

MISSION: TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.



Community Health Needs Assessment and Implementation Plan **2022**



Table of Contents

Executive Summary	3
Community Description.....	4
Previous (2019) CHNA Measurement and Outcomes Results.....	8
Conducting the 2019 CHNA.....	9
Primary Data Collection: Survey of Community Stakeholders.....	9
Secondary Data Summary	11
Appendices.....	24
Appendix A: About Barnes-Jewish West County Hospital	24
Appendix B: 2020 Community Benefit Expenses.....	25
Appendix C: St. Louis County Demographic	26
Appendix D: Stakeholder Assessment of the Health Needs of West/South St. Louis County ...	30
APPENDIX E: Participating Stakeholders.....	47
APPENDIX F: Barnes-Jewish West County Hospital Community Health Needs Internal Work Group	49
Appendix G: Secondary Data	50
Implementation Strategy	75
Community Health Needs to be Addressed	76
Community Health Needs that Will Not be Addressed	78

Executive Summary

Barnes-Jewish West County Hospital (BJWCH) is a 77-bed hospital located in Creve Coeur, a western suburb of St. Louis County, Missouri. BJWCH provides short-stay, general medical and outpatient surgical services, emergency services and an on-site outpatient location of the Siteman Cancer Center. The hospital's intimate environment and convenient access means patients receive exceptional personalized care along with advanced specialty and acute care services. The hospital has also established effective partnerships towards the goal of improving the health of the community. In 2019, BJWCH opened a replacement hospital on the campus with 64 private patient rooms and 14 operating rooms. (See Appendix A for additional information).

Like all nonprofit hospitals, BJWCH is required by the Patient Protection and Affordable Care Act (PPACA) to conduct a community health needs assessment (CHNA) and create an implementation plan every three years. BJWCH completed its first CHNA and implementation plan in 2013 and again in 2016 and 2019. Reports were posted to the hospital's website to ensure easy access to the public.

As part of the CHNA process, each hospital is required to define its community. BJWCH defined its community as St. Louis County and identified West County and South County as specific focus areas. Once the community is defined, input must be solicited from those who represent the broad interests of the community served by the hospital, as well as those who have special knowledge and expertise in the area of public health. This process occurred in two phases.

In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion. Due to COVID-19, BJC HealthCare, along with collaborative health system and hospital partners, conducted an online survey for the safety of community stakeholders. The survey provided stakeholders an opportunity to rank community health needs compiled by these partners.

During phase two, findings from the stakeholder survey were reviewed and analyzed by an internal hospital work group of clinical and non-clinical staff. Using multiple sources, including Conduent Healthy Communities Institute, a secondary data analysis was conducted to further assess the identified needs. This analysis identified unique health disparities and trends evident in St. Louis County when compared to the state.

At the conclusion of the comprehensive assessment process, BJWCH identified one health need where focus is most needed to improve the future health of the community it serves: 1) Obesity.

The analysis and conclusions will be presented and reviewed for approval by the BJWCH Board of Directors.

Community Description

GEOGRAPHY

BJWCH is a member of BJC HealthCare, one of the largest, non-profit health care organizations in the country. BJC HealthCare hospitals serve urban, suburban and rural communities through 15 hospitals and multiple community health locations primarily in the greater St. Louis, southern Illinois and mid-Missouri regions. BJWCH, Missouri Baptist Medical Center and Christian Hospital are the three BJC HealthCare hospitals located in St. Louis County. BJWCH and Missouri Baptist Medical Center are located less than four miles from each other. The service areas of hospitals in the St. Louis metro area overlap each other.

St. Louis County is geographically divided into North County, West County and South County. BJWCH is located in west St. Louis County.

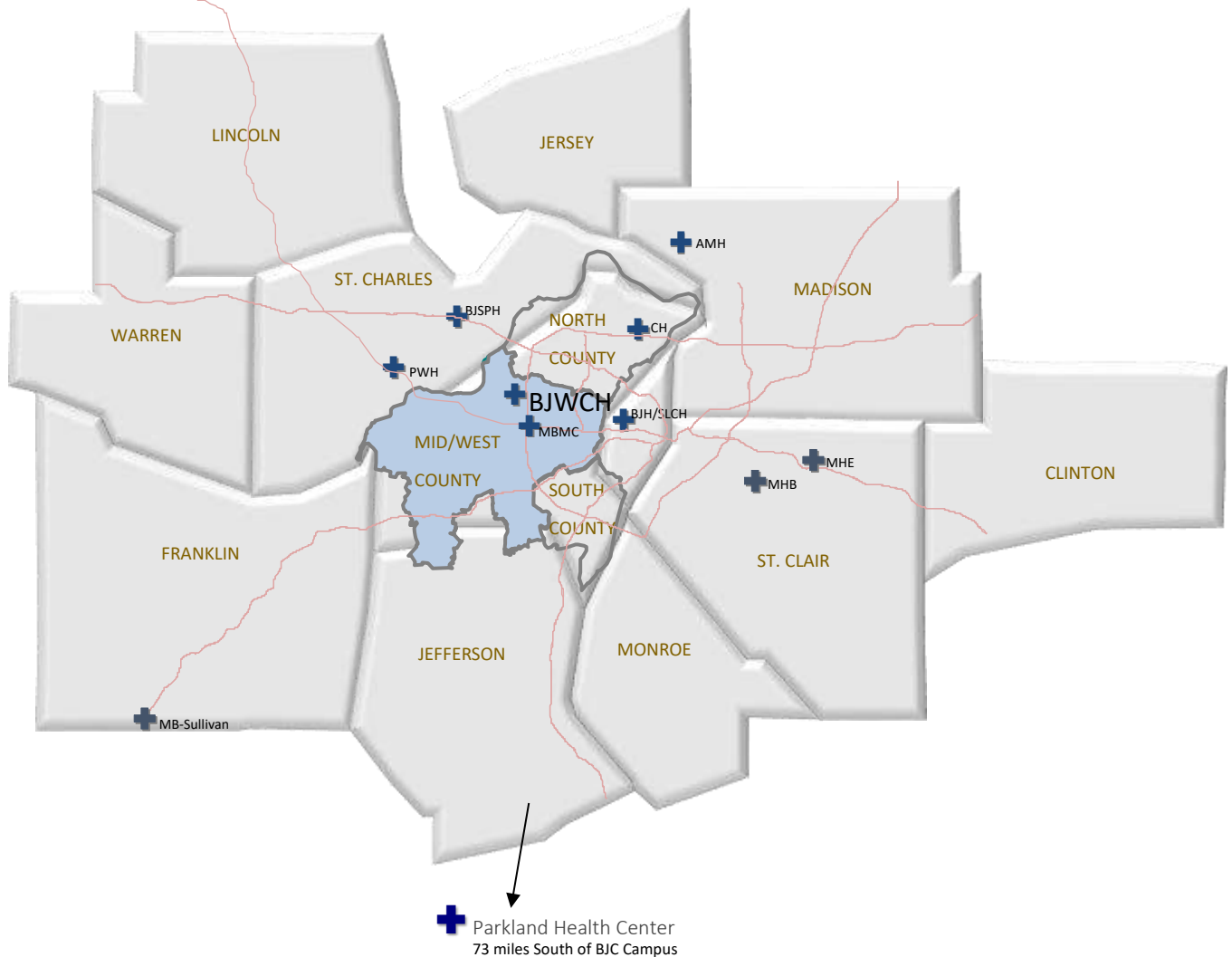
ST. LOUIS COUNTY SUB-COUNTY: WEST COUNTY AND SOUTH COUNTY

For the purpose of this report, BJWCH defined its community as St. Louis County with focus on West County and South County. The majority of the available data to complete the CHNA compared St. Louis County and Missouri. Whenever possible, data analysis was included on the sub-counties of St. Louis County: West County, South County and North County. Some available data is combined for Mid and West St. Louis County.



BJWCH's community is defined by its Primary Service Area in west and south St. Louis County in the map below.

BJWCH's Primary Service Area:
Mid/West St. Louis County MO (*shaded in blue below*)



POPULATION

Population data are necessary to understand the health of the community and plan for future needs. In 2022 in St. Louis County, 35 percent of the population resided in North County; 18 percent in South County; 29 percent in West County; and 18 percent in Mid County. Mid County is made up of the central and eastern portion of St. Louis County.

North County is estimated to have a 1 percent decline in its population from 2022 to 2027. West County is expected to have a 1 percent increase and Mid County and South County are forecasted to remain flat.

INCOME

In North County, the median household income in 2022 was \$56,732 and is estimated to increase to \$62,116 in 2027. In South County, the median household income in 2022 was \$79,630 and is projected to increase to \$88,612 in 2027. In West County, the median household income in 2022 was \$110,275 and is projected to increase to \$121,947 in 2027.

In North County, 29 percent of families with children were from single-parent households compared to 12 percent in South County; 13 percent in West County; and 10 percent in Mid County. Adults and children in single-parent households are at a higher risk for adverse health outcomes, such as emotional and behavioral problems, compared to their peers. Children in such households are more likely to develop depression, smoke, and abuse alcohol and other substances. Consequently, these children experience increased risk of morbidity and mortality from all causes. Similarly, single parents suffer from lower perceived health and higher risk of mortality.

EDUCATION

Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance or involved in crime. The Healthy People 2030 national health target is to increase the proportion of students who graduate high school within four years of their first enrollment in ninth grade to 90.7 percent. In West County, 98 percent of the population ages 25 and over had a high school diploma or higher education attainment compared to 96 percent South County; 97 percent in Mid County; and 92 percent in North County.

For many, having a bachelor's degree is the key to a better life. The college experience develops cognitive skills and allows learning about a wide range of subjects, people, cultures, and communities. Having a college degree also opens career opportunities in a variety of fields and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about \$1 million more per lifetime than their non-graduate peers. In West County, 59 percent of the population ages 25 and older had a bachelor's degree or higher compared to 39 percent in South County; 67 percent in Mid County; and 24 percent in North County.

AGE

The age structure of a community is an important determinant of its health, and the health services it will need. The distribution of the population across age groups was similar in North County, South County, West County, and Mid County.

From 2022 to 2027, the 65 and up age group (male and female) is projected to increase by 14.4 percent in West County; 10.3 percent in South County; 11.8 percent in North County; and 8.8 percent in Mid County.

From 2022 to 2027, the <18 age group is expected to decrease by 2.3 percent in West County; 0.7 percent in South County; 3.1 percent in North County; and 1.9 percent in Mid County.

RACE AND ETHNICITY

In North County, 58 percent identified as African American compared to 2.8 percent of residents in South County; 4.7 percent in West County; and 13.9 percent in Mid County.

Additional demographic data on St. Louis County is available in Appendix C.

TABLE 1: DEMOGRAPHIC OF MID, NORTH, SOUTH AND WEST ST. LOUIS COUNTY									
		MID COUNTY		NORTH COUNTY		SOUTH COUNTY		WEST COUNTY	
		2022	2027	2022	2027	2022	2027	2022	2027
PERCENT POPULATION BY RACE /ETHNICITY									
	White	76.2	75.3	35.1	32.3	91.1	90.0	83.3	81.3
	African American	13.9	13.7	58.1	60.2	2.8	3.2	4.7	5.2
	Asian	6.0	6.7	20	22	3.3	3.7	8.5	9.5
	Two or More Races	2.8	3.1	29	13	2.0	2.2	2.5	2.8
	Other	0.9	0.9	16	18	0.6	0.7	0.9	0.9
	American Indian/AL Native	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2
	Native Hawaiian/Pacific Islander	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.11	<0.1
	TOTAL POPULATION	187,398	186,834	360,730	358,125	182,757	182,859	292,050	295,284
PERCENT MALE POPULATION BY AGE									
	<18	22.3	21.8	25.9	25.3	20.9	20.6	22	21.3
	18-44	35.9	35.6	36.1	35.7	33.1	32.3	32.4	33.1
	45-64	24.1	23.0	23.2	22.2	25.7	24.2	26.7	24.2
	65-Up	17.8	19.6	14.8	16.9	20.4	22.9	18.8	21.5
	MALE TOTAL	89,179	89,049	168,579	167,944	87,796	87954	140,631	142,142
PERCENT FEMALE POPULATION BY AGE									
	<18	19.3	19.1	21.9	21.4	18.2	18.2	19.7	19.0
	18-44	33.4	32.6	34.4	33.1	31.2	31.3	30.7	30.9
	45-64	24.8	23.9	25.1	24.7	25.4	24.1	27.4	25.3
	65-Up	22.5	24.4	18.6	20.8	25.2	27.4	22.2	24.9
	FEMALE TOTAL	98,219	97,785	192,151	190,181	94,961	94,905	151,419	153,142

Source: Explore Mo Health

Previous (2019) CHNA Measurement and Outcomes Results

At the completion of the 2019 CHNA, BJWCH identified Diabetes as the top priority health needs where focus was most needed to improve the health of the community served by the hospital. The following table details goals and objectives to address this community health need. Due to COVID-19, the program was placed on hold.

TABLE 2: BARNES-JEWISH WEST COUNTY HOSPITAL 2019 CHNA OUTCOMES

DIABETES
GOAL
Reduce the disease burden of diabetes mellitus (DM) and improve the quality of life of persons with prediabetes or living with diabetes
OBJECTIVE
a) Increase the proportion of persons with diabetes who receive formal diabetes education
b) Increase the proportion of persons with diabetes whose condition has been screened
CURRENT STATUS
Due to COVID-19, the program was put on hold.

Conducting the 2019 CHNA

Primary Data Collection: Survey of Community Stakeholders

Due to COVID-19, BJC HealthCare, along with collaborative partners SSM Health; Mercy Hospital St. Louis and Mercy Hospital South; and the St. Luke's network of care, which includes St. Luke's Hospital and St. Luke's Des Peres Hospital, conducted online surveys for the safety of our employees and of our community stakeholders who represent the broad interests of the community served by each hospital and those with special knowledge or expertise in public health. In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion. (See Appendix D for the Stakeholder Assessment Report and Appendix E for the list of Participating Community Stakeholders)

Summary: Stakeholder Key Findings

Mental health stood out as being of greatest concern in West/South St. Louis County. Vaping and Drug Abuse were rated next in importance.

Most stakeholders identified low-income populations as being at greatest risk for poor health outcomes in West/South St. Louis County. Over half of stakeholders identified older adults 65+ and those suffering from substance abuse as also being at great risk.

Two out of three community stakeholders identified increasing symptoms of anxiety and depression and increasing feelings of loneliness/social isolation as the greatest impact of COVID-19 on West/South St. Louis County residents. Difficulty managing remote learning and financial hardship were identified by almost half of the stakeholders

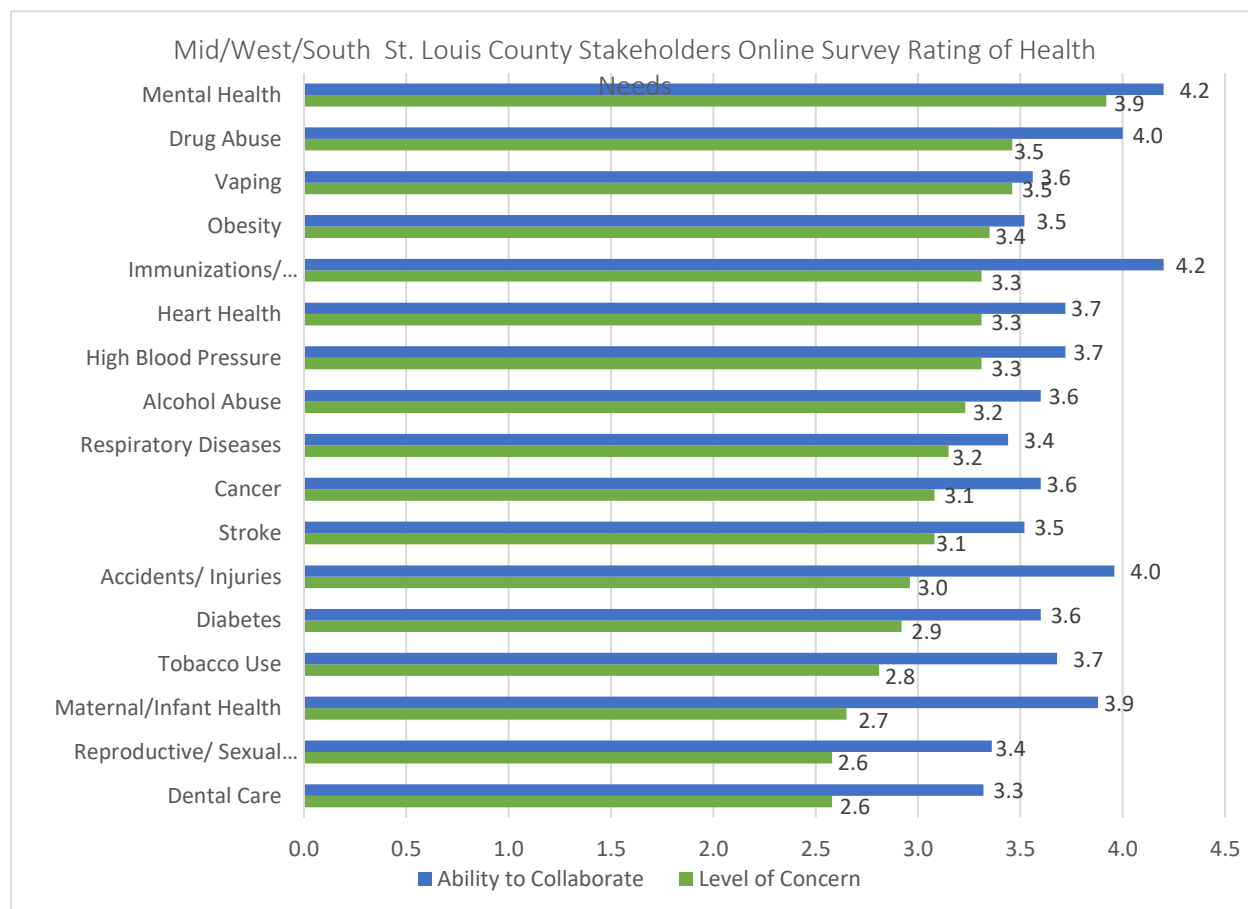
The largest resource gaps in West/South St. Louis County were noted around the areas of mental health. Affordable housing, food insecurity, jobs and substance abuse services were each mentioned by a few.

Many stakeholders identified new issues of concern related to mental health. Substance abuse and affordable housing were also noted.

Many ZIP codes were identified as being at risk in West/South St. Louis County. The most frequently mentioned was 63125 (Lemay/Mehlville) in South County.

RATING OF NEEDS

Community stakeholders were given the list of community health needs compiled by survey partners using results from the previous CHNA. Stakeholders were directed to rank these needs on a scale of 1 (low) to 5 (high), based on their perceived level of community concern and the ability of community organizations to collaborate in addressing.



Mental health and drug abuse were rated the highest in terms of level of concern, and mental health and immunization/infectious diseases were rated the highest for ability to collaborate.

Secondary Data Summary

Based on the needs reviewed by community stakeholders (see graph on previous page), key areas were identified for a secondary data analysis. These represent the areas of greatest concern identified by the stakeholders.

The majority of the analysis was completed comparing St. Louis County and its sub-counties and Missouri. In order to provide a comprehensive overview (analysis of disparity and trend) the most up-to-date secondary data from Conduent Healthy Communities Institute (HCI) was included for the needs listed below.

Conduent Healthy Communities Institute (HCI), an online dashboard of health indicators for St. Louis County, offers the ability to evaluate and track the information against state and national data and Healthy People 2020 and 2030 goals. Sources of data include the National Cancer Institute, Environmental Protection Agency, U.S. Census Bureau, U.S. Department of Education, and other national, state, and regional sources.

Other data sources included:

Missouri Department of Mental Health provides numerous comprehensive reports and statistics on mental health diseases, alcohol and drug abuse.

Missouri Information for Community Assessment (MICA) is an online system that helps to prioritize diseases using publicly available data. The system also provides for the subjective input of experts to rank their perceived seriousness of each issue.

Explore MO Health is a tool that allows users to explore hyperlocal health data to better understand the factors that can influence health outcomes. Data from this source combined data from Mid and West St. Louis County.

Community Health Needs

- Asthma
- Cancer
- Diabetes
- Heart Health/Stroke
- Maternal/Infant Health
- Mental Health
- Obesity
- Sexually Transmitted Infections
- Substance Abuse

A summary of the secondary data follows below. Additional secondary data is available in Appendix G. All mortality and incidence rates are per 100,000 population.

ASTHMA

Asthma is a chronic lung disease characterized by periods of wheezing, chest tightness, shortness of breath and coughing. Symptoms often occur or worsen at night or in the early morning. These

occurrences, often referred to as “asthma attacks,” are the result of inflammation and narrowing of the airways due to a variety of factors or “triggers.”

For the three-year period ending 2019, the North County region of St. Louis County had the highest rate of asthma cases at 107.94, which was nearly triple the rate in Mid/West County (36.57) and South County (35.35).

For the three-year period ending 2019, the North County region of St. Louis County had the highest rate of respiratory disease cases at 174.14, which was approximately 2.5 times the rate in Mid/West County (70.53) and double the rate in South County (86.9).

In St. Louis County, Whites had a 16.5 percent lower rate of asthma deaths (2011-2015); 5.2 percent lower rate of asthma hospitalizations (2011-2015) and 20.5 percent lower rate of asthma emergency room visits compared to Whites in the state. African Americans in St. Louis County had a 1.3 percent lower rate of asthma deaths (2011-2015); 4.4 percent higher rate of asthma hospitalizations (2011-2015) and 10.5 percent higher rate of asthma emergency room visits compared to African Americans in the state.

For the three-year period ending in 2019, the North County region of St. Louis County had the highest rate of chronic obstructive pulmonary disease cases at 66.2, which was 95 percent higher than the rate in Mid/West County (33.96) and 28 percent higher than the rate in South County (51.55).

CANCER

Cancer is a leading cause of death in the U.S., with more than 100 different types of the disease. According to the National Cancer Institute, lung, colon and rectal, breast, pancreatic and prostate cancer lead in the greatest number of annual deaths.

For the three-year period ending 2019, the North County region of St. Louis County had the lowest rate of cancer cases at 157.5, which was nearly 14 percent lower than the rate in Mid/West County (181.3) and South County (183.8).

When comparing the all-cancers incidence rate by race in St. Louis County, African Americans had the highest rate of 481 followed by Whites at 476. These rates are above the rates by race for Missouri; African Americans (2.4 percent higher in St. Louis County) and Whites (4.7 percent higher). Both Asians/Pacific Islanders and Hispanics in St. Louis County had lower rates than the state for their ethnicity.

St. Louis County had a higher age-adjusted all-cancers incidence rate when compared to Missouri. For the five-year period ending 2019, St. Louis County's rate of 471.2 was 4.2 percent higher than the states rate of 452.3.

St. Louis County had a lower age-adjusted all-cancers death rate when compared to the state rate. For the five-year period ending 2019, St. Louis County's rate of 154.7 was 7 percent lower than the state rate of 166.3.

When comparing the all-cancer death rate by race in St. Louis County, African Americans had the highest rate of 201 followed by Whites at 146.3. Hispanics had the lowest rate of 73.6. African Americans and Asian/Pacific Islander groups both had a higher rate in St. Louis County compared to the rate in the state.

DIABETES

Diabetes is a leading cause of death in the U.S. This disease can have harmful effects on most of the organ systems in the human body. It is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working-age adults. Persons with diabetes are also at increased risk for coronary heart disease, neuropathy and stroke. Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population becomes older.

For the three-year period ending 2019, the North County region of St. Louis County had the highest rate of diagnosed diabetes cases at 201.25, which was 93 percent higher than the rate in Mid/West County and 55 percent higher than the rate in South County.

St. Louis County continued to have a lower age-adjusted mortality rate due to diabetes when compared to the state rate.

For the five-year period ending 2019, St. Louis County's rate of 16.1 was 21.4 percent lower than the state rate of 20.5.

For the five-year period ending 2019, Whites in St. Louis County had a 35.9 percent lower age-adjusted mortality rate due to diabetes when compared to Whites in the state. The African American rate was about the same in St. Louis County compared to the state (33.1 vs. 33.2). The rate for adults 20+ in St. Louis County has remained relatively flat at 8.9 percent from 2017 to 2019.

HEART HEALTH & STROKE

Heart disease and stroke are among the most preventable diseases in the U.S. yet are the most widespread and costly health conditions facing the nation today. Heart disease and stroke are the first and third leading causes of death for both women and men.

Cerebrovascular disease is a leading cause of death in the United States, and although it is more common in older adults, it can occur at any age. The most important modifiable risk factor for cerebrovascular disease and stroke is high blood pressure. Other risk factors include high

cholesterol, heart disease, diabetes mellitus, physical inactivity, obesity, excessive alcohol use and tobacco use.

For the three-year period ending 2019, the South County region of St. Louis County had the highest number of diagnosed heart diseases cases at 201.2, which was 29 percent higher than the rate in Mid/West County (155.5) and 3.5 percent higher than the rate in North County (194.3).

For the three-year period ending 2019, the North County region of St. Louis County had the highest rate of diagnosed ischemic stroke cases at 8.8, which was 27 percent higher than the rate in Mid/West County (6.9) and 33 percent higher than the rate in South County (6.6).

For the four-year period ending 2019, St. Louis County's age-adjusted mortality rate due to cerebrovascular disease (stroke) was 6 percent higher when compared to the state rate. The higher rate was driven by a higher rate for African Americans, who had a 10.2 percent higher rate than among African Americans in the state. Whites had a 2.9 percent lower rate in the county compared to the state. Another factor contributing to St. Louis County's higher rate was the rate among males, which was 13 percent higher than for males in the state.

For the four-year period ending 2019, St. Louis County's age-adjusted mortality rate due to heart disease was 7.9 percent lower when compared to the state rate. However, when comparing by race, African Americans in St. Louis County had a 4.6 percent higher rate compared to African Americans in the state.

For the five-year period ending 2019 compared to the period ending in 2015, the age-adjusted mortality rate due to heart disease for St Louis County remained flat at about 175.9 while the state rate declined approximately 2 percent to 190.9 for the same time period.

For the three-year period ending 2019, the North County region of St. Louis County had the highest rate of hypertension cases at 351.54, which was 52.4 percent higher than the rate in Mid/West County (230.69) and 28 percent higher than the rate in South County (274.31).

MATERNAL AND INFANT HEALTH

Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, preterm delivery, low birth weight, sudden infant death syndrome (SIDS), and maternal complications during pregnancy. This is a Healthy People 2030 Leading Health Indicator. The Healthy People 2030 national health target is to reduce the rate of infant deaths to 5.0 deaths per 1,000 live births.

Babies born premature are likely to require specialized medical care, and oftentimes must stay in intensive care nurseries. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. The most important things an expectant mother can do to prevent prematurity and low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and get prenatal care.

The Healthy People 2030 national health target is to reduce the proportion of infants who are born preterm to 9.4 percent.

While the infant mortality rate in St. Louis County has steadily declined from 2015-2019, its rate was slightly higher than the rate in Missouri (6.6 percent vs. 6.4 percent).

For the three-year period ending 2019 in St. Louis County, the rate of mothers who received early prenatal care was slightly higher than the rate in the state (74.7 percent vs. 72.5 percent). When comparing county and state rates by race, every race had a higher rate except for American Indians/Alaska Natives. In St. Louis County, White mothers had the highest rate at 82.3 percent, while American Indians/Alaska Natives had the lowest at 58.3 percent.

For 2019, African American mothers had the highest preterm birth rate at 16.3 percent compared to White and Hispanic mothers at 10 percent.

MENTAL/BEHAVIORAL HEALTH: MENTAL HEALTH

Individuals struggling with serious mental illness are at higher risk for homicide, suicide, and accidents as well as chronic conditions including cardiovascular and respiratory diseases and substance use disorders. In state fiscal year 2020, 6,965 St. Louis County residents received treatment for serious mental illness at publicly funded facilities. In St. Louis County, 12.7 percent of adults ages 18 years and older did not have good mental health for 14 days or more. While there are data on those who receive treatment, data on mental health in the general population is very limited. This is especially true at the local level.

For the three-year period ending 2019, the North County region of St. Louis County had the highest rate of diagnosed mental health disorder cases at 45.45, which was 62.1 percent higher than the rate in Mid/West County (28.03) and 52.9 percent higher than the rate in South County (29.73).

MENTAL / BEHAVIORAL HEALTH: SUBSTANCE USE

The availability of county-level data on substance use is limited. National Survey on Drug Use and Health (NSDUH) and Centers for Disease Control and Prevention (CDC) PLACES are two data sources used to report data for adults at regional and county level.

In St. Louis County, the prevalence of binge drinking among adults 18 years and older is 17.8 percent. The prevalence of current smoking among the same age group is 15.4 percent. Alcohol is the most commonly used substance in Missouri adults. In the Eastern region, approximately 59.5 percent of adults currently drink alcohol, and 27.9 percent have had 5 or more drinks of alcohol on a single occasion in the past 30 days. Cigarette use is of concern across the state. In the Eastern region, 19.3 percent of adults currently use cigarettes compared to 22.6 percent statewide.

Marijuana use in Missouri continues to be of interest, particularly with recent shifts in legality of adult use across the nation and medical marijuana sales in the state since October 2020. In the Eastern region, approximately 9.1 percent of adults currently used marijuana in the past 30 days.

Prescription drug misuse is of growing concern both across the nation and in Missouri, where 3.8 percent of adults in the Eastern region reported misuse of prescription pain medication over the past year. (Behavioral Health Profile of St. Louis County 2016-2018)

*For the three-year period ending 2019 Mid/West County had the lowest rate of opioid use at 15.56 compared to South County at 19.84 and North County at 37.17.

*For the three-year period ending 2019 Mid/West County had the lowest rate of tobacco use at 145.62 compared to South County at 191.25 and North County at 319.09.

*For the three-year period ending 2019 Mid/West County had the lowest rate of alcohol use at 3.83 compared to South County at 4.49 and North County at 6.79.

** The definition for alcohol is for alcohol/drug abuse and does not capture everyone who uses alcohol but does not abuse their usage. Tobacco use refers to any diagnosed tobacco smoker, which would include normal usage. Opioid includes alcohol abuse (alcohol and opioid abuse data is mixed) and opioid use.*

OBESITY

The percentage of obese adults is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis.

For the three-year period ending 2019, obesity rates were: Mid/West County (46.2); South County (60.6); and North County (105.94).

SEXUALLY TRANSMITTED INFECTIONS

Chlamydia, one of the most frequently reported bacterial sexually transmitted infections (STIs) in the United States, is caused by the bacterium, chlamydia trachomatis. Although symptoms of chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem. Chlamydia can also be transmitted via discharge from the penis of an infected man. Under-reporting of chlamydia is substantial because most people with chlamydia are not aware of their infections and do not seek testing. The Centers for Disease Control and Prevention recommends that all sexually active women aged 25 or younger be tested annually for chlamydia. Females aged 15 to 19 consistently have the highest rate of chlamydia compared with any other age or sex group according to the Centers for Disease Control and Prevention. This group may be particularly susceptible because the cervix is not yet fully developed. Increased screening in this group, however, may partially contribute to increased rates of reported chlamydia.

For the three-year period ending 2019, the North County region of St. Louis County had the highest rates of sexually transmitted infectious at 26.51, which was 142.7 percent higher than

the rate in Mid/West County (10.92) and 94.9 percent higher than the rate in South County (13.6).

For the five-year period ending in 2014 in St. Louis County, African Americans had the highest chlamydia rate among females ages 15-19 at 10,205 cases. This was over six times higher than the rate among Whites at 1,648.

WORK GROUP PRIORITIZATION MEETINGS

BJWCH selected 11 employees to participate on an internal CHNA work group from various hospital departments. (See Appendix F)

To prepare for the work group meeting, members were sent the list of the needs identified by the stakeholders. (Table 3)

TABLE 3: ST. LOUIS COUNTY COMMUNITY HEALTH NEEDS RANKED BY STAKEHOLDERS		
Accidents/Injuries	Heart Health	Reproductive/Sexual Health
Alcohol Abuse	High Blood Pressure	Respiratory Diseases
Cancer	Immunization/Infectious Diseases	Stroke
Dental Care	Maternal/Infant Health	Tobacco Use
Diabetes	Mental Health	Vaping
Drug Abuse	Obesity	

Additionally, the work group was instructed to rank the seriousness and feasibility of addressing these health needs online using a Likert scale of 1-5. A Likert scale is a psychometric scale commonly used in research that employs questionnaires. The scores were then averaged for seriousness and feasibility and ranked.

The work group met May 23, 2022, to review the purpose for the CHNA, role of the work group and goals for the project. The group reviewed the key findings from the 2019 report and the 2021 stakeholder group report.

Next, the work group discussed the results of the ranking. Table 4 shows the results of this ranking.

TABLE 4: BARNES-JEWISH WEST COUNTY HOSPITAL INTERNAL TEAM INTERNAL WORK GROUP PRELIMINARY HEALTH RANKING BY SERIOUSNESS & FEASIBILITY OF THE HEALTH NEEDS

RANK	HEALTH NEEDS	SERIOUSNESS: AVERAGE	RANK	HEALTH NEEDS	FEASIBILITY AVERAGE
1	Diabetes	4.43	1	Cancer	4.29
2	Mental Health	4.29	1	Immunizations / Infectious Diseases (COVID-19, Influenza, Pneumonia)	4.29
3	Cancer	4.14	3	Obesity	4.14
4	Obesity	4.00	4	Diabetes	4.00
5	Heart Health	3.86	4	High Blood Pressure	4.00
6	High Blood Pressure	3.43	6	Heart Health	3.86
6	Stroke	3.43	7	Alcohol Abuse	3.43
8	Alcohol Abuse	3.29	8	Dental Care	3.17
8	Immunizations / Infectious Diseases (COVID-19, Influenza, Pneumonia)	3.29	9	Stroke	3.14
8	Respiratory Diseases (Allergies, Asthma, COPD)	3.29	9	Tobacco Use	3.14
11	Tobacco Use	3.14	11	Vaping	3.00
12	Drug Abuse	2.86	12	Drug Abuse	2.86
12	Vaping	2.86	12	Mental Health	2.86
14	Maternal / Infant Health	2.57	12	Respiratory Diseases (Allergies, Asthma, COPD)	2.86
15	Reproductive / Sexual Health (Including Sexually Transmitted Infections)	2.33	15	Maternal / Infant Health	2.57
16	Accidents / Injuries	2.00	16	Accidents / Injuries	2.14
17	Dental Care	2.00	16	Reproductive / Sexual Health (Including Sexually Transmitted Infections)	2.14

The members reviewed both the seriousness and feasibility of addressing needs. The following points summarize the discussion of the work group members.

- While mental health ranked as a top need in terms of seriousness for the workgroup, the hospital does not possess the resources to impact this need.
- Discussion was held that obesity was expected to be higher on the list (higher than 4th) as obesity can impact other diseases, such as diabetes, mental health, cancer, heart health, high blood pressure, stroke, respiratory disease and maternal fetal health. There can be a secondary benefit to addressing a need such as obesity.

After thorough review of the rankings in Table 4, the team decided to guide their discussion using the top 10 needs ranked based on feasibility (Table 5).

TABLE 5: BARNES-JEWISH WEST COUNTY HOSPITAL INTERNAL WORK GROUP PRELIMINARY HEALTH RANKING BY FEASIBILITY: TOP TEN HEALTH NEEDS RANKING

RANK BY FEASIBILITY	HEALTH NEEDS	FEASIBILITY AVERAGE	RANKING BY SERIOUSNESS	SERIOUSNESS AVERAGE
1	Cancer	4.29	3	4.14
1	Immunizations / Infectious Diseases (COVID-19, Influenza, Pneumonia)	4.29	8	3.29
3	Obesity	4.14	4	4
4	Diabetes	4.00	1	4.43
4	High Blood Pressure	4.00	6	3.43
6	Heart Health	3.86	5	3.86
7	Alcohol Abuse	3.43	8	3.29
8	Dental Care	3.17	17	2
9	Stroke	3.14	6	3.43
9	Tobacco Use	3.14	11	3.14

The team discussion centered around the top 10 needs based on current and future resources. This helped the team to narrow the list to two health needs. (Table 6)

TABLE 6: THE TWO COMMUNITY HEALTH NEEDS SELECTED BY BARNES-JEWISH WEST COUNTY HOSPITAL INTERNAL TEAM

Cancer
Obesity

Following further discussion of these results, the work group agreed upon needs for priority ranking. The team made its decision considering available resources.

The work group used a ranking process to assign weight to criteria by using the established criteria for priority setting above. Criteria of overriding importance were weighted as “3,” important criteria were weighted as “2,” and criteria worthy of consideration, but not a major factor, were weighted as “1.” Health needs were then assigned a rating ranging from one (low need) to five (high need) for each criteria. The total score for each need was calculated by multiplying weights by rating.” This process was done individually. (Table 7)

TABLE 7: CRITERIA FOR PRIORITY SETTING

	RATING	WEIGHT	SCORE
How many people are affected by the problem?			
What are the consequences of not addressing this problem?			
Are existing programs addressing this issue?			
How important is this problem to community members?			
How does this problem affect vulnerable populations?			
TOTAL SCORE			

Table 8 shows the results of the priority ranking by the work group. Obesity was the top-ranking need with a score of 65.

TABLE 8: BARNES-JEWISH WEST COUNTY HOSPITAL INTERNAL WORK GROUP COMMUNITY HEALTH NEEDS

RANK	HIGHEST-LOWEST	TOTAL SCORE
1	Obesity	65
2	Cancer	56

Table 9 shows the ranking by the stakeholders and the secondary data ranking from the Conduent Healthy Communities Institute Data Scoring Tool that compares data from similar communities in the nation. The tool provides a systematic ranking of indicators for St. Louis County and helps prioritize the needs. The scoring is based on how a county compares to other similar counties within the state and U.S., the average state value, the average U.S. value, historical indicator values, Healthy People 2020 and 2030 targets, and locally set targets, depending on data availability. The team reviewed the scores by indicators.

Similarities observed in the top tier of needs include mental health and alcohol/drug abuse.

TABLE 9: SECONDARY DATA BY CONDUENT HEALTHY COMMUNITIES INSTITUTE VS. ST. LOUIS MID/WEST/SOUTH COUNTIES STAKEHOLDERS RANKING OF HEALTH NEEDS

RANKING	CONDUENT HEALTHY COMMUNITIES INSTITUTE SECONDARY DATA HIGHEST TO LOWEST RATING	STAKEHOLDERS RANKING OF HEALTH NEEDS HIGHEST TO LOWEST
1	Maternal, Fetal & Infant Health	Mental Health
2	Prevention & Safety	Drug Abuse
3	Alcohol & Drug Abuse	Vaping
4	Heart Disease & Stroke	Obesity
5	Mental Health & Mental Disorders	Immunizations/ Infectious Diseases
6	Immunizations & Infectious Diseases	Heart Health
7	Environmental Health	High Blood Pressure
8	Women's Health	Alcohol Abuse
9	Physical Activity	Respiratory Diseases
10	Cancer	Cancer
11	Diabetes	Stroke
12	Children's Health	Accidents/ Injuries
13	Prespiratory Diseases	Diabetes
14	Economy	Tobacco Use
15	Wellness & Lifestyle	Maternal/Infant Health
16	Health Care Access & Quality	Reproductive/ Sexual Health
17	Oral Health	Dental Care

The work group also reviewed results of the secondary data using the Healthy Communities Institute (HCI) Data Scoring Tool, which compares data from similar communities in the nation. The tool provides a systematic ranking of indicators for the county and helps prioritize the needs. The scoring is based on how a county compared to other similar counties within the state, the U.S. and Healthy People 2030 targets, depending on data availability. The team reviewed the scores by indicators.

Table 10 shows:

- Primary data from the stakeholder ranking
- Needs identified by the internal work group ranking

- Results of HCI scoring tools

TABLE 10: SECONDARY DATA VS. COMMUNITY STAKEHOLDERS RANKING VS. MISSOURI BAPTIST MEDICAL CENTER INTERNAL WORK GROUP RANKING		
CONDUENT HEALTHY COMMUNITIES INSTITUTE SECONDARY DATA HIGHEST TO LOWEST RATING	STAKEHOLDERS RANKING OF HEALTH NEEDS HIGHEST TO LOWEST	MISSOURI BAPTIST MEDICAL CENTER INTERNAL WORK GROUP RANKING OF COMMUNITY HEALTH NEEDS
Maternal, Fetal & Infant Health	Mental health	Obesity
Prevention & Safety	Drug abuse	Cancer

- Mental health was ranked as the top health need by the stakeholders while the internal team ranked obesity as the top health need.
- However, the secondary data showed maternal, fetal & infant health as the top health need.
- Drug abuse was ranked as the second highest need by the stakeholders
- The internal work group ranked cancer as the second highest.
- The secondary data ranked prevention and safety as the second highest health need.

CONCLUSION

At the conclusion of the comprehensive assessment process to determine the most critical needs in the West County and South County communities, the group concluded that BJWCH will focus on Obesity. This area of focus will allow the hospital team to leverage resources and existing expertise and have the potential to positively impact other important community health needs, such as heart health, diabetes and cancer prevention.

Appendices

Appendix A: About Barnes-Jewish West County Hospital

Barnes-Jewish West County Hospital (BJWCH) has been providing high-quality health care in a compassionate, healing environment since 1989 and is united with BJC HealthCare in the mission to improve the health of the people and communities we serve.

Patients have access to world-class physicians, including Washington University Physicians, BJC Medical Group and private practice physicians. BJWCH offers highly specialized care for a unique line of services. This includes the Siteman Cancer Center, emergency care, heart and vascular, imaging, sleep disorders, and physical therapy and rehabilitation, as well as a full range of inpatient and outpatient surgical procedures including colorectal, urology, orthopedics, plastics, ENT, digestive diseases, bariatrics and ophthalmology.

In 2017, BJC HealthCare continued to invest in our community by breaking ground for a replacement hospital and new medical office building on the campus. Today, the new hospital provides a healing environment that is innovative, modern and efficient, designed to enhance the excellent patient care for which we are known.

BJWCH is connected to the region's national leader in medicine, Barnes Jewish Hospital and is a part of BJC HealthCare, one of the largest nonprofit health care organizations in the United States.

In 2020, BJWCH provided \$19,742,036.00 in financial assistance and programs serving 68,638 persons. This total includes:

- \$5,565,073.00 in financial assistance and means-tested programs serving 8,456 individuals
- 5,080 individuals on Medicaid at a total net benefit of \$2,741,337.00

BJWCH also provided a total of \$14,176,963.00 to 60,182 persons in other community benefits including, community health improvement services, subsidized health services and in-kind donations. (See Appendix B for Community Benefit Expenses)

Appendix B: 2020 Community Benefit Expenses

BARNES-JEWISH WEST COUNTY HOSPITAL: 2020 TOTAL NET COMMUNITY BENEFIT EXPENSES		
CATEGORY	PERSONS SERVED	TOTAL NET BENEFIT
FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS		
Financial Assistance at Cost	3,376	\$ 2,823,736.00
Medicaid	5,080	\$ 2,741,337.00
TOTAL FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS	8,456	\$ 5,565,073.00
OTHER COMMUNITY BENEFITS		
Community Health Improvement Services	144	\$ 19,635.00
Health Professional	73	\$ 7,500,742.00
Subsidized Health Services	59,965	\$ 6,524,661.00
In-Kind Donation		\$ 131,925.00
TOTAL OTHER COMMUNITY BENEFITS	60,182	\$ 14,176,963.00
GRAND TOTAL	68,638	\$ 19,742,036.00

Appendix C: St. Louis County Demographic

DEMOGRAPHIC OF ST. LOUIS COUNTY VS. MISSOURI		
	ST. LOUIS COUNTY	MISSOURI
GEOGRAPHY		
Land area in square miles, 2010	507.80	68,741.52
Persons per square mile, 2010	1967.2	87.1
POPULATION		
Population, total 2019	994,205	6,137,428
Population, total 2010	998,883	5,988,923
Population, Percent Change - 2010 -2017	0.5	2.5
AGE		
Persons Under 5 Years, Percent, 2019	5.8	6.0
Persons Under 18 Years, Percent, 2019	22.0	22.3
Persons 65 Years and over, Percent, 2019	18.5	17.3
GENDER		
Female Person, Percent, 2019	52.5	50.9
Male Persons, Percent, 2019	47.5	49.1
RACE / ETHNICITY		
White, Percent, 2019	67.9	82.9
White Alone, not Hispanic or Latino, Percent, 2019	65.3	79.1
African American Alone, Percent, 2019	25.0	11.8
Asian Alone, Percent, 2019	4.7	2.2
Hispanic or Latino, Percent, 2019	3.0	4.4
Two or More Races, Percent, 2019	2.1	2.4
American Indian and Alaska Native alone, Percent, 2019	0.2	0.6
Native Hawaiian and Other Pacific Islander Alone, Percent, 2019	<1	0.2
LANGUAGE		
Foreign Born Persons, Percent, 2015-2019	7.4	4.2

Source: Conduent Healthy Communities Institute

ST. LOUIS COUNTY DEMOGRAPHIC INCLUDING EDUCATION / INCOME / HOUSING VS. MISSOURI		
	ST. LOUIS COUNTY	MISSOURI
HOUSING		
Housing Units, Total, 2019	442,301	2,819,383
Homeownership, Percent, 2015-2019	63.1	57.8
Median Housing Units Value, Dollars, 2015-2019	198,800	157,200
FAMILY & LIVING ARRANGEMENTS		
Households, Total, 2015-2019	405,984	2,414,521
Average Household Size persons per households, (2015-2019)	2.4	2.5
Population Age 5+ with Language other than English Spoken at Home, Percent, 2015-2019	9.3	6.3
EDUCATION		
High School Graduate or Higher, Percent of Persons Age 25+, 2015-2019	93.5	89.9
Bachelor's Degree or Higher, Percent of Persons Age 25+, 2015-2019	43.6	29.2
INCOME & POVERTY		
Median Household Income, Dollars, 2015-2019	67,420	55,461
Per Capita Income, Dollars, 2015-2019	41,426	30,810
People Living Below Poverty Level, Percent, 2015-2019	9.7	13.7

Source: Conduent Healthy Communities Institute

TABLE 1: DEMOGRAPHIC OF MID, NORTH, SOUTH AND WEST ST. LOUIS COUNTY

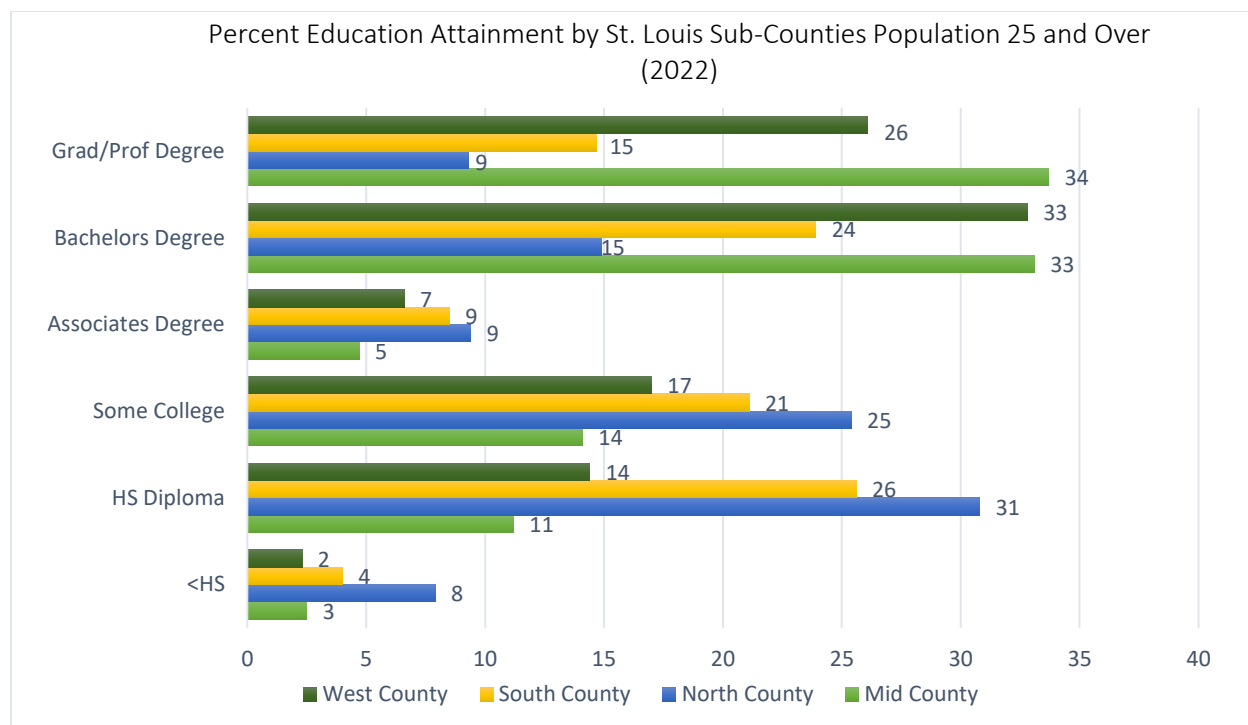
		MID COUNTY		NORTH COUNTY		SOUTH COUNTY		WEST COUNTY	
		2022	2027	2022	2027	2022	2027	2022	2027
PERCENT POPULATION BY RACE /ETHNICITY									
	White	76.2	75.3	35.1	32.3	91.1	90.0	83.3	81.3
	African American	13.9	13.7	58.1	60.2	2.8	3.2	4.7	5.2
	Asian	6.0	6.7	20	22	3.3	3.7	8.5	9.5
	Two or More Races	2.8	3.1	29	13	2.0	2.2	2.5	2.8
	Other	0.9	0.9	16	18	0.6	0.7	0.9	0.9
	American Indian/AL Native	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2
	Native Hawaiian/Pacific Islander	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.11	<0.1
	TOTAL POPULATION	187,398	186,834	360,730	358,125	182,757	182,859	292,050	295,284
PERCENT MALE POPULATION BY AGE									
	<18	22.3	21.8	25.9	25.3	20.9	20.6	22	21.3
	18-44	35.9	35.6	36.1	35.7	33.1	32.3	32.4	33.1
	45-64	24.1	23.0	23.2	22.2	25.7	24.2	26.7	24.2
	65-Up	17.8	19.6	14.8	16.9	20.4	22.9	18.8	21.5
	MALE TOTAL	89,179	89,049	168,579	167,944	87,796	87,954	140,631	142,142
PERCENT FEMALE POPULATION BY AGE									
	<18	19.3	19.1	21.9	21.4	18.2	18.2	19.7	19.0
	18-44	33.4	32.6	34.4	33.1	31.2	31.3	30.7	30.9
	45-64	24.8	23.9	25.1	24.7	25.4	24.1	27.4	25.3
	65-Up	22.5	24.4	18.6	20.8	25.2	27.4	22.2	24.9
	FEMALE TOTAL	98,219	97,785	192,151	190,181	94,961	94,905	151,419	153,142

Source: Explore Mo Health

TOTAL HOUSEHOLDS & FAMILY STRUCTURE OF SUB-COUNTIES OF ST. LOUIS COUNTY

		MID COUNTY		NORTH COUNTY		SOUTH COUNTY		WEST COUNTY	
YEAR		2022	2027	2022	2027	2022	2027	2022	2027
TOTAL HOUSEHOLDS		80,911	81,088	145,932	145,557	78,843	79,171	115,673	117,180
MEDIAN HOUSEHOLD INCOME		\$ 103,153	\$ 115,199	\$ 56,732	\$ 62,116	\$ 79,630	\$ 88,612	\$ 110,275	\$ 121,947
FAMILY STRUCTURE									
	Total Families	47,686	47,803	94,491	94,238	50,618	50,827	80,950	81,946
	Married Couple W/ Children	16,758	16,710	19,269	19,176	13,931	13,972	28,647	28,935
	Married Couple W/o Children	22,307	22,302	31,434	31,387	25,723	25,787	39,598	39,999
	Female Householder W/ Children	3,775	3,855	22,464	22,442	4,148	4,208	5,258	5,408
	Female Householder W/o Children	2,801	2,834	12,591	12,620	3,500	3,524	3,796	3,885
	Male Householder W/ Children	1,101	1,137	4,735	4,651	2,016	2,029	2,006	2,046
	Male Householder W/o Children	944	965	3,998	3,962	1,300	1,307	1,645	1,673

Source: Explore Mo Health



Source: Explore Mo Health

Appendix D: Stakeholder Assessment of the Health Needs of West/South St. Louis County

STAKEHOLDER ASSESSMENT OF THE HEALTH NEEDS OF WEST/SOUTH ST. LOUIS COUNTY

Prepared by:
BJC Market Research
January 10, 2021

BACKGROUND

The Patient Protection and Affordable Care Act (PPACA) was passed in March 2010. It required that

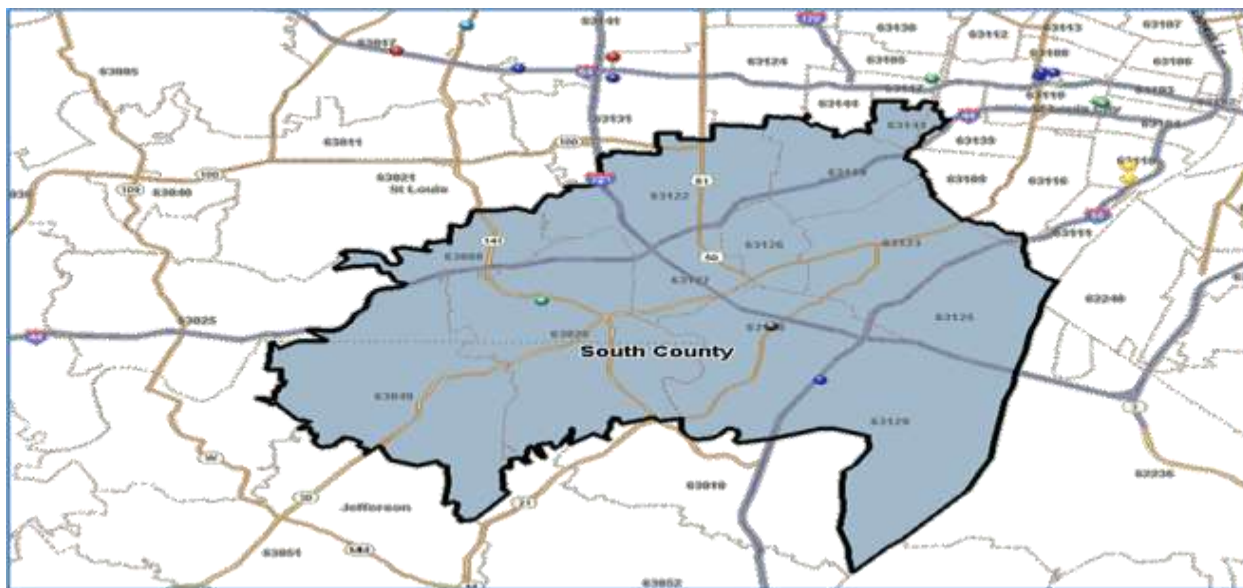
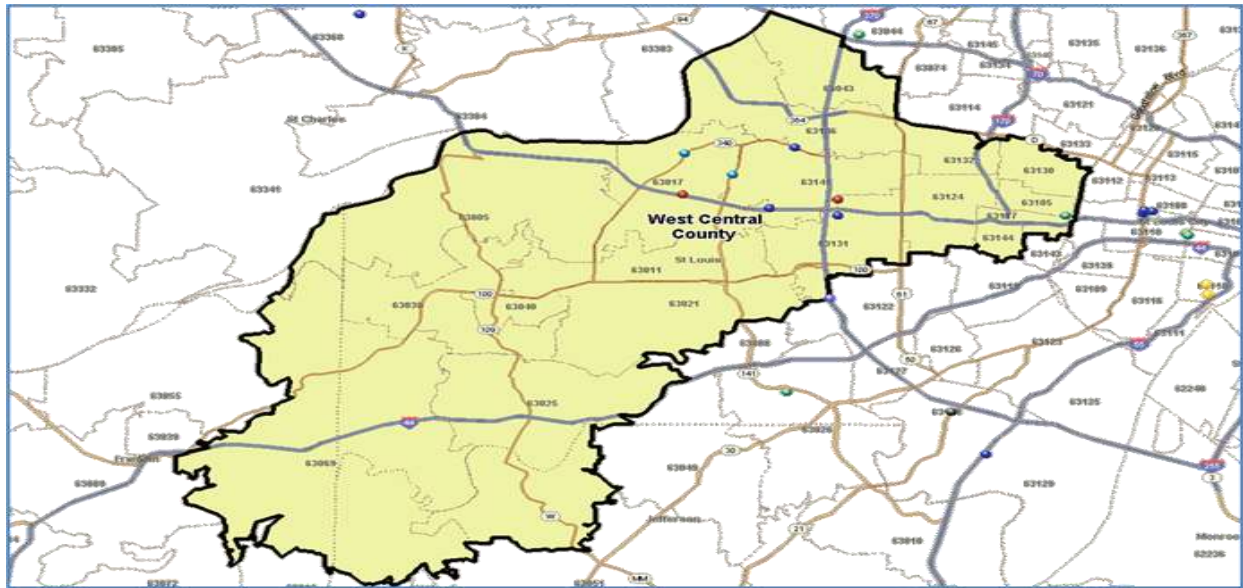
- Each 501(c)3 hospital must conduct a Community Health Need Assessment (CHNA) every three years.
- Each hospital must adopt an implementation strategy to meet the community health needs identified in the CHNA
- The CHNA and Implementation Plan must be widely available to the public.

The assessment is required to consider **input from those who represent the broad interests of the community served by the hospital**, including those with special knowledge or expertise in public health.

METHODOLOGY

- In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion.
- Due to COVID-19, BJC HealthCare, along with its collaborative partners, decided to conduct an online survey for the safety of our community stakeholders.
- Around June 7th, email invitations went out to 56 community stakeholders by presidents/representatives of Mercy St. Louis, St. Luke's Hospital, Barnes-Jewish West County Hospital and Missouri Baptist Medical Center. Several reminders were sent out before the survey was closed on June 30th.
- 29 community members provided us with feedback, for a 52% response rate.

MARKET DEFINITION: WEST/SOUTH ST. LOUIS COUNTY

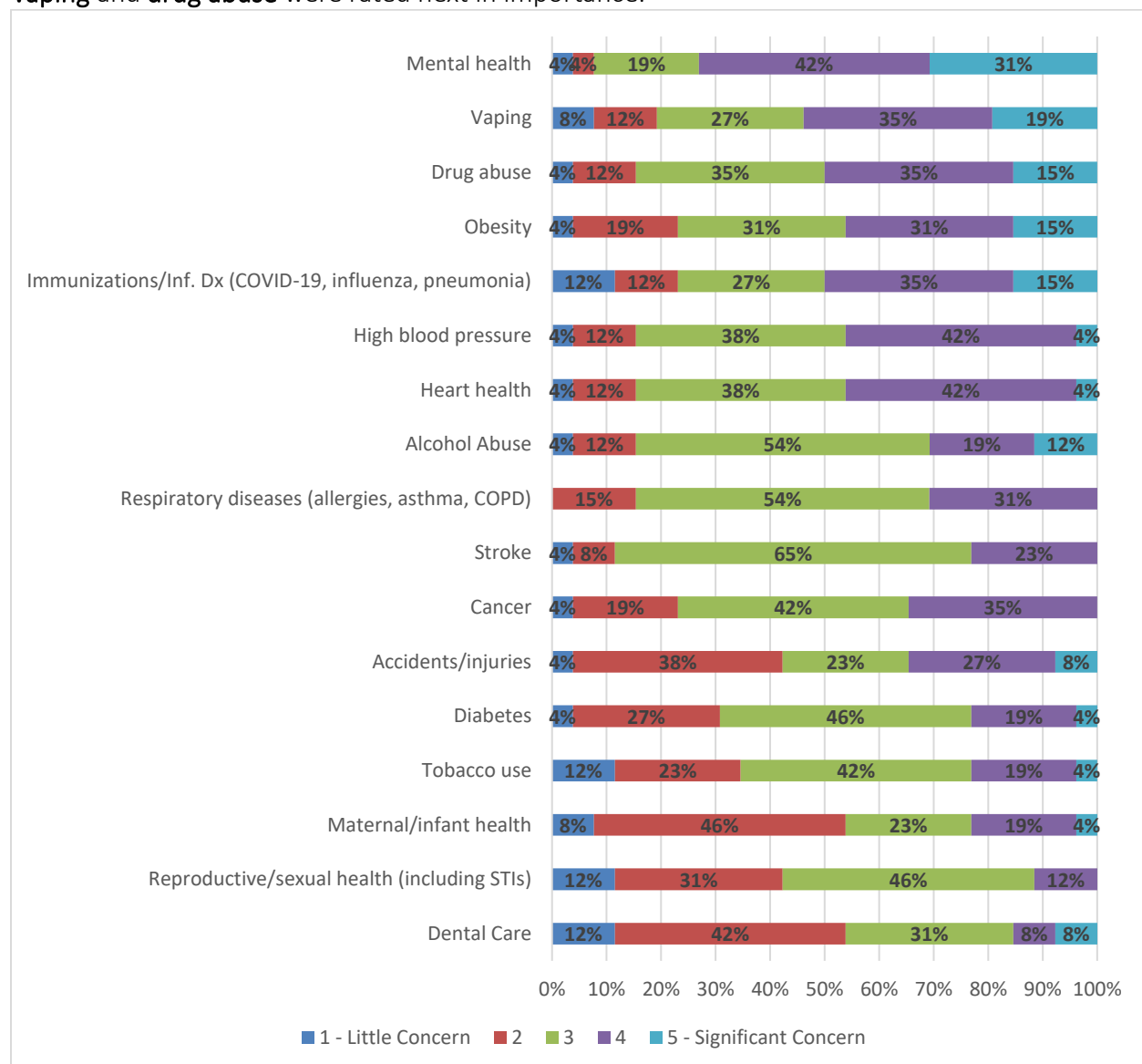


KEY FINDINGS

- One need stood out as being of greatest concern in West/South St. Louis County: **Mental Health**. **Vaping** and **Drug Abuse** were rated next in importance.
- Stakeholders feel that the greatest potential to work together is around the issues of **Mental Health** and **Immunizations/ Infectious Diseases**.
- Stakeholders rate **Mental Health** at the highest level of concern and ability to collaborate. **Immunizations** and **Infectious Disease** and **Drug Abuse** rank slightly lower in concern, but higher in potential for collaboration.
- Stakeholders identify several barriers as being of significant impact to accessing services in West/South St. Louis County, including **scheduling services**, **inability to afford co-pays/insurance coverage**, and **lack of substance abuse /mental health services nearby**.
- Most stakeholders identify **low-income populations** as being at greatest risk for poor health outcomes in West/South St. Louis County. Over half of stakeholders identify older **adults 65+** and those suffering from **Substance Abuse** as also being at great risk.
- A majority of stakeholders identify **exposure to Drug Use/Abuse** as the social factor having the greatest impact on the health of those living in West/South St. Louis County. No other factors are identified by more than a third of stakeholders as having a significant impact on the community.
- Two out of three community stakeholders identify increasing **symptoms of anxiety** and **depression** and **increasing feelings of loneliness/social isolation** as the greatest impact of COVID-19 on West/South St. Louis County residents. **Difficulty managing remote learning** and **financial hardship** are identified by almost half of the stakeholders
- Stakeholders identified the largest resource gaps in West/South St. Louis County around the areas of **Mental Health**. **Affordable housing**, **food insecurity**, **jobs** and **substance abuse services** were each mentioned by a few.
- Stakeholders most commonly identified new issues of concern related to **Mental Health**. They also mentioned **Substance Abuse** and **affordable housing**.
- Stakeholders most frequently mentioned **county parks** and **green spaces** as local resources that promote health. A variety of other individual assets were also mentioned.
- Many stakeholders recognized the importance of **continued collaboration** and **improved communication** as a way to improve the health of the community.
- Many ZIP codes were identified as being at risk in West/South St. Louis County. The most frequently mentioned was 63125 (Lemay/Mehlville) in South County.

PRIORITY HEALTH NEEDS FOR WEST/SOUTH STL COUNTY

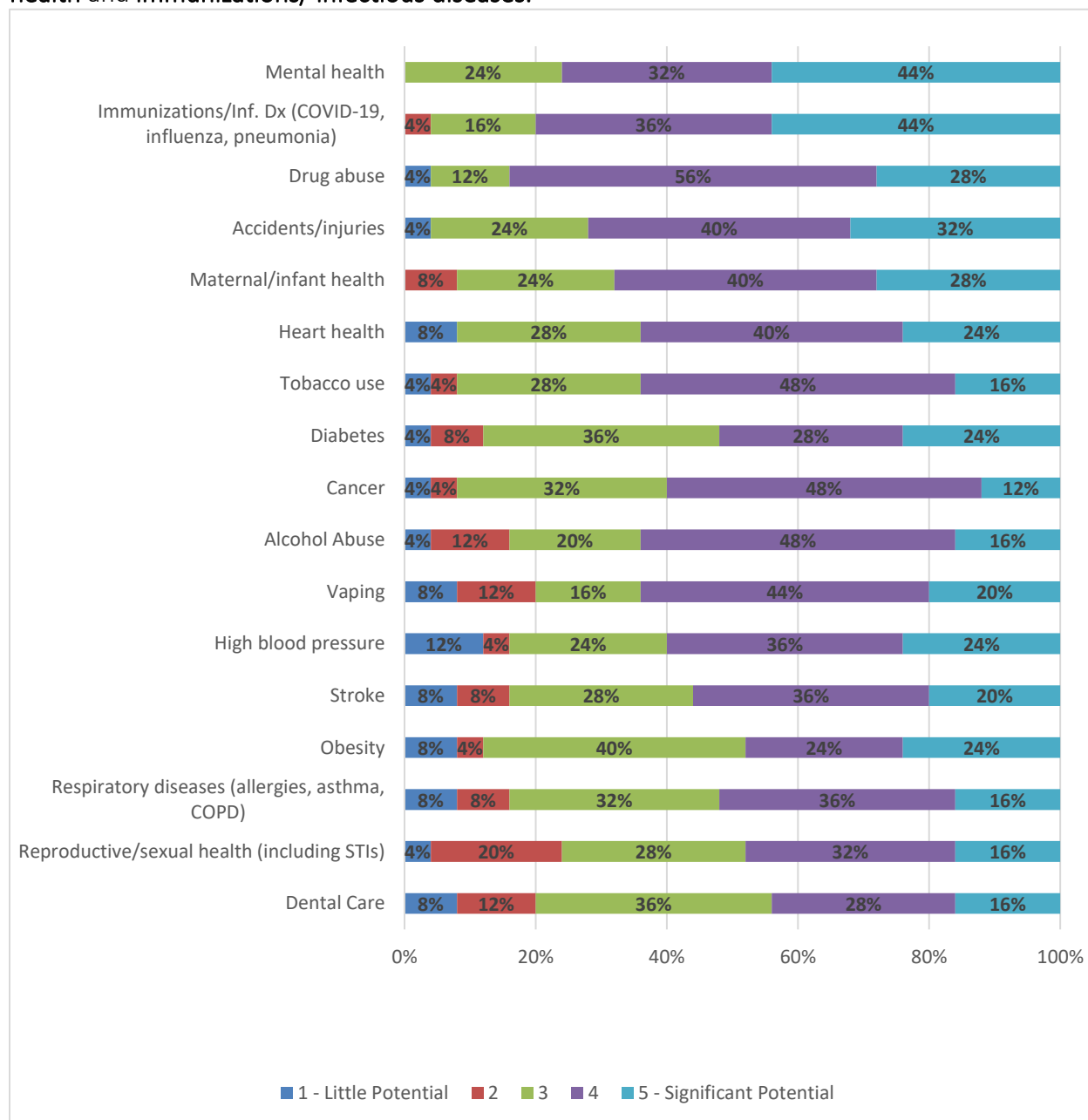
One need stood out as being of greatest concern in West/South St. Louis County: **mental health**. **Vaping** and **drug abuse** were rated next in importance.



Q3 & Q4: Thinking about West/South St. Louis County, please rate your level of concern about each of these health needs on a scale 1 (little concern) to 5 (significant concern).

NEEDS WITH GREATEST POTENTIAL FOR COLLABORATION IN WEST/SOUTH STL COUNTY

Stakeholders feel that the greatest potential to work together are around the issues of **mental health** and **immunizations/ infectious diseases**.

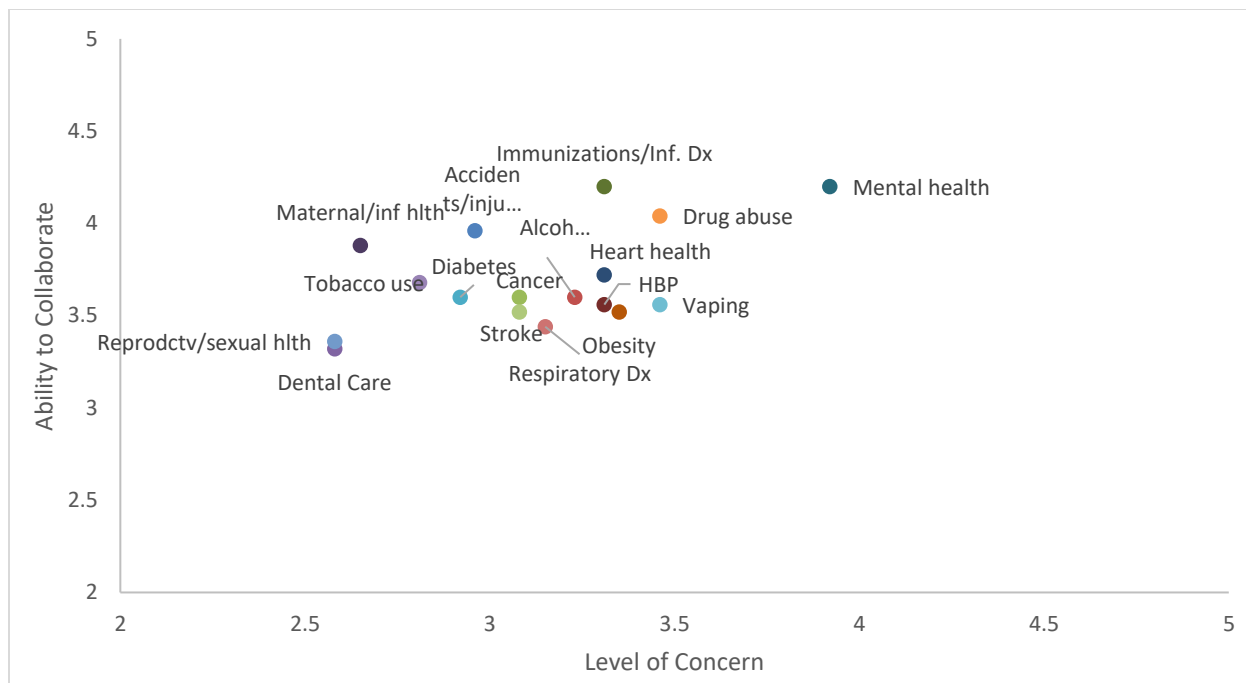


Q5 & Q6: How would you rate the potential of community partners in West/South STL County to work together to address each of these health needs? Please rate each on a scale 1 (little potential) – 5 (significant potential).

LEVEL OF CONCERN BY ABILITY TO COLLABORATE

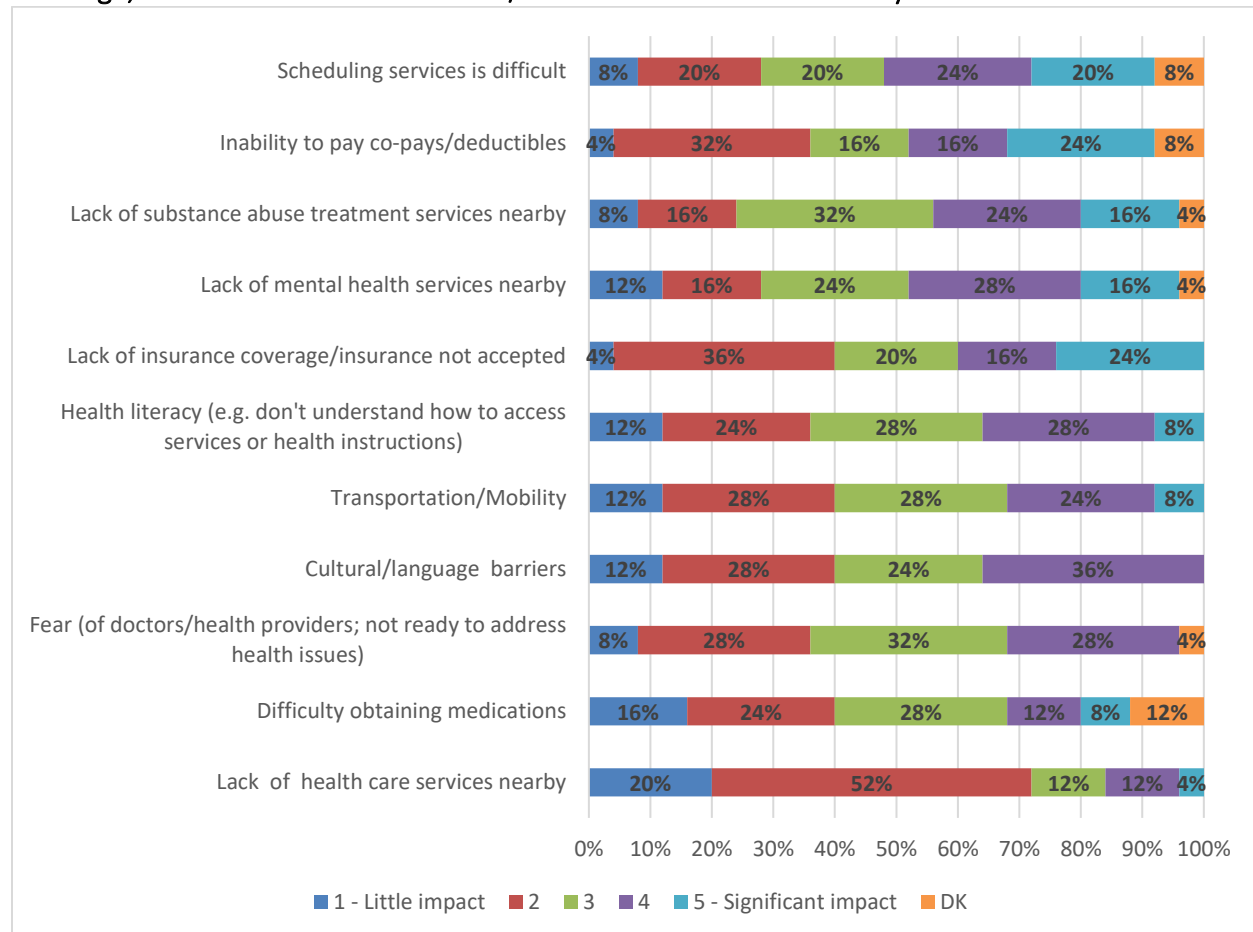
The stakeholders rate **mental health** at the highest level of concern and ability to collaborate. **Immunizations and infectious disease** and **drug abuse** rank slightly lower in concern, but higher in potential for collaboration.

Health Need	Level of Concern	Ability to Collaborate
Mental Health	3.92	4.2
Drug Abuse	3.46	4
Vaping	3.46	3.56
Obesity	3.35	3.52
Immunizations/ Infectious Diseases	3.31	4.2
Heart Health	3.31	3.72
High Blood Pressure	3.31	3.72
Alcohol Abuse	3.23	3.6
Respiratory Diseases	3.15	3.44
Cancer	3.08	3.6
Stroke	3.08	3.52
Accidents/ Injuries	2.96	3.96
Diabetes	2.92	3.6
Tobacco Use	2.81	3.68
Maternal/Infant Health	2.65	3.88
Reproductive/ Sexual Health	2.58	3.36
Dental Care	2.58	3.32



GREATEST BARRIERS TO ACCESS IN WEST/SOUTH STL COUNTY

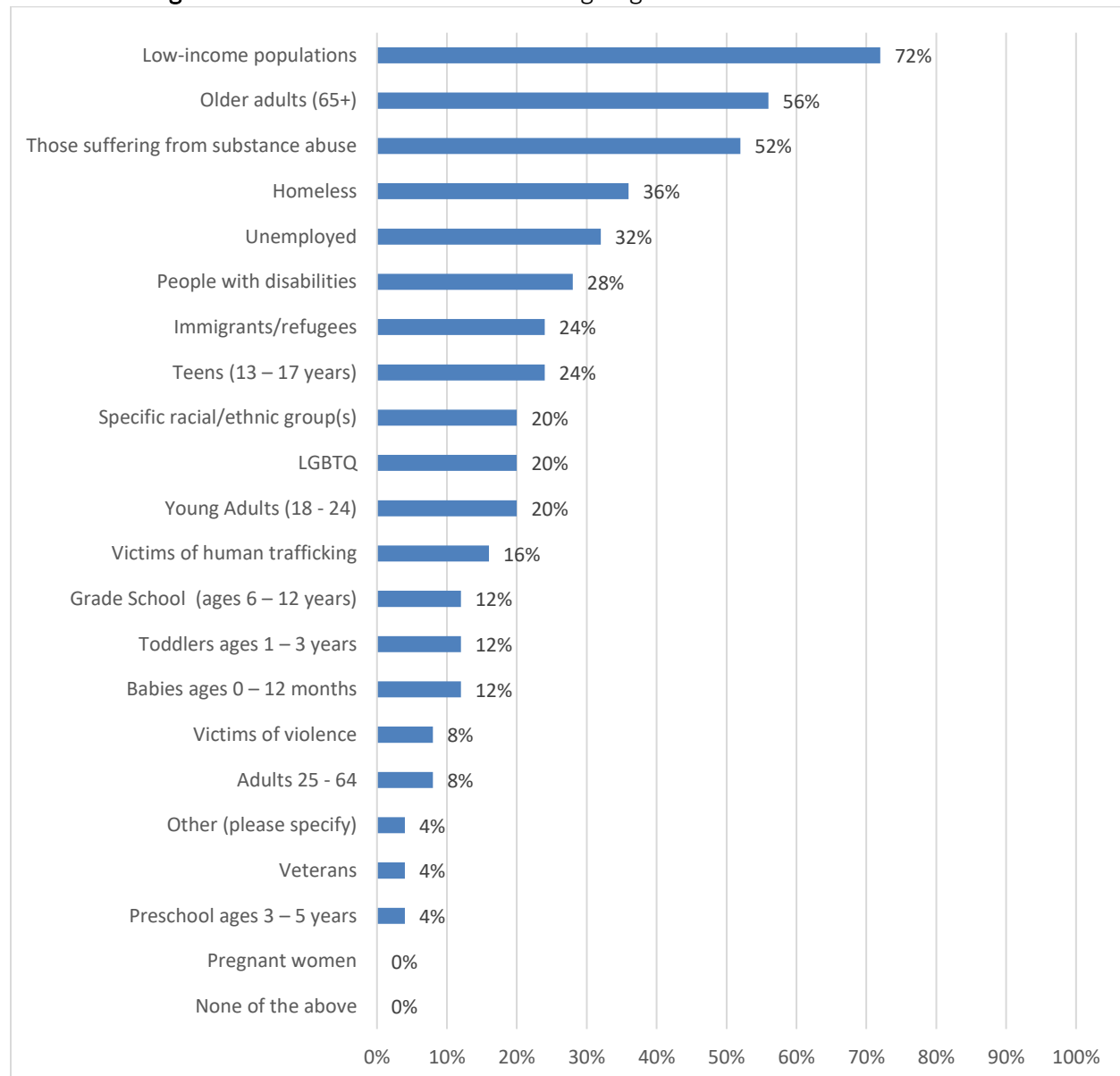
Stakeholders identify several barriers as being of significant impact to accessing services in west/south St. Louis County, including **scheduling services, inability to afford co-pays/insurance coverage, and lack of substance abuse /mental health services nearby.**



Q7: How impactful are each of the following barriers in West/South STL County to accessing health care? Rate each on a scale of 1 (little impact) – 5 (significant impact).

POPULATIONS AT GREATEST RISK IN WEST/SOUTH STL COUNTY

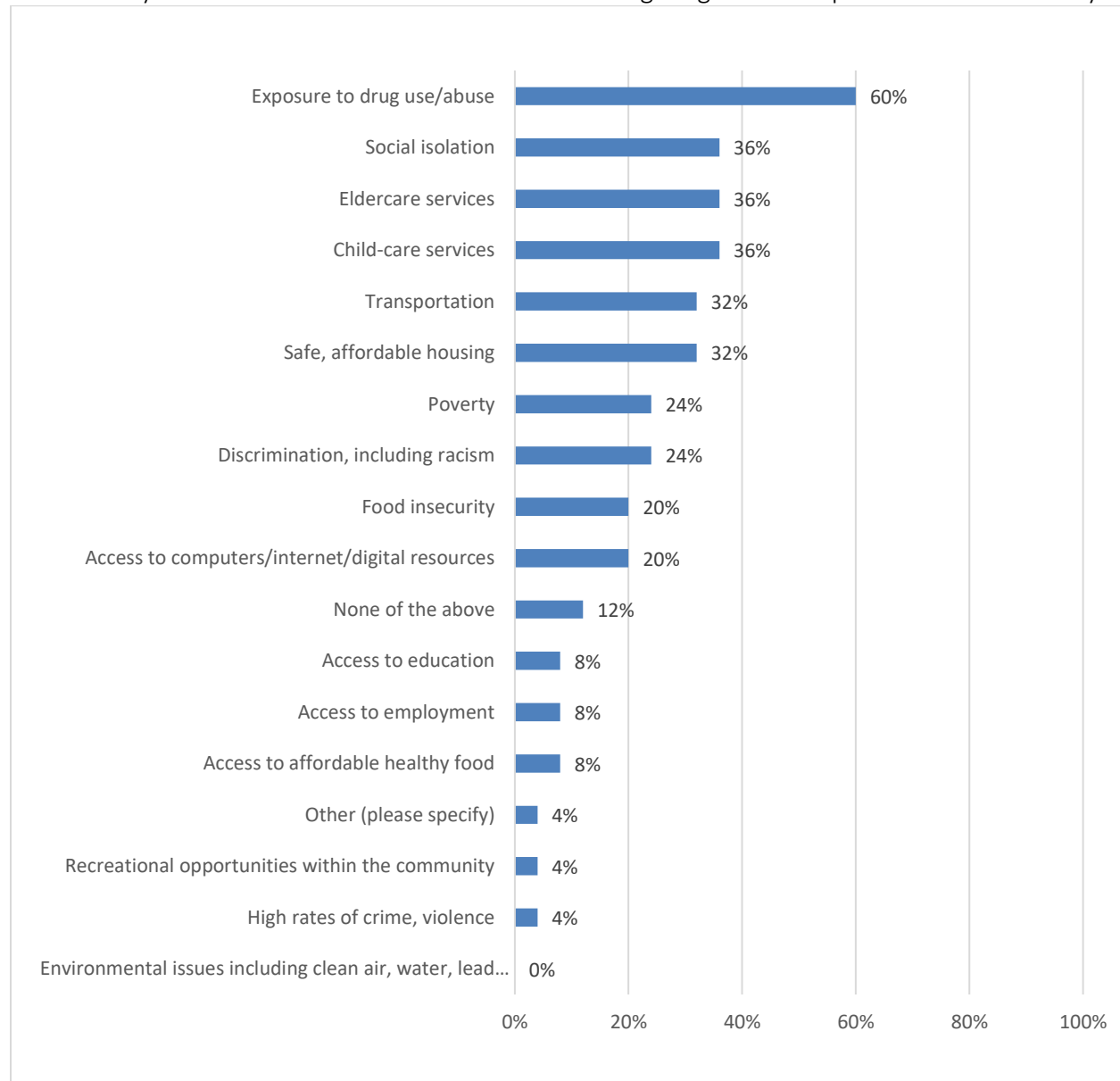
Most stakeholders identify **low-income populations** as being at greatest risk for poor health outcomes in West/ South STL County. Over half of stakeholders identify **older adults 65+** and **those suffering from substance abuse** as also being at great risk.



Q8: Among those you serve in West/South STL County, which of the following populations are most at risk for poor health outcomes? Pick no more than five.

SOCIAL FACTORS IMPACTING WEST/SOUTH STL COUNTY

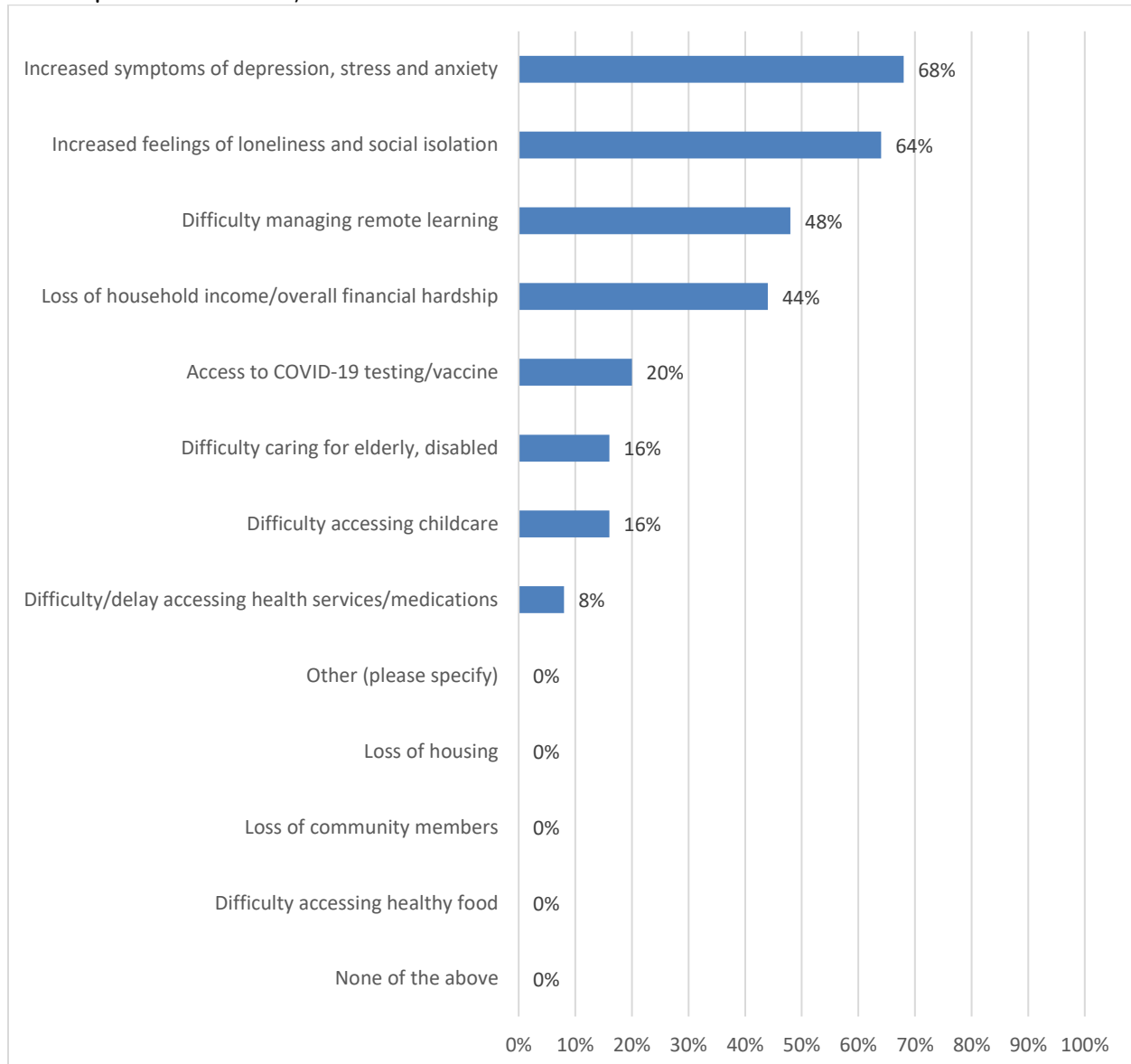
A majority of stakeholders identify **exposure to drug use/abuse** as the social factor having the greatest impact on the health of those living in West/South STL County. No other factors are identified by more than a third of stakeholders as having a significant impact on the community.



Q9: Which of the following social factors have historically had the greatest impact on the health of the communities you serve in West/South STL County. Pick no more than five.

COVID-19'S IMPACT ON WEST/SOUTH STL COUNTY

Two out of three community stakeholders identify **increasing symptoms of anxiety and depression** and **increasing feelings of loneliness/social isolation** as the greatest impact of COVID-19 on West/South STL County residents. **Difficulty managing remote learning** and **financial hardship** are identified by almost half.



Q10: Thinking about the COVID-19 pandemic and its impact on West/South STL County, which of the following have had the greatest impact on the health of the community? Pick no more than three.

BIGGEST GAPS IN RESOURCES

Stakeholders identified the largest resource gaps in West/South STL County around the areas of **mental health**. **Affordable housing**, **food insecurity**, **jobs** and **substance abuse services** were each mentioned by a few.

NEED	GAP
Mental Health (7 comments)	Lack of mental health
	Mental health services. (2)
	Mental health resources are available, however appointments are often a long wait
	Access to mental health care that is substantial. We encounter individuals on a recurring basis.
	I feel like the ability and capacity of mental health resources could be better. Mercy & Highland Center seem overtaxed. BJC downtown seems to have the best program (in partnership with Wash U)
	Awareness and availability of resources that address behavioral health issues
Affordable Housing (2 comments)	Housing- affordable housing in west St. Louis county is non-existent. And the requirements to rent at some locations (apartments or homes) are unrealistic (i.e. "income must be 4Xs the rent" or "750 credit score required" "no previous evictions"). This leaves a subset population "unrentable" even if they could afford it.
	There is little in the way of affordable housing within this community; the current housing market has worsened this situation considerably. When families are forced to spend more than they can comfortably afford for housing, they become unable to afford other items such as appropriate medical care and food.
Food Insecurity (2 comments)	Food insecurity
	Food available for all
Jobs (2 comments)	Lack of jobs that provide a live-able wage Poverty and low income creates barrier to services, housing and resources.
	Income
Substance abuse services (2 comments)	Substance use services
	Substance use prevention
Access to technology	Access to computers and devices for children to do classwork remotely
Disparities	Connection to larger equity issues and being part of efforts to address disparities in the region and make it an equitable region for all.
Lack of preparedness	It was the general lack of preparedness by the healthcare community and public health for the pandemic. However, it has provided an opportunity for a system-level change. This is the 1st time in my 45 years as a nurse that we are including all healthcare stakeholders. I hope this continues for future planning.
Transportation	Transportation for the elderly.

Q11: *What are the biggest gaps in resources within this community to address the needs that you have identified? Please mention the need along with the missing resources.*

NEW/ADDITIONAL HEALTH/SOCIAL ISSUES

Stakeholders most commonly identified new issues of concern related to **mental health**. They also mentioned **substance abuse** and **affordable housing**.

NEED	DESCRIPTION
Mental Health (8 comments)	Depression, anxiety and substance use among all populations.
	Substance use and mental health disparities;
	Mental Health issues; specifically depression and anxiety after being in quarantine.
	I think the impact of COVID 19, the isolation, the schools shutting down, the frequent quarantines for some will have far reaching mental/social health impacts for years to come.
	New program related to those in mental health crisis, coordinated at DePaul Health Center, but not conveniently located.
	Increase in anxiety and depression in children/youth and a lack of mental healthcare professionals.
	Mental health concerns as well as an increase in substance use
Substance abuse (4 comments)	Substance use and mental health concerns
	Depression, anxiety and substance use among all populations.
	Substance use and mental health disparities;
	Mental health concerns as well as an increase in substance use
Affordable Housing (2 comments)	Substance use and mental health concerns
	We desperately need affordable housing, and landlords who are willing to rent to folks without perfect renting history.
Affordable healthcare	Housing
Care for the elderly	We also desperately need affordable healthcare. We have client who put small issues off so long (out of fear of price) that they become bigger (and even more dangerous/ expensive) health issues.
Human trafficking	Care for the elderly
Livable wage	Human trafficking
Regional support	Income inequality, need for livable wage.
Affordable healthcare	This community is part of the larger St. Louis community and need to play a significant role in lifting others in our community.
Care for the elderly	We also desperately need affordable healthcare. We have client who put small issues off so long (out of fear of price) that they become bigger (and even more dangerous/ expensive) health issues.
Human trafficking	Care for the elderly
Livable wage	Human trafficking
Regional support	Income inequality, need for livable wage.
	This community is part of the larger St. Louis community and need to play a significant role in lifting others in our community.

***Q12:** What new/additional health or social issues are you aware of in this community that may not be widely known, yet are a concern for the future?*

COMMUNITY ASSETS THAT PROMOTE COMMUNITY HEALTH

Stakeholders most frequently mentioned **county parks and green space** as local resources that promote health. A variety of other individual assets were also mentioned.

RESOURCE TYPE	RESOURCE
Parks/green space (4 comments)	Lot's of parks and green space that provide free spaces to recreate.
	I feel you are already aware of the great benefit of being outside and promoting all parks and trails in this area.
	PARKS AND RECREATION
	We have a lot of amazing green spaces which could be better utilized for free or low cost programming such as community vegetable gardens, outdoor education, and conservation.
Charitable organizations (2 comments)	We also have a really great network of Saint Vincent De Paul Societies in the West St Louis County area. They are a huge help to our clients.
	NAMI, BHR
Civic collaboration	Police and fire districts work well together.
Local collaboration	Police and fire districts work well together.
Sidewalks	Sidewalks encourage walking and meeting your neighbors, even if 6 feet apart. Lack of sidewalks... a definite barrier to physical and mental health.
Sliding-scale health services	We refer to the free or sliding scale fee clinics at the local universities very frequently, and we get really good feedback from clients regarding these services.
Urgent care	Outstanding urgent care

Q13: *Think about health assets or resources as people, institutions, services, supports built resources (i.e., parks) or natural resources that promote a culture or health. What are the health assets or resources in West/Central STL County that we may not be aware of?*

IDEAS FOR IMPROVING THE HEALTH OF THE COMMUNITY

Many stakeholders recognized the importance of **continued collaboration** and **improved communication** as a way to improve the health of the community.

NEED	DESCRIPTION
Continued Community Collaborations (8 comments)	Align with existing initiatives and promote operational practices that maximize existing resources and introduce efficiency. Cultivate a climate of trust, transparency, coordination, partnership, and inclusivity with stakeholders.
	Work with regional partners, share resources, work as a cohesive region
	Additional Partnerships of all providers
	Being supportive each of other and willing to share the wealth of knowledge that exists in this area.
	Covid was a good example of collaboration expand to other issues
	We have many hospitals in the area, the resources exist already.
	Coming together to move forward for better system-level preparedness for emerging threats and diseases.
	Partnerships can be quite effective in addressing gaps in service or other concerns but it often takes leadership from the outside to help organizations envision some of those partnerships.
Increased communication (8 comments)	Bettering the communication
	Community stakeholders need to continue strengthening what they are good at, and communicating those services to the broad public on multiple platforms.
	Clear and consistent and "grass roots" messaging on COVID-19 vaccine safety.
	Provide opportunities for agencies to share their resources with the community.
	Raise awareness of resources and increase access
	Social media and print media campaigns
	Speakers in schools and high schools
	Speakers for parents groups
Advocate for more mental health resources (2 comments)	Advocating for more mental health professionals, especially for kids/youth. There need to be more federally funded mental health providers to meet the tremendous need for these services.
Increase acceptance of Medicaid/ACA plans	Health care providers who typically do not accept Medicaid or ACA plans should start accepting these plans.
Pop-up clinics	Maybe offer pop up clinics that are free to local residents. I think there would be no reason then for anyone to go without care.
Sliding-scale child care	And excellent childcare that is available on a sliding scale basis is also needed.
Support candidates focused on community health	Vote in policy-makers who prioritize people over profit.

Q14: *How can community stakeholders in West/South STL County work together to use their collective strengths to improve the health of the community?*

COMMUNITIES AT GREATEST RISK

There were a wide variety of areas identified as being at risk in West/South St. Louis County. The most frequently mentioned was 63125 (Lemay/Mehlville) in South County.

NEED	DESCRIPTION
63125 (5 mentions)	Lemay/Mehlville
63123 (3 mentions)	Affton
63146 (3 mentions)	Unincorporated St. Louis County
63088 (2 mentions)	Valley Park
63141 (2 mentions)	Creve Coeur
63025 (2 mentions)	Eureka
63011	Ballwin
63021	Ballwin
63043	Maryland Heights
63069	Pacific
63121	Normandy (North STL County)
63122	Kirkwood
63126	Sappington/Crestwood
63128	Sappington
63129	Oakville
63131	Des Peres
63132	Olivette

Q15: Within West/South STL County, which communities, neighborhoods or ZIP codes are especially vulnerable or at risk?

NEXT STEPS

Using the input received from community stakeholders, Christian Hospital will consult with its internal workgroup to evaluate this feedback. They will also consider other secondary data and determine whether/how their priorities should change. The final needs assessment and implementation plan is due by December 31, 2022.

APPENDIX E: Participating Stakeholders

ONLINE SURVEY PARTICIPATING MID/SOUTH/WEST ST. LOUIS COUNTY STAKEHOLDERS

LAST NAME	FIRST NAME	ORGANIZATION	TITLE	CITY/TOWN
Armbruster	Jenny	PreventEd (formerly NCADA)	Deputy Executive Director	St. Louis
Brown	Greg	Eureka Fire Protection District	Fire Chief	Eureka
Carl	Kevin	Hancock Place School District	Superintendent	St. Louis
Cavins	James	Town and Country, Missouri Police Department	Chief of Police	Town and Country
Donaldson	Kate	St. Louis County Department of Public Health	Director, Office of Strategy & Planning	Berkeley
Harms	Douglas	City of Des Peres	City Administrator	Des Peres
Jaudes	Suzanne	Maryville University	Director of Health and Wellness	St. Louis
Johnston	Beth	Lindbergh Schools	Chief Communications Officer	St. Louis
Jones	Tim	Des Peres St. Luke's Advisory Board Member	Board Member	Eureka
Keating	Erica	The Lindbergh Schools Foundation	Director	St. Louis
Linza	Zoe	Advisory Board Des Peres	Secretary	Kirkwood
Lorden	Tammie	Maryville University	Manager, HR Operations	St. Louis
Mccue	Molly	Lemay Child and Family Center	Executive Director	St. Louis
Miller	Barry	Metrowest Anesthesia Group	Anesthesia department chairman	St. Louis
Mundel	Captain James	St. Louis County Police	Precinct Commander	Wildwood
Neumann, RN	Linda	St. Louis Suburban School Nurses Association	Past President	St. Louis
Pyatt	Amber	Missouri Baptist University	Dean of Nursing	St. Louis
Romas	Jon	Creve Coeur Police Department	Captain	Creve Coeur
Rose	Pam	Comtrex	Resident Assistant	St. Louis
Schaefer	Leah	PreventEd	Director of Prevention Education	St. Louis

APPENDIX E: PARTICIPATING STAKEHOLDERS CONTINUED:

ONLINE SURVEY PARTICIPATING MID/SOUTH/WEST ST. LOUIS COUNTY STAKEHOLDERS				
LAST NAME	FIRST NAME	ORGANIZATION	TITLE	CITY/TOWN
Smith	David	Kirkwood Fire Department	Deputy Chief / CMO	Kirkwood
Todd	Lloyd	Event Exhibits, Inc.	Owner/CEO	Kirkwood
Traver	Gena	Saint Louis County Department of Health	Community Health Manager	Berkeley
Vandable	Niki	Circle Of Concern	Director of Client Services	Valley Park
Wehr	Amy	Rockwood School District	Supervisor, Wellness & Health Services	Eureka
Wiegand	Melichar	Eureka Police Dept	Chief	Eureka
Wittels	Lynn	Jewish Community Center	President & CEO	St. Louis

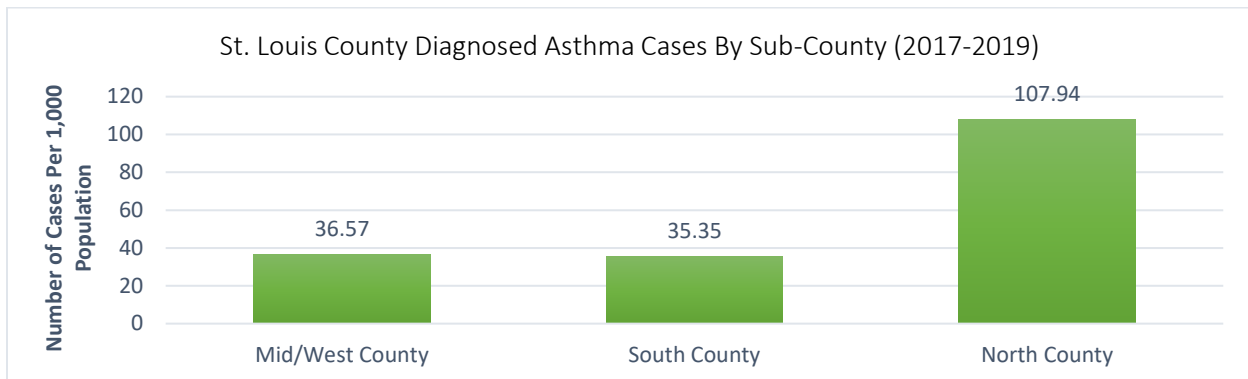
APPENDIX F: Barnes-Jewish West County Hospital Community Health Needs Internal Work Group

BARNES-JEWISH WEST COUNTY HOSPITAL INTERNAL WORK GROUP

LAST NAME	FIRST NAME	TITLE	DEPARTMENT
Abad	Ann	President	Executive Administration
Branham	Gregory	Chief Medical Officer	Otolaryngology
Finetti	Yoany	VP, PCS/CNO & COO	Executive Administration
Gettemeier	Julie	Manager, Professional Practice	Education
King	Karley	Program Manager, Community Benefit	Marketing and Communications
Littich	Adam	Assistant Professor of Medicine	Hospital Medicine - Clinical Hospitalist WU
Lourie	Michael	Director	Marketing and Communications
Mayer	Angela	Director, Clinical Services	General Administration
Smith	Radhika	Asst Prof of Surgery (General Surg)	Surgery
Stollard	Laura	Director Patient Safety/Clinical Excellence/Risk Management	Education
Tao	Richard	Instructor, Emergency Medicine	Emergency Medicine

Appendix G: Secondary Data

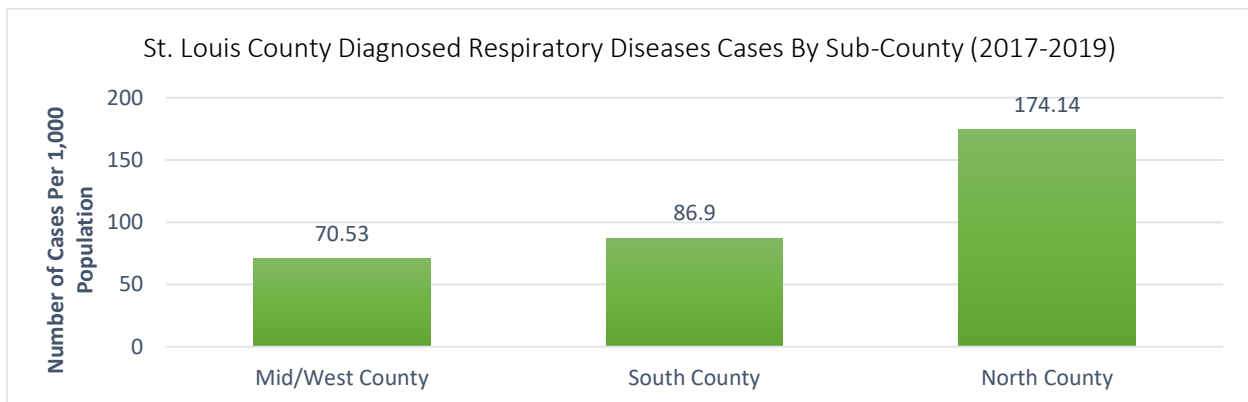
ASTHMA



Source: Explore MO Health

ST. LOUIS COUNTY VS. MISSOURI THREE-YEAR MOVING ASTHMA AVERAGE RATE						
HEALTH INDICATORS	2015-2017		2016-2018		2017-2019	
	St. Louis County	Missouri	St. Louis County	Missouri	St. Louis County	Missouri
Asthma Death / 100,000 Population	1.17	1.1	1.31	1.15	1.16	1.06
	2011-2013		2012-2014		2013-2015	
Asthma Hospitalizations /10,000 Population	15.51	11.74	15.06	11.44	14.08	10.65
Asthma EMERGENCY ROOM Visits/ 1000 Population	7.6	5.39	7.78	5.47	7.56	5.34

Source: Missouri Department of Health & Senior Services



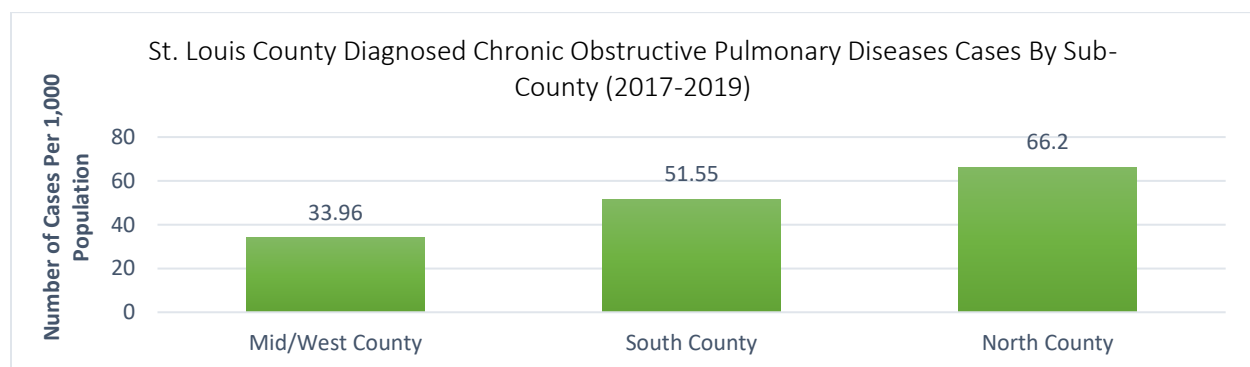
Source: Explore MO Health

2018 vs. 2019 TOP TEN CITIES IN ST. LOUIS COUNTY WITH CURRENT ASTHMA (PERCENT)				
RANK	CITIES	YEAR 2018	CITIES	YEAR 2019
1	Wellston	14.2	Wellston	14.2
2	Flordell Hills	13.5	Country Club Hills	13.8
3	Hillsdale	13.3	Kinloch	13.7
4	Bel-Ridge	13.1	Flordell Hills	13.6
5	Hanley Hills	13.1	Bel-Ridge	13.4
6	Pagedale	13.1	Hanley Hills	13.4
7	Velda City	13.1	Hillsdale	13.3
8	Country Club Hills	13.0	Glasgow Village	13.2
9	Glasgow Village	13.0	Pine Lawn	13.2
10	Kinloch	13.0	Northwoods	13.1

Source: Conduent Healthy Communities Institute

ST. LOUIS COUNTY VS. MISSOURI ASTHMA RATE BY RACE / ETHNICITY				
HEALTH INDICATORS	WHITE		AFRICAN AMERICAN	
	ST. LOUIS COUNTY	MISSOURI	ST. LOUIS COUNTY	MISSOURI
Death / 100,000 Population (2009-2019)	0.66	0.79	3.16	3.2
Hospitalizations / 10,000 Population (2011-2015)	6.76	7.13	37.17	35.59
Emergency Room Visits / 1,000 Population (2011-2015)	2.4	3.02	20.06	18.16

Source: Conduent Healthy Communities Institute

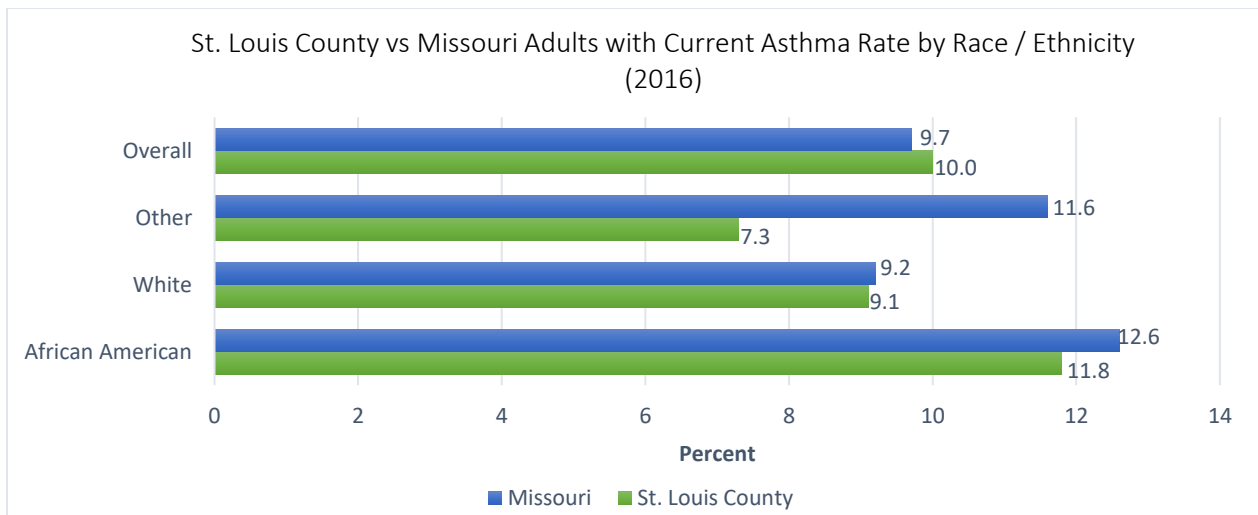


Source: Explore MO Health

ST. LOUIS COUNTY VS. MISSOURI & U.S. RESPIRATORY DISEASES RATE

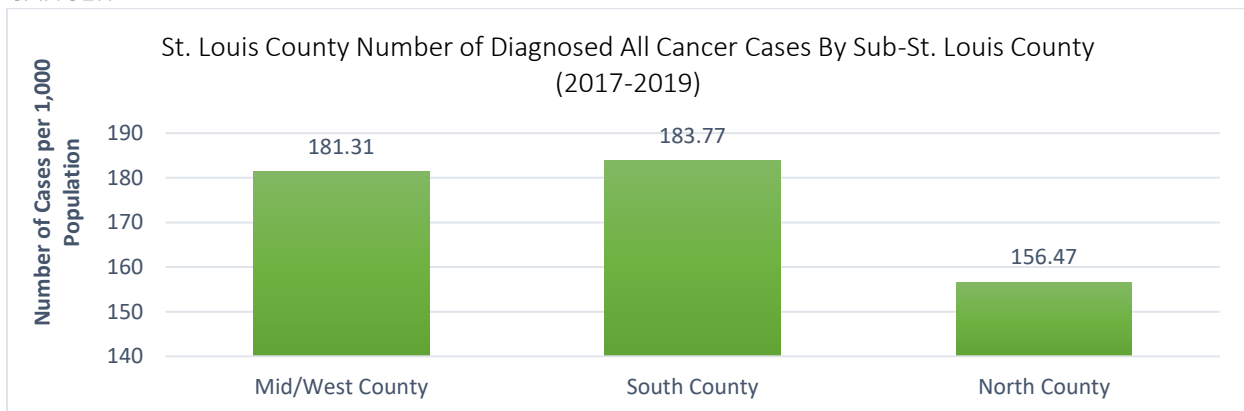
HEALTH INDICATORS	ST. LOUIS COUNTY	MISSOURI	U.S.
Adults with Current Asthma in Percent (2016)	10.0	9.7	9.3
Age-Adjusted Death Rate due to Chronic Lower Respiratory Disease /100,000 Population (2015-2019)	30.1	50.4	40.2
Asthma: Medicare Population in Percent (2018)	5.6	4.5	5.0

Source: Conduent Healthy Communities Institute

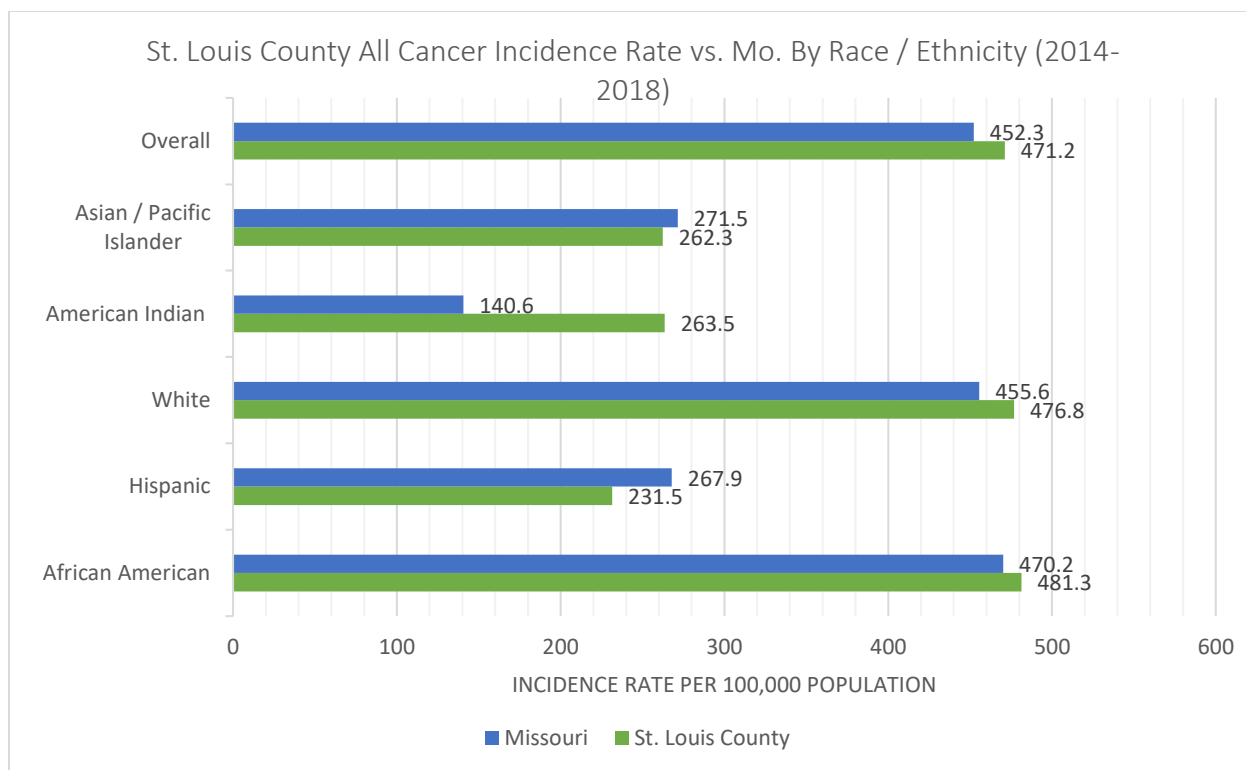


Source: Conduent Healthy Communities Institute

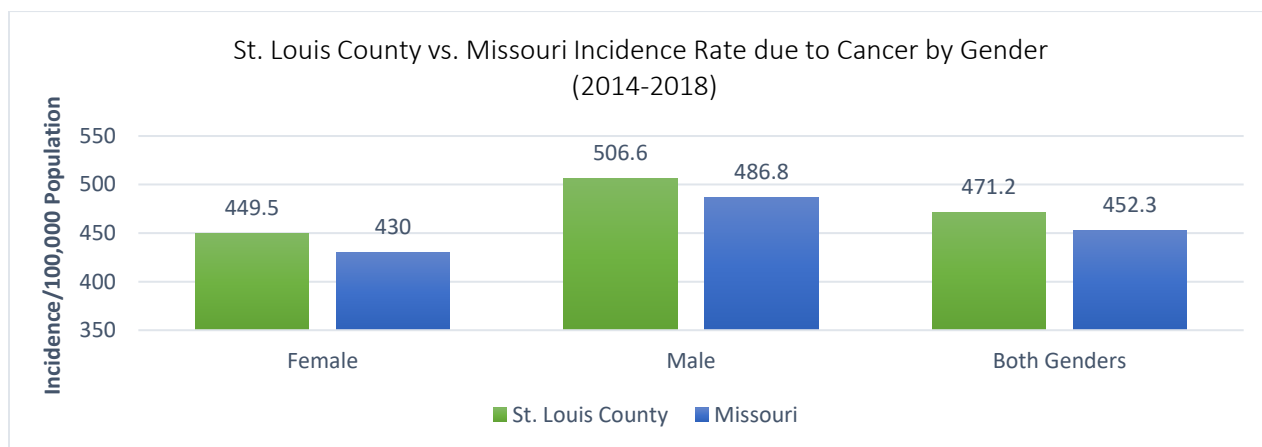
CANCER



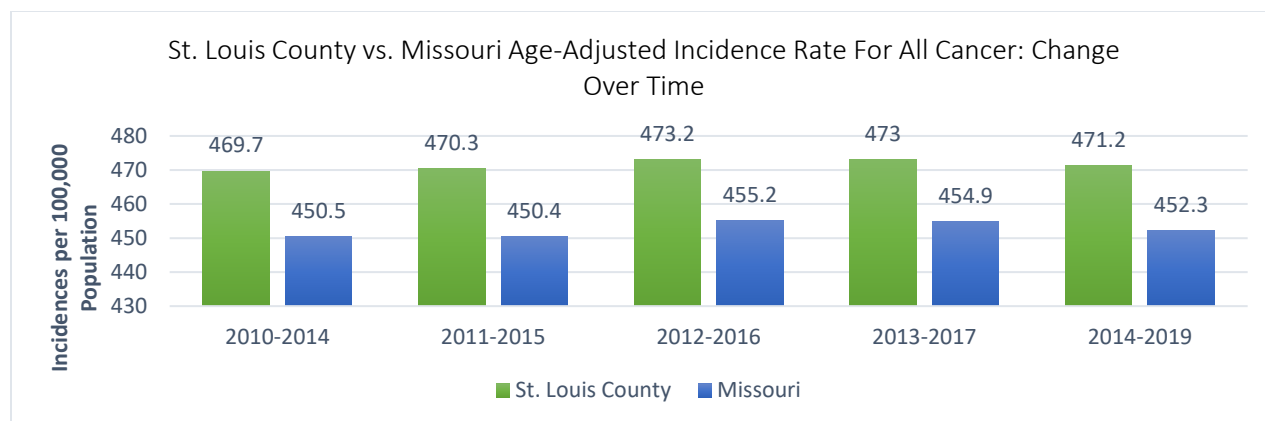
Source: Explore MO Health



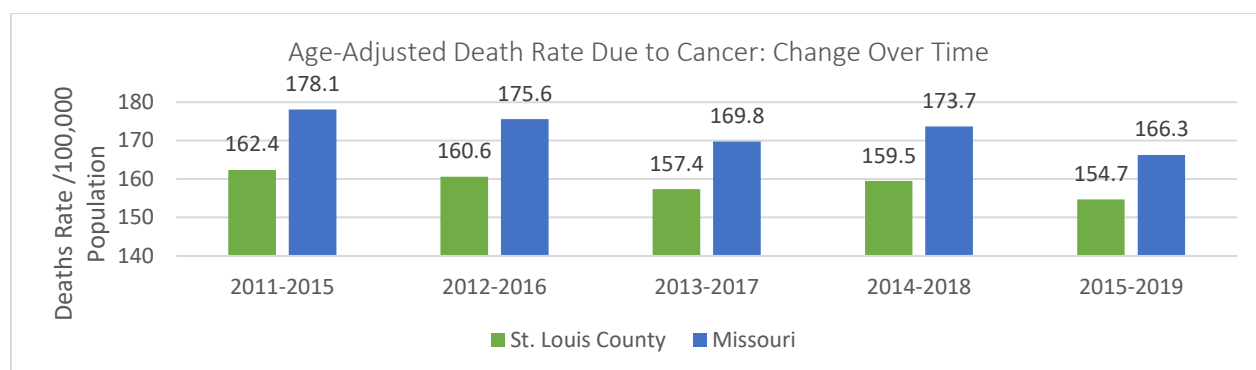
Source: Conduent Healthy Communities Institute



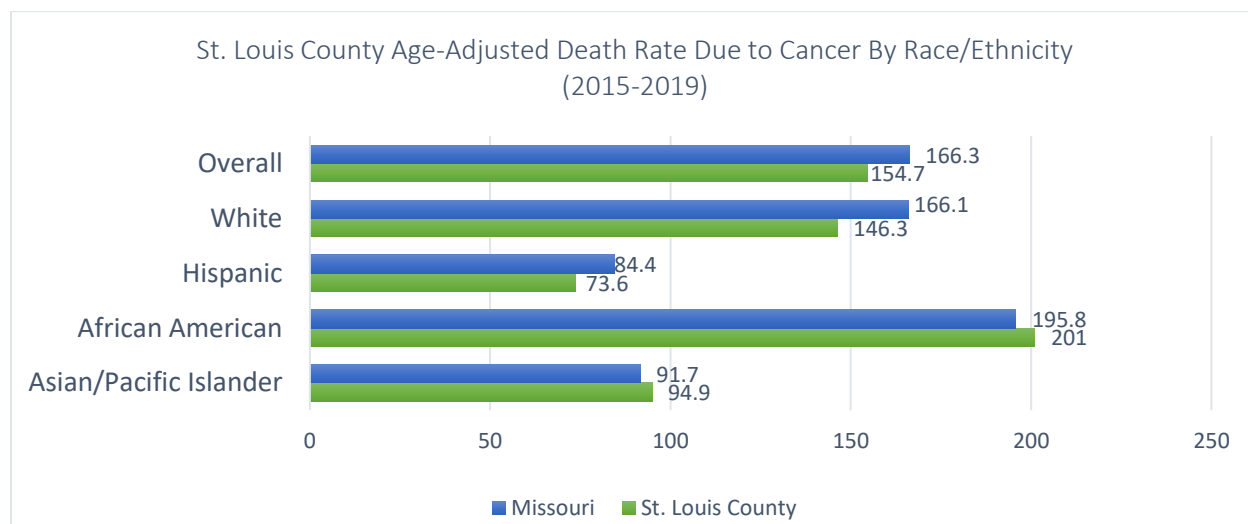
Source: Conduent Healthy Communities Institute



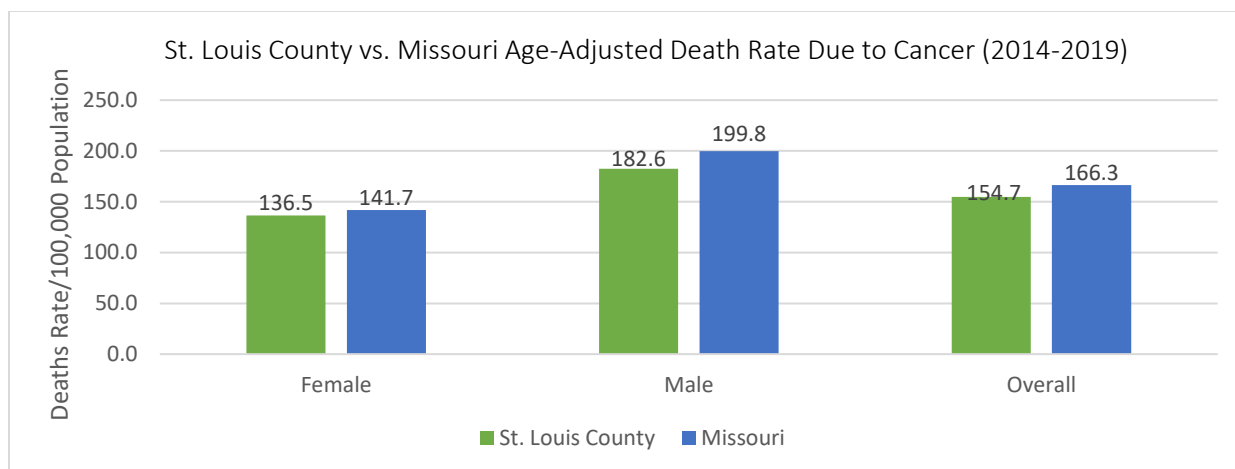
Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

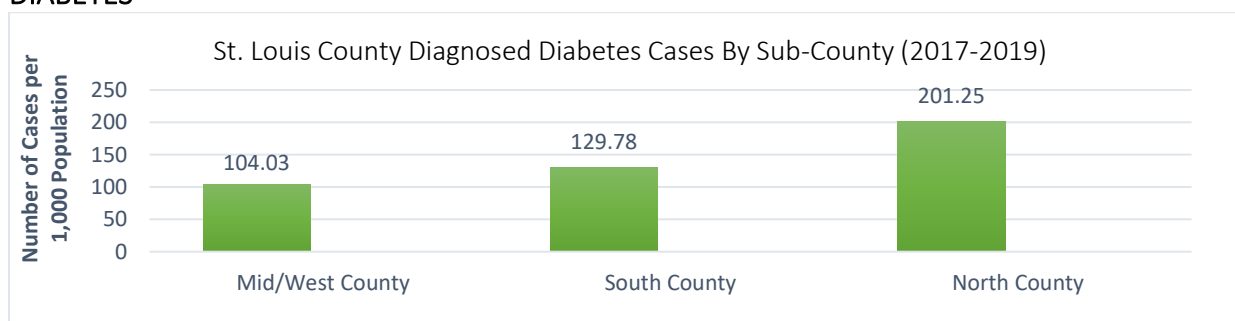


Source: Conduent Healthy Communities Institute

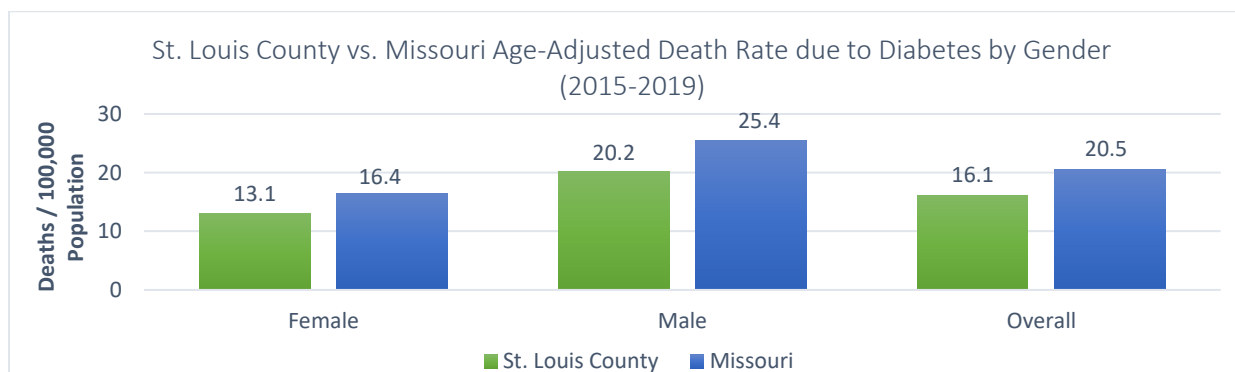


Source: Conduent Healthy Communities Institute

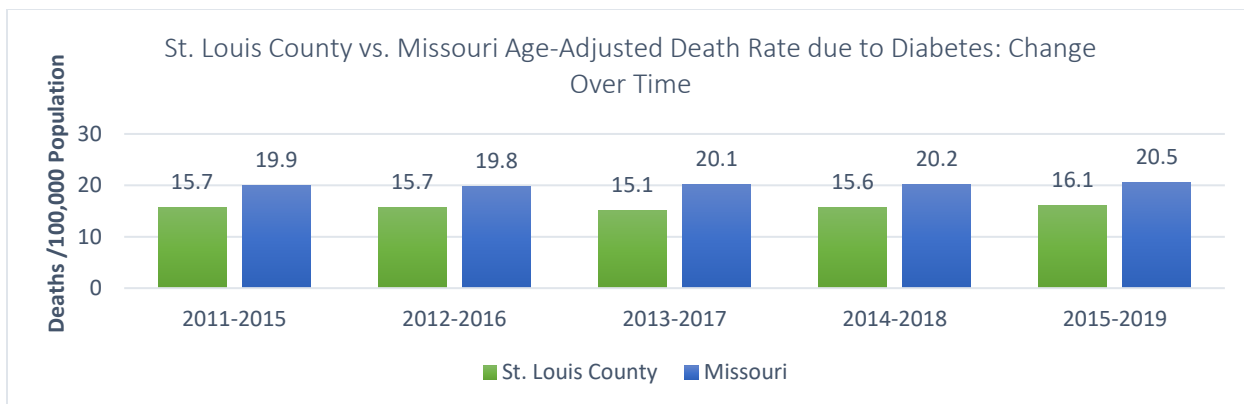
DIABETES



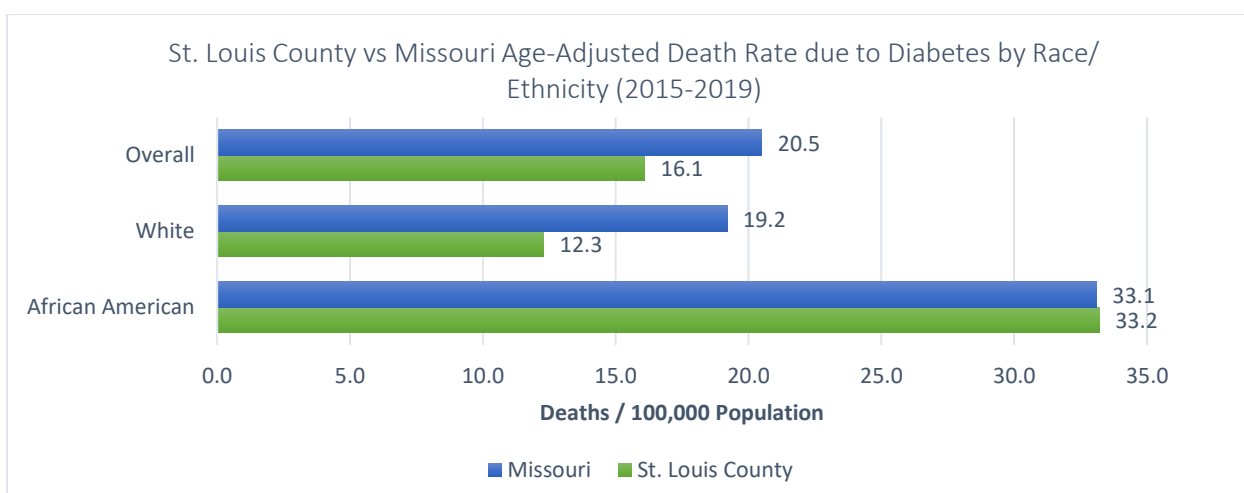
Source: Explore Mo Health



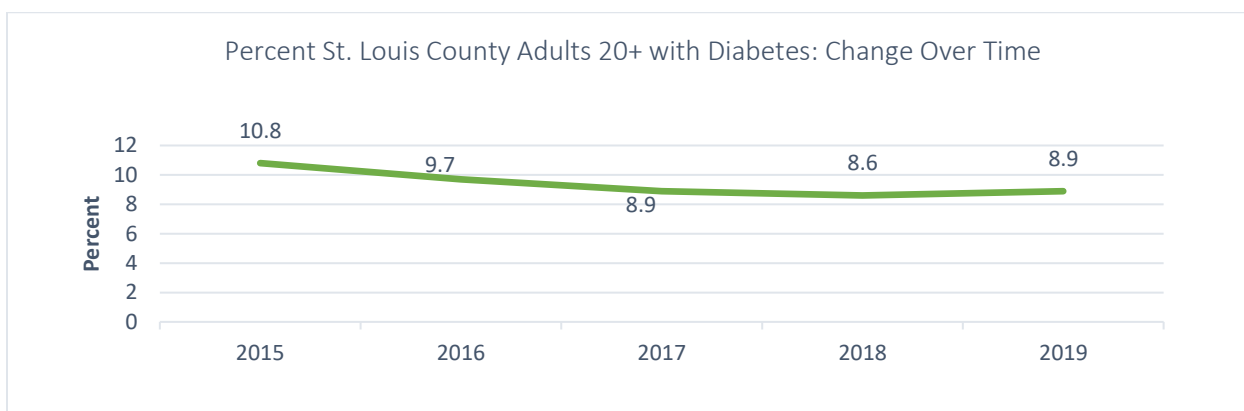
Source: Conduent Healthy Communities Institute



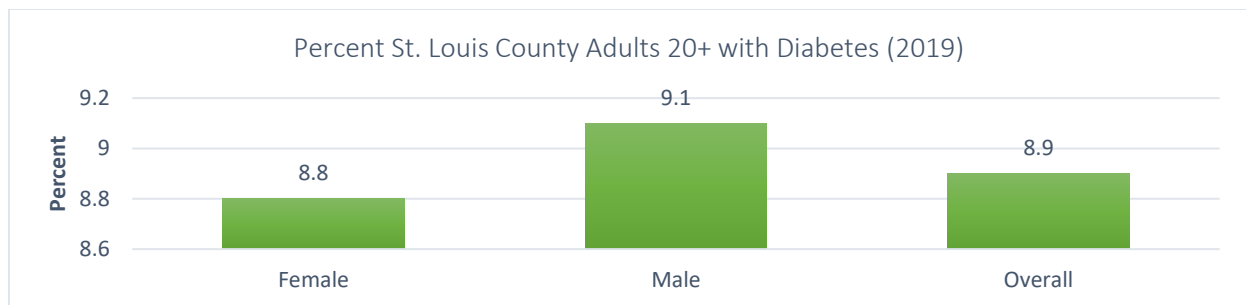
Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

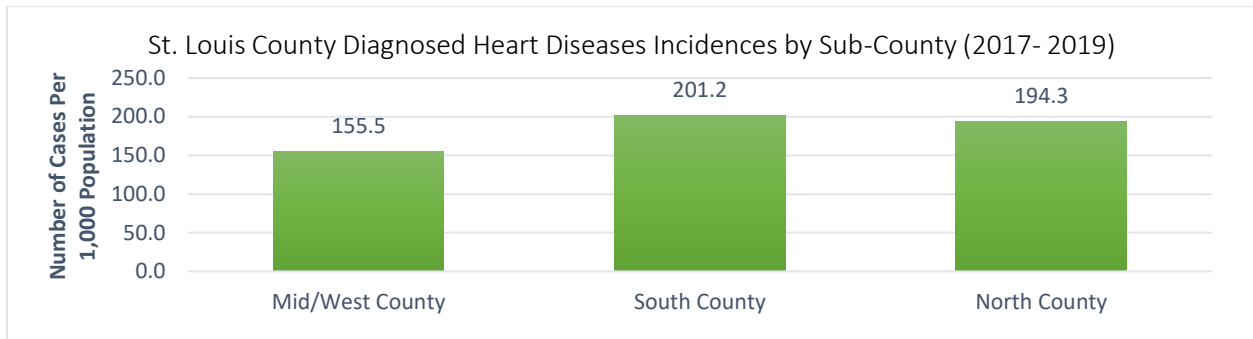


Source: Conduent Healthy Communities Institute

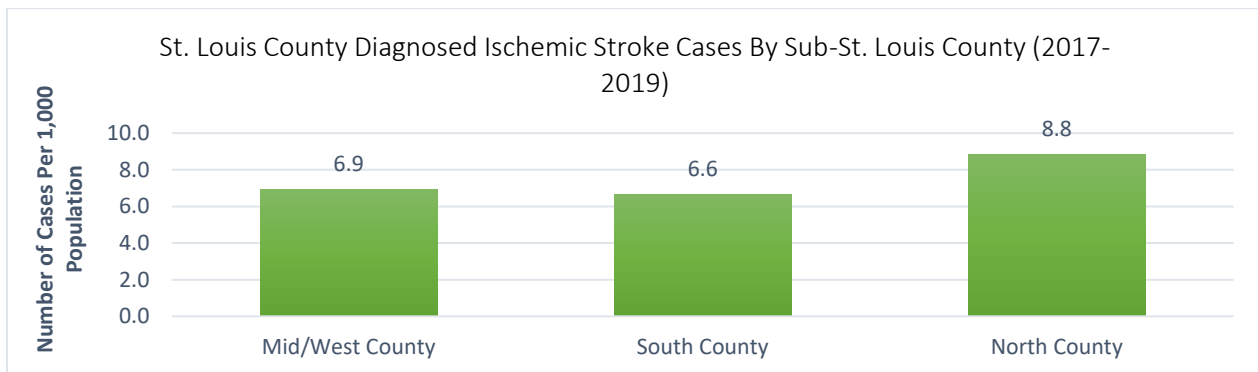
2018 vs. 2019 TOP TEN CITIES IN ST. LOUIS COUNTY WITH ADULTS WITH DIABETES (PERCENT)				
RANK	CITIES	YEAR 2018	CITIES	YEAR 2019
1	Velda Village Hills	22.3	Northwoods	23.7
2	Uplands Park	22.2	Velda Village Hills	23.1
3	Northwoods	21.7	Uplands Park	23
4	Velda City	19.6	Kinloch	21.5
5	Wellston	19.5	Velda City	20.2
6	Beverly Hills	19.2	Wellston	20.1
7	Pagedale	18.7	Beverly Hills	19.9
8	Kinloch	18.6	Pine Lawn	19.7
9	Pine Lawn	18.4	Pagedale	19.6
10	Moline Acres	18.3	Moline Acres	19.5

Source: Conduent Healthy Communities Institute

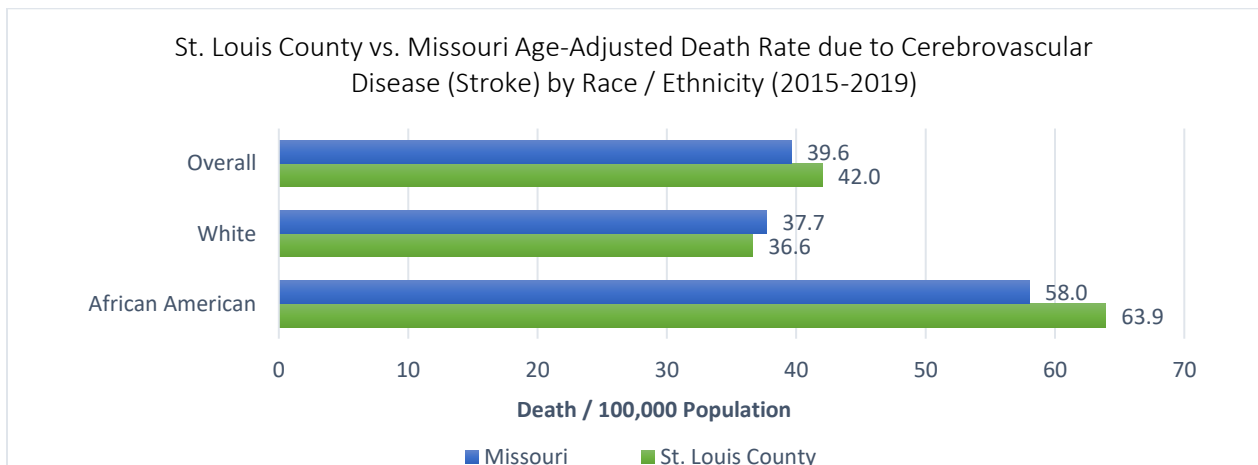
HEART HEALTH & STROKE



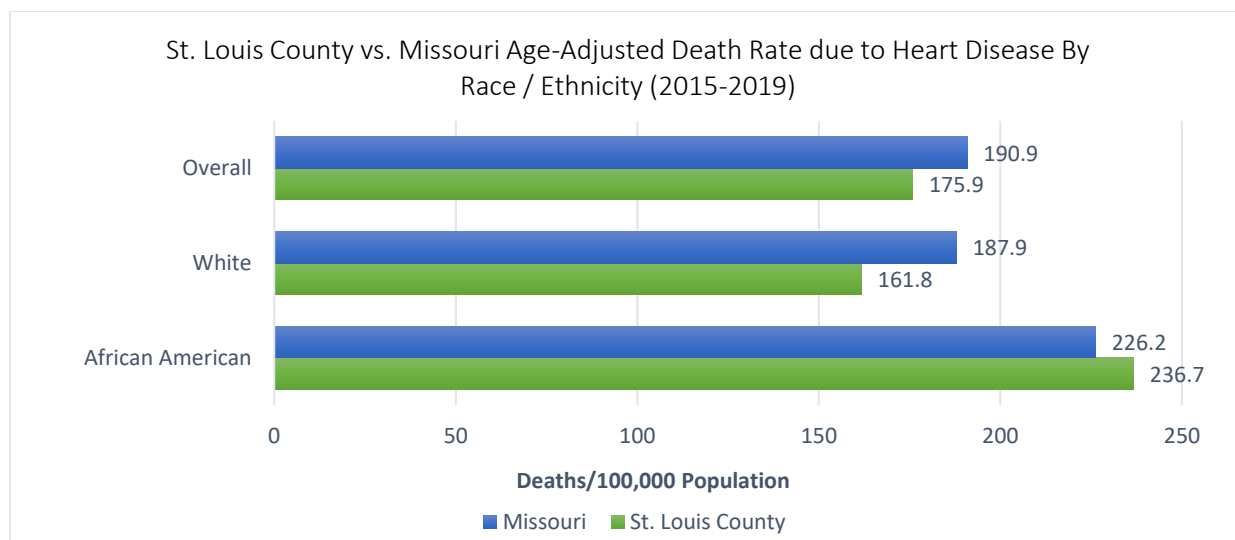
Source: Explore Mo Health



Source: Explore Mo Health



Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

ST. LOUIS COUNTY VS. MISSOURI HEART DISEASE & STROKE AGE-ADJUSTED RATE		
HEALTH TOPICS	ST. LOUIS COUNTY	MISSOURI
HEART DISEASE		
Deaths / 100,000 Population (2009-2019)	178.69	193.95
Hospitalizations / 10,000 Population (2011-2015)	106.11	109.46
Emergency Room Visits / 1,000 Population (2011-2015)	12.67	15.12
ISCHEMIC HEART DISEASE		
Deaths / 100,000 Population (2009-2019)	120.16	115.62
Hospitalizations / 10,000 Population (2011-2015)	26.54	32.53
Emergency Room Visits / 1,000 Population (2011-2015)	0.12	0.57
STROKE / OTHER CEREBROVASCULAR DISEASE		
Deaths / 100,000 Population (2009-2019)	40.25	41.02
Hospitalizations / 10,000 Population (2011-2015)	30.15	27.85
Emergency Room Visits / 1,000 Population (2011-2015)	0.33	0.77

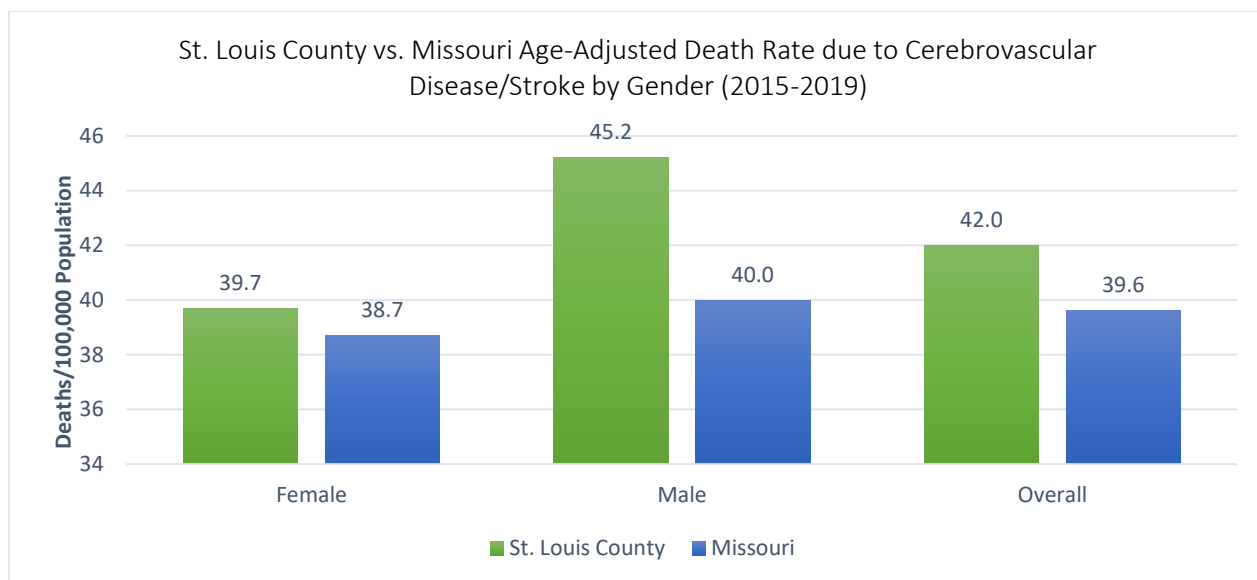
Source: Missouri Department of Health & Senior Services

ST. LOUIS COUNTY VS. MISSOURI HEART DISEASE & STROKE AGE-ADJUSTED RATE BY RACE / ETHNICITY				
	WHITE		AFRICAN AMERICAN	
HEALTH INDICATORS	ST. LOUIS COUNTY	MISSOURI	ST. LOUIS COUNTY	MISSOURI
HEART DISEASE				
Deaths / 100,000 Population(2009-2019)	165.8	190.86	238.48	228.99
Hospitalizations / 10,000 Population (2011-2015)	88.71	102.13	173.23	164.99
Emergency Room Visits / 1,000 Population (2011-2015)	8.47	13.48	25.67	25.7
ISCHEMIC HEART DISEASE				
Deaths / 100,000 Population (2009-2019)	112.5	114.56	160.42	131.74
Hospitalizations / 10,000 Population (2011-2015)	24.19	32.06	35.42	33.04
Emergency Room Visits / 1,000 Population (2011-2015)	0.09	0.59	0.21	0.35
STROKE / OTHER CEREBROVASCULAR DISEASE				
Deaths / 100,000 Population (2009-2019)	36.12	39.53	58.65	55.53
Hospitalizations / 10,000 Population (2011-2015)	24.75	25.66	51.53	44.57
Emergency Room Visits / 1,000 Population (2011-2015)	0.24	0.77	0.65	0.69

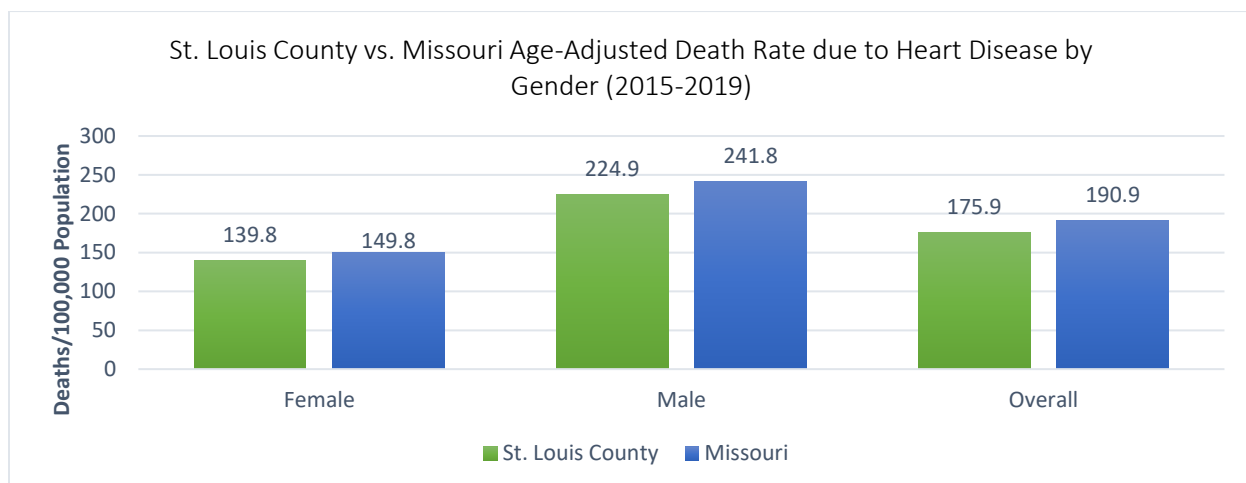
Source: Missouri Department of Health & Senior Services

ST. LOUIS COUNTY VS. MISSOURI HEART DISEASE & STROKE THREE-YEAR MOVING AVERAGE RATES						
	ST. LOUIS COUNTY	MISSOURI	ST. LOUIS COUNTY	MISSOURI	ST. LOUIS COUNTY	MISSOURI
DEATHS / 100,000 POPULATION	2015-2017		2016-2018		2017-2019	
Heart Disease	176.26	193.5	176.62	190.44	175.93	188.49
Ischemic Heart Disease	111.46	108.36	111.16	105.2	109.81	102.31
Stroke / Other Cerebrovascular Disease	41.5	40.65	42.15	39.94	43.1	39
HOSPITALIZATIONS / 10,000 POPULATION	2011-2013		2012-2014		2013-2015	
Heart Disease	113.24	115.58	104.86	108.12	98.17	102.68
Ischemic Heart Disease	28.21	34.89	25.94	31.91	24.53	30.04
Stroke / Other Cerebrovascular Disease	30.84	28.44	29.9	27.47	29.36	27.16
EMERGENCY ROOM VISITS / 1,000 POPULATION	2011-2013		2012-2014		2013-2015	
Heart Disease	12.89	15.25	12.75	15.1	12.52	14.97
Ischemic Heart Disease	0.12	0.6	0.11	0.57	0.11	0.54
Stroke / Other Cerebrovascular Disease	0.33	0.78	0.33	0.76	0.32	0.75

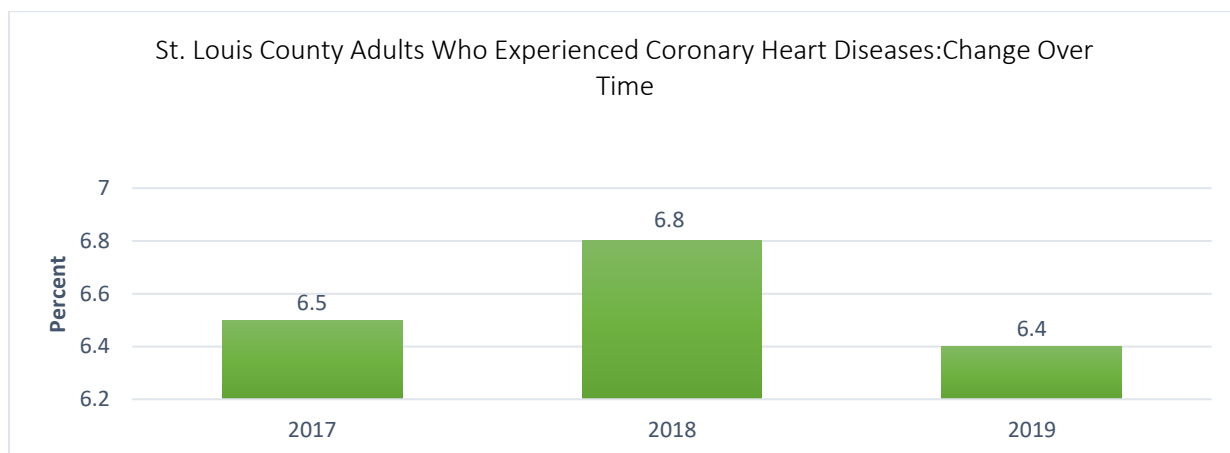
Source: Missouri Department of Health & Senior Services 2011



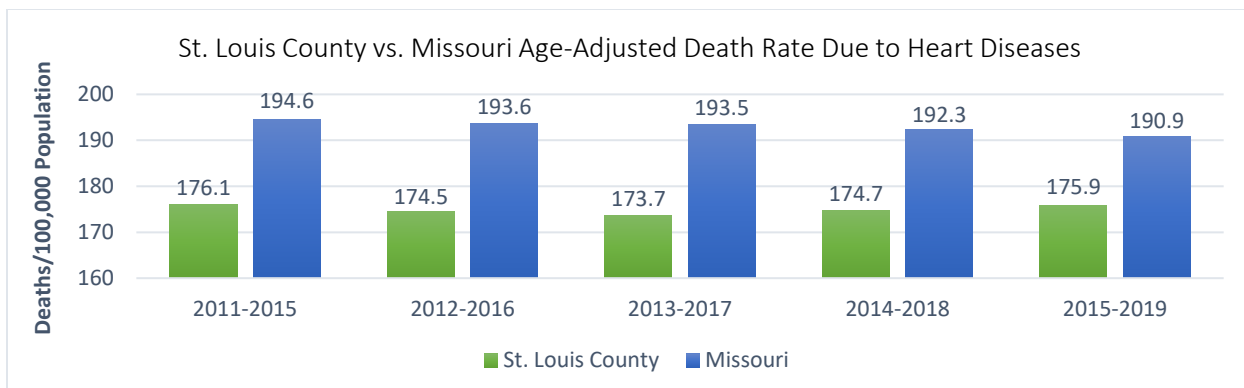
Source: Conduent Healthy Communities Institute



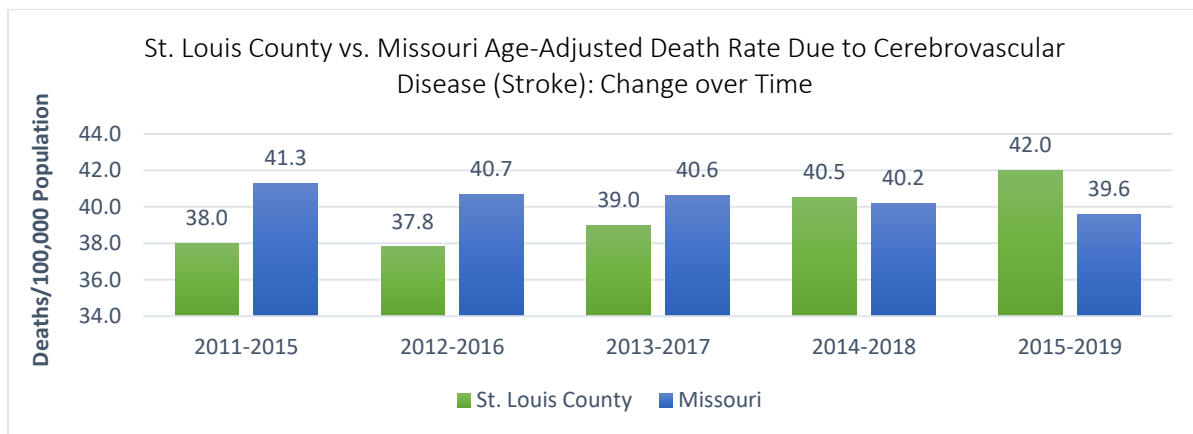
Source: Conduent Healthy Communities Institute



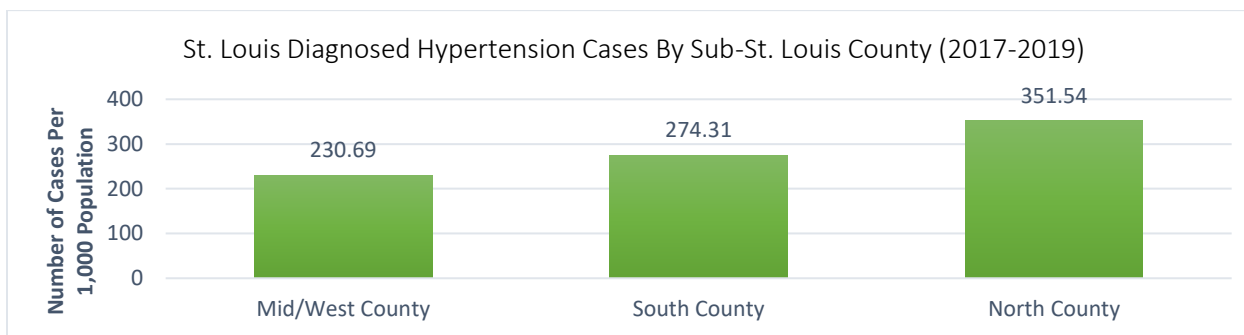
Source: Conduent Healthy Communities Institute



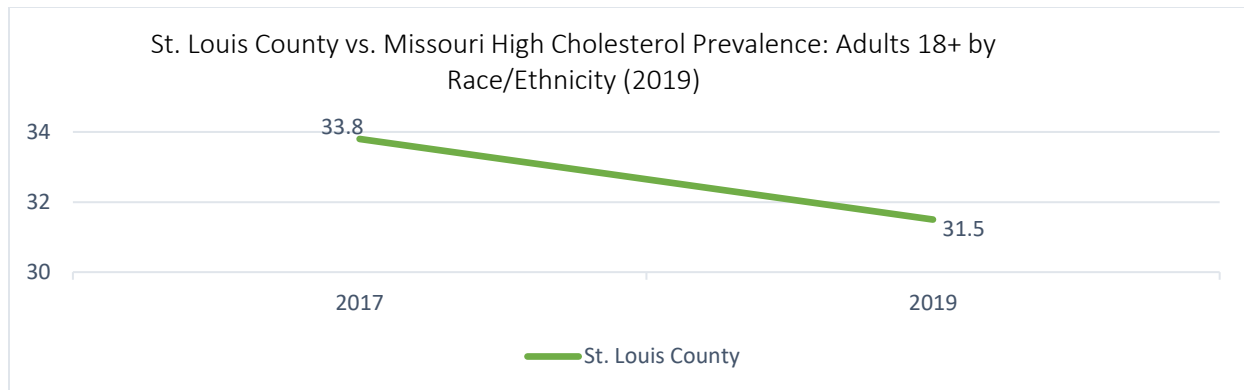
Source: Conduent Healthy Communities Institute



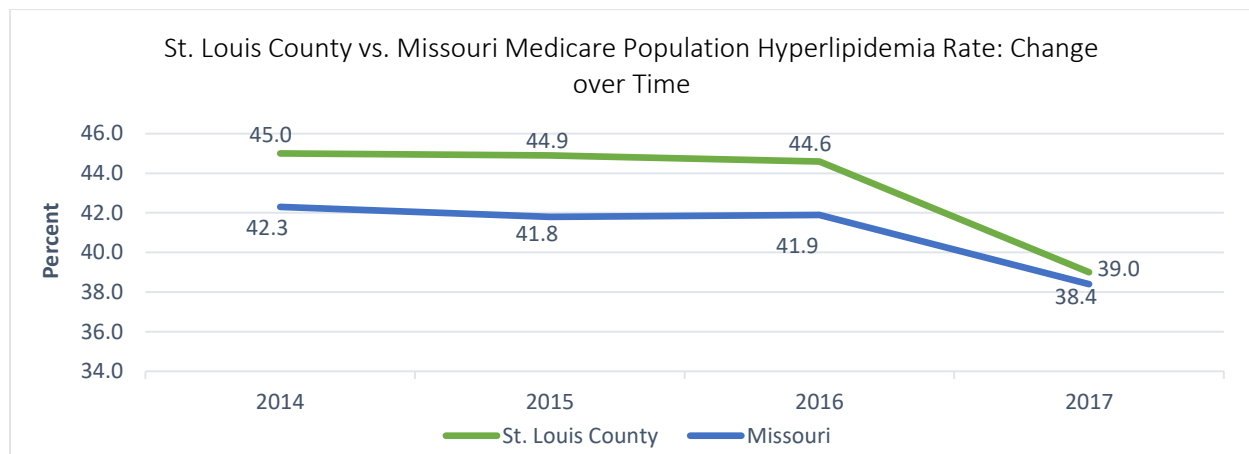
Source: Conduent Healthy Communities Institute



Source: Explore Mo Health

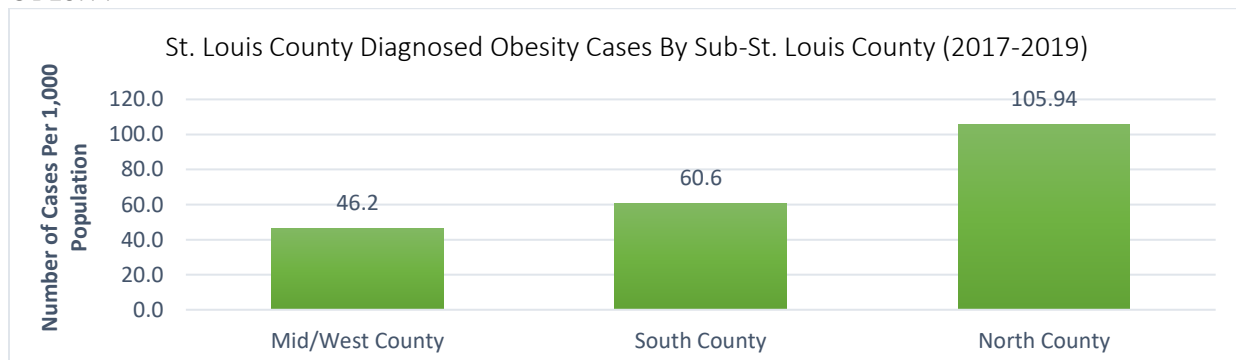


Source: Conduent Healthy Communities Institute

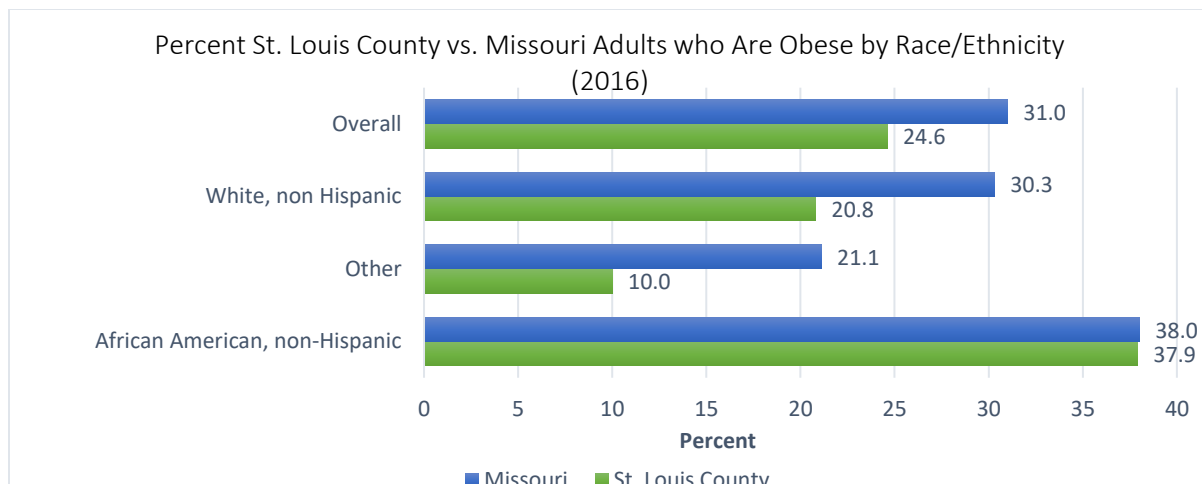


Source: Conduent Healthy Communities Institute

OBESITY



Source: Explore Mo Health



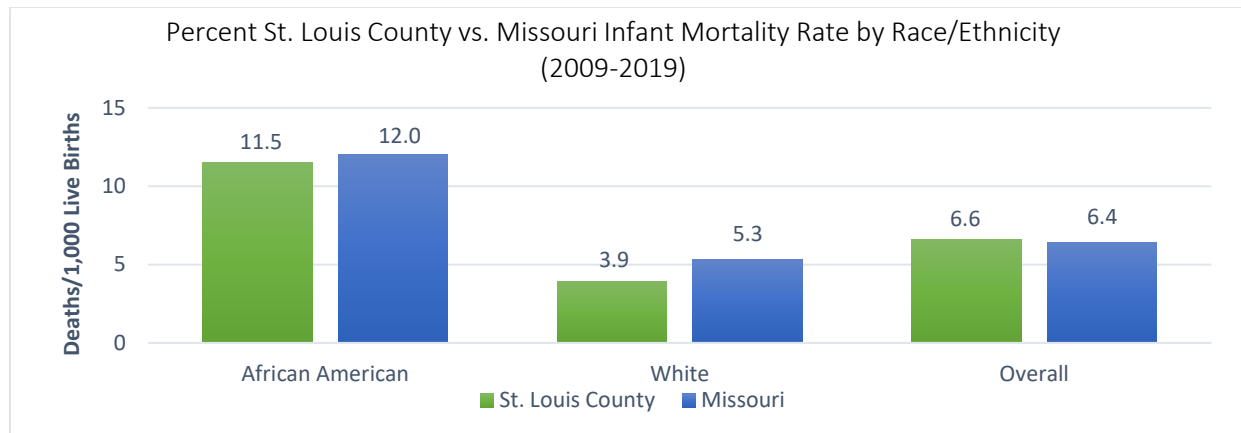
Source: Conduent Healthy Communities Institute

2018 VS. 2019 TOP TEN CITIES IN ST. LOUIS COUNTY WHITH ADULTS WHO ARE OBESE

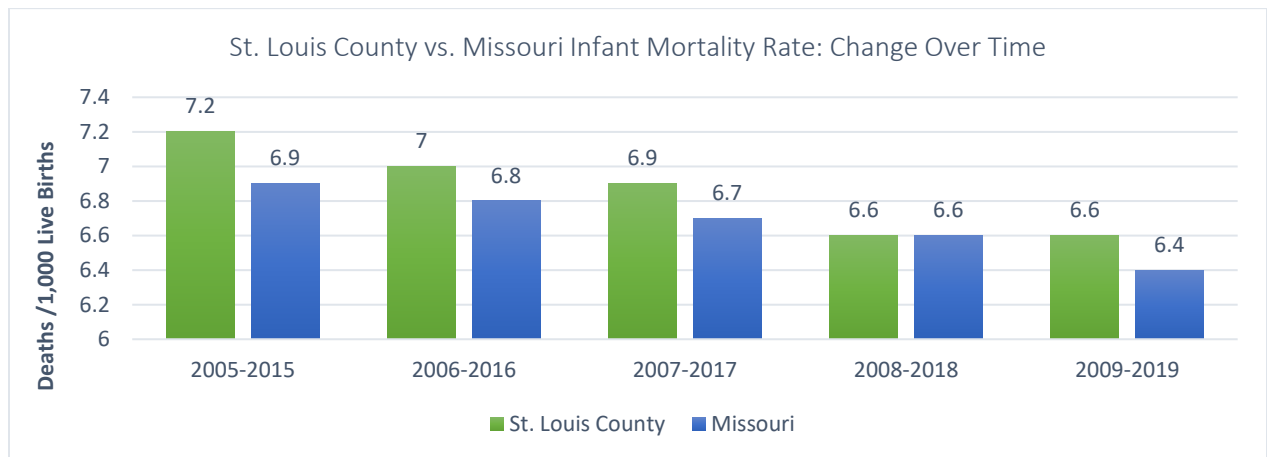
RANK	CITIES	YEAR 2018	CITIES	YEAR 2019
1	Wellston	48.9	Wellston	49.6
2	Kinloch	46.2	Kinloch	49.5
3	Velda Village Hills	45.9	Country Club Hills	47.3
4	Pagedale	45.4	Northwoods	47.3
5	Uplands Park	45.4	Hanley Hills	47.0
6	Hanley Hills	45.3	Pine Lawn	46.8
7	Northwoods	45.1	Velda Village Hills	46.8
8	Beverly Hills	45.0	Pagedale	46.5
9	Pine Lawn	45.0	Uplands Park	46.4
10	Velda City	45.0	Moline Acres	46.0

Source: Conduent Healthy Communities Institute

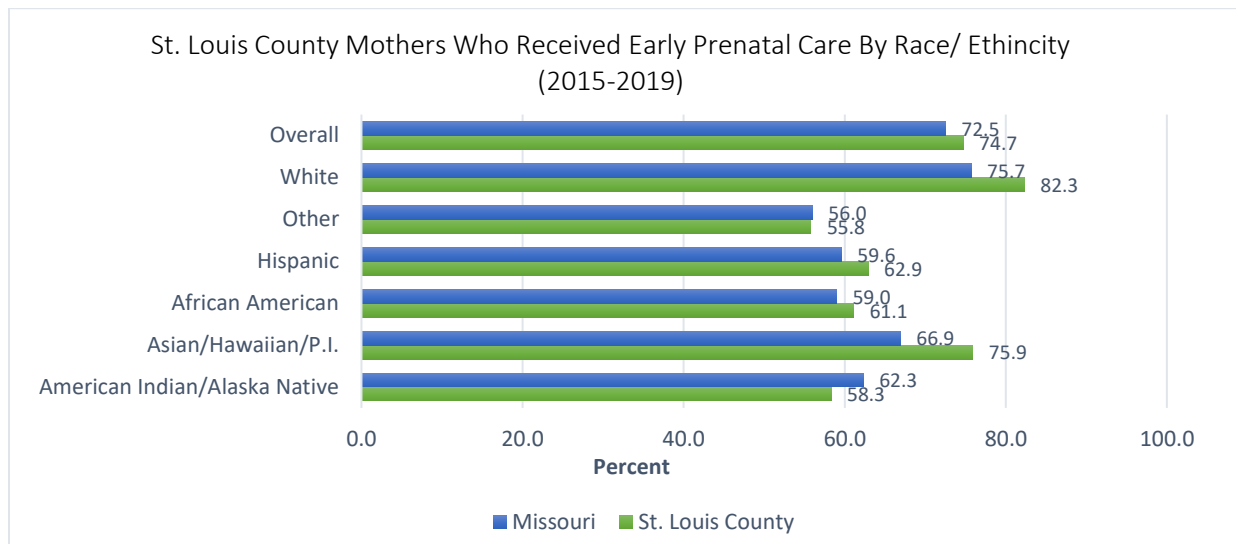
MATERNAL AND INFANT HEALTH



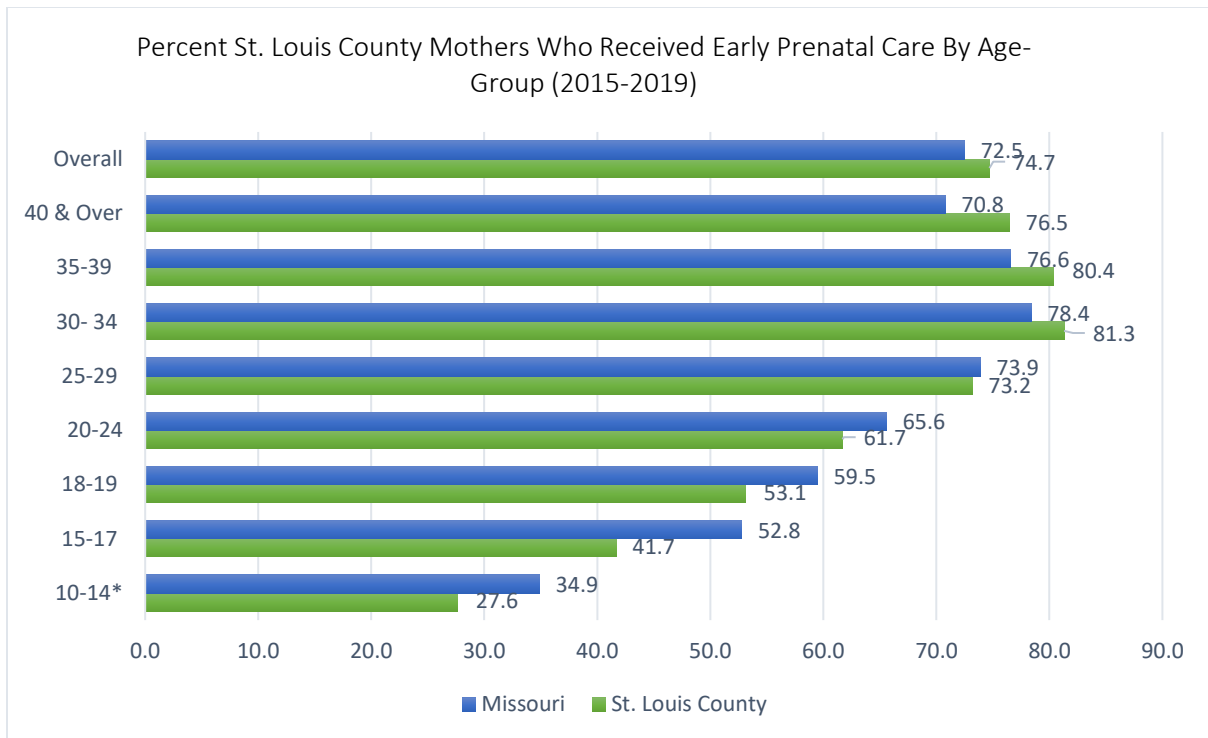
Source: Conduent Healthy Communities Institute



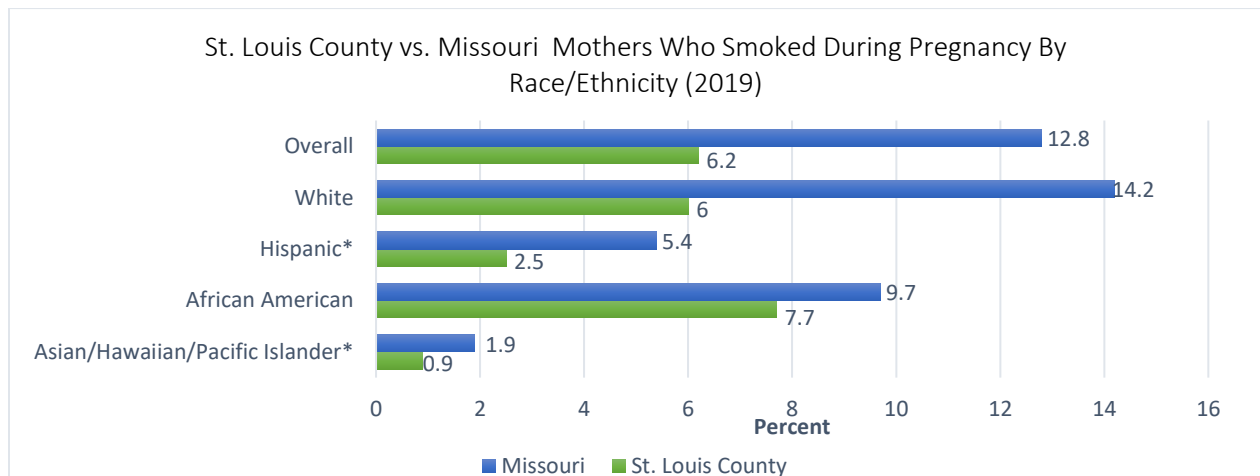
Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

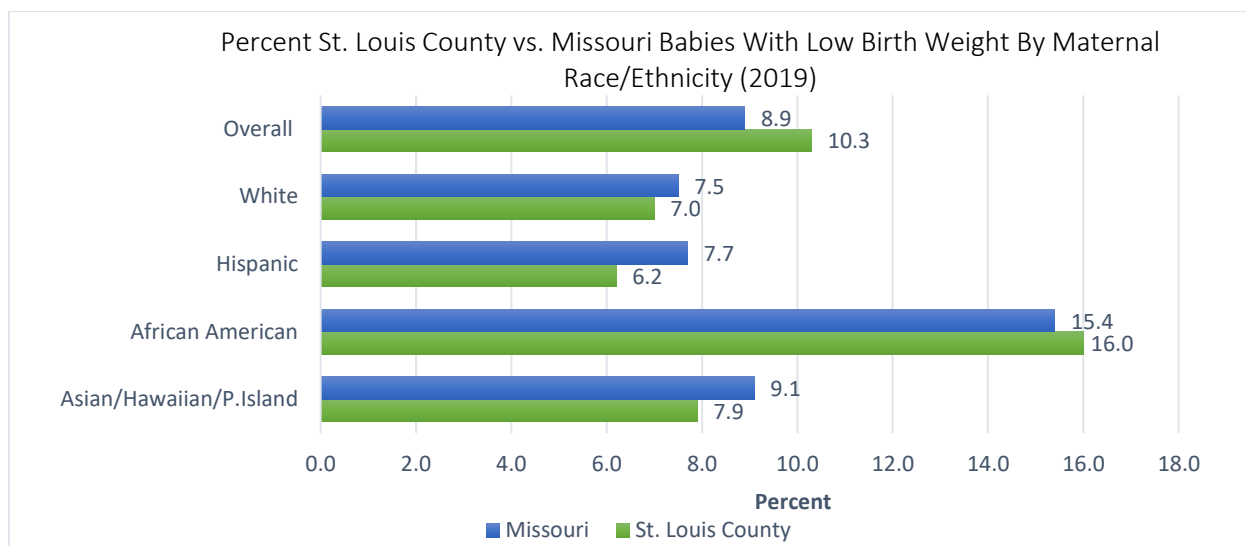


Source: Conduent Healthy Communities Institute

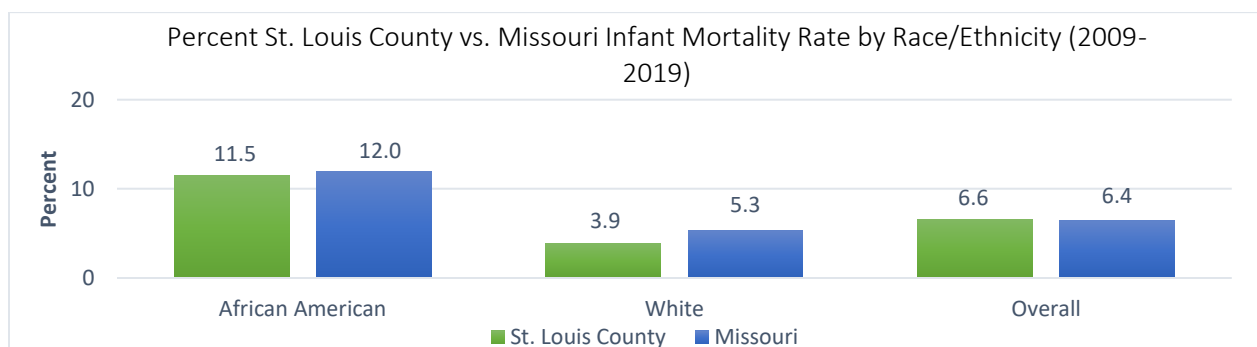


Source: Conduent Healthy Communities Institute

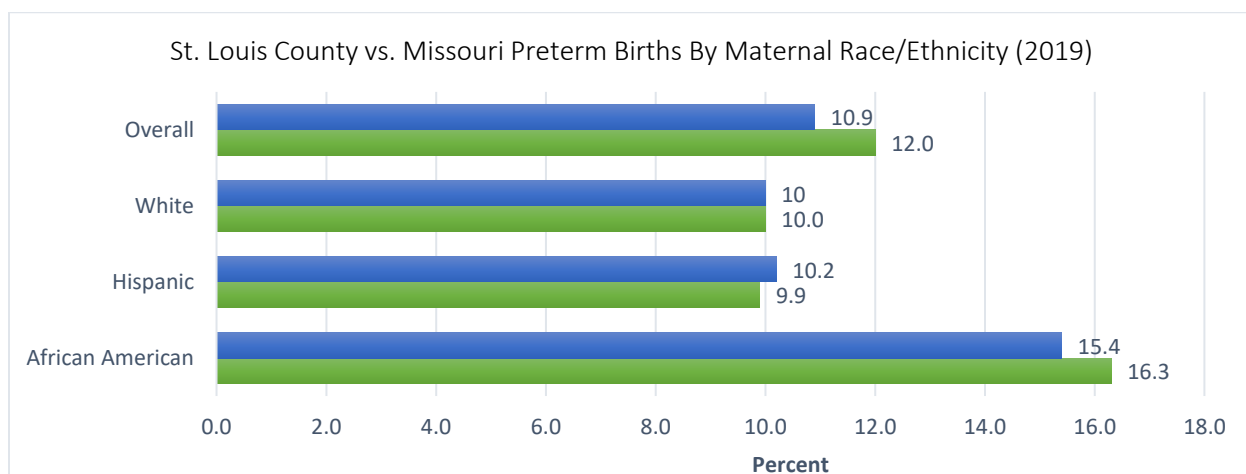
(Based on the source of the data, value may be statistically unstable and should be interpreted with caution since the number of participants was less than 20)



Source: Conduent Healthy Communities Institute

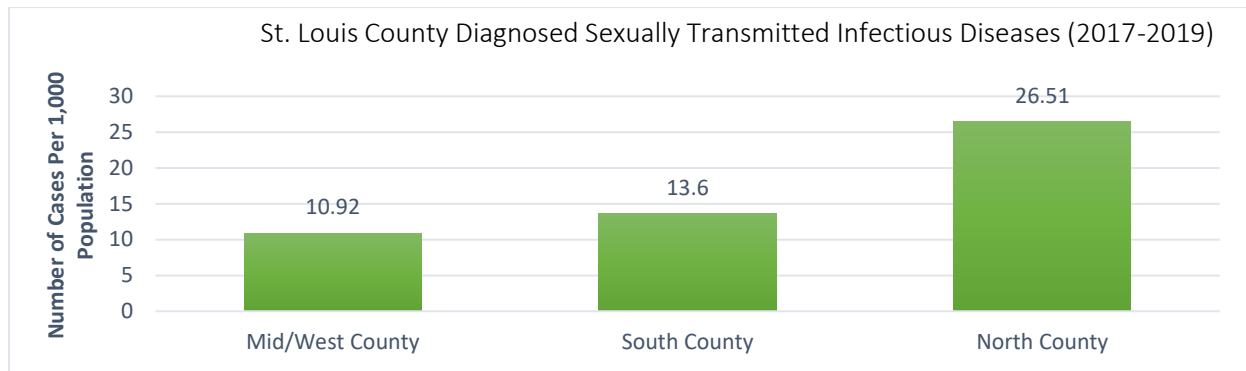


Source: Conduent Healthy Communities Institute

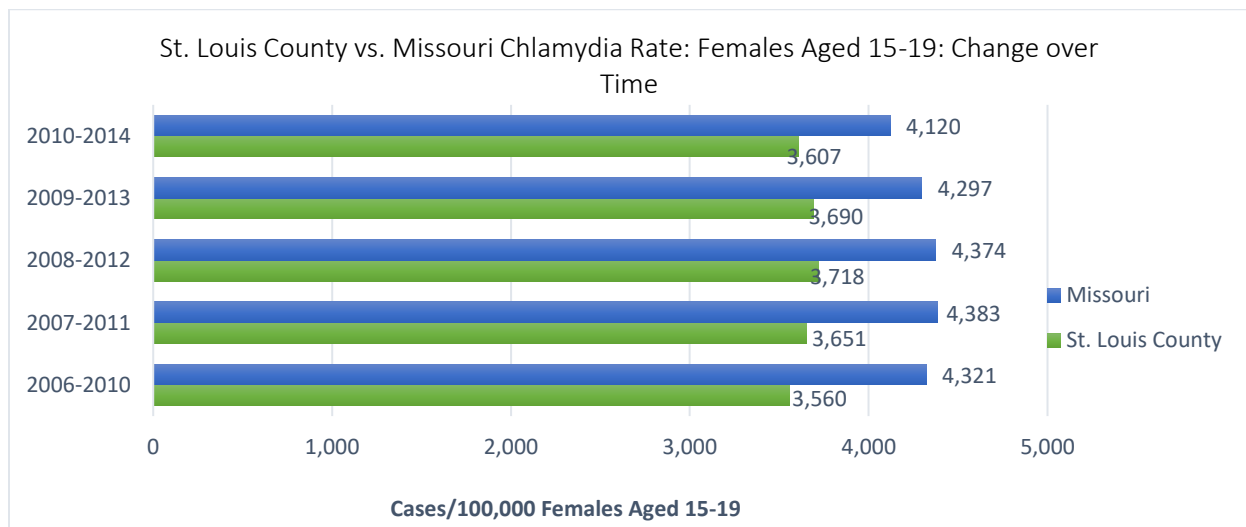


Source: Conduent Healthy Communities Institute

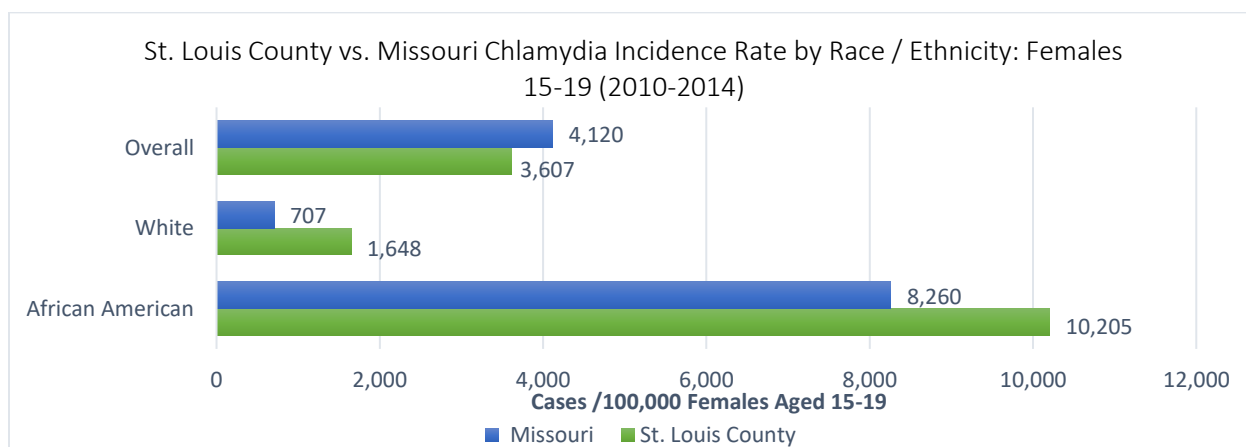
SEXUALLY TRANSMITTED INFECTIONS



Source: Explore Mo Health

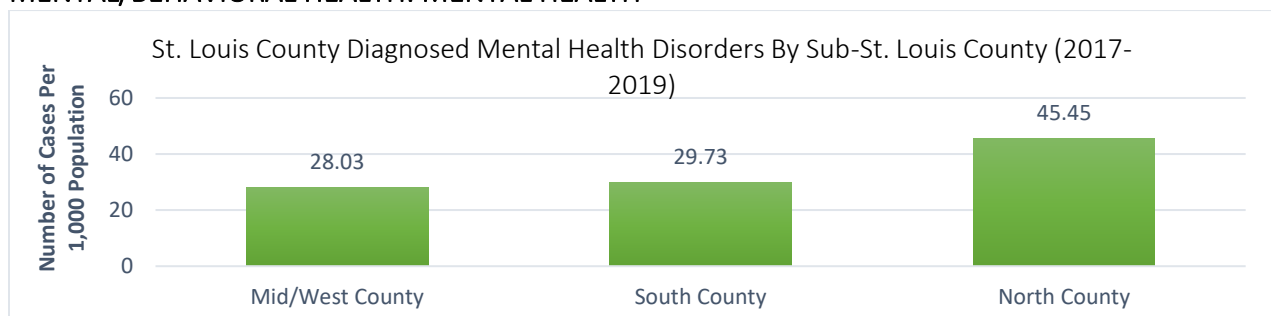


Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

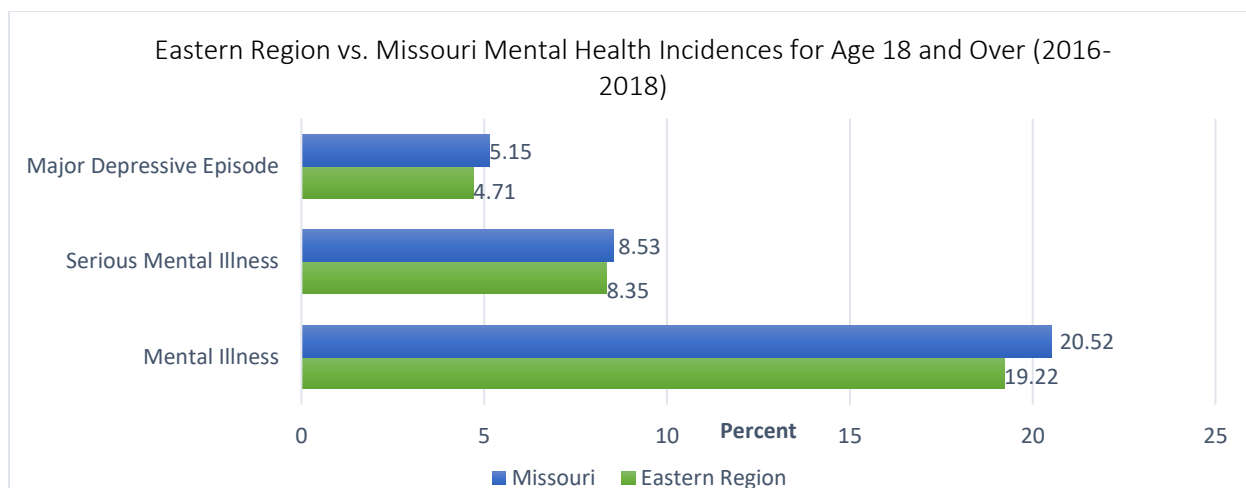
MENTAL/BEHAVIORAL HEALTH: MENTAL HEALTH



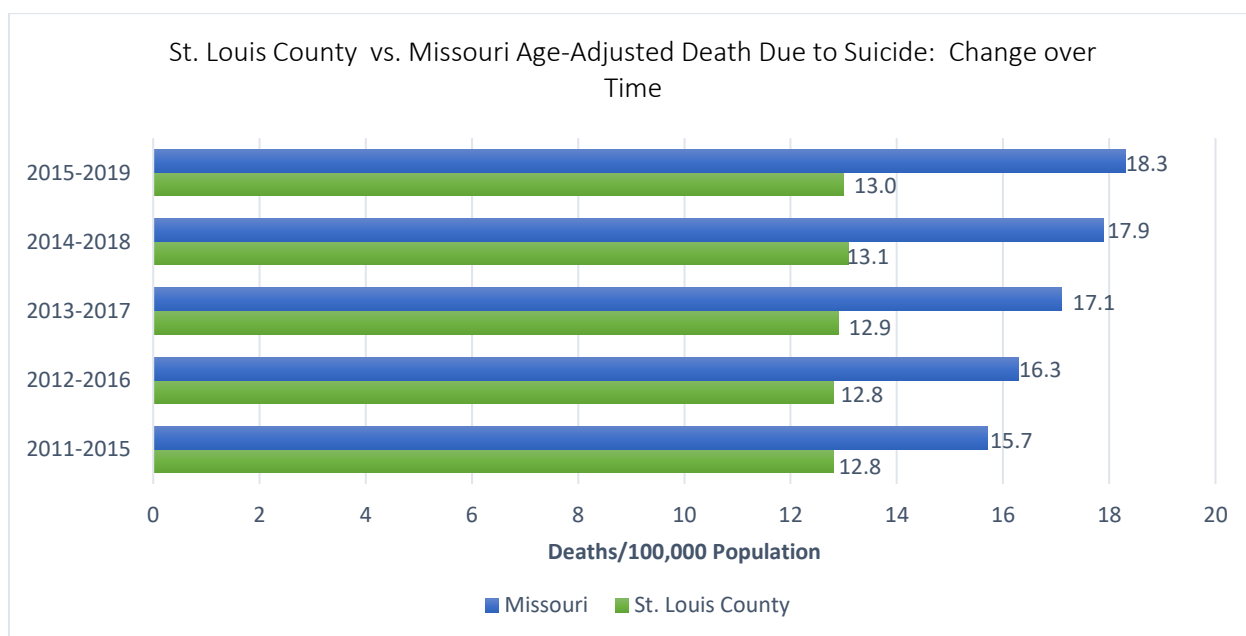
Source: Explore Mo Health

ST. LOUIS COUNTY TOTAL NUMBER OF COMPREHENSIVE PSYCHIATRIC SERVICES BY DIAGNOSISES: CHANGE OVER TIME			
DISORDERS	FY2019	FY2020	FY2021
Anxiety and Fear Disorders	640	1006	1619
Bipolar Mood Disorders	1583	1724	1836
Depression Mood Disorders	2636	3093	3682
Developmental & Age Related Disorders	957	1079	1305
Impulse Control & Conduct Disorders	330	432	481
Personality Disorders	590	665	753
Schizophrenia & Psychotic Disorders	1745	1993	2013
Sexual Disorders	12	11	12
Trauma & Stress Related Disorders	710	986	1380
Other Disorders	51	64	82
Diagnosis Unknown	249	40	34
TOTAL PSYCHIATRIC SERVICE PER YEAR	9503	11093	13197

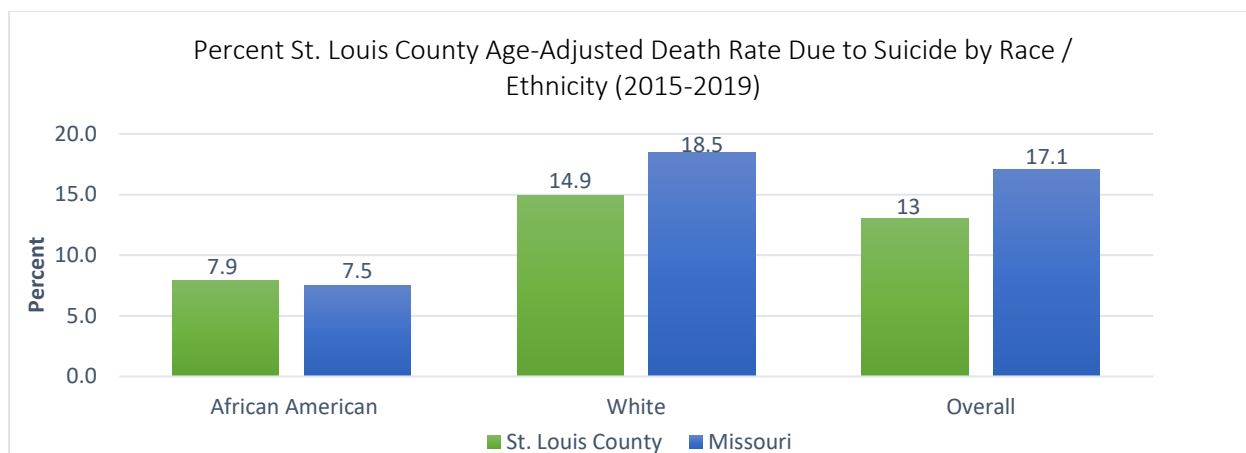
Source: Missouri Department of Mental Health



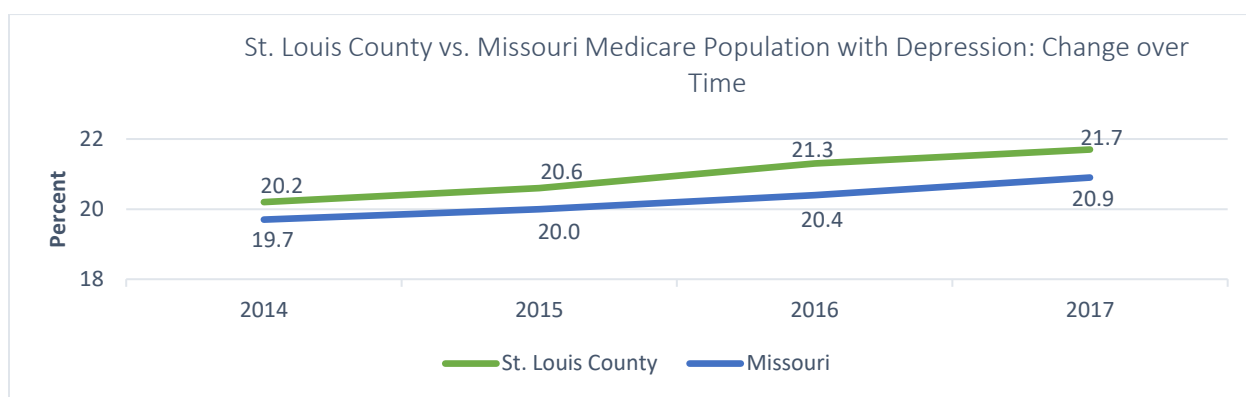
Source: Missouri Department of Mental Health



Source: Conduent Healthy Community Institute

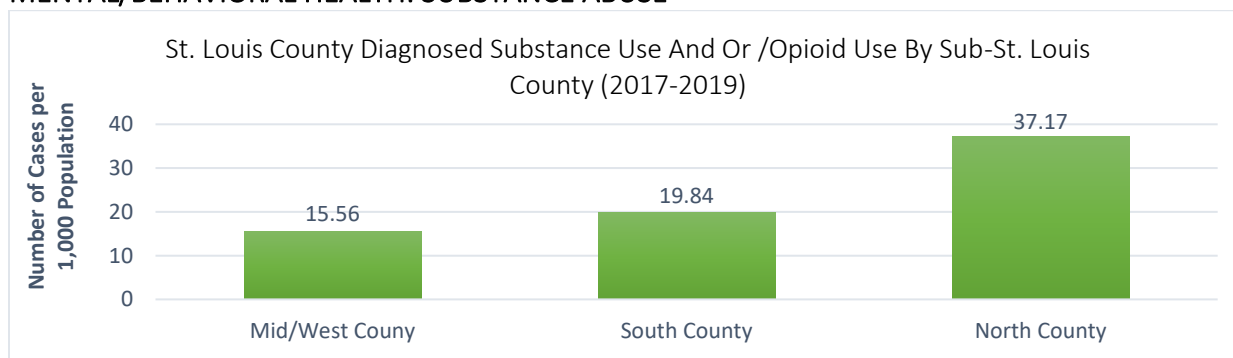


Source: Conduent Healthy Community Institute

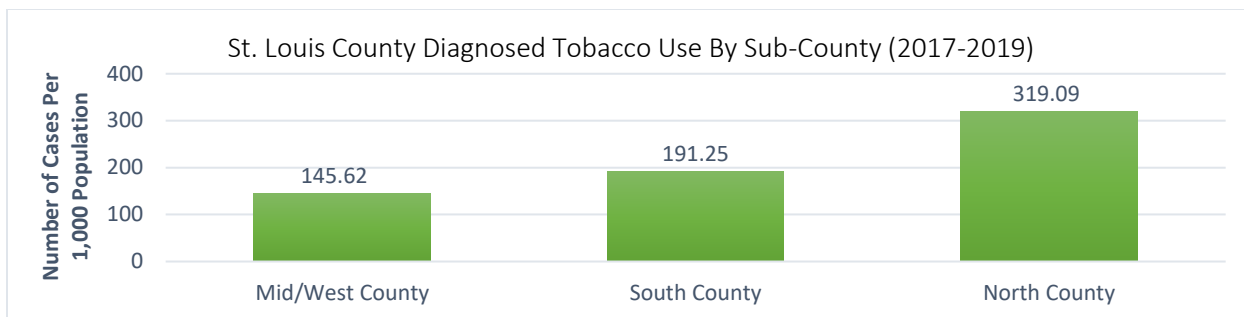


Source: Conduent Healthy Community Institute

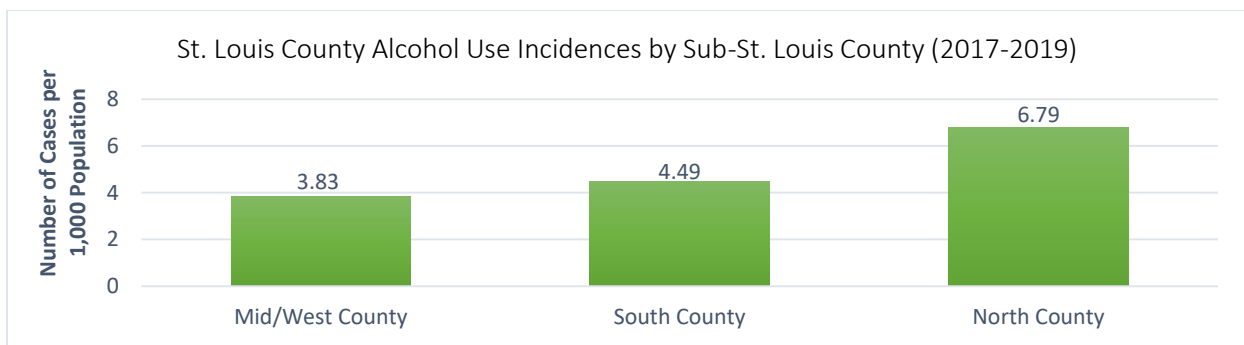
MENTAL/BEHAVIORAL HEALTH: SUBSTANCE ABUSE



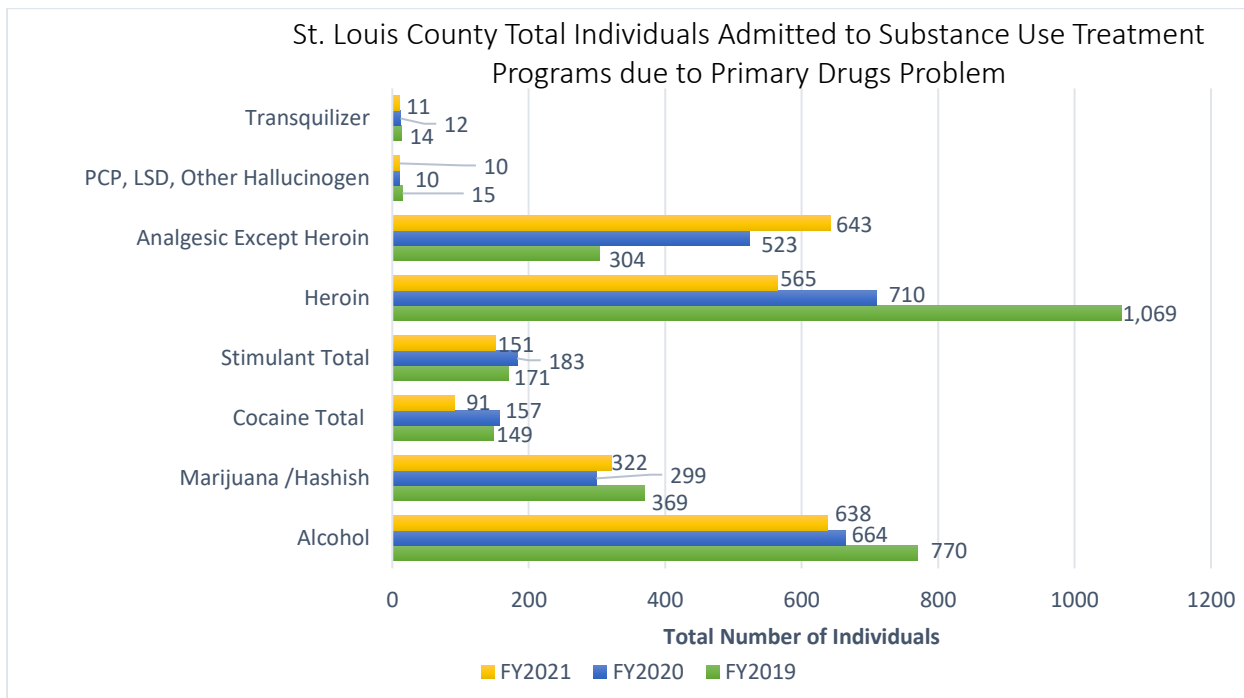
Source: Explore Mo Health



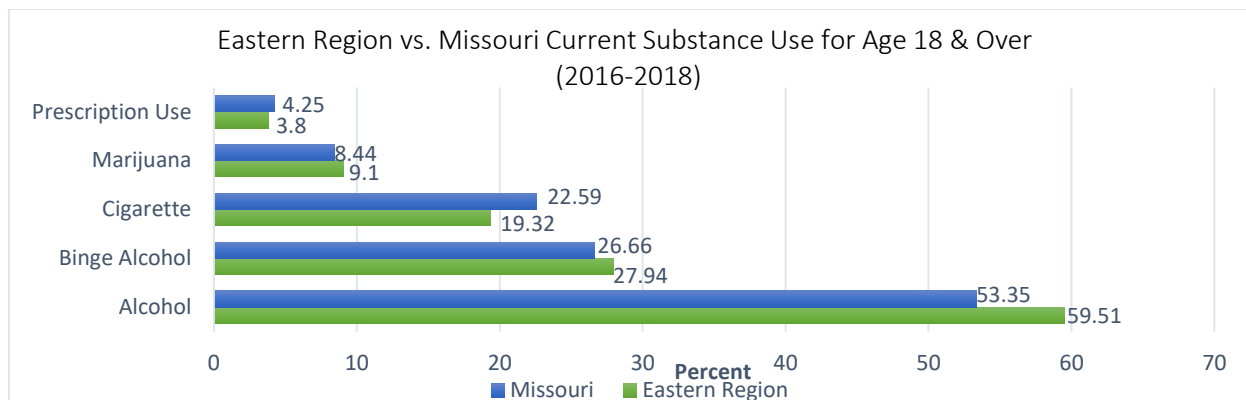
Source: Explore Mo Health



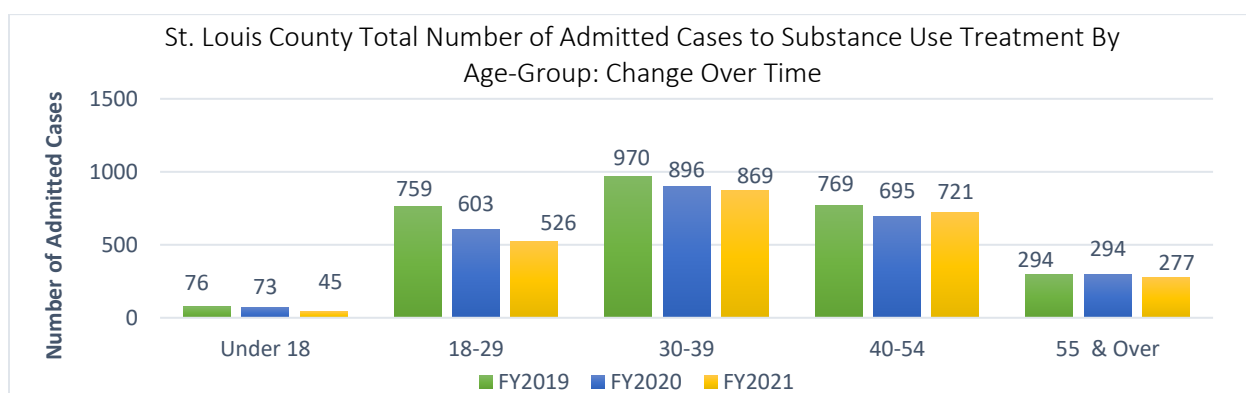
Source: Explore Mo Health



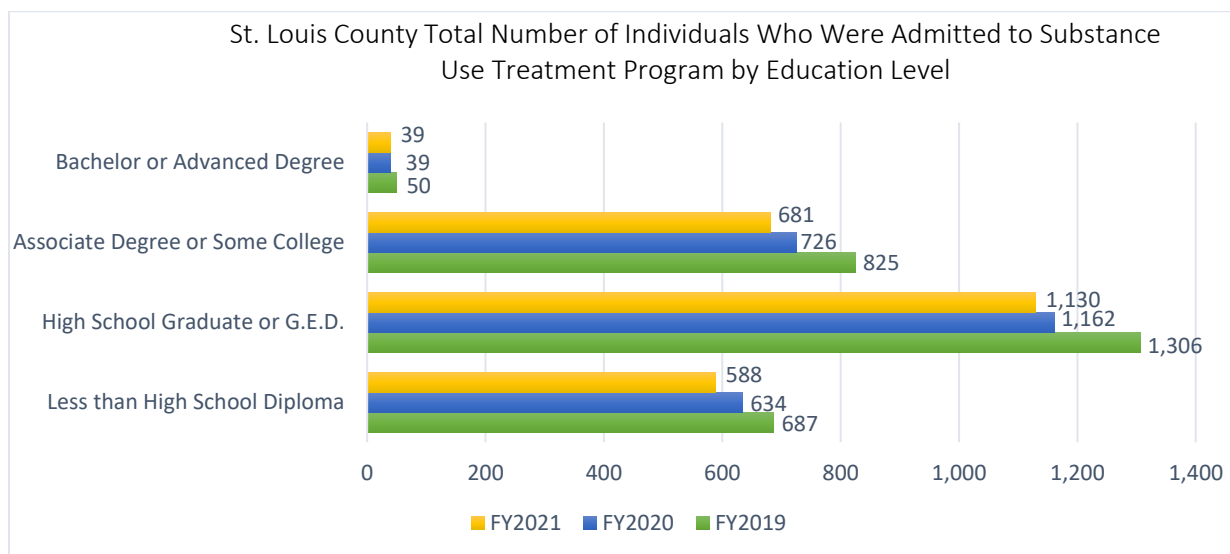
Source: Missouri Department of Mental Health



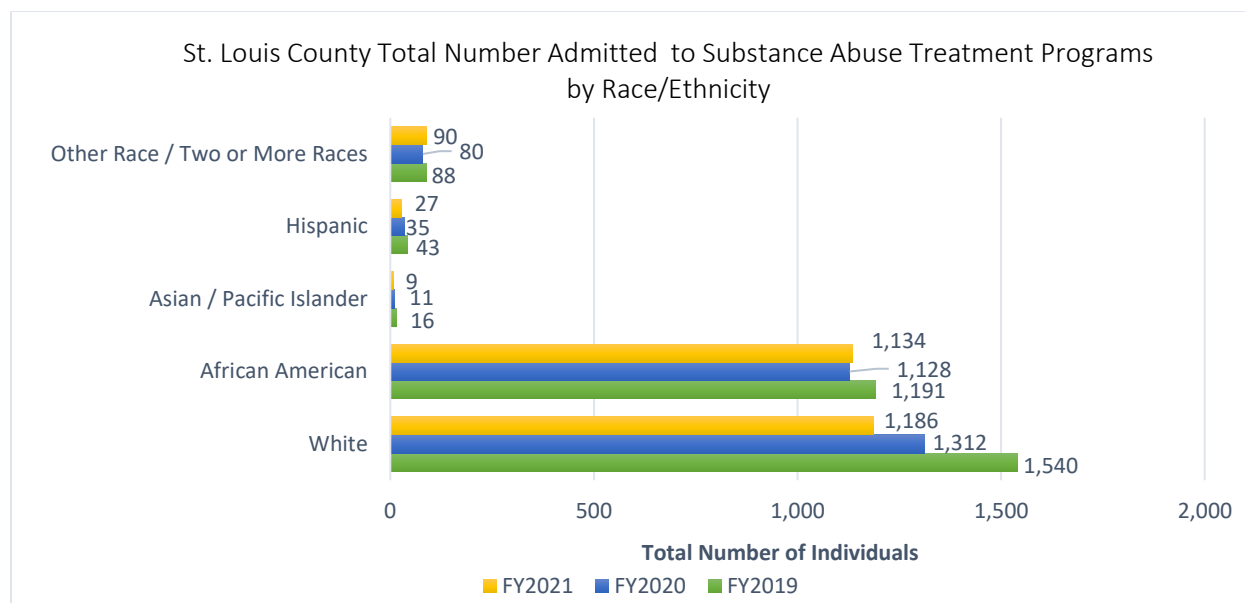
Source: Missouri Department of Mental Health



Source: Missouri Department of Mental Health



Source: Missouri Department of Mental Health



Source: Missouri Department of Mental Health

Implementation Strategy



I. Community Health Needs to be Addressed

COMMUNITY HEALTH NEED: OBESITY

HEALTH NEED RATIONALE (HEALTHY PEOPLE 2030)

Approximately 2 in 5 adults and 1 in 5 children and adolescents in the United States have obesity and many others are overweight. Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer.

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans describes how much physical activity children, adolescents and adults need to receive health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and those with chronic diseases or disabilities. Barnes-Jewish West County Hospital (BJWCH) will support the management of this chronic condition by providing a 12-week obesity intervention program.

STRATEGY GOALS:

- I. Reduce the incidence of overweight and obese individuals in St. Louis County.
- II. Improve management of obesity-related diseases in individuals.

STRATEGY OBJECTIVES:

- a) At least 75 percent of participants will complete the session with 80 percent attendance at the end of the 12-week session.
- b) At least 75 percent of participants' knowledge level of the effect of healthy behavior on their weight will increase by 10 percent at the end of the 12-week session.

ACTION STRATEGIES

- BJWCH staff will engage the St. Louis County community to ensure that enrollment in the intervention is well communicated through public awareness activities such as banners, flyers, promotional campaigns, and event days.
- BJWCH staff will enroll community members who are having challenges maintaining a healthy weight in a 12-week healthy behavior educational intervention session.
- During the first week, staff will provide the overall purpose of the intervention.
- Staff will record the participants' BMI and weight using excel sheet.
- Staff will provide a pre-test assessment that focuses on participant knowledge of choice of healthy behavior and its effect on healthy weight.
- Participants will be offered a free two- or four-hour dietitian consultation.
- Staff will provide participants a brochure on healthy meal choices for use at home.
- Staff and participants will regroup once a week where physical activities will be held, and healthy nutrition choices will be discussed.

- Staff will suggest public areas that often combine greenery with paths, facilities for physical activity and recreation, and places participants can meet for physical activities, such as walking groups, exercise classes and organized sports.
- Participants will be encouraged to form a walking group and participate at least three times each week in physical activities.
- Participants' weight will be recorded weekly by BJWCH staff for 12 weeks. In case a participant is unable to attend, he or she will record his/her weekly weight and report to BJWCH staff at the next session.
- Post-test assessment will be conducted at the last week of the enrollment.
- Participants' BMI and weight will be recorded by the staff at the end of the 12-week intervention.
- Staff will encourage participants to continue with their group after the 12-week session.
- Staff will follow-up with participants who graduate from the intervention on a bi-yearly basis to track their progress.

EXPECTED OUTCOMES: Improvement in healthy behavior and healthy body weight.

OUTCOMES MEASUREMENT: Participant's pre-post weight, BMI and knowledge level of healthy behavior will be recorded using an excel sheet. The result will be analyzed to determine if the participant achieved any progress, and the progress will be recorded.

II. Community Health Needs that Will Not be Addressed

COMMUNITY HEALTH NEEDS THAT WILL NOT BE ADDRESSED

ACCIDENTS/ INJURIES

Accidents/injuries have not been identified in the service area as a major community health concern.

ALCOHOL ABUSE

Barnes Jewish West County Hospital does not provide substance abuse care. BJWCH works in concert with other community resources based on the needs of the population for referral to preventive and tertiary treatment for substance abuse.

BJC Behavioral Health, a member of BJC HealthCare, is a provider of various mental health services for community members living in St. Louis County and beyond. Services for both pediatrics and adults include, but are not limited to early intervention, therapy, case management, psychosocial rehabilitation, respite, mentoring, crisis intervention, and assistance with housing and employment. Hospital providers can partner with BJC Behavioral Health to provide and coordinate care that meets the needs of patients.

CANCER

Siteman Cancer Center, which has a facility at Barnes-Jewish West County, provides a variety of health education and screening events for the community, as well as through the Program for the Elimination of Cancer Disparities (PECaD). Additionally, the cancer center conducts a more in-depth assessment on health needs related to cancer and develops implementation plans for priority needs.

Other organizations addressing this need include, but are not limited to:

- American Cancer Society
- Cancer Support Community

DENTAL CARE

Lack of dental care has not been identified in the service area as a major community health concern. Follow up for dental care is addressed via personal providers and other health care professionals.

DIABETES

BJWCH will address this health care need in the implementation plan. There will be the opportunity to explore a partnership with Missouri Baptist Medical Center, BJC Home Care Services and St. Louis OASIS Institute, all members of BJC HealthCare.

DRUG ABUSE

Barnes Jewish West County Hospital does not provide substance abuse care. BJWCH works in concert with other community resources based on the needs of the population for referral to preventive and tertiary treatment for substance abuse.

BJC Behavioral Health, a member of BJC HealthCare, is a provider of various mental health services for community members living in St. Louis County and beyond. Services for both pediatrics and adults include, but are not limited to early intervention, therapy, case management, psychosocial rehabilitation, respite, mentoring, crisis intervention, and assistance with housing and employment. Hospital providers can partner with BJC Behavioral Health to provide and coordinate care that meets the needs of patients.

HIGH BLOOD PRESSURE

High blood pressure is often a result of obesity and can be controlled with lifestyle modification that will be focused on with the proposed community health work.

HEART AND VASCULAR DISEASE

Missouri Baptist Medical Center, a member of BJC HealthCare, is addressing this health care need in its implementation plan. Other organizations supporting this need include, but are not limited to, include the American Heart Association and American Stroke Association.

IMMUNIZATIONS/ INFECTIOUS DISEASES

Free flu vaccination clinics are held via various religious, educational and health facilities in the service area, funded by a grant from the Foundation for Barnes-Jewish Hospital.

MATERNAL/CHILD HEALTH

BJWCH does not offer services to patients less than 18 years of age; therefore, the hospital does not possess the resources to address this need.

MENTAL HEALTH

BJC Behavioral Health, a member of BJC HealthCare, is a provider of various mental health services for community members living in St. Louis County and beyond. Services for both pediatrics and adults include, but are not limited to early intervention, therapy, case management, psychosocial rehabilitation, respite, mentoring, crisis intervention, and assistance with housing and employment. Hospital providers can partner with BJC Behavioral Health to provide and coordinate care that meets the needs of patients.

RESPIRATORY DISEASES

Missouri Baptist Medical Center, a member of BJC HealthCare, is addressing this health care need in its implementation plan. Other organizations supporting this need include, but are not limited to, include the American Lung Association

The BJWCH Patient Guide provides resources to help a smoker connect with a local organization, which includes the American Lung Association, Siteman Cancer Center, National Cancer Institute and National Network of Tobacco Cessation Quitline. Each of these organizations provides a step-by-step program designed to help smokers quit and improve their health.

SEXUAL TRANSMITTED INFECTIONS (STI)

All patients who present to the BJWCH emergency department who feel they are at risk for an STI are offered testing and treatment of most common STI's. In addition, discharge instructions are included that provide education on safe sex practices and resources for follow up.

SMOKING/TOBACCO USE & EDUCATION

The BJWCH Patient Guide provides resources to help a smoker connect with a local organization, which includes the American Lung Association, Siteman Cancer Center, National Cancer Institute and National Network of Tobacco Cessation Quitline. Each of these organizations provides a step-by-step program designed to help smokers quit and improve their health.

STROKE

Missouri Baptist Medical Center, a member of BJC HealthCare, is addressing this health care need in its implementation plan. Other organizations supporting this need include, but are not limited to, include the American Heart Association and American Stroke Association.

VAPING

The BJWCH Patient Guide provides resources to help a those who vape connect with a local organization, which includes the American Lung Association, Siteman Cancer Center, National Cancer Institute and National Network of Tobacco Cessation Quitline. Each of these organizations provides a step-by-step program designed to help smokers quit and improve their health.