Shriners Hospitals
for Children®

Shriners Hospitals for Children — St. Louis
2019 Community Health Needs Assessment

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Shriners Hospitals for Children at a Glance

Shriners Hospitals for Children® is a health care system with locations in the U.S., Canada and Mexico. Our staff is dedicated to improving the lives of children by providing pediatric specialty care, conducting innovative research, and offering outstanding educational programs for medical professionals. Children up to age 18 with orthopaedic conditions, burns, spinal cord injuries, and cleft lip and palate are eligible for care, regardless of the families' ability to pay. Within these broad service lines, many types of care are provided. For example, some locations offer reconstructive plastic surgery, treatment for craniofacial abnormalities or care for sports injuries. Generally, care is provided until age 18, although, in some cases, it may be extended to age 21. All services are provided in a compassionate, family-centered environment. Our patients are our priority. We take the time to care, and to listen. At Shriners Hospitals for Children, every patient and family can expect respectful, compassionate, expert care.

The mission of Shriners Hospitals for Children is to:

Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special health care needs within a compassionate, family-centered and collaborative care environment.

Provide for the education of physicians and other health care professionals.

Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.

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.

About Shriners Hospitals for Children — St. Louis

Shriners Hospitals for Children — St. Louis our primary focus is treating pediatric orthopaedic 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 orthpaedic hospitals in the nation. In June of 2015, we returned to the city of St. Louis and the campus of 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 2017, we added, 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, regardless of the families' ability to pay.

Our physicians are some of the world's top pediatric orthopedic and plastic surgery subspecialists. As leaders in their field and faculty members at Washington University School of Medicine, they are the physicians who train other leaders in their areas of expertise.

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

Plastic surgery treatment specialties include, but are not limited to:

- Craniofacial abnormalities
- Cleft lip
- 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.

Inside Shriners Hospitals for Children each day, patients and families say thank you to the Shriners – those men in the red fezzes. Our model for care was imagined and established by the Shriners, the fraternal organization for which the health care system is named. Determined to give all children access to specialized pediatric care, the Shriners opened their first hospital in 1922. Polio was reaching epidemic proportions and only families of means had ready access to doctors, leaving thousands of children at risk without health care.

Recognized as leading philanthropy, Shriners Hospitals for Children has evolved into an international health care system recognized for its devotion to transforming the lives of children through care and research. It is a destination of choice for parents whose children have orthopaedic problems, burns, spinal cord injuries, cleft lip and palate, and other complex medical needs.

Purpose

A Community Health Needs Assessment (CHNA) is a report based on epidemiological, qualitative, and comparative methods that assess the health issues in a hospital organization's community and that community's access to services related to those issues.

The Patient Protection and Affordable Care Act (PPACA) enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

This assessment is designed and intended to meet the IRS needs assessment requirement as it is currently understood and interpreted by Shriners Hospitals for Children leadership.

Shriners Hospitals for Children's Commitment to the Community

Shriners Hospitals for Children — St. Louis, is committed to providing care within the scope of our mission without regard for the family's ability to pay. We work collaboratively with our community partners to assess community needs and develop new clinical and community benefit programs that enhance health and well-being of children in our community. SHC— St. Louis like the other U.S. based hospitals in the Shriners Hospitals for Children health care system, reaffirms its commitment to excellence of care through the development of its Community Health Needs Assessment (CHNA). Based on the findings, we have developed an action plan to work alongside community stakeholders to address the health needs of the community.

Our 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 SSM Health Cardinal Glennon Children's Hospital to gather primary and secondary data needed to conduct our community needs assessment for our defined community, the City of St. Louis. Recognizing the Shriners Hospitals for Children – St. Louis is a specialty pediatric orthopedic hospital compared to St. Louis Children's Hospital and SSM Cardinal Glennon Children's Hospital, we are 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, IBM Market Expert, and the U.S. Census Bureau's statistics collected from the American Community Survey (2013-2017).

Primary Data Collection

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 2019 Community Health Needs Report. Primary data regarding our 2019 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.

External Focus Group

As they did in 2016, St. Louis Children's Hospital and SSM Cardinal Glennon Children's Medical Center collaborated to solicit and 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 It was held on May 31, 2018 at Central Reformed Congregation in the Central West End. 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:

- Determine whether the needs identified in the 2015/2016 CHNAs are still the right areas on which to focus
- Explore whether there are there any needs on the list that should no longer be a priority
- Determine where there are the gaps in the plans to address the prioritized needs
- Identify other organizations with whom these hospitals should consider collaborating
- Discuss what has changed since 2015/2016 when these needs were prioritized, and whether there are there new issues which should be considered
- Understand what other organizations are doing to impact the health of the community and how those activities might complement the hospitals' initiatives

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

Organizations that were represented in the focus group were:

- Generate Health
- Office of the State Representative
- Affinia Healthcare
- MO Dept of Health and Senior Services
- Central Reform Congregation
- Vision for Children at Risk
- City of St. Louis Department of Health
- People's Health Center
- Asthma & Allergy Foundation
- Casa de Salud
- St. Louis City Police Department
- Abbott EMS/Cardinal Glennon Parent
- Nurses for Newborns

Key Findings

Secondary Data

Population and demographic data is necessary to understand the health of the community and plan for future needs. According to the US Census Bureau in 2017, St. Louis City reported a total population estimate of 314,867 compared to the state population of 6,075,000. St. Louis City comprised 5.2 percent of Missouri's total population.

Only 7% of the population of St. Louis City were children under the age of 5 years, slightly higher than the population in Missouri. For those under 17 years, 19.9 % (62,704) of the population resided in St. Louis City, slightly below Missouri's 22.8%.

The racial composition of St. Louis City was similar for White and African American populations. St. Louis City was 44% White compared to 80% in Missouri. The city was 47% African American compared to the state of Missouri's 12%

Socioeconomically, St, Louis city's overall median household income was $35,559 which is 26% lower than Missouri's $48,173. In St. Louis City, 85% of the population 25 and older had at least a high school diploma versus Missouri at 88%; 33% had at least a bachelor's degree compare to the state of Missouri at 27%.

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

Demographics Expert 2.7
2017 Demographic Snapshot
Area: SHC St Louis Market Area
Level of Geography: Block Group Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA
2010 Total Population	11,415,719	308,745,538
2017 Total Population	11,632,599	325,139,271
2022 Total Population	11,808,916	337,393,057
% Change 2017 - 2022	1.5%	3.8%
Average Household Income	$70,936	$80,853

	2017	2022	% Change
Total Male Population	5,714,749	5,806,436	1.6%
Total Female Population	5,917,850	6,002,480	1.4%
Females, Child Bearing Age (15-44)	2,276,232	2,283,696	0.3%

POPULATION DISTRIBUTION

	Age Distribution				
Age Group	2017	% of Total	2022	% of Total	USA 2017 % of Total
0-14	2,184,403	18.8%	2,154,702	18.2%	18.8%
15-17	453,519	3.9%	468,952	4.0%	3.9%
18-24	1,214,591	10.4%	1,218,529	10.3%	9.8%
25-34	1,515,122	13.0%	1,491,976	12.6%	13.4%
35-54	2,884,519	24.8%	2,832,948	24.0%	25.7%
55-64	1,524,340	13.1%	1,511,823	12.8%	12.9%
65+	1,856,105	16.0%	2,129,986	18.0%	15.5%
Total	11,632,599	100.0%	11,808,916	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2017 Household Income	HH Count	% of Total	USA % of Total
<$15K	587,759	12.7%	11.8%
$15-25K	496,331	10.7%	10.1%
$25-50K	1,150,320	24.8%	22.9%
$50-75K	848,443	18.3%	17.4%
$75-100K	574,332	12.4%	12.1%
Over $100K	984,915	21.2%	25.7%
Total	4,642,100	100.0%	100.0%

EDUCATION LEVEL

	Education Level Distribution		
2017 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	263,256	3.4%	5.8%
Some High School	542,066	7.0%	7.7%
High School Degree	2,389,225	30.7%	27.8%
Some College/Assoc. Degree	2,421,570	31.1%	29.1%
Bachelor's Degree or Greater	2,163,969	27.8%	29.6%
Total	7,780,086	100.0%	100.0%

RACE/ETHNICITY

	Race/Ethnicity Distribution		
Race/Ethnicity	2017 Pop	% of Total	USA % of Total
White Non-Hispanic	9,180,625	78.9%	60.8%
Black Non-Hispanic	1,293,502	11.1%	12.4%
Hispanic	590,817	5.1%	18.0%
Asian & Pacific Is. Non-Hispanic	278,035	2.4%	5.7%
All Others	289,620	2.5%	3.2%
Total	11,632,599	100.0%	100.0%

Figure 2: Total and Pediatric Populations, 2017

Report Area	Total Population	Population Age 0-17	Percent Population Age 0-17
St. Louis city, MO	314,867	62,704	19.9%
Missouri Map 1: Population Age 0-17, Percent by Tract, ACS 2010-2014	6,075,300	1,389,409	22.8%
United States	321,004,407	73,601,279	22.9%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Figure 3: Market Definition for St. Louis

Figure 4: Household Income, 2016

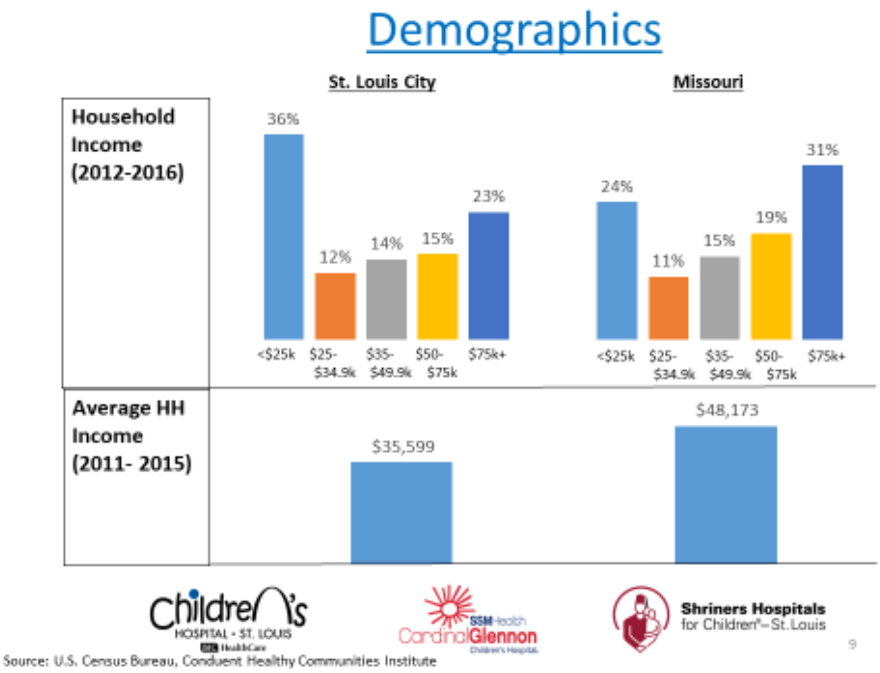


Figure 5: Population by Race and Education Level, 2016

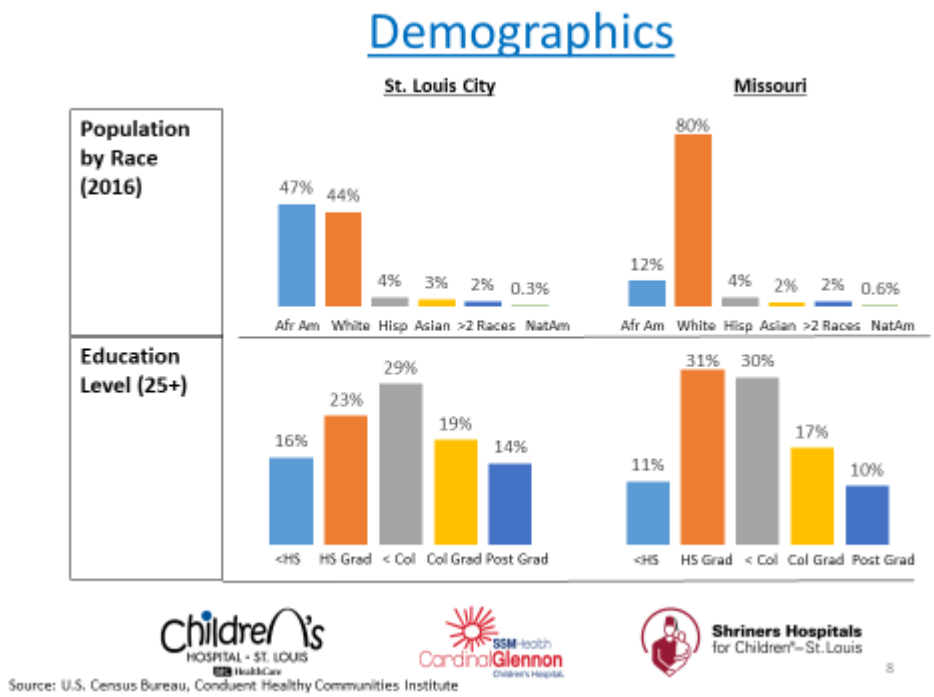
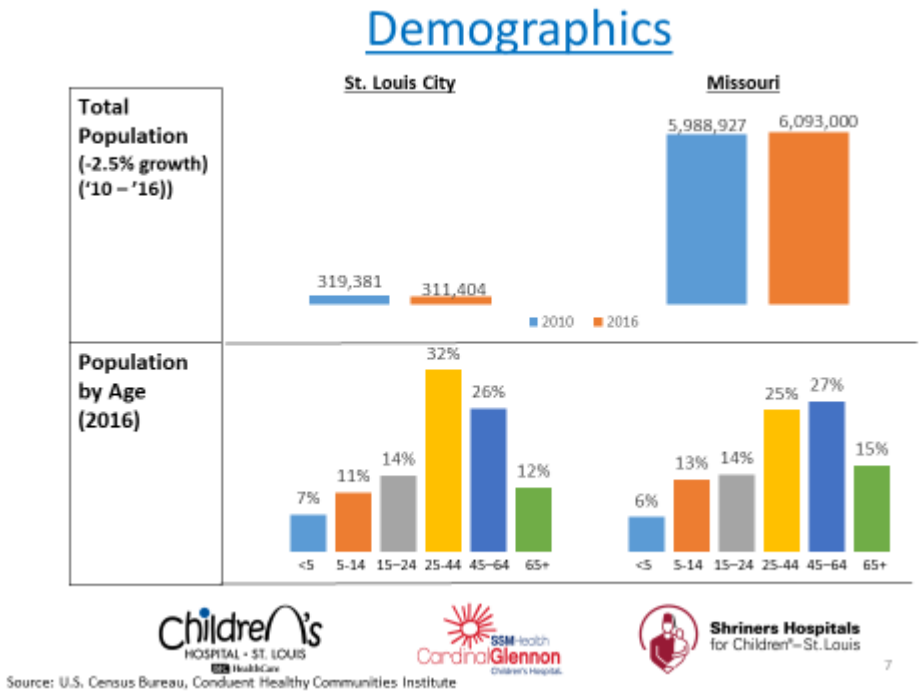
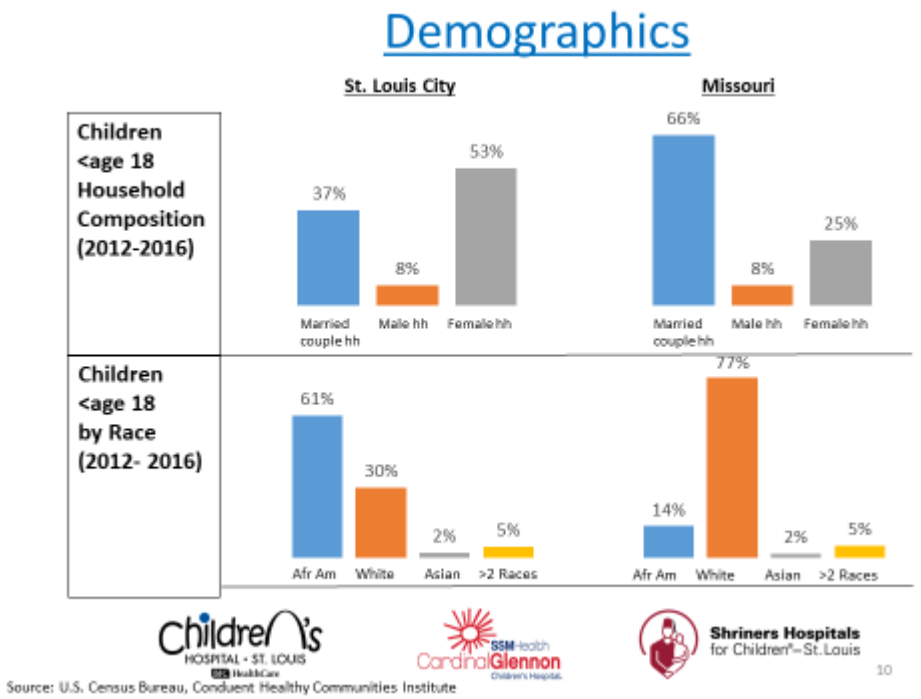


Figure 6: Total Population and Age Distribution, 2016



Source: U.S. Census Bureau, Conduent Healthy Communities Institute

Figure 7: Children Under 18, 2016



Source: U.S. Census Bureau, Conduent Healthy Communities Institute

Primary Data

The stakeholders felt positively that **mental health** was one of the needs being addressed, and specifically mentioned the tactics identified to address **bullying**. The representative from the St. Louis Police Department mentioned that there has been an increase in the number of retaliations related to bullying, which reinforces the need for programs not only to reduce bullying but to prevent the ones being bullied from responding in a negative way.

Some felt that **access to services** was still their highest concern. Although the statistics reflect that a large majority of children are eligible for insurance, this doesn't necessarily mean that they are enrolled. The same concern was expressed about the fact that although many may be enrolled in an insurance program, they may not know how to access services. The person was making the point that **insurance does not equal access**, and we need to better understand these barriers.

- Some families are hesitant to apply for benefits for fear of "messing up" benefits that are attached to something else. There are automatic dis-enrollments that happen because a mother applied for SNAP and then lost her Medicaid. Or because a family's income varies from month-to-month, they may be eligible at one point in time for services but ineligible over the course of a year. This creates a culture of fear within the population we are trying to reach.

After viewing all of the data on the health rankings, one stakeholder suggested that we must consider **looking at the data through the lens of racial equity**. The data might suggest that strides have been made in infant mortality, but it is not equal among all groups. This should be a part of the process as each of the identified needs are evaluated.

The St. Louis City Department of Health director mentioned her ongoing concern about **immunizations** and that 137 children currently have a religious exemption. She is worried about her department's ability to respond quickly if there is a potential outbreak in which those children and their families need to be notified.

The issue of **reproductive and sexual health** should be considered a higher priority, due to high rates of sexually transmitted diseases.

The school nurse representative identified **asthma** and **mental/behavioral health** as the areas that were most top-of-mind for her colleagues. **Sickle cell disease** should also be considered for addition to the list.

Substance abuse was identified as missing from the list of identified needs. Although often included as part of behavioral health, this stakeholder felt that it deserves to be named. The hospital can play an important role in education about use of prescription medications and pain management, both among children and their parents.

Although Public Safety: Violence was called out as a specific area of need, another stakeholder felt **gun violence** specifically needs to be identified, and as a public health issue rather than a criminal one.

During the discussion of **access to health services**, one stakeholder felt that there is a gap in even knowing how to apply for the benefits related to food programs, like free lunch. This impacts children's health due to lack of nutritious food as well an understanding of healthy lifestyles. Another stakeholder commented about gaps in **mental/behavioral health** services in schools.

- The lack of early intervention may lead to a child being removed from his home due to a situation that has reached a crisis. If there was an opportunity to address issues earlier at the point when a child acts-out in school, the crisis might be prevented and the child may not need to be put in foster care.
- To receive services from the Department of Mental Health (DMH), a child must also have a diagnosis. If the child has only been seen in the emergency room, the physician is reluctant to give the child a diagnosis. This suggests that there is a need for **improved coordination between hospitals, primary care and the behavioral health center.**
- This also related to DMH requirements that an individual be classified as severe or serious enough to receive services. Because of limited resources, they cannot provide services to anyone except the most severe. The process to apply for mental health services was also described as cumbersome by those who are familiar with it, again creating a **barrier to receiving mental health services.**

Identified Priorities

SHC — St. Louis recognizes that there are other identified unmet needs within the identified community population; however, due to the specialty nature of Shriners Hospitals for Children (its mission, vision and values), its staffing and available resources, SHC — St. Louis is unable to care for these immediate needs. SHC-St. Louis is integrally connected with many resources in the community to refer patients and families should patients require attritional assistance.

At this time, the SHC-St. Louis workgroup has decided that the needs identified in the 2015/2016 CHNA are still the appropriate areas on which to focus for the 2019 Community Health Needs Assessment. SHC-St. Louis will focus on the following needs in our community for our 2019 Action Plan:

- Access to Care
- Public Safety
- Bullying

Shriners Hospitals for Children — St. Louis
2015 Community Health Needs Assessment – Action Plan

- **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 Coordinator
		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, Development 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**
  - **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

2016 Action Plan Results

In our 2016 Community Health Needs Assessment, we identified three primary areas of improvement based on survey responses found in our primary data collection process.

- Access to health care.
- Public safety
- Mental/Behavioral health and disorders

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. Our Community Outreach Coordinator was employed only through June 2017. There was no replacement hired during the rest of this reporting period. His departure stymied greatly the progress with the Access to Care Measure and, to a lesser degree, the other measures.

Regarding access to health care, there were two main goals: to educate the medical community on services, referral process and to support Shrine Centers in identifying children who can be helped. The Community Outreach Coordinator communicated with medical professionals, hospital Emergency Departments and urgent care centers about services and the referral process through in-person visits and direct mailings.

In addition, seminars and screenings were offered at area Temples for members and the community to educate them about services and working with families. Presentations and a presence at area community events such as health fairs were made to increase the public's awareness.

Result: Visits were made through June 2017, and as a result 2017 referrals were 13% higher than in 2015.

Regarding public safety, there were also two main goals: to educate the community in an effort to prevent injuries related to accidents in the home, playground, water and the outdoors and to prevent accidents/injuries to patients in the hospital setting. SHC-St. Louis provided information brochures/materials at public exhibits that address assident prevention and safety as well as educated volunteer drivers and parents on proper car seat safety. SHC-St. Louis offers specialized carseats for post-surgical patients.

In addition, SHC-St. Louis creates and maintains a safe environment throughout the hospital through adhering to emergency preparedness policies and plans and performing regular staff education and drills.

Result: N/A

Regarding mental/behavioral health, SHC-St. Louis chose to concentrate on bullying as many Shriners Hospitals for Children patients have visible scars or disabilities, making bullying an unfortunately common problem among the children and teens they see.

Their goals was to educate the community, especially school children, about the emotional/psychological issues asssociated with bullying. SHC-St. Louis developed a ground-breaking, online anti-bullying program that can be shared in schools by staff and trained patient ambassadors who are students themselves to incorporate the program into their Ability Awareness presentations.

In addition, SHC-St. Louis developed a webpage introducing the #cutthebull program highlighting a Tool Kit designed to empower kids and supporters to become anti-bullying ambassadors by teaching them how to start the conversation about bullying. A Tip Card, created to teach anti-bullying tips: Respect, Reach Out and Respond. Also, presented is an article written by Shriners Hospitals for Children experts that provides insight into the bullying of kids with disabilities and how we can all do our part to cut the bull.

Result: N/A

Written Comments on 2016 Community Health Needs Assessment

Shriners Hospitals for Children Community Health Needs Assessment and implementation was made widely available to the public on Shriners Hospitals for Children website at https://www.shrinershospitalsforchildren.org/shc/chna

In addition to posting the Community Health Needs Assessment, contact information including email were listed. No comments or questions were received.

2019 Action Plan

Shriners Hospital – St. Louis has an established internal stakeholder workgroup to assess this information and evaluate whether the priorities should change. At this time, the workgroup has decided that the needs identified in the 2015/2016 CHNA are still the right areas on which to focus for the 2019 Community Health Needs Assessment. The addition of a Director of Business Development will help us better meet the Access to Care priority as well as aid in meeting the other priorities.

- **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 Coordinator
		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, Development 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

Conclusion

Shriners Hospital – St. Louis has an established internal stakeholder workgroup to assess this information and evaluate whether the priorities should change. Population and demographic data is necessary to understand the health of the community and plan for future needs. There has been little change in the relative data comparing St. Louis City to Missouri. For this reason, the workgroup has decided that the needs identified in the 2015/2016 CHNA are still the right areas on which to focus for the 2019 Community Health Needs Assessment. The addition of a Director of Business Development will help us better meet the Access to Care priority as well as aid in meeting the other priorities.

2019 Community Health Needs Assessment Report Available Online or in Print

The 2019 Community Health Needs Assessment is available at:
https://www.shrinershospitalsforchildren.org/shc/chna

April 17, 2019

Date adopted by authorized body of hospital.

Exhibits

- Exhibit 1: St. Louis Children's Hospital and SSM Cardinal Glennon Children's Medical Center – 2018 Focus Group Results
  - Appendix A: Invited Participants

Exhibit 1: 2019 Focus Group Results

Note: The focus group results presented in this exhibit have been provided by St. Louis Children's Hospital

PERCEPTIONS OF THE PEDIATRIC HEALTH NEEDS OF ST. LOUIS CITY RESIDENTS FROM THE PERSPECTIVES OF COMMUNITY LEADERS

PREPARED BY:

Angela Ferris Chambers
Director, Market Research & CRM
BJC HealthCare

June 29, 2018

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APPENDIX:

BACKGROUND

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, non-profit hospitals were mandated to conduct a community-based health needs assessment (CHNA) every three years. As a 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 and underserved populations.

St. Louis Children's Hospital (SLCH) and SSM Health Cardinal Glennon Children's Hospital conducted their first stakeholder assessment in 2012, followed by a second in 2015. Shriners Hospitals for Children – St. Louis officially joined the process for the first time this year.

The hospitals are on slightly different timelines with this iteration. The next CHNAs for Cardinal Glennon and Shriners Hospitals for Children – St. Louis are due by the end of December 2018, while SLCH's will be finalized by the end of December 2019.

RESEARCH OBJECTIVES

The main objective of this research is to solicit feedback on the pediatric health needs of the community from experts and those with special interest in the health of the community served by the hospitals of St. Louis City.

Specifically, the discussion focused around the following ideas:

1) Determine whether the needs identified in the 2015/2016 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 plans to address the prioritized needs

4) Identify other organizations with whom these hospitals should consider collaborating

5) Discuss what has changed since 2015/2016 when these needs were prioritized, and whether there are there new issues which should be considered

6) Understand what other organizations are doing to impact the health of the community and how those activities might complement the hospitals' initiatives

7) 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, St. Louis Children's Hospital, SSM Health Cardinal Glennon and Shriners Hospitals for Children – St. Louis 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 31, 2018 at Central Reformed Congregation in the Central West End. The group was facilitated by Angela Ferris Chambers of BJC HealthCare. The discussion lasted about ninety minutes.

15 individuals representing various St. Louis City organizations participated in the discussion. (See Appendix)

Steven Burghart, President, SSM Health Cardinal Glennon Children's Hospital, welcomed participants at the beginning of the meeting. Those observing on behalf of the participating hospitals were also introduced. At the conclusion of the meeting, Joan Magruder, BJC Group President, St. Louis Children's Hospital, thanked everyone for sharing their perspectives.

During the group, the moderator reminded the community leaders why they were invited - that their input on the health priorities for children is needed to help the hospitals move forward in this next phase of the needs assessment process.

The moderator shared the demographic and socioeconomic profile of St. Louis City, the needs prioritized by the hospitals in their most recent assessments, and the highlights of each hospital's implementation plan.

Because SLCH, Cardinal Glennon and Shriners referred to the same needs differently, some changes were made in the nomenclature to ensure that the same health need was being referenced. This was based on work that BJC HealthCare conducted in 2015 and 2016 to develop a common nomenclature to use among all of its hospitals.

The following health needs (based on the revised nomenclature) were identified to be addressed in the 2015/2016 hospital CHNAs and implementation plans.

Needs Being Addressed	CGCH	Shriners	SLCH
Access to care/services	X	X	X*
Allergies			X
Asthma	X		X
Blood diseases (lead poisoning)			X
Health literacy			X
Healthy lifestyles			X**
Immunizations			X
Maternal/infant/child health	X		X
Mental/behavioral health		X	X
Obesity			X
Oral/dental health			X
Public safety: injuries			X
Reproductive/sexual health including (STDs)			X

Other health needs were identified in the 2015/2016 plans, but not addressed, due to factors such as lack of expertise and limitations in resources. These included:

Needs Not Being Addressed	CGCH	Shriners	SLCH
Cancer	X		X
Blood disease (lead poisoning)	X		
Cultural barriers	X		
Diabetes			X
Immunizations	X		
Mental/behavioral health	X		
Nutrition	X		
Oral/dental health	X		
Public safety: injuries	X		
Public safety: violence	X		
Social determinants of health	X		

* Includes screening for lead
** Includes smoking cessation/tobacco education

The moderator also shared several pieces of information to help further identify the health needs of St. Louis City. These were based on comparisons between publically available St. Louis City health data and state/national measures. They included the following:

- the best performing health indicators
- the best performing social determinants of health
- the worst performing social determinants of health
- the worst performing health indicators

Other health indicators were shared describing access to health insurance, access to healthcare providers, infectious disease rates (including STDs), and children receiving cash assistance/SNAP benefits.

At the end of the presentation, the community stakeholders were asked to rate the identified needs based on their perceived level of concern in the community, and the ability of the community to collaborate around them.

KEY FINDINGS

FEEDBACK ON THE NEEDS BEING ADDRESSED:

The stakeholders felt positively that **mental health** was one of the needs being addressed, and specifically mentioned the tactics identified to address **bullying**. The representative from the St. Louis Police Department mentioned that there has been an increase in the number of retaliations related to bullying, which reinforces the need for programs not only to reduce bullying but to prevent the ones being bullied from responding in a negative way.

Some felt that **access to services** was still their highest concern. Although the statistics reflect that a large majority of children are eligible for insurance, this doesn't necessarily mean that they are enrolled. The same concern was expressed about the fact that although many may be enrolled in an insurance program, they may not know how to access services. The person was making the point that **insurance does not equal access**, and we need to better understand these barriers.

- Some families are hesitant to apply for benefits for fear of "messing up" benefits that are attached to something else. There are automatic dis-enrollments that happen because a mother applied for SNAP and then lost her Medicaid. Or because a family's income varies from month-to-month, they may be eligible at one point in time for services but ineligible over the course of a year. This creates a culture of fear within the population we are trying to reach.

After viewing all of the data on the health rankings, one stakeholder suggested that we must consider **looking at the data through the lens of racial equity**. The data might suggest that strides have been made in infant mortality, but it is not equal among all groups. This should be a part of the process as each of the identified needs are evaluated.

One stakeholder felt that data indicators are missing around **infant health**. Some are included to assess prenatal health, but indicators such as infant weight gain, head circumference, and achieving weight goals by the child's first birthday should also be considered.

A question was raised about the lack of data that was shared on **lead screening**, even though lead levels in children have been tracked for over 20 years. In her organization, Vision for Children at Risk, there has been a decrease in the number of children screened for lead.

NEEDS THAT SHOULD COME OFF OF THE LIST:

Nothing was identified to come off the list.

ADDITIONAL NEEDS THAT SHOULD BE CONSIDERED:

The St. Louis City Department of Health director mentioned her ongoing concern about **immunizations** and that 137 children currently have a religious exemption. She is worried about her department's ability to respond quickly if there is a potential outbreak in which those children and their families need to be notified.

The issue of **reproductive and sexual health** should be considered a higher priority, due to high rates of sexually transmitted diseases.

The school nurse representative identified **asthma** and **mental/behavioral health** as the areas that were most top-of-mind for her colleagues. **Sickle cell disease** should also be considered for addition to the list.

Substance abuse was identified as missing from the list of identified needs. Although often included as part of behavioral health, this stakeholder felt that it deserves to be named. The hospital can play an important role in education about use of prescription medications and pain management, both among children and their parents.

Although Public Safety: Violence was called out as a specific area of need, another stakeholder felt **gun violence** specifically needs to be identified, and as a public health issue rather than a criminal one.

GAPS BETWEEN DEFINED NEEDS AND OUR ABILITY TO ADDRESS THEM:

During the discussion of **access to health services**, one stakeholder felt that there is a gap in even knowing how to apply for the benefits related to food programs, like free lunch. This impacts children's health due to lack of nutritious food as well an understanding of healthy lifestyles.

Another stakeholder commented about gaps in **mental/behavioral health** services in schools.

- The lack of early intervention may lead to a child being removed from his home due to a situation that has reached a crisis. If there was an opportunity to address issues earlier at the point when a child acts-out in school, the crisis might be prevented and the child may not need to be put in foster care.

- To receive services from the Department of Mental Health (DMH), a child must also have a diagnosis. If the child has only been seen in the emergency room, the physician is reluctant to give the child a diagnosis. This suggests that there is a need for **improved coordination between hospitals, primary care and the behavioral health center.**

- This also related to DMH requirements that an individual be classified as severe or serious enough to receive services. Because of limited resources, they cannot provide services to anyone except the most severe. The process to apply for mental health services was also described as cumbersome by those who are familiar with it, again creating a **barrier to receiving mental health services**.

OTHER ORGANIZATIONS WITH WHOM TO COLLABORATE:

One stakeholder was glad to see that many of the tactics are being implemented in collaboration with organizations that are physically located in the community and not in the hospitals. She felt that the impact is greater when the services are offered in the community, rather than requiring children and families to come to the hospitals to receive them.

The **Urban League** representative mentioned that at this time of year, families are coming in regularly for utility assistance, housing assistance and other services. This presents health care organizations with an opportunity to capture these families and inform them about health services.

Parents as Teachers regularly goes into homes bringing educational resources to young children. They could also become part of the conversation about how to access health resources.

The representative of the **St. Louis Police Department** mentioned that there is now a program in place where city representatives, including police officers, fire fighters and others are going door-to-door in St. Louis City to talk to area residents about their homes. They hand out a pamphlet with telephone numbers that identifies who to call for different services. They would be happy to add information related to available health services in St. Louis City. He offered the services of his four staff members to take the information door-to-door as long as people felt it was of value.

In addition, he suggested that it would be beneficial to have a **central location** to which they could direct area families to get more information about services that are available. It could be a web site, or a central call center number, that would direct them to some of the non-profit organizations that provide services to the community. It could help educate them about who they should be talking to, and what questions should they ask.

The **Allergy and Asthma Foundation** mentioned that they are coming full circle in the way they provide support by making home visits. Because you can visually identify triggers in the home, it often has a greater impact on reducing incidence of asthma attacks. When you see a child in the ED, you can't address those things if you don't know about them.

With all of the discussion that was taking place around mental health services, many felt that the state **Department of Mental Health** should have a seat at the stakeholder table. In addition, **representatives of the faith community** – the archdiocese and area pastors – would also be valuable resources and influencers. Many of them already have outreach programs in place on which healthcare organizations could piggyback to share information and services with the community. Another participant mentioned that we should engage **philanthropic organizations** and **managed care organizations**, as the latter has a major influence over what programs are financially supported.

Several suggested that there should be **input from the community itself** as to what they need. A few organizations mentioned hosting community cafes on various topics to solicit feedback. However, they mentioned that a lot of intention needs to go into how to organize and structure those meetings so you get the honest feedback you are looking for.

CURRENT COLLABORATIONS THAT WERE HIGHLIGHTED:

The use of **mobile health units** is a positive example of providing health services to people where they are, rather than making them come to us. Affinia, People's and Healthy Kids Express all have mobile units that have had a positive impact on our community.

The representative from **Generate Health** indicated that they have been working with the **United Way's 211** centralized data base as a resource that residents can refer to for finding information about resources and how to access them. They have an action team that is part of the **Flourish St. Louis Infant Mortality Reduction Initiative** that meets every fourth Thursday of the **month. They are exploring how to improve this system and make it accessible to everyone.**

Nurses for Newborns has been reaching out to all of their referral sources to remind them that they serve babies and families prenatally. Because of their name, many were waiting until the baby was born to contact them. However, they know that their outcomes are much better if they can reach moms before the birth. Their service is free, and they have a goal to reach at least 50% of their moms prenatally.

The spokesperson for **Casa de Salud** mentioned that, because of their name, there is a misperception that they only serve Latinos. The organization's only criteria for service is that an individual be uninsured. Their case management program helps people navigate the system and access care. They currently have collaborations with six other agencies in their new mental health center that recently opened.

The representative from **Abbott Ambulance** suggested that all of the organizations who had gathered for this discussion were, among themselves, a rich set of resources that consumers should be aware of. Identifying a way to bring information about them to the families of St. Louis City would be an educational service to the community, and help them to help themselves.

CHANGES SINCE THE 2015/2016 CHNA/CONCERN FOR THE FUTURE:

There is a major concern about **maternal mortality,** especially among African American moms who are dying at higher rates during, and immediately after pregnancy.

Another concern is the health of **transient families**, who often do not have a regular source of health care. There is no good way to keep track of them as they move within the St. Louis region.

- Some feel that the best way to reach these families is through one-on-one door-to-door outreach. Others feel that the schools are the best way to each these families because they need to submit their transfer documentation.

The **culture of preventive health care -** understanding that there is value in regular check-ups and health screening - was also identified as a consideration. This is a foreign concept to some families, who avoid seeing the doctor and only go when they are very sick. Children grow up believing the emergency room is where you go to receive health care, and then become adults who visit the ED for primary care later on in life.

There is also greater recognition today that **social determinants of health** play a larger role in a family's health than ever before. Many feel that hospitals need to figure out a way to help

address them, or all of their other efforts will be wasted. One stakeholder mentioned a risk assessment tool called PREPARE that screens for multiple social risk factors and how they impact health. They are using the tool to understand how to engage people differently based on their needs and their attitudes.

The state representative mentioned that there also needs to be a recognition that "economic incentives are not going to change and they're going to get worse." State funding has been reduced to rely more on federal funding. But the federal government is trying to reduce their investment as well. So health organizations cannot expect to get help from the state. He pointed out the importance of **advocacy** and that personal relationships with government officials can often have an impact on getting small or pilot programs funded. Demonstrating the **cost savings** of a particular program can also carry a lot of weight in gaining support and funding.

Substance abuse will become a more important concern as the use of opioids and synthetics increase. In families, more children will go into foster care because of parents who are using these substances and are unable to care for their children. There are questions, though, about having sufficient resources to address this growing need.

Discussion about using **community health workers** was not happening as much three years ago. In some communities, there are community health workers working with children with asthma and children with diabetes.

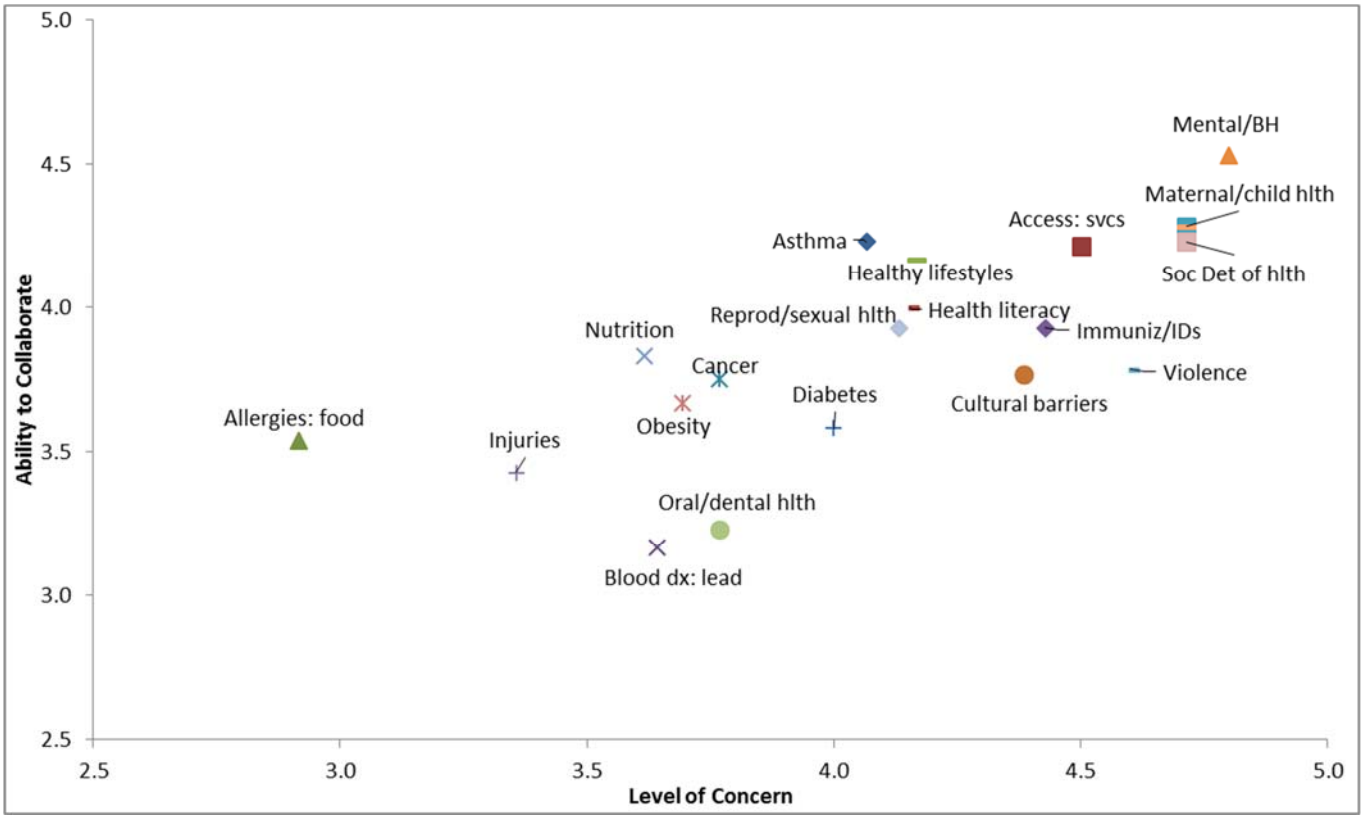
There is also more conversation now about **trauma-informed care** compared to three years ago. There are more discussions around trying to understand what happened to a child that resulted in their behavior, rather than asking "what's wrong with you."

There is also more discussion today in the early childhood field about **screening for developmental delays**. Identifying issues sooner allows them to be addressed sooner, but again, there are not always sufficient resources to do so.

There is a continuing trend in recognizing the importance of **cultural competency** in the way that health services are provided. St. Louis has been identified as one of the fastest growing metropolitan areas for the foreign-born. If that trend continues, then so will the importance of cultural competency.

RATING OF NEEDS

Participants rerated the needs identified in the 2015/2016 assessment 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**.



The issues of **mental/behavioral health** were rated the highest both in terms of level of concern and ability to collaborate.

Maternal/child health, **social determinants of health** and **public safety: violence** rated next in terms of level of concern.

In looking at ability to collaborate, **maternal/child health, social determinants of health, access to services, healthy lifestyles** and **asthma** all scored high.

The table on the next page shows the actual ratings for each need that was evaluated.

Average Scores

	Level of Concern	Ability to Collaborate
Mental/Behavioral Health	4.8	4.5
Maternal/Child health	4.7	4.3
Social Determinants of Health	4.7	4.2
Public safety: Violence	4.6	3.8
Access: services	4.5	4.2
Immunizations/Infectious Dx	4.4	3.9
Cultural barriers	4.4	3.8
Healthy lifestyles	4.2	4.2
Health literacy	4.2	4.0
Reproductive/sexual health*	4.1	3.9
Asthma	4.1	4.2
Diabetes	4.0	3.6
Cancer	3.8	3.8
Oral/dental health	3.8	3.2
Obesity	3.7	3.7
Blood diseases: lead	3.6	3.2
Nutrition	3.6	3.8
Injuries	3.4	3.4
Allergies: food	2.9	3.5

* Including STDs

NEXT STEPS

Using the input the hospitals received from community stakeholders, St. Louis Children's Hospital, SSM Health Cardinal Glennon Children's Hospital and Shriners Hospitals – St. Louis will consult with their internal workgroups to evaluate this feedback. They will consider it with other secondary data they may review, and determine whether/how their priorities should change.

Cardinal Glennon and Shriners must complete their needs assessments and associated implementation plans by December 31, 2018; St. Louis Children's Hospital must complete theirs by December 31, 2019.

APPENDIX A

PARTICIPANT ROSTER

NAME	ORGANIZATION	ATTENDANCE
Anderson-Rice, Rose	Generate Health	X
Buhlinger, Yvonne	Affinia Healthcare	X
Butler, Michael	State Representative	X
Cole, Marge	MO Dept of Health and Senior Services	X
Fleisher, Randy	Central Reform Congregation	
Franklin, Wil	People's Health Centers	X
Hoester, Liz	Vision for Children at Risk	X
Moore, Melba	City of St. Louis Dept of Health	X
Nelson, Reagan	Asthma and Allergy Foundation	X
Ohlemillerr, Melinda	Nurses for Newborns	X
Polak, Colleen	Voices for Children	X
Riopedre, Jorge	Casa de Salud	X
Simpson, Matthew	St. Louis Police Department	X
Swabby, Tracey	Abbott EMS/CG Parent Rep	X
Williamson-Powell, Tammie	Voices for Children	X

OBERVERS ROSTER

NAME	ORGANIZATION	ATTENDANCE
Bakkar, Kim	SSM Health	X
Burghart, Steven	SSM Health Cardinal Glennon	X
Isaak, Elizabeth	Shriners Hospitals for Children	X
King, Karley	BJC HealthCare	X
Kozma, Nicole	St. Louis Children's Hospital	X
Magruder, Joan	St. Louis Children's Hospital	X
Pabst, Jessica	SSM Health	X
Schaeffer, Melody	St. Louis Children's Hospital	X
Strehlow, Denise	BJC HealthCare	X
Todd, Greta	St. Louis Children's Hospital	X
Ward, Kel	St. Louis Children's Hospital	X
Wickenhauser, Carol	Shriners Hospitals for Children	X
Wilhold, Diana	BJC HealthCare	X