Community Health Needs Assessment and Implementation Plan
2022

Children's
HOSPITAL · ST. LOUIS
BJC HealthCare

Table of Contents

Executive Summary

St. Louis Children's Hospital (SLCH), a member of BJC HealthCare, is the pediatric teaching hospital for Washington University School of Medicine located in the City of St. Louis, Missouri. SLCH has 402 licensed beds, and each year approximately 275,000 patients visit the hospital. Since its founding in 1879, the hospital has provided comprehensive services in every pediatric medical and surgical specialty. SLCH has also established effective partnerships towards the goals of improving the health of the community.

Like all nonprofit hospitals, SLCH is required by the Patient Protection and Affordable Care Act (PPACA) to conduct a community health needs assessment (CHNA) and create an implementation plan every three years. SLCH completed its first CHNA and implementation plan on Dec. 31, 2013. The report was posted to the hospital's website to ensure easy access to the public.

As part of the CHNA process, each hospital is required to define its community. SLCH selected St. Louis City as its community. Once the community is defined, input must be solicited from those who represent the broad interests of the community served by the hospital, as well as those who have special knowledge and expertise in the area of public health.
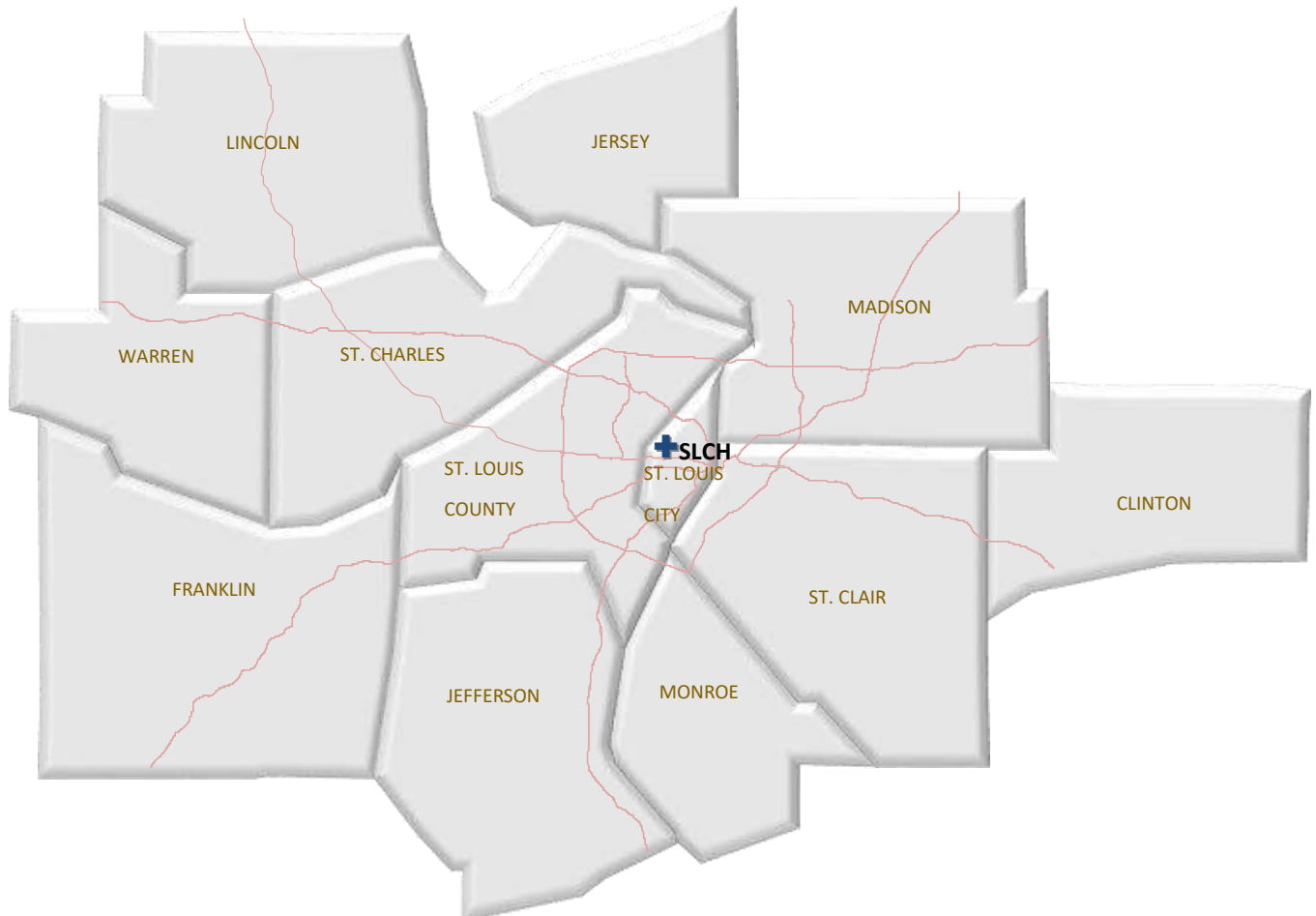
SLCH conducted its 2022 assessment in two phases. In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion. Due to COVID-19, BJC HealthCare, along with collaborative health system and hospital partners, conducted an online survey for the safety of community stakeholders. The survey provided stakeholders an opportunity to rank community health needs compiled by these partners. A Parent Health Concerns Survey was also administered on August 2021 to 660 parents living within the St. Louis Metropolitan region. This survey identified primary data on health needs.

During phase two, a hospital internal work group of clinical and non-clinical staff reviewed and analyzed similar health findings from those in phase one. Using Community Priorities Missouri Information for Community Assessments (MICA) for Infants, Children and Adolescents, a secondary data analysis was conducted to further assess the identified needs.

At the conclusion of the comprehensive assessment process, SLCH identified three health needs where focus is most needed to improve the health of the community it serves. For its 2022 CHNA plan, the hospital will focus on: Obesity; Maternal/Child Health; and Mental/Behavioral Health. The analysis and conclusions will be presented and reviewed for approval by the SLCH Board of Directors. The report will be posted to the hospital's website to ensure easy access to the public.

Community Description

GEOGRAPHY

SLCH is a member of BJC HealthCare, one of the largest, nonprofit health care organizations in the country. BJC HealthCare hospitals serve urban, suburban and rural communities through 15 hospitals and multiple community health locations primarily in the greater St. Louis area, southern Illinois and mid-Missouri regions. SLCH and Barnes-Jewish Hospital are the two BJC HealthCare hospitals located in St. Louis City.

SLCH serves the health care needs of children, from infancy to adolescence, and advocates on behalf of children and families. It serves not just the children of St. Louis, but children around the world. For the purpose of the CHNA, the hospital defined its community as St. Louis City.

SLCH's Primary Service Area:
St. Louis Metropolitan Counties *(below)*

POPULATION

Population and demographic data are necessary to understand the health of the community and plan for future needs. In 2021, St. Louis City reported a total population estimate of 293,310 compared to the state population of 6,168,187. Since the 2010 census, the population of the city declined 2.7 percent while the state population increased 2.1 percent.

INCOME

The median household income for the five-year-period ending in 2020 was $11,508 lower in St. Louis City ($45,782) than the state's median household income of $57,290. For the five-year period ending in 2020, home ownership was lower in St. Louis City (44.1 percent) than Missouri (67.1 percent).

The percentage of persons living below the poverty level in St. Louis City was 20.4 percent compared to 13.7 percent in the state. For the five-year period ending 2020, St. Louis City had a 69.8 percent higher rate of families living below the poverty level compared to the rate in the state.

For the five-year period ending 2020, 30.0 percent of children were living below the poverty level in St. Louis City compared to 17.4 percent in the state. In the city, the 6-11-year-old age bracket had the highest rate at 32.2 percent.

In St. Louis City for the five-year period ending 2020, the percentage of children living below the poverty level was 51.8 percent higher than the state. When looking at child poverty by race/ethnicity in St. Louis City, 41.8 percent of Black/African American children and 28.6 percent of Hispanic or Latino children are living below the poverty level.

EDUCATION

Individuals who do not finish high school are more likely than those who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance or involved in crime. The Healthy People 2030 national health target is to increase the proportion of students who graduate high school within four years of their first enrollment in ninth grade to 90.7 percent.

In St. Louis City, White, non-Hispanic (94.4 percent) and Native Hawaiian/Other Pacific Islander (100 percent) populations had the highest rate of individuals 25+ with a high school degree or higher, followed by those identifying as Two or more Races (90.4 percent); Asian (85.6 percent); African American (83.0 percent); and Hispanic or Latino (77.6 percent). The American Indian/Alaska Native population alone had the lowest rate (69.8 percent).

In St. Louis City, the rate of individuals 25 + with a high school degree or higher was 1.9 percentage points lower when compared to same group in Missouri.

For many, having a bachelor's degree is the key to a better life. The college experience develops cognitive skills, and allows learning about a wide range of subjects, people, cultures and communities. Having a degree also opens career opportunities in a variety of fields and is often the prerequisite to a higher-paying job. It is estimated that college graduates have about $1 million more in lifetime earnings than their peers without college degrees.

In St. Louis City, for the five-year period ending 2019, 37.2 percent of the population 25 and older held a bachelor's degree compared to 29.2 percent in Missouri.

For the five-year period ending 2020, the Asian American population had the highest rate of individuals with a bachelor's degree or higher both in St. Louis City (57.3 percent) and Missouri (60.9 percent). The American Indian/Alaska Native population had the lowest rate in St. Louis City (13.5 percent) followed by African Americans (16.0 percent).

RACE AND ETHNICITY

The racial/ethnic makeup of St. Louis City is more diverse than the state. For 2020, Black/African American's comprised 45.7 percent of the city's population compared to 11.8 percent in the state, while Whites made up 46.7 percent of the city's population compared to 82.9 percent in the state.

Additional demographic data on St. Louis City is available in Appendix C.

Results of 2019 CHNA: Measurement and Outcomes Results

In 2019, SLCH prioritized community needs among 15 health topics and created an implementation plan to address these health topics. The following tables detail goals and objectives to address these community health needs from August 2020 – December 2021. Due to COVID-19, some programs provided a virtual option or paused for the safety and health of the community and staff.

TABLE 1: 2019 CHNA MEASUREMENT & OUTCOMES RESULTS - ASTHMA & DENTAL	
HEALTHY KIDS EXPRESS: ASTHMA	HEALTHY KIDS EXPRESS: DENTAL
PROGRAM GOAL	PROGRAM GOAL
To reduce asthma morbidity, decrease asthma disparities, improve coordinated care efforts, and increase quality of life for asthma patients and their families.	Children will receive appropriate care to treat dental cavities, prevent future oral health problems and connect with a community dental home.
PROGRAM OBJECTIVES	PROGRAM OBJECTIVES
a) Students enrolled in the asthma program will improve their use of their inhaler through a technique checklist by 20 percent compared to their first score by the end of the school year. **b)** Ensure 75 percent of families receiving asthma coach services attend at least 1 return visit to their PCP/Specialist during the 12-month participation in the asthma coach program.	**a)** Provide at least 1,100 dental exams. **a)** 70% of children who fail their screening will complete care within one year of their initial diagnosis. Care will be performed by HKE Dental or referred to another community site for restorative treatment. **c)** Increase patient knowledge of proper oral hygiene by eight (8) perent.
CURRENT STATUS	CURRENT STATUS
During the 2020-2021 school year, 96 percent of coach patients attended at least one return visit to their PCP or pulmonary specialist. Students enrolled in the asthma program improved their use of inhalers by 10 percent based on technique check scores measured at the beginning and end of the school year.	In 2021, HKE Dental provided 898 dental exams to 898 children in the community. 81 percent of restorative cases opened in 2020 were successfully closed wtihin 12 months. Patient knowledge increased an average of 15.9 percent from pre-test to post-test. Additionally, there was one abstract accepted for presentation at APHA with the topic of continuing dental care through the pandemic.

TABLE 2: 2019 CHNA MEASUREMENT & OUTCOMES RESULTS - MATERNAL/CHILD HEALTH & HEALTHY LIFESTYLE			
TEEN OUTREACH PROGRAM	RAISING ST. LOUIS	POWER OF CHOICE	HEART 2 HEART
PROGRAM GOAL	PROGRAM GOAL	PROGRAM GOAL	PROGRAM GOAL
Increase school success and prevent teen pregnancy and risky behaviors by teaching life skills, sense of purpose, and healthy behaviors and relationships.	For every child to get the best start on a healthy and full life.	To improve knowledge and emphasize the overall health issues associated with tobacco, alcohol, and illicit drugs	To help students understand the human body and make good decisions about their sexual health.
PROGRAM OBJECTIVES	PROGRAM OBJECTIVES	PROGRAM OBJECTIVE	PROGRAM OBJECTIVE
a) Expose 800 students to the TOP curriculum in the 2020-21 School Year. **b)** Successfully launch & Implement 36 clubs in 20-21 School Year. **c)** At post-test, less than 10 percent of youth will report a pregnancy or fathering a child	**a)** Establish two more community hub locations **b)** Establish calendar of offerings at all locations; & provide at least 4 events per month at each location **c)** Reach a minimum of 1800 encounters across all 4 hubs **d)** Earn the Quality Endorsement from Parents as Teacher's National Center	Improve overall knowledge of health issues associated with tobacco, alcohol, and illicit drug use by 10 percent from pre- to post-test assessment.	Improve overall knowledge of sexual health of students by 10 percent from pre- to post-test assessment.
CURRENT STATUS	CURRENT STATUS	CURRENT STATUS	CURRENT STATUS
During the 2020-21 school year, TOP operated 34 TOP Clubs and exposed 803 teens to the TOP Club curriculum. 75 percent of students attending 75 percent of TOP sessions completed 10-14 community service-learning hours throughout the 2020-21 school year. At post-test, less than two (2) percent of students reported a pregnancy or fathering a child.	In 2021, there were 2746 total visits and 5076 communication encounters with clients receiving Raising St. Louis services. The community hubs served 205 individuals across 20 total events which included a twice monthly lactation group, and yoga and storytime events, among others.	Schools select from a pre-recorded four session program or a live virtual four session program due to COVID-19. Overall improvement in knowledge of health issues associated with tobacco, alcohol, and illicit drug use of students in grades 5-12 was 40 percent after four, 45-minute health education sessions.	Schools select from a pre-recorded four session program or a live virtual four session program due to COVID-19. Overall Improvement in knowledge of sexual health behaviors of students in grades 6-12 improved by 20 percent after four, 45-minute health education sessions.

TABLE 3: 2019 CHNA MEASUREMENT & OUTCOMES RESULTS - OBESITY			
HEAD TO TOE	"FUN"TASTIC NUTRITION	EXPLORE HEALTH	SNEAKERS
PROGRAM GOAL	PROGRAM GOAL	PROGRAM GOAL	PROGRAM GOAL
To improve knowledge and skill in leading a healthy lifestyle among children and their families by offering a multidisciplinary approach to weight management.	To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits.	To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits.	To improve knowledge and emphasize the importance of the relationship between how the body systems work and relate to physical activity.
PROGRAM OBJECTIVES	PROGRAM OBJECTIVE	PROGRAM OBJECTIVE	PROGRAM OBJECTIVE
a) Achieve at least an eight (8) percent increase on average in each of the fitness, nutrition and social/emotional scales, as measured by pre/post knowledge test. b) The average percent of participants that improve across all fitness test metrics will reach 50 percent, based on pre/post testing for in-person classes. c) Observe an increase in measure of self-esteem among 50 percent of participants in in-person classes. d) The average percent of participants that improve across all nutritional behavior metrics will reach 50 percent, based on pre/post testing e) Recruit 1 new Replication Partner and develop a data collection and reporting dashboard for all partners to monitor fidelity of the program.	Improve overall knowledge of healthy eating and nutritional habits of students by 10 percent from pre- to post-test assessment.	Improve overall knowledge of healthy eating and nutritional habits of students by 10 percent from pre- to post-test assessment.	Improve overall knowledge of cardiovascular health and fitness principles of students by 10 percent from pre- to post-test assessment.
CURRENT STATUS	CURRENT STATUS	CURRENT STATUS	CURRENT STATUS
In 2021, participants experienced an average of 18 percent knowledge increase across fitness, nutrition, and social emotional scales. 40 percent of participants improved across all fitness metrics from pre- to post-test. 40 percent of participants improved across all nutrition behavioral metrics from pre- to post-test.	Schools select from a pre-recorded four session program or a live virtual four session program due to COVID-19. Overall improvement in knowledge of healthy eating and nutritional habits of sutdents in grades 2-8 was 25 percent after four, one-hour health education sessions.	Schools select from a pre-recorded four session program or a live virtual four session program due to COVID-19. Overall improvement in students' knowledge level increased by 25 percent after four, one-hour health education sessions.	Schools select from a pre-recorded four session program or a live virtaul four sessoin program due to COVID-19. This program was not delivered in 2020-2021 school year.

TABLE 4: 2019 CHNA MEASUREMENT & OUTCOMES RESULTS - MENTAL/BEHAVIORAL HEALTH			
HEALTHY KIDS HEALTHY MINDS	BUDDIES	CONNEXTIONS	INTERSECTIONS
PROGRAM GOAL	PROGRAM GOAL	PROGRAM GOAL	PROGRAM GOAL
To help students manage barriers to learning that stem from health, social emotional and behavioral needs.	To improve knowledge and emphasize the overall importance of healthy communication, problem-solving strategies, personal responsibility and other life skills.	To improve knowledge and foster social intelligence, use assertive communication and make responsible decisions on information sharing.	To improve knowledge and emphasize social skills that contributes to healthy relationships and self-identity
PROGRAM OBJECTIVES	PROGRAM OBJECTIVE	PROGRAM OBJECTIVE	PROGRAM OBJECTIVE
a) Students enrolled in the program will have 30 percent goal progress from beginning to end of treatment. **b)** Expand HKHM school services by five additional nurses.	Improve overall knowledge of positive social skills and the impact of bullying behavior of students by 10 percent from pre- to post-test assessment.	Improve overall knowledge of social intelligence of students by 10 percent from pre- to post-test assessment	Improve overall knowledge of positive social skills that contribute to healthy relationships and self-identity of students by 10 percent from pre- to post-test assessment.
CURRENT STATUS	CURRENT STATUS	CURRENT STATUS	CURRENT STATUS
At the end of the 2020-2021 school year, students achieved 72 percent progress towards their counseling goals.	Schools select from a pre-recorded four session program or a live virtual four session program due to COVID-19. Students' knowledge level increased by 30 percent after four, 45-minute health education sessions.	Schools select from a pre-recorded four session program or a live virtual four session program due to COVID-19. Students' knowledge level increased by 30 percent after four, forty-five minute sessions.	Schools select from a pre-recorded four session program or a live virtual four session program due to COVID-19. Students' knowledge level in increased by 25 percent after six, 45-minute health education sessions.

TABLE 5: 2019 CHNA MEASUREMENT & OUTCOMES RESULTS - PUBLIC SAFETY & BLOOD DISEASES		
SAFETY STREET	SAFETY STOP	HEALTHY KIDS EXPRESS SCREENING
PROGRAM GOAL	PROGRAM GOAL	PROGRAM GOAL
To prevent injuries related to pedestrian, home, and vehicle safety, playground/sports, water, strangers and stray animals. Safety Street, an interactive walk-on exhibit, teaches children how to avoid unintentional injuries.	To prevent injuries in children related to bicycle, home, sleep and vehicle safety.	Increase access to health screenings for high-risk children by eliminating or reducing barriers to health care access.
PROGRAM OBJECTIVE	PROGRAM OBJECTIVES	PROGRAM OBJECTIVE
Expose 2,640 children and adults to a positive-guided Safety Street Experience.	a) Provide 2,100 child safety car seat, bicycle helmet or home and sleep safety consultation to parent/caregivers per year. b) Increase knowledge among child seat safety consultation participants by 5 percent on post-test compared to pre-test.	Conduct follow up on 80 percent of those who fail a screening to ensure families recieve proper follow-up care.
CURRENT STATUS	CURRENT STATUS	CURRENT STATUS
Safety Street was paused in 2020 and is in final production to begin in 2022.	Safety Stop provided 969 safety seat, bicycle helmet and home safety consultations in 2021. In 2021, Child Safety Seat consultation participants had an overall increase in knowledge of 21 percent from pre- to post-test for rear facing car seat consultations, 12.6 percent for forward facing car seat consultations, and 42.6 percent for booster car seats.	During the 2020-2021 school year, the community health worker worked with 94 children who failed their vision or hearing screening. 74 percent of those children received the necessary follow up care.

Primary Data Collection: Survey of Community Stakeholders

Due to COVID-19, BJC HealthCare, along with collaborative partners SSM Health; Mercy Hospital St. Louis and Mercy Hospital South; and the St. Luke's network of care, which includes St. Luke's Hospital and St. Luke's Des Peres Hospital, conducted online surveys for the safety of our employees and of our community stakeholders who represent the broad interests of the community served by each hospital and those with special knowledge or expertise in public health. In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion. (See Appendix D for the complete Stakeholder Assessment Report and Appendix E for the list of Participating Community Stakeholders)

Additionally, SLCH developed an online parent survey to assess health concerns for their children and for children in the community. (See page 15)

Summary: Community Stakeholder Key Findings

Mental health, immunizations/infectious diseases, maternal and infant health and drug abuse were the top four needs of greatest concern. These were also the same issues stakeholders felt that there was the greatest potential to work on together.

Financial barriers related to health insurance are having the greatest impact on access to health services in St. Louis City. Low-income populations are at greatest risk for poor health outcomes. Poverty is the social factor that has the greatest impact on the health of those living in St. Louis City. Stakeholders identified the largest resource gaps in St. Louis City around jobs that pay a living wage, followed by mental health resources. Stakeholders identified new issues of concern around mental health, the expanding gap in income, and housing.

The greatest impact of COVID-19 has been on the mental health of St. Louis City residents, evidenced by increased symptoms of depression and anxiety. The pandemic has also created financial hardship for area residents, resulting in loss of regular income.

Stakeholders mentioned North St. Louis City as the community at highest risk, although there is increasing concern about parts of South St. Louis City.

RATING OF NEEDS

Community stakeholders were given the list of community health needs compiled by survey partners using results from the previous CHNA. Stakeholders were directed to rank these needs on a scale of 1 (low) to 5 (high), based on their perceived level of community concern and the ability of community organizations to collaborate in addressing them.

St. Louis City Stakeholder Online Survey Rating of Health Needs

Health Need	Ability to Collaborate	Level of Concern
Mental Health	4.1	4.9
Immunizations/ Infectious Diseases	4.3	4.6
Maternal/Infant Health	4.0	4.4
Drug Abuse	3.8	4.4
Obesity	3.4	4.2
Diabetes	3.6	4.2
Alcohol Abuse	3.7	4.1
Reprodctive/ Sexual Health	3.5	4.1
High Blood Pressure	3.5	4.0
Heart Health	3.4	3.9
Respiratory Diseases	3.5	3.9
Cancer	3.5	3.8
Dental Care	3.3	3.7
Accidents/ Injuries	3.4	3.7
Tobacco Use	3.2	3.7
Stroke	3.2	3.6
Vaping	3.0	3.6

Mental Health was rated the highest in terms of level of concern and immunization/infectious diseases was rated the highest for ability to collaborate with community organizations.

PARENT HEALTH CONCERNS SURVEY

A team of six researchers from Washington University St. Louis and SLCH developed a survey to assess parents' health concerns for their children and for children in the community as whole. The survey for the 2022 CHNA was altered from the survey used in 2019 and the edits to the list of health concerns was reviewed by managers in the Child Health Advocacy and Outreach Department. The survey was administered electronically via Qualtrics and was posted to the SLCH web site's "About Us" section, included in one of the banners on the home page, on the Facebook page, and through email. A total of 660 parents in the St. Louis metro area participated. The survey asked parents to rank 50 items on a four-point scale (big, medium, small or not a problem) with the question, "Are the following health issues a problem for kids and teens in your community?" The 50 items on the survey are listed in Table 6 and the ranking of the list is available in Table 7.

TABLE 6: PARENT SURVEY HEALTH TOPICS			
Access to Fruits and Vegetables	Eating Disorders (like anorexia and bulimia)	Mental Health/Trauma	School Violence (not including school shootings)
Allergies (including food allergies)	Environmental Pollution	Motor Vehicle Accidents	Sexting
Anxiety	Flu (influenza)	Neighborhood Safety (including assaults, and murder)	Sex Trafficking
Asthma	Getting Health Insurance	Obesity/Being Overweight	Sexually Transmitted Infections other than HIV/AIDs (Chlamydia, Gonorrhea, etc.)
Attention Deficit Hyperactivity Disorder (ADHD/ADD)	Gun Related Injuries	Opioid Use	Smoking and Tobacco use (including vape use)
Autism	Heavy Drinking of Alcohol	Overuse of Antibiotics	Sport and Play-Related Injuries
Bullying (being the victim of a bully, including cyberbullying)	HIV/AIDS	Poisons (household cleaners, detergents, and medicines)	Stress
Child Abuse and Neglect	Illegal Drug Use (not including marijuana/opioids)	Poverty	Suicide
Community Unrest	Internet Safety	Racial/Ethnic Issues (Racism)	Teen Pregnancy
COVID-19	Lack of Exercise	Risks Associated with Immunization Shots	Transgender Health Issues
Dental Issues (cavities, gum disease)	Lead Toxicity/Poisoning	Risks Associated with not Getting Immunization Shots	Understanding Information from Doctor
Depression	Marijuana Use	Safe Housing	
Diabetes	Measles	School Shootings	

TABLE 7: PARENT SURVEY HEALTH TOPICS RANKING RESULT: HIGHEST TO THE LOWEST			
RANK	TOPICS	RANK	TOPICS
1	COVID-19	26	Understanding Information from Doctor
2	Stress	27	Safe Housing
3	Racial/Ethnic Issues (Racism)	28	Heavy Drinking of Alcohol
4	Anxiety	29	Sexting
5	Mental Health/Trauma	30	Sex Trafficking
6	Risks Associated With not Getting Immunization Shots	31	Marijuana Use
7	Bullying (Being the Victim of a Bully, Including Cyberbullying)	32	School Violence (Not Including School Shootings)
8	Internet Safety	33	School Shootings
9	Depression	34	Allergies (Including Food Allergies)
10	Lack of Exercise	35	Sexually Transmitted Infections Other Than HIV/AIDs (Chlamydia, Gonorrhea, etc.)
11	Poverty	36	Teen Pregnancy
12	Gun Related Injuries	37	Motor Vehicle Accidents
13	Attention Deficit Hyperactivity Disorder (ADHD/ADD)	38	Dental Issues (Cavities, Gum Disease)
14	Obesity/Being Overweight	39	Overuse of Antibiotics
15	Smoking and Tobacco Use (including Vape Use)	40	Eating Disorders (Like Anorexia and Bulimia)
16	Suicide	41	Sport and Play-Related Injuries
17	Environmental Pollution	42	Autism
18	Community Unrest	43	Diabetes
19	Getting Health Insurance	44	Access to Fruits and Vegetables
20	Child Abuse and Neglect	45	Risks Associated With Immunization Shots
21	Illegal Drug Use (Not Including Marijuana or Opioids)	46	Flu (Influenza)
22	Asthma	47	Lead Toxicity/Poisoning
23	Opioid Use	48	Poisons (Household Medicines)
24	Neighborhood Safety (Including Assaults and Murder)	49	HIV/AIDS
25	Transgender Health Issues	50	Measles

Table 7 summary of ranking by parents:

- COVID-19 received the highest ranking by parents.
- Parents ranked stress as the second highest problem for children followed by racial/ethnic issues; anxiety; and mental health/trauma.

Secondary Data Summary

Based on the needs reviewed by community stakeholders (see page 14), key areas were identified for a secondary data analysis. These represent the areas of greatest concern identified by the stakeholders in the city of St. Louis.

In order to provide a comprehensive overview (analysis of disparity and trend) the most up-to-date secondary data from Missouri Information for Community Assessment (MICA) was used. MICA is an online system that helps to prioritize diseases using publicly available data. The system also provides for the subjective input of experts to rank their perceived seriousness of each issue.

Other data sources included:

➢ CENTERS FOR DISEASE CONTROL AND PREVENTION: www.cdc.gov
➢ STATE TOBACCO ACTIVITIES TRACKING AND EVALUTION (STATE) SYSTEM https://www.cdc.gov/STATESystem/
  ➢ CDC YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM (YRBS)
  ➢ KAISER FAMILY FOUNDATION is a nonprofit organization focusing on national health issues, as well as the U.S. role in global health policy. https://www.kff.org/statedata/election-state-fact-sheets/missouri/
  ➢ MISSOURI KIDS COUNT DATA is a repository of comprehensive, longitudinal information on the status of children and their families. https://missourikidscountdata.org/browser.php
  ➢ MISSOURI FOUNDATION FOR HEALTH HEALTHY SCHOOLS HEALTHY COMMUNITIES is an initiative to address childhood obesity through prevention efforts in select areas. https://mffh.org/our-focus/childhood-obesity/#:~:text=Missouri%20is%20one%20of%20the,10-17%20overweight%20or%20obese
  ➢ STATE OF CHILDHOOD OBESITY collects the best-available data on childhood obesity rates, synthesizes and makes recommendations on key policies to prevent obesity, and highlights stories of action from across the country. https://stateofchildhoodobesity.org/wic/
  ➢ MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE) is the administrative arm of the State Board of Education. https://dese.mo.gov/
  ➢ MARCH OF DIMES PERISTATS™ is the online source for perinatal statistics developed by the March of Dimes Perinatal Data Center. *https://www.marchofdimes.org/peristats/data?reg=99&top=11&stop=157&lev=1&slev=4&obj=1&sreg=29*
  ➢ NIH NATIONAL CANCER INSTITUTE (NCI) STATE CANCER PROFILES is the 'federal government's principal agency for cancer research and training.'
  ➢ MISSOURI STATE REPORT Underage Drinking Prevention and Enforcement - This State Report is a requirement by the Sober Truth on Preventing (STOP) Underage Drinking Act (Pub. L. 109-422), which was enacted by Congress in 2006 and reauthorized in December 2016 as part of the 21st Century Cures Act (Pub. L. 114-255).

https://www.stopalcoholabuse.gov/media/ReportToCongress/2018/state_reports/missouri_profile.pdf
- ➢ MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES is the leader in promoting, protecting and partnering for health.
- ➢ Inventory of Students with Special Health Care Needs - https://health.mo.gov/living/families/schoolhealth/pdf/studentswithdiseaseandconditions.pdf

Internal Work Group Prioritization Meetings

INTERNAL WORK GROUP PRIORITIZATION SURVEYS

The SLCH internal work group completed a series of surveys that provided input on determining the community's health needs. This group was comprised of pediatric medical directors, nurses, community health professionals, and business and planning managers. The CHNA team invited 47 experts from within BJC Health Care, SLCH, and Washington University to participate in an internal work group to prioritize health concerns. Ten individuals completed the surveys (Appendix F). The group received emailed instructions for participants to complete two assignments using secondary data sources:

- **Assignment 1:** *Community Priorities MICA* for Infants and Children/Adolescents. The internal work group was asked to prioritize MICA health needs, separated by age group, one for infants/children (ages 0-9) and one for adolescents (ages 10-17).

- **Assignment 2:** *Modified Hanlon Method for Diseases and Risk Factors*. The internal work group was asked to rate 51 health topics by their perception of the "seriousness" in the community.

Assignment 1

Community Priorities MICA for Infants and Children /Adolescents is a structured process to determine the priority health needs of a community using publicly available data dividing the 18 and younger population into two groups: infants/children (ages 0-9) and adolescents (ages 10-17).

Detailed information about the methodologies of the *Community Priorities MICA* process may be found here: https://health.mo.gov/data/mica/PriorityMICA/pridoc.html.

Table 8 provides the list of diseases from *Community Priorities MICA* and Table 9 shows the internal work group ranking of these diseases.

TABLE 8: PRIORITIES MICA DISEASE LIST	
Abuse and Neglect	Gonorrhea
Affective Disorders	Hepatitis A
Alcohol- and Substance-Related	HIV/AIDS
Anemia (Excluding Sickle Cell)	Infant Health Problems
Anxiety-Related Mental Disorders	Medical/Surgical Complications
Assaults/Homicides	Motor Vehicle Accidents
Asthma	Pneumonia and Influenza
Burns (Fire and Flames)	Poisoning
Burns (Scalds/Hot Objects)	Pregnancy Complications
Campylobacter	Salmonella
Childhood-Related Mental Disorders	Schizophrenia and Psychosis
Chlamydia	Sickle Cell Anemia
Dental Health Problems	Suicide and Self-Inflicted Injury
Diabetes	Syphilis
Elevated Lead	Tuberculosis
Falls	Vaccine-Preventable Diseases

TABLE 9: COMMUNITY PRIORITIES MICA FOR INFANTS/CHILDREN AND ADOLESCENTS PRIORITIES RANKING: HIGHEST TO LOWEST			
RANK	MICA INFANTS/CHILDREN	RANK	MICA ADOLESCENTS
1	Infant Health Problems	1	Assaults/Homicides
2	Asthma	2	Motor Vehicle Accidents
3	Motor Vehicle Accidents	3	Asthma
4	Vaccine Preventable Diseases	4	Dental Health Problems
5	Pneumonia and Influenza	5	Anxiety-Related Mental Disorders
6	Sickle Cell Anemia	6	Pregnancy Complications
7	Assaults / Homicides	7	Diabetes
8	Dental Health Problems	8	Sickle Cell Anemia
9	Diabetes	9	Affective Disorders
10	Falls	10	Suicide and Self-Inflicted Injury
11	Anxiety-Related Mental Disorders	11	Schizophrenia and Psychosis
12	Affective Disorders	12	Pneumonia and Influenza
13	Burns (Scalds / Hot Objects)	13	Vaccine-Preventable Diseases
14	Medical / Surgical Complications	14	Falls
15	Schizophrenia and Psychosis	15	Anemia (Excluding Sickle Cell)
16	Burns (Fire and Flames)	16	Alcohol-and Substance-Related
17	Abuse and Neglect	17	Burns (Scalds/Hot Objects)
18	Poisoning	18	Medical/Surgical Complications
19	Anemia (Excluding Sickle Cell)	19	Chlamydia
20	Childhood-Related Mental Disorders	20	HIV/AIDS
21	Elevated Lead	21	Gonorrhea
22	Salmonella	22	Poisoning
23	Tuberculosis	23	Burns (Fire and Flames)
24	Hepatitis A	24	Elevated Lead
25	Campylobacter	25	Syphilis
		26	Tuberculosis
		27	Hepatitis A
		28	Salmonella
		29	Campylobacter

Table 9 summary:

- The work group ranked infant health problems and assaults/homicides as the top needs.
- In comparing similarities of the MICA list of diseases for Infants/Children and Adolescents, the internal work group ranked asthma and motor vehicle accidents among the top diseases for both groups.

Assignment 2

The internal work group's second assignment allowed for the subjective input of its expertise to rank the perceived seriousness of 51 health topics of diseases and risk factors not included in the *Community Priorities MICA* (Table 10).

Data analysts in SLCH's Child Health Advocacy and Outreach department then completed a modified version of the Hanlon Method (outlined below) to determine the rank of each disease and risk factor based on the size of the population affected (rates used from secondary data sources) and the seriousness (determined by the internal work group's second assignment via an online Qualtrics survey).

Modified Hanlon Method

- Scoring Method: *Size* of Disease/Risk Factor x *Seriousness* of Disease/Risk Factor = Final Score.
  - Size: The number of people diagnosed with the disease per 100,000 persons (national, state or county level rate).
  - Seriousness: Determined by using a Likert Scale of 1 (lowest) to 5 (highest). Each internal work group member rated the seriousness of each disease. This information was collected using Qualtrics. Individual scores were aggregated based on the average for each indicator.

TABLE 10: DISEASE AND RISK FACTOR TOPICS IN QUALTRICS SURVEY	
Abuse and Neglect	Injury from Falls/Falling
Adolescents who Smoke	Mental Health
Adults Who Smoke (Second-Hand Smoke)	Mothers who Receive Early Prenatal Care
Alcohol Abuse	Mothers Who Smoke During Pregnancy
Allergies (Including Food Allergies)	Motor Vehicle Collisions
Anemia (Excluding Sickle Cell)	Pneumonia and Influenza
Asthma	Poisoning
Babies with Low Birth Weight	Pregnancy Complications
Bullying	Premature Death
Burns (Fire and Flames)	Preterm Births
Burns (Scalds/Hot Objects)	Primary Care Provider Rate
Cancer	Recreation and Fitness Facilities
Child Abuse	Sedentary Behavior
Childhood Obesity	Self-Inflicted Injury
Children Living Below Poverty Level	Sexually Transmitted Diseases (Inc. HIV/AIDS, Syphilis, Chlamydia, Gonorrhea)
Children Without Health Insurance	Sickle Cell Anemia
COVID-19	Single-Parent Households
Dental Health Problems	Social Determinants of Health (Food Security, Housing, Utilities, etc.)
Diabetes	Students Eligible for the Free Lunch Program
Elevated Lead Blood Levels	Substance Abuse
Families Living Below Poverty Level	Suicide
Fruit and Vegetable Consumption	Unintentional Injuries
Health Literacy (Inc. Graduation Rates and Reading Proficiency, Cultural Competence)	Vaccine-Preventable Diseases
Hearing Problems	Violent Crimes (Incl. Gun violence)
Infant Health Problems	Vision Problems
Infant Mortality	

TABLE 11: MODIFIED HANLON METHOD RANKING RESULT: HIGHEST TO LOWEST					
RANK	HANLON RISK FACTORS	RANK	HANLON DISEASES	RANK	HANLON DISEASES (CONTINUED)
1	Students Eligible for the Free Lunch Program	1	Violent Crimes (Including Gun Violence)	18	Pneumonia and Influenza
2	Families Living Below Poverty Level	2	Vaccine-Preventable Diseases	19	Poisoning
3	Social determinants of Health (Food Security, Housing, Utilities, etc.)	3	COVID-19	20	Elevated Lead Blood Levels
4	Mothers who Receive Early Prenatal Care	4	Childhood Obesity	21	Abuse and Neglect
5	Fruit and Vegetable Consumption	5	Mental Health	22	Child Abuse
6	Single-Parent Households	6	Bullying	23	Diabetes
7	Mothers Who Smoke During Pregnancy	7	Preterm Births	24	Hearing Problems
8	Children Living Below Poverty Level	8	Babies With Low Birth Weight	25	Premature Death
9	Substance Abuse	9	Infant Health Problems	26	Sickle Cell Anemia
10	Adults Who Smoke (Second-Hand Smoke)	10	Suicide	27	Cancer
11	Adolescents who Smoke	11	Injury From Falls/Falling	28	Unintentional Injuries
12	Alcohol Abuse	12	Allergies (including Food Allergies)	29	Motor Vehicle Collisions
13	Primary Care Provider Rate	13	Asthma	30	Burns (Scalds/Hot Objects)
14	Sedentary Behavior	14	Sexually Transmitted Diseases (Inc. HIV/AIDS, Syphilis, Chlamydia, Gonorrhea)	31	Burns (Fire and Flames)
15	Health Literacy (Including Graduation Rates and Reading Proficiency, Cultural Competence)	15	Pregnancy Complications	32	Anemia (Excluding Sickle Cell)
16	Children Without Health Insurance	16	Infant Mortality	33	Dental Health Problems
17	Recreation and Fitness Facilities	17	Vision Problems	34	Self-Inflicted Injury

Table 11 summary:

Following completion of a modified version of the Hanlon Method Scoring Method, data analysts ranked these as the top risk factors: students eligible for the free lunch program followed by families living below the poverty level and social determinants of health.

When ranking diseases, violent crimes (including gun violence) was ranked as the top disease followed by vaccine-preventable diseases and COVID-19.

PRIORITIZATION OF HEALTH NEEDS ACROSS GROUPS

Table 12 represents the compilation rankings of all the various surveys, including the parent health survey, external stakeholder group and the internal work group assignments (MICA Adolescents, MICA Infants, Hanlon Risk Factors and Diseases).

TABLE 12: RESULTS OF ALL PRIMARY & SECONDARY DATA RANKING COMPARISON					
RANK	PARENT SURVEY	EXTERNAL STAKEHOLDER	MICA ADOLESCENTS	MICA INFANTS	HANLON RISK FACTORS	HANLON DISEASES
1	COVID-19	Mental Health	Assaults/Homicides	Infant Health Problems	Students Eligible for the Free Lunch Program	Violent Crimes (Including Gun Violence)
2	Stress	Immunization/Infectious Diseases (COVID-19, Influenza, Pneumonia)	Motor Vehicle Accidents	Asthma	Families Living Below Poverty Level	Vaccine-Preventable Diseases
3	Racial/Ethnic Issues (Racism)	Maternal/Infant Health	Asthma	Motor Vehicle Accidents	Social determinants of Health (Food Security, Housing, Utilities, etc.)	COVID-19
4	Anxiety	Drug Abuse	Dental Health Problems	Vaccine Preventable Diseases	Mothers who Receive Early Prenatal Care	Childhood Obesity
5	Mental Health/Trauma	Obesity	Anxiety-Related Mental Disorders	Pneumonia and Influenza	Fruit and Vegetable Consumption	Mental Health
6	Risks Associated With not getting Immunization Shots	Diabetes	Pregnancy Complications	Sickle Cell Anemia	Single-Parent Households	Bullying
7	Bullying (Being the Victim of a Bully, Including Cyberbullying)	Reproductive/Sexual Health (Including Sexually Transmitted Diseases)	Diabetes	Assaults / Homicides	Mothers Who Smoke During Pregnancy	Preterm Births
8	Internet Safety	Alcohol Abuse	Sickle Cell Anemia	Dental Health Problems	Children Living Below Poverty Level	Babies With Low Birth Weight
9	Depression	High Blood Pressure	Affective Disorders	Diabetes	Substance Abuse	Infant Health Problems
10	Lack of Exercise	Heart Health	Suicide and Self-Inflicted Injury	Falls	Adults Who Smoke (Second-Hand Smoke)	Suicide
11	Poverty	Respiratory Diseases (Allergies, Asthma, COPD)	Schizophrenia and Psychosis	Anxiety-Related Mental Disorders	Adolescents who Smoke	Injury From Falls/Falling
12	Gun Related Injuries	Cancer	Pneumonia and Influenza	Affective Disorders	Alcohol Abuse	Allergies (including Food Allergies)
13	Attention Deficit Hyperactivity Disorder (ADHD/ADD)	Dental Care	Vaccine-Preventable Diseases	Burns (Scalds / Hot Objects)	Primary Care Provider Rate	Asthma
14	Obesity/Being Overweight	Tobacco Use	Falls	Medical / Surgical Complications	Sedentary Behavior	Sexually Transmitted Diseases (Inc. HIV/AIDS, Syphilis, Chlamydia, Gonorrhea)
15	Smoking and Tobacco Use (including Vape Use)	Accidents/Injuries	Anemia (Excluding Sickle Cell)	Schizophrenia and Psychosis	Health Literacy (Including Graduation Rates and Reading Proficiency, Cultural Competence)	Pregnancy Complications
16	Suicide	Vaping	Alcohol-and Substance-Related	Burns (Fire and Flames)	Children Without Health Insurance	Infant Mortality
17	Environmental Pollution	Stroke	Burns (Scalds/Hot Objects)	Abuse and Neglect	Recreation and Fitness Facilities	Vision Problems
18	Community Unrest		Medical/Surgical Complications	Poisoning		Pneumonia and Influenza
19	Getting Health Insurance		Chlamydia	Anemia (Excluding Sickle Cell)		Poisoning
20	Child Abuse and Neglect		HIV/AIDS	Childhood-Related Mental Disorders		Elevated Lead Blood Levels

RANK	PARENT SURVEY	EXTERNAL STAKEHOLDER	MICA ADOLESCENTS	MICA INFANTS	HANLON RISK FACTORS	HANLON DISEASES
21	Illegal Drug Use (Not Including Marijuana or Opioids)		Gonorrhea	Elevated Lead		Abuse and Neglect
22	Asthma		Poisoning	Salmonella		Child Abuse
23	Opioid Use		Burns (Fire and Flames)	Tuberculosis		Diabetes
24	Neighborhood Safety (Including Assaults and Murder)		Elevated Lead	Hepatitis A		Hearing Problems
25	Transgender Health Issues		Syphilis	Campylobacter		Premature Death
26	Understanding Information from Doctor		Tuberculosis			Sickle Cell Anemia
27	Safe Housing		Hepatitis A			Cancer
28	Heavy Drinking of Alcohol		Salmonella			Unintentional Injuries
29	Sexting		Campylobacter			Motor Vehicle Collisions
30	Sex Trafficking					Burns (Scalds/Hot Objects)
31	Marijuana Use					Burns (Fire and Flames)
32	School Violence (Not Including School Shootings)					Anemia (Excluding Sickle Cell)
33	School Shootings					Dental Health Problems
34	Allergies (Including Food Allergies)					Self-Inflicted Injury
35	Sexually Transmitted Infections Other Than HIV/AIDs (Chlamydia, Gonorrhea, etc.)					
36	Teen Pregnancy					
37	Motor Vehicle Accidents					
38	Dental Issues (Cavities, Gum Disease)					
39	Overuse of Antibiotics					
40	Eating Disorders (Like Anorexia and Bulimia)					
41	Sport and Play-Related Injuries					
42	Autism					
43	Diabetes					
44	Access to Fruits and Vegetables					
45	Risks Associated With Immunization Shots					
46	Flu (Influenza)					
47	Lead Toxicity/Poisoning					
48	Poisons (Household Medicines)					
49	HIV/AIDS					
50	Measles					

➢ Mental health and related disorders and substance abuse were ranked in the top ten ranking by all groups. However, mental health was ranked number one by the external stakeholders.

➢ Only the parent survey ranked racial/ethnicity issues (racism) in the top tier.

- Diabetes was ranked sixth by the external stakeholders, while MICA Adolescent ranked diabetes seventh, and MICA Infant ranked diabetes eighth.
- While asthma was ranked second by MICA Infant, it was ranked third by MICA Adolescent.
- MICA Adolescents ranked assault/homicides as the top issue, while assaults/homicides ranked seventh by MICA Infants, and violent crimes (including gun violence) ranked number one by Hanlon Disease.
- Obesity ranked fifth by external stakeholders and fourth by Hanlon Diseases and was not ranked as a top need by the other groups.

Due to the language variance from each group survey (external stakeholder, internal work group and parent survey), the health indicators for each disease and risk factors were grouped into 14 health topic categories. Table 13 on the next page represents the comprehensive list categorizing each health indicator that was included in the community health needs process from across the various collection methods.

TABLE 13: HEALTH TOPICS AND INDICATORS

RANK	HEALTH TOPIC	INDICATORS INCLUDED
1	Obesity	Childhood Obesity, Obesity/Being Overweight
2	Maternal/Child Health	Babies with Low birth Weight, Infant Health Problems, Infant Mortality, Mothers Who Receive Early Prenatal Care, Mothers Who Smoke During Pregnancy, Pregnancy Complications, Premature Death, Preterm Births, Teen Pregnancy
3	Mental/Behavioral Health	Abuse and Neglect, Affective Disorder (any disorder of mood. Most of these deaths are attributed to depressive episodes.), Alcohol Abuse/Heavy Drinking of Alcohol, Anxiety-Related Mental Disorders, Attention Deficit Hyperactivitiy Disorder (ADHD/ADD), Autism, Bullying (being the victim of a bully, including cyberbullying), Child Abuse and Neglect, Childhood-Related Mental Disorders, Depression, Eating Disorders (like anorexia an bulimia), Illegal Drug Use (not including marijuana/opioids), Internet Safety, Mental Health, Marijuana Use, Mental Health/Trauma, Opioid Use, Racial/Ethnic Issues (Racism), Schizophrenia and Psychosis, Self-Inflicted Injury, Sexting, Stress, Substance Abuse, Suicide, Transgender Health Issues
4	Diabetes	Diabetes
5	Asthma/Allergies	Allergies (including Food Allergies), Asthma, Environmental Pollution, Respiratory Diseases (Allergies, Asthma, COPD)
6	Healthy Lifestyle	Access to Fruits and Vegetables , Adolescents Who Smoke, Adults Who Smoke (Second-Hand Smoke), Children Living Below Poverty Level, Families Living Below Poverty Level, Fruit and Vegetable Consumption, Lack of Exercise, Overuse of Social Media, Poverty, Recreation and Fitness Facilities, Safe Housing, Sedentary Behavior, Single-Parent Households, Smoking and Tobacco Use (including vape use), Social determinants of Health (food security, housing Utilities, etc.) Students Eligible for the Free Lunch Program, Stroke, High Blood Pressure, Heart Health
7	Public Safety	Assaults/Homicides, Burns (Fire and Flames), Burns (Scalds/Hot Objects), Community Unrest, Gun Related Injuries, Injury from Falls/Falling, Motor Vehicle Collisions/Accidents, Neighborhood Safety (including assaults, and murder), Poisoning (household cleaners, detergents, and medicines), School Shootings, School Violence (not including school shootings), Sex Trafficking, Sport and Play-Related Injuries, Unintentional Injuries, Violent Crimes (including gun violence)
8	Dental Health	Dental Health Problems, Dental Care
9	Infectious Disease	Campylobacter, COVID-19, Hepatitis A, Influenza, Measles, Overuse of Antibiotics, Pneumonia and Influenza, Risks Associated with Immunization Shots, Risks Associated with Not Getting Immunization Shots, Salmonella, Tuberculosis, Vaccine-Preventable Diseases
10	Access to Healthcare	Children without Health Insurance, Getting Health Insurance, Hearing Problems, Medical/Surgical Complications, Primary Care Provider Rate, Vision Problems
11	Blood Disease	Anemia (excluding Sickle Cell), Elevated Lead Blood Levels, Lead Toxicity/Poisoning, Sickle Cell Anemia
12	Sexually Transmitted Diseasess	HIV/AIDS, Sexually Transmitted Diseases (Including HIV/AIDS, Syphilis Chlamydia, Gonorrhea), Sexually Transmitted Infections Other Than HIV/AIDs (Chlamydia, gonorrhea, etc), Reproductive/Sexual Health (including Sexually Transmitted Infectious)
13	Health Literacy	Health Literacy (Inc. graduation rates and reading proficiency, cultural competence), Understanding Information from Doctor
14	Cancer	Cancer

OVERALL RANK OF HEALTH PRIORITIES FOR SLCH

Methodology

All health needs listed in Table 12 were categorized into broader health topics (see Table 13 column 2) and ranked based on a weighted number of mentions across each individual survey (see column 2 in Table 14 below). The highest ranked indicator from each survey was given a score of 50, the lowest was giving a score of 1. Each indicator was weighted from highest ranked to lowest rank based on the total number of health indicators and then divided by the total number of mentions across all surveys to derive the overall rank of health priorities.

Table 14: HEALTH TOPICS RANKING FOR MENTIONS			
RANK	HEALTH TOPIC	WEIGHTED TOTAL	TOTAL NUMBER MENTIONS
1	Obesity	40.10	3
2	Maternal/Child Health	34.39	12
3	Mental/Behavioral Health	30.59	39
4	Diabetes	26.64	5
5	Asthma/Allergies	26.47	8
6	Healthy Lifestyle	25.30	20
7	Public Safety	23.38	29
8	Dental Health	21.84	5
9	Infectious Disease	21.07	22
10	Access to Healthcare	19.30	7
11	Blood Disease	17.79	10
12	Sexually Transmitted Diseases	17.32	8
13	Health Literacy	16.07	2
14	Cancer	13.86	2

Summary

At the conclusion of the comprehensive assessment process to determine the top-most critical needs in St. Louis City, SLCH's ranks are as follows: Obesity; Maternal/Child Health; and Mental/Behavioral Health.

Appendices

Appendix A: About St. Louis Children's Hospital

Founded in 1879, St. Louis Children's Hospital (SLCH) is one of the premier children's hospitals in the United States. It serves not just the children of St. Louis, but children across the world. The hospital provides a full range of pediatric services to the St. Louis metropolitan area and a primary service region covering six states. As the pediatric teaching hospital for Washington University School of Medicine, the hospital offers nationally recognized programs for physician training and research. In 2020, SLCH was re-designated as a Magnet® hospital by the American Nurses Credentialing Center's Magnet Recognition Program, which recognizes excellence in nursing. SLCH is one of only 76 other hospitals worldwide to achieve a fourth consecutive four-year Magnet® Recognition for nursing excellence. SLCH is recognized in the top 10 percent nationally by U.S. News & World Report, which in 2021 ranked the hospital in all 10 specialties surveyed for the 13th consecutive year.

SLCH has 402 licensed beds, which includes a 56-bed pediatric intensive care unit, 44-bed heart center, a 122-bed newborn intensive care unit, and a 16-bed pediatric bone marrow transplant unit. Each year the hospital receives about 275,000 patient visits, and the school of medicine receives about 150,000 patient visits. SLCH extends its services to children and families in the community through numerous health workshops and outreach interventions. Recent advocacy efforts have included programs on nutrition and fitness, childhood immunizations, home safety for special needs children, car seat and helmet safety, and injury prevention. SLCH established the first dedicated pediatric mobile health program in the region, providing dental care, asthma care and health screening services free of charge, thanks to generous contributions to the hospital's foundation.

In 2020, SLCH provided $177,090,329 in community benefit benefiting 208,392 persons. This total includes:

- $6,434,872 in financial assistance and means-tested programs and served 7,508 individuals
- 62,765 individuals on Medicaid at a total net benefit of $62,269,343
- SLCH also provided a total of $108,386,114 to 138,119 individuals in other community benefits including, community health improvement services, health professional, subsidized health services and cash & in-kind donations. (See Appendix B for Community Benefit Expenses)

Appendix B: SLCH 2020 Total Net Community Benefit Expenses

ST. LOUIS CHILDREN'S HOSPITAL: 2020 TOTAL NET COMMUNITY BENEFIT EXPENSES		
CATEGORY	PERSONS SERVED	TOTAL NET BENEFIT
FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS		
Financial Assistance at Cost	7,508	6,434,872
Medicaid	62,765	62,269,343
TOTAL FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS	70,273	68,704,215
OTHER COMMUNITY BENEFITS		
Community Health Improvement Services	129,249	2,581,966
Health Professional	1,210	98,705,948
Subsidized Health Services	7,660	5,695,059
In-Kind Donation		1,403,141
TOTAL OTHER COMMUNITY BENEFITS	138,119	108,386,114
GRAND TOTAL	208,392	177,090,329

Appendix C: Demographic of St. Louis City vs. Missouri

DEMOGRAPHIC OF ST. ST. LOUIS CITY VS. MISSOURI		
	ST. LOUIS CITY	MISSOURI
GEOGRAPHY		
Land area in square miles, 2010	61.91	68,741.52
Population per square mile, 2010	5,157.50	87.1
POPULATION		
Population, April 1, 2010	319,294	5,988,923
Population, April 1, 2020	301,578	6,154,913
Population, July 1, 2021, estimate	293,310	6,168,187
Population, Percent change - April 1, 2020 (estimate base) to July 1, 2021	-2.7	2.1
AGE		
Persons Under 5 Years, Percent, 2020	6.3	6
Persons Under 18 Years, Percent, 2020	19.1	22.3
Persons 65 Years and over, Percent, 2020	13.7	17.3
GENDER		
Female Persons, Percent, 2020	51.5	50.9
Male Person, Percent, 2020	48.5	49.1
RACE / ETHNICITY		
White alone, Percent, 2020	46.4	82.9
White, not Hispanic or Latino, Percent, 2020	43.9	79.1
Black/African American alone, Percent, 2020	45.7	11.8
Hispanic or Latino, Percent, 2020	4.1	4.4
Two or More Races, Percent, 2020	3.1	2.4
American Indian and Alaska Native alone, Percent, 2020	0.3	0.6
Asian alone, Percent, 2020	3.4	2.2
Native Hawaiian and Other Pacific Islander alone, Percent, 2020	0.1	0.2
LANGUAGE		
Foreign Born Persons, Percent, 2016-2020	6.9	4.2

Source: Conduent Healthy Communities Institute

DEMOGRAPHIC OF ST. LOUIS CITY INCLUDING EDUCATION / INCOME / HOUSING		
	ST. LOUIS CITY	MISSOURI
HOUSING		
Housing Units, 2019	177,403	2,819,383
Owner-Occupied Housing Unit Rate, Percent, 2016-2020	44.1	67.1
Median Value of Owner-Occupied Housing Units, Dollars, 2016-2020	143,700	157,200
FAMILIES & LIVING ARRANGEMENTS		
Households, 2016-2020	143,566	2,440,212
Persons per Household, 2016-2020	2.05	2.44
Language other than English spoken at home, percent of persons age 5 years +, 2016-2020	9.7	6.3
EDUCATION		
High School Graduate or Higher, Percent of Persons Age 25+, 2016-2020	88.7	90.6
Bachelor's Degree or Higher, Percent of Persons Age 25+, 2016-2020	37.2	29.9
INCOME		
Median Household Income, (in 2020 Dollars), 2016-2020	45,782	57,290
Per Capita Income in past 12 months (in 2020 Dollars), 2016-2020	31,930	31,839
Persons in Poverty, Percent, 2016-2020	20.4	12.1

Source: Conduent Healthy Communities Institute

ST. LOUIS CITY vs. MISSOURI SOCIO-ECONOMIC INDICATORS			
INDICATORS	ST. LOUIS CITY	MISSOURI	U.S.
Children Living Below Poverty Level, Percent, (2016-2020)	30	17.4	17.5
Children With Health Insurance, Percent, 2019	93.2	93.5	94.3
Families Living Below Poverty Level, Percent, (2016-2020)	15.1	8.9	9.1
Homeownership, percent, (2016-2020)	35.8	58.4	56.9
Households With Cash Public Assistance Income, Percent, (2016-2020)	1.9	1.9	2.4
Infants Participating in WIC, Percent, (2019)	59	46.9	
Renters spending 30% or moreon Income on Rent, Percentt (2016-2020)	47.3	44.5	49.1
Students Eligible for Free Lunch Program, Percent, (2019-2020)	90	43.6	43.1
Unemployed Workers in Civilian Labor Force, Percent, (February 2020)	5	3.7	4.1

Source: Conduent Healthy Communities Institute

ST. LOUIS CITY vs. MISSOURI FAMILIES LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY

RACE/ETHNICITY	ST. LOUIS CITY	MISSOURI
American Indian or Alaska Native, percent, 2016-2020	21.7	20.2
Asian, percent, 2016-2020	15.5	8.4
Black/African American, percent, 2016-2020	22.5	19.1
Hispanic or Latino, percent. 2016-2020	16.6	16.9
Native Hawaiian / Other Pacific Islander, percent, 2016-2020	11.8	23.6
Other, percent, 2016-2020	31.5	19.2
Two or More Races, percent, 2016-2020	20.6	12.7
White, non-Hispanic, percent, 2016-2020	6.6	7.2
Overall, percent, 2016-2020	15.1	8.9

Source: Conduent Healthy Communities Institute

ST. LOUIS CITY vs. MISSOURI CHILDREN LIVING BELOW POVERTY LEVEL BY AGE GROUP

AGE GROUP	ST. LOUIS CITY	MISSOURI
Less than 6 years, percent, 2016-2020	29.2	18.9
6-11 years, percent, 2016-2020	32.2	17.7
12-17 years, percent, 2016-2020	28.5	15.6
Overall, percent, 2016-2020	30	17.4

Source: Conduent Healthy Communities Institute

ST. LOUIS CITY vs. MISSOURI CHILDREN LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY		
RACE/ETHNICITY	ST. LOUIS CITY	MISSOURI
Asian, percent, 2016-2020	9.7	10.6
Black/African American, percent, 2016-2020	41.8	36.4
Hispanic or Latino, percent, 2016-2020	28.6	27
Other, percent, 2016-2020	50.8	35.4
Two or More Races, percent, 2016-2020	14.9	23.7
White, non-Hispanic, percent, 2016-2020	10.5	14.6
Overall, percent, 2016-2020	29.3	19.3

Source: Conduent Healthy Communities Institute

Appendix D: Stakeholders Online Survey Report

STAKEHOLDER ASSESSMENT OF THE HEALTH NEEDS OF

ST. LOUIS CITY

Prepared by:
BJC Market Research
September 3, 2021

BACKGROUND

The Patient Protection and Affordable Care Act (PPACA) was passed in March 2010. It required that

- o Each 501(c)3 hospital must conduct a Community Health Need Assessment (CHNA) every three years.
- o Each hospital must adopt an implementation strategy to meet the community health needs identified in the CHNA
- o The CHNA and Implementation Plan must be widely available to the public.

The assessment is required to consider **input from those who represent the broad interests of the community served by the hospital**, including those with special knowledge or expertise in public health.

METHODOLOGY

- ➢ In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion.
- ➢ Due to COVID-19, BJC HealthCare, along with its collaborative partners, decided to conduct an online survey for the safety of our community stakeholders.
- ➢ Between June 7th and June 9th, email invitations were sent out to 33 stakeholders in St. Louis City from Barnes-Jewish Hospital and St. Louis Children's Hospital. Several reminders were sent out before the survey was closed for analysis on June 30th.
- ➢ 26 community stakeholders completed the survey for a 79% response rate.

MARKET DEFINITION: ST. LOUIS CITY

KEY FINDINGS

➤ There are four needs that are of greatest concern in St. Louis City: **mental health,
immunizations/infectious diseases, maternal and infant health** and **drug abuse**. These are
also the same issues around which stakeholders feel that there is the greatest potential to
work together.

➤ **Financial barriers related to health insurance** are having the greatest impact on access to
health services in St. Louis City. Concerns related to **transportation, fear** and **lack of
mental health services** are next in importance, having more than 60% of stakeholders
rating them a 5.

➤ **Low-income populations** are at greatest risk for poor health outcomes in St. Louis City.
The **homeless** and **specific racial/ethnic groups** are ranked 2nd and 3rd. **Babies ages 0 – 12
months** are at greatest risk among all age segments.

➤ **Poverty** is the social factor that has the greatest impact on the health of those living in St.
Louis City. **Crime and violence, discrimination, and housing** rank next in importance.

➤ The greatest impact of COVID-19 has been on the **mental health** of St. Louis City
residents, evidenced by increased symptoms of depression and anxiety. The pandemic
has also created **financial hardship** for area residents, resulting in **loss of regular income**.
Some identify **difficulty accessing health services and medications** as another effect of the
pandemic.

➤ Stakeholders identified the largest resource gaps in St. Louis City around **jobs that pay a
living wage**, followed by **mental health** resources. Many other areas were identified, but
to a lesser degree.

➤ Stakeholders identified new issues of concern around **mental health**, as well as **the
expanding gap in income,** and **housing.**

➤ Stakeholders most frequently mentioned **community organizations**, like the Behavioral
Health Network and Crisis Nursery, as resources which community members may be
unaware. Related to this are **community health advocates,** trusted members of the
community who can have a positive impact on influencing healthy behaviors.

➤ Many stakeholders feel that **greater collaboration** will improve the health of the
community. Others suggested that there should be greater **sharing of information** and
addressing **how resources are distributed** as opportunities for improvement.

➤ **63106** and **63107** are the St. Louis City ZIP codes identified as being at greatest risk.
Stakeholders mentioned **North St. Louis City** as the community at highest risk, although
there is increasing concern about parts of **South St. Louis City.**

PRIORITY HEALTH NEEDS FOR ST. LOUIS CITY

There are four needs that are of greatest concern in St. Louis City: **mental health, immunizations/infectious diseases, maternal and infant health** and **drug abuse**.
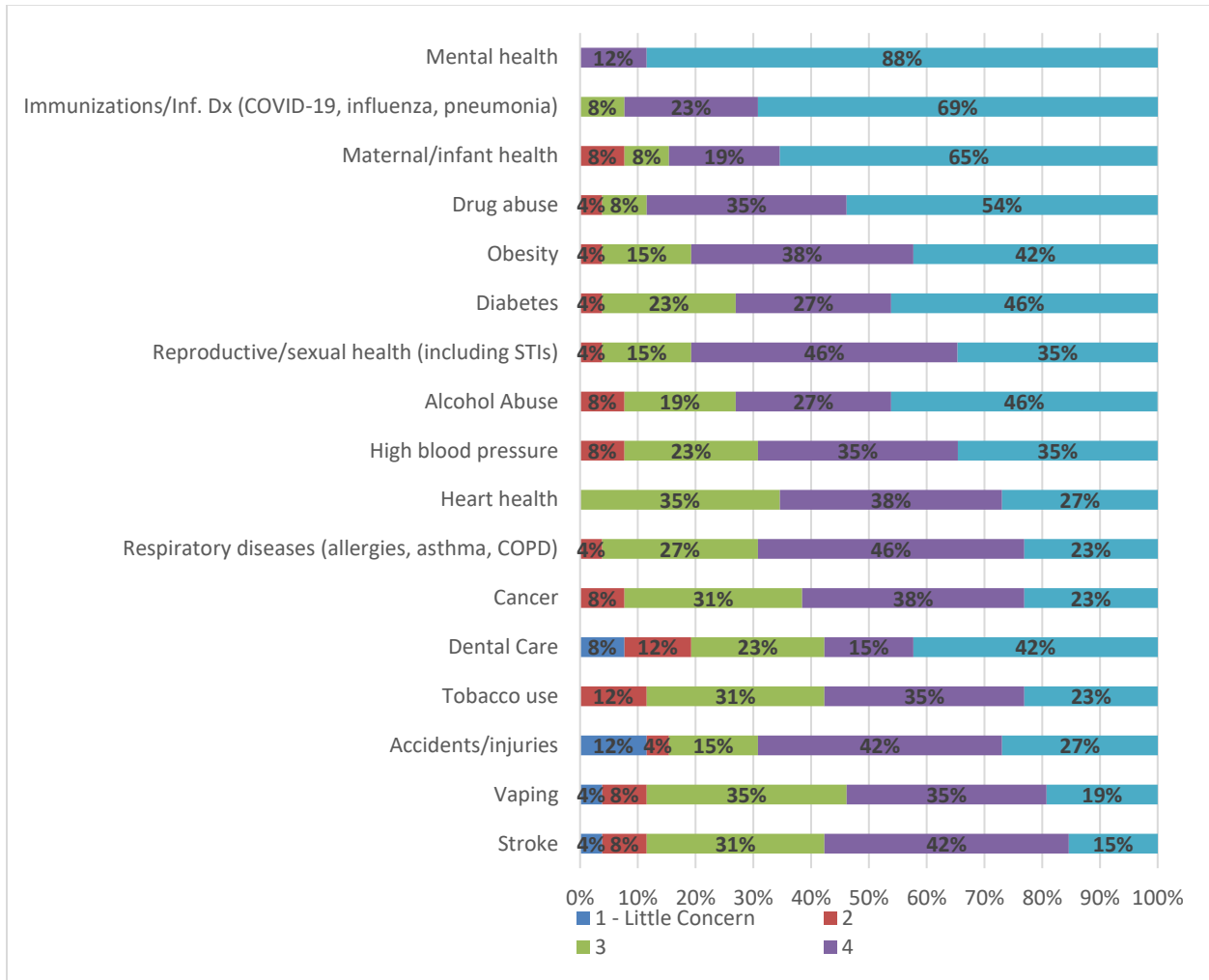

Q3 & Q4: Thinking about St. Louis City, please rate your level of concern about each of these health needs on a scale 1 (little concern) to 5 (significant concern).

NEEDS WITH GREATEST POTENTIAL FOR COLLABORATION IN ST. LOUIS CITY

Stakeholders feel that there is the greatest potential to work together around the issues of **immunizations /infectious diseases**, **mental health, maternal and infant health** and **drug abuse**.
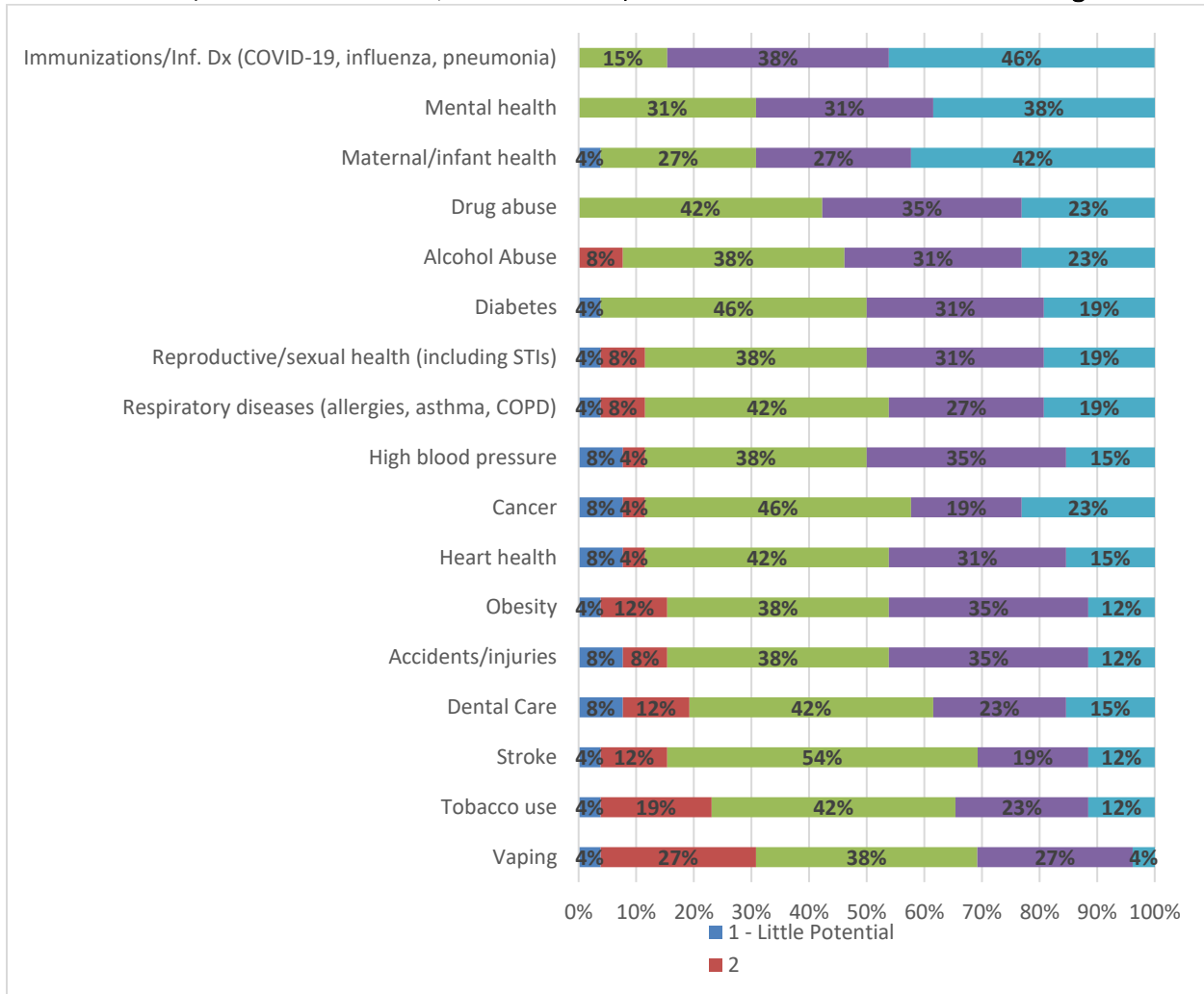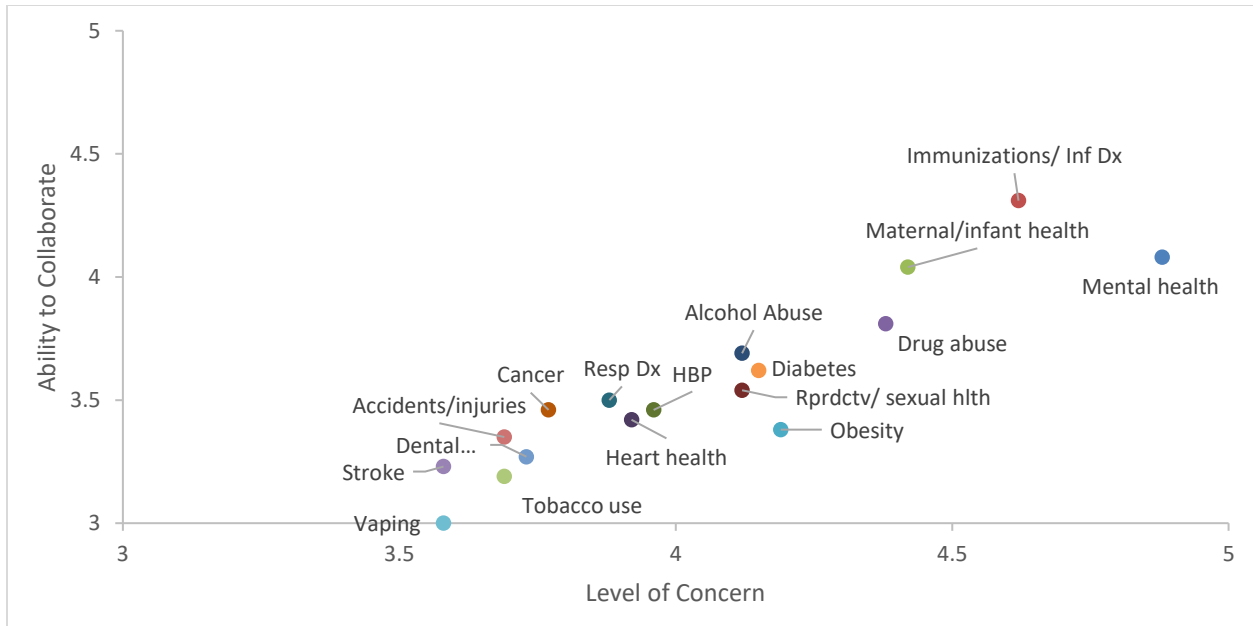

Q5 & Q6: How would you rate the potential of community partners in St. Louis City to work together to address each of these health needs? Please rate each on a scale 1 (little potential) – 5 (significant potential).

LEVEL OF CONCERN BY ABILITY TO COLLABORATE

The stakeholders rate **mental health**, **immunizations and infectious disease, and maternal/infant health** as their top priorities based on level of concern and potential for collaboration. **Drug abuse** is next in importance.

Health Need	Level of Concern	Ability to Collaborate
Mental Health	4.9	4.1
Immunizations/ Infectious Diseases	4.6	4.3
Maternal/Infant Health	4.4	4.0
Drug Abuse	4.4	3.8
Obesity	4.2	3.4
Diabetes	4.2	3.6
Alcohol Abuse	4.1	3.7
Reproductive/ Sexual Health	4.1	3.5
High Blood Pressure	4.0	3.5
Heart Health	3.9	3.4
Respiratory Diseases	3.9	3.5
Cancer	3.8	3.5
Dental Care	3.7	3.3
Accidents/ Injuries	3.7	3.4
Tobacco Use	3.7	3.2
Stroke	3.6	3.2
Vaping	3.6	3.0

Scatter plot with x-axis "Level of Concern" (ranging from 3 to 5) and y-axis "Ability to Collaborate" (ranging from 3 to 5). Plotted points: Immunizations/ Inf Dx, Maternal/infant health, Mental health, Alcohol Abuse, Drug abuse, Cancer, Resp Dx, HBP, Diabetes, Accidents/injuries, Rprdctv/ sexual hlth, Heart health, Dental..., Obesity, Stroke, Tobacco use, Vaping.

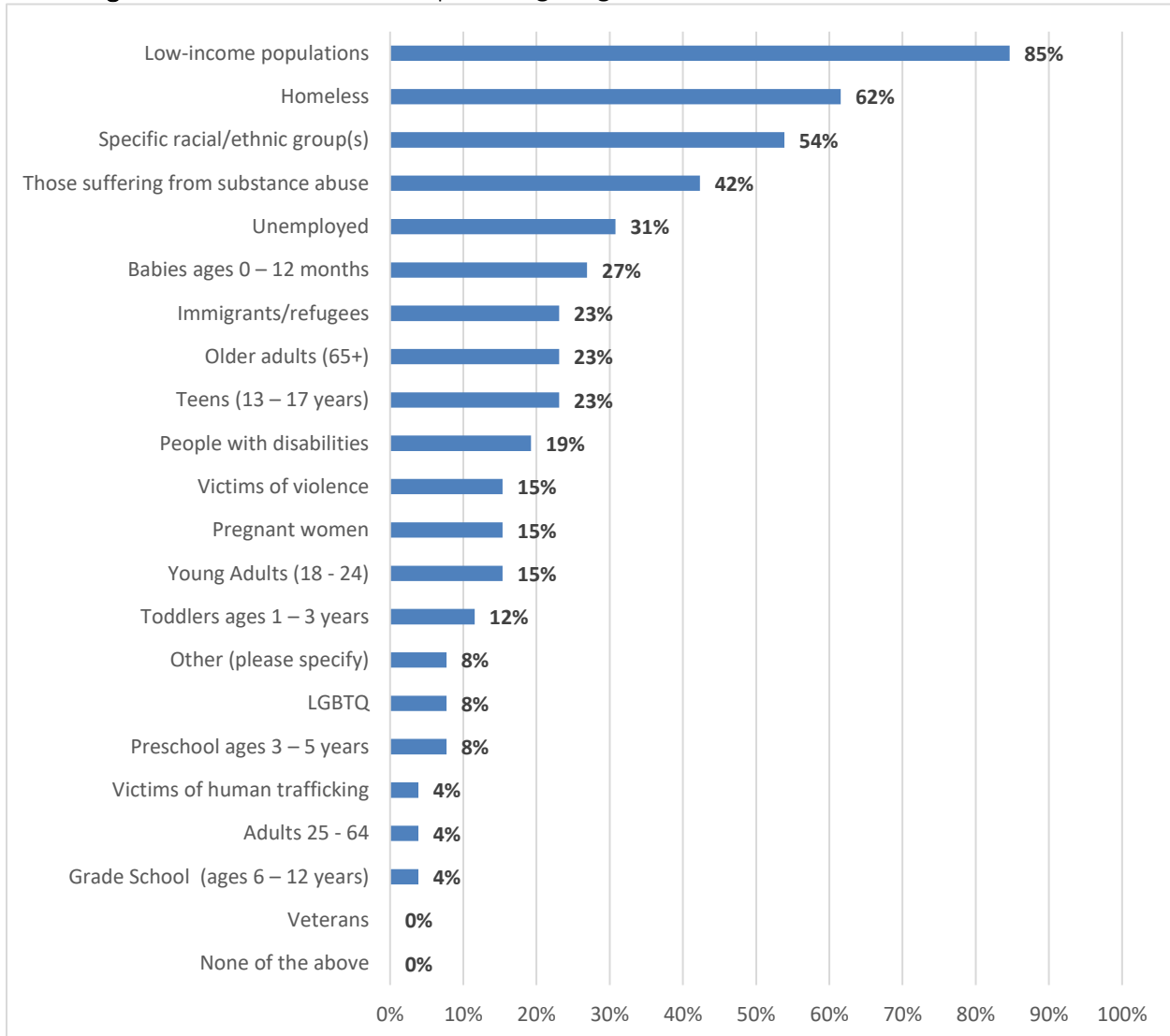## GREATEST BARRIERS TO ACCESS IN ST. LOUIS CITY

Stakeholders identify **financial barriers related to health insurance** as having the greatest impact on access to health services in St. Louis City. Concerns related to **transportation, fear** and **lack of mental health services** have more than 60% of stakeholders rating them a 5.
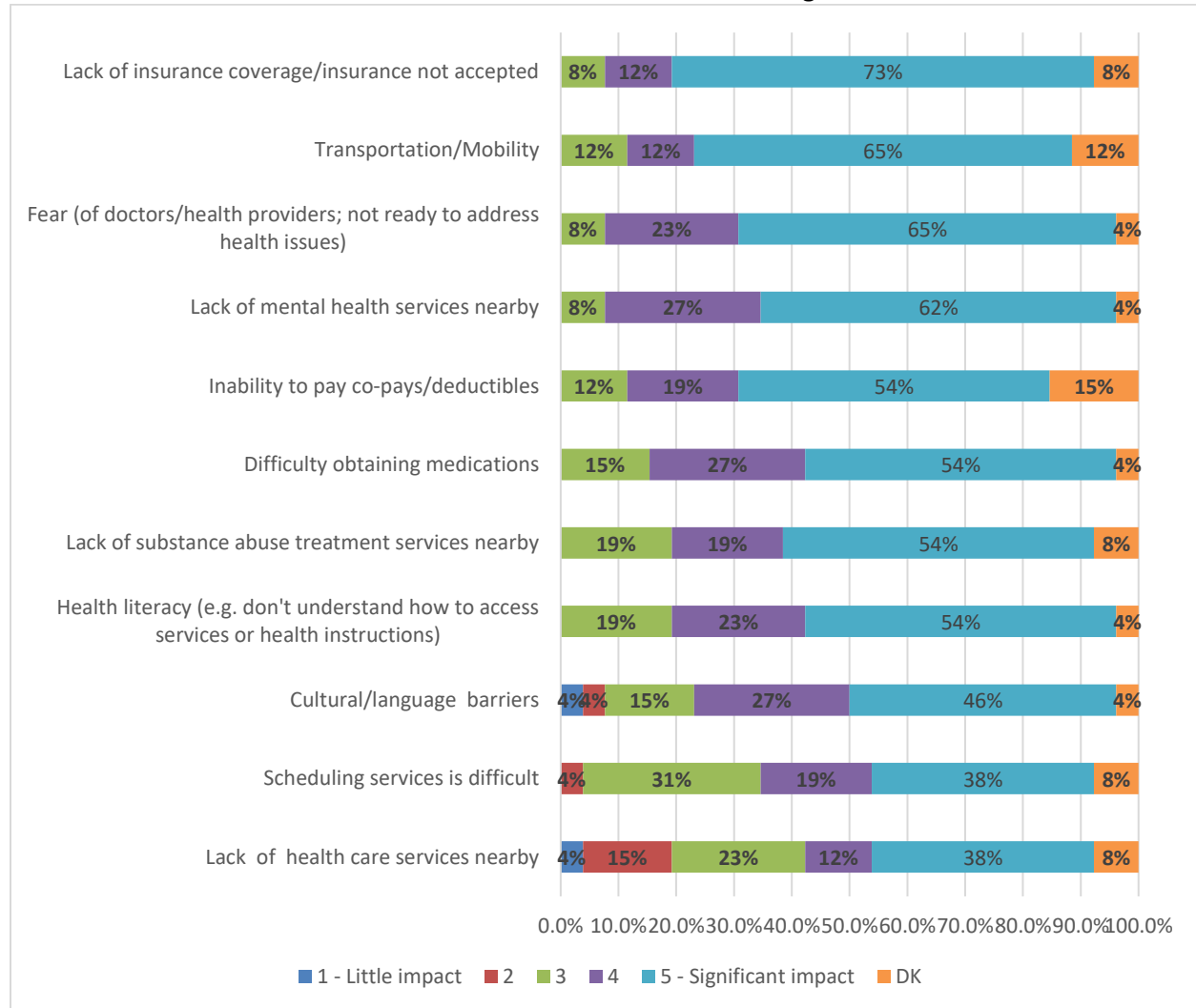
Q7: How impactful are each of the following barriers in St. Louis City to accessing health care? Rate each on a scale of 1 (little impact) – 5 (significant impact).

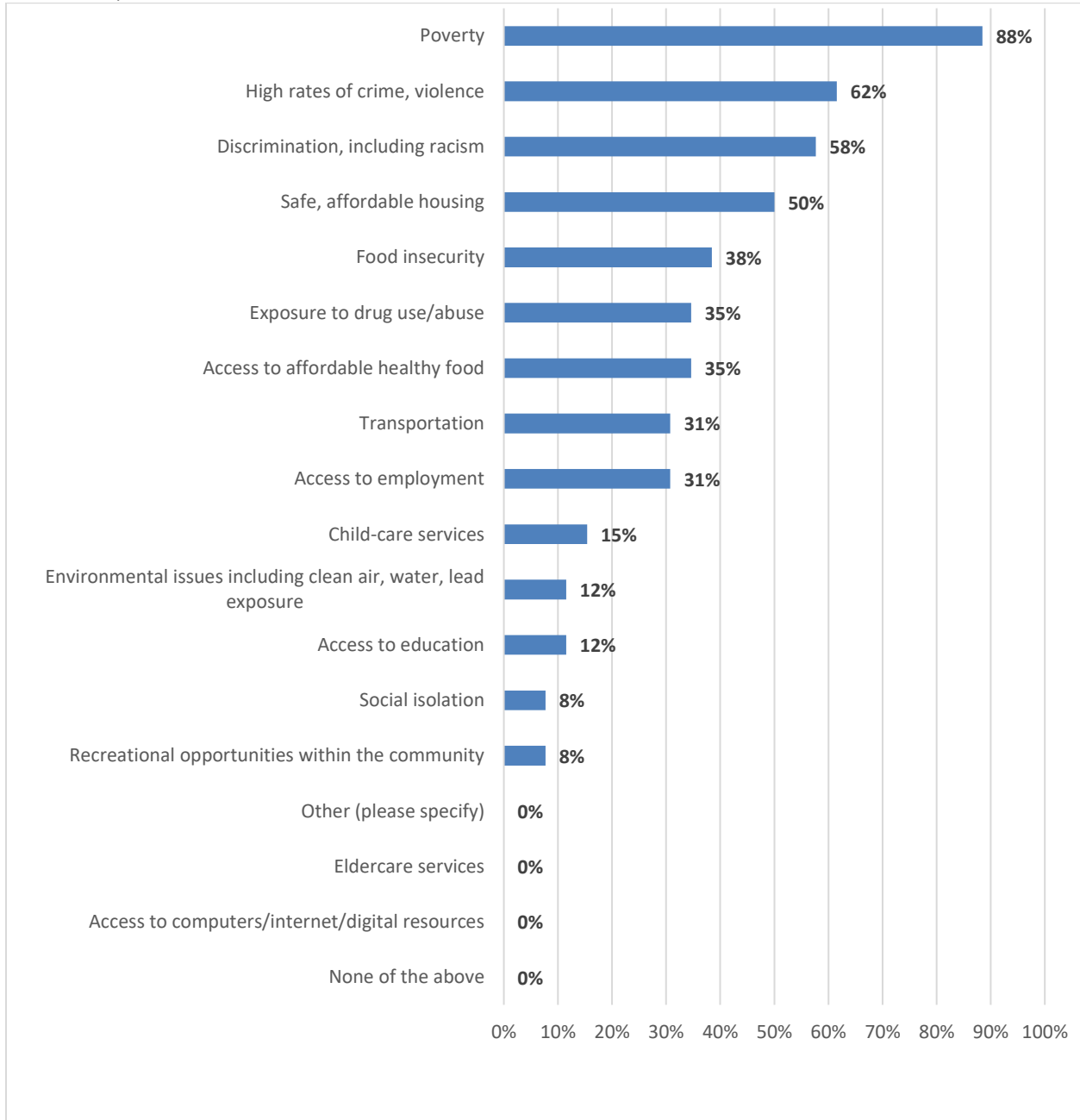## POPULATIONS AT GREATEST RISK IN ST. LOUIS CITY

Most stakeholders identify **low-income populations** as being at greatest risk for poor health outcomes in St. Louis City. The **homeless** and **specific racial/ethnic groups** are ranked 2nd and 3rd. **Babies ages 0 – 12 months** are the specific age segment called out first.

Population	Percentage
Low-income populations	85%
Homeless	62%
Specific racial/ethnic group(s)	54%
Those suffering from substance abuse	42%
Unemployed	31%
Babies ages 0 – 12 months	27%
Immigrants/refugees	23%
Older adults (65+)	23%
Teens (13 – 17 years)	23%
People with disabilities	19%
Victims of violence	15%
Pregnant women	15%
Young Adults (18 - 24)	15%
Toddlers ages 1 – 3 years	12%
Other (please specify)	8%
LGBTQ	8%
Preschool ages 3 – 5 years	8%
Victims of human trafficking	4%
Adults 25 - 64	4%
Grade School (ages 6 – 12 years)	4%
Veterans	0%
None of the above	0%

Q8: Among those you serve in St. Louis City, which of the following populations are most at risk for poor health outcomes? Pick no more than five.

SOCIAL FACTORS IMPACTING ST. LOUIS CITY

Stakeholders overwhelmingly agree that **poverty** is the social factor that has the greatest impact on the health of those living in St. Louis City. **Crime and violence, discrimination and housing** rank next in importance.

Social Factor	Percentage
Poverty	88%
High rates of crime, violence	62%
Discrimination, including racism	58%
Safe, affordable housing	50%
Food insecurity	38%
Exposure to drug use/abuse	35%
Access to affordable healthy food	35%
Transportation	31%
Access to employment	31%
Child-care services	15%
Environmental issues including clean air, water, lead exposure	12%
Access to education	12%
Social isolation	8%
Recreational opportunities within the community	8%
Other (please specify)	0%
Eldercare services	0%
Access to computers/internet/digital resources	0%
None of the above	0%

Q9: Which of the following social factors have historically had the greatest impact on the health of the communities you serve in St. Louis City. Pick no more than five.

COVID-19'S IMPACT ON ST. LOUIS CITY

Stakeholders strongly agree that the greatest impact of COVID-19 has been on the **mental health** of St. Louis City residents, evidenced by increased symptoms of depression and anxiety. The pandemic has also created **financial hardship** for area residents, resulting in **loss of regular income**. Some identify **difficulty accessing health services and medications** as another effect of the pandemic.
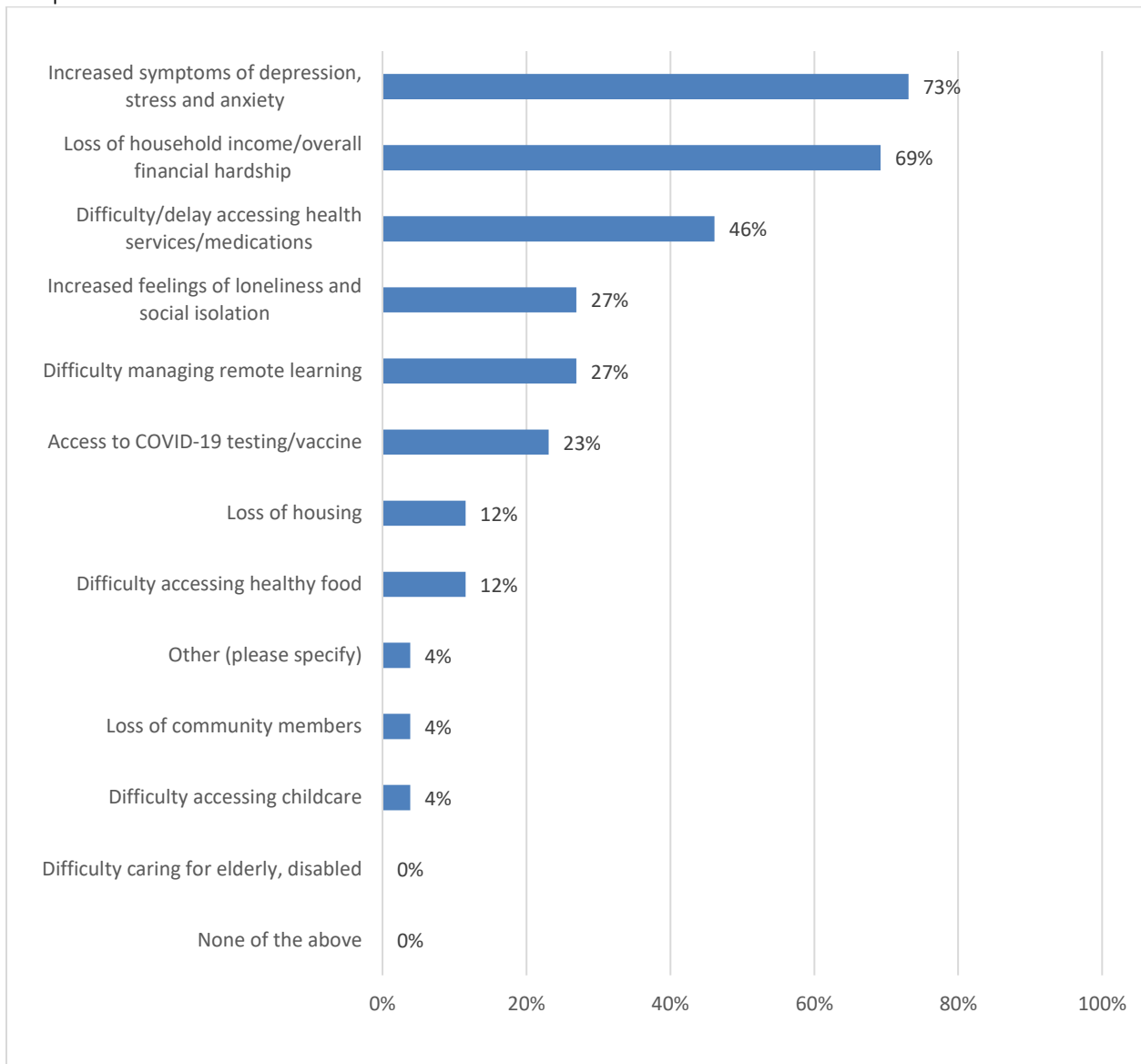
Q10: Thinking about the COVID-19 pandemic and its impact on St. Louis City, which of the following have had the greatest impact on the health of the community? Pick no more than three.

BIGGEST GAPS IN RESOURCES

Stakeholders identified the largest resource gaps in St. Louis City around **jobs that pay a living wage**, followed by **mental health** resources. Many other areas were identified to a lesser degree.

NEED	GAP
Jobs (5 comments)	Loss of household income/overall financial hardship. Essential workers, who tend to be our more vulnerable populations that are least able to "weather" these circumstances, are losing retail, restaurant, hospitality, etc. jobs that cannot be performed remotely. This subjects them to job losses and requirements of quarantining, because they cannot avoid close personal contact.
	Better jobs and sources of income - Poverty limiting transportation and money for healthcare copays and stable housing
	Living Wage jobs
	Un and under employment. Lack of available and accessible jobs
	The greatest issue is employment connections for those with minimal education to marketplace needs.
Mental Health (4 comments)	Depression, stress and anxiety. I don't know anyone who is feeling joyful. Lives have been turned upside down, people are isolated, jobs lost, people dying or folks not believing COVID is real, mixed messages and untruths. These populations already have enough trauma without the addition of COVID uncertainties.
	Mental health, alcohol and substance abuse - treatment
	Behavioral Health Funding
	Lack of fiscal support for pre-admission outreach of vulnerable patients who need to transition from acute care (hospital) usage to ongoing community care, particularly for mental health and substance use services
Substance Abuse (3 comments)	Mental health, alcohol and substance abuse - treatment
	Opioid epidemic continues to be growing.
	Lack of fiscal support for pre-admission outreach of vulnerable patients who need to transition from acute care (hospital) usage to ongoing community care, particularly for mental health and substance use services
Technology (3 comments)	Difficulty managing remote learning -- digital gap access to wifi and tools; also packed housing with lots of people in the household. If parent(s) able to find work, no one there to assist/supervise and no childcare.
	Access to technology...phones in particular
	Internet services
Service Coordination (3 comments)	Gaps in resources are referral coordination among agencies, transportation coordination for residents in needs of different healthcare services.
	Coordinated care planning for those with multiple barriers/social determinants of health.
	Coordination across service and inclusion of varied partners contributes significantly to all areas of resource gap across the City of St. Louis region. The same players get most of the resources and maintain power to choose which partners to work with. New partners are often not included.
Housing (2 comments)	Homelessness and lack of stable housing also continues to grow
	Housing

Q11: What are the biggest gaps in resources within this community to address the needs that you have identified? Please mention the need along with the missing resources.

BIGGEST GAPS IN RESOURCES (CONTINUED)

NEED	GAP
Insurance (2 comments)	Insurance coverage -Lack of Health Insurance,
	Medicaid Expansion will continue to leave many without health insurance so ERs will likely continue to bare the burden of health care for the uninsured.
Access to Healthy Food (2 comments)	Grocery stores -Lack of affordable access to healthy food
	Access to healthy food.
Implicit Bias/Racism (2 comments)	Equitable resources across race and socioeconomic status
	Implicit Bias and institutional racism's effect on overall individual health, and desire to be seen in a traditional medical setting.
Vulnerable Neighborhoods (2 comments)	The generational poverty has created a sense of hopelessness and isolation. Investments in neighborhoods that have not received these investments in decades is critical to break these cycles. It will require layers of investments, not just from hospitals, but others as well.
	Areas within the city without access to good services and/or transportation to get there
Transportation (2 comments)	Adequate transportation
	Transportation
Political Divide (1 comment)	The political divide between politicians across the lines.
Health Care for Immigrants (1 comment)	Culturally and linguistically competent care, especially for under and uninsured immigrants.
Health Clinics in Schools (1 comment)	School located clinics
Community-based health services evenings, weekends (1 comment)	Health services in the evening and on weekends and located in the communities

Q11: What are the biggest gaps in resources within this community to address the needs that you have identified? Please mention the need along with the missing resources.

NEW/ADDITIONAL HEALTH/SOCIAL ISSUES

Stakeholders identified new issues of concern around **mental health**, as well as **the expanding gap in income,** and **housing.**

NEED	GAP
Mental Health (4 comments)	Not new but Covid showed the need for increased mental health services
	Mental health, particularly community trauma, is a critical issues. Many people don't discuss or recognize the problem, nor seek treatment.
	Culturally and linguistically competent mental health care
	Mental Health Needs of our Children as they return to school after COVID isolation and sub standard learning for the past year. Very concerned about pre K - 3rd grades and middle school/high school students
Widening Gap between Income Levels (2 comments)	Disparities between "haves" and "have nots" are increasing.
	The income gap is widening at a tremendous rate
Housing (2 comments)	The lack of affordable house and subsidized housing is a key contributor to individuals' poor health outcomes
	Housing and available healthy food sources of a wide variety.
Access to Technology	Access to Technology for school learning support
Child abuse	Violence- child abuse and neglect-
Culturally Sensitive Patient Care	I do see a need for culturally congruent and patient centered care.
Disability Rates	The rate of disability in people of working age is very high. A lot of this may be preventable if the causes are diabetes, obesity, strokes, injuries from violence or unsafe housing, and other preventable causes
Healthy Food	Housing and available healthy food sources of a wide variety.
Health Literacy	Despite the focus on health literacy that created Health Literacy Missouri (now Health Literacy Media, HLM) over a decade ago, efforts to integrate health literacy into health and social related activities are limited in the St. Louis region. Despite maintaining our base of operations in downtown St. Louis, the significant majority of our work is outside the city/state. Health literacy is not yet a priority and impacts the full spectrum of health and social concerns across populations and the lifespan.
Increased Mistrust	Greater levels of mistrust are brewing.
Limited Safe Recreational Opportunities for Youth	Young people do not have safe places for fun and recreation. This added to the isolation of COVID is a recipe for increased depression and anxiety.
Lost Learning Opportunities	I would say that it's probably well known (maybe not?) that some of our youths will find it difficult to catch up on lost learning opportunities.
Maternal and Child Health	Maternal and child health...not new but may not be large focus now
Racial and Health Iniquities	Understanding racial and health inequities.
Reproductive Justice	Reproductive justice for pregnant and parenting people- essentially perinatal care and not just prenatal care.
Social Determinants of Health	Mostly pre-existing social determinants of health, exacerbated by COVID.
Staffing	Significant staffing challenges; we cannot hire all the staff needed and meet the required credentials
Substance Abuse	The prevalence of alcoholism and drug use and the effects on families and the community is grossly underreported.

Q12: What new/additional health or social issues are you aware of in this community that may not be widely known, yet are a concern for the future?

COMMUNITY ASSETS THAT PROMOTE COMMUNITY HEALTH

Stakeholders most frequently mentioned **community organizations** as resources which community members may be unaware. Related to this are **community health advocates,** trusted members of the community who can have a positive impact on influencing healthy behaviors.

RESOURCE TYPE	RESOURCE
Community Organizations (4 comments)	Small businesses.
	Neighborhood councils, community development orgs, yoga/smaller exercise groups/studios
	Behavioral Health Network as a planning / coordinating body to support the "safety-net" of mental health and substance use services for un/under-insured persons
	Free care for kids at the Crisis Nursery!
Community Health Advocates (2 comments)	There are too many to recount. I suspect you know most, if not all, of them. However, I would point out the significance of "non-medical professionals" for improved healthcare and public health: Peer Supports, Community Health Workers, Promotores, Doulas. The more we train, utilize and compensate these non-medical professionals with deep roots in community, the better our health results will likely be. Engaging people in their health preservation prior to illness, the heathier our communities will be. Professionals in all other disciplines -- non-medical -- are essential assets for assuring health. Health in all policies, so that we don't have to constantly work around existing policies that are not healthful through massive healthcare interventions on the back end seem like great assets as well.
	There needs to be more community health advocates. People who live in the community and can be entrusted, while being incentivized can have a more effective impact.
Faith-based Organizations (2 comments)	Faith based organizations.
	Support from churches
Outdoor Recreational Areas (2 comments)	Safe and available outdoor spaces to walk, run, and general healthy movement.
	City parks
Art and Cultural Institutions	All communities have strength and resilience that should be celebrated. Even in areas of high poverty, investments in public art and cultural institutions can be healing.
Food Pantries	Food pantries
Community Coordination	Our ability to coordinate our efforts as a community...we need specific convener to bridge the gaps
	There needs to be more community health advocates. People who live in the community and can be entrusted, while being incentivized can have a more effective impact.
Faith-based Organizations	Faith based organizations.
Schools	Our children are in schools/families must be connected with schools... so lets rethink the role of schools in offering school health and mental health services.

Q13: Think about health assets or resources as people, institutions, services, supports built resources (i.e. parks) or natural resources that promote a culture or health. What are the health assets or resources in St. Louis City that we may not be aware of?

IDEAS FOR IMPROVING THE HEALTH OF THE COMMUNITY

Many stakeholders feel that **greater collaboration** will improve the health of the community. Others suggested greater **sharing of information** and addressing **how resources are distributed** as opportunities for improvement

NEEDS	DESCRIPTION
Greater Collaboration (12 Comments)	Recognize that we are all in this together and work to help the most marginalized (which will help the marginalized, but will also help everyone);
	Determine common goals and opportunities for cohesive/creative ways of communicating to directed audiences.
	Larger corporations and healthcare systems should financially support and partner with smaller grassroots non-profits who have direct connections with vulnerable populations - not just through grants/donations but through true supportive long term partnerships
	Give residents decision-making authority about where investments should be made, and pair them with culturally responsive implementation teams to make the investments happen.
	This community historically has done a poor job of partnering and working together. That really needs to change if we are going to improve
	Expand the communication to resources preventing silos of supports-continued growth of mobile services, grow the school-based health centers supports
	Form coalitions that represent regardless of race, color, creed, sexual orientation
	There is demonstrated benefit to coordinated and collective goals across the region and not siloed within organizations or providers. This region is too small to function alone or think people remain within one organization or health system
	Cooperation and open communication
	Break the silos and welcome new and different voices to the old, frequently stalled conversations.
	Create focus groups composed of non-profit, corporate, government leaders and community members.
	There must be a collective scorecard and shared vision. What are the goals that are measurable?
Share Information (5 Comments)	Share data and information while protecting privacy/confidentiality;
	Share the same information
	Sharing the outcomes of this survey with all partners that have completed it would be a start, and a list of the organizations participating so they may connect for possible collaboration
	Communicate efforts
	Maybe it is time to step back, look at what we are doing...is it working, if not--- let's go in another direction.
Address resource Distribution (4 comments)	Recognize each others strengths and share resources based on persons served not agencies - funding should follow the person
	Resources from the health care and corporate institutions commit to plan for developing a safe and productive community for low and mixed income families.
	Continue to fund programs that are getting great outcomes- not always looking for new programs-
	Share resources based on need (not equal or based on capacity to generate)
Focus on Wellness/Prevention	Work for more for health and illness prevention rather than illness and healthcare intervention;
Address Social Determinants	Work collaboratively on social determinants of health that are often not viewed as the province of healthcare institutions and are often addressed in a disjointed, ineffective way;
Address Racism	Seek racial truth telling and healing;
Address Housing	We need a collective, response to support residents who are unhoused to gain safe, affordable housing

Q14: How can community stakeholders in St. Louis City work together to use their collective strengths to improve the health of the community?

COMMUNITIES AT GREATEST RISK

63106 and **63107** are the ZIP codes identified as being at greatest risk. Stakeholders mentioned **North St. Louis City** as the community at highest risk, although there is increasing concern about parts of **South St. Louis City**.

ZIP CODES	COMMUNITIES
63106 (6 mentions)	North St. Louis City (8 mentions)
63107 (6 mentions)	South St. Louis City (4 mentions) (pockets; southeast)
63112 (3 mentions)	Neighborhoods with increasing immigrant communities
63113 (3 mentions)	Everywhere! No where is safe for our children
63115 (3 mentions)	Low-income families of color, both in north and south St. Louis, are especially vulnerable where crime and unemployment rates are high
63147 (3 mentions)	
63102 (2 mentions)	
1 mention each:	
63103	
63104	
63111	
63118	
63120	
63135	

Q15: Within St. Louis City, which communities, neighborhoods, or ZIP codes are especially vulnerable or at risk?

NEXT STEPS

Using the input received from community stakeholders, Barnes Jewish Hospital and St. Louis Children hospital will consult with their internal workgroups to evaluate this feedback. They will also consider other secondary data and determine whether/how their priorities should change. The final needs assessment and implementation plan is due by December 31, 2022.

Appendix E: Online Survey Participants

LAST NAME	FIRST NAME	ORGANIZATION	TITLE	CITY
ST. LOUIS CITY ONLINE SURVEY PARTICIPATING STAKEHOLDERS				
Abente	Diego	Casa de Salud	President & Chief Executive Officer	St. Louis
Bentley	Judy	Community Health-In-Partnership Services (CHIPS)	President and Chief Executive Officer	St. Louis
Bertel	Christian	Hazelwood School District	Health Coordinator	Florissant
Bradshaw	Karen	St. Louis Integrated Health Network	Director, Care Transitions Initiatives	St. Louis
Brinkmann	Jennifer J	Alive and Well Communities	President	St. Louis
Buhlinger	Yvonne	Affinia Healthcare	Vice President, Development and Community Relations	St. Louis
Butler	Dwayne	BJK Peoples Health Centers	Chief Executive Officer	St. Louis
Cole	Marjorie	MO DHSS	State School Nurse Consultant	St. Louis
Dawsey	Nichole	PreventEd	Executive Director	St. Louis
Hamell	Candace	BJC Healthcare	Associate Director	Saint Louis
Haywood	Sally	Behavioral Health Network of Greater St. Louis	Sr. Dir., Strategic Initiatives	St. Louis
Helm	Tim	Gateway Region YMCA	President & Chief Executive Officer	St. Louis
Hurd	Brian H.	Rise Community Development, Inc.	Technical Assistance Program Manager	St. Louis
Komanetsky	Julie	SVDP	Director, Programs and Partnerships	St. Louis
McCallister	Laura	Places for People	Chief Executive Officer	St Louis
Mueller	Dianne	Saint Louis Crisis Nursery	Chief Executive Officer	St Louis
Neumeister	Sharon	iFM Community Medicine	Chief Program Officer	St. Louis
O'Leary	Catina	Health Literacy Media	President/Chief Executive Officer	St Louis
Pigg	Margo	BJC Behavioral Health	Director, Clinical Operations	St Louis
Plain	Volyia	Missouri Foundation for Health	Senior Strategist	St Louis
Schmid	Craig	City of St. Louis Department of Health	Government Services Analyst	St. Louis
Washington	Hardy	State Farm	Agent	Kirkwood
Wild	Kristen	Operation Food Search	President & Chief Executive Officer	St. Louis
Williams	Carrie	Youth In Need	Health Manager	St. Louis
Wolf	Alyssa	March of Dimes	Assoc. Director of Donor Development	St. Louis
Zawier	Barbara	Places for People	Vice President of Clinical Services	St. Louis

Appendix F: St. Louis Children's Hospital CHNA Internal Work Group

ST. LOUIS CHILDREN'S HOSPITAL INTERNAL WORK GROUP			
LAST	FIRST	TITLE	DEPARTMENT
Al-Hussain	Andrea	Associate Director	Behavioral Health
Arbeláez	Ana María	Chief	Division of Pediatric Endocrinology and Diabetes
Arciniega	Nicole	Educator, Staff	Nrs OB-LDR
Bohannan	Doneisha	Director, Community Partnerships and Collaboration	Office of Community Health Improvement
Bubeck-Wardenburg	Juliane	Division Chief	Critical Care Medicine
Cradock	Mary Mike	Director, Behavioral Health	Behavioral Health Admin
Daughrity	Latoya	Director, Newborn Intensive Services	Women/Infants Product Line
Ellis	Alysa	Associate Professor of Pediatrics	Pediatrics - Allergy, Immunology, Pulmonary Medicine
Emberton	Shelby	Educator Women's Health	OB/GYN Clinic
Fennoy	Sha'Neco	Manager, Community Health	Raising St. Louis
Flowers	Marsha	Manager, Food Services	F&N Inpatient Dieticians
Ford	Tyrone	Lead Social Worker	Emergency Room
Garbutt	Jane	Professor of Medicine	DOM - General Medical Sciences
Garwood	Sarah	Associate Professor of Pediatrics	Pediatrics - Adolescent Medicine
Gilbert	Cydney	Social Worker	Social Services
Goymerac	Sarah	Manager, Patient Care	EU/Transport/Trauma Admin
Herndon	Michele	Manager, Program - Clinical	EU/Transport/Trauma Admin
Iffrig	Abbey	Supervisor, Community Education and Events	MC-Sponsorship_Activation_Even
Jewell	Tesh	Vice President, Ambulatory & Clinical Support	Executive Administration
Keller	Martin	Associate Professor of Surgery (Pediatrics)	Surgery - Pediatrics
Kozma	Nicole	Director, Outreach Programs	Child Health Advocacy and Outreach
Lewis	Christopher	Assistant Professor of Pediatrics	Pediatrics - Endocrine
Malcolm	Mia	Program Manager	Family-Centered Care
Meadows	Lisa	Director, Healthy Kids	Child Health Advocacy and Outreach
Mechler	Jill	Manager, Patient Experience/Guest Services	Guest Services Administration
Nash	Alison	WUCA Physician	WUCA Nash Pediatrics
Nelson	Reagan	Supervisor, Community Benefit/Evaluation	Child Health Advocacy and Outreach
Newland	Jason	Professor of Pediatrics	Pediatrics - Infectious Disease
Plax	Katie	Division Chief	Adolescent Medicine
Purnell	Jason	VP, Community Health Improvement	Executive Administration
Quayle	Kim	Professor of Pediatrics	Pediatrics - Emergency Medicine
Reich	Patrick	Assistant Professor of Pediatrics	Pediatrics - Infectious Disease
Rhomberg	Vicki	Director, Ambulatory Services	Ambulatory and Clinical Supt Admin

LAST	FIRST	TITLE	DEPARTMENT
		ST. LOUIS CHILDREN'S HOSPITAL INTERNAL WORK GROUP (CONTINUED)	
Rivera-Spoljaric	Katherine	Professor of Pediatrics	Pediatrics - Allergy, Immunology, Pulmonary Medicine
Rosenberg	Susanne	Executive Director, Hemotology Oncology/Behaviorial Health Services	Hem Onc Admin
Saunders	Scott	Associate Professor of Pediatrics	Pediatrics - Newborn Medicine
Scott	Rinada	Social Worker	Social Services
Senior	Meghan	Manager, Call Center (Clinical)	Answer Line
Smith	Yvonne	Director, Women and Infant Services	Women & Newborn Admin
Stoll	Janis	Associate Professor of Pediatrics	Pediatrics-GI
Strehlow	Denise	Manager, Community Health	School Outreach 1
Stuckle	Daniel	Dentist	Dental Clinic
Szabo	Kleanthie	ANM (Clinical) - Specialty	Ambulance Services
Todd	Greta	Executive Director, Diversity/Inclusion/Community	Child Health Advocacy and Outreach
Weir	Kimberly	Manager	Call Center
Wolf	Maggie	Executive Director, Newborn and Emergency Services	Women / Infants Product Line
Zurmuehlen	Jessica	Director, Emergency Services	EU/Transport/Trauma Admin

Community Health Needs to be Addressed

Community Health Need Rationale

Obesity now affects 20 percent of all children and adolescents in the United States according to the CDC. Childhood obesity can have a harmful effect on the body and lead to a variety of adult-onset diseases in childhood such as high blood pressure, high cholesterol, diabetes, breathing problems, socio-emotional difficulties, and musculoskeletal problems.

STRATEGY: HEAD TO TOE

SLCH's Child Health Advocacy and Outreach Department currently provides the Head-to-Toe program twice annually to serve children from within St. Louis City as well as the surrounding community who have a written recommendation from their physician stating their need for the program.

STRATEGY GOAL

➢ To improve knowledge and skill in leading a healthy lifestyle among children and their families by offering a multidisciplinary approach to weight management.

STRATEGY OBJECTIVES

➢ Provide intensive group educational sessions that focus on nutrition, physical activity, and emotional health to around 30 families per year.

➢ Increase knowledge of nutrition, physical activity, and emotional health among participants by a 5 percent increase in average knowledge score among participants at post-test compared to pre-test.

STRATEGY ACTION PLAN

SLCH's Child Health Advocacy and Outreach Department is responsible for this program. An exercise specialist, registered dietician, social worker, and health promotion professionals facilitate 17 group sessions on topics regarding physical activity, nutrition, and emotional health.

Educational sessions are provided both in-person and virtually to adapt to COVD-19 challenges.

STRATEGY EXPECTED OUTCOMES

Participants learn skills and techniques that will help them incorporate healthy behavior into their lifestyles by increasing their knowledge of healthy nutrition, physical activities, and emotional health.

STRATEGY OUTCOME MEASUREMENTS

This program is evaluated by measuring improvements in physical activity, nutrition, self-image, family relationships and healthy behaviors. The tools used to measure these outcomes capture changes in behavior, knowledge, skill, and readiness to change assessment tools. Progress will be

evaluated by measuring the number of sessions and the number of participants who complete pre- and post- assessment tools.

STRATEGY: "FUN"TASTIC NUTRITION

STRATEGY DESCRIPTION

BJC School Outreach and Youth Development currently provides "Fun"tastic Nutrition, a classroom-based program that teaches students in grades 2 to 5 the importance of healthy eating habits and a healthy lifestyle.

The program was revised to adapt to COVID-19 challenges. The school selects from the delivery options of pre-recorded lessons, live on a virtual platform or in person.

STRATEGY GOAL

➢ To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits.

STRATEGY OBJECTIVE

➢ Improve overall knowledge of healthy eating and nutritional habits of students by 10 percent from pre- to post-test assessment.

STRATEGY ACTION

"Fun"tastic Nutrition consists of four, one-hour sessions taught by a registered dietitian and includes the following topics:

- Importance of healthy eating and MyPlate

- Exercise and heart health

- Label reading

- The digestive system

After the program is delivered, a final program report is given to teachers, administrators, and staff to help foster future classroom-based education.

STRATEGY EXPECTED OUTCOMES

The intended outcome of this program is to increase knowledge of healthy eating and good nutritional habits by 10 percent.

STRATEGY OUTCOME MEASUREMENTS

To measure the overall increase in knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

STRATEGY: EXPLORE HEALTH

STRATEGY DESCRIPTION

BJC School Outreach and Youth Development currently provides Explore Health, a classroom-based program that teaches students in grades 6 to 12 the importance of healthy eating habits and a healthy lifestyle.

> *The program was revised to adapt to COVID-19 challenges. The school selects from the delivery options of pre-recorded lessons, live on a virtual platform or in person.*

STRATEGY GOAL

➢ To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits.

STRATEGY OBJECTIVE

➢ Improve overall knowledge of healthy eating and nutritional habits of students by 10% from pre- to post-test assessment.

STRATEGY ACTION

Explore Health consists of four one-hour sessions taught by a registered dietitian and includes the following topics:

- Learning healthy eating basics
- Learning the importance of family medical history
- Learning how to read a food label and make informed decisions
- Examining food advertisements and learning how to evaluate claims made

After the program is delivered, a final program report is given to teachers, administrators, and staff to help foster future classroom-based education.

STRATEGY EXPECTED OUTCOMES

The intended outcome of this program is to increase knowledge of healthy eating and good nutritional habits by 10 percent.

STRATEGY OUTCOME MEASUREMENTS

To measure the overall increase in knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

STRATEGY: SNEAKERS

STRATEGY DESCRIPTION

BJC School Outreach and Youth Development currently provides SNEAKERS, a classroom-based program that teaches students in grades 4 to 6 the importance of cardiovascular health and understanding fitness principles.

> *The program was revised to adapt to COVID-19 challenges. The school selects from the delivery options of pre-recorded lessons, live on a virtual platform or in person.*

STRATEGY GOAL

➢ To improve knowledge and emphasize the importance of the relationship between how the body systems work and relate to physical activity.

STRATEGY OBJECTIVE

➢ Improve overall knowledge of cardiovascular health and fitness principles of students by 10 percent from pre- to post-test assessment.

STRATEGY ACTION

SNEAKERS consists of four one-hour sessions taught by a registered dietitian and includes the following topics:

- Systems of the body
- Ways to keep the heart healthy
- Eating to maximize energy and muscle development
- How to exercise and stretch the major muscle groups
- Setting exercise goals

After the program is delivered, a final program report is given to teachers, administrators, and staff to help foster future classroom-based education.

PROGRAM OUTCOMES

The intended outcome of this program is to increase knowledge of cardiovascular health and fitness principles by 10 percent.

PROGRAM OUTCOME MEASUREMENTS

To measure the overall increase in knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

COMMUNITY HEALTH NEED: MATERNAL / CHILD HEALTH

COMMUNITY HEALTH NEED RATIONALE

Healthy People 2030 has different goals that focuses on maternal and child health including improving mothers' health before, during, and after childbirth, and ensuring newborns are healthy through their first year of life. As the Center on the Developing Child at Harvard University stated: "When developing biological systems are strengthened by positive early experiences, healthy children are more likely to grow into healthy adults."[1]

STRATEGY: RAISING ST. LOUIS (RSTL)

STRATEGY DESCRIPTION

SLCH's Child Health Advocacy and Outreach Department is responsible for Raising St. Louis (RSTL). RSTL provides home visitation services to improve child health, meet developmental milestones, and support parents in raising children to reach their full potential. Any woman or family who lives within an identified 22 zip code area and is pregnant or has a child up to age 4 is eligible to participate at no cost to the participant. The program offers monthly group and family connections for peer support, Nurses for Newborns that see the mother prenatal up to two months postnatal, a Licensed Clinical Social Worker to provide mental health support, Community Health Workers help parents navigate resources to meet family goals and offer specialized programming for fathers and males. RSTL connects with mothers, fathers and other family members to help build and sustain the family unit, reduce the high infant mortality rate, promote literacy and increase access to health care.

Services from parent educators, nurses, community health workers, and social workers can be offered both in-person and virtually to adapt to COVID-19 challenges.

STRATEGY GOAL

➢ For every child to get the best start on a healthy and full life.

STRATEGY OBJECTIVES

➢ Improve birth outcomes by focusing on five core areas:
  a) Birth weight and gestational age
  b) Improved child health and development
  c) Improve social determinants of health
  d) Mental Health Support with a Licensed Clinical Social Worker
➢ In five years (end of 2024) see a 12.5 percent reduction in (gestational age, birth weight) of children involved in the RSTL program.
➢ Provide 1,174 exams and screenings to 89 percent of clients to improve child health and development.
➢ Community Health Workers will help to bridge cultural and language barriers and improve health care outcomes by providing 200 clients with 400 resources, social services, visitation(s) and outreach.
➢ Father engagement programming to offer specialized programming for 100 fathers and males per year.

STRATEGY ACTION

The core program components will include referrals to appropriate prenatal care, evidence-based home visitation programs, parent support groups and navigation of healthcare and social services. Our program is available to pregnant women residing in the north St. Louis zip codes of 63101,63102,63103,63104,63106,63107,63108,63112,63113,63115,63120, 63130, 63134,63135,63136,63137,63138,63140,63147,63031,63033,63034.

STRATEGY EXPECTED OUTCOMES

Through participation in the RSTL program, children will be healthy, developing at an age-appropriate level, have developmentally delays identified and referrals given to appropriate practitioners and organizations. Improve systems of care by helping participants navigate and find appropriate medical homes and other resources to address social determinant of health.

STRATEGY OUTCOME MEASUREMENTS

This program will be evaluated by utilizing a mixed methods approach to ensure outcomes are being met. Progress will be evaluated by tracking data on the number of participants, birth outcomes, social/emotional and developmental screenings, referrals to resources and social services, and participant satisfaction.

STRATEGY DESCRIPTION

SLCH's Child Health Advocacy and Outreach Department is responsible for the Teen Outreach Program (TOP), which is a positive youth development classroom curriculum for grades 6-12. This program promotes academic success, life and leadership skills, and healthy behaviors and relationships.

STRATEGY GOAL

➢ Increase school success and prevent teen pregnancy and risky behaviors by teaching life skills, sense of purpose, and healthy behaviors and relationships.

STRATEGY OBJECTIVES

➢ Operate at least 40 TOP clubs throughout the school year
➢ Expose over 750 students to the TOP curriculum
➢ 85 percent of the students in the TOP program who attend at least 24 sessions over 9 months will complete at least 17 hours of community service
➢ At post-test, less than 10 percent of youth participating in the TOP program will report a pregnancy or fathering a child

STRATEGY ACTION PLAN

SLCH's Child Health Advocacy and Outreach Department is responsible for this program. Teen Outreach Program staff includes health educators and a supervisor. Staff provides weekly lessons throughout the school year in the classroom to 6-8th grade students to engage teens in the TOP curriculum-guided discussion and community service learning.

> *Since COVID-19, all lessons and community service-learning projects have been provided in a virtual setting. Supplies for lessons and community service-learning projects have been mailed to students' houses to promote active engagement with TOP while virtual.*

STRATEGY EXPECTED OUTCOMES

Participants increase social emotional and life skills, develop a positive sense of self and strengthen relationships with others and connections to community and as a result improve academic outcomes and lower risky behavior and pregnancy.

STRATEGY OUTCOME MEASUREMENT

Participants in the TOP club complete a self-report pre- and post-survey. TOP health educators will monitor attendance and record the number of community service hours completed by each individual student and club.

COMMUNITY HEALTH NEED: MENTAL/BEHAVIORAL HEALTH

COMMUNITY HEALTH NEED RATIONALE

According to the CDC, approximately 10% of children have been diagnosed with ADHD, 9% with Anxiety, 9% with behavior problems, and 4% with depression. These conditions will commonly occur together, and prevalence often increases as children age.

According to the U.S. Center for Safe and Drug-Free Schools, empathy skills are essential to learn to prevent and reduce violence associated with bullying. The lack of a clearly understood definition of bullying and how to address bullying behavior contribute to unsafe schools and communities. To address this community health need, BJC School Outreach and Youth Development and the Child Health Advocacy and Outreach Department implements the following programs:

STRATEGY: BUDDIES

STRATEGY DESCRIPTION

BJC School Outreach and Youth currently provides Buddies, a classroom-based program that helps students in grades K-5 understand the impact of bullying behaviors and provides training for healthy interactions.

> *The program was revised to adapt to COVID-19 challenges. The school selects from the delivery options of pre-recorded lessons, live on a virtual platform or in person.*

STRATEGY GOAL

➢ To improve knowledge and emphasize the overall importance of healthy communication, problem-solving strategies, personal responsibility, and other life skills

STRATEGY OBJECTIVE

➢ Improve overall knowledge of positive social skills and the impact of bullying behavior of students by 10 percent from pre- to post-test assessment

STRATEGY ACTION PLAN

Buddies consists of four, 45-minute sessions taught by a Health Educator and includes the following topics:

- The definition of bullying and the impact of bullying behaviors
- Ways to handle bullying behaviors without retaliation
- Friendship skills and ways to show kindness
- How to admit mistakes and forgive the mistakes of others
- Acceptance
- Communication skills

After the program is delivered, a Final Program Report is given to teachers, administrators, and staff to help foster future classroom-based education.

STRATEGY EXPECTEED OUTCOMES

The intended outcome of this program is to increase knowledge of healthy communication, problem-solving strategies, personal responsibility, and other life skills by 10 percent.

STRATEGY OUTCOME MEASUREMENTS

To measure the overall increase in knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

STRATEGY DESCRIPTION

BJC School Outreach and Youth provides Intersections, a classroom-based program that helps students in grades 6-8 learn the necessary life skills to achieve academic and social success.

The program was revised to adapt to COVID-19 challenges. The school selects from the delivery options of pre-recorded lessons, live on a virtual platform or in person.

STRATEGY GOAL

➢ To improve knowledge and emphasize social skills that contributes to healthy relationships and self-identity.

STRATEGY OBJECTIVE

➢ Improve overall knowledge of positive social skills that contribute to healthy relationships and self-identity of students by 10 percent from pre- to post-test assessment.

STRATEGY ACTION

Intersections consists of six 45-minute sessions taught by a Health Educator and includes the following topics:

- Defining and identifying the hallmarks of emotional intelligence
- Strategies for thinking, learning, and communicating more effectively
- Communication styles, both verbal and nonverbal
- Self-awareness and Star Qualities
- Successful relationships with peers and adults

After the program is delivered, a Final Program Report is given to teachers, administrators, and staff to help foster future classroom-based education.

STRATEGY EXPECTED OUTCOMES

The intended outcome of this program is to increase knowledge of social skills that contribute to healthy relationships and self-identity by 10 percent.

STRATEGY OUTCOME MEASUREMENTS

To measure the overall increase in knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

STRATEGY: CONNEXTIONS

STRATEGY DESCRIPTION

BJC School Outreach and Youth provides ConneXtions, a classroom-based program that helps students in grades 6-8 learn to preserve overall body health when using digital communication.

The program was revised to adapt to COVID-19 challenges. The school selects from the delivery options of pre-recorded lessons, live on a virtual platform or in person.

STRATEGY GOAL

➢ To improve knowledge and foster social intelligence, use assertive communication, and make responsible decisions on information sharing.

STRATEGY OBJECTIVE

➢ Improve overall knowledge of social intelligence of students by 10 percent from pre- to post-test assessment

STRATEGY ACTION PLAN

ConneXtions consists of four 45-minute sessions taught by a Health Educator and includes the following topics:

- Communication – verbal, nonverbal and tone
- Bullying in all forms
- Social media
- Problem solving
- Information sharing, posting, and sending

After the program is delivered, a Final Program Report is given to teachers, administrators, and staff to help foster future classroom-based education.

STRATEGY EXPECTED OUTCOMES

The intended outcome of this program is to increase knowledge of social intelligence by 10 percent.

STRATEGY OUTCOME MEASUREMENTS

To measure the overall increase in knowledge, a pre- and post-test is administered to all students enrolled in the program. Questions on the assessments not only measure knowledge, but student attitude, perception, and intention to change specific health behaviors.

STRATEGY: HEALTHY KIDS, HEALTHY MINDS™

STRATEGY DESCRIPTION

Healthy Kids, Healthy Minds™ (HKHM) places full-time school nurses and embeds mental health therapists in schools. The nurses assess physical needs and the mental health care providers address the social-emotional components for the students. Through Healthy Kids, Healthy Minds collaborative efforts with staff and parents, both physical health and psychological needs of students are being addressed.

STRATEGY GOAL

➢ To help students manage barriers to learning that stem from health, social emotional and behavioral needs.

STRATEGY OBJECTIVES

➢ Behavioral Health Students will make an average 30% goal progress by the end of treatment
➢ Expand HKHM school services by one additional school in 2022

STRATEGY ACTION

A school nurse and behavioral health therapist are embedded in four schools to:

- Address access to services for pediatric health and behavioral health
- Bridge health care and education
- Provide care coordination by setting specific health goals for the student

  Due to the COVID-19 pandemic, the activities of school nurses look very differently in order to address screening, testing, contact tracing, and transmission prevention efforts at each school. Additionally, mental health practitioners will provide services in-person or virtually to adapt to COVID-19 challenges.

STRATEGY OUTCOMES

To increase students' ability to develop positive behavior by understanding the effect of physical and psychological health on their mind.

STRATEGY OUTCOME MEASUREMENTS

This program will measure success by whether 92% of the time, students who visit the school nurse will return to the classroom and whether they expand HKHM school services by one additional school per year, while sustaining 11 current schools.

STRATEGY DESCRIPTION

Healthy Kids Virtual Care provides behavioral health care to students via secure virtual videoconferencing visits. Students are seen for behavioral counseling on an individual basis after permission of a caregiver has been obtained. Services are provided for assisting with grief or loss issues, violence or bullying, behavioral concerns, communication, relationship, and coping skills as well as adjusting to a new grade, school, or neighborhood.

STRATEGY GOAL

➢ To provide behavioral health services to students that have barriers in obtaining services, by bringing the services to them at school.

STRATEGY OBJECTIVES

Progress towards treatment goals increase by 30%

Attitudes towards therapy: Greater than 50% of students receiving therapy who complete the survey will say they felt listened to by their therapist.

STRATEGY ACTION

➢ Dedicated computers are delivered to schools in the program and set up in a secure location for students to have secure therapy sessions.
➢ Sessions occur weekly or biweekly for 6 to 12 weeks depending on the needs of the student.

STRATEGY OUTCOMES

To increase the student's ability to obtain healthy coping skills.

STRATEGY OUTCOME MEASUREMENTS

Outcomes will be measured by pre and post test results as well as responses to a survey after every visit.

Community Health Needs that Will Not be Addressed

A   COMMUNITY HEALTH NEEDS THAT THE HOSPITAL IS ADDRESSING WITHOUT INCLUDING THEM IN THE IMPLEMENTATION STRATEGY.

The following health topics (from *Table 13: Health Topics Ranking for Mention* on page 29), listed below are being addressed in the hospitals. However, the hospital chooses currently not to include them in the 2022 implementation strategies.

ACCESS TO HEALTHCARE - Healthy Kids Programs, Raising St. Louis and Teen Outreach Program all have embedded Community Health workers and Social Workers to help families navigate health insurance, transportation, and other healthcare access barrier to get appropriate treatment. SLCH's dental, asthma and screening mobile vans bring much-needed care directly to underserved areas in our community as well as providing virtual health care services to ensure care no matter the ability to travel.

ASTHMA/ALLERGIES is addresses by "Healthy Kids Express Asthma mobile health program and Food Allergy Management and Education" program

BLOOD DISEASE is addressed by "Healthy Kids Express Screenings" program

DENTAL HEALTH is addressed by "Healthy Kids Express Dental" Program

DIABETES is addressed by "Healthy Kids Express Diabetes" Program

HEALTHY LIFESTYLE is addressed by "Power of Choice, Heart 2 Heart" program

INFECTIOUS DISEASE is addressed by "Healthy Kids Express Medical Screening" Program

PUBLIC SAFETY *is addressed by "*Safety Street, Safety Stop" program

SEXUALLY TRANSMITTED DISEASES is addressed by "Heart to Heart"

B   COMMUNITY HEALTH NEEDS THAT THE HOSPITAL HAS NO CURRENT PROGRAMS ADDRESSING

CANCER - The hospital does not currently focus any community benefit programs on the health topic of cancer, which only received two mentions as stated in this report; therefore, the internal focus group did not create an implementation strategy for this health topic. In addition, there are no resources to address this issue in the community.

HEALTH LITERACY– While no specific program exists to address this issue, SLCH incorporates health-literacy in every aspect of its programs ensuring that reading materials are written at a grade level. SLCH's Family Resource Center also provides written and video materials related to a diagnosis to help patients with understanding.