2019 COMMUNITY HEALTH NEEDS ASSESSMENT

A collaborative approach to impacting population health in Maryland Heights and surrounding areas

Ranken Jordan Pediatric Bridge Hospital

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I. INTRODUCTION

2019 Community Health Needs Assessment

2019 Community Health Needs Assessment

Insight into Ranken Jordan Pediatric Bridge Hospital's population

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA).

The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving healthcare services for member critical access hospitals and their rural communities. ICAHN, with 57 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. The Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Maryland Heights and the entire St. Louis area.

Background

Ranken Jordan Pediatric Bridge Hospital is a 60-bed pediatric specialty hospital in St. Louis, MO designed specifically to care for medically complex children (MCC) from infancy to early adulthood. Ranken Jordan offers an inpatient program and several outpatient programs including outpatient therapy, intensive day treatment, a physiatry clinic and a comprehensive orthopedic rehabilitation clinic. The Ranken Jordan mission is to provide a continuum of care for these children and their families, regardless of their ability to pay.

When defined by others, a medically complex child is a diagnosis. A high intensity user of a complicated healthcare delivery system with needs centered on medications, technology dependence, caregiver ability, and specialists. A small subset of the general population. Ranken Jordan is one of only a handful of hospitals in the country that provides rehabilitation and sub-acute medical treatment for medically complex children.

Ranken Jordan treats only pediatric patients. The American Academy of Pediatric defines pediatrics as the "specialty of medical science concerned with the physical, mental, and social health of children from birth to young adulthood." Pediatric care encompasses a broad spectrum of health services, ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases. Pediatrics is a discipline that deals with the biological, social, and environmental influences on the developing child and with the impact of disease and dysfunction on development.

As a specialty pediatric hospital, Ranken Jordan has been granted substantive waivers by the Missouri Department of Health and Senior Services from compliance with material hospital licensure requirements governing: a) the establishment and operation of an emergency department, and b) the provision of pathology, radiology, laboratory, and central services. Such designation sets Ranken Jordan apart from other inpatient pediatric acute care facilities and allows them to focus solely on treating the most medically complex children.

Background

Common diagnoses of Ranken Jordan patients include:

Infants and toddlers:
- Complications from prematurity
- Short bowel syndrome
- Developmental delay
- Congenital abnormalities of the brain, airway, heart, gastrointestinal tract, or genitourinary tract
- Failure to thrive and feeding disorders
- Neonatal abstinence
- Complications of abuse or neglect

Preschool and school-age children:
- Complications from severe illness or prolonged hospitalization
- Osteomyelitis
- Neuromuscular disorders and muscular dystrophy
- Orthopedic or central nervous system injuries
- Metabolic disorders
- Burns and other wounds

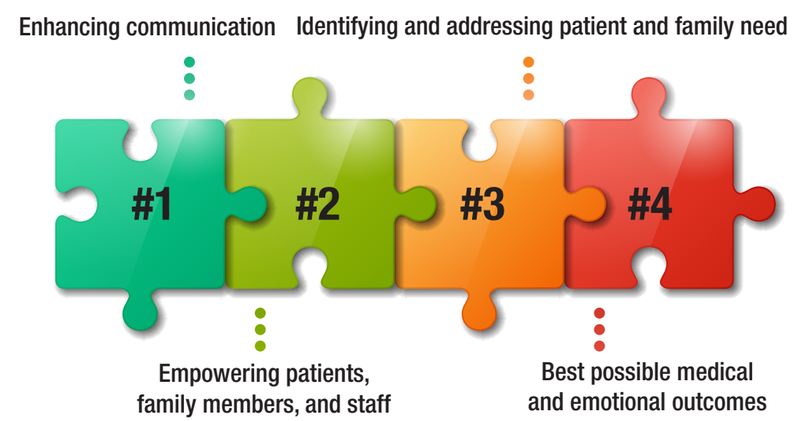
Teens and young adults:
- Traumatic brain injury
- Myelomeningocele and spina bifida
- Cerebral palsy
- Spinal cord injury

Ranken Jordan Pediatric Bridge Hospital completed two Community Health Needs Assessments prior to 2019. Since 2013, Ranken Jordan Pediatric Bridge Hospital has taken the following steps to address the community health needs identified in that first CHNA:

In 2013, a Patient and Family Advisory Council was formed (PFAC). This group participated significantly in the 2013 CHNA and has played an important role since, helping the hospital to recognize and address issues through:

- Enhancing communication between patients, family members, and the Ranken Jordan team
- Empowering patients, family members, and staff through continuous education
- Identifying and addressing patient and family needs in all aspects (body, mind, and spirit) throughout their Ranken Jordan care and during the transition home
- Promoting the best possible medical and emotional outcomes for patients and family members

2013



Background

Since 2013, Ranken Jordan has continued to expand its respite care and to offer additional community programming to address the mental health and well-being of caregivers and opportunities for social networking.

From July 2013 through June 2016, Ranken Jordan Pediatric Bridge Hospital presented 126 community programs. Activities included:

- Music Mania
- Family Night
- Self-development classes
- Challenger baseball
- Cooking classes
- Movie nights
- Fitness classes

In 2016, the CHNA identified three initiatives as their primary focus. Those initiatives included community programming, navigation of health resources, and caregiver support. Objectives for meeting those initiatives are shown below:

Initiative: Community Programs

Objectives	Action Plan
1. Increase availability of community programming events	**Expand Ranken Jordan's existing community programming** • This happens consistently and constantly. The programs offered at the hospital are dynamic and change with the interest and abilities of those partaking in the program. Ranken Jorden expanded preschool age summer camps, began a grief support group for parents, and also began looking for community partners to expand other offerings. **Collaborate with community partners to develop and promote events** • Continued to build relationships with community partners, specifically through a leadership role in the Maryland Heights Recreation Council
	Offer quarterly socialization opportunities at Ranken Jordan and various locations • Ranken Jordan began working towards creating quarterly opportunities; however, many barriers have affected the availability: o Physical space at Ranken Jordan was at a premium as construction on the new expansion began o Ability level of patients o Transportation being unavailable and unreliable o Creating interest o Internally, the PHRS department changed their scheduling and programming to offer opportunities for older patients to socialize outside their units later into the evenings
2. Increase vocational skills for older medically complex children	**Expand Ranken Jordan's therapy group program aimed at developing job skills and resume building** • This therapy group is very dependent on the cognitive and physical abilities of the patients, in addition to the interest in this program. Ranken Jordan plans to continue to develop this program and look for it to expand in the future as their patient census increases and grows the adolescent population. **Create and offer volunteer positions within Ranken Jordan, based on vocational skills** • These types of particular programs were explored and have yet to take off. There were consistent barriers with transportation, abilities, and needs within the hospital and the availability of persons to assist. **Promote awareness and education to the local business community, with the aim of building workplace opportunities for medically complex children** • Consistently working to build new relationships, in particular with the Maryland Heights community. Ranken Jordan continues to be involved in the Maryland Heights' business group with the aim of creating communication and interest

Background

Objectives	Action Plan
3. Increase communication throughout the community	**Create and disseminate a newsletter throughout the local community to be a voice for the medically complex children community** • Under construction **Create a web presence specifically dedicated to community programming** • Under construction **Collaborate with community partners to advertise, promote, and encourage participation in offered events** • Ranken Jordan has continued to expand this collaboration and its advertising presence through utilization of the Ranken Jordan website and through other social media means

Initiative: Navigation of Health Resources

Objectives	Action Plan
1. Provide care coordination assistance	**Provide support and assistance, with access to existing community resources** **Promote awareness and caregiver education of existing community resources** **Promote care coordination to medically complex children living in the home and in need of services** **Increase autonomy for caregivers of medically complex children**

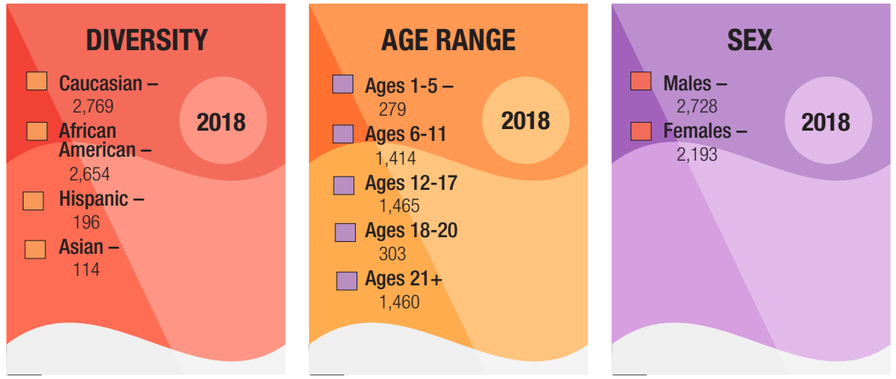
Initiative: Caregiver Support

Objectives	Action Plan
1. Smoking cessation	**Provide educational resources regarding smoking cessation** • Ranken Jordan began working on this, but lack of interest by family members has been a major barrier **Promote awareness of the risks of smoking** • This is done through discussions with family members who smoke, to provide good education regarding the risks their smoking creates for their children, specifically those with respiratory issues **Provide connection with community resources for smoking cessation** • These resources are provided when requested and open for reception
2. Respite Space	**Provide support for caregivers through a dedicated space allowing for decompression and stress relief for mental health reasons** • Ranken Jordan continues to evaluate areas throughout the hospital for this use. This was on hold until the hospital moved into its new expansion. Since moving into the expansion, Ranken Jordan has explored providing gym space and other spaces to families for this purpose. However, a barrier to this is needing the space for patient care, open access to the hospital, and infection prevention needs. **Promote utilization of the room by caregivers** • Ranken Jordan will promote the use of the medication room to provide caregivers a space to be off-stage

Background

Since 2016, Ranken Jordan Pediatric Bridge Community Programs have reached 5,703 participants in 2016, 4,850 in 2017, and 5,124 in 2018. Shown below is Ranken Jordan's reach as it pertains to diversity, age, and sex of participants for 2018.

Ranken Jordan Pediatric Bridge Community Program Involvement



Executive Summary

The 2019 Ranken Jordan Pediatric Bridge Hospital Community Health Needs Assessment was conducted in February and March of 2019. The Implementation Strategy was also developed in March, 2019. The CHNA is influenced by the specialized nature of Ranken Jordan Pediatric Bridge Hospital. Ranken Jordan is one of only a handful of hospitals in the country that provides rehabilitation and sub-acute medical treatment for medically complex children.

The health profile of the service area of Ranken Jordan Pediatric Bridge Hospital is influenced by the following indicators of social determinants of health:

Poverty – Children living in poverty
Poverty – Population below 100% of Federal Poverty Level
Unemployment
Access to Food

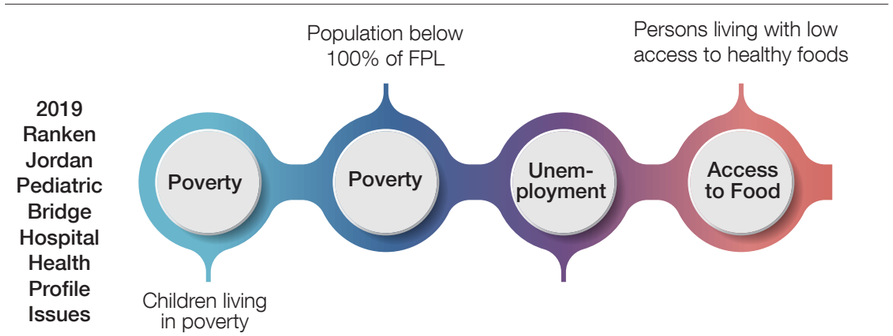
The needs identified and prioritized through the CHNA carried forward variants of previous CHNAs and added others. The identified and prioritized needs selected include:

1. The first identified need was availability of respiratory therapists
2. The second identified need was for outpatient psychiatric and psychological support, especially into patients' homes
3. The third prioritized need was for resources for post-care at home, in long-term care facilities or independent living, including information and resources to assist parents seeking post-care services
4. The group next identified improving community awareness of Ranken Jordan Pediatric Bridge Hospital's services, what is and is not provided, what financial barriers it faces, and how it fits the overall regional medical picture
5. The group's fifth identified need was flexible transportation to and from Ranken Jordan Pediatric Bridge Hospital for appointments and also for parents and guardians during stays
6. The group's sixth identified need was to address overall teen wellness in Maryland Heights including depression, social skills, and obesity
7. The group's final identified need was to improve scheduling of services and the outpatient registration process at Ranken Jordan Pediatric Bridge Hospital

Executive Summary

The Implementation Strategy developed by the senior staff at Ranken Jordan Pediatric Bridge Hospital is specific and thorough. The plan, set out in the report, includes these highlights:

- Ranken Jordan Pediatric Bridge Hospital will advocate for funding support and to eliminate barriers to respiratory therapist training programs
- Ranken Jordan Pediatric Bridge Hospital will promote awareness of medical occupations
- Ranken Jordan Pediatric Bridge Hospital will explore providing scholarships for medical technician positions
- Ranken Jordan Pediatric Bridge Hospital will explore links to respiratory therapist organizations and associations
- Ranken Jordan Pediatric Bridge Hospital will continue to search for funding to support psychiatric and psychological services
- Ranken Jordan Pediatric Bridge Hospital will continue to search for psychologists
- Ranken Jordan Pediatric Bridge Hospital will explore the use of telehealth services to address the need for psychiatric and psychological services
- Ranken Jordan Pediatric Bridge Hospital will align and partner with complex care services providers
- Ranken Jordan Pediatric Bridge Hospital will advocate with the legislature for downstream services for multiple medical condition children released from Ranken Jordan Pediatric Bridge Hospital
- Ranken Jordan Pediatric Bridge Hospital will create a discharge binder for all patients going home to provide information for parents



- Ranken Jordan Pediatric Bridge Hospital will explore one-stop post discharge services and possible partnerships with other hospitals to provide those services for them
- Ranken Jordan Pediatric Bridge Hospital will expand marketing offerings and goals
- Ranken Jordan Pediatric Bridge Hospital will expand outreach visits to hospitals to increase regional reach
- Ranken Jordan Pediatric Bridge Hospital will expand information to the community about outpatient services
- Ranken Jordan Pediatric Bridge Hospital will continue to provide cab fare for parents and guardians when indicated
- Ranken Jordan Pediatric Bridge Hospital will continue to communicate the needs of parents, guardians, and outpatients to medical transport companies to encourage their sensitive response to those needs
- Ranken Jordan Pediatric Bridge Hospital will expand staff wellness and education programs
- Ranken Jordan Pediatric Bridge Hospital will continue community and school wellness and education programs and expand opportunities as available
- Ranken Jordan Pediatric Bridge Hospital will relocate outpatient check-in from the front desk
- Ranken Jordan Pediatric Bridge Hospital will begin scheduling patients off of the hour to ease flow
- Ranken Jordan Pediatric Bridge Hospital will review scheduling software to find more user-friendly software
- Ranken Jordan Pediatric Bridge Hospital will educate staff about scheduling needs and conflicts and improving communications

Service Area Demographics

For purposes of this CHNA, Ranken Jordan defines "community" as medically complex children and families in the St. Louis region. This definition takes into account the geographic location of the hospital facility just outside St. Louis, MO, the target population of pediatrics, and the hospital's principal function of serving only medically complex children.

With its geographic location in Maryland Heights, MO, Ranken Jordan is centrally situated in the Midwest. Although it treats patients from both across and outside of the United States, the majority of patients come from Missouri and Illinois. While serving patients and families from many communities across the bi-state region, from Fiscal Year 2013 to Fiscal Year 2015, an average of 67% of all inpatient discharges were from the St. Louis region.

In light of such high utilization rates from this region, Ranken Jordan identifies this as its primary geographic service area. The St. Louis region is comprised of seven counties: Franklin (MO), Jefferson (MO), Madison (IL), St. Charles (MO), St. Clair (IL), St. Louis City (MO), and St. Louis (MO).

Ranken Jordan also recognizes the geography of Maryland Heights, MO, as its home community although it does not serve Maryland Heights as a traditional local hospital. At Ranken Jordan, for instance, there is no emergency room.

The St. Louis region is the 20th largest area in the United States, spanning both sides of the Missouri and Mississippi rivers. Ranken Jordan treats only pediatric patients.

Ranken Jordan Pediatric Bridge Hospital's service area is comprised of approximately 4,083 square miles, with a population of approximately 2,553,290 and a population density of 625 persons per square mile. The service area consists of the following, mostly urban communities.

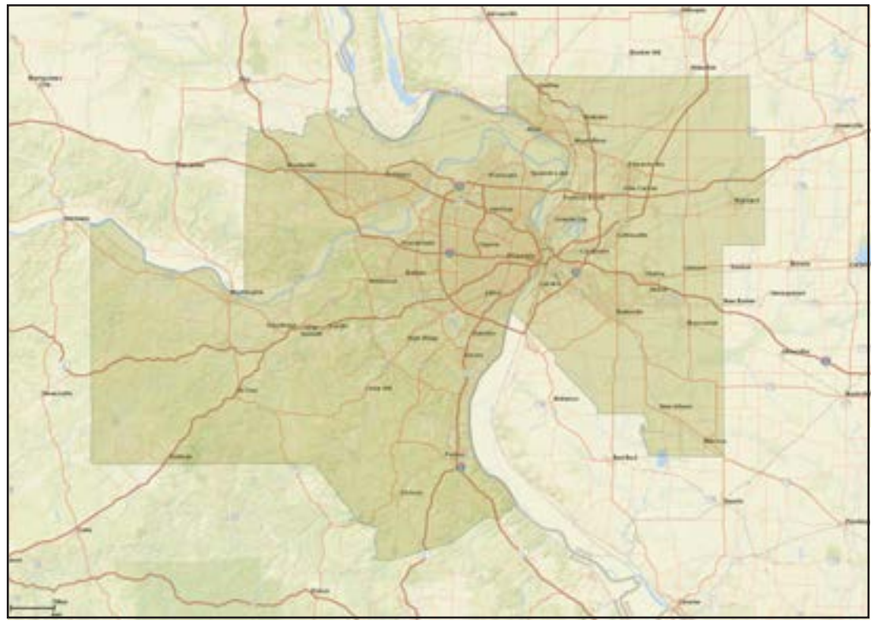
City

- Maryland Heights

Counties

- St. Clair County, IL
- Maryland Heights, MO
- Franklin County, MO
- Jefferson County, MO
- St. Charles County, MO
- St. Louis County, MO
- St. Louis City, MO

Service Area Map



Service Area Demographics

Total Population Change, 2000 to 2010

According to the U.S. Census data, the population in the region grew from 68,606 to 68,923 between the year 2000 and 2010, a 0.46% increase.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	2,455,317	2,538,296	82,979	3.38%
Maryland Heights, MO	22,185	22,367	182	.82%
Madison County, IL	258,944	269,282	10,338	3.99%
St. Clair County, IL	256,086	270,056	13,974	5.46%
Franklin County, MO	93,807	101,492	7,685	8.19%
Jefferson County, MO	198,254	218,733	20,479	10.33%
St. Charles County, MO	283,881	360,485	76,604	26.98%
St. Louis County, MO	1,016,156	998,954	-17,202	-1.69%
St. Louis City, MO	348,193	319,294	-28,899	-8.3%
Illinois	12,416,145	12,830,632	414,487	3.34%
Missouri	5,591,987	5,988,927	369,940	7.1%

Data Source: Community Commons (US Census Bureau, Decennial Census. 2000-2010. Source Geography: Tract)

The Hispanic population increased in Madison County, IL by 3,389 (86.37%), increased in St. Clair County, IL by 3,181 (56.76%), increased in Franklin County, MO by 719 (106.05%), increased in Jefferson County, MO by 1,405 (70.14%), increased in St. Charles County, MO by 5,810 (139.23%), increased in St. Louis County, MO by 10,448 (71.68%), increased in St. Louis City, MO by 4,108 (58.5%).

In Madison County, IL, additional population changes were as follows: White 1.71%, Black 12.15%, American Indian/Alaska Native -5.86%, Asian 46.17%, Native Hawaiian/Pacific Islander 98.15%.

In St. Clair County, IL, additional population changes were as follows: White 0.28%, Black 11.72%, American Indian/Alaska Native -1.95%, Asian 41.09%, and Native Hawaiian/Pacific Islander 95.69%.

In Franklin County, MO, additional population changes were as follows: White 7.44%, Black -3.17%, American Indian/Alaska Native 41.96%, Asian 65.86%, and Native Hawaiian/Pacific Islander 34.78%.

In Jefferson County, MO, additional population changes were as follows: White 9.19%, Black 32.69%, American Indian/Alaska Native 17.13%, Asian 99.86%, and Native Hawaiian/Pacific Islander 75%.

In St. Charles County, MO, additional population changes were as follows: White 21.68%, Black 95.94%, American Indian/Alaska Native 29.53%, Asian 225.19%, and Native Hawaiian/Alaska Native 146.66%.

In St. Louis County, MO, additional population changes were as follows: White -10.08%, Black 20.55%, American Indian/Alaska Native 14.34%, Asian 53.06%, and Native Hawaiian/Pacific Islander 22.31%.

In St. Louis City, MO, additional population changes were as follows: White -8.12%, Black -11.84%, American Indian/Alaska Native -11.79%, Asian 34.83%, and Native Hawaiian/Pacific Islander -21.28%.

Service Area Demographics

Population by Age Groups

Population by gender in the service area is 48% male and 52% female, and the region has the following population numbers by age groups:

Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	2,553,290	155,817	426,214	228,969	348,934
Maryland Heights, MO	22,317	1,550	3,118	1,978	3,931
Madison County, IL	266,759	15,778	43,525	23,684	35,719
St. Clair County, IL	265,569	16,958	47,096	24,003	34,739
Franklin County, MO	102,063	6,301	17,725	8,274	12,376
Jefferson County, MO	222,453	13,796	39.689	17,763	28,537
St. Charles County, MO	379,856	23,696	69,048	33,112	49,778
St. Louis County, MO	1,000,560	58,297	166,150	88,641	126,432
St. Louis City, MO	316,030	20.991	42,981	33,492	61,343
Illinois	12,851,684	790,205	2,200,424	1,242,771	1,780,279
Missouri	6,059,651	374,010	1,021,114	591,150	800,229

Report Area	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	315,832	359,594	342,709	375,221
Maryland Heights, MO	2,785	2,657	2,769	3,529
Madison County, IL	32,607	37,400	36,302	41,744
St. Clair County, IL	33,559	37,471	34,978	36,755
Franklin County, MO	11,791	15,617	14,047	15,932
Jefferson County, MO	29,183	33,752	30,160	29,573
St. Charles County, MO	50,530	55,326	48,054	50,312
St. Louis County, MO	117,496	139,684	139,067	164,793
St. Louis City, MO	40,666	40,344	40,101	36,112
Illinois	1,672,366	1,768,455	1,613,087	1,784,097
Missouri	731,234	820,875	791,105	929,934

Data Source: Community Commons (US Census Bureau, Decennial Census. 2000-2010. Source Geography: Tract)

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

2019 Community Health Needs Assessment

Establishing the CHNA Infrastructure and Partnerships

Ranken Jordan Pediatric Bridge Hospital led the planning, implementation, and completion of the Community Health Needs Assessment through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney and former educator and community development specialist, conferenced with hospital executive staff to define the community, scope of the project, and special needs and concerns. An internal working group, possible local sources for secondary data, and key external contacts were identified, and a timeline was established.

Internal

Ranken Jordan Pediatric Bridge Hospital undertook a two-month planning and implementation effort to develop the CHNA, identify, and prioritize community health needs for its service area. These planning and development activities included the following steps:

- The project was overseen at the operational level by In-House Counsel, reporting directly to the CFO and CEO.
- Arrangements were made with ICAHN to facilitate four focus groups and a meeting to identify and prioritize significant needs. ICAHN was also engaged to collect, analyze, and present secondary data and to prepare a final report for submission to Ranken Jordan Pediatric Bridge Hospital.
- In-House Counsel worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

External

Ranken Jordan Pediatric Bridge Hospital also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. These steps included:

- Ranken Jordan Pediatric Bridge Hospital secured the participation of a diverse group of representatives from the community and the health profession.
- ICAHN's consultant provided secondary data from multiple sources set out below in Section III. Data Collection and Analysis.
- Participation included representatives of county health departments serving the area served by the hospital.

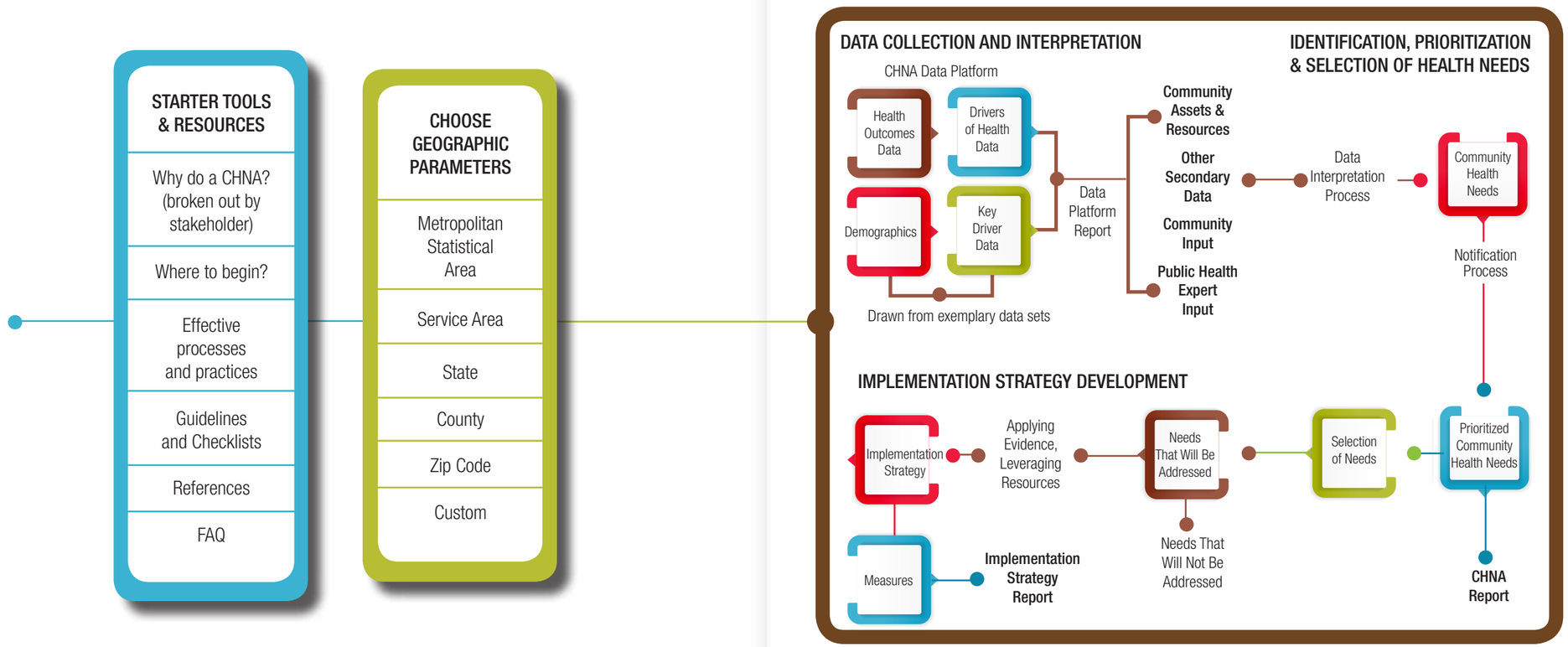
III. DATA COLLECTION AND ANALYSIS

2019 Community Health Needs Assessment

Description of Process and Methods Used

Qualitative Process

This graphic depicts the overarching framework used to guide the CHNA planning and implementation process.



Description of Data Sources

Quantitative Process

Behavioral Risk Factor Surveillance System	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
U.S. Census	National census data is collected by the U.S. Census Bureau every 10 years.
Community Commons	Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
Missouri Department of Employment Security and the Illinois Department of Employment Security	The Missouri and Illinois Departments of Employment Security are their respective state's employment agencies. They collect and analyzes employment information.
National Cancer Institute	The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.
Missouri Department of Public Health, the Illinois Department of Public Health, and the City of St. Louis	The Department of Public Health is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation. The Department of Health for the City of St. Louis provides Public Health Services to one of the largest metropolitan areas in the country.
HRSA	The Health Resources and Services Administration of the U.S. Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.
County Health Rankings	Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the U.S.'s oldest and most successful intergovernmental public health data sharing system.
Local IPLANS	The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois.
ESRI	ESRI (Environmental Systems Research Institute) is an international supplier of Geographic Information System (GIS) software, web GIS, and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined levels.
Illinois State Board of Education	The Illinois State Board of Education administers public education in the state of Illinois. Each year it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
USDA	The United States Department of Agriculture (USDA), among its many functions, collects and analyzes information related to nutrition and local production and food availability.
Illinois Youth Survey	The Illinois Youth Survey examines substance abuse by youth and the perception of youth about the views of peers, parents, and others toward the use of substances. The survey is conducted by the University of Illinois and is utilized for analysis by SAMHSA and other organizations and agencies.
Annie E. Casey Foundation	2018 Kids County Profile is highlighted.

Secondary Data

Social Determinants of Health

Education – High School Graduation Rate

Within the Ranken Jordan Pediatric Bridge Hospital service area, 88.7% of students are receiving their high school diploma within four years. This is higher than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Service Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Service Area Estimates	24,732	21,940	88.7%
Maryland Heights, MO	195	175	89.6%
Madison County, IL	2,901	2,476	85.3%
St. Clair County, IL	1,380	1,073	77.8%
Franklin County, MO	1,095	980	89.5%
Jefferson County, MO	2,685	2,501	93.1%
St. Charles County, MO	4,372	4,059	92.8%
St. Louis County, MO	10,341	9,461	91.5%
St. Louis City, MO	1,958	1,390	71.0%
Illinois	91,982	75,974	82.7%
Missouri	64,203	58,434	91.00%

Data Source: Community Commons (US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES 2015-16. Source District)

Education – Student Reading Proficiency (4th Grade)

This indicator reports the percentage of children in Grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education.

Service Area	Total Students With Valid Test Scores	Percentage of Students Scoring 'Proficient' or Better	Percentage of Students Scoring 'Not Proficient' or Worse
Service Area Estimates	26,344	55.05%	44.95%
Maryland Heights, MO	220	69.67%	30.33%
Madison County, IL	2,843	34.56%	65.44%
St. Clair County, IL	3,230	32.24%	67.76%
Franklin County, MO	1,147	60.10%	39.90%
Jefferson County, MO	2,660	65,41%	34.59%
St. Charles County, MO	4,314	69.46%	30.54%
St. Louis County, MO	10,305	62.72%	37.28%
St. Louis City, MO	1,845	32.00%	68.00%
Illinois	144,944	39.33%	60.67%
Missouri	66,036	58.79%	41.21%

Data Source: Community Commons (US Department of Education, EDFacts. Accessed via DATA.GOV. 2014-15. Source Geography: School District)

Secondary Data

Social Determinants of Health

Education – Head Start

This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5. Head Start facility data is acquired from the U.S. Department of Health and Human Services (HHS) 2018 Head Start locator. Population data is from the 2010 US Decennial Census.

Service Area	Total Children Under Age 5	Total Head Start Programs	Head Start Programs Rate (Per 10,000 Children
Service Area Estimates	160,192	88	4.62%
Maryland Heights, MO	No data	No data	No data
Madison County, IL	16,307	6	3.68%
St. Clair County, IL	18,398	15	7.07%
Franklin County, MO	6,524	4	6.13%
Jefferson County, MO	14,971	6	4.01%
St. Charles County, MO	24,297	4	1.65%
St. Louis County, MO	58,606	23	3.07%
St. Louis City, MO	21,089	30	10.91%
Illinois	835,577	757	7.23%
Missouri	390,237	379	7.28%

Data Source: Community Commons (US Department of Health & Human Services, Administration for Children and Families. 2018. Source Geography: Point)

Education – Bachelor's Degree or Higher

Of the population aged 25 and older, 33.89% or 590,523 adult students have obtained a Bachelor's level degree or higher. This indicator is relevant because education attainment has been linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With Bachelor's Degree or Higher	Population Age 25+ With Bachelor's Degree or Higher
Service Area Estimates	1,742,290	590,523	33.89%
Maryland Heights, MO	15,671	6,763	43.16%
Madison County, IL	183,772	47,164	25.66%
St. Clair County, IL	177,512	46,410	26.14%
Franklin County, MO	69,763	13,761	19.73%
Jefferson County, MO	151,205	27,869	18.43%
St. Charles County, MO	254,000	91,811	36.15%
St. Louis County, MO	687,472	291,365	42.38%
St. Louis City, MO	218,566	72,143	33.01%
Illinois	8,618,284	2,834,869	32.89%
Missouri	4,073,377	1,125,665	27.63%

Data Source: Community Commons (US Census Bureau, American Community Survey. 2012-16. Source Geography: Tract)

Secondary Data

Economic Stability

Poverty – Children Eligible for Free/Reduced Lunch

Within the service area, 9,409 public school students (42.67%) are eligible for free/reduced price lunches out of 22,052 total students enrolled. This is lower than the Illinois statewide free/reduced price lunch of 49.88%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Service Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Service Area Estimates	371,471	168,352	45.32%
Maryland Heights, MO	5,049	2,014	39.89%
Madison County, IL	38,067	16,914	44.43%
St. Clair County, IL	43,352	22,432	51.74%
Franklin County, MO	16,311	7,171	43.96%
Jefferson County, MO	34,998	13,429	38.37%
St. Charles County, MO	59,502	12,846	21.59%
St. Louis County, MO	143,770	61,985	43.11%
St. Louis City, MO	35,471	33,585	94.65%
Illinois	2,018,739	1,006,936	49.88%
Missouri	918,254	460,004	50.12%

Data Source: Community Commons (National Center for Education Statistics, NCES – Common Core of Data. 2015-16. Source Geography: Address)

Income – Median Household Income

This indicator reports the median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

Service Area	Total Households	Average Household Income	Median Household Income
Service Area Estimates	1,014687	$78,195	No data
Maryland Heights, MO	9,059	$75,413	No data
Madison County, IL	107,014	$70,956	$54,573
St. Clair County, IL	102,672	$69,204	$50,006
Franklin County, MO	40,197	$65,871	$50,895
Jefferson County, MO	82,308	$68,797	$58,232
St. Charles County, MO	140,664	$90,526	$75,603
St. Louis County, MO	401,716	$89,329	$61,103
St. Louis City, MO	140,116	$55,076	$36,809
Illinois	4,802,124	$81,865	$59,196
Missouri	2,372,362	$67,210	$49,593

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: Tract)

Secondary Data

Economic Stability

Population Receiving SNAP Benefits

This indicator reports the average percentage of the population receiving Supplemental Nutrition Assistance Program (SNAP) benefits for the period of July 2014 through July 2015. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Service Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Service Area Estimates	2,561,448	348,476	13.6%
Maryland Heights, MO	22,465	2,453	10.9%
Madison County, IL	266,209	39,290	14.8%
St. Clair County, IL	264,062	50,963	19.3%
Franklin County, MO	102,426	11,399	11.1%
Jefferson County, MO	224,124	23,532	10.5%
St. Charles County, MO	385,590	18,892	4.9%
St. Louis County, MO	1,003,362	109,552	10.9%
St. Louis City, MO	315,685	94,918	30.1%
Illinois	12,859,995	1,935,887	15.1%
Missouri	6,083,672	827,095	13.6%

Data Source: Community Commons (US Census Bureau, Small Area Income & Poverty Estimates, 2015. Source Geography: County)

Poverty – Children in Households with Income Below 100% FPL

Poverty is considered a key driver of health status. In the Ranken Jorden Pediatric Bridge Hospital service area, 18.52% or 105,860 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access, including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Service Area Estimates	2,501,702	571,617	105,860	18.52%
Maryland Heights, MO	21,793	4,633	674	14.55%
Madison County, IL	260,745	57,993	9,914	17.10%
St. Clair County, IL	261,458	63,195	16,903	26.75%
Franklin County, MO	100,811	23,527	4,158	17.67%
Jefferson County, MO	220,011	52,662	7,368	13.99%
St. Charles County, MO	372,238	91,469	7,656	8.37%
St. Louis County, MO	979,867	220,190	33,333	15.14%
St. Louis City, MO	306,572	62,581	26,528	42.39%
Illinois	12,548,538	2,947,192	576,159	19.55%
Missouri	5,876,366	1,364,095	287,147	21.05%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: Tract)

Secondary Data

Economic Stability

Poverty – Population Below 100% FPL

Poverty is considered a key driver of health status. In the hospital service area, 12.87% or 321,899 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population in Poverty	Percent Population in Poverty
Service Area Estimates	2,501,702	321,899	12.87%
Maryland Heights, MO	21,793	2,153	9.88%
Madison County, IL	260,745	34,400	13.19%
St. Clair County, IL	261,458	46,059	17.62%
Franklin County, MO	100,811	12,057	11.96%
Jefferson County, MO	220,011	24,089	10.95%
St. Charles County, MO	372,238	22,765	6.12%
St. Louis County, MO	979,867	100,613	10.27%
St. Louis City, MO	306,572	81,916	26.72%
Illinois	12,548,538	1,753,731	13.98%
Missouri	5,876,366	897,755	15.28%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: Tract)

Insurance – Uninsured Population

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access.

Service Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Service Area Estimates	2,523,897	221,786	8.79%
Maryland Heights, MO	21,811	1,688	7.74%
Madison County, IL	264,272	17,557	6.64%
St. Clair County, IL	259,664	23,779	9.16%
Franklin County, MO	101,300	9,598	9.47%
Jefferson County, MO	220,838	21,154	9.58%
St. Charles County, MO	377,983	23,195	6.14%
St. Louis County, MO	988,628	80,827	8.18%
St. Louis City, MO	311,212	45,676	14.68%
Illinois	12,671,738	1,233,486	9.73%
Missouri	5,946,094	673,329	11.32%

Service Area	Uninsured Population Under Age 18
Service Area Estimates	23,556
Maryland Heights, MO	149
Madison County, IL	1,301
St. Clair County, IL	2,245
Franklin County, MO	1,151
Jefferson County, MO	1,925
St. Charles County, MO	3,499
St. Louis County, MO	9,594
St. Louis City, MO	3,841
Illinois	94,710
Missouri	87,432

Secondary Data

Economic Stability

Unemployment Rate

Total unemployment in the service area for the month of August 2018 was 48,409 or 3.6% of the civilian non-institutionalized population age 16 and older (on-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	1,339,123	1,290,714	48,409	3.6%
Maryland Heights, MO	11,885	11,485	400	3.4%
Madison County, IL	134,394	128,425	5,969	4.4%
St. Clair County, IL	127,063	120,672	6,391	5.0%
Franklin County, MO	52,238	50,640	1,598	3.1%
Jefferson County, MO	117,252	113,459	3,793	3.2%
St. Charles County, MO	220,836	214,655	6,181	2.8%
St. Louis County, MO	530,826	512,969	17,857	3.4%
St. Louis City, MO	156,514	149,894	6,620	4.2%
Illinois	6,460,016	6,190,961	269,055	4.2%
Missouri	3,041,588	2,935,969	105,619	3.5%

Data Source: Community Commons (US Department of Labor, Bureau of Labor Statistics. 2018 – August. Source Geography: County)

Neighborhood and Physical Environment

Young People Not in School and Not Working

This indicator reports the percentage of youth aged 16-19 who are not currently enrolled in school and who are not employed.

Service Area	Population Age 16-19	Percentage of Population Age 16-19 Not in School and Not Employed
Service Area Estimates	132,339	6.52%
Maryland Heights, MO	800	1.38%
Madison County, IL	13,295	7.05%
St. Clair County, IL	14,305	11.41%
Franklin County, MO	4,791	6.49%
Jefferson County, MO	10,998	4.46%
St. Charles County, MO	19,633	2.94%
St. Louis County, MO	53,814	6.25%
St. Louis City, MO	15,503	8.46%
Illinois	704,861	7.17%
Missouri	322,202	7.35%

Data Source: Community Commons (US Census Bureau, American Community Survey. 2012-16. Source Geography: Tract)

Neighborhood and Physical Environment

Violent Crime

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

Service Area	Total Population	Violent Crimes	Violent Crime Rate Per 100,000 Population
Service Area Estimates	2,521,395	12,002	476
Maryland Heights, MO	22,417	66	298
Madison County, IL	249,159	543	218
St. Clair County, IL	255,074	1,911	749
Franklin County, MO	104,487	199	190
Jefferson County, MO	221,065	462	209
St. Charles County, MO	371,799	482	130
St. Louis County, MO	1,001,210	2,980	298
St. Louis City, MO	318,601	5,425	1,703
Illinois	12,519,201	49,706	397
Missouri	6,040,967	26,745	443

Data Source: Community Commons (Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2012-14. Source Geography: County)

Populations With Low Food Access

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than one-half mile from the nearest supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Service Area	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Service Area Estimates	2,538,296	729,994	28.76%
Maryland Heights, MO	22,367	10,993	49.15%
Madison County, IL	269,282	100,960	37.39%
St. Clair County, IL	270,056	85,143	31.53%
Franklin County, MO	101,492	13,018	12.83%
Jefferson County, MO	218,733	67,959	31.07%
St. Charles County, MO	360,485	162,708	45.14%
St. Louis County, MO	998,954	281,585	28.19%
St. Louis City, MO	319,294	18,891	5.92%
Illinois	12,830,632	2,483,877	19.36%
Missouri	5,988,927	1,531,368	25.57%

Data Source: Community Commons (US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2015. Source geography: Tract)

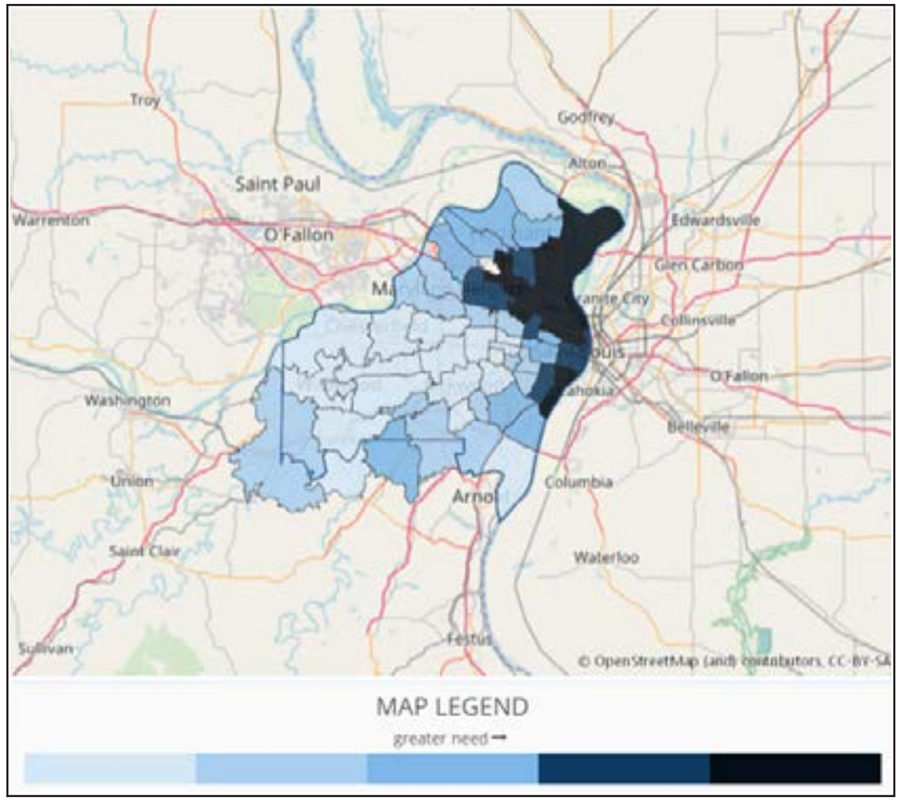
Secondary Data

SocioNeeds Index

The **2019 SocioNeeds Index,** created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. All zip codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). To help find the areas of highest need in your community, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value. This index reflects St. Louis County, MO.

SocioNeeds Index by Zip Code

Data Source: Conduent Healthy Communities Institute
Measurement Period: 2019



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Access to Care

Medical Conditions and Circumstances

The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. The County Health Rankings confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live.

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the County Health Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The County Health Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. *(County Health Rankings and Roadmaps, 2019).*

St. Clair County is ranked 94 out of the 102 Illinois counties in the Rankings released in April 2018. Madison County is ranked 71. Franklin County is ranked 34 out of the 115 Missouri counties in the Rankings released in April 2018. St. Charles County is ranked 1. Jefferson County is ranked 25. St Louis County is ranked 11. St. Louis City is ranked 113.

Health Condition	Madison County, IL	St. Clair County, IL	Franklin County, MO	Jefferson County, MO	St. Charles County, MO	St. Louis County, MO
Children Under 18 Living in Poverty	19%	24%	15%	14%	7%	13%
Alcohol Impaired Driving Deaths	28%	39%	33%	28%	37%	28%
Teen Births	25/1,000	32/1,000	30/1,000	23/1,000	11/1,000	18/1,000
Uninsured	5%	6%	10%	9%	6%	8%
Unemployment	4.6%	4.9%	3.6%	3.6%	2.9%	3.4%

Graph continued on next page

Secondary Data

Access to Care

Health Condition	St. Louis City, MO	Illinois Statistics	Missouri Statistics
Children Under 18 Living in Poverty	33%	17%	19%
Alcohol Impaired Driving Deaths	30%	33%	30%
Teen Births	42/1,000	23/1,000	28/1,000
Uninsured	13%	7%	11%
Unemployment	4.4%	5.0%	3.8%

Behavioral Risk Factor Surveillance System

Madison County, IL	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	23.4%	20.6%	22.2%
Asthma	9.1%	8.2%	13.7%	No data
Diabetes	10.2%	12.5%	9.1%	No data
Obesity	29.5%	32.7%	28.6%	26.1%
Smoking	16.7%	25.8%	21.6%	27.3%

St. Clair County, IL	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	17.3%	17.8%	20.7%
Asthma	9.1%	7.6%	14.5%	14.4%
Diabetes	10.2%	11.8%	9.7%	10.1%
Obesity	29.5%	35.9%	28.6%	27.8%
Smoking	16.7%	18.2%	17.0%	20.0%

Secondary Data

Health Indicators

Population With Any Disability

Within the service area, 12.26% or 309,420 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.87%. This indicator reports the percentage of the total civilian non-institutionalized with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Service Area	Total Population (For Whom Disability Status is Determined)	Total Population With A Disability	Percent Population With A Disability
Service Area Estimates	2,523,897	309,420	12.26%
Maryland Heights, MO	21,811	2,073	9.95%
Madison County, IL	264,272	32,917	12.46%
St. Clair County, IL	256,664	33,441	12.88%
Franklin County, MO	101,300	12,347	12.19%
Jefferson County, MO	220,838	28,479	12.90%
St. Charles County, MO	377,983	36,635	9.69%
St. Louis County, MO	988,628	117,333	11.87%
St. Louis City, MO	311,212	48,268	15.51%
Illinois	12,671,738	1,376,858	10.87%
Missouri	5,946,094	858,449	14.44%

Data Source: Community Commons (US Census Bureau, American Community Survey. 2012-16. Source Geography: Tract)

Mortality Tables

Madison County, IL Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	742
Malignant Neoplasms	605
Cerebrovascular Diseases	158
Chronic Lower Respiratory Diseases	151
Diabetes Mellitus	71
Influenza and Pneumonia	67
Intentional Self-Harm (Suicide)	52
Assault (Homicide)	3
Human Immunodeficiency Virus (HIV) Disease	2

St. Clair County, IL Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	624
Malignant Neoplasms	533
Chronic Lower Respiratory Diseases	168
Cerebrovascular Diseases	140
Diabetes Mellitus	83
Influenza and Pneumonia	48
Assault (Homicide)	46
Intentional Self-Harm (Suicide)	42
Human Immunodeficiency Virus (HIV) Disease	2

Primary Data

Qualitative Data

Qualitative data was reviewed to help validate the selection of health priorities. In alignment with IRS Treasury Notice 2011-52,2 and the subsequent final rules reported at 79 FR 78953, the qualitative/primary data received and reviewed included primary input from (1) at least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community and, (2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations. The organizations and persons that participated are detailed in the appendix.

No written comments were received concerning the hospital's most recently conducted CHNA nor on the most recently adopted implementation strategy. A method for retaining written public comments and responses exists, but none were received.

Data was also gathered representing the broad interests of the community. The hospital took into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health (local, regional, state and/or tribal). Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to health care due to geographic, language, financial or other barriers.

Members of the CHNA steering committee, those who both participated in focus groups and the needs identification and prioritization process, were chosen based on their unique expertise and experience, informed perspectives, and involvement with the community.

Focus Group 1 – Community Organizations and Schools

The first focus group met on March 7, 2019 at 1:00 p.m. at Ranken Jordan Pediatric Bridge Hospital. The group consisted of members of the Recreation Council and included representatives of community organizations and schools. There were also representatives of regional programs for recreation and exercise for differently abled children. A representative of the PGA, with knowledge of special program partnerships for differently abled youth offered in the St. Louis area and specifically with Ranken Jordan, was also present. Positive developments in the service area in recent years were identified as:

- New Ranken Jordan Pediatric Bridge Hospital complex and collaboration with community
- New baseball field at Ranken Jordan Pediatric Bridge Hospital and its availability to other youth with disabilities
- City of Maryland Heights is opening an ice arena next fall
- Relationship with PGA at Ranken Jordan Pediatric Bridge Hospital
- No child is told "no" attitude at Ranken Jordan Pediatric Bridge Hospital
- New local community centers, including community centers and a pool
- Ranken Jordan Pediatric Bridge Hospital offers hope for the future to families of the youth it serves
- Ranken Jordan Pediatric Bridge Hospital collaborates with schools and others on wellness

Needs and health issues were identified as:

- Address changes in the economic circumstances of the Maryland Heights area and the impact on access to food outside of school
- Programs for teens with disabilities in the community
- Address stigma associated with disabilities and different abilities
- Education for community about Ranken Jordan Pediatric Bridge Hospital and disability programs offered in the community in order to increase participation and interaction
- Available and flexible transportation to Ranken Jordan Pediatric Bridge Hospital for person with disabilities, families, seniors, and others that seek services or to attend functions
- Increase community outreach to provide awareness and information
- Address barriers around staffing and finance for participation in community recreation

Qualitative Data

Focus Group 2 – Healthcare Professionals

The second focus group met on the morning of March 8, 2018. The group consisted of several healthcare professionals, including a care coordinator, outpatient therapy administrator, social worker, chief medical officer, pediatric health-related services management representatives, and a nurse manager. Positive developments in the service area in recent years were identified as:

- Expansion of Ranken Jordan Pediatric Bridge Hospital
- New psychologist at Ranken Jordan Pediatric Bridge Hospital
- Maryland Heights Community Center
- Remodeling at Haven House
- Continued cooperation from Ronald McDonald House
- Improved relationship with Epworth for mental health services
- Physiatrists
- Expanded GI clinic at Ranken Jordan Pediatric Bridge Hospital
- Involvement with Little Wishes program
- New art therapist at Ranken Jordan Pediatric Bridge Hospital
- Fulltime music therapist at Ranken Jordan Pediatric Bridge Hospital
- Increased social services in outpatient care at Ranken Jordan Pediatric Bridge Hospital
- Increased psychosocial services at Ranken Jordan Pediatric Bridge Hospital
- Increased family and staff support services at Ranken Jordan Pediatric Bridge Hospital

Needs and health issues were identified as:

- Home mental health services available across all insurance providers
- Access at home and in the communities for recreation and socialization for current outpatients and former inpatients
- Available, reliable, and flexible transportation to and from Ranken Jordan Pediatric Bridge Hospital and other appointments
- Reliable Medicaid transportation
- Address barriers to transitioning patients into schools, beginning with who to contact at schools
- Post-discharge housing that can meet needs of young children and their families
- Assisted living opportunities for older children
- Education resources to address staff shortages for respiratory therapists, CNAs, and patient care technicians
- Address nutrition and dietary needs of outpatients
- Physiatrists beyond Ranken Jordan Pediatric Bridge Hospital
- Services beyond Ranken Jordan Pediatric Bridge Hospital for airway and ventilator dependent youth
- Long-term care facilities for ventilator dependent youth

Focus Group 3 – Healthcare Professionals

The third focus group met on the afternoon of March 8, 2019. The group consisted of a care coordinator and a care coordination administrator, physical therapist, speech therapist, a registered nurse, a nurse practitioner, therapy services administrator, operations administrator, volunteer services manager, and a staff psychologist. Positive developments in the service area in recent years were identified as:

- Ranken Jordan Pediatric Bridge Hospital is gaining understanding and recognition among other hospitals and in the community
- There is better marketing of outpatient services by Ranken Jordan Pediatric Bridge Hospital
- Increasing awareness of Ranken Jordan Pediatric Bridge Hospital's patients' needs and cooperation from external providers
- Awareness of Ranken Jordan Pediatric Bridge Hospital patients' home care needs
- Federal, state, and private funding options have improved
- In-house resources have improved through additional staffing
- Addition of third gym at Ranken Jordan Pediatric Bridge Hospital that could be available for community use
- Expanded participation with Junior Board
- New sports fields and opportunities for outreach and networking
- Increased staff involvement in events
- Connection with Gateway Health and Services to help families with ramps at home
- Ranken Jordan Pediatric Bridge Hospital provides training to health professions students that improve their future service
- Volunteer program

Qualitative Data

Needs and health issues were identified as:

- Long-term care facilities for pediatrics
- Independent living opportunities for pediatrics
- Improved education, resources, and support for parents
- Supportive living for families, post-care
- Partners in care for families, post-care
- Patient and parent mentors
- Address dietary issues with food for teens
- Improve dining experience
- Private duty nurses
- Additional clinical staff
- Respiratory care providers
- Increase staffing overall
- More resources under Medicaid
- Continuity for post-care
- Access to multi-system therapy in the area
- ABA or other specialized behavioral therapy, especially for 0-5-year-old patients and families
- Outpatient psychologist
- Outpatient dietitian
- Team approach to outpatient care that includes mental health and other needs
- Education about boundaries
- Transitional care
- Application of principals of trauma informed care
- Awareness of need for sensitivity to need for compassion

Focus Group 4 – Parents and Guardians of RJPBH Patients

The fourth group met on the evening of March 21, 2019. The group consisted of members of the Parents and Family Services advisory group. The group is made up of parents and guardians of Ranken Jordan patients and the staff that work with and facilitate the group. Positive developments in the service area in recent years were identified as:

- Quality of care through transition from acute care to Ranken Jordan Pediatric Bridge Hospital
- Positive parent experience at Ranken Jordan Pediatric Bridge Hospital
- Ranken Jordan Pediatric Bridge Hospital listened to, and heard, concerns with parents consistently
- Addition of fulltime psychologist to Ranken Jordan Pediatric Bridge Hospital staff
- Larger rooms better accommodate families by allowing moving from four patients per room to two patients per room, in many cases
- Company Kitchen at Ranken Jordan Pediatric Bridge Hospital has expanded food choices for visitors and families
- Expansion of Child Life Services to include specialist to provide services for caregivers and siblings
- Making on-site laundry available for caregivers

Needs and health issues were identified as:

- Post discharge assistance for parents, similar to a medical home model or a point person
- Access to pediatricians that deal with children with special needs
- Access to services for persons not eligible for financial assistance
- Information source or helpline for information about services for post-discharge patients
- Materials on case history to share with subsequent providers that is provided to patients upon discharge
- Transportation to and from Ranken Jordan Pediatric Bridge Hospital for families and caregivers
- Childcare at Ranken Jordan Pediatric Bridge Hospital for siblings of patients
- Address difficulties with scheduling services, including down time for children, changes in scheduling, and competition for time, often due to poor communication
- More activities for lower cognitive patients

IV. IDENTIFICATION AND PRIORITIZATION OF NEEDS

2019 Community Health Needs Assessment

Description of the Community Health Needs Identified

The steering group, comprised primarily of representatives from the focus groups – including members serving persons likely to be unserved, underserved or otherwise experiencing unmet needs and regional public health, met on March 22, 2019, to identify and prioritize significant health needs. The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, ESRI, Missouri and Illinois Departments of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, County Health Rankings and Roadmaps, National Cancer Institute and other resources.

Following the review, the group identified and then prioritized the following as being the significant health needs facing the Ranken Jordan Pediatric Bridge Hospital's service area.

1. The group's first identified need was to address the availability of respiratory therapists
2. The second identified need was for outpatient psychiatric and psychological support, especially into patients' homes
3. The third prioritized need was for resources for post-care at home, in long-term care facilities or independent living, including information and resources to assist parents seeking post-care services
4. The group next identified improving community awareness of Ranken Jordan Pediatric Bridge Hospital's services, what is and is not provided, what financial barriers it faces, and how it fits the overall regional medical picture

Description of the Community Health Needs Identified

5. The group's fifth identified need was flexible transportation to and from Ranken Jordan Pediatric Bridge Hospital for appointments and also for parents and guardians during stays
6. The group's sixth identified need was to address overall teen wellness in Maryland Heights including depression, social skills, and obesity
7. The group's final identified need was to improve scheduling of services and the outpatient registration process at Ranken Jordan Pediatric Bridge Hospital

V. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

2019 Community Health Needs Assessment

Resources Available to Meet Priority Health Needs

Ranken Jordan Pediatric Bridge Hospital Resources

Hospital Resources

- **Physical therapy**
  - Facilitation of gross motor skills
  - Strengthening
  - Endurance training
  - Weight management
  - Tone management
  - Range of motion exercises
  - Positioning
  - Gait training (ambulation)
  - Balance training
  - Pain management
  - Burn management
  - Infant massage
  - Functional electrical stimulation (E-stim)
  - Adaptive equipment
  - Home accessibility assessments
  - Lower extremity splinting
  - Aquatic therapy
- **Occupational Therapy**
  - Developmental motor intervention
  - Sensory integration
  - Cognitive retraining
  - Oral/motor feeding
  - Visual perception retraining
  - Fabrication of splints
  - Environmental adaptations
  - Home accessibility evaluations
- **Aquatic Therapy**
  - Heated, pediatric aquatic therapy pool
  - Accessible by steps, ramp, roll-in chair or lift
- **Speech Therapy**
- **Physiatry**
  - Medical assessment
  - Medical guidance in goal-setting and treatment
  - Orthotic (splint) recommendations
  - Spasticity management
  - Botox injections
  - Baclofen pump adjustments
  - Pain management
- Orthopedic rehabilitation
  - Botox injections
  - Baclofen pump adjustments
  - Medical assessments
  - Orthopedic rehabilitation
  - Aquatic therapy
  - Physical therapy assessment
  - Occupational therapy assessment
  - Respiratory care services
  - Home accessibility assessment
  - Equipment evaluations
  - On-site splint fitting
  - Orthotics
  - Nutritional assessments and support
  - Facilities and support for parent and peer counseling groups
- Day treatment program
- Constraint Induced Movement Therapy (CIMT)

Community Resources

- Community recreation programs
- Para Quad
- Maryland Heights Community Center
- Disabled Athletic Sports Association
- Recreation Council
- Challenger Baseball
- Software vendors
- Student programs
- Complex care services at Cardinal Glennon Children's Hospital
- Children's Hospital
- Mercy Hospital
- Community psychiatric services providers
- Cedar Point
- Mercy Behavioral Health
- St. Louis Children's Behavioral Health
- St. Louis County Community College
- St. Louis College of Health Careers
- Southwest Missouri State
- Pattonville High School
- Professional associations and organizations

VI. IMPLEMENTATION STRATEGY

2019 Community Health Needs Assessment

Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Ranken Jordan Pediatric Bridge Hospital on March 22, 2019. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessments. They also considered internal and external resources potentially available to address the current prioritized needs. The group then considered each of the prioritized needs.

For each of the seven categories, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the need. The plan will be evaluated by periodic review of measurable outcome indicators in conjunction with annual review and reporting.

Implementation Strategy – Priority #1

The group's first identified need was to address the availability of respiratory therapists.

Actions the hospital intends to take to address the health need:

- Ranken Jordan Pediatric Bridge Hospital will advocate for funding support and to eliminate barriers to respiratory therapist training programs
- Ranken Jordan Pediatric Bridge Hospital will promote awareness of medical occupations

Implementation Process

Planning Process

- Ranken Jordan Pediatric Bridge Hospital will explore providing scholarships for medical technician positions
- Ranken Jordan Pediatric Bridge Hospital will explore links to respiratory therapist organizations and associations

Anticipated impacts of these actions:

Ranken Jordan Pediatric Bridge Hospital anticipates that taking the following steps will help to increase the number of available respiratory therapists with the service area.

Programs/resources the hospital plans to commit to address the need:

- Administration
- Respiratory
- Human resources

Planned collaboration between the hospital and other organizations:

- St. Louis County Community College
- St. Louis College of Health Careers
- Southwest Missouri State
- Pattonville High School
- Professional associations and organizations

Implementation Strategy – Priority #2

The second identified need was for outpatient psychiatric and psychological support, especially into patients' homes.

Actions the hospital intends to take to address the health need:

- Ranken Jordan Pediatric Bridge Hospital will continue to search for funding to support psychiatric and psychological services
- Ranken Jordan Pediatric Bridge Hospital will continue to search for psychologists
- Ranken Jordan Pediatric Bridge Hospital will explore the use of telehealth services to address the need for psychiatric and psychological services
- Psychiatric and psychological services to the home are beyond the current ability of Ranken Jordan Pediatric Bridge Hospital, but the hospital will continue to search for funding and appropriate partners for collaboration

Anticipated impacts of these actions:

Ranken Jordan Pediatric Bridge Hospital anticipates that taking the above steps will provide the best opportunities to address this difficult issue.

Programs/resources the hospital plans to commit to address the need:

- Administration
- Development
- Medical team

Implementation Strategy

Planning Process

Planned collaboration between the hospital and other organizations:

- Community psychiatric services providers
- Cedar Point
- Mercy Behavioral Health
- Pattonville High School
- St. Louis Children's Behavioral Health

Implementation Strategy – Priority #3

The third prioritized need was for resources for post-care at home, in long-term care facilities or independent living, including information and resources to assist parents seeking post-care services.

Actions the hospital intends to take to address the health need:

- Ranken Jordan Pediatric Bridge Hospital will align and partner with complex care services providers
- Ranken Jordan Pediatric Bridge Hospital will advocate with the legislature for downstream services for multiple medical condition children released from Ranken Jordan Pediatric Bridge Hospital
- Ranken Jordan Pediatric Bridge Hospital will create a discharge binder for all patients going home, to provide information for parents
- Ranken Jordan Pediatric Bridge Hospital will explore one-stop post-discharge services and possible partnerships with other hospitals to provide those services for them

Anticipated impacts of these actions:

Ranken Jordan Pediatric Bridge Hospital anticipates that taking the aforementioned steps will improve access to post-care services and will help to set families up to better care for their children.

Programs/resources the hospital plans to commit to address the need:

- Administration
- Medical team
- Social work
- Therapy
- Care coordinators

Planned collaboration between the hospital and other organizations:

- Complex care services at Cardinal Glennon Children's Hospital
- Children's Hospital
- Mercy Hospital

Implementation Strategy

Planning Process

Implementation Strategy – Priority #4

The group next identified improving community awareness of Ranken Jordan Pediatric Bridge Hospital's services, what is and is not provided, what financial barriers it faces, and how it fits the overall regional medical picture.

Actions the hospital intends to take to address the health need:

- Ranken Jordan Pediatric Bridge Hospital will expand marketing offerings and goals
- Ranken Jordan Pediatric Bridge Hospital will expand outreach visits to hospitals to increase regional reach
- Ranken Jordan Pediatric Bridge Hospital will expand information to the community about outpatient services

Anticipated impacts of these actions:

Ranken Jordan Pediatric Bridge Hospital anticipates that the steps above will improve understanding in the community and among hospitals in the region of the highly specialized services available to children through the hospital and that the result will be better access to services in the region.

Programs/resources the hospital plans to commit to address the need:

- Marketing
- Administration
- Social work
- Therapy
- Community programs

Planned collaboration between the hospital and other organizations:

- Older hospitals
- Student programs

Implementation Strategy – Priority #5

The group's fifth identified need was flexible transportation to and from Ranken Jordan Pediatric Bridge Hospital for appointments and also for parents and guardians during stays.

Actions the hospital intends to take to address the health need:

Ranken Jordan Pediatric Bridge Hospital notes that transportation – except for transporting in-patients for external services – is beyond the role of the hospital. The hospital does recognize this need, however, and has determined that it will:

- Continue to provide cab fare for parents and guardians when indicated
- Continue to communicate the needs of parents, guardians, and outpatients to medical transport companies to encourage their sensitive response to those needs

Anticipated impacts of these actions:

Ranken Jordan Pediatric Bridge Hospital anticipates that the steps set out above will provide the best opportunities to meet these needs.

Implementation Strategy

Planning Process

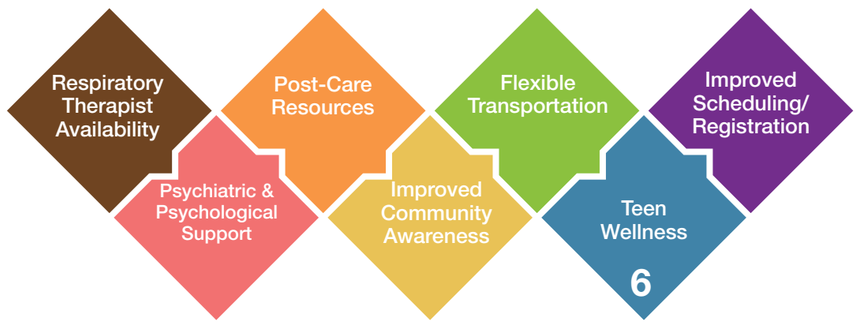
Programs/resources the hospital plans to commit to address the need:

- Administration
- Outpatient
- Therapy

Planned collaboration between the hospital and other organizations:

- Transportation services

Implementation Strategy – Priority #6



The group's sixth identified need was to address overall teen wellness in Maryland Heights including depression, social skills, and obesity.

Actions the hospital intends to take to address the health need:

- Ranken Jordan Pediatric Bridge Hospital will expand staff wellness and education programs
- Ranken Jordan Pediatric Bridge Hospital will continue community and school wellness and education programs and expand opportunities as available

Anticipated impacts of these actions:

Ranken Jordan Pediatric Bridge Hospital anticipates the steps set out above will result in expanded teen wellness education and programming in Maryland Heights.

Programs/resources the hospital plans to commit to address the need:

- Community programs
- Nutrition
- Dietary
- Recreation therapy
- Child Life

Planned collaboration between the hospital and other organizations:

- Schools
- Community recreation programs
- Para Quad
- Maryland Heights Community Center
- Disabled Athletic Sports Association
- Recreation Council
- Challenger Baseball

Implementation Strategy

Planning Process

Implementation Strategy – Priority #7

The group's final identified need was to improve scheduling of services and the outpatient registration process at Ranken Jordan Pediatric Bridge Hospital.

Actions the hospital intends to take to address the health need:

- Ranken Jordan Pediatric Bridge Hospital will relocate outpatient check-in from the front desk
- Ranken Jordan Pediatric Bridge Hospital will begin scheduling patients off of the hour to ease flow
- Ranken Jordan Pediatric Bridge Hospital will review scheduling software to find more user-friendly software
- Ranken Jordan Pediatric Bridge Hospital will educate the staff about scheduling needs and conflicts and improving communications

Anticipated impacts of these actions:

Ranken Jordan Pediatric Bridge Hospital anticipates that completing the steps set out above will improve scheduling of services and outpatient registration.

Programs/resources the hospital plans to commit to address the need:

- Administration
- Therapy
- IT
- Admitting
- Reception

Planned collaboration between the hospital and other organizations:

- Software vendors

VII. DOCUMENTING AND COMMUNICATING RESULTS

2019 Community Health Needs Assessment

Approval

This CHNA Report will be available to the community on the hospital's public website: https://www.rankenjordan.org. A hard copy may be viewed at the hospital by inquiring at the information desk at the main entrance.

This Community Health Needs Assessment and Implementation Plan of Ranken Jordan Pediatric Bridge Hospital was approved by the Ranken Jordan Pediatric Bridge Hospital Board of Directors on the _____ day of _____, 2019.

VIII. REFERENCES AND APPENDIX

2019 Community Health Needs Assessment

References

- *County Health Rankings, 2019 County Health Rankings*
- *Community Commons, 2018 Community Commons*
- Illinois Department of Employment Security, 2019
- Missouri Department of Employment Security, 2019
- National Cancer Institute, 2019
- Illinois Department of Public Health, 2018
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2018
- ESRI, 2019
- *USDA Atlas of Rural and Small Town America, USDA, 2018*
- *Behavioral Risk Factor Surveillance Survey – Illinois - Counties – 2018*
- *Illinois Youth Survey, 2018*
- *Courtesy: Community Commons, <www.communitycommons.org>, December, 2018*

(Support documentation on file and available upon request)

Appendix

Appendix

Focus Group 1 – Community Organizations and Schools

Kevin Corn	PGA Golf Pro	Adaptive Golf Program Leader, Ranken Jordan Pediatric Bridge Hospital
Patty Gould	Director	School of Business Partnership
Sue Fleming	Executive Director	Recreation Council of Greater St. Louis
Buck Smith	Founder	Challenger Baseball, St. Louis, MO
Jennifer VanDyke	Recreation Manager	Maryland Heights Parks and Recreation Department
Malory Symsor	Coordinator	Inclusion Services, Mid-County Region

Focus Group 2 – Healthcare Professionals

Cheryl Schwegel	RN/Care Coordinator	Ranken Jordan Pediatric Bridge Hospital
Andrew D'Aquila	MPT, COMT, Outpatient Therapy Administrator	Ranken Jordan Pediatric Bridge Hospital
Sara Steiner	MSW, LCSW, Social Worker	Ranken Jordan Pediatric Bridge Hospital
Nick Holekamp	MD, Chief Medical Officer	Ranken Jordan Pediatric Bridge Hospital
Becky Ichkowsky	CCLS, CTRS, Pediatric Health-Related Services Management Associate	Ranken Jordan Pediatric Bridge Hospital
Margaret Chastain	MHA, CCLS, Pediatric Health-Related Services Manager	Ranken Jordan Pediatric Bridge Hospital
Amanda Boeckstiegel	RN, BSN, MSN, Nurse Manager	Ranken Jordan Pediatric Bridge Hospital

Focus Group 3 – Healthcare Professionals

Pam Mason	Physical Therapist	Ranken Jordan Pediatric Bridge Hospital
Angie Sliepen	MS, CTRS, Operations Administrator	Ranken Jordan Pediatric Bridge Hospital
Lorrie Smith	RN, Care Coordinator	Ranken Jordan Pediatric Bridge Hospital
Cathy Samuel	MA, CCC-SLP, Therapy Services Administrator	Ranken Jordan Pediatric Bridge Hospital
Debbie Kienstra	RN	Ranken Jordan Pediatric Bridge Hospital
Tricia Sievers	BS, Volunteer Services Manager	Ranken Jordan Pediatric Bridge Hospital
Sarah Garman	SPT, Speech Therapist	Ranken Jordan Pediatric Bridge Hospital
Rachel Winkler	MSW, LCSW, Care Coordination Administrator	Ranken Jordan Pediatric Bridge Hospital
Ellie Brown	RN, CPNP, Nurse Practitioner	Ranken Jordan Pediatric Bridge Hospital
Rachael Juehring	PhD, Staff Psychologist	Ranken Jordan Pediatric Bridge Hospital

Appendix

Focus Group 4 – Parents and Guardians of RJPBH Patients

Members of the fourth focus group were members of the hospital's parent advisory group. Their identities are not listed here in the interest of the privacy of their children and their own. Ranken Jordan Pediatric Bridge Hospital can provide the names of participants to appropriate reviewers if required.

Identification and Prioritization Group

Angie Sliepen	MS, CTRS, Operations Administrator	Ranken Jordan Pediatric Bridge Hospital
Andrew D'Aqila	MPT, COMT, Outpatient Therapy Administrator	Ranken Jordan Pediatric Bridge Hospital
Cathy Samuel	MA, CCC-SLP, Therapy Services Administrator	Ranken Jordan Pediatric Bridge Hospital
Margaret Chastain	MHA, CCLS, Pediatric Health-Related Services Manager	Ranken Jordan Pediatric Bridge Hospital
Ken Marx	CPA, Chief Financial Officer	Ranken Jordan Pediatric Bridge Hospital
Sue Fleming	Executive Director	Recreation Council of Greater St. Louis
Shameka Davis	MPA	St. Louis County Department of Public Health
Amy Ball	JD, MHA, Risk Management Administrator & Corporate Compliance Officer	Ranken Jordan Pediatric Bridge Hospital

Implementation Plan Group

Angie Sliepen	MS, CTRS, Operations Administrator	Ranken Jordan Pediatric Bridge Hospital
Cathy Samuel	MA, CCC-SLP, Therapy Services Administrator	Ranken Jordan Pediatric Bridge Hospital
Margaret Chastain	MHA, CCLS, Pediatric Health-Related Services Manager	Ranken Jordan Pediatric Bridge Hospital
Kristin LaRose	**Need this information**	Ranken Jordan Pediatric Bridge Hospital
Nick Holekamp	MD, Chief Medical Officer	Ranken Jordan Pediatric Bridge Hospital
Ken Marx	CPA, Chief Financial Officer	Ranken Jordan Pediatric Bridge Hospital
Amy Ball	JD, MHA, Risk Management Administrator & Corporate Compliance Officer	Ranken Jordan Pediatric Bridge Hospital

2019 Community Health Needs Assessment

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