. You know you could get a bus and you could go to, to the hospital either yourself or to visit somebody. So we're more, more automobile-dependent right now and I think that keeps us home.

City of St. Louis Resident, February 20, 2012 Focus Group

Although important to these residents, affording health services and/or health insurance coverage was a less critical issue for these residents than for many in the other groups, because most of them have health insurance. These residents were concerned about having to travel outside of the City to obtain health services. Residents indicated that health services within the City were below standard.

I go to St. Mary's out in Clayton.

City of St. Louis Resident, February 20, 2012 Focus Group

[I go to] St. Anthony's which is St. Louis County.

City of St. Louis Resident, February 20, 2012 Focus Group

Well sometimes some of the hospitals are in fairly depressed areas. I mean --- Brothers is a pretty depressed area. If you had to go there, I, I wouldn't want to go there.

City of St. Louis Resident, February 20, 2012 Focus Group

You go to St. Louis U at night or up there at, they got cops outside. I mean, they had to hire them because it's so bad.

City of St. Louis Resident, February 20, 2012 Focus Group

...that makes a big effect on the ethical quality of, of what's going on. And then, you know, you're looking at quality of [your care]. I have good health insurance. What, why am I going to an inferior hospital if I can drive to go to a better hospital and I'm covered?

City of St. Louis Resident, February 20, 2012 Focus Group

They were especially concerned about residents who are unable to travel easily outside of the City for health care services. For example, concerns for elderly and disabled residents were raised in this context. Also, given concerns about safety within the City, residents felt that the elderly and disabled residents may avoid seeking treatment within the City. Residents lamented that the City does not provide sufficient transportation services for elderly and disabled residents seeking health care services.

And I know we have a lot of Medicare and older, Medicaid that tend to use emergency rooms and, and health facilities in a different way than other people might use them.

City of St. Louis Resident, February 20, 2012 Focus Group

I help a lot of disabled people and I know that's only when they can't get transportation and most of the time, it is on the bus. So I guess I'd like to see the health care facilities that, that are open to them in the City improved.

City of St. Louis Resident, February 20, 2012 Focus Group

[Older] People in our neighborhood, many of the people do not, do not have, they don't have cars. And that affects health and everything.

City of St. Louis Resident, February 20, 2012 Focus Group

Most of the residents believe that transportation is also a problem for most people in poor neighborhoods and that people will call an ambulance to get health services from the emergency room.

But transportation is a big issue for us in the City. Talk about poor, the neighborhood, they don't have buses, you know, cabs cost money. It's hard to get around.

City of St. Louis Resident, February 20, 2012 Focus Group

[Transportation is important] to get to health care, to not call [an ambulance to get to] the emergency room.

City of St. Louis Resident, February 20, 2012 Focus Group

Also these residents raised concerns about the impact unsafe environments have on physical and mental health. Several residents recalled when neighborhood members shared responsibility for the safety of their communities through sitting outside on their porches and watching.

Safety, generally, safety [is an important part of health] If your health is safe and your kids are safe, you just, your home is a safe place to be.
City of St. Louis Resident, February 20, 2012 Focus Group

...safe neighborhoods [are important]. I remember, back in the old days, but people were outside and they didn't depend on policemen being in the area to protect them. They were sitting out [on the porches]
City of St. Louis Resident, February 20, 2012 Focus Group

I liked what he said about how everybody would be outside on their porch. And I think sometimes nowadays it's, a lot of people are scared to just sit outside on their porch or just come outside. It does help because my neighborhood, I know, it stops a lot of crime because there's always somebody outside. Anytime when I go outside to walk my dog, there's always somebody else out there. And if not, I'm outside. So I think that kind of helps as a solution for to stop like crime and a lot of other things.
City of St. Louis Resident, February 20, 2012 Focus Group

All the residents in Cluster Seven shared their concerns about drugs and prostitution, which they see as linked.

Drugs and prostitution [are a major problem]. I want, like I said, I got a business down here on Broadway and it's a constant. Heroin they, they buy a button for ten bucks. I mean it's real cheap. They're getting away from the crack because heroin is so cheap. And how they get on it, I don't know. But I see these gals walking all day long and half the night and everything.
City of St. Louis Resident, February 20, 2012 Focus Group

...my husband was counter drug for years with the military, we used to see programs to try to reduce drug issues. We are not seeing that on the federal, state, or City level anymore. Nothing is being done.
City of St. Louis Resident, February 20, 2012 Focus Group

I don't want prostitution in my neighborhood either but I just feel, on these kinds of issues, we're talking about poor people, people that are stuck. You think a prostitute can quit being a prostitute. Please, they're whole family's dependent on that. Where are they supposed to live? I don't know. I don't like them down there walking our streets right now. They even come up to the doors, you know. It's getting pretty bad.
City of St. Louis Resident, February 20, 2012 Focus Group

Several residents believe that the proximity of the communities to the highway and Hopeville breeds problems. A few residents have major concerns with animal control.

Have you ever been to, have you ever been to Hopeville? That's that temporary City is Hopeville, temporary for homeless. A tent City, what, whatever you want to call it. We used to have years ago, they called of Hooverville and all that down at the river and everything else. They didn't even have sewers or inside

plumbing or nothing. They don't have it down there either. They used to live in the tunnels and Slay moved them out of the tunnels. So now they're there.
City of St. Louis Resident, February 20, 2012 Focus Group

There's a big stray dog problem and animal control won't look for the dog if it is not currently threatening you when they show up. I can't see. My daughter has been chased by pit bulls and other dogs. Some pit bulls belong to a neighbor and they won't do anything.
City of St. Louis Resident, February 20, 2012 Focus Group

Apart from the direct risks to physical health posed by prostitution, drug use, and stray dogs, residents worry about the lack of political will to stop the loss of population in the City. They discussed how the elderly and poor are stuck in the City.

I don't see nothing being done [to improve things in the City]. People...keep moving out of the City...the school systems is done.
City of St. Louis Resident, February 20, 2012 Focus Group

So the people with the money that got the jobs move out because first of all, they're not going to send their kids to the public schools.
City of St. Louis Resident, February 20, 2012 Focus Group

...We can't attract anyone with, with kids because of the school system. And even the parochial system is getting tighter because more people are moving out for that reason and we're just losing people.
City of St. Louis Resident, February 20, 2012 Focus Group

...we've been having so many foreclosures, how many houses have been foreclosed upon? You know, because that also has an effect on people's well being. You know, if you've got 4 houses, you know, up the street from you that have been foreclosed upon, you know, how is that going to make your mood better?
City of St. Louis Resident, February 20, 2012 Focus Group

...there's a lot of people moving out. If we were open [close to the highway] as people of bad influence moved in --- the other people immediately move out and get out. The poor people are stuck. People who are retired are usually stuck. So you have to stay [here].
City of St. Louis Resident, February 20, 2012 Focus Group

They would like to see more jobs available in the City and better education for the children. They also believe that they have to be more involved to make the difference and cannot rely solely on the leaders of the City.

We need jobs. Yes, if everybody starts working, they don't, you got something to live for. You'd get money, you'd live a better state, a better state of living.
City of St. Louis Resident, February 20, 2012 Focus Group

I'd like to see more jobs open up. I think companies can break down jobs in different ways to allow people to get different jobs. And also broaden the transportation.

City of St. Louis Resident, February 20, 2012 Focus Group

I think we're, we rely on our leaders. I think we have to recognize we are the leaders. We live in the communities. We can blame the police. We can blame the school administrators, the Mayor. But it's our involvement that makes the difference in our community.

City of St. Louis Resident, February 20, 2012 Focus Group

The residents offered several messages for City leaders and officials, quite similar to those from members of the other Cluster groups. The group commended Alderman Wessels for his ongoing community meetings.

..the City [should] have more of these little groups where Francis [Mayor Slay] got the information and he could add it to his to do list.

City of St. Louis Resident, February 20, 2012 Focus Group

Mayor Slay would have something at, you know, at, Panera. Have something at, each location once a month just to kind of let him know what's going on.

City of St. Louis Resident, February 20, 2012 Focus Group

I think that all of the politicians have been in politics for so long that they have blinders on. And I think that if they were able to get out for a week and spend a week in each community, [it would help].

City of St. Louis Resident, February 20, 2012 Focus Group

But, you know, with Alderman Wessels, he's in the community. He has his meetings every Friday.

City of St. Louis Resident, February 20, 2012 Focus Group

III.C. RESIDENT SURVEYS

Residents that are part of the advisory group represent 11 of the City's 18 ZIP codes.

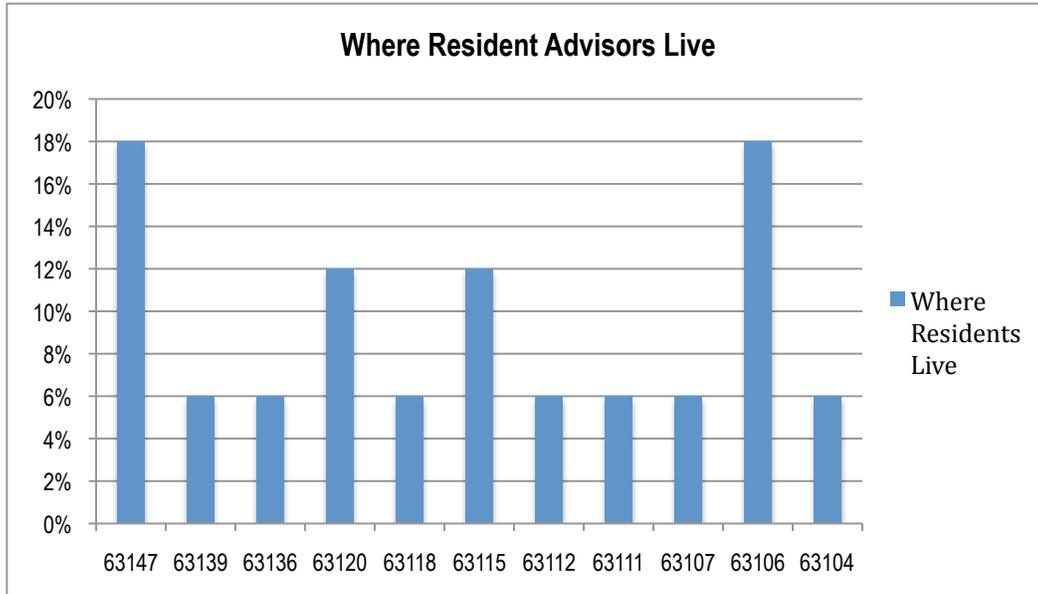


Figure 46—Residents Advisory Group by ZIP code

The residents have a broad age range, but most are between the ages of 45 and 60.

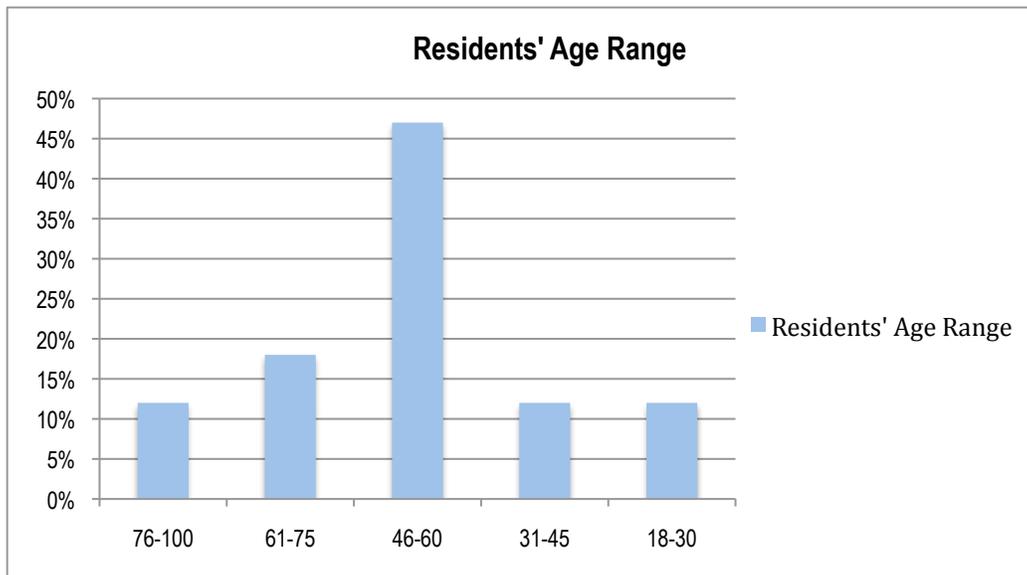


Figure 47—Residents Advisory Group by Age Range

Only 18% of the residents conveyed some level of satisfaction with the quality of life in their respective communities, while 59% expressed some level dissatisfaction.

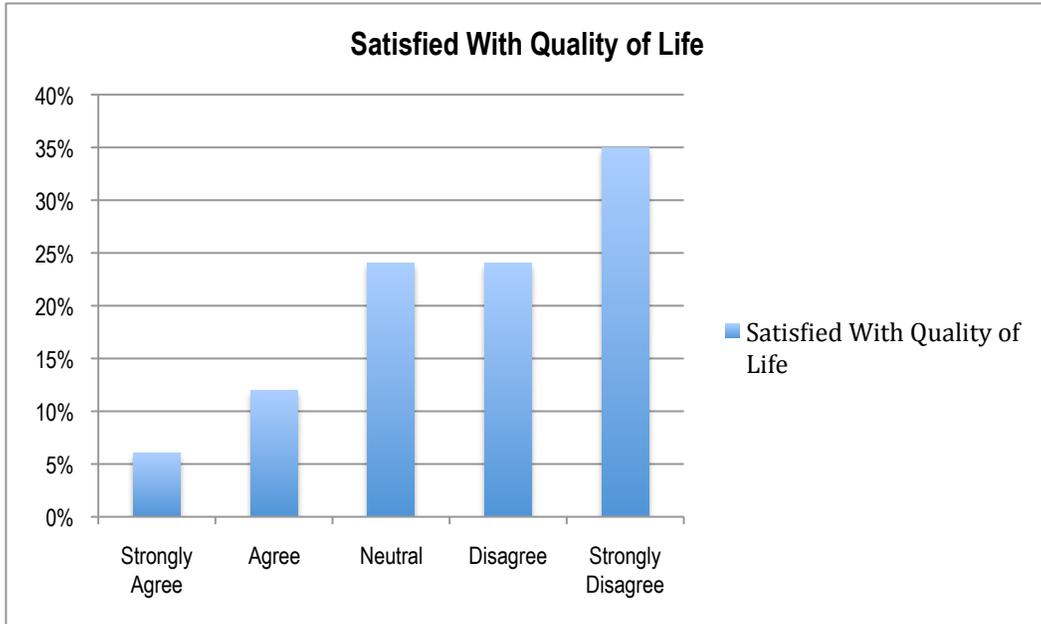


Figure 48-Quality of Life

No residents responded that they were satisfied with the health care system that serves their community and 70% indicated some level of disagreement that they are satisfied with the health care system.

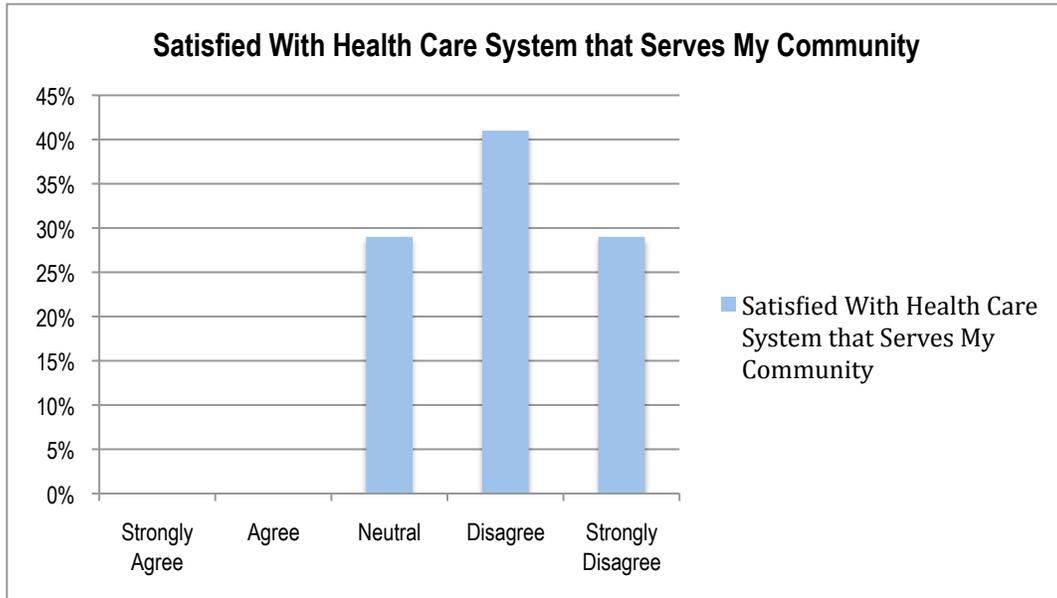


Figure 49-Health Care System

47% percent of the residents expressed some level of agreement that their community is a good place to raise children, while 29% strongly disagree and 18% disagree.

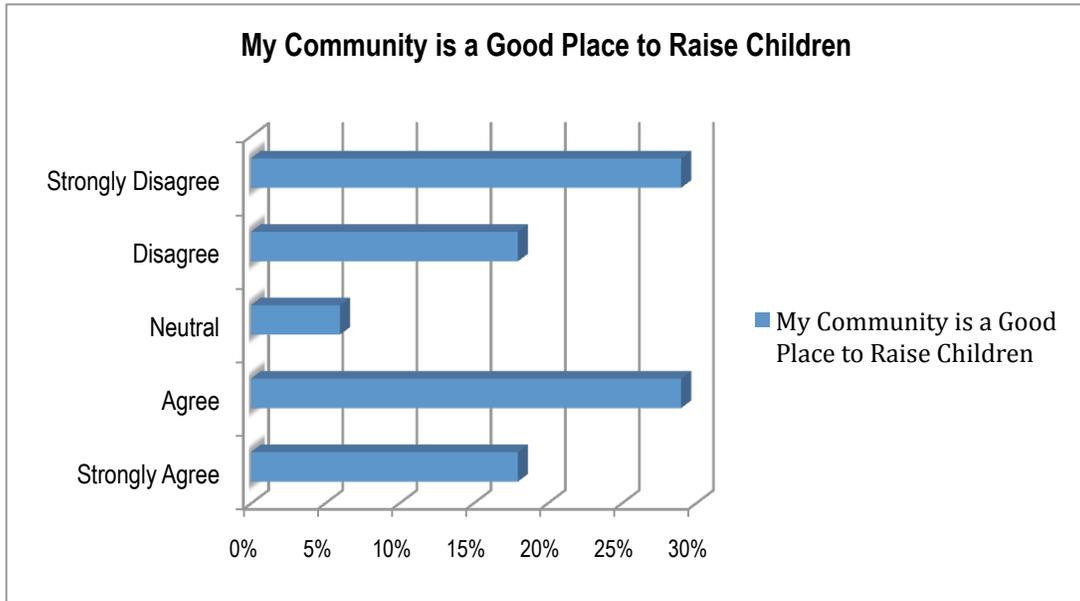


Figure 50-Raising Children

36% of the residents responded with some level of agreement that their community is a good place to grow old, while 53% specified some level of disagreement.

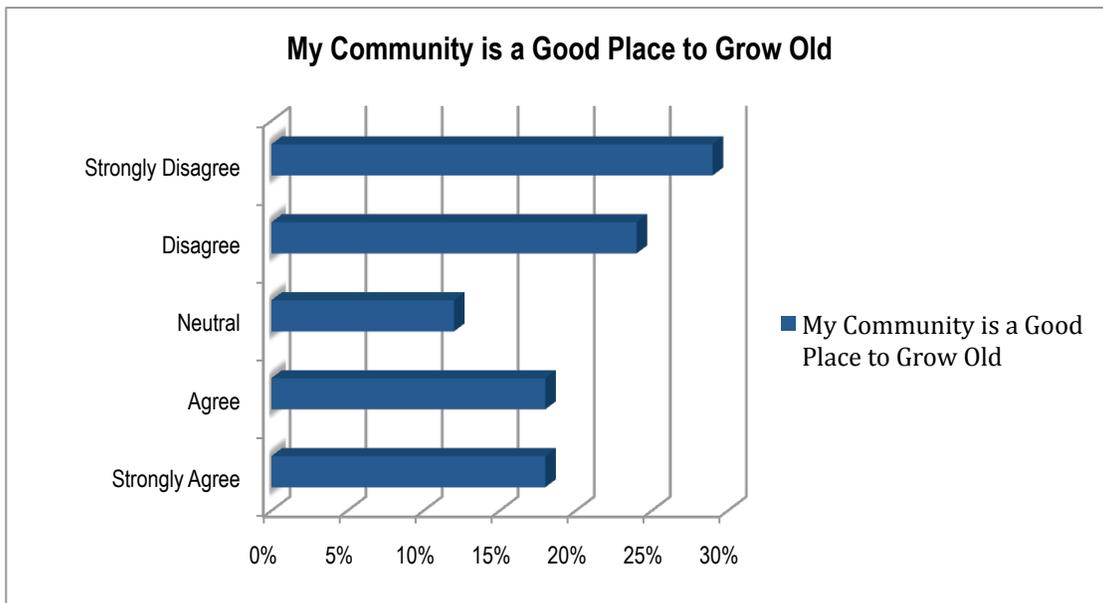


Figure 51-Growing Old

29% of residents agree that economic opportunities exist in their communities, while 59% indicated some level of disagreement.

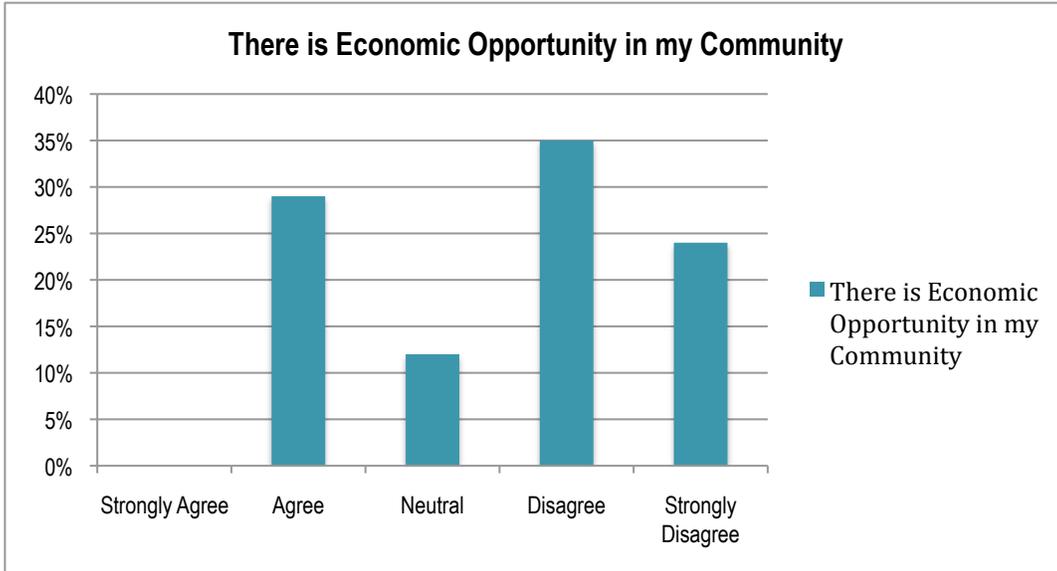


Figure 52-Economic Opportunity

The majority of the residents (53%) conveyed some level of disagreement that their community is a safe place to live, while 35% of the residents responded that they agree or strongly agree that their community is a safe place to live.

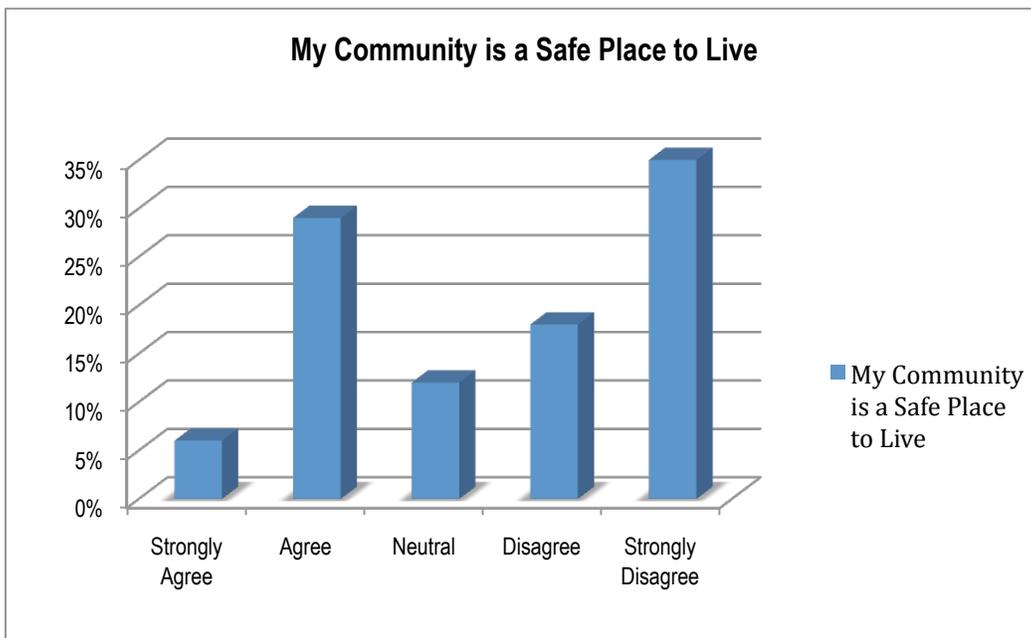


Figure 53-Safe Place

This statement yielded a larger percentage of neutral responses, with 30% of the residents specifying some level of agreement that their community offers support networks and 42% responding with some level of disagreement.

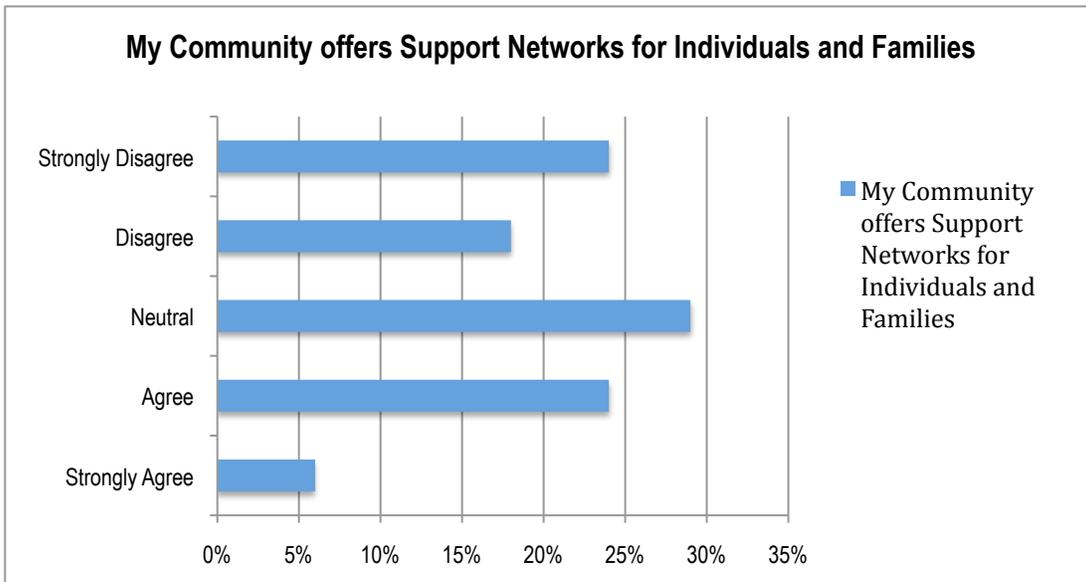


Figure 54-Support Networks

Again, this statement yielded a greater percentage (35%) of neutral responses, with 30% of the residents indicating some level of agreement that they have the opportunity to participate in and contribute to their community's success and 35% of the residents expressing some level of disagreement.

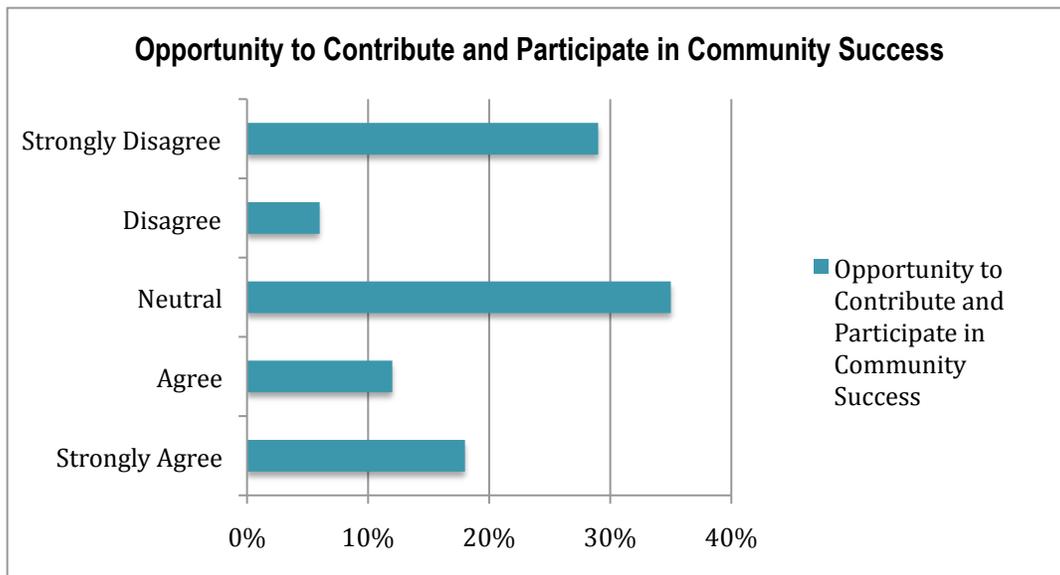


Figure 55-Community Success

The residents' responses were equally split (47%) between levels of agreement and disagreement on their beliefs that they can help make the community a better place.

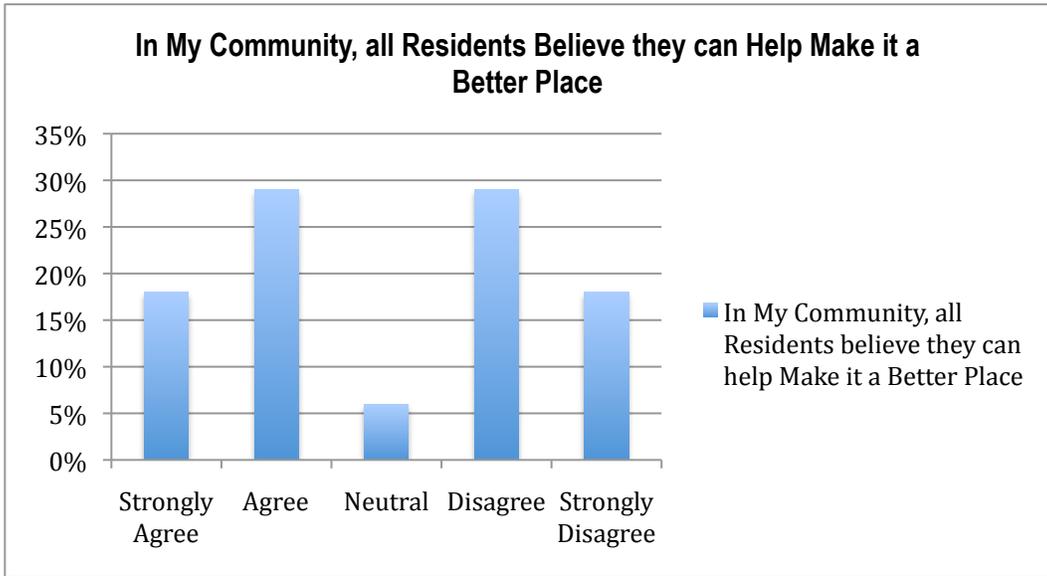


Figure 56-Make Community Better

A large percentage of residents (64%) specified some level of disagreement that their community has a large number of resources and positive things that serve them.

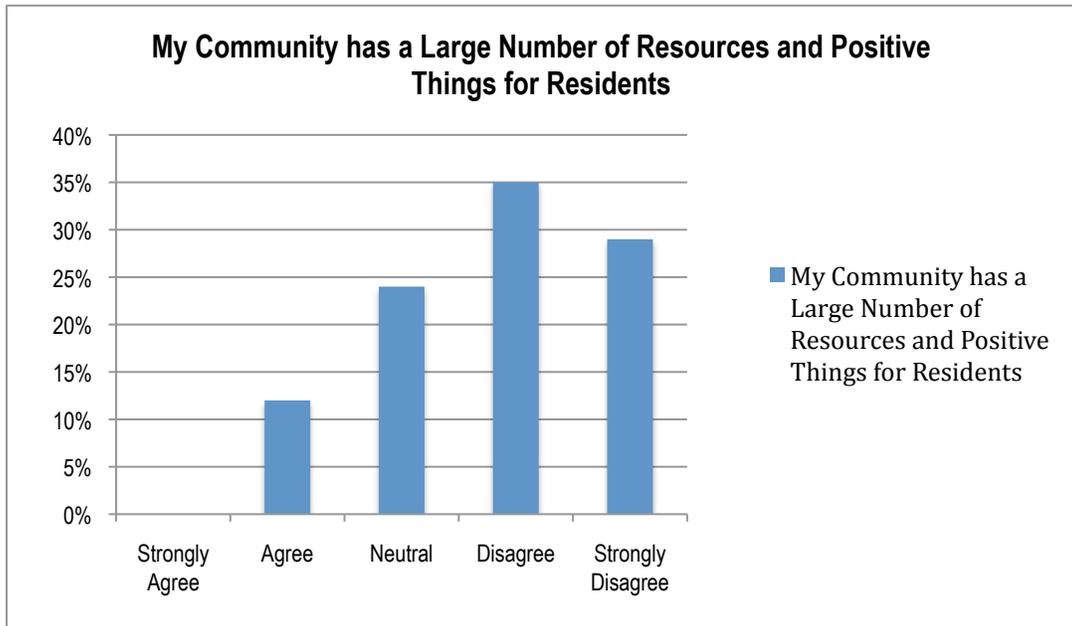


Figure 57-Resources and Positive Things

48% of the residents share some level of disagreement that the people who live in their community have a sense of pride and a shared responsibility for the community, while 35% disagree.

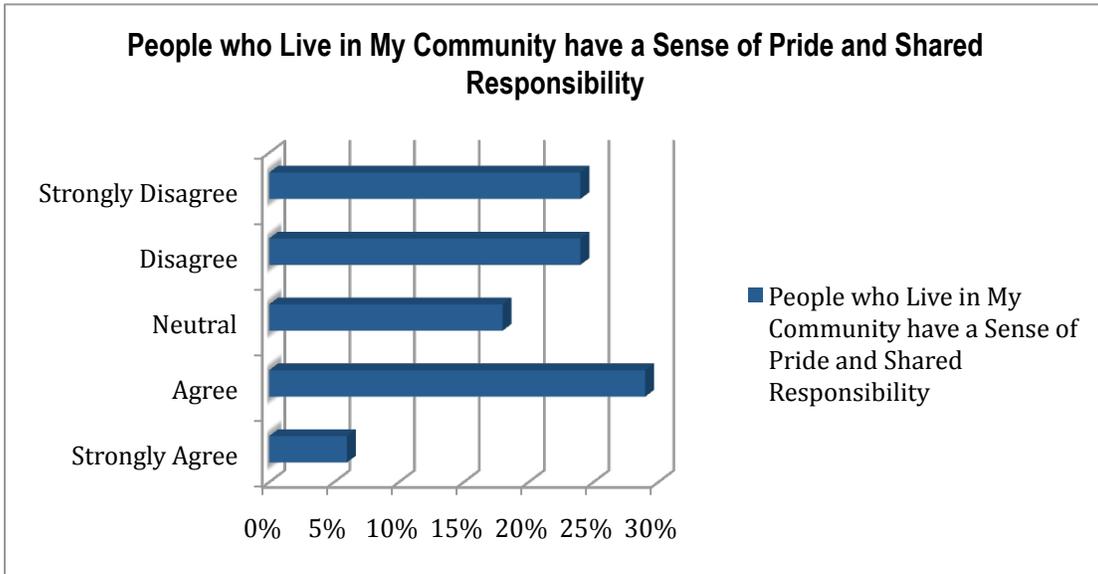


Figure 58—Shared Sense of Pride

36% of the residents specified some level agreement that people who live in their community are healthy and disease free, while forty 41% of the residents conveyed some level of disagreement.

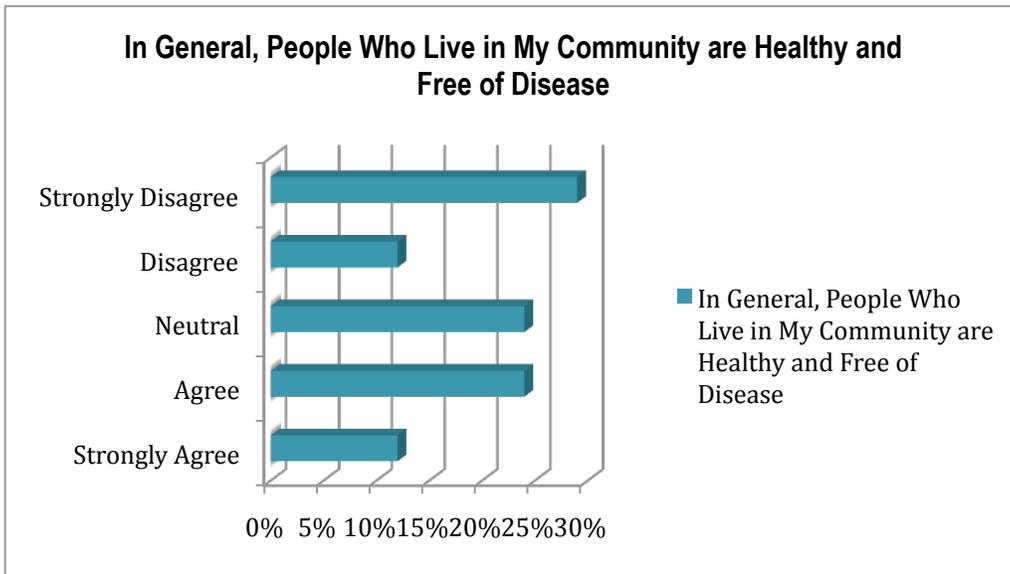


Figure 59-Healthy and Free of Disease

III.D. IMMIGRANT INTERVIEWS

All of the interviewees came to the U.S. through the lottery systems and most of them came from countries that are in major geopolitical and religious conflicts. According to many of the interviewees, most of their lives prior to coming to St. Louis were spent in fear:

I feared for my life at all times. I was separated from my family... I was nervous about this meeting, but it is OK, now.

Interviewee 4, March 2012

I lived in fear and coming here, I still live with concern when I see people gathering near my building and making noises.

Interviewee 1, March 2012

All of the interviewees feel fortunate to be in St. Louis and appreciate the support from the International Institute.

When we come, we are offered support with everything.

Interviewee 3, March 2012

We get information on jobs, health, food...all things.

Interviewee 5, March 2012

The interviewees are not well integrated into the mainstream St. Louis communities. Consequently, they were not able to respond to questions about health issues. They appear to live in closed networks, interfacing with persons from their respective countries.

Most of the interviewees shared that they are grateful to be in the U.S. and have few complaints. Several individuals did express their concern with the poor job market in St. Louis.

You have six months to make it, with support from the Institute. Jobs are not good here. I am at my time and looking to move to Denver, where there are family friends.

Interviewee 8, March 2012

I have been here now for six years and I lost my job. I have no support and my time for the Institute is up. We are about to lose our home.

Interviewee 4, March 2012

IV. RESPONSES TO OVERARCHING ASSESSMENT QUESTIONS

IV.A. What is the profile of St. Louis residents?

The residents in most of the ZIP codes are experiencing an overall socioeconomic status that is significantly below the status of residents in the State of Missouri and the general U.S. population. In 2011, the average household income in the City was 76% of the average household income of the State of Missouri, and only 66% of the U.S. average. The number of St. Louis residents who are age 25 and older that completed high school in 2009 is more than 12% lower than the state rate and 11% below that of the U.S. rate. In 2011, residents in the City experienced unemployment rates that are 26% higher than both the state and national rates, with a significant number of residents living in ZIP codes with unemployment rates that range from 16% to 40%. Residents in seven ZIP codes (63102, 63104, 63108, 63109, 63110, 63116 and 63139) of the City have average household incomes that are higher than the City at large, while the other ZIP codes have average household incomes near or below the City average. There is a significant immigrant population in the City of St. Louis, but they are disconnected from the mainstream population, existing in their respective cultural and ethnic silos. This population places great reliance and value on the services of the International Institute of St. Louis.

IV.B. How healthy are the residents of the City of St. Louis?

The overall health status of all residents in the City of St. Louis is worse than that of the State of Missouri and the U.S. population on 18 out of the 22 indicators selected for the Community Health Assessment. The health indicators of the residents of the City of St. Louis reveal a correlation to socioeconomic factors. Those residents who live in low-income ZIP codes are showing more adverse health outcomes than those in the higher income ZIP codes. The most unfavorable indicators are those in the reproductive and sexual health domain, overall mortality, deaths from heart disease, and homicides.

IV.C. What are the residents' beliefs and perceptions about their health?

The focus groups and surveys with the residents yielded results that converge with the indicators data. The residents expressed major concerns about teen births and the social and economic burden on the youth, their families, and the community. The residents across all ZIP codes of the City shared their concerns about the loss of population and thus people who pay taxes, as well as the lack of jobs and economic opportunities. Residents believe the homicides and violence in many communities impact the whole City and will ultimately spread from high crime areas to all regions of the City, particularly if youth are not provided with social outlets and economic opportunities. All groups of residents

were passionate about strengthening the educational system and pipeline in the City of St. Louis. Most expressed dismay about the number of closed schools and the loss of accreditation. More emphasis was placed on the *social determinants* of their health and the possible root causes of health problems than on the actual health outcomes.

IV.D. What are the residents' perception and beliefs about the role of the St. Louis City Department of Health and City leaders in their health protection, promotion and restoration?

Residents conveyed their lack of knowledge about the role of the Department of Health, particularly after the closing of the community-based clinics. They don't see the agency as a visible force at the community level and suggested that health department staff should attend neighborhood association meetings to share information and become more accessible.

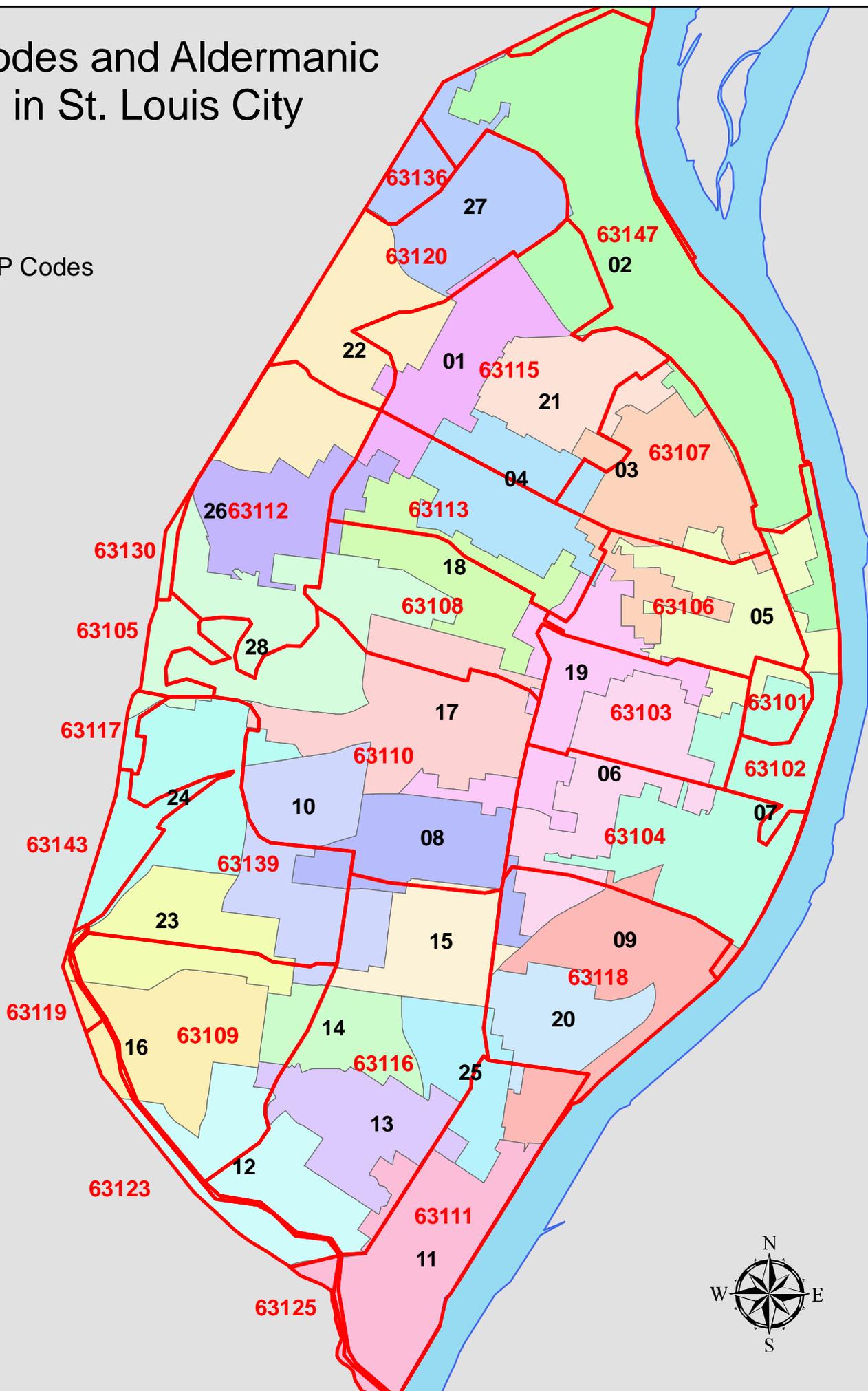
Across the City, residents conveyed disappointment with City leaders and elected officials, expressing their beliefs that there is more of a focus on downtown St. Louis and less on neighborhoods. Many residents don't believe there is a vision for the City of St. Louis. Most residents expressed a need to see more emphasis on bringing residents together to solve problems, rather than separating the City according to race and geography (North and South). Many residents want to be part of a larger group that creates solutions to build the City of St. Louis and resolve the issues the City faces.

APPENDIX A

ZIP Codes and Ward Map

ZIP Codes and Aldermanic Wards in St. Louis City 2012

 ZIP Codes



APPENDIX B

Focus Groups Logistics

City of St. Louis Health Department
Community Focus Group
Final Clusters and Schedule

CLUSTER 1 (63147, 63120, 63115)		CLUSTER 2 (63107, 63113, 63112)		CLUSTER 3 (63103, 63106, 63108)	
Ward 1	C. Troupe	Ward 3	<i>F. Bosley</i>	Ward 19	<i>M. Davis</i>
Ward 2	D. Flowers	Ward 4	S. Moore	Ward 18	T. Kennedy
Ward 22	<i>J. Boyd</i>	Ward 26	<i>F. Williamson</i>	Ward 5	T. Hubbard
Ward 27	<i>G. Carter</i>	Ward 21	A. French	Ward 28	L. Krewson
Date	Feb 20 (10 a.m.-12 p.m.)	Date	Feb 16 (6-8 p.m.)	Date	Feb 20 (2-4 p.m.)
Site	Friendly Temple , 5515 Martin Luther King 63113; Karen Davis @367-8915 & kadavis59@hotmail.com	Site	Sanctuary , 4449 Redbud, 63115 Mike Watson @ 769-9000	Site	Old North St. Louis Restoration Office , 2700 No. 14th, 63106; Sean Thomas @ 241-5031
Staff	Dr. Jade James & Lawanda Ewing	Staff	Dr. Jade James & Lawanda Ewing	Staff	Dr. Jade James & Lawanda Ewing
DONE (N=15)	RAG=13	DONE (N=12)	RAG=8	DONE (N=11)	RAG=9
CLUSTER 4 (63101, 63102, 63104, 63110, 63118)		CLUSTER 5 (63110, 63139)		CLUSTER 6 (63116, 63118, 63111)	
Ward 6	<i>K. S. Triplett</i>	Ward 8	S. Conway	Ward 14	<i>C. Howard</i>
Ward 7	P. Young	Ward 10	J. Vollmer	Ward 15	<i>J. Florida</i>
Ward 9	K. Ortmann	Ward 23	<i>J. Vaccaro</i>	Ward 20	<i>C. Schmid</i>
Ward 17	<i>J. Roddy</i>	Ward 24	<i>S. Ogilvie</i>	Ward 25	S. Cohn
Date	Feb 15 (6-8 p.m.)	Date	Feb 13 (6-8 p.m.)	Date	Feb 16 (6-8 p.m.)
Site	HHBGClub, Adams Park Unit , 1311 Tower Grove Ave. 63110 Renee Bell@ 335-8201	Site	Southwest Baptist Church , 6401 Scanlan 63139; Pastor James Hill @ 647-4567; 12 Residents present	Site	St. Mary Magdalen , 4323 So. Kingshighway, 63109; Monsignor John Borcic@ 352-2111 and johnborcic@archstl.org
Staff	Dr. Laverne M. Carter, Dr. Jade James, Paula Gaertner & Lawanda Ewing	Staff	Dr. Laverne Morrow Carter and Paula Gaertner	Staff	Dr. Laverne Morrow Carter and Paula Gaertner
DONE (N=12)	RAG=9	DONE (N=12)	RAG=6	Done (N=15)	RAG=6

CLUSTER 7 (63111, 63116, 63109)		<p>Each meeting will involve a presentation of the health indicators for the Zip Codes of the four Wards, followed by a group interview to gather the participants' perceptions of the data and their thoughts and beliefs about the health issues and solutions to improve the health status of residents of the City of St. Louis. Each Alderperson should recommend 3-4 participants. Each participant will be paid \$35.00 in cash. REESSI will also provide a light meal.</p>
Ward 11	T. Villa	
Ward 12	L. Arnowitz	
Ward 13	<i>F. Wessels</i>	
Ward 16	D. Baringer	
Date	Feb 20 (10 a.m.-12 p.m.)	
Site	Carondelet YMCA , 930 Holly Hills, 63111; Diane Halbert@ 768-9622;	
Staff	Dr. Laverne Morrow Carter and Paula Gaertner	
DONE (N=12) RAG=6		

Total Focus Group = 87 (Goal was 84)

Volunteers for Citywide Residents Advisory Group=57 (Goal was 21-28)

APPENDIX C

Side-By-Side Indicators

Indicator	63101 *	63102 *	63103	63104	63106	63107	63108	63109	63110	63111	63112	63113	63115	63116	63118	63120	63139	63147	CITY	MO	US
Social Economic																					
Population (2010)	2,620	2,316	6,900	18,656	11,883	11,912	21,568	26,946	17,107	20,313	20,368	13,167	20,775	43,540	26,704	10,296	22,789	11,373	319,294	5,988,927	308,745,538
Average Household Income (2011)	\$35,201	\$63,616	\$33,845	\$52,808	\$22,923	\$32,815	\$55,139	\$58,785	\$46,975	\$35,947	\$41,383	\$32,065	\$36,287	\$44,820	\$38,693	\$32,713	\$51,802	\$42,273	\$44,675	\$58,796	\$67,529
Families Below Poverty (2009)	30.9%	14.6%	21.5%	26.9%	46.3%	34.4%	17.8%	5.1%	21.4%	22.8%	29.1%	27.0%	23.0%	14.6%	29.0%	31.8%	7.5%	16.2%	21.0%	8.7%	9.2%
High School Graduates age 25+ (2009)	73.5%	84.9%	69.9%	78.5%	58.1%	58.5%	81.1%	85.3%	73.5%	61.3%	72.6%	61.0%	66.4%	72.3%	61.6%	59.9%	80.1%	74.0%	71.8%	81.7%	80.7%
Unemployment Rate (2011)	19.4%	40.8%	20.3%	12.0%	27.8%	25.7%	14.8%	4.0%	15.8%	13.2%	16.4%	18.9%	17.4%	7.8%	16.6%	27.5%	5.7%	15.6%	11.7%	9.3%	9.3%
Reproductive & Sexual Health																					
Teen Births (10-17), % of all live births (2006-2008 average)	0.0%	0.0%	4.6%	5.7%	6.4%	11.8%	4.5%	0.8%	3.5%	5.8%	6.6%	12.1%	9.4%	3.0%	8.3%	11.0%	1.3%	9.0%	6.0%	3.5%	3.4%
Low Birth Weight, % of all live births (2006-2008 average)	11.3%	15.4%	13.0%	10.1%	12.9%	19.6%	10.9%	7.5%	8.7%	12.0%	12.3%	15.9%	12.8%	9.9%	11.7%	14.8%	5.4%	14.6%	11.6%	8.1%	8.2%
No prenatal care in first trimester, % of all live births (2006-2008 average)	13.5%	8.0%	15.5%	17.9%	22.9%	25.7%	13.0%	5.1%	12.6%	20.8%	21.5%	25.5%	22.4%	14.0%	19.3%	24.1%	7.0%	22.4%	17.5%	13.5%	14.3%
Infant Mortality, infant deaths per 1,000 live births (2006-2008 average)	0.0	0.0	26.5	5.6	9.1	24.7	4.1	3.2	16.0	10.2	15.8	6.6	12.5	8.9	11.6	17.1	2.2	10.4	10.8	7.4	6.8
HIV Infection Prevalence, per 100,000 (2010)	1196.7	984.8	1060.3	1435.7	1090.0	645.9	1096.4	316.7	843.5	761.8	780.6	647.3	553.7	612.1	1030.5	695.8	384.6	551.1	900.2	181.4	469.4
Syphilis, per 100,000 (2006-2010 average)	57.1	12.8	30.7	26.4	20.3	13.4	6.9	1.9	11.8	16.1	10.8	11.4	9.0	12.6	26.5	17.5	6.4	24.2	14.0	3.2	3.8
Gonorrhea, per 100,000 (2006-2010 average)	571.1	523.0	483.0	433.3	1002.4	1035.9	325.6	64.6	414.4	415.8	814.0	1043.9	1043.1	236.9	727.5	1094.3	75.1	844.4	588.4	141.9	112.4
Chlamydia, per 100,000 (2006-2010 average)	1370.6	931.1	1050.3	1043.2	2580.7	2042.4	700.7	216.1	909.6	1056.5	1670.5	2054.8	2045.3	567.3	1481.5	2308.3	225.2	1700.8	1272.5	417.4	369.7
Mortality																					
Life Expectancy (2006-2008 average)	72.1	82.5	99.7	77.1	69.2	70.5	77.2	82.4	76.1	72.3	74.1	69.8	71.7	76.9	74.0	70.2	79.9	74.9	74.9	77.4	77.9
Overall, per 100,000 (2006-2008 average)	1122.9	672.0	665.1	877.3	1266.4	1133.1	888.3	686.9	983.5	1193.6	965.8	1265.3	1038.4	913.0	992.6	1047.5	792.2	919.1	966.6	866.6	768.4
Homicide, per 100,000 (2006-2008 average)	26.7	0.0	13.7	20.0	61.0	77.8	11.5	0.9	13.4	23.1	33.1	75.4	93.8	14.2	26.6	77.1	1.4	46.9	32.2	7.5	6.1
Suicide, per 100,000 (2006-2008 average)	26.7	18.6	27.2	15.8	7.1	2.4	8.6	13.0	9.5	25.4	1.5	8.2	4.2	12.4	13.2	4.9	19.9	2.5	11.9	13.1	11.1
Heart Disease, per 100,000 (2006-2008 average)	289.9	190.7	215.8	242.6	308.8	267.1	229.4	222.2	278.3	350.3	262.3	354.9	274.0	250.5	315.2	266.8	239.6	267.8	269.3	227.2	195.6
Cancer, per 100,000 (2006-2008 average)	177.0	195.2	130.6	212.0	284.6	280.7	233.7	122.7	209.6	232.5	224.2	278.1	203.4	193.9	190.2	265.7	178.8	232.9	210.6	193.8	179.6
Diabetes, per 100,000 (2006-2008 average)	103.8	15.0	10.1	7.0	41.1	28.0	33.4	19.5	34.0	38.5	31.7	35.3	45.9	22.1	21.6	35.0	22.9	30.5	28.6	22.2	22.9
Health Services																					
Hospital Admission, per 1,000 (2006-2008 average)	276.4	148.4	223.4	122.1	195.1	176.0	167.3	104.3	119.9	168.8	159.6	219.8	176.6	118.1	150.4	172.9	114.8	161.9	139.9	129.1	Not Available
ER Visits, per 1,000 (2006-2008 average)	807.2	683.2	571.1	418.1	717.3	543.6	309.0	180.3	352.1	494.6	458.6	580.5	526.3	307.9	572.9	542.7	214.1	461.7	392.2	363.3	400.9
Avoidable Hospitalizations, per 1,000 (2006-2008 average)	39.6	21.6	34.8	17.4	33.8	29.5	22.7	10.3	15.8	22.1	25.9	36.6	28.9	14.1	21.3	30.9	12.3	26.2	20.2	15.9	Not Available

APPENDIX D

Focus Group Discussion Guide



**City of St. Louis Department of Health
Community Health Assessment
Residents' Focus Group Discussion Guide**

I. Introduction (5 minutes)

A. Describe project

Thanks for coming. My name is _____ and this is our project associate _____. We're with Research and Evaluation Solutions, Inc. and working with the City of St. Louis Department of Health to inform the residents of St. Louis about their health status and to get input on your experiences, beliefs, and opinions about the health challenges and possible solutions. We really want to know what you think. And to show our appreciation, each person will receive a \$35.00 cash stipend for taking time out of your day to listen and talk with us. The meeting should take about 90 minutes and involves two parts-health status information and focus group feedback. I would like to acknowledge the health department staff that is present...(Give names and title). The health department staff will be present during the Health Information Status presentation, only.

Then describe the Cluster. See Slide 2.

Describe the meeting goal and objectives. See Slide 3.

II. Health Information Presentation (30 minutes)

A. Start with "I want to make sure we are all understanding the same words and on the same page". Review the definitions on Slide 4.

B. The health status information covers four categories of indicators:

- 1) Social and Economic
- 2) Reproductive and Sexual
- 3) Mortality
- 4) Health Services

Review each of the slides 5-8, giving simple examples.

C. After reviewing the four slides, ask participants if they have any questions. Respond to questions in plain simple language. Do not use public health or medical buzzwords.

III. Feedback/Focus Group Session (45-60 minutes)

A. Describe the focus groups

Has anyone ever been in a focus group before? Let me explain what it is: A focus group is just a group of people who come together to talk about certain topics. In this case, the topic is the health status of City of St. Louis residents. Before we get started, I want to cover a few points to help us have a good discussion.

C. Honest opinions

There is no right or wrong answer. Think of this as sitting around talking with friends and/or family. Anything you say is the right answer, and everyone's opinion counts. Think of yourself as representing maybe a hundred other people like you who live in your community or neighborhood who couldn't be here today. Your honest opinions are very important to us.

D. Recording the session

We are taping the session today to record verbatim what is said so we can concentrate on our discussion, and not miss what anyone says. We are trying to get a better idea of your beliefs and perceptions. When we write the final report, your names will be left off of it. _____ will move around to each person as he/her speaks. We will write about what you said, not who said it. Your participation is confidential. No names will be used.

E. Talking rules

1. Calling on people: Just a couple of words about how we carry on the focus group. Since some people talk a lot and others don't, we try to get every one equally involved in the discussion. I may from time to time call on some people who haven't spoken up. It's not to single anyone out; it's just to make sure that everyone has a chance to give us their opinion. Please speak one at a time so that everyone's opinion can be heard and recorded accurately. Also, please put your cell phones and beepers on silent for this time period.
2. Jumping from topic to topic. I have an outline that I use to make sure we cover everything that we need to talk about today. We try to have a free flowing discussion, but to make sure that I cover everything I have to; I may jump around a little bit or cut the conversation short on some points.

G. Housekeeping

Feel free to get up anytime to use the rest room. I only ask that you do this one at a time so I'm not left here alone and so that we can keep the conversation going.

I. Introduction of participants

Let's quickly go around the table and introduce ourselves. Please give you first name and tell us how long you have lived in the City of St. Louis.

II. FOCUS GROUP QUESTIONS

A. Feedback on the health information presentation

- a. When I say “health”, what do you think about?
- b. What is your opinion about the information presented on the health status of residents in your community/neighborhood? You can go back and look at your handouts.
- c. What do you believe caused those areas that are issues?

B. Personal Experiences

- a. Based on what you see everyday, what are the greatest health issues facing people who live in your neighborhood/community? (Make sure to remind the participants of the broad definition of health)
- b. What do you see being done to address these issues in your community?
- c. What is missing in your neighborhood/community?

C. Solutions and Strategies

- a. How can the health of residents in your community/neighborhood be improved?
- b. What recommendations or message do you have for the City Health Department about what the staff in the organization can do to improve the health of residents in the City of St. Louis?
- c. What recommendations or message do you have for the Mayor and Alderpersons about what can be done to improve the health of residents in the City of St. Louis?

Are there any other comments from anyone before we close?

Thank you for your time. The City Health Department will have a *Community Forum* in late summer. The forum will reveal the results of these resident meetings and a draft community health improvement plan. Each of you will receive an invitation to attend and you can bring guests who are residents of the City of St. Louis. Be safe and have a good evening/day. Thanks, again.

APPENDIX E

Focus Group Slides



St. Louis Department of Health
Community Health Assessment Project

St. Louis City Residents' Meeting and Focus Group
Laverne Morrow Carter, Ph.D. MPH, Facilitator
Paula Gaertner, Project Associate
Monday, February 13, 2012
6-8 p.m.



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Cluster 5

- This meeting includes 3-4 residents from:
 - Ward 8
 - Ward 10
 - Ward 23
 - Ward 24
- The Zip Codes for this Cluster are 63110 and 63139



Meeting Goal and Objectives

- **Goal:** To provide residents of the City of St. Louis with information on their health status and to receive their opinions about the data presented, information about their personal health related experiences, and their beliefs about possible solutions.
- **Objectives:**
 - Each participant will be able to list at least two health issues present in his/her Zip Code.
 - Each participant will share a personal health related experience.
 - Each participant will be able to describe two solutions discussed during the meeting.



Important Definitions for the Meeting

- **Focus Group:** A group meeting used to gather people's perception, beliefs, thoughts, and ideas on a particular topic and/or issue.
- **Health:** A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (WHO, 1948)
- **Public Health:** Activities done to assure the well-being of a general population. Includes knowing the status of things, responding to health threats, and measuring how effective the actions to maintain and/or improve health are.
- **Indicator:** Information, situation, or thing that points to something else.
- **The five signs of health problems (5 D's)**
 - Death
 - Disability
 - Disease-Injury
 - Discomfort
 - Dissatisfaction



HEALTH STATUS INFORMATION



Social & Economic

ZIPS	63110	63139	City	State	US
Population	17,107	22,789	319,294	5,988,927	308,745,538
Household Income	\$48,580	\$52,750	\$45,482	\$60,101	\$69,376
Below Poverty	21.42%	7.5%	21.0%	8.66%	9.19%
High School Graduates	73.50%	80.1%	71.80%	81.7%	80.7%
Unemployed	15.83%	5.74%	11.70%	9.30%	9.30%

U.S. Census Data 2010; Bureau of Labor Statistics, 2011

Reproductive & Sexual

ZIPS	63110	63139	City	State	U.S.
Teen Births (10-17) *	3.5	1.3	6.0	3.5	3.4
Low Birth Weight *	8.7	5.4	11.6	8.1	8.2
Prenatal Care *	12.6	7.0	17.5	13.5	14.3
Infant Mortality *	16.0	2.2	10.8	7.4	6.8
HIV Disease Prevalence	843.5	384.6	900.2	181.4	469.4
Syphilis *	11.8	6.4	14.0	3.2	3.8
Gonorrhea	414.4	75.1	588.4	141.9	112.4
Chlamydia	909.6	225.2	1272.5	417.4	369.7



City of St. Louis Health Department Data 2006-2008 Average



Mortality

ZIPS	63110	63139	City	State	US
Life Expectancy	76.1	79.9	74.9	77.4	77.9
Overall	983.5	792.2	966.6	866.6	768.4
Homicide *	13.4	1.4	32.2	7.5	6.1
Suicide *	9.5	19.9	11.9	13.1	11.1
Heart Disease	278.3	239.6	269.3	227.2	254.5
Cancer	209.6	178.8	210.6	193.8	221.7
Diabetes	34.0	22.9	28.6	22.2	22.9



City of St. Louis Health Department Data 2006-2008 Average



What is a Focus Group?

- An open discussion between people who have similarities
- The purpose is to get your opinions and your “real” experiences
- We want honest opinions
- No right or wrong answers
- The session is recorded to make sure we get what you say the way you say it



Voluntary Participation and Confidentiality

- You are not required to participate.
- Your involvement is voluntary.
- No names will be included in the transcripts or in any reports that come from this discussion.
- Participants will not be identified on any documents or files that we have.
- This activity is designed to benefit the participants and North St. Louis, not to cause harm.
- Each person who participates in and completes the focus group will receive \$35.00 cash.
- QUESTIONS about this??



How will what you say be used?

- A full report of the results of the residents' focus groups will be submitted to the City Health Department.
- The results will be used to develop a community health improvement plan.
- A community forum to present results will be held in late summer. You will be contacted.



Participant Introductions

- Give your name
- Ward
- How long have you lived in the City of St. Louis?



GROUP QUESTIONS



Feedback on Health Status Information



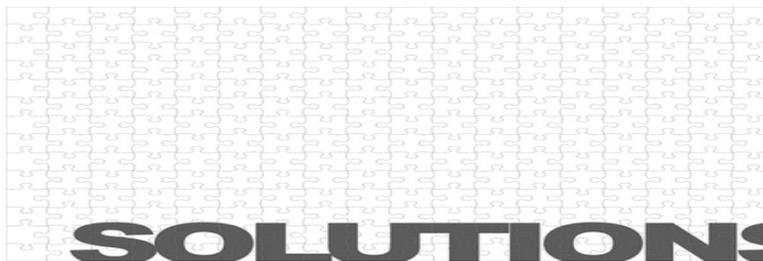
Personal Experiences



Your Community
support service



Solutions and Strategies



Anything Else?



THANK YOU!



THANKS TO SUPPORTERS

- Southwest Baptist Church-Pastor James Hill
- Alderman Vaccaro-Ward 23
- Alderman Conway-Ward 8
- Alderman Ogilvie-Ward 24
- Walgreens
- St. Louis College of Pharmacy
- Catering by Food For Hire
- Harmony & WellCare Health Plan
- Barnes Jewish Childrens Hospitals
 - Public Health Institute
 - School Outreach Program for Youth
- Family Resource Center
- Family Health Care Centers
- Enterprise Bank
- Midwest Bank Centre



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APPENDIX F

Residents Quality of Life Survey



Community Health Assessment–Residents’ Quality of Life Survey
City of St. Louis Department of Health

Date _____ The Zip Code where you live _____ Your Age _____

For each statement, choose one response indicating your level of agreement from “Strongly Agree” to “Strongly Disagree”, by marking an “X” over the box. If you have no opinion one way or the other, please mark an “X” over the “Neutral” box.

Statements	Agreement Response (Circle One)
1-I am satisfied with the quality of life in my community (I have a sense of safety, wellness, and connection to my neighbors).	Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/>
2- I am satisfied with the health care system that serves my community (costs, quality, and location).	Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/>
3-My community is a good place to raise children.	Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/>
4-My community is a good place to grow old.	Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/>
5-There is economic opportunity in my community.	Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/>
6-My community is a safe place to live.	Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/>
7-My community offers support networks for individuals and families.	Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/>
8-In my community, all individuals have the opportunity to contribute and participate in the community’s success.	Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/>
9-In my community, all residents believe they can help to make our community a better place to live.	Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/>
10-My community has a large number of resources and positive things to serve the residents.	Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/>
11-People who live in my community have sense of pride and shared responsibility in our community.	Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/>
12-In general, people who live in my community are healthy and free of disease.	Strongly Agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree <input type="checkbox"/>

Residents’ Survey (Items Adapted from the MAPP Process, NACCHO, 2011)

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Community Health Assessment—Residents' Quality of Life Survey
City of St. Louis Department of Health

Date _____ The Zip Code where you live _____ Your Age _____

1. In the following list, what three things do you think are most important for a “Healthy Community?” (What would most improve the quality of life in your community?)

Check only three:

- Good place to raise children
- Low crime / safe neighborhoods
- Low level of child abuse
- Good schools
- Access to health care (e.g., family doctor)
- Parks and recreation
- Clean environment
- Affordable housing
- Arts and cultural events
- Excellent race relations
- Good jobs and healthy economy
- Strong family life
- Healthy behaviors and lifestyles
- Low adult death and disease rates
- Low infant deaths
- Religious or spiritual values

Other _____

Community Health Assessment–Residents’ Quality of Life Survey
City of St. Louis Department of Health

Date _____ The Zip Code where you live _____ Your Age _____

2. In the following list, what do you think are **the three most important “health problems” in our community?** (Those problems that you believe are the biggest health issues)

Check only three:

- Aging problems (e.g., arthritis, hearing/vision loss, etc.)
- Cancers
- Child abuse/neglect
- Dental problems
- Diabetes
- Domestic Violence
- Firearm-related injuries
- Farming-related injuries
- Heart disease and stroke
- High blood pressure
- HIV/AIDS
- Homicide
- Infant Death
- Infectious Diseases (e.g., hepatitis, TB, etc.)
- Mental health problems
- Motor vehicle crash injuries
- Rape / sexual assault
- Respiratory/lung disease
- Sexually Transmitted Diseases(STDs)
- Suicide
- Teenage pregnancy

Other _____

Community Health Assessment–Residents’ Quality of Life Survey
City of St. Louis Department of Health

Date _____ The Zip Code where you live _____ Your Age _____

3. In the following list, what do you think are **the three most important “risky behaviors” in our community?** (Those behaviors that are leadings or may lead to health issues in your community).

Check only three:

- Alcohol abuse
- Being overweight
- Dropping out of school
- Drug abuse
- Lack of exercise
- Poor eating habits
- Not getting “shots” to prevent disease
- Racism
- Tobacco use
- Not using birth control
- Not using seat belts / child safety seats
- Unsafe sex

Other _____

APPENDIX G

Immigrant Residents Interviews



**City of St. Louis Department of Health
Community Health Assessment
Immigrant Residents Interview Guide**

INTRODUCTION (5-10 minutes)

A. Describe project

Hello, please share with me your name and your birth country. The staff here at the International Institute has recommended you as a person who is very familiar with the _____ population in St. Louis. My name is _____. I am with Research and Evaluation Solutions, Inc. and working with the City of St. Louis Department of Health to receive information from immigrant residents of the City of St. Louis about your experiences living here, your quality of life and health. We really want to know what you think. Your participation is not mandatory. It is voluntary. And to show our appreciation, you will receive a \$40.00 cash stipend for taking time out of your day to listen and talk with us. The interview should take about 30-45 minutes. The information will be used by the City of St. Louis Health Department to improve services.

C. Honest opinions

There is no right or wrong answer. Anything you say is the right answer, and everyone's opinion counts. Think of yourself as representing maybe a hundred other people like you who live in your community or neighborhood who couldn't be here today. Your honest opinions are very important to us.

D. Recording the session

We are taping the session today to record verbatim what is said so we can concentrate on our discussion, and not miss what you say. When we write the final report, your name will be left off of it. Your participation is confidential and voluntary. Are you comfortable continuing on with the interview? Do you offer your verbal consent for me to interview you and record the interview?

QUESTIONS (30-40 minutes)

I. Introductory and demographic questions

- A. Please tell me again your birth country.
- B. What brought you to St. Louis?
- C. Do you have other family members here?
- D. How long have you been in St. Louis?
- E. What part of St. Louis do you live in?

II. Quality of Life Questions

- A. What is the greatest opportunity you have had here in St. Louis?
- B. What is the greatest challenge you have had here in St. Louis?
- C. Are you satisfied with the quality of life (safety, having enough, health, neighbors) you have in your specific community?
- D. How do other people in your community reach out to you and other _____ to get you involved in what is going on?
- E. What resources are available in your community to support you and other _____?
- F. How comfortable are you raising a family and growing old in your community?

IV. Health Issues

- A. What are the three greatest health issues faced by _____ in the City of St. Louis?
- B. What if anything is being done to address these issues?
- C. What do you think should be done?

V. Closing Questions

- A. Is there anything I missed that you would like to share?
- B. Are you interested in being part of a citywide residents group that will meet once a month from March-July 2012? If yes, get name address, and phone number.

Thank you for your time and we will let you know about a community forum in the fall that will show the results of these interviews.

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