



RankenJordan.
PEDIATRIC BRIDGE HOSPITAL

2022 Community Health Needs Assessment

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

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Community Health Needs Assessment

Introduction

Executive Summary

The 2022 Ranken Jordan Pediatric Bridge Hospital Community Health Needs Assessment was conducted February through May of 2022. The Implementation Strategy was also developed in May of 2022.

The CHNA is influenced by the specialized nature of Ranken Jordan. Ranken Jordan is one of only a handful of hospitals in the country that provides rehabilitation and sub-acute medical treatment for children with medical complexities.

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

- Poverty – Children living in poverty
- Poverty – Population below 100% of Federal Poverty Level
- Unemployment
- Economic Stability
- Access to Transportation
- Healthcare Access and Quality

The needs identified and prioritized through the CHNA carried forward variants of previous CHNAs and as a result of the COVID-19 pandemic, closely mirror those needs identified and prioritized through the 2019 CHNA process. The identified and prioritized needs selected include:

1. The first identified need was availability of clinical staff (Registered Nurses, Nurse Assistants, Respiratory Therapists)
2. The second identified need was for outpatient psychiatric and psychological support, especially into patients' homes
3. The third prioritized need was for resources for post-care at home, in long-term care facilities or independent living, including information and resources to assist parents seeking post-care services
4. The group's fourth identified need was flexible transportation to and from Ranken Jordan for appointments and also for parents and guardians during stays

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

- Advocating for external funding support to eliminate barriers to clinical training programs and continue to provide loan forgiveness to eligible employees
- Promoting awareness of medical occupations
- Exploring links to clinical organizations and associations

Executive Summary (cont.)

- Continued marketing of outpatient psychological services available at the hospital
- Building referral relationships regarding the hospital's outpatient behavioral health clinic
- Searching for funding to further support psychiatric and psychological services
- Explore growth opportunities for the outpatient behavioral health clinic
- Advocating for downstream services for medically complex children discharged from Ranken Jordan
- Advocating for long-term care specifically related to patients with respiratory needs
- Continue to provide cab fare for parents and guardians when indicated
- Continue to communicate the needs of parents, guardians, and outpatients to medical transport companies to encourage their sensitive response to those needs

About Community Health Needs Assessments

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

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

The Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Maryland Heights and the entire St. Louis area.

Background

Ranken Jordan Pediatric Bridge Hospital is a 60-bed pediatric specialty hospital in St. Louis, MO, designed specifically to care for children with medical complexities. As a pediatric bridge hospital, Ranken Jordan helps kids from birth to 21 who are well enough to leave a traditional hospital but still need help before they go home. Located in the heart of the Midwest, we specialize in caring for children and families with the most complex conditions, illnesses and injuries and bridge the gap between hospital and home.



Kids who are considered medically complex require a very high level of daily medical care. These children many times have multiple diagnoses, their care often times involves numerous medications, various types of advanced medical equipment, and specialized care from multiple providers. Frequently medically complex children are dependent on technology, needing home ventilation or tube feedings for daily functioning and quality of life. A child may have been born with complex medical conditions, or they might have developed them after an injury or a prolonged illness. Ranken Jordan is one of only a handful of hospitals in the country providing care to this special subset of the pediatric population.

Additionally, Ranken Jordan has been granted substantive waivers by the Missouri Department of Health and Senior Services from compliance with material hospital licensure requirements governing a) the establishment and operation of an emergency department, and b) the provision of pathology, radiology, laboratory, and central services, and does not provide these specific service lines within the hospital. Such designation sets Ranken Jordan apart from other inpatient pediatric acute care facilities.

Every inch of our state-of-the-art facility was designed with children in mind. Our ultimate goal is to help children heal physically, spiritually, mentally, and emotionally, so they can return home safely. Inspired by the children and families we serve; we offer hope and strength for brighter futures.

Our bright, child-centered 60-bed facility and positive, nurturing environment are the backdrop for inspiring stories that happen every day at Ranken Jordan. It starts with our innovative Care Beyond the Bedside model. This model encourages children to engage with others in our colorful, light-filled common areas. In fact, our kids spend about 70 percent of their waking hours outside their rooms.

Our Care Beyond the Bedside model lets children heal through play because we know that playtime is natural for kids and promotes healing, learning, and growing.

Background (cont.)

To encourage play and movement, Ranken Jordan has an outdoor, barrier-free sports field, two putting greens, garden areas, indoor and outdoor playgrounds, a rock-climbing wall, a pool, and an art room. We also offer a teen room where kids can hang out, play video games, and just be themselves.

In addition, our medical equipment is mobile so we can administer medications wherever the child is receiving therapy, playing, or socializing. And the dining room is shared so kids can interact with each other rather than eating alone in bed.

At Ranken Jordan, the lines between play and therapy are blurred. In addition to receiving individualized intensive therapy, a typical day for a child at Ranken Jordan may include petting a therapy dog, cozying up with a book in the reading nook, playing music, dancing, painting a picture, visiting a community restaurant, playing golf on the six-hole putting green, or hitting a home run on the diamond. The opportunities for playful activities are endless at Ranken Jordan as kids learn to be more independent on the pathway to going home.

Every detail of care is carefully considered to ensure children's success at home. We prepare families to go home with the appropriate devices and equipment as well as the skills necessary to care for their child. We are also committed to helping families connect with resources for everything from education to transportation as well as outpatient programs and services.

To help children and families thrive, Ranken Jordan offers inpatient and outpatient services (Therapy, Behavioral Health Clinic, Physiatry Clinic, and a Gastrointestinal Clinic) along with a variety of community programs focused on helping children with medical complexities receive the best chance for recovery. Families and caregivers are included in the care team from day one. Social workers offer patients and families emotional, financial, and social support including counseling and needs assessment. We help families access resources while we teach them to care for their children at home. Siblings are part of the process, too.



Background (cont.)

Common diagnoses of Ranken Jordan patients include:

Infants & toddlers:

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

Preschool & school-age children:

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

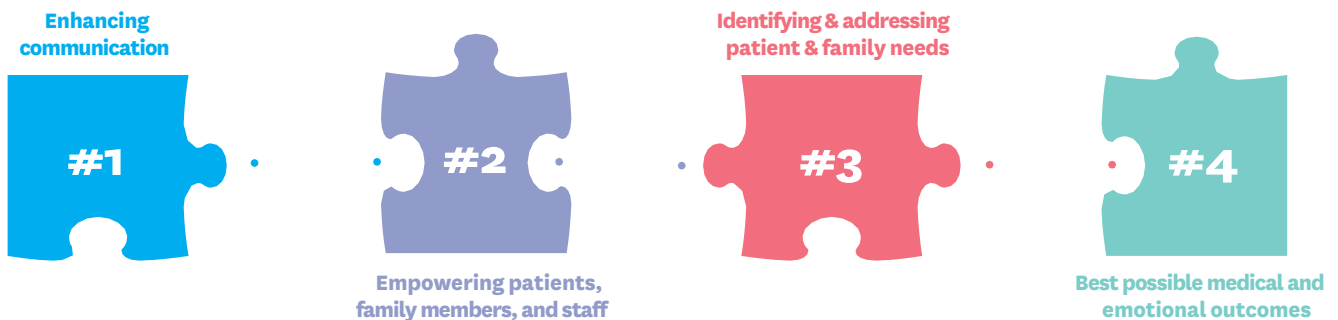
Teens & young adults:

- Traumatic brain injury
- Myelomeningocele and spina bifida
- Cerebral palsy
- Spinal cord injury

Ranken Jordan completed three Community Health Needs Assessments prior to 2022. Since 2013, Ranken Jordan has taken the following steps to address the community health needs identified in that first CHNA:

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

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



Background (cont.)

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



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

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

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

Initiative: Community Programs

Objectives	Action Plan
<p>1. Increase availability of community programming events</p>	<p>Expand Ranken Jordan’s existing community programming</p> <ul style="list-style-type: none"> • This happens consistently and constantly. The programs offered at the hospital are dynamic and change with the interest and abilities of those partaking in the program. Ranken Jordan expanded preschool age summer camps, began a grief support group for parents, and also began looking for community partners to expand other offerings. <p>Collaborate with community partners to develop and promote events</p> <ul style="list-style-type: none"> • Continued to build relationships with community partners, specifically through a leadership role in the Maryland Heights Recreation Council <p>Offer quarterly socialization opportunities at Ranken Jordan and various locations</p> <ul style="list-style-type: none"> • Ranken Jordan began working towards creating quarterly opportunities; however, many barriers have affected the availability: <ul style="list-style-type: none"> • Physical space at Ranken Jordan was at a premium as construction on the new expansion began • Ability level of patients • Transportation being unavailable and unreliable • Creating interest • Internally, the Pediatric Health Related Services department changed their scheduling and programming to offer opportunities for older patients to socialize outside their units later into the evenings

<p>2. Increase vocational skills for older medically complex children</p>	<p>Expand Ranken Jordan’s therapy group program aimed at developing job skills and resume building</p> <ul style="list-style-type: none"> • This therapy group is very dependent on the cognitive and physical abilities of the patients, in addition to the interest in this program. Ranken Jordan plans to continue to develop this program and look for it to expand in the future as their patient census increases and grows the adolescent population. <p>Create and offer volunteer positions within Ranken Jordan, based on vocational skills</p> <ul style="list-style-type: none"> • These types of particular programs were explored and have yet to take off. There were consistent barriers with transportation, abilities, and needs within the hospital and the availability of persons to assist. <p>Promote awareness and education to the local business community, with the aim of building workplace opportunities for medically complex children</p> <ul style="list-style-type: none"> • Consistently working to build new relationships, in particular with the Maryland Heights community. Ranken Jordan continues to be involved in the Maryland Heights’ business group with the aim of creating communication and interest
<p>3. Increase communication throughout the community</p>	<p>Create and disseminate a newsletter throughout the local community to be a voice for the medically complex children community</p> <ul style="list-style-type: none"> • Under construction <p>Create a web presence specifically dedicated to community programming</p> <ul style="list-style-type: none"> • Added community events and online registration to the website so our community can browse events that fit their needs and register easily online or by calling us. <p>Collaborate with community partners to advertise, promote, and encourage participation in offered events</p> <ul style="list-style-type: none"> • Ranken Jordan has continued to expand this collaboration and its advertising presence through utilization of the Ranken Jordan website and through other social media means

Initiative: Navigation of Health Resources

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

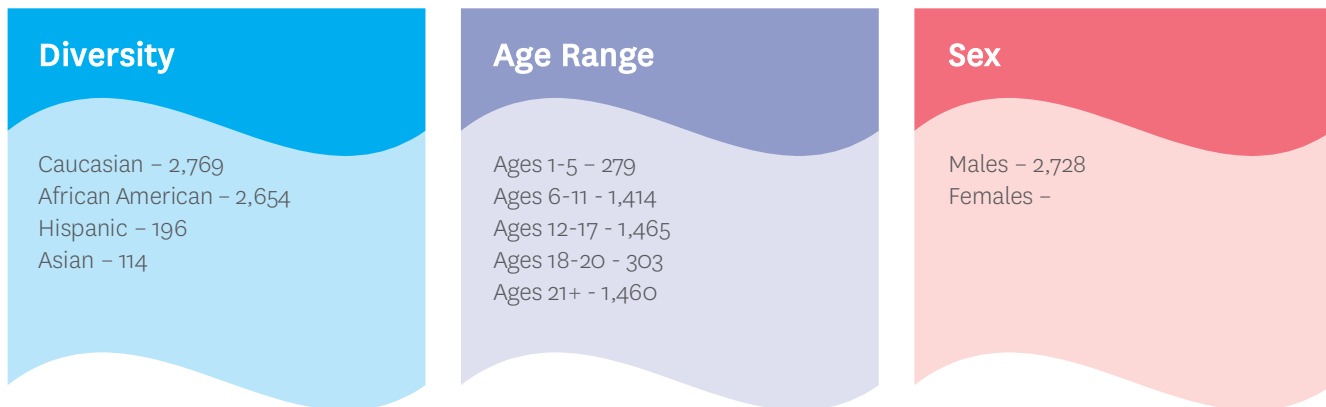
Background (cont.)

Initiative: Caregiver Support

Objectives	Action Plan
1. Smoking cessation	<p>Provide educational resources regarding smoking cessation</p> <ul style="list-style-type: none"> Ranken Jordan began working on this, but lack of interest by family members has been a major barrier <p>Promote awareness of the risks of smoking</p> <ul style="list-style-type: none"> This is done through discussions with family members who smoke, to provide good education regarding the risks their smoking creates for their children, specifically those with respiratory issues <p>Provide connection with community resources for smoking cessation</p> <ul style="list-style-type: none"> These resources are provided when requested and open for reception
2. Respite Space	<p>Provide support for caregivers through a dedicated space allowing for decompression and stress relief for mental health reasons</p> <ul style="list-style-type: none"> Ranken Jordan continues to evaluate areas throughout the hospital for this use. This was on hold until the hospital moved into its new expansion. Since moving into the expansion Ranken Jordan has explored providing gym space and other spaces to families for this purpose. However, a barrier to this is needing the space for patient care, open access to the hospital, and infection prevention needs. <p>Promote utilization of the room by caregivers</p> <ul style="list-style-type: none"> Ranken Jordan will promote the use of the meditation room to provide caregivers a space to provide personal respite and reflection.

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

Community Program Involvement



Service Area Demographics

In 2019, the hospital's third CHNA was completed. The 2019 CHNA identified and then prioritized the following as being the significant health needs facing Ranken Jordan's community.



1. The availability of respiratory therapists
2. Outpatient psychiatric and psychological support
3. Resources for post-care at home, in long-term care facilities or independent living, including information and resources to assist parents seeking post-care services
4. Flexible transportation to and from Ranken Jordan for appointments and also for parents and guardians during stays
5. Address overall teen wellness in Maryland Heights including depression, social skills, and obesity

Implementation of actions to address the health needs identified through the 2019 CHNA process coincided with the emergence of the novel coronavirus (COVID-19) pandemic. Anticipated results were impacted by limitations on the actions the hospital took in light of the unprecedented health crisis. Despite these limitations, Ranken Jordan was able to continue to foster relationships with respiratory therapy education programs and continue to work to identify for opportunities to advocate for external funding. The hospital expanded its services to include an outpatient behavioral health clinic through the addition of a psychologist to Ranken Jordan's medical staff dedicated exclusively to outpatients. Ranken Jordan continued to support transportation needs of parents and guardians through the provision of cab fares, gas cards and bus fare. In calendar year 2019 Ranken Jordan paid \$29, 316.38 to support transportation needs for parents and guardians, in 2020 the hospital paid \$19,415.47 to support transportation needs of parents and guardians and in 2021, \$38,542.76 was spent to support transportation needs of parents and guardians. Actions to promote teen wellness were the most impacted by the COVID-19 pandemic as community programming was completely stopped and internal resources shifted to supporting staff wellness through the lens of COVID-19. Ranken Jordan, like the rest of the world, found itself navigating through uncharted times.

Service Area Demographics (cont.)

For purposes of this CHNA, Ranken Jordan defines “community” as medically complex children and their families in the St. Louis region. This definition considers the specialized patient population Ranken Jordan serves as well as the geographic location of the hospital facility just outside St. Louis, MO.

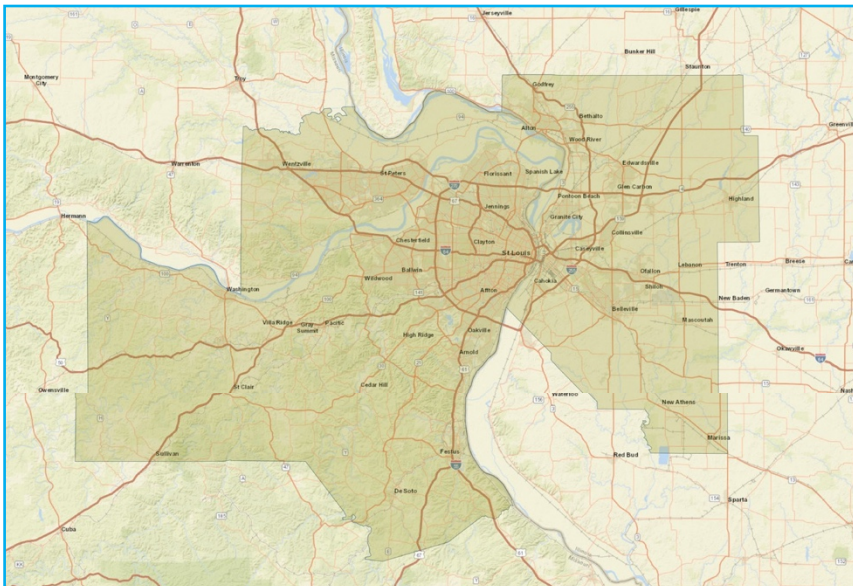
With its geographic location in Maryland Heights, MO, Ranken Jordan is centrally situated in the Midwest. Although it treats patients from both across and outside of the United States, the majority of patients come from Missouri and Illinois. While serving patients and families from many communities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

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

Ranken Jordan also recognizes the geography of Maryland Heights, MO, as its home community although it does not serve Maryland Heights as a traditional local hospital due to its specialized nature.

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

Ranken Jordan’s service area is comprised of approximately 4,083 square miles, with a population of approximately 2,565,768 a population density of 628 persons per square mile. The service area consists of the following, mostly urban communities.



City:

- Maryland Heights

Counties:

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



Service Area Demographics (cont.)

Total Population Change, 2010 to 2020

According to the U.S. Census data, the population in the region grew from 2,565,768 to 2,593,929 between the year 2010 and 2020, a 1.08% increase.

Report Area	Total Population, 2010 Census	Total Population, 2020 Census	Total Population Change, 2010-2020	Percentage Population Change, 2010-2020
Service Area Estimates	2,565,768	2,593,929	28,161	1.08%
Maryland Heights, MO	27,472	28,284	812	2.87%
Madison County, IL	269,282	265,859	-3,423	-1.29%
St. Clair County, IL	270,056	257,400	-12,656	-4.92%
Franklin County, MO	101,492	104,682	3,190	3.05%
Jefferson County, MO	218,733	226,739	8,006	3.53%
St. Charles County, MO	360,485	405,262	44,777	11.05%
St. Louis County, MO	998,954	1,004,125	5,171	.52%
St. Louis City, MO	319,294	301,578	-17,716	-5.87%
Illinois	12,830,632	12,812,508	-18,124	-.14%
Missouri	5,988,927	6,154,913	165,986	2.70%

Data Source: Community Commons (US Census Bureau, Decennial Census, 2010-2020. Source Geography: Tract)

Race and Hispanic Origin

According to the U.S. Census data, the population of the region had the following race and Hispanic origin representation in 2020.

In Madison County, IL: White 87.6%, Black 8.8%, American Indian/Alaska Native .3%, Asian 1.0%, Native Hawaiian/Pacific Islander 0.1%.

In St. Clair County, IL: White 64.8%, Black 30.6%, American Indian/Alaska Native 0.4%, Asian 1.6%, and Native Hawaiian/Pacific Islander 0.1%.

In Franklin County, MO: White 96.5%, Black 1.0%, American Indian/Alaska Native 0.4%, Asian 0.6%, and Native Hawaiian/Pacific Islander 0.1%.

In Jefferson County, MO: White 96.0%, Black 1.2%, American Indian/Alaska Native 0.3%, Asian 0.8%, and Native Hawaiian/Pacific Islander 0%.

In St. Charles County, MO: White 89.6%, Black 5.3%, American Indian/Alaska Native 0.2%, Asian 2.8%, and Native Hawaiian/Pacific Islander 0.1%.

In St. Louis County, MO: White 67.9%, Black 25.0%, American Indian/Alaska Native 0.2%, Asian 4.7%, and Native Hawaiian/Pacific Islander 0%.

In St. Louis City, MO: White 46.4%, Black 45.7%, American Indian/Alaska Native 0.3%, Asian 3.4%, and Native Hawaiian/Pacific Islander 0%.

Service Area Demographics (cont.)

Population by Age Groups

Population by gender in the service area is 48.3% male and 51.7% female, and the region has the following population percentage by age groups:

Report Area	Total Population	Persons Under 5 Years	Persons Under 18 Years	Persons 65 Years and Over
Service Area Estimates	2,593,929	143,317	37,094	31,967
Maryland Heights, MO	28,284	4.7%	18.4%	13.6%
Madison County, IL	265,859	5.7%	21.7%	17.6%
St. Clair County, IL	257,400	6.3%	23.3%	16.4%
Franklin County, MO	104,682	5.9%	22.7%	18.0%
Jefferson County, MO	226,739	5.8%	22.9%	15.5%
St. Charles County, MO	405,262	5.7%	23.0%	15.8%
St. Louis County, MO	1,004,125	5.8%	21.9%	18.5%
St. Louis City, MO	301,578	3.3%	12.3%	10.6%
Illinois	12,812,508	5.9%	22.2%	16.1%
Missouri	6,154,913	6.0%	22.3%	17.3%

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

Establishing the CHNA Infrastructure & Partnerships

Ranken Jordan undertook the planning, implementation, and completion of the Community Health Needs Assessment through an internal steering committee. The very nature of Ranken Jordan's care delivery model is centered on continual needs assessment of our patients and their families due to their unique and complicated challenges. Members of the steering committee were able to draw on this experience and knowledge base in order to define the community, scope of the project, and special needs and concerns identified through the CHNA process. An internal workgroup, sources for secondary data, and key external contacts were identified, and a timeline was established.

Internal

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

- The project was overseen at the operational level by In-House Counsel, reporting directly to the CEO.
- In-House Counsel worked closely with the Quality Department to identify and engage key community partners and gather data.

External

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

- Ranken Jordan secured the participation of a diverse group of representatives from the community and the health profession, including the St. Louis County Health Department.
- Secondary data from multiple sources set out below in Section III. Data Collection and Analysis.

Limitations of this CHNA

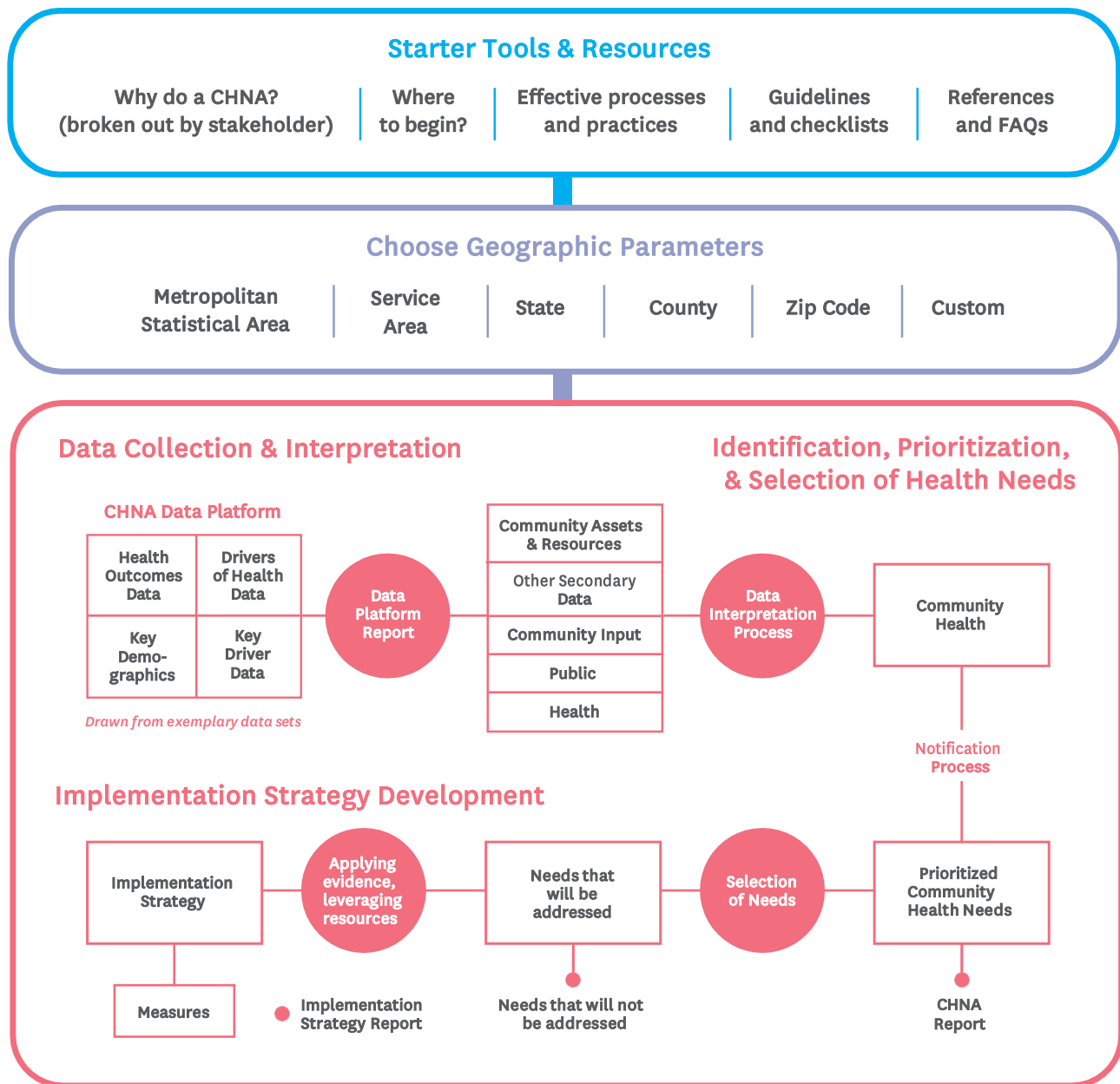
The primary limitation of this CHNA was the remote nature of the assessment due to the COVID-19 pandemic. Social distancing practices and guidelines required implementation of alternative means of data collection from community members and representatives which limited meaningful participation in some instances. The COVID-19 pandemic has also created unique primary and secondary health implications in the community served by Ranken Jordan. The primary objective of this CHNA was to assess the health needs of the medically complex community in the service area and the findings presented in this CHNA are not specific to the COVID-19 pandemic. However, it is not possible to differentiate between health issues in the community that are related to or exacerbated by the pandemic from those that would have existed had the pandemic not occurred.

Data Collection & Analysis

Description of Process and Methods Used

Qualitative Process

This graphic depicts the overarching framework used to guide the CHNA planning and implementation process. This framework was utilized in completion of its three prior CHNAs and was again utilized for completion of the 2022 CHNA.



Description of Data Sources

Quantitative Process

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

Secondary Data

Social Determinants of Health

Education – High School Graduation Rate

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

Service Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Service Area Estimates	24,030	21,604	89.9%
Maryland Heights, MO	No data	No data	No data
Madison County, IL	2,782	2,415	86.8%
St. Clair County, IL	1,285	1,029	80.1%
Franklin County, MO	1,071	948	88.5%
Jefferson County, MO	2,653	2,455	92.6%
St. Charles County, MO	4,601	4,259	92.6%
St. Louis County, MO	10,353	9,469	91.6%
St. Louis City, MO	1,285	1,029	80.1%
Illinois	No data	No data	No data
Missouri	No data	No data	No data

Data Source: Community Commons (US Department of Education, ED Facts, data from 2017-2018 for this measure)

Education – Student Reading Proficiency (4th Grade)

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

Service Area	Total Students With Valid Test Scores	Percentage of Students Scoring ‘Proficient’ or Better	Percentage of Students Scoring ‘Not Proficient’ or Worse
Service Area Estimates	26,344	55.05%	44.95%
Maryland Heights, MO	220	69.67%	30.33%
Madison County, IL	2,843	34.56%	65.44%
St. Clair County, IL	3,230	32.24%	67.76%
Franklin County, MO	1,147	60.10%	39.90%
Jefferson County, MO	2,660	65.41%	34.59%
St. Charles County, MO	4,314	69.46%	30.54%
St. Louis County, MO	10,305	62.72%	37.28%
St. Louis City, MO	1,845	32.00%	68.00%
Illinois	144,944	39.33%	60.67%
Missouri	66,036	58.79%	41.21%

Data Source: Community Commons (US Department of Education, ED Facts. Accessed via DATA.GOV. 2014-15. Source Geography: School District). Newer data unavailable.



Secondary Data (cont.)

Education – Bachelor’s Degree or Higher

Of the population aged 25 and older, 36.0% or 631,958 adult students have obtained a bachelor’s level degree or higher. This indicator is relevant because education attainment has been linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With Bachelor’s Degree or Higher	Population Age 25+ With Bachelor’s Degree or Higher
Service Area Estimates	1,755,545	631,958	36.0%
Maryland Heights, MO	No data	No data	No data
Madison County, IL	185,257	51,420	27.76%
St. Clair County, IL	178,199	51,740	29.03 %
Franklin County, MO	71,976	15,309	21.27%
Jefferson County, MO	155,830	32,881	21.10%
St. Charles County, MO	254,000	91,811	36.15%
St. Louis County, MO	691,689	307,398	44.44%
St. Louis City, MO	218,594	81,399	37.24%
Illinois	8,686,700	3,085,274	35.52%
Missouri	4,176,792	1,250,584	29.94%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2016-20. Source Geography: Tract)

Economic Stability

Income – Median Household Income

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

Service Area	Total Households	Median Household Income
Service Area Estimates	656,706	\$81,700
Maryland Heights, MO	No Data	\$88,125
Madison County, IL	70,774	\$80,946
St. Clair County, IL	66,258	\$77,323
Franklin County, MO	28,149	\$75,886
Jefferson County, MO	61,349	\$77,466
St. Charles County, MO	106,608	\$102,422
St. Louis County, MO	258,720	\$90,540
St. Louis City, MO	64,848	\$60,978
Illinois	3,116,415	\$86,251
Missouri	1,551,056	\$72,834

Data Source: Community Commons (US Census Bureau, American Community Survey, 2016-20. Source Geography: Tract)

Secondary Data (cont.)

Population Receiving SNAP Benefits

This indicator reports the average percentage of the population receiving Supplemental Nutrition Assistance Program (SNAP) benefits for the period of July 2018 through July 2019. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Service Area	Total Households	Total Households Receiving SNAP Benefits	Percent of Total Households Receiving SNAP Benefits
Service Area Estimates	1,041,861	103,246	9.91%
Maryland Heights, MO	9,126	439	4.81%
Madison County, IL	108,429	13,182	12.16%
St. Clair County, IL	104,631	15,496	14.81%
Franklin County, MO	41,127	3,097	7.53%
Jefferson County, MO	84,978	7,788	9.16%
St. Charles County, MO	149,472	5,594	3.74%
St. Louis County, MO	409,658	31,062	7.58%
St. Louis City, MO	143,566	27,027	18.83%
Illinois	4,844,061	No Data	No Data
Missouri	2,440,212	321,512	13.1%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2016-20. Source Geography: County)

Secondary Data (cont.)

Poverty – Children in Households with Income Below 100% FPL

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

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

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

Poverty – Population Below 100% FPL

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

Service Area	Total Population	Population in Poverty	Percent Population in Poverty
Service Area Estimates	2,500,502	268,964	10.76%
Maryland Heights, MO	21,562	1,440	6.68%
Madison County, IL	258,701	32,152	12.43%
St. Clair County, IL	256,679	37,001	14.42%
Franklin County, MO	102,240	9,787	9.57%
Jefferson County, MO	221,712	20,106	9.07%
St. Charles County, MO	389,985	18,683	4.79%
St. Louis County, MO	974,608	90,637	9.30%
St. Louis City, MO	296,577	60,598	20.43%
Illinois	12,418,504	1,488,670	11.99%
Missouri	5,942,813	772,992	13.01%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2016-20. Source Geography: Tract)

Secondary Data (cont.)

Insurance – Uninsured Population

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

Service Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Service Area Estimates	2,522,750	161,251	6.39%
Maryland Heights, MO	21,623	810	3.75%
Madison County, IL	261,730	12,891	4.93%
St. Clair County, IL	255,093	15,169	5.95%
Franklin County, MO	102,731	7,691	7.49%
Jefferson County, MO	222,297	18,071	8.11%
St. Charles County, MO	396,481	17,043	4.3%
St. Louis County, MO	984,297	59,744	6.07%
St. Louis City, MO	300,121	30,642	10.21%
Illinois	12,536,614	854,433	6.82%
Missouri	6,011,968	565,099	9.4%



Secondary Data (cont.)

Economic Stability (cont.)

Insurance – Uninsured Population (cont.)

Service Area	Uninsured Population Under Age 18
Service Area Estimates	19,335
Maryland Heights, MO	79
Madison County, IL	1,813
St. Clair County, IL	1,820
Franklin County, MO	1,064
Jefferson County, MO	2,372
St. Charles County, MO	2,505
St. Louis County, MO	6,873
St. Louis City, MO	2,888
Illinois	94,660
Missouri	84,423



Data Source: Community Commons (US Census Bureau, American Community Survey, 2016-20. Source Geography: Tract)

Unemployment Rate

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

Service Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	1,337,755	1,288,163	49,592	3.7%
Maryland Heights, MO	No Data	No Data	No Data	No Data
Madison County, IL	130,512	125,469	5,043	3.9%
St. Clair County, IL	123,205	117,215	5,990	4.9%
Franklin County, MO	53,242	51,489	1,753	3.3%
Jefferson County, MO	119,131	115,061	4,070	3.4%
St. Charles County, MO	229,868	223,246	6,622	2.9%
St. Louis County, MO	530,844	512,051	18,793	3.5%
St. Louis City, MO	150,953	143,632	7,321	4.8%
Illinois	6,458,110	6,155,623	302,487	4.7%
Missouri	3,080,060	2,970,661	109,339	3.6%

Data Source: Community Commons (US Department of Labor, Bureau of Labor Statistics. 2022-March. Source Geography: County)

Secondary Data (cont.)

Neighborhood and Physical Environment

Young People Not in School and Not Working

This indicator reports the percentage of youth aged 18-19 who are not currently enrolled in school and who are not employed.

Service Area	Population Age 18-24	Total Population Age 18-19 Not in School and Not Employed
Service Area Estimates	213,978	7,156
Maryland Heights, MO	1,928	78
Madison County, IL	21,409	685
St. Clair County, IL	21,663	1,317
Franklin County, MO	7,884	228
Jefferson County, MO	16,853	527
St. Charles County, MO	33,468	582
St. Louis County, MO	84,812	2,507
St. Louis City, MO	27,889	1,310
Illinois	1,174,031	42,650
Missouri	567,945	21,100

Data Source: Community Commons (US Census Bureau, American Community Survey. 2016-20. Source Geography: Tract)

Violent Crime

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

Service Area	Total Population	Violent Crimes	Violent Crime Rate Per 100,000 Population
Service Area Estimates	2,545,702	11,680	458
Maryland Heights, MO	22,417	66	298
Madison County, IL	270,286	543	218
St. Clair County, IL	260,613	1,590	615
Franklin County, MO	102,131	199	190
Jefferson County, MO	221,065	461	209
St. Charles County, MO	371,799	482	130
St. Louis County, MO	1,001,210	2,980	298
St. Louis City, MO	318,601	5,425	1,703
Illinois	12,519,201	49,706	397
Missouri	6,040,967	26,745	443

Data Source: Community Commons (Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2014;2016. Source Geography: County)

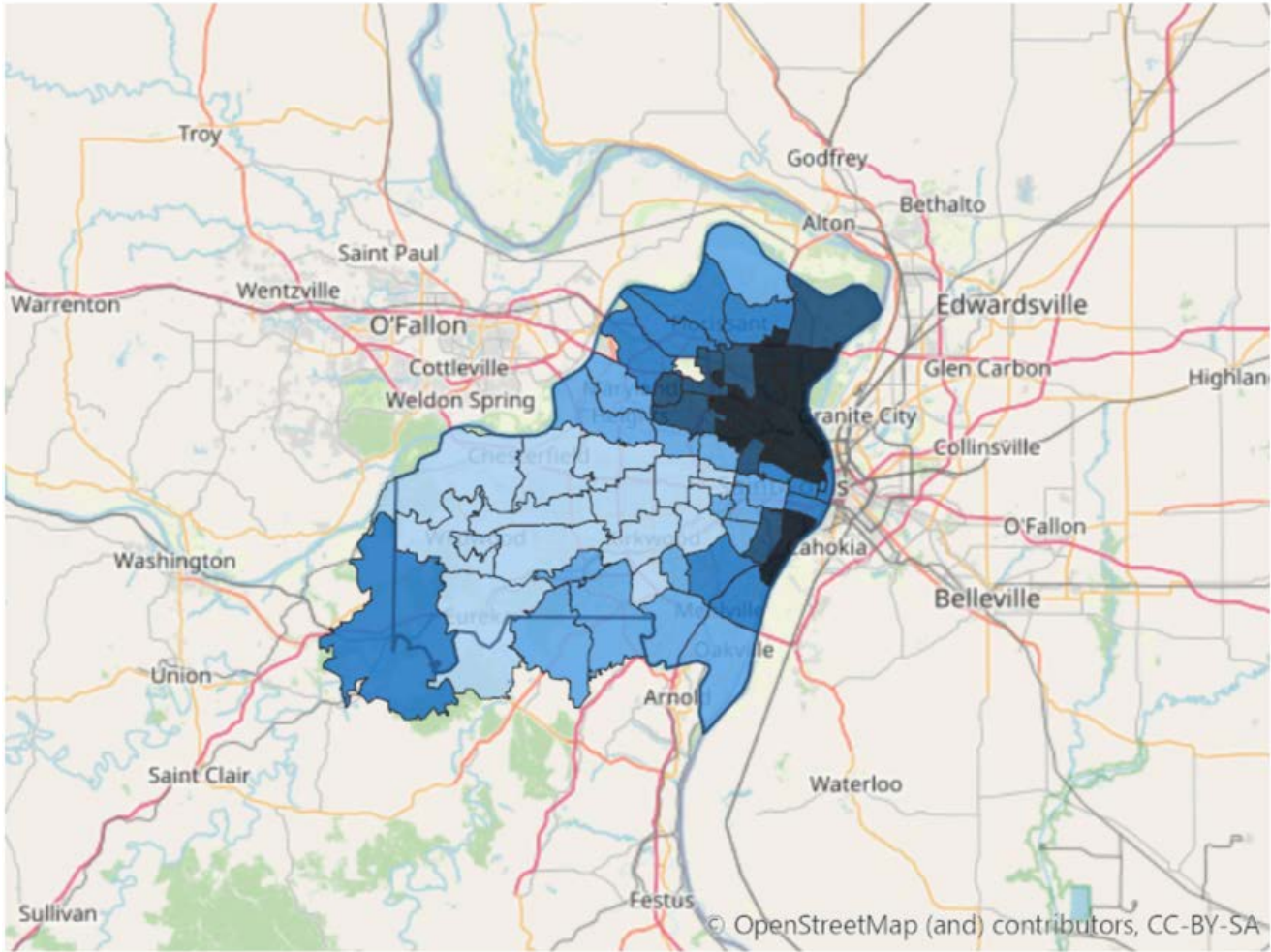
Secondary Data (cont.)

SocioNeeds Index

The 2021 SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. All zip codes, counties, and county equivalents in the United States

Health Equity Index Zip Code

Measurement Period: 2021
Data Source: Conduent Healthy Communities Institute



MAP LEGEND

greater need →



June 15, 2022

www.thinkhealthstl.org

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Secondary Data (cont.)

Access to Care

Medical Conditions and Circumstances

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

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the County Health Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The County Health Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (County Health Rankings and Roadmaps, 2022).

St. Clair County is ranked 92 out of the 102 Illinois counties in the Rankings released in 2022. Madison County is ranked 60. Franklin County is ranked 48 out of the 115 Missouri counties in the Rankings released in April 2018. St. Charles County is ranked 2. Jefferson County is ranked 47. St. Louis County is ranked 26. St. Louis City is ranked 111. The 2022 Rankings include deaths attributable to COVID-19 from 2020.

Service Area	Children Under 18 Living in Poverty	Alcohol Impaired Driving Deaths	Teen Births	Uninsured	Unemployment
Madison County, IL	13%	168	20/1,000	6%	7.7%
St. Clair County, IL	19%	166	25/1,000	7%	9.0%
Franklin County, MO	11%	34	24/1,000	12%	6.2%
Jefferson County, MO	11%	53	18/1,000	11%	6.1%
St. Charles County, MO	5%	51	8/1,000	7%	5.2%
St. Louis County, MO	12%	117	14/1,000	8%	6.3%
St. Louis City, MO	29%	87	32/1,000	13%	8.5%

The COVID-19 pandemic is the worst public health crisis in more than a century and has disproportionately burdened certain communities and population groups across the U.S., particularly women, people of color, seniors, and people with low incomes. During the first full year of the pandemic, the U.S. saw the largest single-year decline in life expectancy since World War II (1.8 years, down from 78.8 years in 2019) and the largest single-year increase in the death rate on record (up 17% from 2019 to 835 deaths per 100,000 people). Provisional data for 2021 show a national death rate that remains well above the pre-pandemic level. From the beginning of 2020 through 2021, COVID-19 officially claimed more than 800,000 U.S. lives, and experts speculate the actual number could be much higher. Overall, the novel coronavirus was the third leading cause of death in 2020 and 2021 (provisional), and it was the leading cause of death in the U.S. at multiple times during those two years. In addition to the toll the pandemic took on physical and mental health, COVID-19 occurred at the intersection of multiple national crises and continues to have wide-ranging negative impacts on the social and economic health of the nation. Following the recession of the 2000's and prior to COVID-19, indicators of social and economic health such as, homeownership rates and the number of children living in poverty, showed little sign of improvement. Income inequality

Secondary Data (cont.)

continued to rise, and longstanding inequities in household income by race and ethnicity worsened. Available data from the beginning of the pandemic to date indicate that COVID-19 will have a similarly devastating impact, though it will likely take several more years before researchers truly comprehend the extent of the damage. Conditions were ripe for the pandemic to exacerbate existing health and economic disparities. The pandemic shed light on how oppressive historic and present-day systems continue to hurt us all. As the country and the world look to recover, there are opportunities to imagine what is possible and rebuild in ways that work for everyone.

Health Indicators

Population With Any Disability

Within the service area, 4.48% or 564,682 individuals are disabled in some way. This is higher than the statewide disabled population level of 3.52% for Illinois, and lower than the statewide disabled population level of 4.67% for Missouri. This indicator reports the percentage of the total civilian non-institutionalized with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers and are likely to be medically complex individuals.

Service Area	Total Population Age 0-18	Total Population Age 0-18 With A Disability	Percent Population Age 0-18 With A Disability
Service Area Estimates	564,682	25,270	4.48%
Maryland Heights, MO	4,288	165	3.85%
Madison County, IL	57,696	2,810	4.87%
St. Clair County, IL	61,271	2,629	4.29%
Franklin County, MO	23,769	1,347	5.67%
Jefferson County, MO	52,033	2,529	4.86%
St. Charles County, MO	92,798	3,586	3.86%
St. Louis County, MO	219,077	8,986	4.10%
St. Louis City, MO	58,038	3,383	5.83%
Illinois	2,851,680	100,328	3.52%
Missouri	1,374,803	64,229	4.67%

Primary Data

Qualitative Data

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

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

Members of the CHNA steering committee were chosen based on their unique expertise and experience, informed perspectives, and involvement with the community.

Electronic Survey

An electronic survey was selected by the CHNA steering committee as the primary method of soliciting feedback on the needs of the community served by Ranken Jordan. This method was specifically chosen by the committee as it was the least effected by the limitations of COVID-19. The electronic survey was open for three weeks and advertised through internal and external communications. Survey participants included responses from persons with expertise in the community and the St. Louis County Health Department. The survey was designed to illicit open-ended feedback on the views of the participants through four questions.

1. What needs are there in the community regarding children with medical complexities?
2. What services/resources are you aware of in the community for children with medical complexities?
3. What barriers do you or your organization face in serving children with medical complexities?
4. What changes would you like to see in the community to help children with medical complexities?

Needs of the Medically Complex Community Were Identified As:

- A greater need for home health nursing and medical daycare options for families.
- More long-term care living opportunities.
- Personal aides for older medical complex children who may not qualify for nursing.
- Home accessibility options.
- Medical foster homes.
- More options for outpatient psychological support.
- Care models that support care outside of a hospital.
- Transportation for children who are dependent on manual or electric wheelchairs.
- Funding for medical equipment and modifications to homes and/or vehicles.
- Respite care options.

Primary Data (cont.)

- Access to physicians who are willing and able to care for medically complicated children, especially, in rural areas.
- Respiratory care support.

What Services/Resources are You Aware of in the Community for Children with Medical Complexities:

- Strictly Peds Daycare
- Variety Club
- DASA
- Great Circle
- Elks Lodge
- Knights of Columbus
- Complex Care Clinics
- St. Louis Arc
- Paraquad
- Thompson Center for Autism Spectrum Disorder Evaluations
- Lightz of Hope
- Mighty Oakes
- Ranken Jordan Pediatric Bridge Hospital

What Barriers Do You or Your Organization Face in Serving Children with Medical Complexities:

- Lack of downstream options for children with medical complexities in terms of daycare options and home health nursing that would allow these types of children to be at home with trained caregivers.
- Obtaining a safe discharge to home in a timely manner due to social constraints and home nursing constraints.
- Transportation.
- Home health nursing.
- Funding.
- Support for caregivers.
- Insurance denials preventing the patients from obtaining needed services or equipment.
- Resources at home.
- Home health nurses are paid less than nurses working in facilities.
- No downstream options for children with medical complexities for long term care post discharge.
- No facilities will and or to care for patients with critical airways to a home environment.
- Family and caregivers understanding of how to go to for specific medical questions, needs, or issues.
- Schools are unable to accommodate higher needs.
- Lack of daycare options.
- Mental health providers are reluctant to take patients with medical complexities due to insurance eligibility issues.
- Lack of equipment and ramps for the home environment.
- Medicaid transportation is not reliable and is detrimental to the patient's plan of care.

What changes would you like to see in the community to health children with Medical Complexities:

- More attention given to issues and community initiative to fund daycare and home health nursing options for medically complex children.

Primary Data (cont.)

- Better support for families and caregivers.
- More understanding.
- More support.
- More inclusion.
- More representation.
- Increased support for trauma-based care.
- Funding for home and vehicle modifications.
- Increase in home health nursing availability.
- A long-term care facility that is able to take patients who are medically ready for discharge but do not have a safe discharge plan.
- More funding to recruit and retain knowledgeable and reasonably priced psychologists, therapists, and psychiatrists so families don't have to wait 6-12 months for services.
- Respite care.
- Social group opportunities.
- Care models for post-hospital and post-acute care.

One-on-One Discussions

Discussions were held one-on-one with various providers within Ranken Jordan. These discussions produced engaging conversations regarding the needs of medically complex children in the community that the hospital serves. Providers were randomly selected and represented varying degrees of healthcare experience and length of time employed by Ranken Jordan. Because of this variability, providers shared unique perspectives with regards to the needs of the community and in particular discussed the impact COVID-19 has had and continues to impart on these patients and families. Many of the needs and health issues identified remain the same as identified in the 2019 CHNA process.

Positive developments in the service area in recent years were identified as:

- COVID-19 vaccination rates and availability.
- The increased utilization of telehealth services due to COVID-19.
- Ranken Jordan continuing to build relationships with other hospitals and providers throughout the service area.
- Re-establishment of outpatient services, visiting hours for inpatients, student experiences, and utilization of volunteers within safe parameters regarding COVID-19.
- The flexibility of fundraising events to pivot to online giving platforms to continue to fundraise for Ranken Jordan during the pandemic.
- Establishment of outpatient psychology services at Ranken Jordan.
- Increasing awareness of Ranken Jordan's patients' needs and cooperation from external providers.
- Awareness of Ranken Jordan patients' home care needs.

Needs and health issues were identified as:

- Available, reliable, and flexible transportation to and from Ranken Jordan, other medical appointments, and general needs post-discharge.
- Address barriers to transitioning patients into schools and their understanding of the needs of medically complex children to support their education in the least restrictive environment possible.
- Post-discharge housing that can meet needs of young children and their families.

Primary Data (cont.)

- Assisted living opportunities for older medically complex children.
- Services beyond Ranken Jordan for airway and ventilator dependent youth
- Long-term care facilities for ventilator dependent patients of all ages.
- Address changes in the economic circumstances in the service area in response to the impact of COVID-19.
- Programs for teens with disabilities in the community that support social interactions.
- Advocacy, inclusion and acceptance for children and youth with disabilities in the community at large.
- Increase community outreach to provide awareness and information
- Advocacy to address staffing shortages specifically for registered nurses, nursing assistants and respiratory therapists.
- Advocacy to stop travel nursing in your home community due to large scale pay discrepancies.

Patient and Family Advisory Council

Since 2013 Ranken Jordan has maintained a Patient and Family Advisory Council (PFAC). Facilitated by staff, membership of PFAC includes both present and former patients and families. PFAC works to create a patient and family centered environment at Ranken Jordan to promote the best possible medical and emotional outcomes for patients and family members. Goals of PFAC include enhancing communication between patients, family members, and the Ranken Jordan team, and discussion regarding patient and family needs in all throughout their Ranken Jordan journey and during the transition home.

At PFAC meetings, participants are given a platform to express struggles, concerns, highs, and lows of being a medically complex patient or family member, and their needs as members of the community. Needs discussed during PFAC meetings not only focus on the services provided by Ranken Jordan but also include community-based needs.

PFAC meetings have and continue to be an excellent source of information regarding the needs of medically complex. Staff who facilitate PFAC meetings work to identify themes of needs identified by the members, guide meetings if and when they become emotionally charged, and provide feedback to Ranken Jordan's leadership on what how Ranken Jordan can make positive impacts in the community.

Needs and health issues were identified as:

- Support groups
- Post discharge assistance
- Post discharge assistance for parents, similar to a medical home model or a point person
- Access to pediatricians who specialize in children with special needs
- Access to services for persons not eligible for financial assistance
- Information source or helpline for information about services for post-discharge patients

Primary Data (cont.)

- Materials on case history to share with subsequent providers that is provided to patients upon discharge
- Connection to community-based services as they begin post COVID-19 shutdowns
- Transportation to and from Ranken Jordan for families and caregivers
- Childcare at Ranken Jordan for siblings of patients
- Address difficulties with scheduling services, including down time for children, changes in scheduling, and competition for time, often due to poor communication
- More activities for lower cognitive patients
- Outpatient mental health support
- Support navigating COVID-19 and the additional risk it presents to their patient and family

Identification and Prioritization of Needs

Description of the Community Health Needs Identified

The CHNA steering community met to review the primary and secondary data collected to identify and prioritize significant health needs. Data included survey responses, notes from one-on-one discussions and PFAC meetings, and publicly available data such as Community Commons, ESRI, Missouri and Illinois Departments of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, County Health Rankings and Roadmaps, National Cancer Institute, and other resources.

Specially attention was given to the impact of COVID-19 on the community served by the hospital and its continued impact on the geographic region surrounding the hospital. The committee recognized the parallels between the primary data gathered through the 2019 CHNA process and the 2022 CHNA process. Additionally, discussion during the identification and prioritization of needs process for the current CHNA gave special attention to the extensive time, effort, and resources of Ranken Jordan that were dedicated to the hospital's response to COVID-19. Shifting of resources to COVID-19 response lessened the progress Ranken Jordan was able to complete towards the needs identified through the 2019 CHNA process. The effects of COVID-19 are far reaching and will be felt for years to come.

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

1. The availability of clinical staff (Registered Nurses, Nurse Assistants, and Respiratory Therapists)
2. Outpatient psychiatric and psychological support
3. Resources for post-discharge care, in long-term care facilities, extended care facilities or independent living facilities
4. Flexible transportation to and from Ranken Jordan for appointments and also for parents and guardians during stays



Resources Available to Meet Priority Health Needs

Ranken Jordan Pediatric Bridge Hospital Resources

Hospital Resources

• Physical therapy

- Facilitation of gross motor skills
- Strengthening
- Endurance training
- Weight management
- Tone management
- Range of motion exercises
- Positioning
- Gait training (ambulation)
- Balance training
- Pain management
- Burn management
- Infant massage
- Functional electrical stimulation (E-stim)
- Adaptive equipment
- Home accessibility assessments
- Lower extremity splinting
- Aquatic therapy

• Occupational Therapy

- Developmental motor intervention
- Sensory integration
- Cognitive retraining
- Oral/motor feeding
- Visual perception retraining
- Fabrication of splints
- Environmental adaptations
- Home accessibility evaluations

• Physiatry

- Medical assessment
- Medical guidance in goal setting and treatment
- Orthotic (splint) recommendations
- Spasticity management
- Botox injections
- Baclofen pump adjustments
- Pain management
- Orthopedic rehabilitation
 - Botox injections
 - Baclofen pump adjustments
 - Medical assessments
 - Orthopedic rehabilitation
 - Aquatic therapy
 - Physical therapy assessment
 - Occupational therapy assessment
 - Respiratory care services
 - Home accessibility assessment
 - Equipment evaluations
 - On-site splint fitting
- Orthotics
- Nutritional assessments and support
- Facilities and support for parent and peer counseling groups
- Day treatment program
- Constraint Induced Movement Therapy (CIMT)



Ranken Jordan Pediatric Bridge Hospital Resources (cont.)

Community Resources

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

Implementation Strategy

Action Plan

The Implementation Strategy was developed by the CHNA steering committee. The committee reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous CHNAs and special attention spent discussing the impact of COVID-19. The committee additionally considered internal and external resources potentially available to address the current prioritized needs. The committee then considered each of the prioritized needs.

For each of the four identified and prioritized needs, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the need. The plan will be evaluated periodically to review measurable outcome indicators.

Implementation Strategy – Priority #1

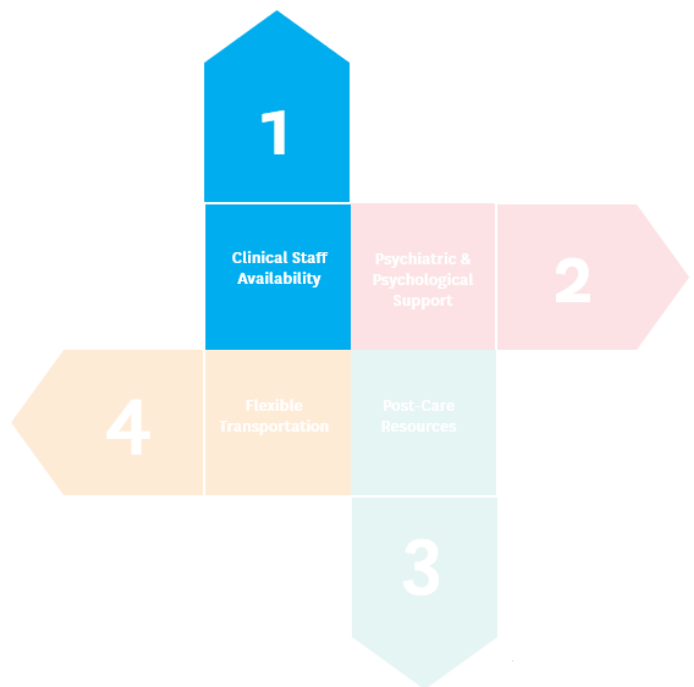
The group's first identified need was to address the availability of clinical staff (Registered Nurses, Nurse Assistants, and Respiratory Therapists).

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

- Ranken Jordan will advocate for external funding support to eliminate barriers to clinical training programs and continue to provide loan forgiveness to eligible employees
- Ranken Jordan will promote awareness of medical occupations
- Ranken Jordan will explore links to clinical organizations and associations

Anticipated impacts of these actions:

Ranken Jordan anticipates that taking the following steps will help to increase the number of available clinical staff within the service area.



Action Plan (cont.)

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

- Administration
- Respiratory Therapy
- Nursing
- Human Resources

Planned collaboration between the hospital and other organizations:

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

Implementation Strategy – Priority #2

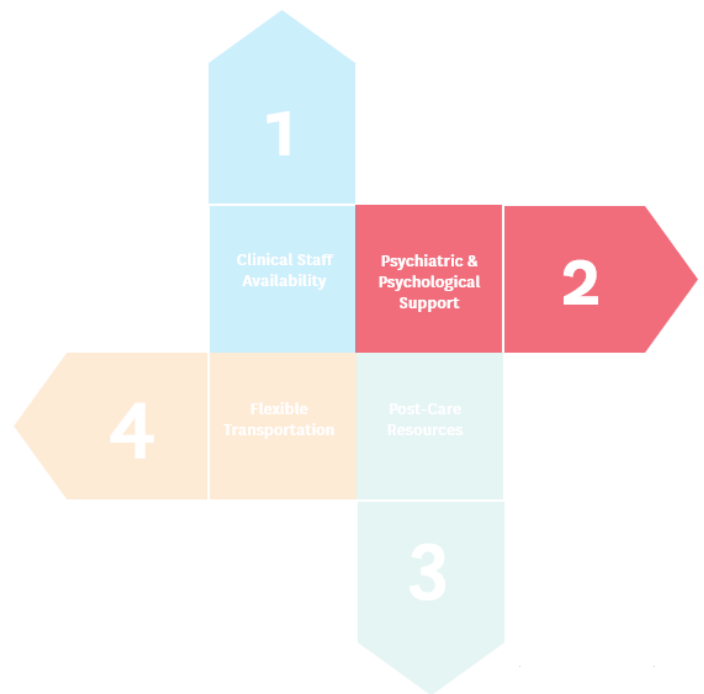
The second identified need was for outpatient psychiatric and psychological support.

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

- Ranken Jordan will continue market outpatient psychological services available at the hospital
- Ranken Jordan will work to build referral relationships regarding the hospital's outpatient behavioral health clinic
- Ranken Jordan will continue to search for funding to further support psychiatric and psychological services
- Ranken Jordan will explore growth opportunities for the outpatient behavioral health clinic

Anticipated impacts of these actions:

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



Action Plan (cont.)

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

- Administration
- Development
- Medical Team
- Outpatient Psychologist

Planned collaboration between the hospital and other organizations:

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

Implementation Strategy – Priority #3

The third prioritized need was for resources for post-discharge care, in long-term care facilities, extended care facilities or independent living facilities.

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

- Ranken Jordan will advocate for downstream services for medically complex children discharged from Ranken Jordan
- Ranken Jordan will advocate for long-term care specifically related to patients with respiratory needs

Anticipated impacts of these actions:

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



Action Plan (cont.)

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

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

Planned collaboration between the hospital and other organizations:

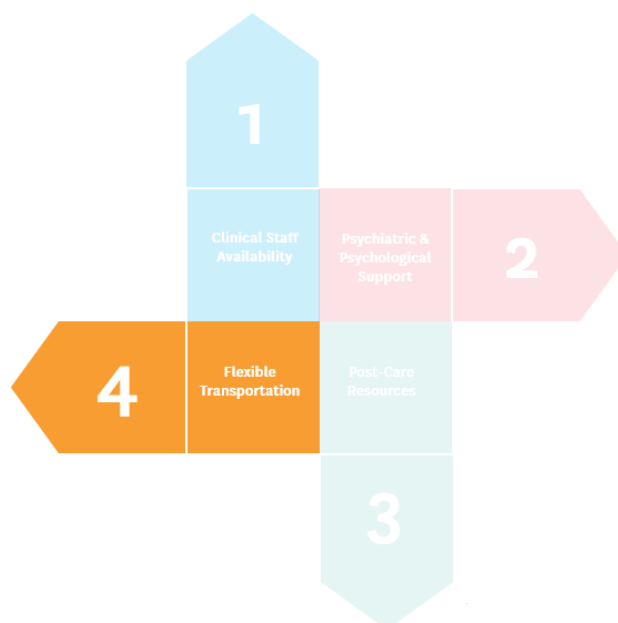
- VOYCE
- Every Children Hope Children's Home
- Cardinal Glennon Children's Medical Center
- St. Louis Children's Hospital

Implementation Strategy – Priority #4

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

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

- Ranken Jordan notes that transportation, except for transporting in-patients for external services, is beyond the role of the hospital. The hospital does recognize this need, however, and has determined that it will:
 - Continue to provide cab fare for parents and guardians when indicated
 - Continue to communicate the needs of parents, guardians, and outpatients to medical transport companies to encourage their sensitive response to those needs



Anticipated impacts of these actions:

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

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

- Administration
- Social Services
- Care Coordination
- Reception

Planned collaboration between the hospital and other organizations:

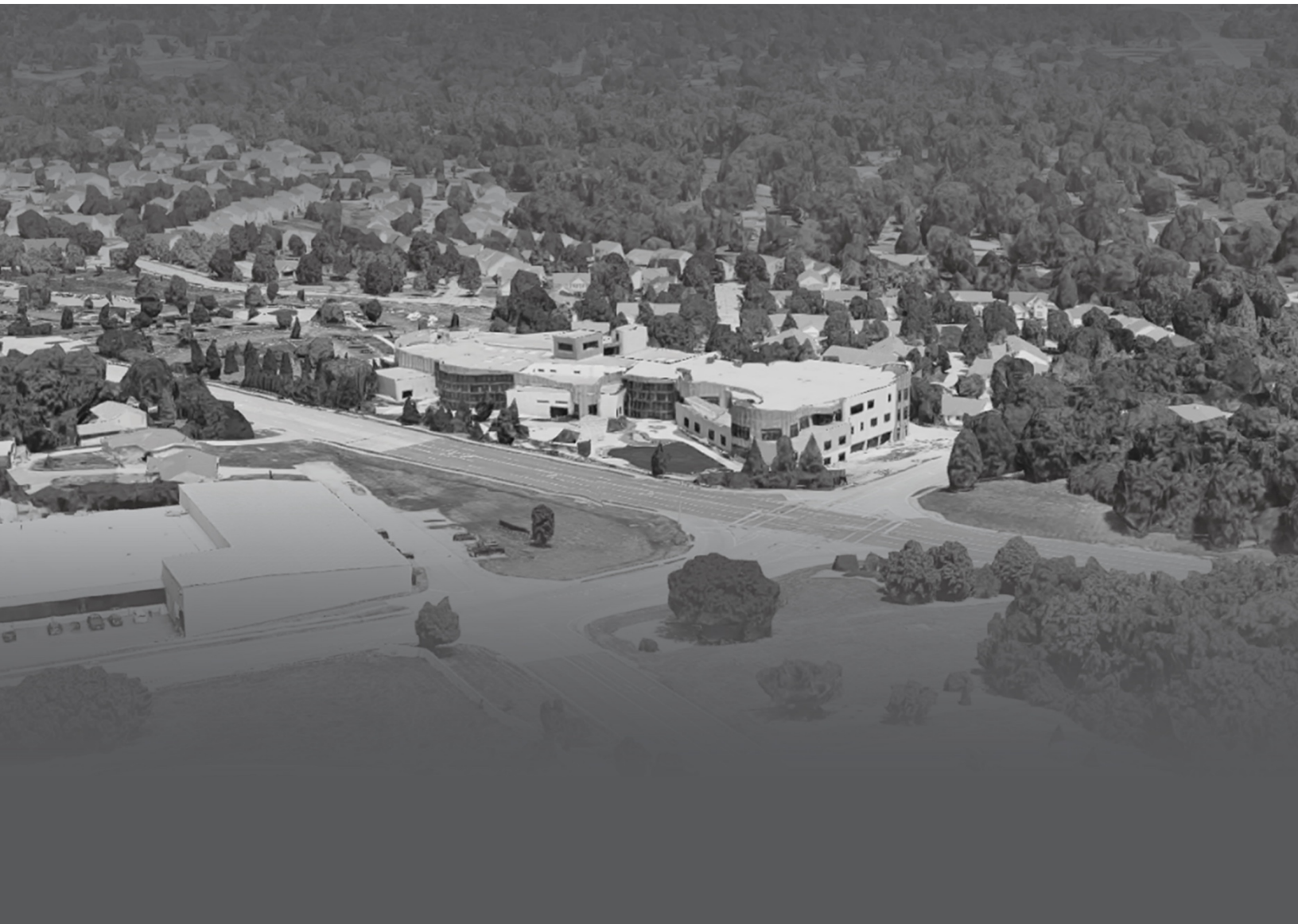
- Transportation services

CHNA 2022

Documentation and Communication of Results

This CHNA Report, approved by the Ranken Jordan Board of Directors, is available to the community on the hospital's public website: <https://www.rankenjordan.org>. A hard copy may be viewed at the hospital by inquiring at the reception desk at the main entrance.





RankenJordan[®]
PEDIATRIC BRIDGE HOSPITAL

2022 Community Health Needs Assessment

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