



RankenJordan.
PEDIATRIC BRIDGE HOSPITAL



Ranken Jordan Pediatric Bridge Hospital

Community Health Needs Assessment

June 2025



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Welcome to Ranken Jordan Pediatric Bridge Hospital

About Us

At Ranken Jordan, we provide care for children and young adults from birth to 21 who are ready to leave a traditional hospital but still need medical services and support before returning home. Located in the heart of the Midwest, we specialize in helping children and their families navigate complex conditions, illnesses, and injuries, bridging the gap between hospital and home with compassion and expertise.

Ranken Jordan Pediatric Bridge Hospital focuses on serving medically complex children — a population often defined as high-intensity users of complicated healthcare systems. These children often require medications, technology, caregiver support, and coordination with multiple specialists. Ranken Jordan Pediatric Bridge Hospital is one of only a handful of hospitals in the country that provides rehabilitation and sub-acute medical care specifically for this population. As a specialty pediatric hospital, Ranken Jordan Pediatric Bridge Hospital has been granted substantive waivers by the Missouri Department of Health and Senior Services. These waivers apply to:

- The establishment and operation of an emergency department
- The provision of pathology, radiology, laboratory, and central services

This designation allows Ranken Jordan Pediatric Bridge Hospital to focus solely on treating the most medically complex children.

Our vibrant, patient-centered 60-bed facility and nurturing environment are the backdrop for inspiring stories that unfold daily at Ranken Jordan. Our innovative Care Beyond the Bedside model encourages young people to engage with others in our colorful, light-filled spaces, allowing them to spend about 70 percent of their waking hours outside their rooms.

At Ranken Jordan, play and therapy blend seamlessly. Play is integral to healing, so Ranken Jordan provides ample opportunities to encourage play, therapy, socialization and movement. Our barrier-free outdoor sports field, putting greens, garden areas, indoor and outdoor playgrounds, a rock-climbing wall, therapy pool and art room all support the therapeutic nature of play. We also have a dedicated teen room where kids can relax, play video games and just be themselves.

Every inch of our state-of-the-art facility is designed with children in mind, fostering physical, spiritual, mental, and emotional healing. Inspired by those we serve, our mission centers on reimagining what is possible offering hope for a brighter future.

Vision, Mission, and Values

At Ranken Jordan Pediatric Bridge Hospital, we believe every child with complex medical needs deserves the opportunity to live their best life. Guided by our vision, mission, and values, we seek to deliver compassionate, collaborative, and life-changing care that harnesses the playfulness of youth and empowers children and their families to thrive.

2025 Community Health Needs Assessment

Vision

A world where every child with complex medical needs lives their best life.

Mission

As a leader in transitional healthcare, we provide exceptional services for children with complex medical needs by reimagining what is possible and inspiring life-changing solutions for patients and families.

Values



Compassion

We feel and show concern for others.



Play

We use play to make the ordinary extraordinary.



Respect

We consider how our words and actions impact others.



Collaborative Teamwork

We work together to achieve a common vision.



Excellence

We strive to perform at our best to achieve outstanding results.

Services

Every day, our extraordinary team of doctors, nurses, therapists, and social workers collaborate to help children and their families take steps toward moving back home. That bridge looks different for every family, so there is never a rush. The journey looks like this:



Care Beyond the Bedside

As an inpatient or outpatient, every child “plays” at their own pace through a personalized medical and developmental plan.



Transition Home

Training & support help families learn the specialized skills needed for the transition to home, along with medical and social services.



Home Life

Our team helps patients get settled with the resources they need to succeed. We love seeing many of our patients come back for outpatient visits.

Inpatient Services

Your child’s success at home is our goal from your first day at Ranken Jordan. We create a unique care plan for each inpatient, tailored to each child’s unique care needs and natural desire to play. From baking brownies to playing video games to taking a swim, we leverage a child’s inherent desire to play as part of their healing

process. Key inpatient services include:

- Medical Team & Nursing Care
- Burn Care & Rehabilitation
- Respiratory Care
- Pediatric Physiatry
- Bowel Training Program
- Child Life Specialists
- Optimization Zone (OZ)
- Education Liaisons
- Therapy Services
- Horticulture Therapy
- Art & Music Therapy
- Social Work & Care Coordination

Outpatient Services

Children in the community and former patients are welcome to access outpatient services at Ranken Jordan. Ranken Jordan's outpatient therapy team provides the latest therapy and rehabilitation techniques and equipment in a cheerful, safe, friendly environment for children and young adults up to age 21.

Our team uses a combination of well-established and innovative treatment techniques, along with state-of-the-art therapeutic and adaptive equipment delivered in unique treatment environments. The therapy team is passionate about what they do and are always driven to do more to help children better recover. Outpatient Services and Therapies include:

- Physical Therapy
- Occupational Therapy
- Aquatic Therapy
- Speech Therapy
- Augmentative and Alternative Communication
- Durable Medical Equipment Evaluations
- Feeding Therapy
- Functional Electrical Stimulation (FES)
- Galileo Whole Body Vibration Plate
- Outpatient Intensive Therapy Program
- Outpatient Psychology
- VitalStim Therapy
- Bowel Training Program
- Pediatric Physiatry

Common Diagnoses Treated

Infants and Toddlers

- Complications from prematurity
- Short bowel syndrome
- Developmental delays
- Congenital abnormalities (brain, airway, heart, gastrointestinal tract, genitourinary tract)
- Feeding disorders and failure to thrive
- Neonatal abstinence
- Complications from abuse or neglect

Preschool and School-Age Children

- Complications from severe illness or prolonged hospitalization
- Osteomyelitis
- Neuromuscular disorders and muscular dystrophy
- Orthopedic and 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



Family-Centered Care and Community Programs

Ranken Jordan has leveraged the findings from the community health needs assessments to build out additional family and community resources based on community feedback. In 2013, Ranken Jordan Pediatric Bridge Hospital formed a Patient and Family Advisory Council (PFAC). The PFAC has played an important role in helping the hospital address issues and improve care by:

- Enhancing communication between patients, families, and the care team
- Empowering patients, families, and staff through education
- Identifying and addressing patient and family needs throughout care and during the transition home
- Promoting optimal medical and emotional outcomes

In addition, Ranken Jordan Pediatric Bridge Hospital has expanded its family resources to include the following:

- | | | |
|---------------------------------|---------------------------------------|---|
| • Caregiver Education Resources | Assistance | • Specific Support Groups for Caregivers & Siblings |
| • Discharge Catalog | • Patient Portal | • Social Work & Case Management |
| • Financial Information & | • Family Food & Dining Considerations | |

Source: rankenjordan.org

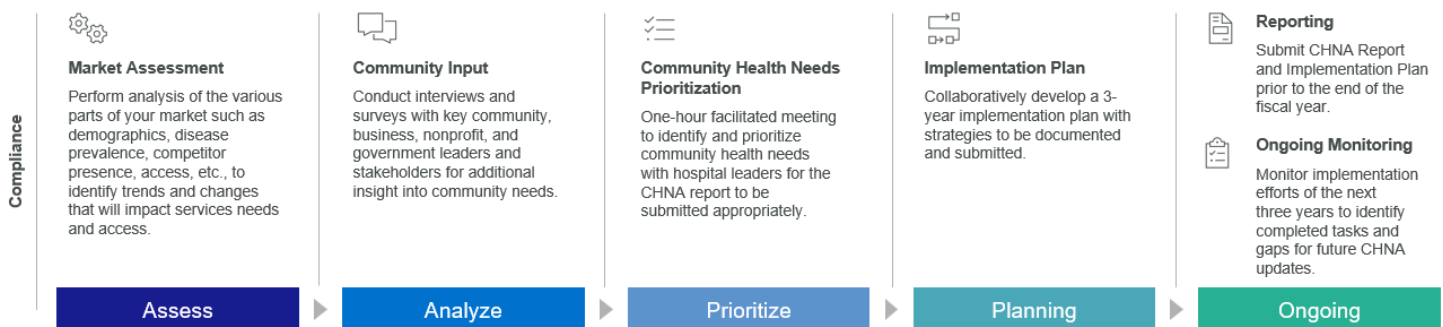
2025 Community Health Needs Process and Methodology

Understanding the community's health needs is important to the Ranken Jordan Pediatric Bridge Hospital mission. To that goal, Ranken Jordan Pediatric Bridge Hospital sought outside assistance from Forvis Mazars. Forvis Mazars is ranked as the eighth largest healthcare management consulting firm in the country by Modern Healthcare and has 950 professionals serving a national footprint. Forvis Mazars demonstrated the necessary capabilities and service offerings to assist Ranken Jordan Pediatric Bridge Hospital on this important project. Forvis Mazars provided the project plan, research and organized the secondary data findings, analyzed and compiled survey input, and provided support and report of the findings.

Ranken Jordan Pediatric Bridge Hospital identified community health needs by undergoing an assessment process. This process incorporated a review by the Ranken Jordan Pediatric Bridge Hospital's Community Needs Assessment senior leadership along with secondary and primary data input using the expertise of Forvis Mazars. The team used several sources of quantitative health, social and demographic data specific to the service area provided by local public health agencies, health care associations and other data sources. Ranken Jordan Pediatric Bridge Hospital took advantage of this opportunity to collaborate with its administrators, providers, partners, and local organizations.

Ranken Jordan Pediatric Bridge Hospital sought outside assistance from Forvis Mazars in this process. Forvis Mazars provided data, organized community input, facilitated priority sessions, and supported the report drafting process.

The community health needs assessment process consists of five steps pictured below:



The "Community Health Needs Assessment 2025" identifies local health and medical needs and identifies top needs that Ranken Jordan Pediatric Bridge Hospital plans to address. This document suggests areas where other local organizations and agencies might work with Ranken Jordan Pediatric Bridge Hospital to achieve desired improvements and illustrates ways, as a medical community, are meeting our obligations to efficiently deliver medical services.

The data assessment piece was completed in the Spring of 2025. In this step, service areas were defined, external data research was completed, and key findings were summarized. As the data assessment was completed, the community input phase was started.



2025 Community Health Needs Assessment

Surveys were distributed among community health professionals, key community members, providers, facility administration, and government representatives. A summary of these findings was created and is included in this report. Prioritization then took place to summarize and overlay data elements with key community input findings.

From this prioritization, health priorities were decided based upon the significance of the need to the service area, and Ranken Jordan Pediatric Bridge Hospital's ability to impact the need. Based on these priorities, Ranken Jordan Pediatric Bridge Hospital decided which priorities to include in their implementation strategy and how to address the top health needs of their community. These are compiled in the Implementation Strategy document. This report and strategy were then approved by the board and made "widely available" on the Ranken Jordan Pediatric Bridge Hospital website.

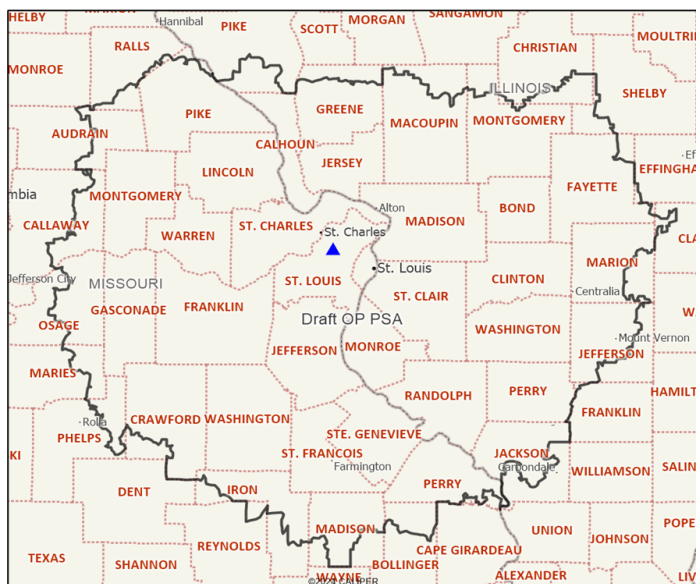


Community Served

Ranken Jordan Pediatric Bridge Hospital specializes in serving children with complex medical needs who require rehabilitative and sub-acute care. As one of only a handful of hospitals in the United States offering this type of care, Ranken Jordan Pediatric Bridge Hospital is located in Maryland Heights, Missouri, and provides services to patients and families from across the region, including both Missouri and Illinois, who need highly specialized pediatric care. Ranken Jordan Pediatric Bridge Hospital serves a medically complex pediatric population that often requires extended stays and coordinated interdisciplinary support to achieve optimal health outcomes and successfully transition home.

To define the community served in this assessment, we have used the hospital's outpatient origin of 90% or greater and inpatient catchment considerations to define the counties included in its service area. Using a county-based service area definition is critical to this analysis, as much of the secondary data used for this analysis is reported at the county level. This approach allows for meaningful comparisons between the service area, the states of Missouri and Illinois, and the United States. The visuals below highlight both the total defined service area counties and the inpatient and outpatient origin mix and service area included in this assessment.

Total Service Area



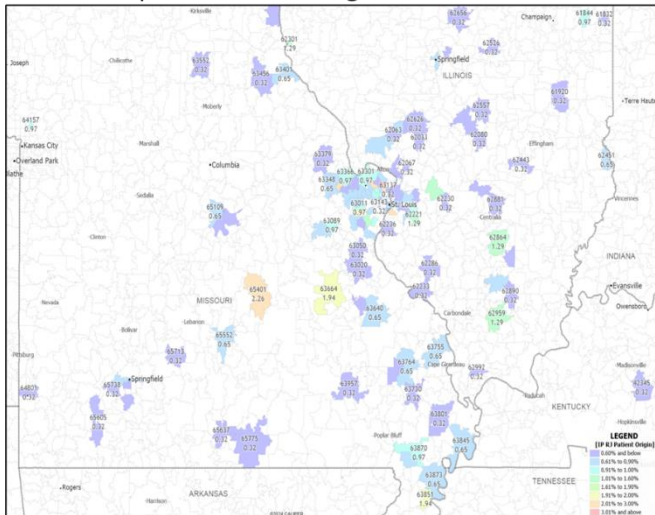
County Listing	
Audrain, MO	Marion, IL
Bollinger, MO	Monroe, IL
Bond, IL	Montgomery, IL
Calhoun, IL	Montgomery, MO
Callaway, MO	Osage, MO
Christian, IL	Perry, IL
Clinton, IL	Perry, MO
Crawford, MO	Phelps, MO
Fayette, IL	Pike, IL
Franklin, MO	Pike, MO
Gasconade, MO	Randolph, IL
Greene, IL	Shelby, IL
Iron, MO	St. Charles, MO
Jackson, IL	St. Clair, IL
Jefferson, IL	St. Francois, MO
Jefferson, MO	St. Louis city, MO
Jersey, IL	St. Louis County, MO
Lincoln, MO	Ste. Genevieve, MO
Macoupin, IL	Warren, MO
Madison, IL	Washington, IL
Madison, MO	Washington, MO
Marion, MO	



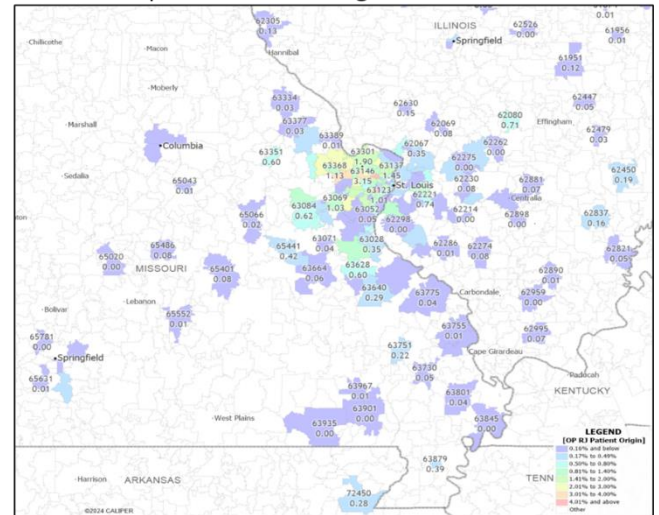
2025 Community Health Needs Assessment

Inpatient & Outpatient Origin & Service Area

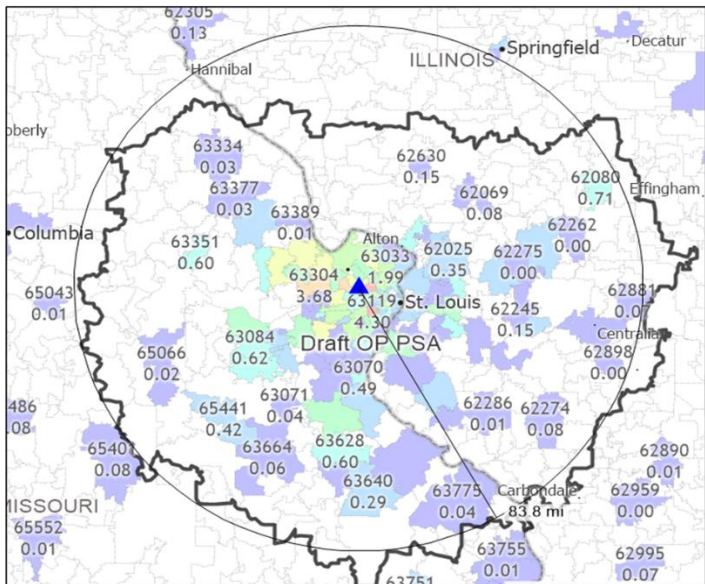
Inpatient Patient Origin 12.23 – 11.24



Outpatient Patient Origin 12.23 – 11.24



Service Area (OP Patient Origin)



Patient Origin Mix & Calculation

Visit Type	Count	Patient Origin
Outpatient	21,761	96.81%
Inpatient	200	64.5%

Visit Type	Total Count
Outpatient	22,480
Inpatient	310

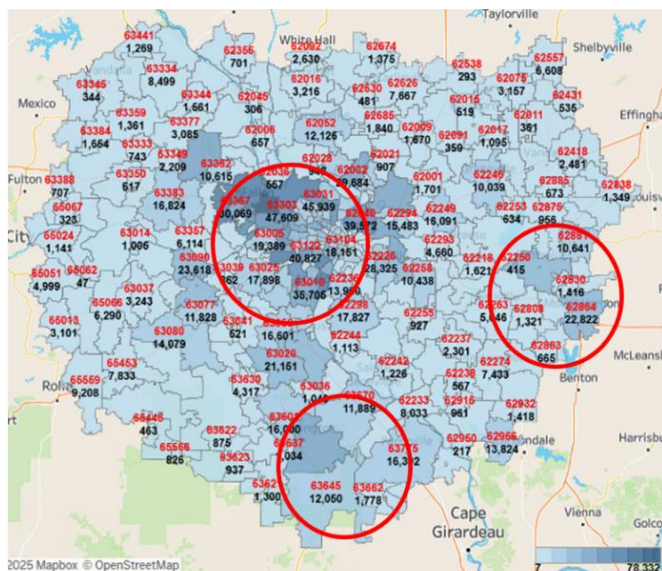


2025 Community Health Needs Assessment

Demographics

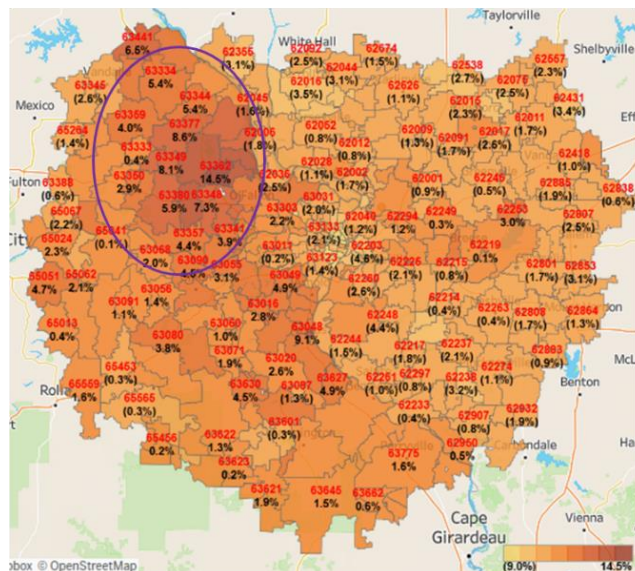
An understanding of the demographics of residents is a key component of assessing community health. It is also important to recognize differences between communities within the service area. Claritas demographic data was reviewed for each individual county to compare local population characteristics to state and national norms. The maps below illustrate the current distribution of the pediatric population (ages 0-17) and highlight projected growth or decline within the service area.

2025 Pediatric Population (0-17)



Highest pediatric population in St. Louis metro area; Higher density of population in zip codes surrounding metro areas

2025-2030 5 YR Pediatric (0-17) Population Growth



Overall, a noticeable decline in the pediatric (0-17) population in the service area. Slight growth in the zip codes to the Northwest; however, the net growth is nominal.

Source: Nielsen Claritas Demographics (2025 – 2030)

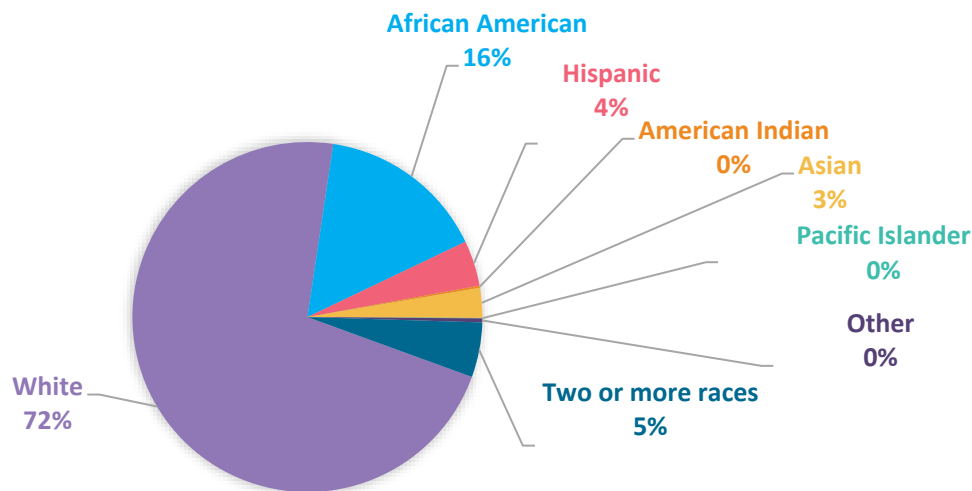


2025 Community Health Needs Assessment

In addition to the pediatric population trends, it is important to understand the racial and ethnic makeup of the total population within the service area. In 2025, 71.8% of the population identifies as White (non-Hispanic), and 15.6% identifies as Black or African American (non-Hispanic). Over the next five years, both groups are projected to experience population decline, with the White population decreasing by 1.6% and the Black/African American population decreasing by 1.0%. The following table and pie chart display the current and forecasted racial and ethnic diversity in the service area.

Race / Ethnicity	Population CY	% of Total Population CY	Population 5-Yr	5-Yr Net Growth	5-Yr % Net Growth
Grand Total	3,241,812	100.0%	3,251,075	9,263	0.3%
White (non Hisp)	2,327,858	71.8%	2,291,092	(36,766)	(1.6%)
Black/African American (non Hisp)	504,399	15.6%	499,261	(5,138)	(1.0%)
Two or More Races (non Hisp)	164,118	5.1%	184,782	20,664	12.6%
Hispanic	136,196	4.2%	159,211	23,015	16.9%
Asian (non Hisp)	89,526	2.8%	96,903	7,377	8.2%
Some Other Race (non Hisp)	11,973	0.4%	11,791	(182)	(1.5%)
American Indian/Alaskan Native (non Hisp)	6,476	0.2%	6,583	107	1.7%
Native Hawaiian/Pacific Islander (non Hisp)	1,266	0.0%	1,452	186	14.7%

2025 Pop by Race/Ethnicity



Source: Nielsen Claritas Demographics (2025 – 2030)



2025 Community Health Needs Assessment

In the summary table below, there is a disparity between the average median income and the percent of families below poverty compared to the national average. Missouri's median household income (\$69,725) is lower than the U.S. average (\$78,770), with a poverty rate of 8.6% compared to the national 8.9%. Illinois's median household income is slightly higher at \$80,648, with a poverty rate of 8.3%, just below the U.S. average. Additional data on household income by age group shows that adults aged 45-64 have the largest share of higher-income households in the service area.

Median Household Income by Service Area

Service Area	Med HH Inc. CY	Med HH Inc. 5Yr	Med HH Inc. 5Yr Net Growth	Med HH Inc. 5Yr % Net Growth	% Families < Poverty CY
Illinois	\$80,648	\$86,177	\$5,529	6.9%	8.3%
Missouri	\$69,725	\$75,067	\$5,342	7.7%	8.6%
USA	\$78,770	\$85,719	\$6,949	8.8%	8.9%

Household Income by Householder Age CY (# of HHs)

Service Area (*) - Zip Code (*)

Metric Type: **Percent (%)** ▼

	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85p	Totals
Totals	3.1%	14.1%	17.1%	16.3%	18.6%	17.6%	9.7%	3.5%	100.0%
<\$15,000	6.1%	12.1%	11.4%	11.4%	19.5%	19.5%	13.3%	6.6%	100.0%
\$15,000 - \$24,999	5.7%	9.9%	9.4%	9.7%	15.5%	22.5%	18.0%	9.3%	100.0%
\$25,000 - \$34,999	5.6%	13.7%	12.0%	10.0%	14.3%	21.4%	16.1%	6.9%	100.0%
\$35,000 - \$49,999	5.0%	15.5%	13.8%	12.1%	15.9%	20.2%	12.9%	4.6%	100.0%
\$50,000 - \$74,999	3.5%	16.6%	15.7%	13.3%	16.2%	20.4%	11.0%	3.4%	100.0%
\$75,000 - \$99,999	2.8%	16.8%	18.3%	15.3%	17.3%	18.6%	8.5%	2.4%	100.0%
\$100,000 - \$124,999	1.7%	16.5%	21.4%	18.3%	19.0%	15.3%	6.3%	1.6%	100.0%
\$125,000 - \$149,999	0.9%	14.7%	22.1%	19.9%	19.4%	15.6%	5.9%	1.5%	100.0%
\$150,000 - \$199,999	0.4%	12.8%	22.9%	24.5%	23.0%	11.2%	4.2%	1.1%	100.0%
\$200,000+	0.3%	8.6%	21.1%	26.9%	25.7%	11.3%	4.7%	1.3%	100.0%



Health Needs Assessment

To present the data in a way that would tell a story of the community needs and identify needs that align with government guidelines, the framework of Healthy People 2030 was selected to guide secondary data gathering and community input. This framework was selected based on its national recognition and governmental relevance.

Within this framework, there are 355 core measurable objectives that were sorted by topic. The five topics have guided discussion and research related to this CHNA. The five topics include Health Conditions, Health Behaviors, Setting and Systems, Social Determinants of Health, and Populations.

Healthy People 2030



Healthy People 2030

Healthy People 2030 Mission

Healthy People 2030 strives to:

- Promote, strengthen, and evaluate the nation's efforts to improve health and well-being of all people.
- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

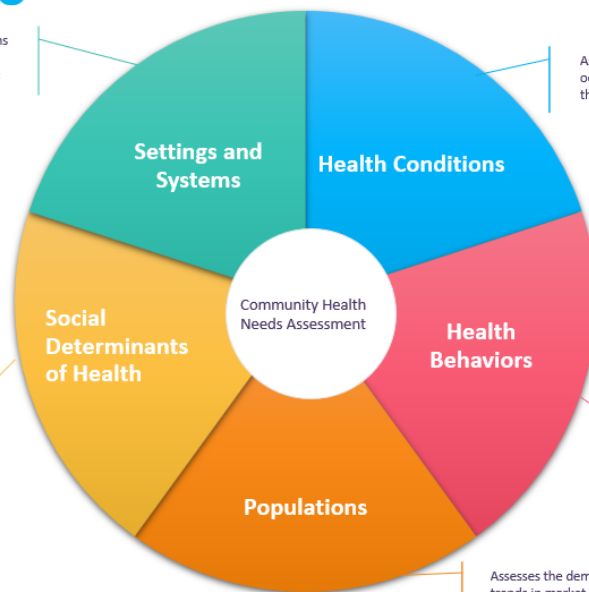
Evaluates the organizations (facilities, payors, gov't, transportation etc.) active in the market

Assesses the prevalence and occurrence of health conditions in the market

Addresses the social determinants of health like economic, education, and social stability

Tracks prevalence of healthy behaviors like healthy eating and tobacco use in the community

Assesses the demographic trends in market including workforce and aging populations





2025 Community Health Needs Assessment

Health Conditions

Health Conditions are the prevalent chronic and acute conditions that affect the health of the citizens of the United States. Improvement and achievement of the Healthy People 2030 goals for these conditions will result in the better health of people living with cancer, chronic and mental conditions, infectious diseases, as well as improvement of sexual and reproductive health. The following table displays the Healthy People 2030 measurable.

objectives that fall under the health conditions topic.

Healthy People 2030 Objectives

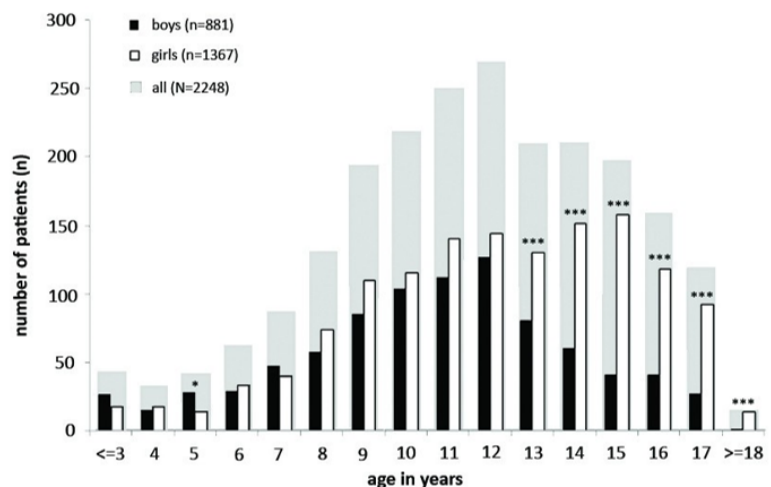
Addiction	Heart Disease and Stroke
Arthritis	Infectious Disease
Blood Disorders	Mental Health and Mental Disorders*
Cancer	Oral Conditions
Chronic Kidney Disease	Osteoporosis
Chronic Pain*	Overweight and Obesity
Dementias	Pregnancy and Childbirth
Diabetes	Respiratory Disease
Foodborne Illness	Sensory or Communication Disorders*
Health Care – Associated Infections	Sexually Transmitted Infections

*Objectives that are relevant to Ranken Jordan Pediatric Bridge Hospital's Community feedback will be explored further below.

Chronic Pain: *Healthy People 2030 focuses on helping people with high-impact chronic pain safely manage their pain and reduce its impact.* For pediatric populations, chronic pain can significantly disrupt development and daily functioning. As shown below, national data shows the prevalence and impact of chronic pain among children, including trends by age and gender.

Chronic Pain & Pain Management

- The **estimated national prevalence (95% CI) of pediatric chronic pain was 10.8% (9.9, 11.9%)** in 2019, decreasing to 7.6% (6.9, 8.3%) in 2020.
- An estimated 5 to 10 percent of youth experience significant pain-related impact or disability including reduced school attendance, disruption in physical activity, decreased participation in social activities, sleep deficiency, anxiety, and depression



Graph: Distribution of children with chronic pain by age and gender over a 5-year period

Source: National Institutes of Health; Society of Pediatric Psychology; BMC Pediatrics



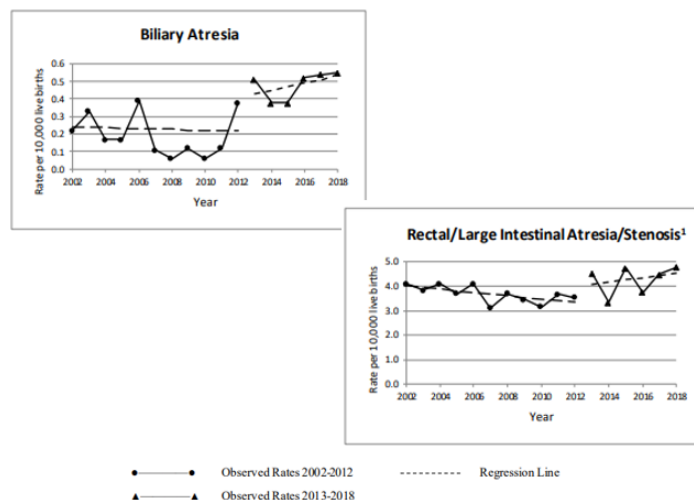
2025 Community Health Needs Assessment

Gastrointestinal issues represent a growing area of concern in pediatric health, particularly among children with complex needs. Functional gastrointestinal disorders (FGIDs), such as constipation and abdominal migraines, are among the most common in children. Data from Illinois shows a gradual rise in congenital GI defects, while Missouri reports an alarming increase in pediatric colorectal cancer over the past two decades.

Gastrointestinal

- Functional gastrointestinal disorders (FGIDs) issues are **quite prevalent among children** in the United States. A 2016 study found that 23.1% of children aged 4-18 years qualified for at least 1 FGID.
- **Functional constipation and abdominal migraine** are the most common FGIDs in children.
- In Illinois, the prevalence rates of gastrointestinal defects per 10,000 live births has been **slowly increasing** from 2013 – 2018.
- Exact prevalence of GI issues for children in Missouri is not available, but a 2024 study found that colorectal cancer cases **increased by 500% among children** ages 10 to 14 over the past two decades.

Source: The Journal of Pediatrics; Digestive Disease Week News Report



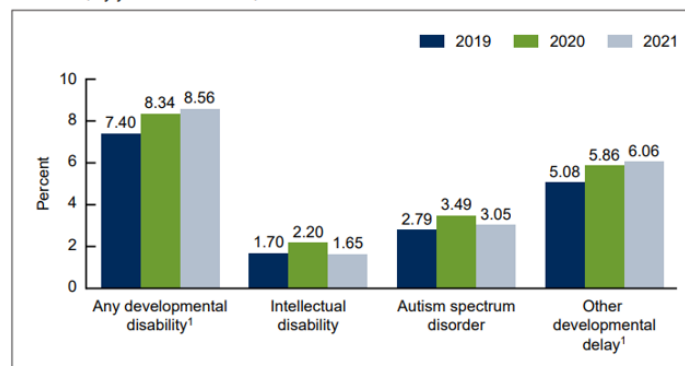
Graphs: Trends in the Reported Prevalence Rates of Gastrointestinal Defects per 10,000 Live Births in Illinois, 2002-2018

Mental Health and Mental Disorders: *Healthy People 2030* focuses on the prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. For children with developmental disabilities – including autism, ADHD, and intellectual delays – access to early screening and intervention is critical to long-term health and well-being. The following visual shows current national and state-level trends in developmental disorders affecting children.

Development Disorders

- Nationally, the prevalence of any developmental disability, including autism spectrum disorder (ASD), intellectual disability, and other developmental delays, has **increased from 7.40% in 2019 to 8.56% in 2021**.
- In Missouri, the prevalence of developmental disorders among children is significant. According to recent data, approximately **1 in 71 children in Missouri** have been diagnosed with ASD.
- In Illinois, **approximately 1 in 6 children** aged 3–17 years have been diagnosed with a developmental disability, including conditions such as ASD, attention-deficit/hyperactivity disorder (ADHD), cerebral palsy, and other developmental delays.

Figure 1. Prevalence of children aged 3–17 years ever diagnosed with selected developmental disabilities, by year: United States, 2019–2021



Source: NCHS Data Brief; Missouri Department of mental Health; Centers for Disease Control and Prevention



Sensory or Communication Disorders: *Healthy People 2030* focuses on preventing, diagnosing, and treating sensory or communication disorder disorders in people of all ages. Many children in the United States will experience a sensory or communication disorder in their lifetime, including issues related to speech, hearing, vision, or language development. These disorders can significantly affect a child’s social, emotional, and academic outcomes. The following visual shows the estimated prevalence and projected impact of sensory and communication disorders within the service area.

Sensory or Communication Disorders

- **Speech/Language Disorders:**
 - National prevalence is **7.7%** among children aged 3-17 (NIDCD). Estimated **2,980 children aged 0-4** and **946 across all age groups within the service area** may be affected.
- **Hearing Loss:**
 - Affects approximately **1.7%** of children (CDC). Estimated **658 children aged 0-4** and **867 total** across all age groups within the service area may experience hearing loss.
- **Traumatic Brain Injury (TBI):**
 - Serious TBIs occur in approximately **0.2%** of children annually (CDC/BIAA). Estimated **77 children aged 0-4** and **102 total** across all age groups within the service area may be present with TBI.
- **Speech/language disorders are the most common concern across all age groups**, showing a high need for accessible therapy and early intervention services.

Projected Inpatient Volume with Sensory & Communication Disorder Estimates within the Service Area

Age Group	Speech/ Language Disorders (7.7%)	Hearing Loss (1.7%)	TBI (0.2%)
0-4 years	13,612	3,005	3,536
5-9 years	14,230	3,141	3,696
10-14 years	15,126	3,339	3,929
15-17 years	9,086	2,006	2,360
Total	52,054	11,491	13,521

Data derived using national prevalence rates and inpatient volume estimate for total patient service area.

Source: Centers for Disease Control and Prevention (2022-2023); National Institute on Deafness and Other Communication Disorders (2022); Brain Injury Association of America (2022); Claritas (2024)

Health Behaviors

Health Behaviors are the behaviors that influence the health of individuals related to family and personal health, healthcare prevention, substance abuse, violence, as well as other health behaviors such as emergency preparedness and safe food handling. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

Healthy People 2030 Objectives

Child and Adolescent Development*	Physical Activity
Drug and Alcohol Use	Preventative Care
Emergency Preparedness	Safe Food Handling
Family Planning	Sleep
Health Communication*	Tobacco Use
Injury Prevention	Vaccination*
Nutrition and Healthy Eating*	Violence Prevention

*Objectives that are relevant to Ranken Jordan Pediatric Bridge Hospital's Community feedback will be explored further below.

Child and Adolescent Development: *Healthy People 2030 focuses on promoting healthy physical, mental, emotional, and behavioral development in children and adolescents.* Caregiver support plays a critical role in early childhood development, influencing learning, emotional security, and health outcomes. The following visual shows the level of caregiver engagement through reading practices in Missouri and Illinois, showing opportunities to strengthen family-based developmental support.

Child and Adolescent Development

In the 2022-2023 National Survey of Children's Health, 47.1% of Illinois parents or family members read to their child every day, exceeding both Missouri (42.1%) and the U.S. rate (40.4%). Additionally, fewer Illinois families reported not reading at all during the week (4.4%) compared to Missouri (7.1%) and the national average (8.3%). This shows stronger family engagement in early childhood development in Illinois.

Days Per Week Parent Or Other Family Member Has Read To Child, Age 0-5 Years

State	0 Days %	1-3 Days %	4-6 Days %	Every day %
Missouri	7.1	33.0	17.8	42.1
Illinois	4.4	32.4	16.2	47.1
U.S. Rate	8.3	34.8	16.5	40.4

2022 -2023 National Survey of Children's Health.



2025 Community Health Needs Assessment

Health Communication: *Healthy People 2030* focuses on improving health communication so that people can easily understand and act on health information. Low literacy remains a barrier to improving health literacy and health equity in both Missouri and Illinois, with 18.9% and 20.4% of adults, respectively, lacking basic literacy skills. Many counties in both states have populations where 20% or more of the residents fall into the lowest literacy category, indicating challenges in understanding medical instructions, prescriptions, and care plans.

Literacy Gap

Missouri

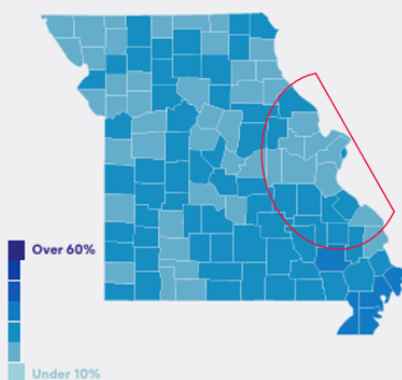
18.9%

of adults in Missouri have low literacy
Missouri ranks 27 out of 50 in the U.S.

Overall, Missouri counties have lower literacy than Illinois counties. None of the Missouri counties have adults with low literacy under 10% and many counties have greater literacy needs. This impacts caregivers' ability to sufficiently understand health needs and diagnoses.

2 in 9

counties in Missouri have populations where 25% or more of the residents have below basic literacy



Illinois

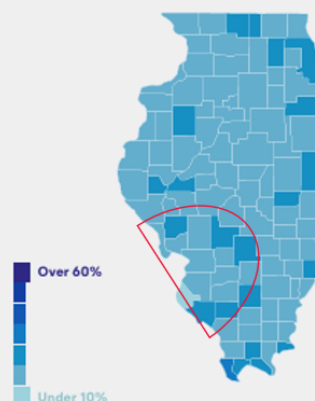
20.4%

of adults in Illinois have low literacy
Illinois ranks 31 out of 50 in the U.S.

Overall, Illinois counties have higher literacy than Missouri counties. Only one Illinois county has adults with low literacy under 10% and several counties have greater literacy needs. This impacts caregivers' ability to sufficiently understand health needs and diagnoses.

2 in 9

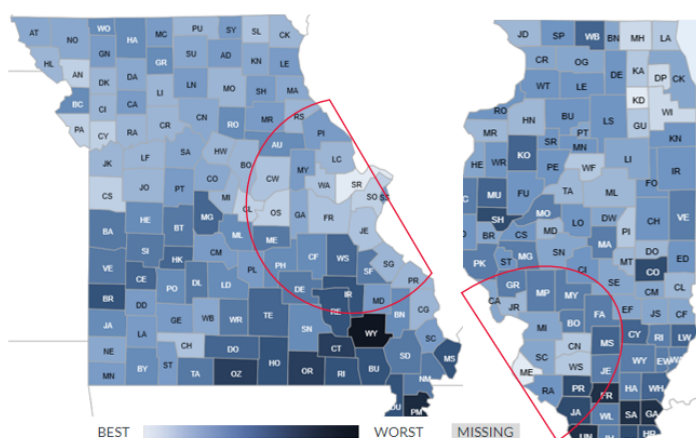
counties in Illinois have populations where 20% or more of the residents have below basic literacy



Barbara Bush Foundation for Family Literacy; For data sources, visit map.barbarabush.org/state-cards.

Nutrition and Healthy Eating: *Healthy People 2030* focuses on helping people get the recommended amounts of healthy foods — like fruits, vegetables, and whole grains — to reduce their risk for chronic diseases and improve their health. Food insecurity remains a barrier to achieving this goal in pockets across the service area. In 2025, estimates show that food access challenges vary widely across counties, with the highest rate at 20% and the lowest at 8%. The maps and table below show geographic disparities in adequate food access within the service area.

Food Insecurity



Monroe, IL had the lowest percentage of population lacking adequate access to food (8%), while Iron, MO had the highest (20%). MO's average (15%) was higher than IL's average (12%) showing greater food access challenges across many MO counties.

2025	
Missouri Counties	Percentage of population who lack adequate access to food
Audrain	16%
Bollinger	17%
Callaway	13%
Crawford	17%
Franklin	13%
Gasconade	15%
Iron	20%
Jefferson	13%
Lincoln	14%
Madison	16%
Maries	18%
Marion	15%
Montgomery	16%
Osage	12%
Perry	14%
Phelps	17%
Pike	16%
St. Charles	10%
Ste. Genevieve	14%
St. Francois	18%
St. Louis	12%
Saline	15%
Warren	13%
Washington	19%
St. Louis City	16%

2025	
Illinois Counties	Percentage of population who lack adequate access to food
Bond	14%
Calhoun	12%
Christian	13%
Clinton	10%
Fayette	14%
Greene	14%
Jackson	16%
Jefferson	14%
Jersey	11%
Macoupin	14%
Madison	12%
Marion	15%
Monroe	8%
Montgomery	14%
Perry	16%
Pike	14%
Randolph	13%
St. Clair	12%
Shelby	12%
Washington	10%

Top Performer

Low Performer

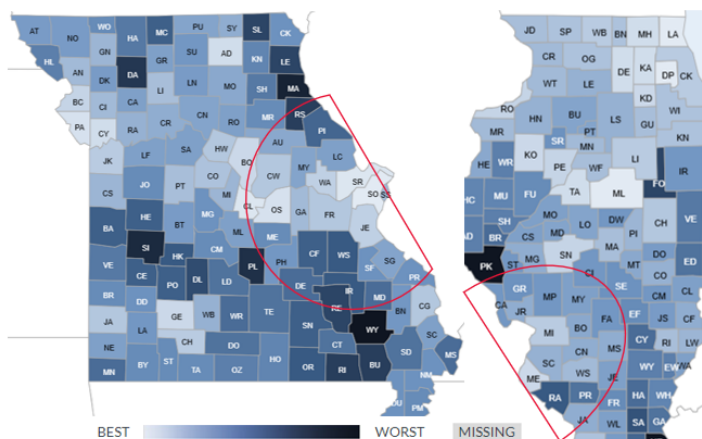
2025 County Health Rankings; Years of Data Used: 2022.



2025 Community Health Needs Assessment

Vaccination: *Healthy People 2030* focuses on preventing infectious diseases by increasing vaccination rates. While the available county-level data shows flu vaccination rates among Medicare enrollees, it offers insight into broader community patterns around preventative care. These patterns shape vaccine awareness, access, and norms that indicate pediatric vaccination acceptance and compliance. In 2020, 1.4% of children born in 2015 had received no recommended vaccines by their second birthday, showing the importance of strong-community-wide engagement in immunization.

Flu Vaccines



St. Louis County, MO had the highest rate of annual flu vaccination among fee-for-service Medicare enrollees at 58%, while Pike, IL had the lowest at 20%. Illinois exceeded both Missouri and the national average, with an average rate of 51% compared to MO's 47% and the U.S. average of 48%. Although this map shows adult vaccination rates, early childhood vaccination remains a concern. In 2020, 1.4% of children born in 2015 had received no recommended vaccines by age 2.

2025	
Missouri Counties	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Audrain	43%
Bollinger	39%
Callaway	50%
Crawford	30%
Franklin	50%
Gasconade	47%
Iron	29%
Jefferson	52%
Lincoln	41%
Madison	32%
Maries	37%
Marion	21%
Montgomery	42%
Osage	56%
Perry	38%
Phelps	39%
Pike	31%
St. Charles	57%
Ste. Genevieve	42%
St. Francois	38%
St. Louis	58%
Saline	41%
Warren	52%
Washington	29%
St. Louis City	47%

2025	
Illinois Counties	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Bond	44%
Calhoun	40%
Christian	40%
Clinton	45%
Fayette	40%
Greene	39%
Jackson	45%
Jefferson	42%
Jersey	45%
Macoupin	40%
Madison	52%
Marion	45%
Monroe	55%
Montgomery	42%
Perry	34%
Pike	20%
Randolph	30%
St. Clair	46%
Shelby	39%
Washington	48%

Top Performer

Low Performer

2025 County Health Rankings; Years of Data Used: 2022; National Health Interview Survey (NHIS), CDC/NCHS, 2020.



2025 Community Health Needs Assessment

Setting and Systems

Setting and Systems provide insights into the infrastructure that influences the health outcomes and behaviors of populations. The availability of healthcare resources outside of the traditional healthcare settings play a vital role in the overall health of individuals. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

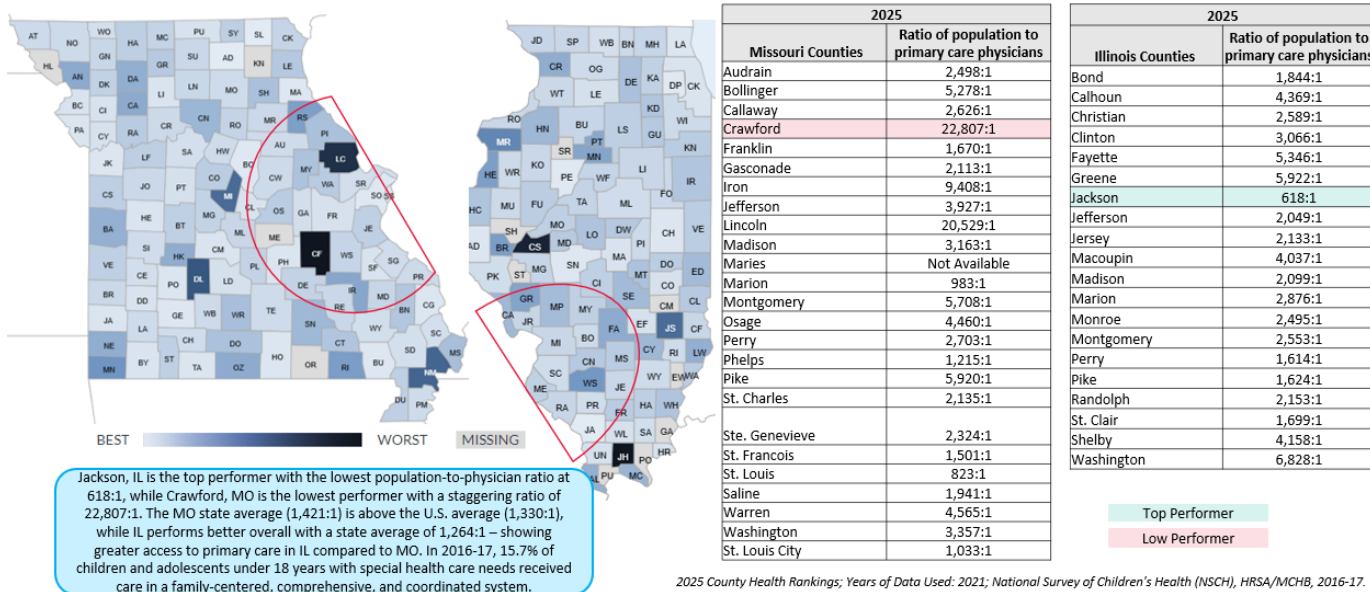
Healthy People 2030 Objectives

Community	Hospital and Emergency Services
Environmental Health	Housing and Homes
Global Health	Public Health Infrastructure
Health Care*	Schools
Health Insurance*	Transportation*
Health IT	Workplace
Health Policy	

*Objectives that are relevant to Ranken Jordan Pediatric Bridge Hospital's Community feedback will be explored further below.

Healthcare: *Healthy People 2030 focuses on improving health care quality and making sure all people get the health care services they need.* Access to primary care remains a challenge across the service area, with wide variation in the ratio of population to primary care physicians. Some counties significantly exceed the state and national averages, showing potential gaps in care access and provider availability. For children with special health care needs, only 15.7% received care in a family-centered, comprehensive, and coordinated system – showing the importance of accessible, community-based primary care.

Primary Care Physicians

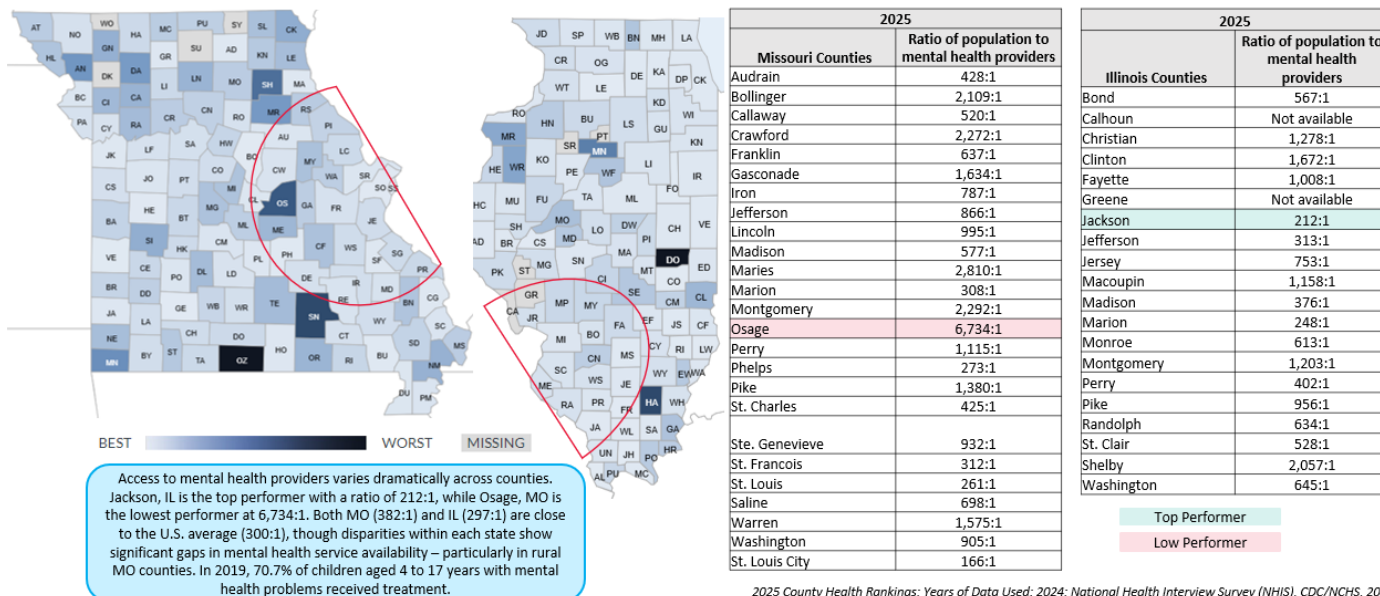




2025 Community Health Needs Assessment

Access to mental health care is an essential part of overall well-being, especially for children with complex needs. Provider availability varies significantly across the service area, with some counties exceeding the national average for mental health provider shortages. These disparities can limit timely care and continuity of services, particularly in rural communities. In 2019, 70% of children aged 12-17 years with mental health problems received treatment, showing growing awareness and engagement – but there is a continued need for accessible, equitable mental health resources.

Mental Health Providers



2025 County Health Rankings; Years of Data Used: 2024; National Health Interview Survey (NHIS), CDC/NCHS, 2019.

Access to home- and community-based services – including respite care – is essential for families of children with complex medical needs. Without adequate support, families may experience increased stress, contributing to risks such as child abuse and neglect, which affected 9.0 per 1,000 children in 2017.

Access to Home Care & Respite Support

75%

of family caregivers report unmet needs for respite

8%

reduction in hospitalization for children with autism for every \$1,00 sent on respite

9.0 per 1,000 children

experienced nonfatal abuse or neglect

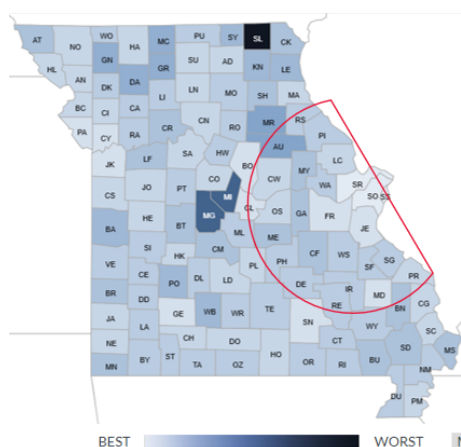
ARCH National Respite Network, 2023; National Child Abuse and Neglect Data System (NCANDS), ACF; Population Estimates, Census, 2017.



2025 Community Health Needs Assessment

Health Insurance: *Healthy People 2030 focuses on improving health by increasing medical, dental, and prescription drug insurance coverage.* Health insurance is essential to ensure timely access to care for children with complex needs. Across the service area, the percentage of uninsured children under age 19 exceeds the state averages in several counties, reaching 8% in Missouri and 4% in Illinois. These gaps in coverage may delay preventive care, specialist access, and care coordination for medically vulnerable pediatric populations.

Uninsured Children



The percentage of children in poverty under age 19 without health insurance exceeds the state average (MO: 6%; IL: 3%; US: 5%) in several counties. Monroe, IL is the top performer at just 2%, while Bollinger, Crawford, Franklin, Gasconade, and Maries counties in MO are tied as the lowest performers at 8%.

2025	
Missouri Counties	Percentage of children under age 19 without health insurance
Audrain	6%
Bollinger	8%
Callaway	6%
Crawford	8%
Franklin	5%
Gasconade	8%
Iron	7%
Jefferson	5%
Lincoln	6%
Madison	5%
Maries	8%
Marion	6%
Montgomery	8%
Osage	6%
Perry	6%
Phelps	7%
Pike	7%
St. Charles	4%
St. Genevieve	7%
St. Francois	7%
St. Louis	4%
Saline	6%
Warren	7%
Washington	7%
St. Louis City	4%

2025	
Illinois Counties	Percentage of children under age 19 without health insurance
Bond	4%
Calhoun	3%
Christian	4%
Clinton	4%
Fayette	4%
Greene	4%
Jackson	3%
Jefferson	4%
Jersey	3%
Macoupin	4%
Madison	3%
Marion	3%
Monroe	2%
Montgomery	4%
Perry	4%
Pike	5%
Randolph	4%
St. Clair	3%
Shelby	4%
Washington	3%

Top Performer

Low Performer

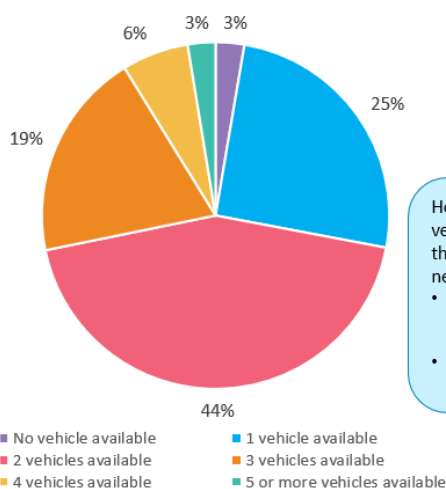
2025 County Health Rankings; Years of Data Used: 2022.

Transportation: *Healthy People 2030 focuses on keeping people safe in motor vehicles and promoting the use of other types of transportation.* Reliable transportation is a key factor in accessing medical services, particularly for families of children with complex health needs. In the service area, 25% of homeowners have only one vehicle, compared to 51% of renters and 17% of renter households report having no vehicle at all. These gaps can limit timely access to primary care, therapies, and specialty providers for vulnerable pediatric populations.

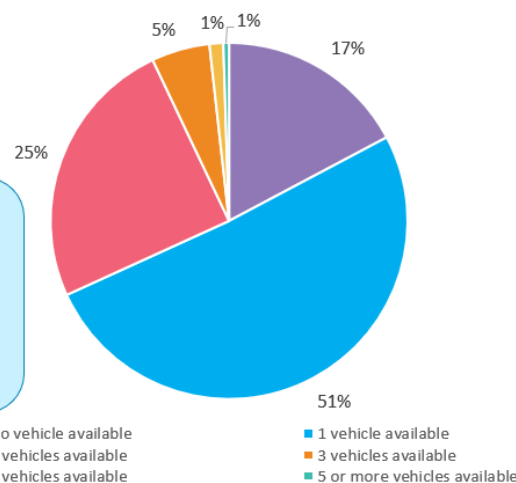
Vehicle Transportation

Number of Vehicles Available by Homeownership in the Service Area

Owner Occupied Households - Mix of Vehicles Per Household



Renter Occupied Households - Mix of Vehicles Per Household



Homeowners have more vehicles available to meet their transportation needs.

- 25% of Homeowners in the service area have one vehicle available
- 51% of Renters have one vehicle available

U.S. Census Bureau American Community Survey 5-year estimates for 2023; Tenure by Vehicles Available



2025 Community Health Needs Assessment

Social Determinants of Health

Social Determinants of Health describe the socioeconomic factors that play a role in the level of health people can achieve. This section looks at aspects outside of healthcare such as economic stability, education, and violence in the community. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

Healthy People 2030 Objectives

Economic Stability*

Education Access and Quality

Health Care Access and Quality

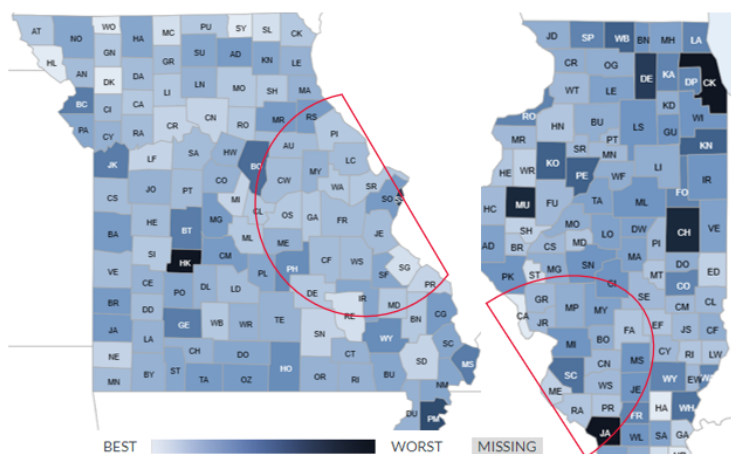
Neighborhood and Built Environment*

Social and Community Context

*Objectives that are relevant to Ranken Jordan Pediatric Bridge Hospital's Community feedback will be explored further below.

Economic Stability: *Healthy People 2030 focuses on helping more people achieve economic stability.* Housing affordability is a key driver of family-well-being and access to care. Across the service area, many households experience a severe housing cost burden, spending more than 50% of their income on housing. This strain limits resources for medical needs, transportation, and caregiving. On average, Illinois counties report a higher burden (14%) compared to Missouri (12%), with certain counties reaching as high as 18%.

Severe Housing Cost Burden



St. Louis City, MO and Jackson, IL had the highest percentage of households spending 50% or more of their income on housing at 18%, while Calhoun, IL had the lowest at just 4%. On average, Illinois counties had a higher housing cost burden at 14%, compared to Missouri's 12%.

2025	
Missouri Counties	Percentage of households that spend 50% or more of their household income on housing.
Audrain	12%
Bollinger	8%
Callaway	9%
Crawford	9%
Franklin	9%
Gasconade	8%
Iron	11%
Jefferson	9%
Lincoln	9%
Madison	8%
Maries	10%
Marion	10%
Montgomery	10%
Osage	8%
Perry	7%
Phelps	13%
Pike	8%
St. Charles	8%
Ste. Genevieve	6%
St. Francois	11%
St. Louis	12%
Saline	9%
Warren	8%
Washington	9%
St. Louis City	18%

2025	
Illinois Counties	Percentage of households that spend 50% or more of their household income on housing.
Bond	9%
Calhoun	4%
Christian	11%
Clinton	8%
Fayette	7%
Greene	8%
Jackson	18%
Jefferson	11%
Jersey	8%
Macoupin	9%
Madison	11%
Marion	11%
Monroe	6%
Montgomery	10%
Perry	7%
Pike	11%
Randolph	7%
St. Clair	13%
Shelby	8%
Washington	8%

Top Performer

Low Performer

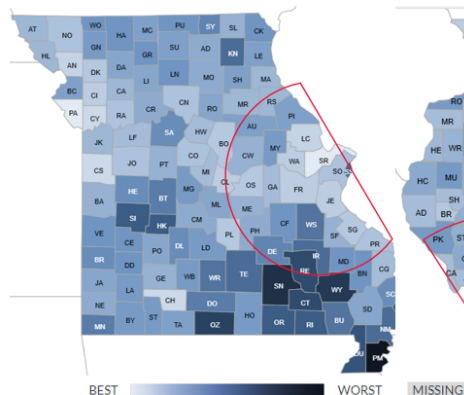
2025 County Health Rankings; Years of Data Used: 2019-2023.



2025 Community Health Needs Assessment

Poverty is a critical driver of health disparities and access to care, especially for children with complex medical needs. Across the service area, the percentage of children under age 18 living in poverty exceeds the state averages in more than half of the counties. Averages range from low of 5% in Monroe, IL to a high of 27% in St. Louis City, MO. These conditions can affect access to housing, nutrition, and health services, further increasing the challenges faced by vulnerable pediatric populations.

Children in Poverty



The percentage of children in poverty under age 18 exceeds the state average (MO: 15%; IL: 15%; US: 16%) in over half of the counties. St. Louis City, MO & Iron, MO has the highest child poverty rate at 26%, while Monroe, IL has at lowest at just 5%.

Missouri Counties	2025 Percentage of children in poverty under age 18
Audrain	19%
Bollinger	21%
Callaway	16%
Crawford	21%
Franklin	11%
Gasconade	14%
Iron	26%
Jefferson	11%
Lincoln	10%
Madison	21%
Maries	16%
Marion	15%
Montgomery	20%
Osage	12%
Perry	13%
Phelps	17%
Pike	19%
St. Charles	6%
Ste. Genevieve	12%
St. Francois	16%
St. Louis	13%
Saline	22%
Warren	11%
Washington	25%
St. Louis City	27%

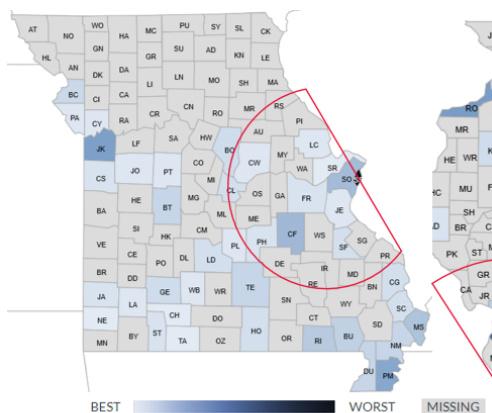
Illinois Counties	2025 Percentage of children in poverty under age 18
Bond	15%
Calhoun	14%
Christian	16%
Clinton	9%
Fayette	21%
Greene	18%
Jackson	23%
Jefferson	21%
Jersey	14%
Macoupin	17%
Madison	13%
Marion	21%
Monroe	5%
Montgomery	18%
Perry	24%
Pike	21%
Randolph	15%
St. Clair	17%
Shelby	13%
Washington	11%

Top Performer
Low Performer

2025 County Health Rankings; Years of Data Used: 2023 & 2019-2023.

Community violence can significantly impact child health, emotional development, and feelings of safety. In the service area, St. Louis City, MO reported the highest homicide rate at 51 deaths per 100,000, while other counties had much lower or unavailable data. On average, Illinois counties showed lower homicide rates than Missouri. Nationally, in 2017, 2.1 child abuse and neglect-related homicides occurred per 100,000 children under 18, showing the urgent need for violence prevention and trauma-informed support in pediatric populations.

Homicides



St. Louis City, MO had the highest homicide rate at 51 deaths per 100,000 population, while St. Charles, MO had one of the lowest reported rate at 3 per 100,000. Illinois counties generally showed lower reported homicide rates, with an average of 9 per 100,000 compared to Missouri's 11 per 100,000. However, many counties across both states lacked available data for 2025. In addition, 2.4 child abuse and neglect deaths per 100,000 children under 18 years occurred in 2017.

Missouri Counties	2025 Number of deaths due to homicide per 100,000 population.
Audrain	Not available
Bollinger	Not available
Callaway	4
Crawford	17
Franklin	5
Gasconade	Not available
Iron	Not available
Jefferson	4
Lincoln	4
Madison	Not available
Maries	Not available
Marion	Not available
Montgomery	Not available
Osage	Not available
Perry	Not available
Phelps	5
Pike	Not available
St. Charles	3
Ste. Genevieve	Not available
St. Francois	6
St. Louis	16
Saline	Not available
Warren	Not available
Washington	Not available
St. Louis City	51

Illinois Counties	2025 Number of deaths due to homicide per 100,000 population.
Bond	Not available
Calhoun	Not available
Christian	Not available
Clinton	Not available
Fayette	Not available
Greene	Not available
Jackson	5
Jefferson	4
Jersey	Not available
Macoupin	4
Madison	5
Marion	Not available
Monroe	Not available
Montgomery	Not available
Perry	Not available
Pike	Not available
Randolph	Not available
St. Clair	18
Shelby	Not available
Washington	Not available

Top Performer
Low Performer

2025 County Health Rankings; Years of Data Used: 2016-2022; National Child Abuse and Neglect Data System (NCANDS), ACF; Population Estimates, Census, 2018.



2025 Community Health Needs Assessment

Populations

Populations define the populations and demographics that align with other Healthy People 2030 objectives. The population information looks at age groups, gender, race and ethnicity, and disability status. Health and wellness metrics are also identified related to specific populations. The following table displays the Healthy People 2030 measurable objectives that fall under the health conditions topic.

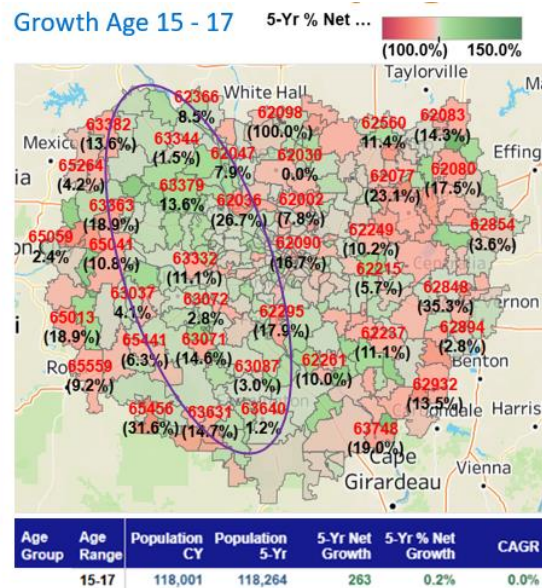
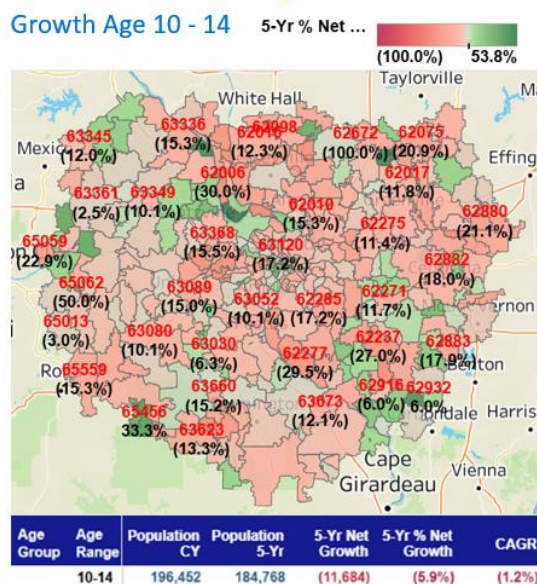
Healthy People 2030 Objectives

Adolescents*	Older Adults
Children*	Parents or Caregivers
Infants*	People with Disabilities
LGBT	Women
Men	Workforce

*Objectives that are relevant to Ranken Jordan Pediatric Bridge Hospital's Community feedback will be explored further below.

Adolescents: *Healthy People 2030 focuses on helping adolescents stay safe and healthy.* The adolescent population shows varying trends across the service area. The 10-14 age group is projected to decline by 5.9%, showing mostly consistent population decreases throughout the service area. In contrast, the 15-17 age group is projected to remain stable, with no significant growth or decline. These shifts may influence demand for youth-focused services such as behavioral health, school-based care, and transitional support.

Pediatric Population (10-17) 5 YR % Growth by Age Group



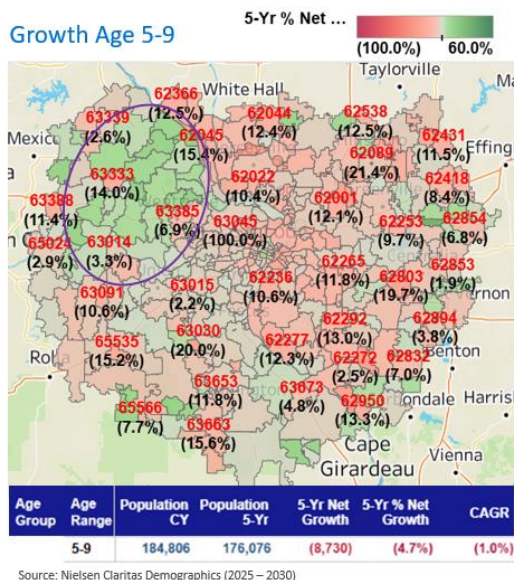
Source: Nielsen Claritas Demographics (2025 – 2030)



2025 Community Health Needs Assessment

Children: *Healthy People 2030* focuses on ways to directly and indirectly improve children's health, safety, and well-being. The 5-9 age group is projected to decline by 4.7% across the service area over the next five years. While there is some modest growth in a few northwestern zip codes, most surrounding areas are experiencing double-digit declines, which may impact future school enrollment, pediatric service planning, and child-focused community resources.

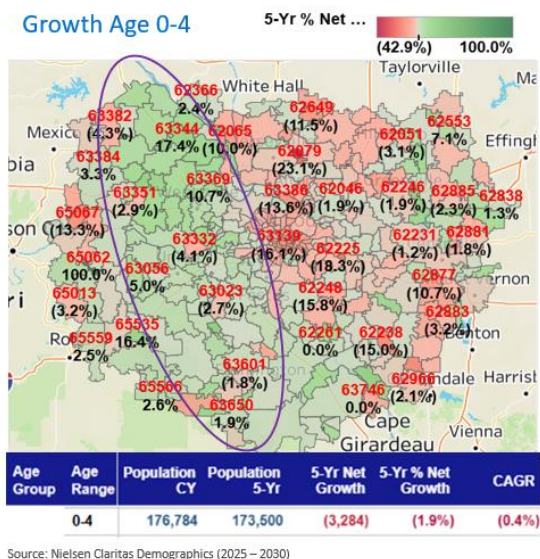
Pediatric Population (5-9) 5 YR % Growth by Age Group



Overall, there is a sizeable decline in the 5-9 age population in the service area. There is some nominal growth to the northwest, but surrounding zip codes are declining by double digits.

Infants: *Healthy People 2030* focuses on keeping infants safe and healthy through the first year of life. Across the service area, the 0-4 pediatric population is projected to decline by 1.9% over the next five years, with some limited growth in western zip codes that have small base populations. These trends may influence future demand for infant health services, early intervention, and family-centered support in counties across the service area.

Pediatric Population (0-4) 5 YR % Growth by Age Group

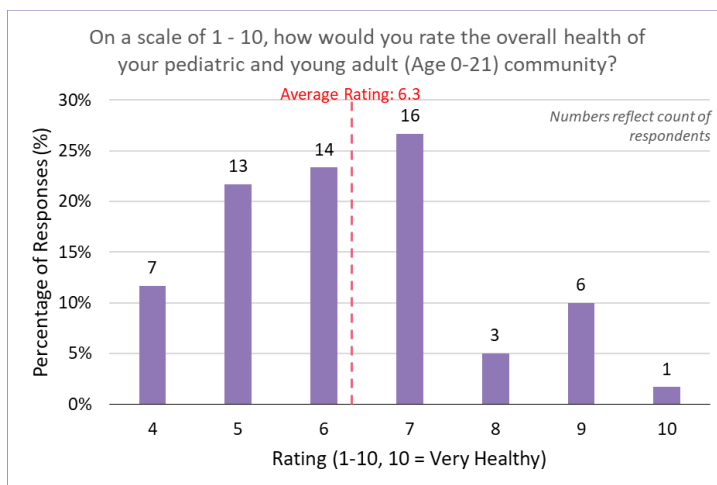
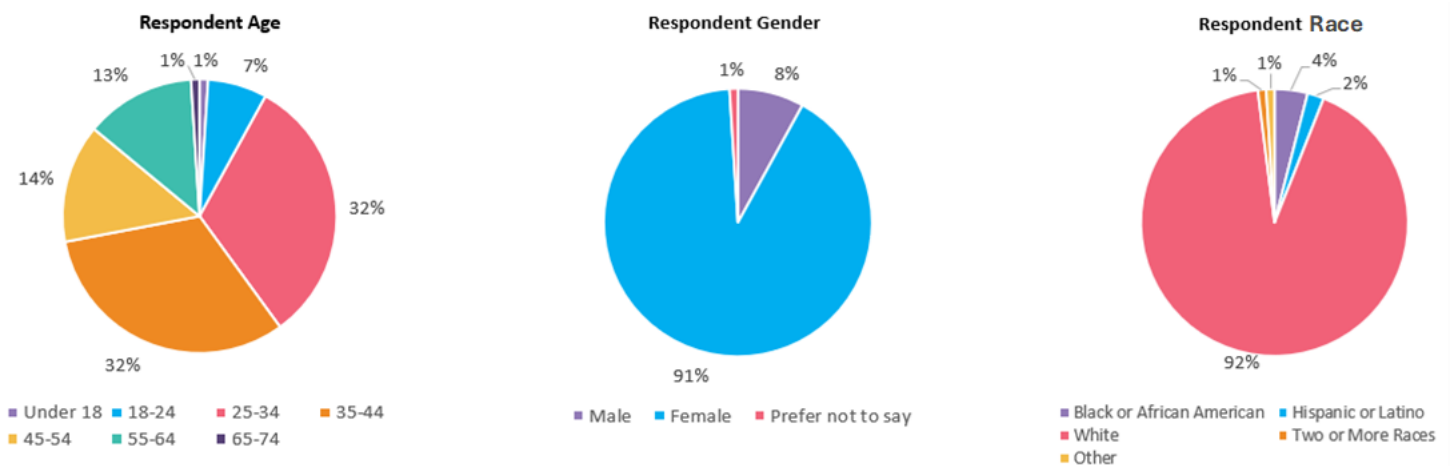


Overall, there is a decline in the 0-4 age population in the service area. There is some nominal growth to the west, but zip codes have low base population.

Community Input Findings

The last and most essential element of the Community Needs Assessment is community input. Ranken Jordan Pediatric Bridge Hospital facilitated the distribution of a community health survey shared with key hospital administrators, physicians, care coordinators, community members, those with knowledge/expertise in public health, and those serving underserved and chronic disease populations. During this phase, the team deployed a survey to gain these community member's knowledge.

There were 119 respondents who completed the survey across the service area. Below is a summary of the feedback distribution.



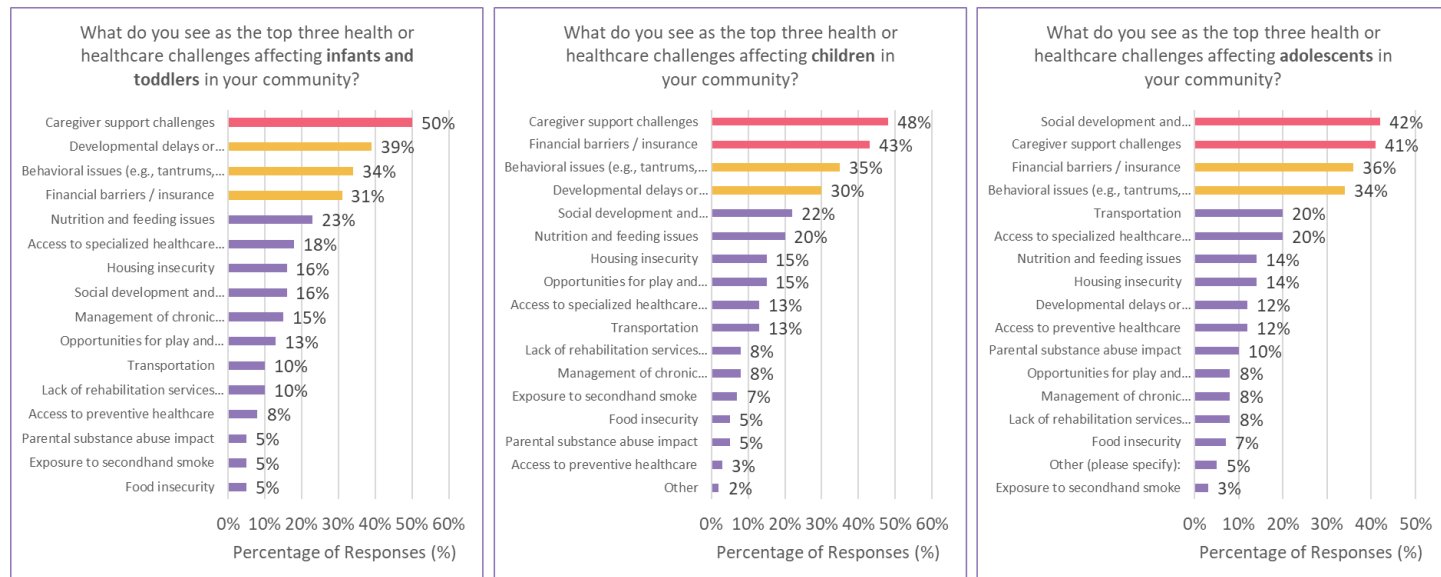
62 Survey Respondents Answered the Questions





2025 Community Health Needs Assessment

Respondents were asked to identify the top three health or healthcare challenges affecting key pediatric age groups within the service area. They were then asked to elaborate on specific barriers affecting community health and to suggest additional program or service opportunities.



62 Survey Respondents Answered the Questions

Based on the feedback provided in the Community Input phase of the CHNA, the following barriers and program or service opportunities were identified when evaluating the health of the service area.

Biggest Barriers Affecting Health

- Access and Resources:**
 - Limited access to education and community activities
 - Limited access to existing community resources and poor understanding of services offered
 - Lack of mental/behavioral services
- Parental and Caregiver Support:**
 - Support resources for families (respite care, affordable housing, home nursing)
 - Caregiver burnout
- Financial and Insurance Barriers:**
 - Financial barriers and navigating insurance
 - Poor/Limited insurance coverage
 - Affordable Reliable Transportation
- Home Health and Stability:**
 - Coordination of care and easy access to medical care
 - Need for home health nursing and access to care at home
- Social and Environmental Factors:**
 - Chronic conditions and social issues
 - Food prices and nutrition security
 - Reliable Transportation

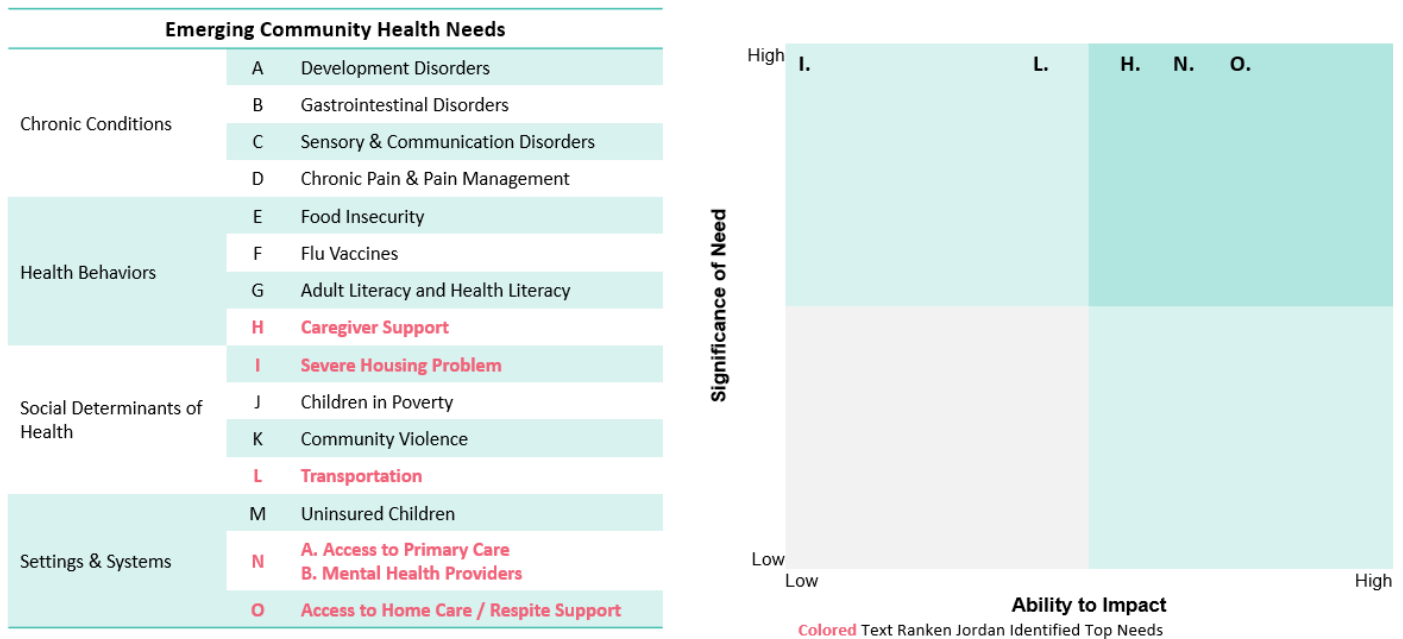
Additional Program or Service Opportunities

- Access to Healthcare:**
 - Outpatient therapy for St. Charles County
 - Access to specialized healthcare after discharge
 - Resources for preventative & primary care
 - Specialty care coordination
 - Vision services or ABA
- Family and Caregiver Support:**
 - Respite care (in and out of the home)
 - Improve caregiver education on parenting, child development, and resources available
 - Support for caregivers related to childcare
- Mental and Behavioral Health:**
 - Mental/behavioral health services
- Home Health and Nursing:**
 - Invest in Private duty nursing (PDN) & home health
- Transportation and Accessibility:**
 - Patient transportation
 - Medical transportation assistance
 - Transportation for outpatient appointments and discharge
- Housing and Stability:**
 - Housing stability during treatment
- Education and Community Support:**
 - Helping older children find their sense of purpose outside of illness/injury
 - Daycare & Structured day support for school-aged children
 - Buddy packs (food packs for lower socioeconomic children)
 - Food as medicine initiatives
 - Teaching parents how to feed a picky eater
 - A tab on the website for resources (outside events, organizations, IEP support groups)

Prioritized 2025 Community Health Needs

Once the issues/community needs were identified and organized, a prioritization session was held with members of the Community Health Needs Assessment Steering Committee. This session resulted in the development of a Prioritization Table. The priorities were ranked based on the significance of the community need based on quantitative and qualitative analysis and Ranken Jordan Pediatric Bridge Hospital's ability to impact the need. This process identified the top prioritized health issues for the service area that Ranken Jordan Pediatric Bridge Hospital feels it has an ability to impact at certain levels.

CHNA Prioritization Grid



From this prioritization table, the Ranken Jordan Pediatric Bridge Hospital team identified community needs that would be the basis for the development of the implementation strategy. Based on the secondary quantitative data, community input, the needs evaluation process, and the prioritization of these needs, the following community needs have been selected for implementation.

- **Caregiver Support** – Many families in the service area are caring for children with complex needs without sufficient support. Caregivers often report challenges related to stress/mental health, parenting, and access to reliable resources. Increased access to home and community-based services – such as caregiver education, counseling and mental health resources, peer support, and in-home assistance – can ease caregiver strain, improve quality of life, and prevent unnecessary hospitalizations and care in the home especially for medically complex pediatric patients.
- **Transportation** – Transportation continues to be a significant barrier to accessing consistent care, particularly among renter-occupied households, of which 17% have no vehicle available. Reliable transportation is especially important for families with children needing regular visits to specialty or primary care providers. Enhancing transportation options – whether through hospital partnerships, ride

services, or community programs – could improve access and continuity of care.

- **Access to Primary Care and Mental Health Providers** – Shortages of primary care providers, especially in rural counties, limit timely care for children. Several counties have high population-to-provider ratios, including providers in mental health services. For children with developmental, behavioral, or chronic health needs, these shortages can delay diagnosis and treatment. Increasing access to both primary and mental health providers through recruitment, telehealth, and care coordination is a priority.
- **Access to Home Care/Respite Care** – Families of children with disabilities or complex needs frequently lack access to consistent home and respite care. Respite services are shown to reduce caregiver stress and lower hospitalization risk by 8% per \$1,000 spent. However, these services remain underutilized or unavailable in many parts of the service area. Expanding home and respite-based options would directly support family caregivers and improve long-term pediatric outcomes.
- **Severe Housing Problem** – Housing instability poses a critical barrier to health and well-being. Across the service area, many counties report 10-18% of households spending more than 50% of income on housing. This strain disproportionately affects families with children, often limiting their ability to afford healthcare, transportation, and other basic needs. Addressing housing – related challenges is key to improving overall family stability and health outcomes
 - Ranken Jordan recognizes that costly, unstable housing is a top health need affecting their community. However, given their expertise in pediatric bridge clinical services, they do not feel the best positioned or resourced to address this need and defer to existing community organization focused on housing to address this community. Recognizing the need, Ranken Jordan will be sensitive to potential housing challenges faced by their patients and caregivers.

Ranken Jordan Pediatric Bridge Hospital Community Needs Assessment Steering Committee will initiate the development of implementation strategies for each health priority identified above, excluding severe housing problem. This implementation strategy will be executed by the Ranken Jordan team and, where collaboration is possible, with community partners and health issue experts over the next three years. The following key elements will be used in developing their implementation strategy:

- Identify existing community resources to address the health priority.
- Develop strategies and tactics aligned to each health priority
- Develop specific and measurable goals so that the effectiveness of these approaches can be measured.
- Define timeline and ownership to create clarity in accountability.

The team will manage and monitor the implementation plan providing status updates and outcome notifications of these efforts to improve community health. Ranken Jordan Pediatric Bridge Hospital is committed to conducting another health needs assessment in three years.



Appendix A – Missouri Data Sources

Focus Area	Measure	Description	Weight	Source	Year(s)	Top Performers	US Overall
POPULATION HEALTH AND WELL-BEING							
LENGTH OF LIFE							
Life span	Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	50%	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022	6,200	8,400
QUALITY OF LIFE							
Physical health	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2022	360%	390%
	Low Birth Weight*	Percentage of live births with low birth weight (< 2,500 grams).	20%	National Center for Health Statistics - Natality Files	2017-2023	6%	8%
Mental health	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2022	4.9	5.1
Life satisfaction	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2022	14%	17%
COMMUNITY CONDITIONS							
HEALTH INFRASTRUCTURE							
Health promotion and harm reduction	Flu Vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	4%	Mapping Medicare Disparities Tool	2022	54%	48%
	Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	4%	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles	2024, 2022 & 2020	91%	84%
	Food Environment Index+	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	4%	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2019 & 2022	8.8	7.4
Clinical care	Primary Care Physicians	Ratio of population to primary care physicians.	2%	Area Health Resource File/American Medical Association	2021	1,030:1	1,330:1
	Mental Health Providers	Ratio of population to mental health providers.	1%	CMS, National Provider Identification	2024	220:01:00	300:01:00
	Dentists	Ratio of population to dentists.	1%	Area Health Resource File/National Provider Identifier Downloadable File	2022	1,180:1	1,360:1
	Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	4%	Mapping Medicare Disparities Tool	2022	159600%	266600%
	Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual	1%	Mapping Medicare Disparities Tool	2022	53%	44%



2025 Community Health Needs Assessment

		mammography screening.					
	Uninsured	Percentage of population under age 65 without health insurance.	4%	Small Area Health Insurance Estimates	2022	6%	10%
PHYSICAL ENVIRONMENT							
Housing and transportation	Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	4%	Comprehensive Housing Affordability Strategy (CHAS) data	2017-2021	8%	17%
	Driving Alone to Work*	Percentage of the workforce that drives alone to work.	2%	American Community Survey, five-year estimates	2019-2023	69%	70%
	Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	1%	American Community Survey, five-year estimates	2019-2023	17%	37%
Air, water and land	Air Pollution: Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	8%	Environmental Public Health Tracking Network	2020	134:24:00	175:12:00
	Drinking Water Violations+	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	4%	Safe Drinking Water Information System	2023		
Civic and community resources	Broadband Access	Percentage of households with broadband internet connection.	4%	American Community Survey, five-year estimates	2019-2023	92%	90%
	Library Access	Library visits per person living within the library service area per year.	2%	Institute of Museum and Library Services	2022	500%	200%
SOCIAL AND ECONOMIC FACTORS							
Education	Some College	Percentage of adults ages 25-44 with some post-secondary education.	8%	American Community Survey, five-year estimates	2019-2023	74%	68%
	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	8%	American Community Survey, five-year estimates	2019-2023	95%	89%
Income, employment and wealth	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	8%	Bureau of Labor Statistics	2023	2.30%	3.60%
	Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	8%	American Community Survey, five-year estimates	2019-2023	370%	490%
	Children in Poverty*	Percentage of people under age 18 in poverty.	8%	Small Area Income and Poverty Estimates; American Community Survey, five-year estimates	2023 & 2019-2023	10%	16%



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Safety and social support	Injury Deaths*	Number of deaths due to injury per 100,000 population.	4%	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022	6700%	8400%
	Social Associations	Number of membership associations per 10,000 population.	2%	County Business Patterns	2022	1800%	910%
	Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	4%	The Living Wage Institute; Small Area Income and Poverty Estimates	2024 & 2023	20%	28%

*Indicates subgroup data by race and ethnicity is available; + Not available in all states.



Appendix B – Illinois Data Sources

Focus Area	Measure	Description	Weight	Source	Year(s)	Top Performers	US Overall
POPULATION HEALTH AND WELL-BEING							
LENGTH OF LIFE							
Life span	Premature Death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	50%	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2020-2022	6,200	8,400
QUALITY OF LIFE							
Physical health	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2022	360%	390%
	Low Birth Weight*	Percentage of live births with low birth weight (< 2,500 grams).	20%	National Center for Health Statistics - Natality Files	2017-2023	6%	8%
Mental health	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2022	4.9	5.1
Life satisfaction	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	10%	Behavioral Risk Factor Surveillance System	2022	14%	17%
COMMUNITY CONDITIONS							
HEALTH INFRASTRUCTURE							
Health promotion and harm reduction	Flu Vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	4%	Mapping Medicare Disparities Tool	2022	54%	48%
	Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	4%	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles	2024, 2022 & 2020	91%	84%
	Food Environment Index+	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	4%	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2019 & 2022	8.8	7.4
Clinical care	Primary Care Physicians	Ratio of population to primary care physicians.	2%	Area Health Resource File/American Medical Association	2021	1,030:1	1,330:1
	Mental Health Providers	Ratio of population to mental health providers.	1%	CMS, National Provider Identification	2024	220:01:00	300:01:00
	Dentists	Ratio of population to dentists.	1%	Area Health Resource File/National Provider Identifier Downloadable File	2022	1,180:1	1,360:1
	Preventable Hospital Stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	4%	Mapping Medicare Disparities Tool	2022	159600%	266600%



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	Mammography Screening*	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	1%	Mapping Medicare Disparities Tool	2022	53%	44%
	Uninsured	Percentage of population under age 65 without health insurance.	4%	Small Area Health Insurance Estimates	2022	6%	10%
PHYSICAL ENVIRONMENT							
Housing and transportation	Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	4%	Comprehensive Housing Affordability Strategy (CHAS) data	2017-2021	8%	17%
	Driving Alone to Work*	Percentage of the workforce that drives alone to work.	2%	American Community Survey, five-year estimates	2019-2023	69%	70%
	Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	1%	American Community Survey, five-year estimates	2019-2023	17%	37%
Air, water and land	Air Pollution: Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	8%	Environmental Public Health Tracking Network	2020	134:24:00	175:12:00
	Drinking Water Violations+	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	4%	Safe Drinking Water Information System	2023		
Civic and community resources	Broadband Access	Percentage of households with broadband internet connection.	4%	American Community Survey, five-year estimates	2019-2023	92%	90%
	Library Access	Library visits per person living within the library service area per year.	2%	Institute of Museum and Library Services	2022	500%	200%
SOCIAL AND ECONOMIC FACTORS							
Education	Some College	Percentage of adults ages 25-44 with some post-secondary education.	8%	American Community Survey, five-year estimates	2019-2023	74%	68%
	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	8%	American Community Survey, five-year estimates	2019-2023	95%	89%
Income, employment and wealth	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	8%	Bureau of Labor Statistics	2023	2.30%	3.60%
	Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	8%	American Community Survey, five-year estimates	2019-2023	370%	490%
	Children in Poverty*	Percentage of people under age 18 in poverty.	8%	Small Area Income and Poverty Estimates; American Community	2023 & 2019-2023	10%	16%



2025 Community Health Needs Assessment

				Survey, five-year estimates			
Safety and social support	Injury Deaths*	Number of deaths due to injury per 100,000 population.	4%	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2018-2022	6700%	8400%
	Social Associations	Number of membership associations per 10,000 population.	2%	County Business Patterns	2022	1800%	910%
	Child Care Cost Burden	Child care costs for a household with two children as a percent of median household income.	4%	The Living Wage Institute; Small Area Income and Poverty Estimates	2024 & 2023	20%	28%

*Indicates subgroup data by race and ethnicity is available; + Not available in all states.



Additional Data Sources:

Violent Crime Data Sources:

- FBI Crime Data Explorer

Other Health Conditions Data Sources:

- Advisory Board Market Scenario Planner Demographics
- American Burn Association
- American Childhood Cancer Association
- American College of Rheumatology
- ARCH National Respite Network
- Barbara Bush Foundation for Family Literacy
- BMC Pediatrics
- Bone Health & Osteoporosis Foundation
- Brain Injury Association of America
- Centers for Disease Control and Prevention
- Digestive Disease Week News Report
- Illinois Department of Public Health
- Illinois Hospital Report Card
- March of Dimes
- Mental Health America
- Missouri Department of Health & Human Services
- Missouri Department of Health & Senior Services
- Missouri Department of Mental Health
- Missouri Department of Social Services
- Missouri Newborn Screening
- My Rehab for Life
- National Child Abuse and Neglect Data System (NCANDS)
- National Institute on Deafness and Other Communication Disorders
- National Institutes of Health
- National Survey of Children's Health
- NCHS Data Brief
- Nielsen Claritas Demographics
- Prevention & Management Guide
- Shriners Children's Hospital
- Society of Pediatric Psychology
- The Journal of Pediatrics
- The Journal of the International Association for the Study of Pain
- The Williams Institute
- U.S. Cancer Statistics
- U.S. Census Bureau
- United States Environmental Protection Agency



RankenJordan.
PEDIATRIC BRIDGE HOSPITAL



Community Health Needs Assessment Implementation Strategy

Ranken Jordan Pediatric Bridge Hospital

MAY 2025

Implementation Strategy

The Ranken-Jordan Home for Convalescent Crippled Children (Ranken Jordan Pediatric Bridge Hospital) will engage key community partners in implementing evidence-based strategies across the service area. Acknowledging the many organizations and resources in place to address the health needs of our communities, Ranken Jordan Pediatric Bridge Hospital has strategically reviewed both internal and external resources. This portion of the CHNA, the Implementation Strategy, will explain how Ranken Jordan Pediatric Bridge Hospital will address health needs identified in the CHNA by continuing existing programs and services, and by implementing new strategies. It will reflect on the previous CHNA and evaluate impact and progress of previous set strategies. In addition, the implementation plan will explain why the hospitals cannot address all the needs identified in the CHNA and, if applicable, how Ranken Jordan Pediatric Bridge Hospital will support other organizations in doing so.

Health Priorities

As previously mentioned in the CHNA report, the following are the needs Ranken Jordan Pediatric Bridge Hospital has chosen to address. This document will detail the rationale behind selecting each need, the strategies we will implement to meet them, the individuals, or teams responsible for execution, and the timeline for achieving our goals.

Prioritization was developed and presented to Ranken Jordan Pediatric Bridge Hospital Administrators and other hospital division leadership. The criteria used to prioritize needs included the significance of the issue within the service area, the relevance of the health concern to the population served, and Ranken Jordan Pediatric Bridge Hospital's capacity to effectively influence and improve the identified health outcomes

The following five categories were identified as priorities of issues to be addressed. Issues in these categories were brought up numerous times and serve as a framework for each facility's implementation strategies.

Caregiver Support – Many families in the service area are caring for children with complex needs without sufficient support. Caregivers often report challenges related to stress/mental health, parenting, and access to reliable resources. Increased access to home and community-based services – such as caregiver education, counseling and mental health resources, peer support, and in-home assistance – can ease caregiver strain, improve quality of life, and prevent unnecessary hospitalizations and care in the home especially for medically complex pediatric patients.

Transportation – Transportation continues to be a significant barrier to accessing consistent care, particularly among renter-occupied households, of which 17% have no vehicle available. Reliable transportation is especially important for families with children needing regular visits to specialty or primary care providers. Enhancing transportation options – whether through hospital partnerships, ride services, or community programs – could improve access and continuity of care.

Access to Primary Care and Mental Health Providers – Shortages of primary care providers, especially in rural counties, limit timely care for children. Several counties have high population-to-provider ratios, including providers in mental health services. For children with developmental, behavioral, or chronic health needs, these shortages can delay diagnosis and treatment. Increasing access to both primary and mental health providers through recruitment, telehealth, and care coordination is a priority.

Access to Home Care/Respite Care – Families of children with disabilities or complex needs frequently lack access to consistent home and respite care. Respite services are shown to reduce caregiver stress and lower hospitalization risk by 8% per \$1,000 spent. However, these services remain underutilized or unavailable in many parts of the service area. Expanding home and respite-based options would directly support family caregivers and improve long-term pediatric outcomes.

Severe Housing Problem – Housing instability poses a critical barrier to health and well-being. Across the service area, many counties report 10-18% of households spending more than 50% of income on housing. This strain disproportionately affects families with children, often limiting their ability to afford healthcare, transportation, and other basic needs. Addressing housing – related challenges is key to improving overall family stability and health outcomes.

Ranken Jordan recognizes that costly, unstable housing is a top health need affecting their community. However, given their expertise in pediatric bridge clinical services, they do not feel the best positioned or resourced to address this need and therefore refer families to existing community organizations focused on housing to address this community. Recognizing the need, Ranken Jordan will be sensitive to potential housing challenges faced by their patients and caregivers.

The implementation strategies for these priority areas were developed specifically by Ranken Jordan Pediatric Bridge Hospital. As the sole hospital within its health system, it focused on the areas where it could have the most meaningful impact on child health, rather than addressing every identified need.

Ranken Jordan Pediatric Bridge Hospital filled out the following table for each priority area they would address.

2025 Community Health Needs Implementation Plan

Health Need:	
Objective:	

	Description of Strategy & Tactic	Owner (Role)	Collaborating Organizations (Optional)	Committed Resources	Estimated Timeline
Strategy:					
Tactic:					
Tactic:					
Tactic:					

Strategy:					
Tactic:					
Tactic:					
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Ranken Jordan Pediatric Bridge Hospital – Implementation Strategies

In the previous Community Health Needs Assessment conducted in 2022, Ranken Jordan Pediatric Bridge Hospital chose 4 areas to address in their implementation strategies. Many of these strategies are ongoing in alignment with the 2025 strategies.

Priority #1: Clinical Staff Availability			
Action Items	Status	What happened?	Evidence (examples of meetings or documents)
A: Advocacy for external funding support to eliminate barriers to clinical training programs and continue to provide loan forgiveness to eligible employees.	Fully met	We currently provide loan forgiveness of \$20,000 for eligible employees. We have agreements with several universities for employees to receive a discount on post graduate degree programs. We offer tuition assistance for part and full time team members. We continue to promote and advocate for creative funding solutions in appropriate settings.	We have tuition discounts in place with Missouri Baptist, Walden and Chamberlain. Currently have 29 employees utilizing education assistance and loan forgiveness
B: Promote awareness of medical occupations	Fully met	Ranken promotes current roles at job fairs and in college classrooms. The universities we collaborate with also promote awareness.	Ranken Jordan has relationships with schools in the community by attending career fairs, offering tours, school clinicals and speaking about Ranken Jordan at different events/in schools. Career fairs: Maryville, Chamberlain, Ranken Technical, Mizzou, SLU, SIUE, South Tech, MoBap, STLCC, St Louis College of Health Careers. Tours: Middle/High school teachers through MHA, STLCC CAPS program, Nursing program directors, MoBap freshman, STLCC RT students. School Clinicals: host students in RT, RN, OT, ST, PT, Social Work. Speaking events: Career Day at Parkwood Elementary, MHA Recruitment Taskforce, St Louis College of Health Careers, Respiratory Day at STLCC. See documents below.
C: Explore links to clinical organizations and associations	Fully met	Reaching out to local nursing associations - schools and affiliated groups. Would the PDN and pairing up with Maxium fall under this?	The Black Nurses Association of Greater St. Louis Organization
Priority #2: Psychiatric & Psychological Support			
Action Items	Status	What happened?	Evidence

A: Market outpatient psychological services available at the hospital	Fully met	We have an OP psych and want to increase utilization; increasing internal marketing strategy for OP psych to get referrals from RJ OP department; OP psych is now utilized more for appropriate OP patients during therapy	Marketed availability internally relates to serving psychological needs for our own outpatients. GI surgery team at SLCH is now a reliable referral source for encopresis
B: Work to build referral relationships regarding the hospital's outpatient behavioral health clinic	Partially met	Provide OP psychology support for encopresis patients (internal referrals). Internal referrals are priority over external referrals. However, we know that we now have capacity, and this has rolled into the 2025 cycle (see access to behavioral health support).	See 'What happened?' for details
C: Continue to search for funding to further support psychiatric and psychological services	Fully met	Hospital admin prioritized this and now has 3 full time psychologists and one part-time consulting psychiatrist	In the beginning of cycle, we had one outpatient psychologist & one inpatient; we now have 2 IP, 1 OP, and pay a set rate for the psychiatrist to come 0.5 days 2x week (0.2 FTE psychiatrist)
D: Explore growth opportunities for the outpatient behavioral health clinic	Not complete	Other organizations are better suited to care for the outpatient needs for behavioral health clinic (i.e., autism) on a broad basis.	
Priority #3: Post-Care Resources			
Action Items	Status	What happened?	Evidence
A: Advocate for downstream services for medically complex children discharged from RJ	Fully met	Through a contact who previously worked at Children's Home Society Ranken Jordan's social work department learned of a new long-term option funded by Department of Mental Health and MO Children's Division called host homes through Restoring Hope . This model started offering services in Springfield, MO in 10/2008 and progressed to offering care through the state of MO by 12/2020. The Momentum Project: 7/2025 started host homes with the concept called shared living where an individual lives in a family style home with a trained caregiver.	Host homes are referred to or suggested if/when a patient has the appropriate funding source and discharge home is not an option i.e., MO CD custody/funding or DMH funding.
B: Advocate for long-term care specifically related to patients with respiratory needs	Fully met	See 3A. Continue to advocate as needed in appropriate settings.	Meetings with officials from the state of Missouri
Priority #4: Flexible Transportation			
Action Items	Status	What happened?	Evidence
A: Provide cab fare for parents and guardians when indicated	Fully met	4/2022 Uber Health added as an additional transportation option to cabs. Transportation assistance offered 2 round trips 2x/week or daily round-trip for those families staying in lodging (resides 50+ miles). Transportation assistance offered via bus/Metro Link passes. Transportation assistance offered via Greyhound/Amtrak tickets. Ranken Jordan transportation assists with discharge transportation. Southwest Airlines obtained grant to assist those guardians/caregivers visit from far away	See 'What happened?' for details

B: Communicate the needs of parents, guardians, and outpatients to medical transport companies to encourage their sensitive response to those needs	Fully met	Social Work assists with arranging medical transportation through the patient's insurance company and the coordination company MTM/First Transit. Social Work provides education to caregivers for arranging MTM/First Transit transportation. Social Work assists with locating local accessible transportation options for patients and families. Social Work advocates for those patients whose arrangements do not work out through contacting both the transport company and MTM/First Transit. Ranken Jordan has a transportation initiative to research opportunities for expanding medical transportation in the community.	See "What happened?" for details
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Ranken Jordan Pediatric Bridge Hospital – Implementation Strategies

Ranken Jordan Pediatric Bridge Hospital chose 5 areas to address in their implementation strategies. Below is a description of needs and strategies and action steps associated with each.

2025 Community Health Needs Implementation Plan

Health Need:	Caregiver Support			
Objective:	Improve or expand resources for caregivers providing them with more support and education by the end of the cycle.			
	Description of Strategy & Tactic	Owner (Role)	Committed Resources	Estimated Timeline
Strategy:	Strengthen community connections and resources	Various	Patient and family experience staff, administration	End of cycle
Tactic:	Host caregiver resource nights	Outpatient Therapy		
Tactic:	Enhance caregiver support groups	Katie Noll		
Tactic:	Create a caregiver mentor program connecting families in their journey	Margaret Chastain		
Tactic:	Explore expanding family fun days to other, external families	Katie Noll		
Tactic:	Fully develop standard work for the social work/care coordination team(s) related to connecting caregivers with the full breadth of resources	Rachel Winkler		
Strategy:	Increase proactive input from PFAC members for hospital initiatives	Margaret Chastain	Patient and family experience staff, administration	End of cycle
Tactic:	Identify interested members to participate as needed e.g., ethics committee			
Tactic:	Increase awareness of PFAC as a resource for feedback			

Strategy:	Enhance caregiver training program	Maggie Gregory & Ryan Sweeney	RT, Nursing, Med Team, Care Coordination, Administration	End of cycle
Tactic:	Care with Confidence Classes (increase number of)			2026
Tactic:	Develop and post training videos on Ranken Jordan website			2026
Tactic:	Deploy simulated home environment pre-discharge as needed			2025-26
Tactic:	Individualized training for parent/family		Improved manikin	2027

Health Need:	Transportation
Objective:	Given this need is difficult to solve broadly, Ranken Jordan will address needs within the scope of the hospital as it relates to our patients through expanding our approach to transportation by the end of the cycle.

	Description of Strategy & Tactic	Owner (Role)	Collaborating Organizations (Optional)	Committed Resources	Estimated Timeline
Strategy:	Appropriately provide funding as required	Social Work Team led by Rachel Winkler		Social work, administration, care coordination	End of cycle
Tactic:	Monitor and evaluate policy to provide cab fare for parent/guardians as needed				On Going
Tactic:	Explore granting organizations to cover transport costs		First Hand Foundation		On Going
Tactic:	Continue work with organizations which help convert or supply accessible vehicles		Variety & Missouri Kids		On Going

Strategy:	Advocate for our patients with transportation benefits	Social Work & Care Coordination led by Rachel Winkler		Social work, administration, care coordination	End of Cycle
Tactic:	Communicate needs of caregivers/patients to medical transport services				On Going
Tactic:	Train the family to understand better their benefits and how to access them				On Going

Strategy:	Explore partnerships with medical transport organizations	Jill Mowry		Business development, administration	End of Cycle
Tactic:	Connect with Express Medical Transport to understand opportunity better				2026
Tactic:	Identify how a medical transport organization helps bridge gaps				2026

Strategy:	Conduct feasibility analysis and explore enhanced transportation services at Ranken Jordan	Jill Mowry/Cassie Baranovic		Referral, nursing, care coordination, business development, med team	End of cycle
Tactic:	Complete gap analysis of transportation needs				2025
Tactic:	Data evaluation for patient population and define standard STL regional geographic parameter				2026
Tactic:	Confirm IL patient transport regulations and position RJ to be compliant to support the IL patient population				

Health Need:	Access to Primary Care & Mental Health Providers
Objective:	Incrementally increase access to PCPs willing and able to care for patients with complex medical needs by the end of the cycle. We recognize that access to mental health providers is also a need however Ranken Jordan is not well-positioned to widely address this gap but rather continue to focus on the behavioral health needs of our patient population who have complex medical needs as their primary challenge.

	Description of Strategy & Tactic	Owner (Role)	Collaborating Organizations (Optional)	Committed Resources	Estimated Timeline
Strategy:	Explore telehealth options for rural PCPs.	Rosenblum/Musial	University of Missouri	Administration, med team, nursing, RT, therapy	End of Cycle
Tactic:	Connect with the U of MO about jointly developing a complex care ECHO (extension for community healthcare outcomes)	Ellyn Rosenblum			2025
Tactic:	Explore appropriate topics/instructors	Abby Musial			2026
Tactic:	Develop curriculum (depending on above)	TBD			2026

Strategy:	Extend our bridge philosophy to outpatient	Musial/Brady		Multi-disciplinary work group; administration, funding (as approved)	End of Cycle
Tactic:	Develop a primary bridge clinic for patients as a post-discharge follow up clinic with goal of transitioning patients to PCP/complex care clinics at other hospitals (and eventually for children who do not qualify for these complex care clinics).				2026-2027
Tactic:	Consultative model for PCPs (outside of 60 mile radius from St. Louis) for patients known to Ranken Jordan				2026-2027
Tactic:	Explore an RN triage line associated with the two tactics above				2026-2027

Strategy:	Support the behavioral health needs of the complex care population through collaboration with the complex care teams at our partner hospitals	Claire Karlen	St. Louis Children's Hospital Cardinal Glennon Children's Hospital	Psychologist, Administration	End of cycle
Tactic:	Connect with complex care team providers to explore collaboration opportunities				2025-2026
Tactic:	Develop referral criteria and process for outpatient psychology				2025-2026

Health Need:	Access to Home Care & Respite Support
Objective:	Expand Ranken Jordan's capacity to provide both respite care and private duty nursing care by the end of the cycle.

	Description of Strategy & Tactic	Owner (Role)	Collaborating Organizations (Optional)	Committed Resources	Estimated Timeline
Strategy:	Expand private duty nursing capacity	Amanda Boeckstiegel		Administration, nursing, RT	End of Cycle
Tactic:	Continuing and expanding partnerships with agencies	Amanda Boeckstiegel	Depends on agencies		2026
Tactic:	Explore a state-wide collaborative	Jill Mowry/Ellyn Rosenblum	State of MO; other pediatric hospitals		2026

Strategy:	Establish respite services for caregivers of children who are not currently inpatient	Margaret Chastain	June Jesse Foundation	Patient experience team, nursing, patient play associates	End of Cycle
Tactic:	Create a caregiver night-in where parents stay on site				2025
Tactic:	Expand to caregiver night-out where parents can leave up to three hours				2026

Strategy:	Create a family room for offstage space for caregivers of current inpatients	Ellyn Rosenblum	Ronald McDonald House (potentially)	Funding, administration, patient experience team	End of Cycle
Tactic:	Integrate planning of offstage space into campus plan				2026

Health Need:	Housing Challenges
Objective:	Ranken Jordan acknowledges that stable and accommodating housing is critical to the wellbeing and health of the patient and community it serves. However, as a pediatric bridge hospital, Ranken Jordan is not well positioned or have the expertise to address the community need. Instead, they will rely on partners and services in the community to meet this need and will elevate it in partnership conversations where it is possible to highlight its continued importance.

	Description of Strategy & Tactic	Owner (Role)	Collaborating Organizations (Optional)	Committed Resources	Estimated Timeline
Strategy:	This health need will not be directly addressed by Ranken Jordan. As such, strategies and tactics are not included. However, this need will be supported by partner organizations and services within the community.				
Tactic:					
Tactic:					
Tactic:					

Ranken Jordan Pediatric Bridge Hospital – Board Approval

Treasury Regulation Section 1-501(r)-3(c)(5)(i):

For purposes of paragraph (a)(2) of this section, an authorized body of the hospital facility must adopt the implementation strategy on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility completes the final step for the CHNA described in paragraph (b)(1) of this section, regardless of whether the hospital facility began working on the CHNA in a prior taxable year.

Ranken Jordan Pediatric Bridge Hospital's Board of Directors approves the Implementation Strategy for addressing priorities identified in the most recent Community Health Needs Assessment completed FYE June 30, 2025. This report was approved by the Ranken Jordan Pediatric Bridge Hospital Board of Directors at its meeting held on September 22, 2025.