Shriners Hospitals for Children®
Love to the rescue.™

SHC Community Health Needs Assessment

Shriners Hospitals for Children® - St. Louis

Prepared by: SHC—St. Louis Assessment Advisory Committee.

Mission and Vision

Mission

- Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special healthcare needs within a compassionate, family-centered and collaborative care environment.[12]
- Provide for the education of physicians and other healthcare professionals.[12]
- Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.[12]

***This mission is carried out without regard to race, color, creed, sex or sect, disability, national origin or ability of a patient or family to pay.[12]

Vision

- Become the best at transforming children's lives by providing exceptional healthcare through innovative research, in a patient and family centered environment.[12]

SHC — St. Louis Assessment Advisory Committee

- Perry Schoenecker M.D. — Chief of Staff Shriners Hospitals for Children — St. Louis
- John Gloss FACHE — Hospital Administrator
- Josie Holtz RN — Director of Patient Care Services
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- Max Montgomery — Manager of Public Relations
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Table of Contents

Our Commitment to the Community

Introduction: Overview of Shriners Hospitals for Children

Shriners Hospitals for Children was founded in 1922. Today, our network of 22 hospitals provides cutting edge compassionate, high-quality, family-centered pediatric medical and surgical care. We treat children with orthopedic conditions, burns, spinal cord injuries, and cleft lip and palate. Shriners Hospitals for Children has the largest full – time staff of pediatric and orthopedic surgeons in the U.S. Our professionals treat congenital deformities and conditions associated with orthopedic injuries and neuromusculoskeletal diseases. Our world-renowned clinical training, professional education, and innovative research helps advance care and ensure better outcomes for children and families in these specialized areas. We take a holistic approach to medical care. In addition to managing all aspects of surgery, rehabilitation, and treatment, our loving care helps maintain our patients' emotional well-being. We provide medical care, psychological support, and rehabilitation throughout a patient's childhood and adolescence. Shriners Hospitals for Children are teaching hospitals that are affiliated with some of America's top medical schools. Our in-house research teams have changed treatment methodologies and improved the lives of countless children. We employ over 5,000 professionals across the network of hospitals. Children up to age 18 are eligible for medical care and services in a family-centered environment, regardless of their ability to pay.

Shriners Hospitals for Children — St. Louis

At Shriners Hospitals for Children — St. Louis our primary focus is treating pediatric orthopedic conditions. We have a long-standing affiliation with Washington University School of Medicine and St. Louis Children's Hospital. We are co-listed with these two organizations in U.S. News and World Report as one of the top pediatric orthopedic hospitals in the nation. In June of 2015, we returned to the city of St. Louis and the campus of the Washington University School of Medicine when we moved to our new state-of-the-art, 12-bed replacement hospital. Our hospital excels as a national center of excellence in the care of spinal deformity and is a national referral center for complex lower extremity deformities, small and large foot deformities, and problematic young adolescent and young adult hip deformities. Our physicians and surgeons are known for having developed numerous technical innovations involving upper and lower extremities. In support of our physicians, our hospital provides radiology, physical therapy, occupational therapy, orthotics and prosthetics services. Our current research focuses on metabolic bone diseases, such as hypophosphatasia and brittle bone disease, as well as, the genetic origins of club foot and scoliosis. In 2016, we will be adding, in conjunction with the

Washington University School of Medicine, an additional bench research unit focusing on regenerative medicine. Our hospital cares for 10,000 children each year. We have served children and their families in the St. Louis area for over 90 years.

Our physicians are some of the world's top pediatric orthopedic subspecialists. As leaders in their field and faculty members at Washington University School of Medicine, they are the physicians who train other leaders in the area of orthopedics. Orthopedic treatment specialties include, but are not limited to:

- Clubfoot
- Scoliosis
- Hip dysplasia
- Hand, arm, and shoulder conditions
- Amputations
- Limb deficiencies, deformities and length discrepancies
- Knee problems
- Metabolic bone diseases
- Juvenile rheumatoid arthritis
- Cerebral palsy
- Spina bifida
- Sports injuries
- Arthrogryposis
- Brachial Plexus injuries
- Blount's disease
- Rickets
- Osteogenesis imperfecta

In 2015, Shriners Hospitals for Children — St. Louis added the services of two plastic surgeons. The following are some of the conditions treated by these physicians:

- Craniofacial abnormalities
- Cleft lip and palate
- Facial trauma/fractures
- Septoplasty/Rhinoplasty
- Scar revision
- Orbital reconstruction
- Ear molding
- Burns scars
- Peripheral nerve surgery
- Wound treatment
- Flap coverage
- Breast surgery
- Headache surgery
- Vascular malformation
- Gynecomastia
- Ear reconstruction
- Otoplasty
- Lesion/nevi removal

Shriners Hospitals for Children — St. Louis is supported by 22 Shriners International Centers in 9 states: Missouri, Illinois, Indiana, Kentucky, Tennessee, Arkansas, Oklahoma, Kansas, and Iowa. The Shriner fraternity supports our hospital by providing financial assistance and by identifying and referring for treatment children in their communities who can be helped by our hospital. Also, they provide transportation assistance to families who would not be able to afford the expense of traveling long distances to our hospital.

Definition of Community

In June of 2015, Shriners Hospitals for Children — St. Louis moved into our new replacement hospital in the city of St. Louis. Once again we are located on the same campus as our longtime partners, the Washington University School of Medicine and St. Louis Children's Hospital. To build on our synergies, we have partnered with St. Louis Children's Hospital and their research partners to gather primary and secondary data needed to conduct our community needs assessment for our defined community, the city of St. Louis. Recognizing that Shriners Hospitals for Children — St. Louis is a specialty pediatric orthopedic hospital compared to St. Louis Children's being a full-service hospital, we were confident the needs assessment would identify areas of need our specialty hospital could address.

Process and Methods

Secondary Data Collection

Secondary data was collected from a variety of local, county, and state resources in order to profile our community's general population and demographic makeup, which includes gender, age distribution, education level, race, ethnicity, socioeconomic status, and access to healthcare, amongst other various indicators. The primary sources used to collect the secondary data for this report was provided by Community Commons, TruvenHealth Analytics, and the U.S. Census Bureau's statistics collected from the American Community Survey (2010-2014).

NOTE: For more information on the data reported in the American Community Survey, please refer to the complete American Community Survey 2014 Subject Definitions.

Chart 1: St. Louis' Core Based Statistical Area (CBSA) Market Area

Demographics Expert 2.7
2015 Demographic Snapshot
Area: SHC St. Louis CBSA Market Area
Level of Geography: Block Group Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA
2010 Total Population	14,700,470	308,745,538
2015 Total Population	14,830,115	319,459,991
2020 Total Population	15,000,867	330,689,365
% Change 2015 - 2020	1.2%	3.5%
Average Household Income	$64,278	$74,165

	2015	2020	% Change
Total Male Population	7,314,557	7,405,126	1.2%
Total Female Population	7,515,558	7,595,741	1.1%
Females, Child Bearing Age (15-44)	2,835,829	2,839,197	0.1%

POPULATION DISTRIBUTION

Age Distribution

Age Group	2015	% of Total	2020	% of Total	USA 2015 % of Total
0-14	2,788,883	18.8%	2,739,480	18.3%	19.1%
15-17	585,989	4.0%	598,173	4.0%	4.0%
18-24	1,535,757	10.4%	1,552,683	10.4%	9.9%
25-34	1,871,535	12.6%	1,858,285	12.4%	13.3%
35-54	3,752,155	25.3%	3,589,092	23.9%	26.3%
55-64	1,946,035	13.1%	1,981,247	13.2%	12.7%
65+	2,349,761	15.8%	2,681,907	17.9%	14.7%
Total	14,830,115	100.0%	15,000,867	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

Income Distribution

2015 Household Income	HH Count	% of Total	USA of Total	%
<$15K	823,862	13.9%		12.7%
$15-25K	700,203	11.8%		10.8%
$25-50K	1,530,519	25.9%		23.9%
$50-75K	1,088,815	18.4%		17.8%
$75-100K	708,393	12.0%		12.0%
Over $100K	1,059,190	17.9%		22.8%
Total	5,910,982	100.0%		100.0%

EDUCATION LEVEL

Education Level Distribution

2015 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	449,839	4.5%	5.9%
Some High School	791,303	8.0%	8.0%
High School Degree	3,268,628	33.0%	28.1%
Some College/Assoc. Degree	3,005,505	30.3%	29.1%
Bachelor's Degree or Greater	2,404,211	24.2%	28.9%
Total	9,919,486	100.0%	100.0%

RACE/ETHNICITY

Race/Ethnicity Distribution

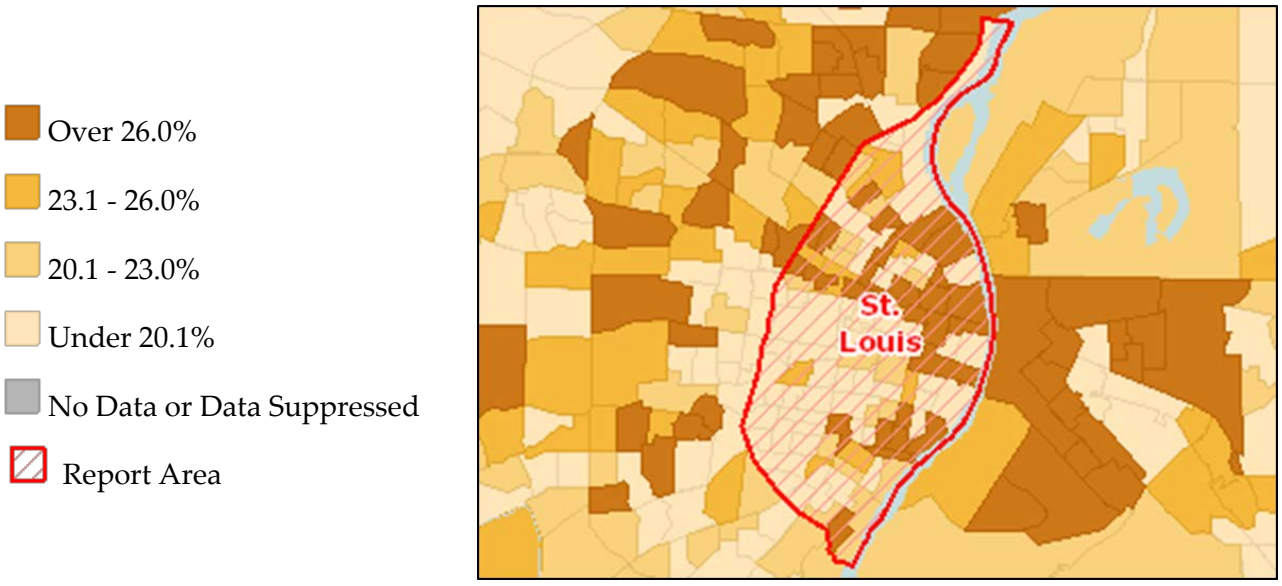
Race/Ethnicity	2015 Pop	% of Total	USA of Total	%
White Non-Hispanic	12,170,791	82.1%		61.8%
Black Non-Hispanic	1,387,992	9.4%		12.3%
Hispanic	671,753	4.5%		17.6%
Asian & Pacific Is. Non-Hispanic	279,217	1.9%		5.3%
All Others	320,362	2.2%		3.1%
Total	14,830,115	100.0%		100.0%

Table 1: Population under Age 18

Report Area	Total Population	Population Age 0-17	Percent Population Age 0-17
St. Louis city, MO	318,727	65,647	20.6%
Missouri Map 1: Population Age 0-17, Percent by Tract, ACS 2010-2014	6,028,076	1,406,494	23.33%
United States	314,107,072	73,777,656	23.49%

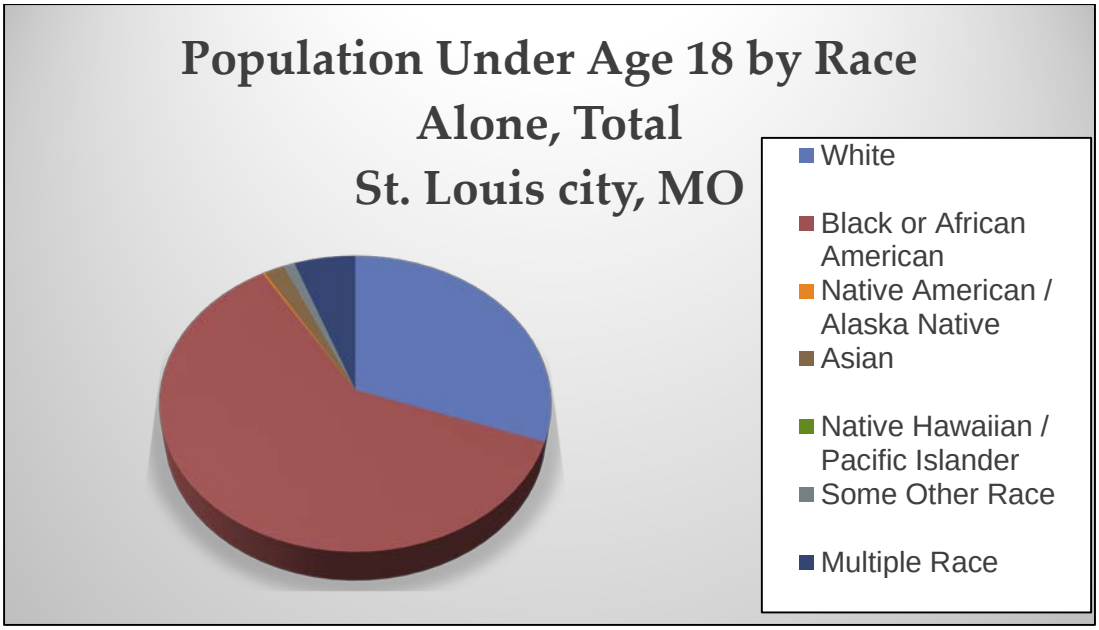
Data Source: U.S. Census Bureau, American Community Survey. 2010-2014. Source geography: Tract

Map 1: Population Age 0-17, Percent by Tract, ACS 2010-2014



Source: Community Commons <http://www.communitycommons.org>, Retrieved on 3/16/2016.

Chart 2: Population Details



Data Source: Community Commons <http://www.communitycommons.org>, Retrieved on 3/17/2016.

Primary Data Collection

The primary data collection for the 2015 Community Health Needs Assessment included the use of researchers from Washington University in St. Louis and St. Louis Children's Hospital concerning the development of the parent survey. Also, St. Louis Children's Hospital and SSM Cardinal Glennon Children's Medical Center collaborated to assess the feedback of key stakeholders in our identified community. Shriners Hospitals for Children — St. Louis was granted permission to use the primary data that was collected by St. Louis Children's Hospital and SSM Cardinal Glennon Children's Medical Center for the purposes of this 2015 Community Health Needs Report. Primary data regarding our 2015 Community Health Needs Assessment was collected from stakeholders in the community through the usage of two qualitative research methods, which includes the distribution of parent surveys and an external focus group.

Parent Surveys

A team of researchers from Washington University in St. Louis and St. Louis Children's Hospital developed a survey to assess parents' health concerns for their children and the children in the community. This survey received wide distribution in the St. Louis metropolitan area and asked parents to rank 40 items on a four-point scale of how much of a problem the items is for children in the community. Over 1,000 parents participated in this survey. The items included in this survey are listed in Table 2.

Table 2: Parent Survey Health Topics

Items Listed on Parent Health Concerns Survey		
Access to Fruits and Vegetables	Illegal Drug Use	Risks of No Immunizations
Allergies (Including Food)	Internet Safety	Safe Housing
Asthma	Lack of Exercise	School Violence
Bullying	Lead Toxicity/Poisoning	Sexually Transmitted Infections
Kid Abuse and Neglect	Marijuana Use	Smoking and Tobacco Use
Community Unrest	Measles	Sports/Play Related Injuries
Depression	Motor Vehicle Accidents	Stress
Diabetes	Neighborhood Safety	Suicide
Eating Disorders	Obesity	Teen Pregnancy
Ebola	Overuse of Antibiotics	Understanding Info from Doctor
Environmental Pollution	Poisons (ie. household cleaners)	
Getting Health Insurance	Poverty	
Heavy Drinking of Alcohol	Racial/Ethnic Issues	
HIV/AIDs	Risks of Immunization Shots	

External Focus Group

As they did in 2012, St. Louis Children's Hospital and SSM Cardinal Glennon Children's Medical Center collaborated to assess the feedback of community stakeholders who have an interest in the health of St. Louis City children via a single focus group held on May 26, 2015 at the Chase Park Plaza Hotel in the city of St. Louis. St. Louis Children's Hospital agreed to share the results of this focus group with Shriners Hospitals for Children — St. Louis, their longtime partner in pediatric orthopedics.

The purpose of this research was:

- To determine if the needs identified in the prior CHNAs were still appropriate,
- Explore whether there are needs on the earlier list that should no longer be a priority,
- Determine where there are gaps in the earlier plan to address the identified needs,
- Identify other organizations with whom they should consider collaborating,
- Discuss how the world has changed and determine if there were new issues to consider, and
- Evaluate what issues the stakeholders anticipate becoming a greater concern for the future that we need to find today.

Organizations that were represented in the focus group were:

- Youth in Need
- Office of the State Representative
- United Way
- MO Dept of Health and Senior Services
- Maternal Child and Family Health Coalition
- Dental Care for Kids
- St. Louis Mental Health Board
- People's Health Center
- YMCA
- Asthma & Allergy Foundation
- City of St.Louis Department of Health
- St. Louis City Police Department
- Abbott EMS/Cardinal Glennon Parent
- Nurses for Newborns

- SSM Cardinal Glennon Children's Medical Center
- St. Louis Children's Hospital

Key Findings

Parent Survey Findings

Parents of patients from St. Louis Children's Hospital and Shriners Hospitals for Children — St. Louis, along with other interested parents, were asked to particiate in a health concerns survey. This survey was available on St. Louis Children's Hospitals website. Over 1,000 parent participants responded to this survey (exhibit 1), in which they were asked to rank forty health concern items on a four point scale.

The following are the parent survey rankings of the health needs by level of concern:

1. Lack of Exercise
2. Stress
3. Attention Deficit Hyperactivity Disorder (ADHD/ADD)
4. Obesity
5. Bullying (Being the Victim)
6. Internet Safety (Cyberbullying)
7. Allergies (including food)
8. Asthma
9. Illegal Drug Use
10. Depression

Focus Group Findings

Participants were given a list of the needs that were identified in the 2012/2013 assessment and were asked to re-rank them 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 with them. Access to healthcare, family lifestyle issues, injury/violence (safety), and health literacy all ranked high regarding the concern. Asthma ranked highest regarding ability to collaborate.

The following are the focus group rankings of the health needs by the level of concern:

1. Access to Healthcare
2. Family Lifestyle
3. Injury/Violence (Safety)
4. Health Literacy
5. Mental Health
6. Behavioral Health
7. Asthma
8. Maternal Infant Health
9. Oral Health Issues
10. Appropriate Nutrition

Action Plan Results from 2012 CHNA

In our 2012 Community Health Needs Assessment, we identified three primary areas of improvement based on survey responses found in our primary data collection process.

- Transportation, education, availability,and access to health care.
- Orthopedic care for patients in rural areas
- Physical and Occupational Therapy needs

The key component of our plan was to utilize the efforts of a full-time Community Outreach Coordinator to address these issues in our catchment area, and, as a result, see an increase in the number of patient referrals. Since our Community Outreach Coordinator was hired in 2013, the following actions have been implemented to improve access to healthcare and have been focused on the following three target markets:

- Physicians and Other Healthcare Professionals
- The Shriners Fraternity in our Catchment Area
- Civic, Fraternal and Community Organizations

Physicians and Other Healthcare Professionals

Due to the intense competition in the pediatric healthcare market in the St. Louis area, much of his work with doctors and other healthcare professionals has focused on rural Missouri and Illinois. St. Louis is blessed to have three outstanding children's' hospitals, all of which have orthopedic departments. Also, two of these hospitals have satellite locations in St. Louis County, and there are several other private orthopedic centers that see pediatric patients.

To educate physicians and healthcare professionals in our catchment area our Community Outreach Coordinator has incorporated the following into his outreach efforts:

- Personal visits to pediatricians and family practice physicians offices in the greater St. Louis area.
- Personal visits to St. Louis area hospital emergency rooms and urgent care centers.
- Personal visits with CEOs and follow-up visits with the medical staffs of critical access rural hospitals in Missouri and central and southern Illinois.
- Personal visits with administrators of county health departments in Missouri and central and southern Illinois.

- Monitors referring physicians on a monthly basis to send thank you letters and informational packets to new referring physicians and nurses.
- Maintains a database of referring doctors and nurses to ensure they receive one-time mailings regarding issues such as fracture care as well as quarterly publications from Shriners Hospitals for Children, such as our Leaders in Care magazine.
- Hosts Shriners Hospitals for Children exhibit table at conferences for physicians, nurses, and other healthcare professionals.

When meeting with these healthcare professions our Outreach Coordinator emphasizes the following four points:

- You do not refer children to Shriners Hospitals for Children — St. Louis because the care is inexpensive, you refer them to us because we have some of the best orthopedic physicians in the world.
- We treat orthopedic conditions from the most simple of sports injuries to the most complex cases of spinal deformity, and, we accept any and all insurance, or, no insurance at all.
- While we may bill the family for co- pays and deductibles if their insurance carrier requires it, we will never refer a family to a collection agency if they cannot pay their bill.
- If the family requires transportation assistance, the Shriner fraternity stands ready and willing to help

The Shriner Fraternity

The Community Outreach Coordinator's work with the 22 Shrine Centers in our nine— state catchment area revolves around two primary areas:

- Assisting the Temples with issues involving patient transportation, and
- Shrine Center sponsored screening clinics

When our Shriners Hospitals for Children patient intake staff sets up an initial appointment with a family one of the questions asked is "Do you need help with transportation to our hospital?" If the answer is yes, that family is put in touch with the Shrine Center that serves the family's community. A representative of that Shrine Center will contact the family to determine how and when the family needs assistance. Assistance may take several forms. Some Shrine Centers have a fleet of transportation vans and volunteer drivers who pick the family up and drive them to the hospital and back. In many cases, the Shrine Center takes care of all food and housing expense for the family during the trip.

Other temples may reimburse the family for any transportation, food, or housing expenses they may incur. Our Community Outreach Coordinator works with the Shrine Centers to set up semi-annual meetings with the Transportation Coordinators to address any and all issues that may impact the volunteer drivers. Topics may include changes in the HIIPA laws, child seat safety reviews, or any other concerns brought forth by the Shrine Centers or the hospital staff.

The Community Outreach Coordinator also works with the Shrine Centers to schedule, promote and conduct screening clinics sponsored by local Shrine clubs and units. Screening clinics allow a child who lives a long distance from our hospital to be examined by a local medical professional to determine if he or she has a condition we treat at Shriners Hospitals for Children. This screening saves the family the time and expense of a trip to our hospital only to discover their child has a condition we do not treat.

- When a Shrine Club notifies our Community Outreach Coordinator they want to host a clinic, he will provide:
    1) guidelines for conducting a clinic,
    2) promotional flyers and social media displays,
    3) news releases, and,
    4) thank you letters from the hospital to the volunteer Shriners and medical professionals who staff the clinic.

These clinics serve not only to identify patients but also to promote in our communities the outstanding work done by the local Shriner fraternity in support of Shriners Hospitals for Children.

Civic, Fraternal, and Community Organizations

Since our first hospitals were opened over 90 years ago, our hospital system relied on the Shriner fraternity to identify children, via an application process, who would be treated at our hospitals. This model worked for many years as the fraternity grew throughout North America. However, Shrine membership peaked in the late 1970s and had been in decline ever since. While the membership once approached 1 million members, it has now fallen to under 300,000. Recognizing the impact this decline in membership would have on new patient volumes, the hospital system eliminated the application process. The system now accepts patients via telephone calls to advertised patient referral telephone lines. On these calls, intake specialists query the parents or guardians and determine if the child has a medical condition we can treat. In most cases, first appointments are scheduled as a result of this initial call. As a system, the preponderance of these referrals is initiated by physicians and other healthcare professionals. However, depending upon the unique characteristics of the individual

markets our hospitals serve, many referrals are generated by patient family members, friends, Shriners and their screening clinics, and various other media.

In 2013, referrals from physicians and other healthcare professionals accounted for 40% of the 1805 referrals made to our St. Louis hospital. It was in this time period that a third children's hospital, Mercy Kids Hospital, was opened in St. Louis County. As a result of the increased competition for pediatric patients, referrals from Mercy system physicians as well as other physicians began to decline. In 2014 referrals that came from physicians and other healthcare professionals declined to 34% of the total. Seeing this decline, our Community Outreach Coordinator targeted civic, fraternal, and community organizations for public speaking opportunities. Also, he created a "Friend of Shriners" referral card and passed them out at every speaking engagement with the message, " I am not here to ask you for a donation, I am here to ask you to give this card to a family that has a child who needs our help. You do not have to be a Shriner to refer a child to Shriners Hospitals." He also made these "Friends of Shriners" referral cards available to Shriners to pass out at public events and parades in their catchment communities. As a result, referrals from "Friends" grew from 144, or 8% of the total in 2013, to 432, or 23% of the total in 2014.

Results of Efforts to Improve Access to Care

As a result of continued marketing to these three constituent groups, our hospital has seen an increase in total referrals from 1,805 in 2013 to 1,841 in 2014, to 1,870 in 2015. While referrals from physicians and other healthcare professionals declined from 40% in 2013 to 34% in 2014, they rebounded to 43% of the total in 2015. Friends and Family referrals grew from 26% in 2013 to 41% of the total in 2014. In 2015, they represented 32% of the total. During this same time period, referrals from Shriners and Shriner screening clinics declined from 21% of the total in 2013 to 19% of the total in 2014, to 17% of the total in 2015.

In addition to increasing total referrals, our Community Outreach Coordinator had as a goal increasing the numbers of patients seen at our hospital from St. Louis City and St. Louis County. In 2013, only 6% of our referrals came from St. Louis City (2%) and St. Louis County (4%). By working with local pediatricians and family practice physicians, the city and county health departments, area emergency rooms, and urgent care centers, and, taking advantage of local public speaking and exhibiting opportunities we have seen this referral segment grew to 8% in 2014, and to 9% in 2015. With our move back to the city in 2015, we hope to maximize our visibility and availability to the urban community

2015 CHNA Implementation Plan

The purpose of our implementation plan is to identify the goals, objectives, strategies, time- frames, outcomes, as well as provide the individual(s) responsible for meeting the high prioritized health needs of our community.

Chart 3: Health Needs Prioritization

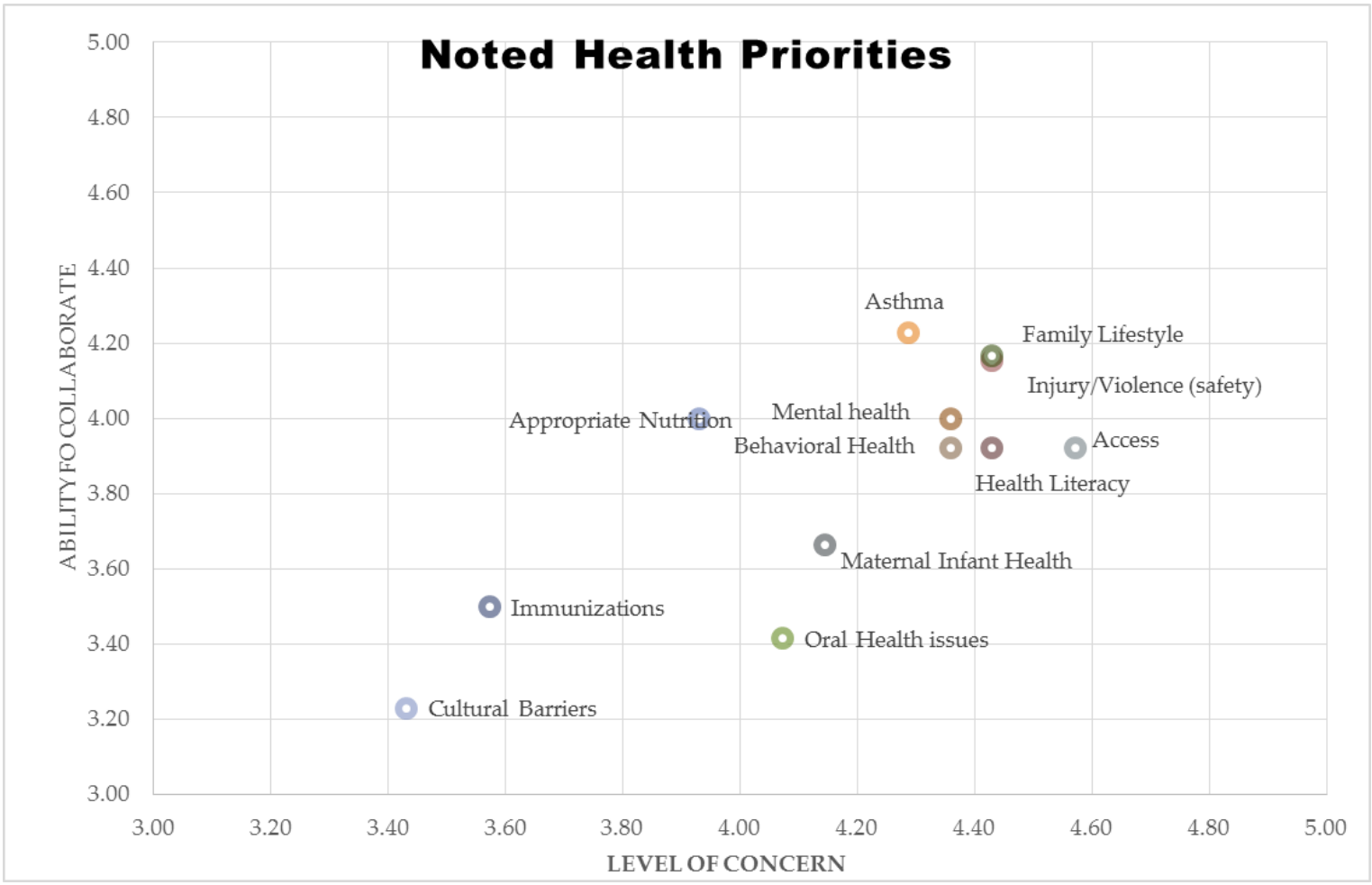


Table 3

Health Need	Level of Concern	Ability to Collaborate
** Access	4.57	3.92
Family lifestyle	4.43	4.17
** Injury/Violence (safety)	4.43	4.15
Health Literacy	4.43	3.92
Mental health	4.36	4.00
Behavioral Health	4.36	3.92
Asthma	4.29	4.23
Maternal infant health	4.14	3.67
Oral Health issues	4.07	3.42
Appropriate nutrition	3.93	4.00
Immunizations	3.57	3.50
Cultural barriers	3.43	3.23
Lead poisoning	2.79	3.17

(Source: Chambers, 2015)

SHC — St. Louis Prioritization Process

Shriners Hospitals for Children — St. Louis prioritized the needs based on the ranking of each topic, and, our ability as a small, pediatric specialty hospital to address the needs identified from the survey and focus group results. Also, we analyzed the primary data provided from the collaborative survey and focus group results in order to pinpoint the specific health needs that SHC — St. Louis could properly demonstrate a positive impact through available resources. Through our analysis, we have determined that it would be in the best interest of our community to focus our efforts on two of the areas identified: access to healthcare and public safety.

Health Need	Capacity	Infra-structure	Partners	Investment	Focus Area	High or Low Priority
	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	High or Low
Access to Care	Yes	Yes	Yes – SLCH	**Yes**	Yes	High
Family Lifestyle	No	No	No	No	No	Low
Injury/Violence (Safety)	Yes	Yes	Yes	Yes	Yes	High
Health Literacy	No	No	No	No	No	Low
Mental Health	No	No	No	No	No	Low
Overweight/obesity	No	No	No	No	No	Low
Behavioral Health	No	No	No	No	No	Low
Asthma	No	No	No	No	No	Low
Maternal Infant Health	No	No	No	No	No	Low
Oral Health Issues	No	No	No	No	No	Low
Appropriate Nutrition	No	No	No	No	No	Low
Immunizations	No	No	No	No	No	Low
Cultural Barriers	No	No	No	No	No	Low
Lead Poisoning	No	No	No	No	No	Low

Parent Survey Concerns

Health Need	Capacity	Infra-structure	Partners	Investment	Focus Area	High or Low Priority
	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	High or Low
Lack of Exercise	No	No	No	No	No	Low
Stress	No	No	No	No	No	Low
Attention Deficit Hyperactive Disorder (ADHD/ADD)	No	No	No	No	No	Low
Obesity	No	No	No	No	No	Low
Bullying (being the victim of a bully)	Yes	Yes	Yes- SLCH	No	Yes	Yes
Internet Safety (Cyberbullying)	No	No	No	No	No	Low
Allergies (including food)	No	No	No	No	No	Low
Asthma	No	No	No	No	No	Low
Illegal Drug Use	No	No	No	No	No	Low
Depression	No	No	No	No	No	Low
Racial/Ethnic Issues	No	No	No	No	No	Low
Smoking and Tobacco Use	No	No	No	No	No	Low
Autism	No	No	No	No	No	Low
Marijuana Use	No	No	No	No	No	Low

- **Priority Health Need**
  - **1) Access to Care**

Goal (s)	Objective(s)	Strategy (Action Steps)	Implementation Timeframe	Evaluation Plan for Monitoring	Responsible Personnel
1. Educate the medical community in the St. Louis area on the services provided by Shriners Hospitals for Children — St. Louis and how to refer children to our hospital for treatment.	**1.** Increase by 5% annually referrals to Shriners Hospitals for Children — St. Louis by Physicians and other healthcare professionals.	**1.** Strategy: Regularly communicate to medical professionals in the St. Louis area, as well as our nine state catchment area, as to the pediatric specialty services provided by our hospital and how to refer a child for treatment. Communications will be in the form of personal office visits as well as mailings.	Communications will take place on a quarterly basis.	Review Monthly Referral Source Report Community Outreach Activity Log	Community Outreach Coordinator
	2. Regularly communicate with local hospital emergency rooms and urgent care centers to ensure their doctors and nurses are aware Shriners Hospitals for Children — St. Louis is available for the referral of children with stable fractures and other sports injuries and how to refer a child for treatment.	**1.** Communicates will take place once a year.	Communicates will take place once a year.	Community Outreach Activity Log	Community Outreach Coordinator, Public Relations
		2. Attend and host Shriners Hospitals for Children information exhibit tables at physician and nurses conferences to educate and answer questions regarding our hospital.	4— 6 conferences per year	Community Outreach Activity Log	Managers, and Development Managers.

- **Priority Health Need**
  - **1) Access to Care**

Goal (s)	Objective(s)	Strategy (Action Steps)	Implementation Timeframe	Evaluation Plan for Monitoring	Responsible Personnel
2. Support our catchment Shrine Centers in their efforts to educate their communities about the benefits of Shriners Hospitals for Children and identify children who can be helped at our hospital.	1. Maintain patient referrals by Shriners and Shrine Temple sponsored screening clinics in the range of 10— 15% of total patient referrals.	1. Work with catchments temples to schedule and conduct 15— 20 screening clinics annually. Provide training, referral cards, paper flyers, social media brochures, news releases, and on— site support.	Monthly as needed	Annual Screening clinic report Monthly Referral Source Report	Community Outreach Coordinator
	2. Provide hospital support to catchment temples in their efforts to provide transportation to patients and families who require assistance.	1. Conduct seminars with Temple representatives to share any and all information needed by our volunteer van drivers, including, but not limited to patient privacy and safety.	Two meetings per year	Community Outreach Activity Log	Community Outreach Coordinator and Public Relations Volunteer
		2. Attend catchment Temple functions, when invited, to provide Shriners Hospitals for Children programs and answer questions regarding current events and plans.	Monthly, when requested.	Community Outreach, Dev., and P.R. Activity Logs	Community Outreach Coordinator, Public Relations Managers,
	3. Provide Shriners Hospitals for Children presentations to Civic, Fraternal, Church, and Community organizations to maintain patient referrals by patient "families and friends" in the range of 25—30% of total patient referrals.	1.Continue ongoing efforts to inform the public that representatives of Shriners Hospitals for Children — St. Louis are available to provide programs for our hospitals and our patients	Monthly	Community Outreach Activity Log Monthly Referral Source Report	Community Outreach Coordinator, Public Relations Managers, and Development Managers.

- **Priority Health Need**
  - **2) Public Safety**

Preventable childhood injuries continue to be a major concern among our focus group participants. As a specialty children's' hospital that treats children who have suffered from a multitude of accidents, we feel obligated to address this issue proactively in the areas of burns awareness, car seat safety, lawn mower safety, backpack safety, fractures and sports injuries.

Goal (s)	Objective(s)	Strategy	Implementation Timeframe	Evaluation Plan for Monitoring	Responsible Personnel
1. To educate the community in an effort to prevent injuries related to accidents in the home, car, playground, water, and the outdoors.	Share with the medical community, the Shriner Fraternity and the general public targeted SHC safety brochures that promote safety and accident prevention.	**1.** Incorporate into all public exhibits at community events and medical conventions, informational materials/brochures which address accident prevention and safety. These materials would include, but would not be limited to: ▪ backpack safety ▪ burns of all sorts including electrical scalding, cooking, sunburn, and fires ▪ lawnmower safety ▪ car seat safety ▪ playground safety ▪ water safety	Whenever opportunities for hosting a Shriners Hospitals for Children exhibit table occur.	Community Outreach Activity Log	Community Outreach Coordinator
		2. Work with catchment Shrine Temples to educate them as to the availability of safety brochures for ordering and distributing at local community events.	Communicate annually with new Shrine leadership to make sure they understand these materials are available. Communicate as needed when new materials become available.	Community Outreach Activity Log; P.R. Manager Activity Log	Community Outreach Coordinator and Public Relations Managers
		3. Continue ongoing efforts to educate patient families and Shriner van drivers on car seat safety and how to properly secure a child in car seats.	Daily, as needed, for patient families. Twice a year at van driver meeting for the Shriners.	Dir. – Educations Services activity log	Director – Education Services

Priority Health Need

- **2) Public Safety**

Goal (s)	Objective(s)	Strategy	Implementation Timeframe	Evaluation Plan for Monitoring	Responsible Personnel
2. To prevent accidents and injuries to patients in the hospital setting.	Maintain and implement safety practices and procedures that will minimize the opportunity for accidents and injuries.	**1.** Create and maintain a safe environment throughout the hospital. Maintain required egress at all times; use wet floor signs appropriately; safely store cleaning supplies and chemicals; regularly check equipment and supplies for proper functions.	Daily safety practices followed by all hospital staff members. Quarterly Environmental Rounds completed by the Environment of Care Committee.	Safety Officer Log	Safety Officer and Director of Risk Management
		2. Adhere to Emergency Preparedness Policies and Plans. Perform required fire drills, disaster drills, and keep staff educated and trained to optimize patient safety during adverse events.	Quarterly fire drills, biannual disaster drills, and annual required education for staff on safety and emergency preparedness.	Safety Officer Log	Safety Officer and Director of Risk Management

- **Priority Health Need**
  - **3) Bullying**

"Kids with physical disabilities are twice as likely to be bullied as others. It's time to embrace our differences. It's time to accept people for what they are."

Goal (s)	Objective(s)	Strategy	Implementation Timeframe	Evaluation Plan for Monitoring	Responsible Personnel
1. To educate the community, and especially our school children, regarding the emotional and psychological issues associated with bullying.	Build on our anti-bullying PSAs by creating a local on-going program for our schools	**1.** Develop an anti-bullying program/presentation that can be shared in our schools by our staff and/or our patient ambassadors.	Develop program by the end of the 3rd Q 2016	Community Outreach and P.R. Manager activity log	Community Outreach Coordinator and P.R. Manger
		2. Communicate to school nurses and administrators the availability of our anti-bullying program and schedule presentations as requested.	Monthly beginning 4th Q 2016. Contact city of St. Louis public and parochial schools.	Community Outreach and P.R. Manager activity log	Community Outreach Coordinator and P.R. Manger

Resources

1. SHC Community Health Needs Assessment Report. (2012). Retrieved from http://www.shrinershospitalsforchildren.org/~/media/SHC/Files/Locations/St%20Lou
2. Chambers, A.F. (2015). Perceptions of the pediatric healthcare needs of St. Louis City residents from the viewpoint of community leaders. BJC HealthCare.
3. Community Commons. (2016). Community Health Needs Assessment (CHNA): Health Indicators Report. Retrieved from http://www.communitycommons.org
4. Truven Health Analytics Inc. (2015) The Nielsen Company
5. U.S. Census Bureau: A Compass for Understanding and Using American Community Survey Data (2008).
6. U.S. Census Bureau, American Community Survey: 2010-2014

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- Community Commons
- Community Benefit Connect
- U.S. Census Bureau

Exhibits

- Exhibit 1: St. Louis Children's Hospital – 2015 Parent Health Concerns Community Survey
- Exhibit 2: St. Louis Children's Hospital and SSM Cardinal Glennon Children's Medical Center – 2015 Focus Group Results
  - Appendix A: Invited Participants
- Exhibit 3 (a, b, and c): Poverty Status in the Past 12 Months of Families By Family Type by Presence of Related Children Under 18 Years by Age of Related Children
- Exhibit 4 Action Plan: Community Asset Inventory

Exhibit 1: 2015 Parent Health Concerns Community Survey

Dear Parent or Caregiver,

Your feedback is very important to us! Your answers will help us understand health concerns for kids and teens living in St. Louis. Please answer the following questions. If you prefer not to answer a question, skip it and move to the next question.

Location of residence:

- ❍ United States
- ❍ Outside of the United States

What is your ZIP code?

Are the following health issues a problem for kids and teens in your community?

I. Mark the box that best describes how you feel.

II. The information in question 2 is based on, came from, is copyright by and is owned by and belongs to the Regents of the University of Michigan and their C. S. Mott Children's Hospital National Poll on Children's Health and from Washington

III. University Pediatric and Adolescent Ambulatory Research Consortium. It is used with permission and cannot be republished or used in any format without prior written permission from the university.

Health Issue	Big problem	Medium problem	Small problem	Not a problem
Access to fruits and vegetables				
Allergies (including food allergies)				
Asthma				
Attention Deficit Hyperactivity Disorder (ADHD/ADD)				
Autism				
Bullying				
Kid abuse and neglect				
Community unrest				
Depression				
Diabetes				
Eating disorders (like anorexia and bulimia)				
Ebola				
Environmental pollution				
Getting Health Insurance				
Heavy drinking of alcohol				

HIV/AIDS				
Illegal drug use				
Internet safety (cyberbullying and stranger encounters)				
Lack of exercise				
Lead toxicity/poisoning				
Marijuana use				
Measles				
Motor vehicle accidents				
Neighborhood safety (including assaults and homicides)				
Obesity				
Overuse of antibiotics				
Poisons (household cleaners, detergents, and medicines)				
Poverty				
Racial/Ethnic Issues				
Risks associated with immunization shots				
Risks associated with not getting immunization shots				
Safe Housing				
School violence				
Sexually transmitted infections other than HIV/AIDs (Chlamydia, gonorrhea, etc.)				
Smoking and tobacco use				
Sport and play— related injuries				
Stress				
Suicide				
Teen pregnancy				
Understanding Information from doctor				
Other:_____				

The rest of this survey asks questions about health concerns for your own kids.

Do you have a kid(s) in your home under 2 years old?
- ❍ I do not have a kid(s) in this age group
- ❍ I have a kid(s) in this age group

What are the top 3 health concerns for your kid(s) under 2 years old?

Do you have a kid(s) in your home 2 to 5 years old?
- ❍ I do not have a kid(s) in this age group
- ❍ I have a kid(s) in this age group

What are the top 3 health concerns for your kid(s) 2 to 5 years old?

Do you have a kid(s) in your home 6 to 11 years old?
- ❍ I do not have a kid(s) in this age group
- ❍ I have a kid(s) in this age group

What are the top 3 health concerns for your kid(s) 6 to 11 years old?

Do you have a kid(s) in your home 12 to 17 years old?
- ❍ I do not have a kid(s) in this age group
- ❍ I have a kid(s) in this age group

What are the top 3 health concerns for your kid(s) 12 to 17 years old?

Please give us some information about yourself and your family.
(Choose only ONE response for each of the following questions).

Which best describes your household?
- ❍ Two— parent family
- ❍ One— parent family
- ❍ Other _____

What is your gender?
- ❍ Male
- ❍ Intersex
- ❍ Female
- ❍ Trans— Female to Male
- ❍ Trans— Male to Female
- ❍ Other
- ❍ Prefer not to answer
- ❍ Do not know

What was your total household income in 2014, including all earners in your household?
- ❍ < $30,000
- ❍ $30,000 to < $60,000
- ❍ $60,000 to < $100,000

- ❍ $100,000 or more

Are you Hispanic or Latino?
- ❍ Yes
- ❍ No

What is the highest level of education that you have reached?
- ❍ Grades 1 through 8
- ❍ High school, no diploma
- ❍ High school graduate or GED
- ❍ College – no degree
- ❍ Associates degree or equivalent
- ❍ Bachelor's degree
- ❍ Graduate or Professional degree

How do you pay for your kid's medical care?
- ❍ Work— related insurance
- ❍ Medicaid
- ❍ Self— pay
- ❍ Other _____

What is your race?
- ❍ White
- ❍ Black/African American
- ❍ Asian
- ❍ Native Hawaiian or Pacific Islander
- ❍ American Indian/Alaskan Native
- ❍ Other _____

Primary language spoken at home.
- ❍ English
- ❍ Spanish
- ❍ Nepali
- ❍ Arabic
- ❍ Somali
- ❍ Burmese
- ❍ Other (specify) _____

Does your kid receive free or reduced lunch?
- ❍ Yes
- ❍ No
- ❍ Rather not say

How old are you?
- ❍ 15-19
- ❍ 20-24
- ❍ 25-29
- ❍ 30-34
- ❍ 35-39
- ❍ 40-44

- ❍ 45-49
- ❍ 50-54
- ❍ 55+

Thank you for your interest in the survey, however it looks like you live outside of the St. Louis Missouri region. Please continue the survey by answering the following questions

I feel that St. Louis Children's Hospital cares about the health of my kid(s).
- ❍ Yes
- ❍ No
- ❍ N/A

I feel that St. Louis Children's Hospital offers my kid(s) high quality of medical care.
- ❍ Yes
- ❍ No
- ❍ N/A

I feel that St. Louis Children's Hospital puts the needs of my kid(s) first.
- ❍ Yes
- ❍ No _____
- ❍ N/A

How did you hear about this survey?

THANK YOU VERY MUCH FOR YOUR HELP WITH THIS SURVEY!

- If you know any parents that would be interested in taking this survey, please forward the link, or share on social media!

The link to the survey is listed below, for your convenience:
https://stlouischildrens.co1.qualtrics.com/SE/?SID=SV_3EqZzaoftyiNu3r

NOTE: This is a SLCH survey was created from an existing WU PAARC survey. WU PAARC is an arm of the NIH CTSA Center for Community— Based Research, which fosters partnerships between academic institutions, health providers, and the community. Additionally, the survey was adapted from the C.S. Mott Children's Hospital in Ann Arbor, MI.

Exhibit 2: 2015 Focus Group Results

NOTE: The focus group results presented in this exhibit have been provided by St. Louis Children's Hospital and SSM Cardinal Glennon Children's Medical Center.

PERCEPTIONS OF THE PEDIATRIC HEALTHCARE NEEDS OF ST. LOUIS CITY RESIDENTS FROM THE VIEWPOINT OF COMMUNITY LEADERS

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July 14, 2015

BACKGROUND

The Patient Protection and Affordable Care Act (PPACA, March 2010) requires that non— profit hospitals conduct a community health needs assessment (CHNA) every three years. As part of that process, each hospital is required to solicit input 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.

St. Louis Children's Hospital (SLCH) and SSM Cardinal Glennon Children's Medical Center (CGCMC) collaborated on their first needs assessment in 2012, although each was on a different timetable. CGCMC completed its needs assessment at the end of 2012, and is in the final year of its implementation plan to address those prioritized needs. SLCH completed its needs assessment at the end of 2013, and is now in the middle of its implementation, which runs through the end of 2016.

Both hospitals are in the process of preparing their next CHNA, and agreed to continue their collaboration to assess feedback of those community stakeholders who have an interest in the health of St. Louis City children.

RESEARCH OBJECTIVES

The main objective for this research is to solicit input from healthcare experts and those who have a special interest in the healthcare needs of St. Louis city children served by both Cardinal Glennon Children's Medical Center and St. Louis Children's Hospital. Specifically, the discussion focused around the following objectives:

1) Determine whether the needs identified in the 2012/2013 CHNAs are still the right areas on which to focus

2) Explore whether there are there any needs on the list that should no longer be a priority

3) Determine where there are the gaps in the plan to address the prioritized needs

4) Identify other organizations with whom we should consider collaborating

5) Discuss how the world has changed since 2012/2013 when CGCMC and SLCH first identified these needs and whether there are there new issues they should consider

6) Evaluate what issues the stakeholders anticipate becoming a greater concern in the future that we need to consider now

METHODOLOGY

To fulfill the PPACA requirements, CGCMC and SLCH conducted a single focus group with public health experts and those with a special interest in the health needs of St. Louis city children. It was held on May 26, 2015 at the Chase Park Plaza Hotel in the city of St. Louis. The group was facilitated by Angela Ferris Chambers, Manager of Market Research & CRM for BJC HealthCare. The discussion lasted ninety minutes.

14 individuals representing various St. Louis city organizations participated in the discussion. Six others were invited, but were unable to attend (Appendix A).

Kate Becker, CGCMC President, welcomed participants at the beginning of the evening. Those who were observing on behalf of CGCMC and SLCH were also introduced to the group (Appendix A). Joan Magruder, President of SLCH, thanked the community representatives for their participation.

During the group, the moderator reminded the community leaders why they were invited — that their input is needed to help each hospital move forward in this next phase of the needs assessment process. The hospitals view this iteration of its CHNA as more of a “tweak” than a total revision of the first assessment; insufficient time has passed for them to have a substantive impact on the needs that were prioritized.

The moderator shared the needs prioritized by each hospital in the first assessment and discussed where each hospital is in its implementation plan. She also mentioned that each system is working to standardize the language for identifying prioritized needs across all of its hospitals so that impact can be measured consistently. This will allow the sharing of best practices among all system facilities.

CGCMC and SLCH identified three of the same priorities in their 2012/2013 CHNAs:

- Asthma
- Health Literacy
- Preventable Childhood Injuries (CGCMC)/ Public Safety (SLCH)

St. Louis Children’s Hospital identified an additional seven priorities on which to focus:

- Fitness, Nutrition and Weight
- Dental Health
- Infectious Diseases
- Access to Healthcare
- Social Determinants of Health
- Behavioral Health
- Sexually Transmitted Diseases

After the discussion, the participants were asked to rank these identified needs based on their level of concern and ability to address them via community collaboration.

KEY FINDINGS

PERCEPTION OF 2012/2013 PRIORITIES:

There was general consensus that the needs identified in the previous assessment are still those on which the two children's hospitals should focus. They represent the major causes of disease and disability in children.

- **Asthma** was identified as a chronic condition that continues to be of major concern. If not well controlled, it impacts the ability of children to perform well in school, which can lead to them being held back, and ultimately, unable to graduate. Parents continue to need support to understand how to best manage this chronic condition.
- **Health literacy**, in the form of education on the appropriate way to ways to access the health system, was a high priority for many in the room.
    - The Director of the Health Department shared the example of how parents often self— medicate their children when Shigella occurs, resulting in antibiotic— resistant strains of the bacterium. In conjunction with "day— care hopping," the disease is easily spread due to lack of knowledge among parents about how to appropriately access services to diagnose and treat it.

GAPS IN IMPLEMENTATION STRATEGIES:

Although nothing was identified that should come off the list of prioritized needs, there were gaps identified in the ways in which they are being addressed.

ACCESS: SERVICES:

- Inappropriate use of services (including the emergency department) might be avoided if non— traditional hours were available to access primary care services (evenings and weekends).
- The availability of more navigator— type services, in addition to the Community Resource Coordinators (CRCs), would help parents learn how to navigate the system on behalf of their children. There was some mention that CRCs are no longer available in the emergency department to help transition families from the emergency room to primary care at the FQHCs (federally qualified health centers). Community leaders would like to see them brought back.
- More formal ways to communicate about, and coordinate services related to physical, dental and mental health are needed. Many communication channels that currently exist were created informally. Providers would like better information so they know what's available and whom to call when a particular need arises.
- School nurses should be considered to be a part of the medical care team. Once a child enters school, the school nurse sees them on a regular basis. However, many St. Louis City schools only have a school nurse one or two days a week. On the remaining days, the principal and teachers are filling that role.
- Children with asthma who live in East St. Louis come to Missouri for care, but no one is tracking them on the Illinois side.
- All organizations who receive Medicaid funds should be involved in a conversation about partnership and how to work together to better use those resources.

ACCESS: COVERAGE:

- Some mentioned a gap in coverage between emergency care and primary care. There is more charitable care for emergency services compared to primary care, which creates incentives to use the emergency room.
- Those who turn 18 and who have parents with no health insurance will also not have health insurance.

HEALTH LITERACY:

- If school nurses and other health professionals were better trained in "motivational interviewing" skills, they might more clearly identify what parents want/need to know about managing their child's asthma or other chronic conditions.
- Parents need help understanding how to navigate the health system as do their children. They use the emergency room because they don't know where else to go. We need to give parents the tools to learn how to access services for themselves. Kids learn from their parents, and need to have appropriate role models

SOCIAL DETERMINANTS OF HEALTH:

- Issues of poverty and homelessness contribute to a lack of health. There are models of medical/legal partnerships that can direct families to legal services to help alleviate some of these issues. If they can be addressed, the family can then focus on issues related to their health.
- Children who drop out of school are more likely to live in poverty.
    - Those with chronic conditions, like asthma and diabetes, may miss more school. These increased absences cause them to fall further behind, increasing their likelihood of not graduating and being unemployed.
    - Teen pregnancy also is more likely to cause a young woman to drop out of school.

BEHAVIORAL/MENTAL HEALTH ISSUES:

- There is a need for better integration of behavioral health and physical health services.
- There is also a lack of child and adolescent psychiatrists in the state of Missouri. There are opportunities for nurse practitioners to enter the behavioral health field to perform evaluation and diagnosis. There are not enough diagnosticians in this area.

SPECIAL POPULATIONS:

TRANSIENT FAMILIES: Transient families are a special concern. There is a lot of movement between St. Louis City and St. Louis County and it is very easy to lose track of families who have been enrolled in pilot programs. This makes it difficult to measure the impact of these programs, especially if it is based on an analysis of a specific geography, like a ZIP code. It also makes it difficult to communicate with these families effectively. There needs to be a better way to keep track of these families as they move in and out of St. Louis City.

OTHER ORGANIZATIONS WITH WHOM TO CONDIER PARTNERING:

"Intentional and strategic community partnerships" are important because hospitals alone cannot address these issues. Several organizations were identified as good partners for collaboration. They included:

- Healthy and Sustainable Homes: a collaboration of non— profits who can help to better "connect the dots" between families and the services they need.
- Asthma Coalition: meets quarterly
- United Way: Ready by 21 St. Louis
- St. Louis Public School Foundation: a partnership to track and coordinate services that are provided in the public schools. There are many not— for— profit agencies in the St. Louis public schools, but no one is tracking them and determining their effectiveness.
- YMCA: This organization is willing to be an active partner in helping to communicate information to parents and children.
- EMS: These frontline personnel often are the first healthcare providers with whom a parent and child come into contact. They can serve a role as an information source. They suggested that a single two— sided document that lists organizations that provide services to children with their telephone numbers would be extremely valuable. It could be kept on the EMS trucks and distributed to those who need help.

NEW ISSUES OF CONCERN:

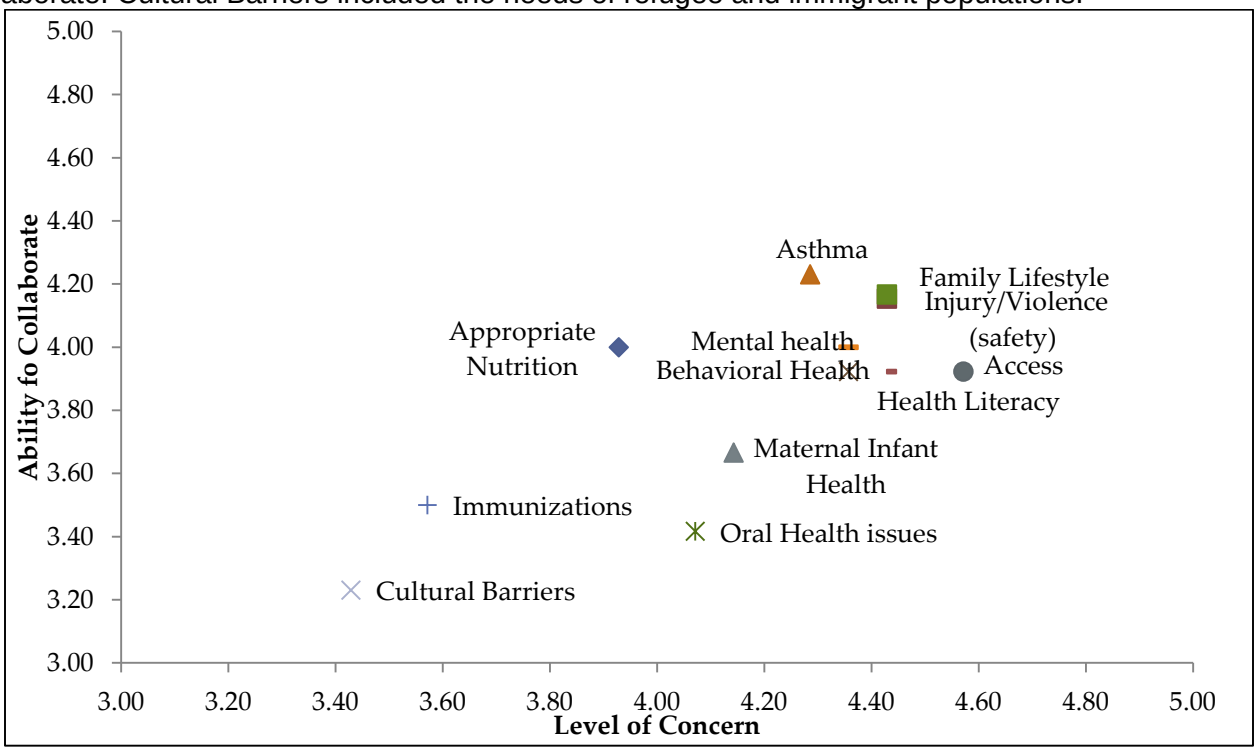
IMMIGRANTS AND REFUGEES: Many speak languages for which we have no interpreters. Many are survivors of war and torture. More organizations need to be trauma— informed.

FOOD ALLERGIES: These are a now a greater concern for school nurses than childhood asthma. Very often, there are also associated issues of depression and anxiety.

RATING OF NEEDS

Participants were given a list of the needs that were identified in the 2012/2013 assessment. They were asked to re— rank them 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 around them.

Access, family lifestyle issues (which included social determinants of health), injury/violence (safety) and health literacy all ranked high in terms of concern. Asthma ranked highest in terms of ability to collaborate. Cultural Barriers included the needs of refugee and immigrant populations.



Health Need	Level of Concern	Ability to Collaborate
Access	4.57	3.92
Family lifestyle	4.43	4.17
Injury/Violence (safety)	4.43	4.15
Health Literacy	4.43	3.92
Mental health	4.36	4.00
Behavioral Health	4.36	3.92
Asthma	4.29	4.23
Maternal infant health	4.14	3.67
Oral Health issues	4.07	3.42

Appropriate nutrition	3.93	4.00
Immunizations	3.57	3.50
Cultural barriers	3.43	3.23
Lead poisoning	2.79	3.17

NEXT STEPS

Based on the input the hospitals received from community stakeholders, St. Louis Children's Hospital and Cardinal Glennon Children's Medical Center will examine secondary data for St. Louis City to explore the size of the needs that have been identified.

Each hospital has established an internal stakeholder workgroup to assess this information and evaluate whether the priorities should change.

The needs assessment and associated implementation plan must be revised and updated for release by December 31, 2015 for Cardinal Glennon, and 2016 for SLCH.

The community stakeholder group will continue to be updated about the progress of the internal work groups as they work to meet these deadlines.

APPENDIX A

INVITED PARTICIPANTS

NAME	ORGANIZATION	ATTENDANCE
1. Liaqq Alshati	Youth in Need	x
2. Michael Butler	State Representative	x
3. Wray Clay	United Way	x
4. Marge Cole	MO Dept of Health and Senior Services	x
5. Kendra Copanas	Maternal Child and Family Health Coalition	x
6. Kate Costen	Dental Care for Kids	x
7. Jama Dodson	St. Louis Mental Health Board	x
8. Flint Fowler	Herbert Hoover Boys & Girls Club	
9. Jacqueline Harvey	People's Health Center	x
10. Margo Hoelscher	MO Health Net	
11. Sharon Holbrooks	YMCA	x
12. Joy Krieger	Asthma & Allergy Foundation	x
13. Suzanne LeLaurin	International Institute	
14. Mike McMillan	Urban League	
15. Melba Moore	Cir of St. Louis Department of Health	x
16. Rich Patton	Vision for Children at Risk	
17. Mark Sanford		
18. Matt Simpson	St. Louis Police Department	x
19. Tracey Swabby	Abbott EMS/Cardinal Glennon Parent	x
20. Ron Tompkins	Nurses for Newborns	x
21. Starsky Wilson	Deaconess Foundation/Ferguson Commission	

CGCMC/SSM/SLCH/BJC attendees:

1. Angela Chambers (BJC, focus group facilitator)
2. Kim Bakker, SSM
3. Shawn Dryden, CGCMC
4. Lauren Lubus, SSM
5. Kate Becker, CGCMC
6. Abi Ottenburg, CGCMC
7. Joan Magruder, SLCH
8. Greta Todd, SLCH
9. Kel Ward, SLCH
10. Nicole Kozma, SLCH
11. Catherine Rains, SLCH
12. Peggy Gordin, SLCH
13. Melody Schaeffer, SLCH
14. Kel Ward, SLCH
15. Diana Wilhold, BJC
16. Karley King, BJC

Exhibit 3a:
(see next page)

Poverty Status in the Past 12 Months of Families By Family Type by Presence of Related Children Under 18 Years by Age of Related Children
St. Louis city, Missouri
Powered by The American Community Survey

	Total*:	One Race												Two or More Races			
		White		Black or African American		American Indian and Alaska Native		Asian		Native Hawaiian and Other Pacific Islander		Some Other Race		Mixed		Hispanic or Latino (any race)	
	Estimate	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total:	65,229	30,298	*(+/- 720)*	31,901	*(+/- 937)*	198	*(+/- 75)*	1,400	*(+/- 170)*	0	*(+/- 26)*	340	*(+/- 96)*	1,092	*(+/- 183)*	1,947	*(+/- 181)*
Income in the past 12 months below poverty level:	14,342	2,810	*(+/- 385)*	10,959	*(+/- 650)*	11	*(+/- 20)*	202	*(+/- 83)*	0	*(+/- 26)*	87	*(+/- 50)*	273	*(+/- 117)*	449	*(+/- 143)*
Married-couple family:	3,084	1,318	*(+/- 254)*	1,388	*(+/- 224)*	11	*(+/- 20)*	175	*(+/- 82)*	0	*(+/- 26)*	62	*(+/- 41)*	130	*(+/- 78)*	239	*(+/- 109)*
With related children under 18 years:	1,901	837	*(+/- 205)*	811	*(+/- 193)*	11	*(+/- 20)*	100	*(+/- 58)*	0	*(+/- 26)*	38	*(+/- 35)*	104	*(+/- 73)*	190	*(+/- 106)*
Under 5 years only	458	280	*(+/- 124)*	132	*(+/- 90)*	11	*(+/- 20)*	22	*(+/- 27)*	0	*(+/- 26)*	13	*(+/- 22)*	0	*(+/- 26)*	13	*(+/- 22)*
Under 5 years and 5 to 17 years	513	230	*(+/- 119)*	217	*(+/- 104)*	0	*(+/- 26)*	9	*(+/- 18)*	0	*(+/- 26)*	25	*(+/- 27)*	32	*(+/- 36)*	82	*(+/- 61)*
5 to 17 years only	930	327	*(+/- 124)*	462	*(+/- 149)*	0	*(+/- 26)*	69	*(+/- 46)*	0	*(+/- 26)*	0	*(+/- 26)*	72	*(+/- 60)*	95	*(+/- 80)*
No related children under 18 years	1,183	481	*(+/- 111)*	577	*(+/- 119)*	0	*(+/- 26)*	75	*(+/- 48)*	0	*(+/- 26)*	24	*(+/- 25)*	26	*(+/- 26)*	49	*(+/- 39)*
Other family:	11,258	1,492	*(+/- 286)*	9,571	*(+/- 597)*	0	*(+/- 26)*	27	*(+/- 23)*	0	*(+/- 26)*	25	*(+/- 29)*	143	*(+/- 87)*	210	*(+/- 107)*
Male householder, no wife present:	1,403	310	*(+/- 147)*	1,059	*(+/- 221)*	0	*(+/- 26)*	14	*(+/- 17)*	0	*(+/- 26)*	10	*(+/- 17)*	10	*(+/- 10)*	30	*(+/- 32)*
With related children under 18 years:	1,077	240	*(+/- 133)*	817	*(+/- 196)*	0	*(+/- 26)*	6	*(+/- 11)*	0	*(+/- 26)*	10	*(+/- 17)*	4	*(+/- 6)*	30	*(+/- 32)*
Under 5 years only	435	152	*(+/- 118)*	273	*(+/- 144)*	0	*(+/- 26)*	0	*(+/- 26)*	0	*(+/- 26)*	10	*(+/- 17)*	0	*(+/- 26)*	10	*(+/- 17)*
Under 5 years and 5 to 17 years	196	47	*(+/- 35)*	149	*(+/- 78)*	0	*(+/- 26)*	0	*(+/- 26)*	0	*(+/- 26)*	0	*(+/- 26)*	0	*(+/- 26)*	20	*(+/- 27)*
5 to 17 years only	446	41	*(+/- 33)*	395	*(+/- 125)*	0	*(+/- 26)*	6	*(+/- 11)*	0	*(+/- 26)*	0	*(+/- 26)*	4	*(+/- 6)*	0	*(+/- 26)*
No related children under 18 years	326	70	*(+/- 51)*	242	*(+/- 104)*	0	*(+/- 26)*	8	*(+/- 12)*	0	*(+/- 26)*	0	*(+/- 26)*	6	*(+/- 8)*	0	*(+/- 26)*
Female householder, no husband present:	9,855	1,182	*(+/- 232)*	8,512	*(+/- 589)*	0	*(+/- 26)*	13	*(+/- 14)*	0	*(+/- 26)*	15	*(+/- 25)*	133	*(+/- 86)*	180	*(+/- 99)*
With related children under 18 years:	8,515	975	*(+/- 211)*	7,387	*(+/- 565)*	0	*(+/- 26)*	8	*(+/- 13)*	0	*(+/- 26)*	15	*(+/- 25)*	130	*(+/- 86)*	180	*(+/- 99)*
Under 5 years only	1,294	242	*(+/- 110)*	1,049	*(+/- 256)*	0	*(+/- 26)*	0	*(+/- 26)*	0	*(+/- 26)*	0	*(+/- 26)*	3	*(+/- 6)*	39	*(+/- 49)*
Under 5 years and 5 to 17 years	2,545	265	*(+/- 127)*	2,233	*(+/- 328)*	0	*(+/- 26)*	0	*(+/- 26)*	0	*(+/- 26)*	15	*(+/- 25)*	32	*(+/- 40)*	38	*(+/- 41)*
5 to 17 years only	4,676	468	*(+/- 160)*	4,105	*(+/- 391)*	0	*(+/- 26)*	8	*(+/- 13)*	0	*(+/- 26)*	0	*(+/- 26)*	95	*(+/- 67)*	103	*(+/- 87)*
No related children under 18 years	1,340	207	*(+/- 79)*	1,125	*(+/- 199)*	0	*(+/- 26)*	5	*(+/- 9)*	0	*(+/- 26)*	0	*(+/- 26)*	3	*(+/- 7)*	0	*(+/- 26)*
Income in the past 12 months at or above poverty level:	50,887	27,488	*(+/- 664)*	20,942	*(+/- 879)*	187	*(+/- 74)*	1,198	*(+/- 175)*	0	*(+/- 26)*	253	*(+/- 83)*	819	*(+/- 170)*	1,498	*(+/- 185)*
Married-couple family:	30,996	21,205	*(+/- 648)*	8,113	*(+/- 516)*	154	*(+/- 70)*	939	*(+/- 162)*	0	*(+/- 26)*	143	*(+/- 72)*	442	*(+/- 121)*	952	*(+/- 190)*
With related children under 18 years:	11,371	7,500	*(+/- 491)*	3,097	*(+/- 387)*	45	*(+/- 45)*	514	*(+/- 125)*	0	*(+/- 26)*	27	*(+/- 31)*	188	*(+/- 78)*	378	*(+/- 116)*
Under 5 years only	3,958	3,199	*(+/- 356)*	471	*(+/- 148)*	6	*(+/- 11)*	196	*(+/- 96)*	0	*(+/- 26)*	10	*(+/- 17)*	76	*(+/- 49)*	111	*(+/- 79)*
Under 5 years and 5 to 17 years	1,914	1,195	*(+/- 240)*	651	*(+/- 193)*	0	*(+/- 26)*	29	*(+/- 33)*	0	*(+/- 26)*	0	*(+/- 26)*	39	*(+/- 39)*	55	*(+/- 42)*
5 to 17 years only	5,499	3,106	*(+/- 271)*	1,975	*(+/- 302)*	39	*(+/- 42)*	289	*(+/- 83)*	0	*(+/- 26)*	17	*(+/- 26)*	73	*(+/- 40)*	212	*(+/- 88)*
No related children under 18 years	19,625	13,705	*(+/- 535)*	5,016	*(+/- 396)*	109	*(+/- 56)*	425	*(+/- 115)*	0	*(+/- 26)*	116	*(+/- 67)*	254	*(+/- 94)*	574	*(+/- 147)*
Other family:	19,891	6,283	*(+/- 497)*	12,829	*(+/- 696)*	33	*(+/- 31)*	259	*(+/- 99)*	0	*(+/- 26)*	110	*(+/- 54)*	377	*(+/- 134)*	546	*(+/- 167)*
Male householder, no wife present:	4,473	1,896	*(+/- 307)*	2,257	*(+/- 333)*	27	*(+/- 29)*	85	*(+/- 77)*	0	*(+/- 26)*	59	*(+/- 48)*	149	*(+/- 84)*	91	*(+/- 54)*
With related children under 18 years:	2,013	753	*(+/- 161)*	1,065	*(+/- 251)*	11	*(+/- 21)*	52	*(+/- 71)*	0	*(+/- 26)*	37	*(+/- 43)*	95	*(+/- 66)*	49	*(+/- 45)*
Under 5 years only	416	182	*(+/- 87)*	138	*(+/- 82)*	0	*(+/- 26)*	49	*(+/- 70)*	0	*(+/- 26)*	20	*(+/- 32)*	27	*(+/- 42)*	0	*(+/- 26)*
Under 5 years and 5 to 17 years	230	99	*(+/- 66)*	131	*(+/- 88)*	0	*(+/- 26)*	0	*(+/- 26)*	0	*(+/- 26)*	0	*(+/- 26)*	0	*(+/- 26)*	19	*(+/- 32)*
5 to 17 years only	1,367	472	*(+/- 137)*	796	*(+/- 240)*	11	*(+/- 21)*	3	*(+/- 9)*	0	*(+/- 26)*	17	*(+/- 27)*	68	*(+/- 57)*	30	*(+/- 37)*
No related children under 18 years	2,460	1,143	*(+/- 240)*	1,192	*(+/- 197)*	16	*(+/- 18)*	33	*(+/- 28)*	0	*(+/- 26)*	22	*(+/- 21)*	54	*(+/- 51)*	42	*(+/- 32)*
Female householder, no husband present:	15,418	4,387	*(+/- 369)*	10,572	*(+/- 574)*	6	*(+/- 9)*	174	*(+/- 61)*	0	*(+/- 26)*	51	*(+/- 36)*	228	*(+/- 103)*	455	*(+/- 157)*
With related children under 18 years:	7,936	1,636	*(+/- 239)*	6,014	*(+/- 479)*	6	*(+/- 9)*	78	*(+/- 40)*	0	*(+/- 26)*	17	*(+/- 21)*	185	*(+/- 103)*	214	*(+/- 105)*
Under 5 years only	1,566	381	*(+/- 101)*	1,099	*(+/- 227)*	0	*(+/- 26)*	15	*(+/- 12)*	0	*(+/- 26)*	17	*(+/- 21)*	54	*(+/- 58)*	21	*(+/- 27)*
Under 5 years and 5 to 17 years	1,197	202	*(+/- 83)*	943	*(+/- 257)*	6	*(+/- 9)*	12	*(+/- 16)*	0	*(+/- 26)*	0	*(+/- 26)*	34	*(+/- 34)*	59	*(+/- 56)*
5 to 17 years only	5,173	1,053	*(+/- 181)*	3,972	*(+/- 441)*	0	*(+/- 26)*	51	*(+/- 33)*	0	*(+/- 26)*	0	*(+/- 26)*	97	*(+/- 77)*	134	*(+/- 83)*
No related children under 18 years	7,482	2,751	*(+/- 345)*	4,558	*(+/- 376)*	0	*(+/- 26)*	96	*(+/- 46)*	0	*(+/- 26)*	34	*(+/- 31)*	43	*(+/- 33)*	241	*(+/- 130)*

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Exhibit 3b:

Poverty Status in the Past 12 Months of Families By Family Type by Presence of Related Children Under 18 Years by Age of Related Children

St. Louis city, Missouri

Powered by The American Community Survey

Business		
Paid employees for pay period including March 12	**Estimate**	**CBP Quality Indicator Flag**
Total for all sectors		
Agriculture, forestry, fishing and hunting		
Mining, quarrying, and oil and gas extraction		
Utilities		
Construction		
Manufacturing		
Wholesale trade		
Retail trade		
Transportation and warehousing		
Information		
Finance and insurance		
Real estate and rental and leasing		
Professional, scientific, and technical services		
Management of companies and enterprises		
Administrative and support and waste management and remediation services		
Educational services		
Health care and social assistance		
Arts, entertainment, and recreation		
Accommodation and food services		
Other services (except public administration)		
Industries not classified		

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Exhibit 3b cont.:

Annual payroll ($1,000)	Estimate	CBP Quality Indicator Flag
Total for all sectors		
Agriculture, forestry, fishing and hunting		
Mining, quarrying, and oil and gas extraction		
Utilities		
Construction		
Manufacturing		
Wholesale trade		
Retail trade		
Transportation and warehousing		
Information		
Finance and insurance		
Real estate and rental and leasing		
Professional, scientific, and technical services		
Management of companies and enterprises		
Administrative and support and waste management and remediation services		
Educational services		
Health care and social assistance		
Arts, entertainment, and recreation		
Accommodation and food services		
Other services (except public administration)		
Industries not classified		

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Exhibit 3b cont.:

Total establishments	Estimate	CBP Quality Indicator Flag
Total for all sectors		X
Agriculture, forestry, fishing and hunting		X
Mining, quarrying, and oil and gas extraction		X
Utilities		X
Construction		X
Manufacturing		X
Wholesale trade		X
Retail trade		X
Transportation and warehousing		X
Information		X
Finance and insurance		X
Real estate and rental and leasing		X
Professional, scientific, and technical services		X
Management of companies and enterprises		X
Administrative and support and waste management and remediation services		X
Educational services		X
Health care and social assistance		X
Arts, entertainment, and recreation		X
Accommodation and food services		X
Other services (except public administration)		X
Industries not classified		X

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Exhibit 3c:

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

- Except where noted, 'race' refers to people reporting only one race. 'Hispanic' refers to an ethnic category; Hispanics may be of any race.
- An entry of '+/-0' in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
- A 'Z' entry in the estimate or margin of error column indicates that the estimate or margin of error is not applicable or not available.
- Margins of Error are not provided for Totals but may be found for those estimates where available in American Fact Finder or our FTP server.

Source: 2013 County Business Patterns for Congressional Districts
1. CBP data includes the number of establishments, employment during the week of March 12, and annual payroll. CBP basic data are extracted from the Business Register (BR), a database of all known single and multi-establishment employer companies maintained and updated by the U.S. Census Bureau. Primary causes of differences between CBP employment estimates and ACS estimates: CBP does not cover the self-employed, public employment, and most agricultural employment; CBP estimates are not based on a sample survey; they represent business location as opposed to workers' residence in the district; use the week of March 12 as a reference period; and use a business source to determine industry.
2. Industries not classified - Industry could not be determined.
3. Statewide - CBP data includes employers without a fixed location within a state (or of unknown county location), these are included under a statewide classification. Statewide cases are withheld from the tabulation for this My Congressional District tool. This incomplete detail causes only a slight understatement of a district's total estimates. Statewide cases do not apply to at-large districts.
4. If a sector does not appear in a district, CBP did not identify any establishments in the district.
5. Disclosure and Quality Indicator Flag Definitions:
D Withheld to avoid disclosing data for individual companies; data are included in higher level totals
G Cell value changed by less than 2 percent by the application of noise
H Cell value changed by at least 2 percent but less than 5 percent by the application of noise
S Cell value withheld because it did not meet publication standards
N Not available or not comparable
X Not applicable
a 0 to 19 employees
b 20 to 99 employees
c 100 to 249 employees
e 250 to 499 employees
f 500 to 999 employees
g 1,000 to 2,499 employees
h 2,500 to 4,999 employees
i 5,000 to 9,999 employees
j 10,000 to 24,999 employees
k 25,000 to 49,999 employees
l 50,000 to 99,999 employees
m 100,000 employees or more

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimate

Exhibit 4 Community Asset Inventory For External Recommendations

Health Need/Issue: **Family Lifestyle (Internet Safety)**
Organization that can assist with this need: **University of Missouri – *St. Louis Children's Advocacy Center***
Organization's primary point of contact: **Website – www.stlouiscac.org**
What this organization does that can help with this issue: ***Provides general safety tips for parents and caregivers and provides links to interactive educational resources***.

Health Need/Issue: **Health Literacy**
Organization that can assist with this need: **St. Louis Children's Hospital**
Organization's primary point of contact**: Website *www.stlouischildrens.org***
What this organization does that can help with this issue: **According to the American Academy of Pediatrics, health literacy interventions improve outcomes of both low and high literacy families with the presence of patient educators, patient advocates, care coordinators and medical interpreters. The hospital provides a Family Resource Center to help families in the hospital and community learn more about their child's health condition. Information resources are customizable to the needs of the requester's spoken language, reading level, and learning style.**

Health Need/Issue: **Mental Health (Stress; ADHD/ADD; Depression)**
Organization that can assist with this need: **St. Louis Children's Hospital**
Organization's primary point of contact**: Nicole Kozma**
What this organization does that can help with this issue?

Program: Teen Outreach Program (TOP)
Goal: Increase school success and prevent teen pregnancy by teaching life skills, sense of purpose, and healthy behaviors.
Objectives:
Operate at least 10 TOP clubs throughout the school year.
Expose 200 students to the TOP curriculum.
80% of the students in the TOP program will complete at least 20 hours of community service.
Action Plan: St. Louis Children's Hospital'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 sixth-12th grade students to engage teens in the Wyman Teen Outreach Program (TOP) curriculum-guided discussion and community service learning.
Outcomes: Participants increase sense of purpose and decrease risk of school suspension, course failure, school dropout, and teen pregnancy.
Outcome Measurement: Participants in the TOP club complete a self-report pre and post survey. TOP health educators will monitor and record the number of community service hours completed by each individual student and club.

Health Need/Issue: **Behavioral Health (Illegal Drug Use)**
Organization that can assist with this need: **BJC School Outreach**
Organization's primary point of contact: **Diana Wilhold**
What this organization does that can help with this issue?

Program: Power of Choice

Rationale: Based on the outcomes provided by the Youth Risk Behavior Surveillance (YRBS) Survey, alcohol, tobacco and other illicit drug use are health behaviors that young people are too often involved with before school, during school and within their community. Educating youth by providing developmental and critical thinking skills to make informed decisions when confronted with use can reduce diseases, promote healthy choices that empower and advocate for a healthy lifestyle. To address this community health need, BJC School Outreach and Youth Development implements the following program:

Program Description: Power of Choice is a classroom-based program that helps students in grades 5-12 learn to make informed choices when it comes to the use and abuse of tobacco, alcohol, and other drugs.

Goal: To improve knowledge and emphasize the overall health issues associated with tobacco, alcohol, and illicit drugs.

Objective: Improve overall knowledge of health issues associated with tobacco, alcohol, and illicit drug use by 10% from pre- to post-test assessment.

Action Plan: Power of Choice consists of four forty-five minute sessions taught by a Health Educator and includes the following topics:
Reasons people choose to use or not use substances
Healthy alternatives and great natural highs
Media "hooks" which encourage use and media "counter-ads" which discourage use
Long-term consequences of use as seen in healthy and diseased organs
Resources to assess addiction and access help, if necessary

After the program is delivered, a Final Program Report is given to teachers, administrators, and staff to help foster future classroom-based education.
Outcomes: The intended outcome of this program is to increase knowledge of health issues associated with tobacco, alcohol, and illicit drug use by 10%.

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.

Program: Smoke-free Teens on Purpose (STOP): An adolescent tobacco cessation

Rationale: Research shows that the adolescent brain becomes addicted to nicotine faster than the adult brain. According to the Centers for Disease Control and Prevention, smoking is the

number one preventable cause of death in the United States. Intervening at an early stage in the addiction cycle may help adolescents stop the harmful habit. To address this community health need, BJC School Outreach and Youth Development implements the following program:

Program Description: STOP is a voluntary classroom-based program that helps students in grades 9-12 stop using tobacco.

Goal: To support high school students to be successful in their efforts to quit the harmful habit of using tobacco products.

Objective: Improve overall knowledge of the harmful effects of tobacco use by 10% from pre- to post-test assessment.

Action Plan: STOP consists of eight one-hour sessions and monthly follow-up sessions that include the following topics:
Short- and long-term health effects of tobacco use
Weight concerns and healthy lifestyle choices
Stress management techniques and ways to handle cravings and triggers
Facts and tips for stopping tobacco use
Setting smoke-free/tobacco-free “dates”
Unveiling the truth in tobacco advertising
Dealing with relapse and handling high-risk situations

Outcomes: The intended outcome of this program is that 10% of students who complete the program will be tobacco-free.

Outcome Measurements: To measure reduction in tobacco use, students are asked to self-report on a weekly basis their progress. In addition, random Smokerlyzer tests are administered to measure students’ level of carbon monoxide.

Health Need/Issue: **Asthma (Allergies including food)**
Organization that can assist with this need: **St. Louis Children’s Hospital**
Organization’s primary point of contact: **Lisa Meadows**
What this organization does that can help with this issue?

Goal: To reduce asthma morbidity, decrease asthma disparities, improve coordinated care efforts, and increase quality of life for asthma patients and their families.

Objectives

- Enroll 250 elementary, middle or high school students each school year to provide medical care and social services for children who have asthma.
- Increase inhaler/aero chamber technique in 25% of students enrolled at the end of the school year compared to their baseline at the beginning of the program.
- Increase knowledge of asthma signs and symptoms among enrolled students by a 5% increase in overall asthma knowledge score at post-test compared to pre-test.

Action Plan: The Child Health Advocacy and Outreach Department at St. Louis Children's Hospital is responsible for disseminating the HKEA program to the community. Children enrolled in HKEA receive specialized asthma care and education from a team of nurses, nurse practitioners, and asthma educators in a school setting. A social worker and asthma coaches are available to provide one on one education with parents and assist as needed with the many socioeconomic barriers families often experience. The program collaborates with multiple clinical advisory groups, hospital administrators, advocacy groups and local schools to connect children to asthma care and resources.

Outcomes: We expect this program to impact children with asthma, teaching them to manage their asthma properly by increasing their knowledge of asthma signs and symptoms, improve their ability to use medications correctly and follow an asthma action plan. This intervention is intended to improve asthma related outcomes for these children.

Outcome Measures: This program is evaluated by measuring improvement in skill of using an inhaler/aero chamber, increase in asthma knowledge, and an increase in access to healthcare for at-risk children. The tools used to measure these outcomes include data tracking for the number of intensive program clinical encounters, the number of community events, absenteeism, emergency room visits, asthma coach encounters, and the number of PCP patient and staff encounters. Evidence-based guidelines for asthma programs are used to create evaluation tools.

Community Health Need: Life Threatening Food Allergies (LTFA)

Rationale: The Centers for Disease Control reported an 18% increase in LTFA among children less than 18 years of age between 1997 and 2007. 16-18% of LTFA reactions happen in the school setting. Of the children who had reactions, 25% of them did not know they had a food allergy. Schools are a prime environment for preventing LTFA reactions and making sure school staff is trained to handle them when they do occur.
A needs assessment among St. Louis area school nurses, administrators, students and parents identified a need for both internal and external support in managing LTFA. St. Louis Children's Hospital uses their expertise to address this issue in schools and agencies in the defined community and by reaching out to a national audience. FAME leads local and national partners to improve food allergy management best practice and ensures that efforts in St. Louis City lead the industry standard and best practices for the nation.

Program: Food Allergy Management and Education (FAME) Program

Goal: To reduce the number of allergic reactions and even deaths due to LFTA by providing resources and education to schools to create safe learning environments for students with LTFA.

Objectives

- Distribute 50 food allergy management toolkits per year to schools or community organizations.
- Increase knowledge of educational session participants, measured by a 5% increase of average knowledge score at posttest compared to pretest for a representative sample of participants.

Action Plan: FAME staff provides education, training, and resources on food allergy and anaphylaxis management for parents, students, all school personnel, as well as physicians and clinical staff through educational sessions and distribution of food allergy management toolkits and manuals free of charge.

In order to enhance education and resources, FAME has organized an advisory board of national, as well as local, leaders in the food allergy field to create and distribute a national tool-kit and manual that will be available throughout the United States.

Partners to address this need include: county, state and national organizations that support asthma and food allergy activities. This program will also partner with local school nutrition personnel, nurses, teachers and parents. It currently has support of a national advisory board which is instrumental in the program's success.

Outcomes: This program seeks to impact knowledge of school personnel regarding food allergy management and to improve food allergy reaction avoidance practices and emergency protocols in schools.

Outcomes Measurement: This program is evaluated by measuring improvement in LTFA knowledge, and the number of people receiving education and resources. The tools used to measure these outcomes include data tracking for the number of manuals/tool-kits distributed, curriculum guides distributed, and program participants trained.

Health Need/Issue: **Maternal – Infant Health**
Organization that can assist with this need: **BJC Raising St. Louis**
Organization's primary point of contact: **Kel Ward**
What this organization does that can help with this issue?

Objectives

- Overall program goal = for every child to be healthy and ready to learn in school
- Improve birth outcomes (gestational age, birth weight) of children involved in the Raising St. Louis program
- Perform exams and screenings to make sure child is healthy, safe and developing on track
- Help adults learn effective parenting techniques
- Provide timely information and connections to resources and social services

Action Plan: Raising St. Louis will work with families in the City of St. Louis beginning in pregnancy and continuing until the child is ready to enter third grade. The core program components will include referral to appropriate prenatal care, evidence-based home visitation programs, parent support groups and navigation of healthcare and social services. We partner with existing effective organizations such as Nurses for Newborns and Parents as Teachers to

bring services to families in a coordinated, systematic way. Our program is available to pregnant women residing in the north St. Louis City zip codes of: 63106, 63107, 63112, 63113, 63115 and 63120. Our long term goal is to expand the program throughout the City of St. Louis.

Outcomes: Through participation in the Raising St. Louis program, children will be healthy, developing at an age-appropriate rate, and ready to learn effectively by the time they reach the third grade.

Outcome Measurements: This program has a comprehensive evaluation plan that utilizes 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.

Health Need/Issue: Oral Health Issues
Organization that can assist with this need: **St. Louis Children's Hospital**
Organization's primary point of contact: **Lisa Meadows**
What this organization does that can help with this issue?

Goal: Children will receive appropriate care to prevent dental carries and treat oral health problems.

Objectives

- Provide dental exams, cleanings and restorative care to 500 children per year in high risk populations for free.

Action Plan: Child Health Advocacy and Outreach Department is responsible for this program. HKED staff includes a dentist, dental assistants, and social workers. HKED staff provides dental services for free in schools, child care centers and community youth and family organization sites. Schools and community sites are selected based on socioeconomic status and availability and access to local health clinics. Children are given a dental exam, dental cleaning and provided with or referred to the appropriate treatment. Staff also promotes oral health and hygiene by teaching children about brushing and flossing techniques, using fluoride, and how to prevent dental carries. HKED staff coordinates with school or child care representatives by providing referral services and follow-up care for a child if needed. HKED staff work in partnership with BJC medical interpreters, community site partners and community dental providers to meet the goals of this program.

Outcomes: Children participating in the program will receive proper dental treatment to prevent dental caries and restore dental health.

Outcome Measurement: The number of children served and dental procedures administered will be used to measure the reach and progress of the program. An electronic dental record and tracking forms will be used to record the progress of patients in receiving appropriate treatment.

Health Need/Issue: **Appropriate Nutrition/Lack of Exercise**
Organization that can assist with this need: **St. Louis Children's Hospital**
Organization's primary point of contact: **Nicole Kozma**
What this organization does that can help with this issue?

St. Louis Children's Hospital 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

Goal: To improve knowledge and skill in leading a healthy lifestyle among children and their families by offering a multi-disciplinary approach to weight management.

Objective

- Provide intensive group educational sessions that focus on nutrition, physical activity and emotional health to 30 children per year.
- Increase knowledge of nutrition, physical activity and emotional health among participants by a five percent increase in average knowledge score among participants at post-test compared to pre-test.

Action Plan: The Child Health Advocacy and Outreach Department at St. Louis Children's Hospital is responsible for this program. An exercise specialist, registered dietician, social worker and health promotion professionals facilitate 12 intensive group sessions on topics regarding physical activity, nutrition and emotional health.

Outcomes: Participants learn skills and techniques that will help them incorporate heart healthy behavior into their lifestyles.

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.

<u>These programs are provided by BJC School Outreach</u>
Program: "Fun"tastic Nutrition **provided by BJC School Outreach Department; Contact is Diana Wilhold**

Program Description: "Fun"tastic Nutrition is a classroom-based program that teaches students in grades 2-8 the importance of healthy eating habits and a healthy lifestyle.

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

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

Action Plan: “Fun”tastic Nutrition consists of six 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
- Healthy snacks
- The digestive system
- Calcium and bone health

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

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

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.

Program: Explore Health provided by BJC School Outreach Department; Contact is Diana Wilhold

Program Description: Explore Health is a classroom-based program that teaches students in grades 9-12 the importance of healthy eating habits and a healthy lifestyle.

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

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

Action Plan: Explore Health consists of six 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 the impact of food choices on heart health
- Learning how to read a food label and make informed decisions
- Exploring current diets and learning health consequences of fad dieting
- 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.

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

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.

Program: SNEAKERS **provided by BJC School Outreach Department; Contact is Diana Wilhold**

Program Description: SNEAKERS is a classroom-based program that teaches students in grades 3-6 the importance of cardiovascular health and understanding fitness principles.

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

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

Action Plan: 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.

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

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.