

2025-2028 Community Health Needs Assessment and Improvement Plan





Where we've been, where we are today, and where we're going...

A Message from Bob Cannon, President, BJC HealthCare, and Trish Lollo, President, St. Louis Children's Hospital

At BJC HealthCare, our mission to improve the health and well-being of the communities we serve has guided us for decades. Community health improvement is not simply work we do—it is woven into our identity. As part of the health system's pillar of stewardship, community engagement is central to how we care for and invest in our region.

This report includes our 2025 Community Health Needs Assessment (CHNA) and the resulting 2026–2028 Community Health Improvement Plan (CHIP) for St. Louis Children's Hospital, both of which reflect our ongoing commitment to understanding and addressing the unique health needs of the communities we serve.

We know that improving community health is not something we do alone. Collaboration is at the heart of this work. We are deeply grateful to the public health departments, community organizations, other health systems, health care providers, and countless dedicated community members who share our commitment to building a healthier future. Their insights, experiences, and leadership help shape our understanding of the challenges our neighbors face and the opportunities we have to improve health together.

For St. Louis Children's Hospital, we are committing to focused efforts around mental health, respiratory and lung diseases, and obesity and maintaining healthy weight. These priorities were carefully determined through conversations with community members and leaders across the region, as well as a community health needs survey, public health data, and hospital data. Taken together, they reflect our shared vision for meaningful, measurable improvements in community health.

This report outlines the process we used to engage with the community and provides a roadmap for action. It is not a comprehensive list of every initiative underway, but rather a blueprint that demonstrates how we continually assess community needs, set priorities, and work collaboratively to address them.

At BJC HealthCare, we are proud to stand alongside our community in this important work. Together, we can continue to create healthier, stronger communities for generations to come.

Sincerely,



Bob Cannon
President, BJC HealthCare



Trish Lollo
President, St. Louis Children's Hospital

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About BJC HealthCare

BJC Health System is one of the largest nonprofit health care organizations in the United States. It is also the largest in the state of Missouri. BJC Health System serves communities in Missouri, southern Illinois, eastern Kansas, and throughout the Midwest. BJC HealthCare is the East Region of BJC Health System.

BJC HealthCare provides **high-quality and compassionate health care** and health services. BJC HealthCare includes 14 award-winning hospitals and other types of health care locations. Across these locations, BJC HealthCare offers a wide range of health services and care from professionals with expertise in their fields.



Purpose

BJC HealthCare is dedicated to improving the health and well-being of the diverse communities we serve through an unwavering commitment to excellence in medicine and a spirit of curiosity that drives innovation and exceptional care.

About the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP)

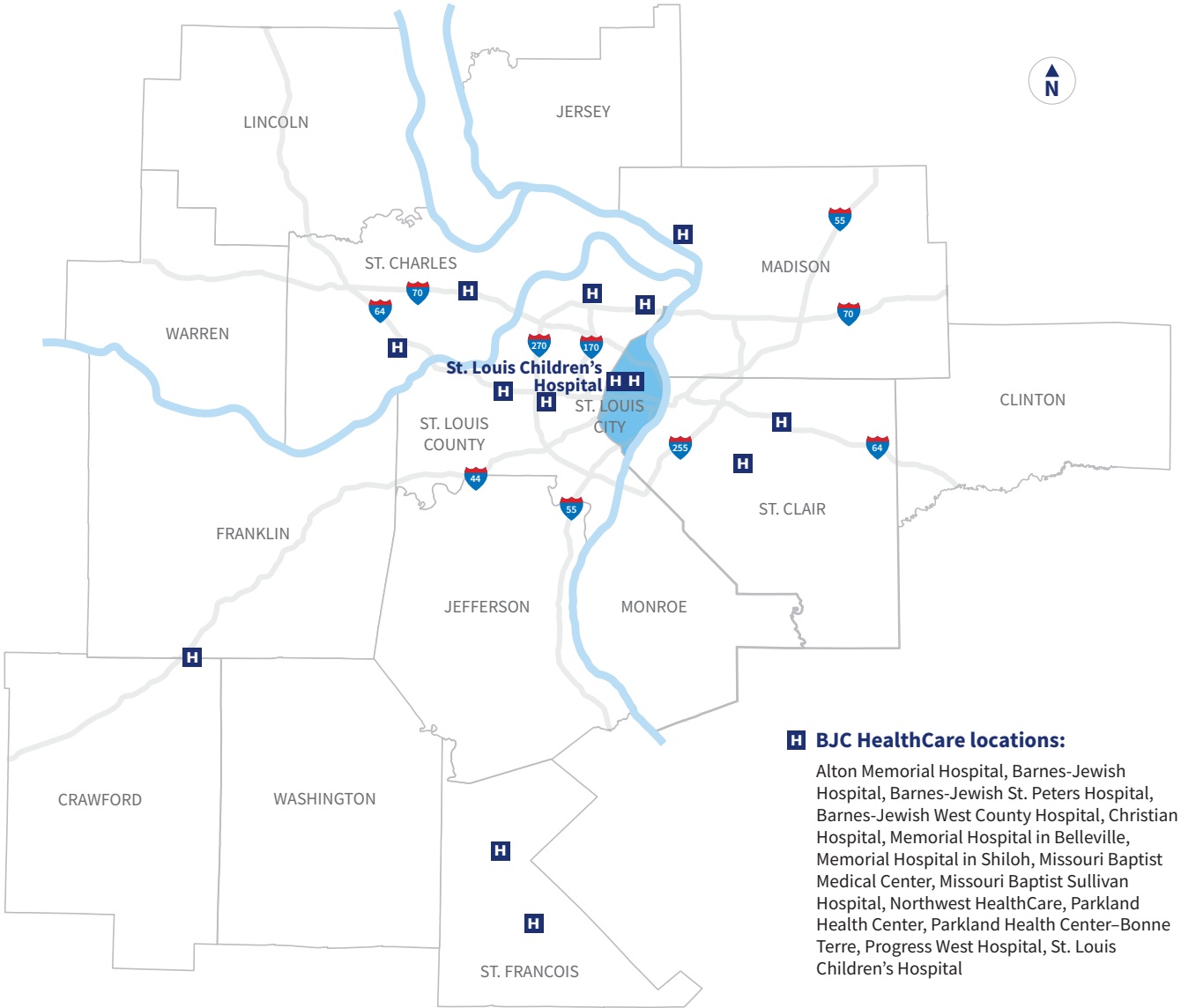
All nonprofit hospitals, including all BJC HealthCare hospitals, are required to do a Community Health Needs Assessment (CHNA) every three years. CHNAs are an important opportunity for hospitals to learn about what their community needs to be healthier. Each hospital determines their community of focus. While BJC hospitals serve lots of communities, for our CHNA we define our community as the county in which the hospital sits.

When their CHNAs are complete, hospitals create Community Health Improvement Plans (CHIPs). These plans set specific goals and actions to improve health needs in the community. In this report, we will share how we learned about health needs in the St. Louis Children's Hospital community and chose which health needs to work on. Then, we will talk about our goals and plans for building a healthier community.

St. Louis Children’s Hospital and the Community We Serve

The St. Louis Children’s Hospital Community Health Needs Assessment is focused on **St. Louis City, Missouri**. St. Louis Children’s Hospital is recognized as one of the best pediatric hospitals in the nation. The hospital provides care for more than 50 specialties. It offers services for cancer, inpatient behavioral health, organ transplants, epilepsy, cardiology, cerebral palsy, orthopedics, sickle cell disease, and other conditions.

St. Louis Children’s Hospital is part of the larger BJC service area, which includes health care locations across the St. Louis region.



Over the years, St. Louis Children’s has given back to the community in many ways. In 2023, St. Louis Children’s provided **\$265.1 million** in community benefit. This total includes:

- \$130.5 million in **education and professional support** for current and future health professionals
- \$121.5 million in **unreimbursed care** for people with Medicaid and Medicare
- \$7.9 million in **financial assistance** based on individual need, including free care, reduced charges, and payment plans with no interest
- \$3.5 million in **programs that bring health resources and education** to the community
- \$1.8 million in **services that fill gaps** in health care access for the community



In the United States, health insurance pays for the cost of most health care. Medicare and Medicaid are one type of insurance. People with this insurance pay for their health care with these programs. Sometimes, Medicare and Medicaid do not cover the full cost of health care services. This unpaid amount is known as **unreimbursed care**.

St. Louis Children’s has dedicated staff who provide care for many community members. The team includes 4,503 employees and 1,152 physicians who practice at our hospital. In 2024, we cared for 16,772 surgical procedures and 47,081 Emergency Department visits. See more details in the graphic below.

St. Louis Children’s Hospital by the Numbers



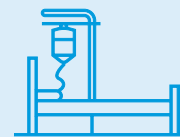
4,503
Total
Employees



1,152
Physicians



\$1.09
Billion
Net Revenue
(2023)



465
Staffed
Beds



16,772
Surgical
Procedures



47,081
Emergency
Department
Visits

About **300,000 people** call St. Louis City home.¹ St. Louis City is an urban area.¹ About half of the people who live in St. Louis City are white, and about one in seven residents are older than 65 years.¹ The life expectancy for St. Louis City residents is about 72 years. This is about three years less than the life expectancy for all Missouri residents.²

Education, employment, and income are all important factors for health. For example, they can affect people's access to:

- Health care and insurance
- Healthy food
- Safe and healthy working conditions

Almost half of all St. Louis City households spend more than 30% of their income on housing costs like rent or mortgages.¹ When housing is expensive, it can be hard to meet other needs, like food or transportation. The median home value in St. Louis City is about \$185,000.¹ In neighboring St. Louis County, the median home value is about \$260,000.¹ When homes are worth less in your neighborhood, you have less to gain from selling your house. Houses that are worth less are taxed less, so less money goes to fund local schools, roads, and other infrastructure.

In St. Louis City, **nearly all residents have at least a high school degree.**¹ High school degrees and other types of education are directly linked to employment. The median, or middle, household income in St. Louis City is about \$55,000 per year.¹ This is lower than the median state household income.¹

About one in seven students in St. Louis City are chronically absent from school.³ This means that they attended 90% or less of their classes. Missing school often means that students miss learning important skills and information.⁴ Without this knowledge, their futures and well-being can be negatively affected.⁴

About one in four children in St. Louis City live in poverty.¹ This is higher than the children across the state of Missouri, where one in six live in poverty.¹ About two in five households with children in St. Louis City receive Supplemental Nutrition Assistance Program benefits (SNAP).⁵ SNAP benefits help families with low income access healthy food.⁶ Without SNAP, many children in St. Louis City would not have reliable access to healthy food. Children with unreliable access to healthy food are affected in many ways. They are more likely to get sick, have cognitive delays, and have difficulty paying attention in school.⁵ The percent of families who receive SNAP in St. Louis City is double the percent of families who receive SNAP in the nation.⁵

Community Feature: Forest Park

The City of Saint Louis is home to Forest Park, one of the country's largest urban parks.⁷ Forest Park hosts over 15 million visitors a year, who enjoy picnic spaces, bike trails, and recreation facilities.⁸ The park's Nature Reserve houses over 600 plant species, over 200 bird species, and over 200 known insect species.⁹ Within the park, there are five cultural institutions: the Saint Louis Art Museum, the Saint Louis Science Center, the Missouri History Museum, The Muny, and the Saint Louis Zoo.⁸ Forest Park hosted the 1904 World's Fair, which was the largest of all world fairs.¹⁰ More than 20 million people went to the fair, with an average of more than 100,000 visitors each day.¹⁰



Forest Park, St. Louis, Missouri

St. Louis Children's Hospital Community Characteristics

St. Louis City

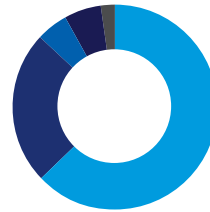


Population
293,109



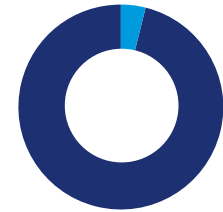
Land Area
62 sq. mi.

Race



- 46% White
- 43% Black
- 3% Asian
- 6% 2 or more races
- 2% Other*

Ethnicity



- 5% Hispanic/Latino
- 95% Not Hispanic/Latino



Most people have at least a high school education

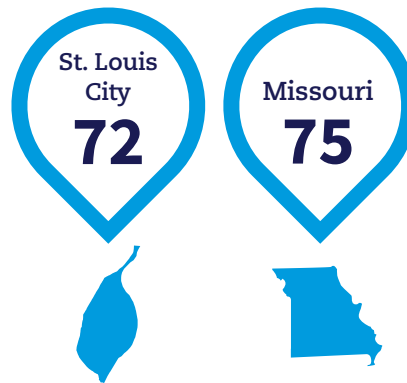



St. Louis City
91%




Missouri
92%


Life Expectancy


The median household income in St. Louis City is lower than for the state of Missouri




St. Louis City
\$55,279




Missouri
\$68,920



The median home value in St. Louis City is much lower than in St. Louis County



St. Louis City
\$185,100



St. Louis County
\$260,700



Poverty rates among children in St. Louis City are much higher than in the state of Missouri

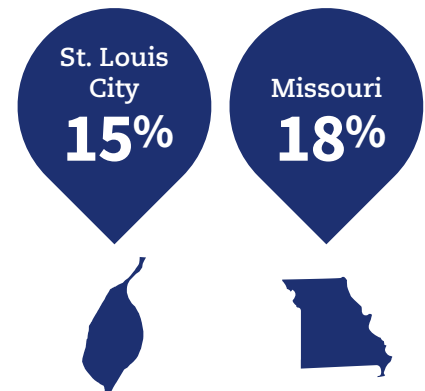


St. Louis City
27%



Missouri
16%

People over 65



SOURCE: County Health Rankings,² U.S. Census Bureau¹

*Note: Other includes American Indian and Alaska Native people, Native Hawaiian and Pacific Islander people, and people of other races not included in the categories above.

At BJC HealthCare, we are committed to improving the health, well-being, and lives of the communities where we live and work. As part of this, we believe that the **experiences and voices of our community** must be at the center of all BJC Community Health Needs Assessments (CHNAs). Listening to and working with community members helps us make sure BJC CHNAs and Community Health Improvement Plans (CHIPs) reflect community members' experiences and meet community needs. Together, our community's CHNA and CHIP create a **roadmap for a healthier future.**



Where We've Been...

In 2022, every BJC HealthCare East Region hospital completed a Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). Each hospital looked at its local community's **strengths, challenges, and opportunities**. Our region includes a wide geographic area. Every community we serve is unique. While some communities had similar health needs, our plans focused on local needs and resources.

We have worked hard to serve our communities and respond to the needs we found through the 2022 CHNA and CHIP. We looked at our progress toward the CHIP goals to help us understand what went well and what still needs work.

We made important progress across the region. These improvements came from the dedication of hospital teams and our collaborating organizations. Some successes include:

- **Having free health screenings** to find health concerns early and making follow-up appointments for those at high risk
- **Offering free education and counseling** for physical, mental, or behavioral health needs
- **Following up with program participants** to track progress, provide encouragement, and offer resources
- **Sharing self-care kits, test strips, and health information** at community events
- **Creating support groups** so that individuals facing similar health challenges can share experiences and learn coping skills
- **Working with community organizations** to share resources and create long-lasting solutions

These efforts reflect our commitment to improving community health. We want to put community members' needs first and create lasting change.



St. Louis Children’s Hospital Community Health Needs and Goals from 2022–2025

In our last Community Health Needs Assessment at St. Louis Children’s Hospital, we learned that obesity, maternal and child health, and mental and behavioral health were some of the top health concerns in St. Louis City. For each health need, we set goals and made a plan to reach those goals.



Obesity

Goal #1: To improve knowledge and skill in leading a healthy lifestyle among children and their families by offering a multidisciplinary approach to weight management.

Goal #2: To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits.

Goal #3: To improve knowledge and emphasize the importance of the relationship between how the body systems work and relate to physical activity.



Maternal and Child Health

Goal #1: For every child to get the best start on a healthy and full life.

Goal #2: Increase school success and prevent teenage pregnancy and risky behaviors by teaching life skills, sense of purpose, and healthy behaviors and relationships.



Mental and Behavioral Health

Goal #1: To improve knowledge and emphasize the overall importance of healthy communication, problem-solving strategies, personal responsibility, and other life skills.

Goal #2: To improve knowledge and emphasize social skills that contribute to healthy relationships and self-identity.

Goal #3: To improve knowledge and foster social intelligence, use assertive communication, and make responsible decisions on information sharing.

Goal #4: To help students manage barriers to learning that come from health, social emotional, and behavioral needs.

Goal #5: To provide behavioral health services to students that have barriers in obtaining services by bringing the services to them at school.

We have information from 2022 because many of our programs run on school years and had already begun when we created our 2023–2025 Community Health Improvement Plan.

Obesity

Our First Obesity Strategy ►

We wanted to **help children and their families manage their weight**. We thought education might help children and families do this. We provided group education classes, called Head-to-Toe, about weight management. These classes covered topics like nutrition, physical activity, and emotional health over the course of 17 weeks. We planned for 30 families to attend these classes each year.

We wanted to make sure the classes were helpful for families. We gave families a test before and after the class. We looked at the test scores to see how knowledge about nutrition, physical activity, and emotional health might have changed. We wanted participants, on average, to increase their knowledge of these behaviors by 5%.

Our Progress on Our First Obesity Strategy ►

In 2022, 47 children and adults attended the group education classes. After the classes, participants got higher test scores in all three areas. Their test scores increased by:

- 37% on fitness knowledge
- 30% on nutrition knowledge
- 31% on social and emotional health knowledge

In 2023, 40 adults and 20 children, from 16 families, attended the classes. After the classes, participants got higher test scores. Their test scores increased by:

- 14% on fitness knowledge
- 50% on nutrition knowledge
- 40% on social and emotional health knowledge

We did not meet our goal to reach 30 families, but we did work with more than 40 people each year.

When we compared test scores, we could see that the classes were helpful. Participants increased their knowledge about weight management.

Because of unexpected budget changes, the Head-to-Toe program ended in 2024.

Our Second and Third Obesity Strategies ►

We wanted to **help youth learn more about nutrition and healthy eating**. To do so, we taught “Fun”tastic Nutrition to students between first and fifth grade, and Explore Health to students between sixth and twelfth grade. Each program included four sessions, each an hour long. The sessions were about topics like:

- Healthy eating
- Exercising
- Reading food labels
- Food advertisements
- The importance of family medical history
- Heart health and the digestive system

We wanted students to improve their knowledge of nutrition and healthy eating by 10%. We measured this with tests before and after the classes.

Our Progress on Our Second and Third Obesity Strategies ▶

Between 2022 and 2025, the “Fun”tastic Nutrition program was delivered to more than 830 students in the St. Louis region. Because these students are so young, we did not test whether their knowledge increased after the class.

The Explore Health program was delivered to more than 2,000 students in the St. Louis region between 2022 and 2025. After the program, students improved their test scores by 23%. We reached our goal to improve students’ knowledge of healthy eating and nutrition habits.

Our Fourth Obesity Strategy ▶

We also wanted to **teach students about heart health and fitness**. We offered the SNEAKERS program to students in fourth, fifth, and sixth grade. The program included four sessions, each an hour long. The classes covered topics like:

- Body systems
- Heart health
- Healthy eating
- Exercise
- Stretching
- Exercise goals

We wanted students to improve their knowledge of cardiovascular health and fitness principles by 10%. We measured this with tests before and after the classes.

Our Progress on Our Fourth Obesity Strategy ▶

Because of changes to program offerings and staffing, the SNEAKERS program was not offered between 2022 and 2025.

Maternal and Child Health

Our First Maternal and Child Health Strategy ▶

We wanted to **help young children in our community live healthy and full lives**. We led the Raising St. Louis (RSTL) program to promote child health. We offered the RSTL program to women and families who live in north St. Louis City and were pregnant or had a child up to four years old.

The RSTL program included:

- Home visits to support parents and improve child health
- Monthly group sessions for peer support
- Nurse support for mothers during pregnancy and after birth
- Social worker support for mental health
- Community health worker support to navigate community resources
- In-home screenings for developmental delays and health concerns
- Special programming for fathers and men

We had specific goals within the RSTL program. We tracked our progress toward each goal.

Our Progress on Our First Maternal and Child Health Strategy

Goal 1: Birth Weight and Gestational Age

With the Raising St. Louis (RSTL) program, we offered many types of support for women and families in north St. Louis City. One of our goals was to **reduce low birth weight and early birth**. We measured this by tracking birth weight and gestational age each year.

- In 2022, 89% of RSTL clients gave birth to a baby at normal birth weight. 87% of RSTL clients delivered a baby at full-term gestation. The average gestational age was 38 weeks.
- In 2023, 76% of RSTL clients gave birth to a baby at normal birth weight. 67% of RSTL clients delivered a baby at full-term gestation. The average gestational age was 38 weeks.
- In 2024, 74% of RSTL clients gave birth to a baby at normal birth weight. 87% of RSTL clients delivered a baby at full-term gestation. The average gestational age was 38 weeks.



We use **gestational age** to measure how far along a pregnancy is. Gestational age is measured in weeks. A typical pregnancy is usually 38 to 42 weeks long. Infants born before 38 weeks are considered premature.

Goal 2: Screening for Health Concerns

Another goal was to provide community health educator visits and screenings to **identify child development needs**. This goal was important so we could provide care and resources early. Visits and screenings increased every year:

- In 2022, community health educators made 330 visits.
- In 2023, community health educators made 387 visits and did 64 screenings.
- In 2024, community health educators made 622 visits and did 91 screenings.

In 2024, the community health educators also did 86 other health screenings, 86 vision screenings, and 91 developmental screenings. Mothers and infants attended 198 pregnancy and infant visits with a physician.

There were fewer exams and screenings than we planned. Some program challenges include changing screening frequency from every six months to every year, switching databases, and staff turnover.

Goal 3: Community Health Worker Support

Another goal was to **improve social determinants of health for women and families in north St. Louis City**. Social determinants of health are environmental and social factors that can make someone's health better or worse. Our community health workers connected participants with resources. With these connections, social determinants of health may improve. We looked at reported improvements in areas like basic needs, housing, employment, transportation, and mental health.

Community health workers helped families find resources to help meet their needs. Resource connections grew every year:

- In 2022, community health workers helped 104 clients, made 401 visits, and provided 626 contacts.
- In 2023, community health workers helped 96 clients. They provided 329 interventions, 747 visits, and 2,231 contacts.
- In 2024, community health workers helped 112 clients. They provided 173 interventions, 1,033 visits, and 2,656 contacts.

We tracked how many people improved factors related to social determinants of health:

- In 2023, there were 48 improvements in areas like basic needs, housing, employment, and transportation.
- In 2024, there were 77 improvements in areas like basic needs, housing, and mental health.

Goal 4: Social Worker Support

We wanted to **support participants' mental health**. A social worker met with clients during the program to offer support. The social worker also ran the mothers' support group. The support group was a helpful opportunity for mothers to share stories and mental health support.

Our social worker met with clients and ran the mothers' support group. The social worker met with more clients each year:

- In 2022, a social worker gave individual support to 42 clients, with 227 visits to a mothers' support group.
- In 2023, a social worker gave individual support to 48 clients, with 244 visits to a mothers' support group.
- In 2024, a social worker gave individual support to 75 clients, with 163 visits to a mothers' support group.

Goal 5: Father Engagement

We wanted to **provide support for fathers and men in north St. Louis City**. We offered a father engagement program. This program reached:

- 25 clients in 2022
- 11 clients in 2023
- 65 clients in 2024

In 2023, participation decreased because of staff turnover. In 2024, we were able to rebuild the program to continue to support fathers and men.

Our Second Maternal and Child Health Strategy ►

We wanted to **increase success in school** and **prevent teenage pregnancy and risky behaviors**. To achieve this goal, we led Teen Outreach Program (TOP) clubs throughout the school year.

This program included weekly classes and community service opportunities throughout the school year to students in sixth through twelfth grade. The goals of this program were to:

- Support academic success
- Grow leadership skills
- Encourage healthy behaviors and relationships

We wanted to make sure our TOP clubs were successful. We tracked how many clubs we offered and how many students attended our clubs.

We looked at how much students grew in our program goal areas. These areas included volunteering for the community and whether or not a student becomes a parent.

Our Progress on Our Second Maternal and Child Health Strategy ►

In the 2022–2023 school year, we led 41 weekly Teen Outreach Program (TOP) clubs with a total of 906 students. Of students who completed most of the classes:

- 70% completed 15 or more hours of community service.
- 2% reported a pregnancy or fathering a child during the school year.

In the 2023–2024 school year, we led 37 weekly TOP clubs with a total of 770 students. Of students who completed most of the classes:

- 88% completed 15 or more hours of community service.
- 3% reported a pregnancy or fathering a child during the school year.

Mental and Behavioral Health

Our First, Second, and Third Mental and Behavioral Health Strategies ►

We wanted to **support young people who want to form healthy relationships and develop social and communication skills**. To do this, we led several health education programs. Each program included four to six 45-minute classes and were offered to students in different grades.

The Buddies program was offered in classrooms for students in kindergarten through fifth grade. This program included four 45-minute classes. Class topics included:

- Bullying
- Friendship
- Forgiveness
- Acceptance
- Communication

The Intersections program was taught to students in sixth through eighth grade. Class topics included:

- Emotional intelligence
- Communication
- Self-awareness
- Relationships

The ConneXtions program was offered to students in sixth through eighth grade. The classes covered topics like:

- Communication
- Bullying
- Social media
- Problem solving
- Information sharing

We wanted students to improve their knowledge of positive social skills, the impact of bullying, and healthy relationships by 10%. We measured this with tests before and after the classes.

Our Progress on Our First, Second, and Third Mental and Behavioral Health Strategies ►

Between 2022 and 2025, our programs were delivered to over 1,900 students in the St. Louis region.

We exceeded our goal to improve students' knowledge following each program. Test scores increased by:

- 90% for students who completed Buddies
- 69% for students who completed Intersections
- 19% for students who completed ConneXtions

Our Fourth Mental and Behavioral Health Strategy ►

Our goal was to **improve students' physical and behavioral health**. The Healthy Kids, Healthy Minds program placed mental health therapists in schools. The mental health therapists set goals with their clients during the school year.

We tracked the progress of the program by looking at student physical and behavioral health needs. We wanted students to increase progress toward their treatment goals by 30%. We also wanted to expand the Healthy Kids, Healthy Minds program to more schools.

Our Progress on Our Fourth Mental and Behavioral Health Strategy ►

From 2022 to 2024, we expanded the Healthy Kids, Healthy Minds program from five schools to eight schools. Therapy clients made an average goal progress of:

- 70% in the 2022–2023 school year
- 56% in the 2023–2024 school year

Our Fifth Mental and Behavioral Health Strategy ►

We wanted to **help more students get behavioral health support**. The Healthy Kids Virtual Care program provided virtual behavioral health appointments. After getting permission from a caregiver, individual students met virtually with a therapist. Together, they worked on challenges like:

- Grief
- Bullying
- Communication
- Transitions to a new grade, school, or neighborhood

We wanted students to increase progress toward their treatment goals by 30%. We also wanted to measure the clients' feelings about therapy and **make sure the therapists were providing excellent care**. To do so, we asked clients if they felt listened to by their therapist. We wanted more than 50% of clients to agree that they felt listened to by their therapist.

Our Progress on Our Fifth Mental and Behavioral Health Strategy ►

Healthy Kids Virtual Care therapy clients made an average goal progress of:

- 79% in the 2022–2023 school year
- 63% in the 2023–2024 school year

Most clients felt listened to, with at least 91% of therapy clients in each school year agreeing that “I felt like my therapist was listening to me during this session.”

Where We Are Today...

2025 Community Health Needs Assessment (CHNA)

We wanted to understand the 2025 health needs of the St. Louis City community by doing a new Community Health Needs Assessment (CHNA). With the CHNA, we can make a plan with updated goals for improving community health. To understand St. Louis City's current needs, we used many **sources of information**. These included:



Community Survey



Community Information



Community Conversations



Hospital Service Information



Hospital Team Survey

This information helped us understand the strengths and challenges in our community. We used this information to find where to build more support and where to make changes to improve community health.

In this section, we will cover how we gathered information and what we learned from each source. You can find more details in the appendices.

Asking for and using community information is a matter of **trust and responsibility**. To protect the privacy of the people who participated, all information was kept confidential and secure. Names and other identifying information were removed from the health information. The information was only reviewed for large groups and not for individuals.

Improving the community's health takes collaboration. BJC HealthCare worked on the 2025 CHNA with many organizations. BJC HealthCare is part of the **St. Louis Regional Community Health Needs Assessment Collaborative**. This group includes other local hospital systems like SSM Health, Mercy, St. Luke's Hospital, and Shriners Children's. Together, the collaborative worked on a survey for the community about community health needs. The collaborative also co-hosted community leader and member conversations about community health needs. We used the same strategies across the entire region—from St. Louis, to Alton, to Sullivan, and beyond. The collaborative also worked with a local consulting group, Key Strategic Group (KSG), to **engage community leaders and members**. KSG is known for their skill in lifting up community voices to impact strategic work. BJC HealthCare collaborated with local health departments and community organizations to share the survey and co-host community conversations. By working together, we used community members' time wisely to make the biggest impact on community health.

Community Survey

We invited **community members in St. Louis City** to fill out our survey and share their thoughts. They could take the survey in English or Spanish. This was the first time we have offered the survey in Spanish. BJC HealthCare employees who live in the city could take the survey, too. We asked about:

- **Health needs** of adults and children
- **Community resources** and strengths
- **Barriers** to health care

We collaborated with other hospitals to create and distribute the survey. By working together, we asked community members these questions once instead of multiple times. For St. Louis Children's, we focused on results related to children's health needs.

We shared the survey online and in print. We used a QR code to share the survey more easily. Local community leaders and organizations helped us share the survey.

This included people from:

- Leaders and staff at local school districts and universities
- Public health and social service providers
- Other community support organizations

We also shared it at BJC hospitals, clinics, and community sites in St. Louis City. 1,158 community members completed the survey. See more details in Appendix B and Appendix C.

The top concerns for children among community members were mental health, violence, and obesity and maintaining healthy weight. Specifically, mental health challenges like bullying, anxiety, and depression were concerns for children in the community.

We learned that costs, no health insurance, and transportation were serious challenges to getting care. The community needs more affordable housing, mental health and substance use services, and aging services. See more details in the list on the right.



COMMUNITY SURVEY

Top 5 Children's Health Problems

1. Mental health
2. Violence
3. Obesity and maintaining healthy weight
4. Substance use
5. Abuse and neglect

Top 5 Children's Mental Health Concerns

1. Bullying
2. Anxiety
3. Depression
4. Drug use
5. Loneliness

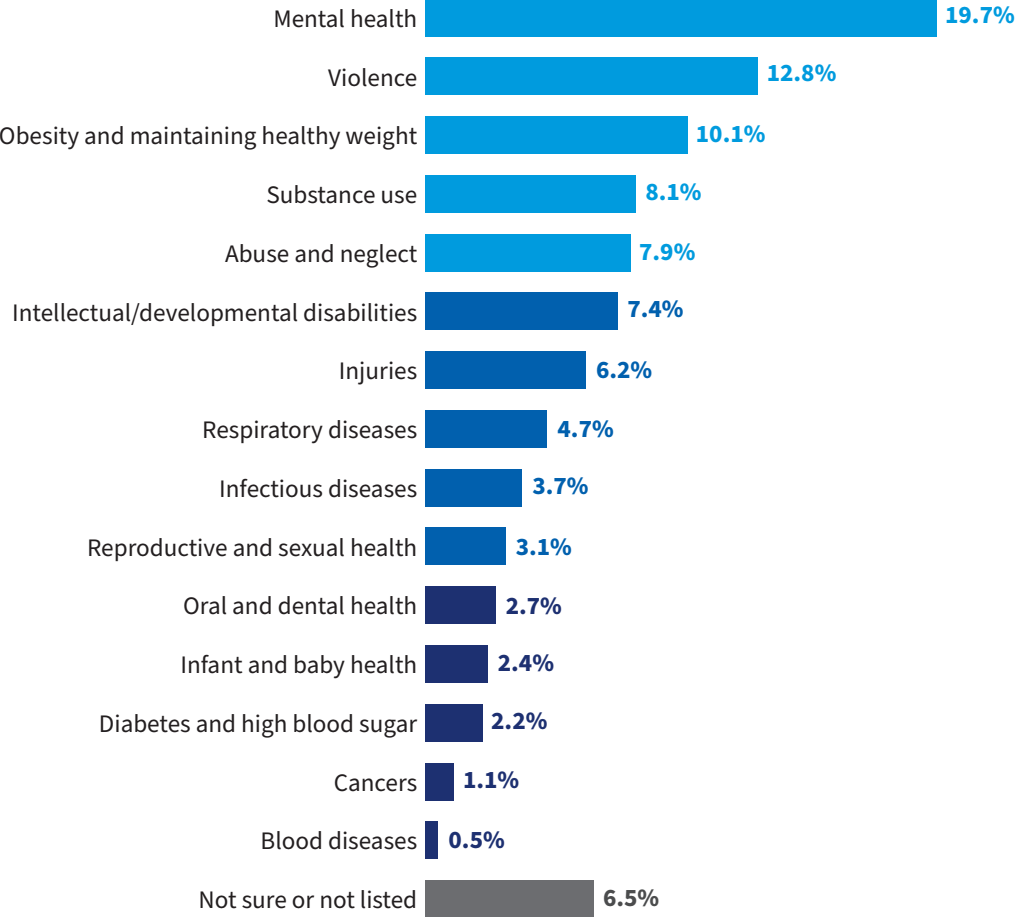
Top 5 Barriers to Care

1. Costs
2. No health insurance
3. Transportation
4. Scheduling problems
5. Not enough services or providers

Top 5 Community Resource Needs

1. Affordable housing
2. Mental health and substance use services
3. Aging services
4. Good paying jobs
5. Safe community

Community members took the Community Health Needs Assessment Survey and identified the top three health problems affecting children in their communities. Here are the percentages of respondents who put each concern in their top three, ranked from **most concerning** to **moderately concerning** to **least concerning**.



Community Information

We looked at community information for St. Louis City by using Conduent's [Healthy Communities Institute \(HCI\)](#) online tool. We use the HCI tool to explore **large amounts of information on community health**.

The HCI tool includes more than 100 social, economic, and health measurements. HCI has information from national and local sources, like the National Cancer Institute, the United States Census Bureau, and Missouri Department of Health and Human Services. The information from HCI is usually two to six years old because different information is collected at different times. It also takes time to get the data ready to be shared.

We looked at information about how common health issues like cancer, poor mental health, and diabetes are in our community. We also looked at information about community health outcomes, like the average number of days people reported poor mental health or the number of people killed by gun violence.

HCI also has information about **social determinants of health**. Social determinants of health are things that can make a community's health better or worse. Some examples of social determinants of health are education, strength of relationships, and access to healthy food. They can impact a community's ability to access health care or to live healthier lives.

We used HCI's Data Scoring Tool to compare St. Louis City with other communities, national goals from [Healthy People 2030](#), and past community health information.

The top health needs from HCI were prevention of and safety from violence; maternal, fetal, and infant health; and mental health and mental disorders. The top social determinants of health needs were economy (like poverty and not having enough food), community (like access to the internet and relationships), and education. See more details in the list on the right.



COMMUNITY INFORMATION

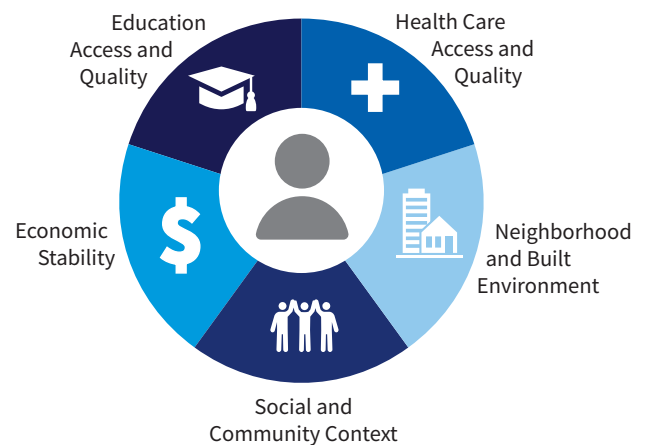
Top 4 Health Problems

1. Prevention and safety
2. Maternal, fetal, and infant health
3. Mental health and mental disorders
4. Alcohol and drug use

Top 4 Most Needed Social Determinants of Health

1. Economy
2. Community (tie)
2. Education (tie)
3. Environmental health

Social Determinants of Health



Community Conversations

Our community knows their own health needs best. We worked collaboratively to identify **key community leaders and organizations**. We invited community leaders to meet with us for conversations. We wanted to learn more about the community's health issues. We asked community leaders about the impact of these health issues, barriers to care, and ideas for addressing these issues. We also learned more about the community's challenges and strengths.

Community Leaders

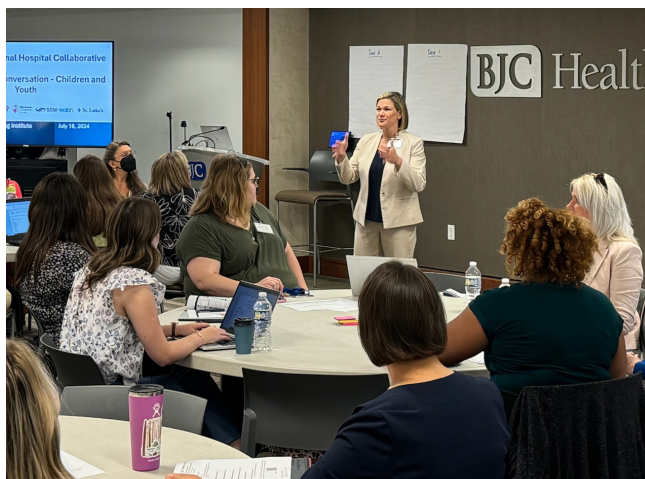
We invited many community leaders to meetings at BJC Learning Institute. These leaders included:

- Health care providers
- Local government officials
- Public health officials
- Youth-serving professionals
- Staff from nonprofit organizations

We gave the leaders community health information to review. After reviewing the information, we talked about what it showed.

Community leaders were concerned about mental health, obesity and maintaining healthy weight, and injuries. They thought these health needs were the most important to focus on.

They also talked about needed community resources. The community leaders discussed affordable housing, mental health and substance use services, a safe community, and others. See more details in the list on the right.



Trish Lollo, president of St. Louis Children's Hospital, speaking at Community Leader Conversation at BJC Learning Institute



COMMUNITY LEADER CONVERSATIONS

We met with **community leaders** to talk about children's health needs.

Discussed Community Health Needs

- Mental health
- Obesity and maintaining healthy weight
- Injuries

Discussed Community Health Resources

- Affordable housing
- Mental health and substance use services
- Safe community
- Affordable, healthy food
- Public transportation
- Health care services

Community Members

After speaking with community leaders, we wanted to speak with community members. Community leaders served as links to community members. They engaged community members and helped co-host community conversations. See Appendix G for a list of organizations who participated in the conversations.

We met with community members at Vision for Children at Risk. We asked community members which health needs were the most important to children. Community members discussed mental health.

We then asked community members which community resources were most needed. They discussed mental health and substance use services; affordable, healthy food; and health care services. See more details in the list on the right.



Vision for Children at Risk at the Deaconess Center, St. Louis, Missouri



COMMUNITY MEMBER CONVERSATIONS

We met with **community members** to talk about children's health needs.

Discussed Community Health Needs

- Mental health

Discussed Community Health Resources

- Mental health and substance use services
- Affordable, healthy food
- Health care services

Hospital Service Information

When patients receive care at a hospital, their care is billed to their insurance. This is known as a claim. We looked at the hospital claims data for St. Louis Children's Hospital. We looked at all types of care, including same-day appointments, inpatient care, and Emergency Department visits.

We looked at this information at a group level. We wanted to see the most common reasons patients come to our hospital for care. For St. Louis Children's Hospital, the most common reasons patients visit the hospital are for behavioral health disorders, learning disorders, and asthma. See more details in the list below.



HOSPITAL SERVICE INFORMATION

Top 5 Health Conditions

1. Behavioral health disorder
2. Learning disorder
3. Asthma
4. Anemia
5. Social determinants of health

Hospital Team Survey

St. Louis Children's Hospital has a Community Health Needs Assessment (CHNA) team made up of **people from many different roles in the hospital**. We wanted our team to include people with different perspectives, knowledge, and skills. Team members work in areas like:

- Medical care (like doctors and nurses)
- Social work
- Community health support
- Marketing and communications
- Patient experience
- Finance

The St. Louis Children's CHNA team took a survey about local health needs. Team members were most concerned about mental health, violence, and respiratory diseases. See more details in the list below.



HOSPITAL TEAM SURVEY

Top 5 Community Health Needs

1. Mental health
2. Violence
3. Respiratory diseases
4. Injuries
5. Obesity and maintaining healthy weight

Top 5 Most Needed Community Health Resources

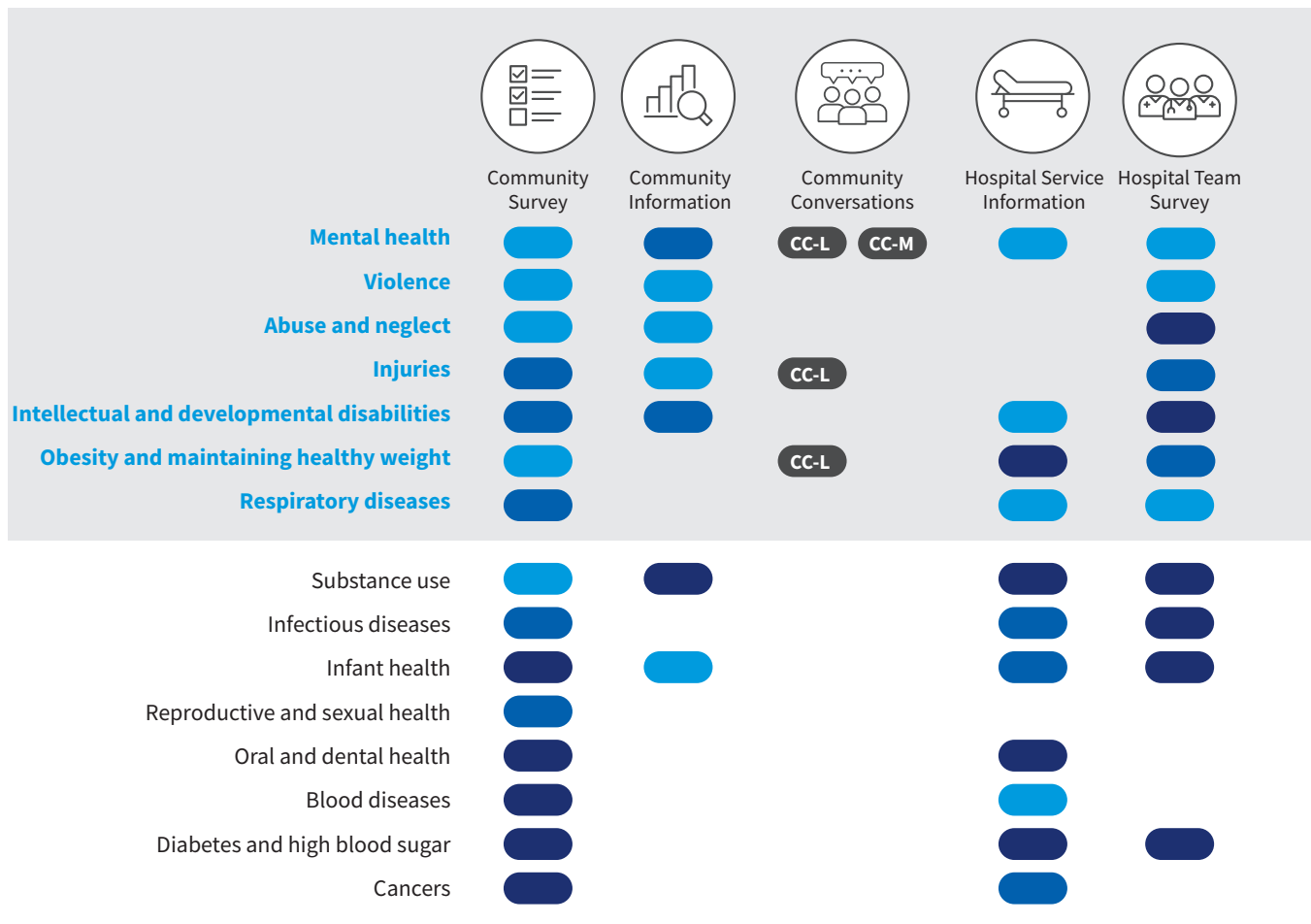
1. Mental health and substance use services (tie)
1. Good paying jobs (tie)
1. Affordable, healthy food (tie)
2. Affordable housing (tie)
2. Good schools (tie)

What We Learned: Our Selected Health Needs

We learned about the community’s challenges and successes from our many data sources. We used these sources to help identify health needs that are important to the community. Then, we met to plan how to improve these health needs.

We considered how important the health needs are to the audiences we spoke to. These include community members, community leaders, and BJC employees. We wanted to elevate the community’s voice, so we made their answers count more than other information sources. We ranked four health needs as most important for St. Louis Children’s. These needs are **mental health, violence, abuse and neglect, injuries, intellectual and developmental disabilities, obesity and maintaining health weight, and respiratory diseases**. See more details about the full health rankings in the graphic below.

The 15 community health needs were ranked from highest to lowest, from **most concerning** to **moderately concerning** to **least concerning**, according to six different data sources. Looking across sources, the Community Health Improvement team **elevated seven health needs to consider working on in the St. Louis Children’s Hospital community**.



● **More concerning**
 ● **Moderately concerning**
 ● **Less concerning**
 CC-L CC-M
 CC-L and CC-M describe health needs brought up in Community Conversations with Leaders (L) and/or Members (M)

When ranking the health needs, we wanted to pay extra attention to the needs community members shared. To do this, we used a math equation to give extra weight to the community survey results. You can read more about the ranking process in Appendix-K.

How the Needs Were Selected

After we ranked the health needs, we met as a team to discuss the rankings and decide what to include in our Community Health Improvement Plan (CHIP). We talked about which needs we had both the ability and the resources to improve. We also thought about how we could collaborate with others, like community organizations and hospital programs, to meet our goals. Based on this process, the greatest health needs determined were mental health, violence, abuse and neglect, injuries, intellectual and developmental disabilities, obesity and maintaining health weight, and respiratory diseases.

Hospital Team Conversation



Hospital team group activity (see list of team members in Appendix J)



Hospital team group activity

Health Needs We Will Not Prioritize in This CHIP

While there were many community health needs that came up in our data sources, we cannot address everything at the same time. We only moved forward the elevated health needs identified through the health need ranking and hospital team discussion. The elevated needs then were discussed by the BJC team to assess resources available to improve them and what kind of difference they could make in the next few years.

We decided not to prioritize intellectual and developmental disabilities, or violence, abuse and neglect, or injuries. We did not select these needs because we know there are outside forces that impact them beyond the hospital's control. We believe that our hospital can be an advocate for improvements in these spaces, but we alone cannot lead them. We will continue to engage with opportunities locally and regionally to address these needs, but they will not be the focus for this CHIP.

Health Needs We Will Prioritize in This CHIP

We decided to prioritize **mental health**. We made this decision for a few reasons. First, we know this is an important health need for our community. We know this because of our Community Health Needs Assessment (CHNA). Second, mental health is related to several health needs that are important to our community. By working to improve mental health, we may improve other health needs, too. Finally, we already have programs and resources dedicated to improving mental health. We are also connected to regional mental health resources like BJC Behavioral Health. St. Louis Children's and KVC Missouri have announced a new joint project to address the children's mental health crisis together. This includes building a new 77-bed behavioral health hospital and outpatient treatment center in Webster Groves, Missouri. We can continue to use these to improve mental health for our patients and their families.

Next, we decided to focus on **respiratory illnesses**, like asthma and infections. We made this decision because we already work to improve respiratory illnesses at St. Louis Children's. We want to build on existing programs and resources to promote the best health for our patients. We have resources like the Healthy Kids Express – Asthma program to improve children's respiratory health. We also offer vaccines for respiratory syncytial virus (RSV), a virus that often makes children seriously sick.

Finally, we decided to prioritize **obesity and maintaining a healthy weight**. We know this health need is important to the community because of the Community Health Needs Assessment. This need also aligns with BJC's community health improvement strategic priority of Healthy Eating Active Living. We will be able to work with our School Outreach and Youth Development team to address this need. We have resources to address this need.

A Closer Look at Our Prioritized Needs

We decided to prioritize mental health, respiratory illnesses, and obesity and maintaining a healthy weight. This is how we define these concerns.

Mental Health

Mental health is a broad term and it includes **emotional, psychological, and social well-being**.¹¹ When children are mentally healthy, this means they are thriving and doing well.¹²

There are many things that are part of children’s mental health. These include:

- Development of social and emotional skills
- Safe and nurturing relationships
- Access to educational opportunities

Children can also have specific conditions related to mental health. Some common behavioral health issues and emotional disorders are:

- Anxiety
- Depression
- Eating disorders
- Attention-deficit/hyperactivity disorder (ADHD)

Children with untreated mental health conditions can have **problems at home and at school**.¹² Poor mental health can also cause problems that last into adulthood.¹²

Things like eating a healthy diet, being physically active, and having healthy relationships can help improve children’s mental health.¹²

Sometimes, children experiencing a mental health crisis need to be admitted to the hospital. About nine out of every 1,000 children in St. Louis City were hospitalized for a behavioral health issue.¹³

Children in St. Louis may be experiencing more mental health emergencies than in the past. Overall, there were four times as many behavioral-health-related Emergency Department visits at St. Louis Children’s Hospital in 2023 as in 2019.¹⁴



SOURCE: Berger, 2025

Respiratory and Lung Diseases

Respiratory and lung diseases affect the **parts of the body involved in breathing**. These illnesses can be caused by the environment, genetics, and infections. Some conditions include:

- Allergic reactions to things like pollen and dust
- Chronic conditions, like asthma and cystic fibrosis
- Infections, inflammation, or swelling from bacteria or viruses, like the flu, the common cold, pneumonia, and bronchitis

Patients with respiratory and lung diseases can take medication to manage their condition. Some diseases can be managed with physical activity, vaccines, and reducing exposure to air pollution.¹⁵

Asthma is the most common reason children are admitted to St. Louis Children’s Hospital.¹⁶ It’s also one of the most common reasons for visits to our Emergency Department.¹⁶

About 27 children visited our Emergency Department because of asthma for every 1,000 children in St. Louis City.¹⁷ This is higher than in St. Louis County.¹⁷

This difference may be partly because of **air pollution**, which can make asthma symptoms worse.¹⁸ Air pollution due to particles like dust, smoke, and chemical pollutants is worse in St. Louis City than in Missouri or the U.S.¹⁹



In St. Louis City,
**nearly twice as
many children**
went to the ER for asthma
as in St. Louis County



St. Louis City
27
ER visits per
1,000



St. Louis Co.
14
ER visits per
1,000

SOURCE: Think Health St. Louis

Obesity and Maintaining Healthy Weight

Obesity is usually determined by a person's body mass index (**BMI**). Both obesity and maintaining a healthy weight are complicated. Many factors can affect a child's weight, like:

- Physical activity and safe places to do physical activity
- Access to healthy food
- Not getting enough sleep
- Genetics and family health history
- Emotional issues, including stress

Many of these factors are **affected by economic and social factors** that make it easier or harder to be healthy. These can include walkable neighborhoods and education.²⁰

Not everyone in St. Louis has access to healthy food. About one in three children in St. Louis City don't have consistent access to healthy food.¹⁹ This can make it harder to maintain a healthy weight.²¹

Obesity in children is linked to conditions like diabetes, joint problems, and low self esteem.²²



In St. Louis City, about
1 in 3 children
don't have access to
healthy food

which is more than in the state
of Missouri or the nation



St. Louis City
31%



Missouri
19%



U.S.
19%

*SOURCE: Conduent Healthy
Communities Institute*



BMI, or body mass index, is based on a person's weight and height.²³ BMI is measured by dividing a person's weight by their height.²³ Some BMIs can put people at higher risk of health problems, like high blood pressure and high cholesterol.²³

Where We're Going

2026–2028 Community Health Improvement Plan (CHIP)

Through our Community Health Needs Assessment (CHNA), we learned about our community's needs. We did this in collaboration with our community leaders, community members, hospital staff, and others interested in improving community health. After we completed the CHNA, it was time to create our Community Health Improvement Plan (CHIP). The purpose of our CHIP is to identify an approach to address the community health needs we selected through our CHNA.

Our CHIP includes a goal statement, initiatives, and measures. The **goal statement** provides a vision for our work. **Initiatives** identify the activities we are implementing to address the identified health needs. **Measures** will help us track our progress toward implementing our initiatives.

For this CHIP, we decided to share ideas and best practices about how to address the needs across all our BJC East Region hospitals. We decided to have region-wide workgroups focused on shared community health needs. For example, if a hospital chose obesity and maintaining a healthy weight as a need, the hospital community health improvement team members met with other BJC hospitals that chose that need to share ideas and best practices across the hospitals.

At the same time, each hospital brought together team members with different kinds of expertise about the selected health needs. These teams became hospital working groups, and they drafted plans to address each of our selected health needs. When developing our CHIPs, the workgroups thought about the resources available at each hospital, community programs and initiatives, and how to align our work with local public health initiatives.

Please see the next two pages for our 2026–2028 Community Health Improvement Plan.





CHNA Health Need: Mental Health

Goal: Increase access to integrated, patient-centered mental and behavioral health care, prevention, and education, and advance community and system-level coordination to improve behavioral health and well-being

Category: *Connection to care*

INITIATIVE: Address access to pediatric mental health services by connecting local schools with therapists to deliver behavioral health services and care coordination.

- MEASURES:**
- # of schools engaged
 - # of students enrolled
 - # of therapy sessions delivered
 - % of students who achieve goal progress benchmark (68% by end of treatment)

Category: *Health education*

INITIATIVE: Collaborate with local schools and community organizations to deliver the Teen Outreach and Teen Connection Programs to support students in developing social, emotional, and life skills, a positive sense of self, strong relationships with others, and connections to community.

- MEASURES:**
- # of schools engaged
 - # of students reached
 - # of sessions delivered
 - # of community service hours completed
 - % of students who meet attendance benchmark (75% of sessions)
 - % of students who complete community service benchmark (15 hours)

INITIATIVE: Provide classroom-based programs to teach students about social and emotional well-being.

- MEASURES:**
- # of schools and community sites engaged
 - # of students reached
 - # of programs delivered
 - % of students who agree they learned something new
 - % of students who intend to use the knowledge/skill they learned



CHNA Health Need: Respiratory and Lung Diseases

Goal: Increase access to education and connection to resources to improve respiratory health

Category: *Connection to care*

INITIATIVE: Collaborate with area schools to provide comprehensive specialized asthma care and education to students with asthma in schools in medically underserved populations.

- MEASURES:**
- # of schools served
 - # of students reached
 - % of students with asthma who are enrolled in asthma mobile and/or virtual care services

Category: *Health education*

INITIATIVE: Educate and coach students about asthma symptoms, medication, and proper inhaler techniques.

- MEASURES:**
- # of students reached through mobile unit and coach engagements
 - % of students who increase asthma knowledge
 - % of students who improve the use of their asthma inhaler through technique checklist



CHNA Health Need: Obesity and Maintaining Healthy Weight

Goal: Improve access to education, connections to resources, and supportive physical activity to reduce overweight and obesity

Category: *Connection to care and resources*

INITIATIVE: Partner with Washington University's Endocrinology clinic to provide students with evidence-based mobile care, ongoing education, support, and resources to ensure they meet diabetes standards of care to prevent complications and build a healthier community.

- MEASURES:**
- # of encounters
 - % of children who maintain or improve HbA1C levels

Category: *Health education*

INITIATIVE: Provide classroom-based programs to teach students the importance of healthy eating habits and active living.

- MEASURES:**
- # of schools and community sites engaged
 - # of students reached
 - # of programs delivered
 - % of students who agree that they learned something new
 - % of students who intend to use the knowledge/skill that they learned

What Comes Next

Looking Forward

At St. Louis Children's, we want to ensure everyone has access to the care they need to live their healthiest life. We do this by **centering our community's needs**. One way we center our community's needs is through needs assessments and health improvement plans. We looked at the current health needs of our community with the 2025 Community Health Needs Assessment (CHNA). Then, we thought about what we can do to improve those health needs. We made a plan to meet our prioritized health needs. This plan is our 2026–2028 Community Health Improvement Plan (CHIP). We have laid the groundwork to center our community's voice with our CHNA. Now, we will continue centering our community's voice and improving the health of our communities with the CHIP.

Health needs like mental health, respiratory and lung diseases, and obesity and maintaining healthy weight are complex. With our plan, we will continue to uphold our **long-term commitment** to our community. We will continue to provide timely and high-quality care for our community's needs. Over the next three years, we will build collaborations and create initiatives for our community's health needs. We will also gather important information about the health needs. These steps are crucial to ensure continued progress toward our community's health needs beyond the next three years. We also look forward to sharing our progress along the way. We will collaborate with community organizations and community members to improve the lives of people in St. Louis for many years to come.



Acknowledgments

At BJC HealthCare, we believe in the value of collaboration, and that value was important for our 2025 Community Health Needs Assessment (CHNA) and 2026–2028 Community Health Improvement Plan (CHIP). We want to acknowledge the many individuals and organizations that helped make this effort the best it could be. We want to thank everyone for the countless hours spent to ensure that we centered community voices as we determined our prioritized community health needs and strategies to address them.

First and foremost, BJC would like to thank the community members and community organizations that helped with this initiative across our East region, from Sullivan, Belleville, and Alton to Farmington, St. Charles, and St. Louis. Special thanks to members of BJC’s Community Health Data Council, who provided feedback and guidance to our team throughout the CHNA process. Community is at the center of all we do, and we thank everyone who provided their time and expertise to this effort.

We also want to thank the members of the St. Louis Regional Hospital CHNA Collaborative, as our hospitals came together across the region to collaborate on this effort and will continue to work together with the public health departments across the region to improve the health of our communities. We especially want to thank the community organizations who collaborated with us to host community leader and community member conversations: AltonWorks, Beyond Housing, Boys & Girls Clubs of St. Charles County, DOORWAYS, Downtown Belleville YMCA, Farmington Public Library, Grace United Methodist Church, Great Mines Health Center, International Institute of St. Louis, Paraquad, Senior Services Plus, Shiloh Church, St. Charles City-County Library, St. Patrick Center, St. Louis Oasis, Urban League of Metropolitan St. Louis, and Vision for Children at Risk.

We would like to also acknowledge the team at the Center for Public Health Systems Science at the WashU School of Public Health, for their dedicated help with the writing and design of this report. The team helped craft a product that we are most proud of. Additionally, we would like to thank the team at Key Strategic Group, which helped with our approach including partnering on community leader and member conversations across the region.

Lastly, we want to thank the many individuals across BJC’s East Region who worked tirelessly to make this a reality. Led by our Office of Community Health Improvement (CHI), our CHNA/CHIP efforts aim to create a system structure to improve the health of the communities that we serve. We are also most grateful to colleagues across many critical BJC departments including but not limited to Behavioral Health, Children’s Health Advocacy and Outreach, Executive Leadership, Marketing and Communications, Office of Belonging and Inclusion, and our Health Service Organization CHI leads and the individual hospital teams across the region.

Together, we can work to improve the health of the communities we serve.

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Appendix A: Community Demographics

Demographics of St. Louis City and Missouri		
	St. Louis City	Missouri
POPULATION		
Population 2020	304,709	6,124,160
Population 2023 (estimate)	281,754	6,196,156
Population 2024 (estimate)	279,695	6,245,466
Population, Percent change - 2023 (estimate) to 2024 (estimate)	-0.7	0.8
AGE		
Persons Under 5 Years, Percent, 2024	5.3	5.5
Persons Under 18 Years, Percent, 2024	17.8	21.9
Persons 65 Years and over, Percent, 2024	16.6	18.7
GENDER		
Female Persons, Percent, 2024	51.8	50.7
Male Persons, Percent, 2024	48.2	49.3
RACE/ETHNICITY		
White alone, Percent, 2024	46.2	77.6
White alone, not Hispanic or Latino, Percent, 2024	44.9	76.2
African American alone, Percent, 2024	40.5	10.5
Hispanic or Latino, Percent, 2024	5.7	5.6
Two or More Races, Percent, 2024	7.1	7.3
American Indian and Alaska Native alone, Percent, 2024	0.3	0.3
Asian alone, Percent, 2024	3.9	2.3
Native Hawaiian and Other Pacific Islander alone, Percent, 2024	0.0	0.1
LANGUAGE		
Foreign Born Persons, Percent, 2024	8.8	4.9
HOUSING		
Housing Units, 2024	174,694	2,858,527
Homeownership Rate, Percent, 2024	46.0	68.6
Median House Value, Dollars, 2024	214,500	254,400
FAMILIES & LIVING ARRANGEMENTS		
Households, 2024	148,637	2,563,244
Persons per Household, 2024	1.8	2.4
Language other than English spoken at home, Percent of persons age 5 years +, 2024	10.8	7.4
EDUCATION		
High School Graduate or Higher, Percent of Persons Age 25+, 2024	90.8	92.0
Bachelor's Degree or Higher, Percent of Persons Age 25+, 2024	45.0	33.5
INCOME		
Median Household Income, Dollars, 2024	53,374	71,589
Per Capita Income in past 12 months (in dollars), 2024	44,949	40,284
People Living Below Poverty Level, Percent, 2024	21.7	12.3

Appendix B: Community Survey Tool

St. Louis Community Health Needs Assessment

Your community is where you live, learn, work, worship, and play. You have an important perspective on the needs in your community, and we would like to learn from you. The hospital systems in the St. Louis region are working together to learn from community members and identify the top health concerns and health related needs. **Your input is very important and will be used to help identify priorities and develop solutions.**

The survey will take about 5 minutes. **All responses are confidential and anonymous.** You will not be asked for your name, and we will only share combined results. Once you complete the survey, please return it to the survey distributor. You can also take the survey online at <https://bit.ly/2024HealthNeedsSurvey> or by using the QR code in the top right corner of this page. Share the link with your family, friends, and neighbors!

Tell Us About Your Community

1. What is your home ZIP code?

Enter the five-digit ZIP code of the address where you live: _____

The next question asks about the resources that help you and your neighbors be healthy.

2. Thinking about the community where you live, how available are the following resources?

For each resource below, choose a number from 1 to 5, where 1 means *Never available*, and 5 means *Always available*. If you do not know, choose *Not sure*.

	1	2	3	4	5	
	Never	Rarely	Sometimes	Often	Always	Not sure
Safe childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and substance use services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Places to be physically active, such as community parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services that support people as they age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean outdoor environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good paying jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions ask about the health needs in your community.

3. Thinking about yourself or other adults in the community where you live, what are the top three health problems?

Choose **three** items from the list that are a concern for yourself or other adults in your community.

- Age-related illnesses (such as memory issues, movement issues, and falls)
- Cancers
- Chronic pain and pain management
- Diabetes and high blood sugar
- Heart conditions (such as heart diseases, high blood pressure, and stroke)
- Infectious diseases (such as Covid-19, Influenza, pneumonia, and measles)
- Maternal and infant health (such as preterm births and adequate care for birthing people and their babies)
- Mental health (such as anxiety, depression, loneliness, and suicide)
- Motor vehicle accidents and injuries
- Obesity and maintaining healthy weight
- Oral (mouth) and dental health
- Reproductive and sexual health, including sexually transmitted infections (STIs and STDs)
- Respiratory and lung diseases (such as allergies, asthma, and COPD)
- Substance use (such as alcohol, drug, and tobacco use)
- Violence (such as assaults, domestic violence, and gun violence)
- Not listed here or prefer to describe: _____
- Not sure

4. Thinking about your or other children in the community where you live, what are the top three health problems?

Choose **three** items from the list that are a concern for your or other children in your community.

- Abuse and neglect
- Blood diseases (such as lead poisoning, anemia, and sickle cell)
- Cancers
- Diabetes and high blood sugar
- Infectious diseases (such as Covid-19, RSV, Influenza, pneumonia, and measles)
- Injuries (such as motor vehicle accidents and injuries, poisonings, drownings, and burns)
- Intellectual / developmental disabilities (such as autism, Down Syndrome, ADHD)
- Infant / baby health (such as low birth weight, health problems, and death before the age of one)
- Mental health (such as anxiety, depression, loneliness, suicide, and bullying)
- Obesity and maintaining healthy weight
- Oral (mouth) and dental health
- Reproductive and sexual health, including teen pregnancy and sexually transmitted infections (STIs and STDs)
- Respiratory diseases (such as allergies and asthma)
- Substance use (such as alcohol, drug, and tobacco use)
- Violence (such as assaults, domestic violence, gun violence, and school shootings)
- Not listed here or prefer to describe: _____
- Not sure

5. Thinking about the community where you live, which barriers prevent access to health care?

Select all that apply.

- Cultural / religious beliefs
- Language barriers
- Fear (such as fear of doctors or not ready to discuss a health problem)
- Don't feel welcome or respected
- No health insurance
- Costs associated with getting healthcare
- Health insurance is not accepted
- Transportation (getting to and from doctor's visits and appointments)
- Don't know how to find healthcare services or providers
- Not enough health care services or providers
- Scheduling problems (such as health services not open when available)
- Not listed here or prefer to describe: _____
- None

For many communities, mental health and substance use needs are at a crisis level. The following questions ask about specific needs in your community.

6. Thinking about yourself or other adults in the community where you live, what are the top three mental health and substance use problems?

Choose **three** items from the list that are a concern for **yourself or other adults** in your community.

- Alcohol use
- Anxiety
- Depression
- Domestic violence
- Drug use
- Eating disorders
- Loneliness
- Post Traumatic Stress Disorder (PTSD)
- Serious mental illnesses (schizophrenia, major depressive disorders, bipolar disorder)
- Suicide
- Not listed here or prefer to describe: _____
- Not sure

7. Thinking about your or other children in the community where you live, what are the top three mental health and substance use problems?

Choose **three** items from the list that are a concern for **your or other children** in your community.

- Alcohol use
- Anxiety
- Bullying
- Depression
- Drug use

- Eating disorders
- Loneliness
- Post Traumatic Stress Disorder (PTSD)
- Serious mental illnesses (schizophrenia, major depressive disorders, bipolar disorder)
- Suicide
- Not listed here or prefer to describe: _____
- Not sure

Tell Us About You

We strive to create programs and services that represent the full diversity of our community. We ask the following questions about you to ensure that we meet this goal. You may skip any questions that you prefer not to answer. All responses are confidential and anonymous.

8. What is your age group?

Choose one answer.

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Prefer not to disclose

9. Which of the following best describes you?

Choose all that apply.

- Woman
- Man
- Genderqueer
- Transgender/Trans woman
- Transgender/Trans man
- Non-binary
- Other or prefer to self-describe: _____
- Prefer not to disclose

10. Which of the following best describes you?

Listed in alphabetical order. Choose all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Middle Eastern or North African

- Native Hawaiian or Other Pacific Islander
- White
- Other or prefer to self-describe: _____
- Prefer not to disclose

11. Which of the following best describes you?

Choose one answer.

- Hispanic
- Non-Hispanic
- Prefer not to disclose

12. What is the highest level of education you have completed?

Choose one answer.

- Less than high school
- High school diploma/GED
- Some college credit, no degree
- 2-year college / Vocational training
- 4-year college / Bachelor's degree
- Master's, Professional, or Doctorate degree
- Other or prefer to self-describe: _____
- Prefer not to disclose

13. Which languages do you speak at home?

Choose all that apply.

- English
- Albanian
- Arabic
- Bosnian
- Farsi/Dari (Persian)
- French
- Hindi
- Korean
- Nepali
- Pashto
- Mandarin
- Sign Language (ASL)
- Spanish
- Swahili
- Vietnamese
- Other or prefer to self-describe: _____
- Prefer not to disclose

14. What best describes your employment status?

Choose one answer.

- Full-time
- Disabled
- Not Employed
- On Active Military Duty
- Part-time
- Retired
- Self Employed
- Student Full-time
- Student Part-time
- Other or prefer to self-describe: _____
- Prefer not to disclose

15. What is your total household income for the year?

Choose one answer.

- Less than \$10,000
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more
- Prefer not to disclose

You have answered the final question of the survey. Please return the survey to the survey distributor.

Thank you for your time and input!

Appendix C: Community Survey Respondents Demographics

In St. Louis City, Missouri, 1,158 people participated in the Community Health Needs Survey. The number of respondents from each ZIP code ranged from 1 to 134. On average, about 25% of participants did not answer the optional demographic questions. Among those who did respond, most were between 35 and 44 years old (17%), women (58%), White (49%), non-Hispanic (58%), and primarily English-speaking at home (72%). Many held advanced degrees such as a Master's, Professional, or Doctorate degree (31%), were employed full time (53%), and reported a household income between \$100,000 and \$149,999 (11%).

Appendix D: Community Leader Conversation Guide

Facilitation Guide: Stakeholder Conversations for the Community Health Needs Assessment

1. Welcome and Introductions

- a. Welcoming remarks
- b. Hospital leadership remarks (if applicable)
- c. Brief introduction to the session's objectives and structure.
- d. Explain current efforts (St. Louis Regional Collaborative – if applicable)
- e. Reference pre-event info that was shared via email-make mention of the CHNA handout/one-page
- f. Introductions of CHI members, their roles, and future/continued engagement

2. Presentation of Survey Process

- a. Share:
 - i. How the questions were developed, limitations
 - ii. Dissemination process/communication strategy
 - iii. Survey timeline
 - iv. High level, key themes and findings from the community survey.
- b. Provide high level overview of survey development and dissemination process. Speak briefly to the gaps/limitations/areas of opportunity, such as bolstering efforts to gain a stronger representative sample size.

3. Gallery Walk of Survey Data and Facilitated Discussion: Reaction to Survey Data

- a. If applicable - Introduce the gallery walk exercise and placement of foam boards. Ask individuals to mindfully walk through the survey visuals to reflect on the data presented, starting at any board they choose. Participants are free to use a sticky note to jot down reflections as they move around the room.
*If table groups get through this before time is called, they can move to the next section to prioritize needs.
- b. Discussion prompt questions:
 - i. *Does anything about the data surprise you?*
 - ii. *Based on the community you serve, is the survey data aligned with the identified needs of the community?*
 - iii. *Does it resonate with their experiences and awareness?*
 - iv. *What best practices/tactics have been implemented to capture underrepresented survey respondents?*
 - v. *What's missing?*

4. Prioritizing Community Health Needs

- a. Based on their understanding of survey data and their experiences serving & supporting community members, ask each participant to respond to the prompts:
 - i. *What do you feel are the most critical health needs?*
 - ii. *Considering Health-Related Social Needs (HRSN) and Social Determinants of Health (SDOH), how should hospitals prioritize these needs from a community health level?*

iii. In what ways should community be embedded in this process?

5. Capturing Ideas for Community Conversations

- a. Purpose: Identify key topics and questions for community conversations.
- b. Discussion prompt questions:
 - i. What specific information should we seek from community members?*
 - ii. How can we ensure diverse and inclusive participation from all community segments?*
 - iii. Where would you like to see the HSO active in your community?*
 - iv. In what ways should community be embedded in this process?*

6. Brief recap and Next Steps

- a. Recap from each table to entire group
- b. Final thoughts, reflections
 - i. What are you taking from this conversation?*
- c. Summary of key points from the discussion.
- d. Discuss next steps in the CHNA/CHIP process.
- e. Urge participants to take the Post-event survey before leaving the meeting. Share that we are in the process of planning community conversation invites with their communities. Invite them to share.

7. Closing Remarks and Adjournment

- a. Express gratitude for stakeholder participation and valuable input.

Appendix E: Community Member Conversation Guide

Facilitation Guide: Community Conversations for the Community Health Needs Assessment

1. Welcome, Introduction, and Overview of Health Needs Assessment Process

- a. Explain the purpose of the conversation and how the input will be used.
- b. Be transparent and honest about where the Collaborative is in the CHNA process and the longer-term goals
- c. Note that there are opportunities to engage the community on the front end and ongoing basis moving forward.
- d. Introduce facilitators and any supporting staff. - Discuss CHNA data processes, including survey process, data highlights, gaps in data/responses, and secondary sources.
- e. Note that Community Conversations represent one way to gather more information that supports the CHNA.
- f. Review the expectations/outcomes from this meeting/process

2. Segment 1: Identifying Community Health Needs

- a. Opening Reflection:
 - i. *"To start, can you share what a healthy community looks like to you?"*
- b. Personal and Community Health Concerns:
 - i. *"What are the health issues or challenges you personally face, or that you see most often in your community?"*
- c. Impact of These Health Concerns:
 - i. *"How do these health issues affect your daily life or the well-being of your family and neighbors?"*
- d. Solutions Already in the Community:
 - i. *"What are some ways that people in your community are already trying to address these health concerns?"*

3. Segment 2: Barriers to Health

- a. Challenges to Accessing Care:
 - i. *"What gets in the way of you or others in your community getting the health care or services you need?"*
- b. Systems and Structures:
 - i. *"Are there particular systems or processes (like transportation, finances, or navigating healthcare) that make it harder to get care?"*
- c. Addressing Barriers:
 - i. *"What would make it easier for you or others to access the care you need? What changes would be most helpful?"*
- d. Building on Strengths:
 - i. *"What is working well right now? How can the healthcare system support and build on what's already helping in the community?"*

4. Segment 3: Prioritizing Health Issues

- a. Community Priorities:
 - i. *"Out of everything we've discussed, what health issues feel most urgent to you right now?"*
- b. Addressing the Most Critical Issues:
 - i. *"If we could work on just one issue today, what would it be, and what's one solution you think could make a real difference?"*
- c. Collaborative Solutions:
 - i. *"How can the healthcare system and the community work together to solve these issues? What role would you like to see the healthcare system play?"*
- d. Closing Reflection:
 - i. *"Before we finish, is there anything else you'd like to share—any other ideas or concerns we should consider as we move forward?"*

5. Co-Creating Action Plans and Next Steps

- a. Collective Action Discussion:
 - i. *"What actions can we take together to start addressing the top priority issue?"*
 - ii. *"Who needs to be involved in these efforts?"*
 - iii. *"What resources or support would be needed from the healthcare system?"*
- b. Closing Reflection and Commitments:
 - i. *"What is one commitment or idea you will take forward based on the discussion?"*

6. Thank You and Closing Remarks

- a. Thank participants for their time, input, and contributions to the discussion.
- b. Acknowledge the importance of their feedback in shaping the CHNA process.
- c. Reiterate the expectations/outcomes from this meeting/this process.
- d. Provide information on the next steps, how their input will be incorporated, and any opportunities for future involvement.
- e. Encourage participants to stay engaged and invite them to share any additional thoughts after the meeting if they wish.

Appendix F: Community Leader Data Handout

St. Louis Children & Youth

Key Survey Findings



2024 Community Health Needs Assessment Survey

****Preliminary survey data through June 2024 presented to community leaders****

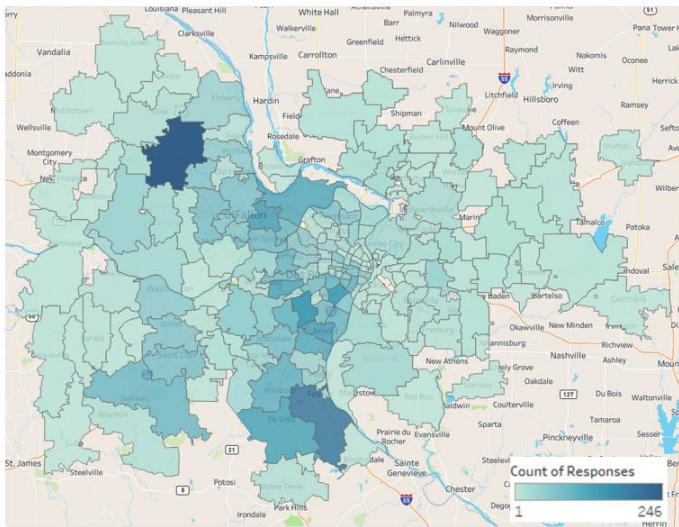
1

Who responded to the survey?

5,762
Total Respondents in
St. Louis MSA

In the St. Louis MSA, 5,762 community members responded to the community health needs survey. The number of survey respondents in St. Louis MSA ZIP codes ranged between 1 and 246.

Survey Respondents by ZIP Code



Notes

2024 Community Health Needs Assessment Survey

****Preliminary survey data through June 2024 presented to community leaders****

Who responded to the survey?

5,762
Total Respondents in
St. Louis MSA

Over 20% of respondents in the St. Louis MSA did not complete the optional demographic survey questions (non-respondents range from n=1,181 to 1,895 depending on the question).

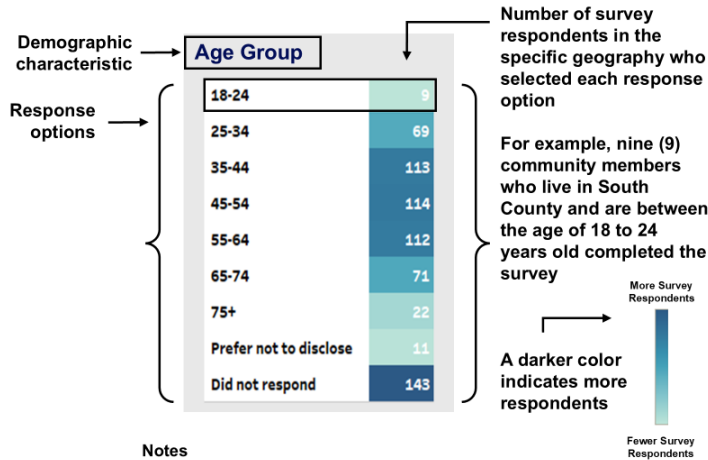
A summary of the most common characteristics among those who did respond to demographic questions is provided below. Percentages are calculated out of the total number of respondents (n=5,762).

Most respondents:

- Are between the age of 55 and 64 years old (18%)
- Are women (64%)
- Are White (65%)
- Are non-Hispanic (62%)
- Speak English at home (78%)
- Have a Master's, Professional, or Doctorate degree (25%)
- Are employed full time (50%)
- Have a household income between \$100,000 and \$149,999 (14%)

Additional details for each demographic characteristic are provided on the next handout. An example of how to read the demographic visuals is provided to the right.

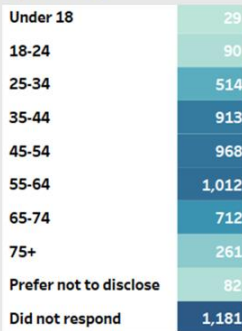
Example: Survey Respondents by Age Group



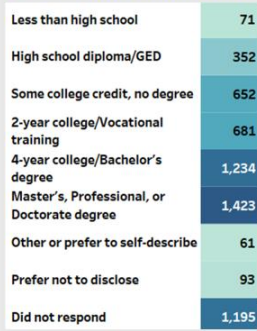
Who responded to the survey?

5,762
Total Respondents in
St. Louis MSA

Age Group



Educational Attainment



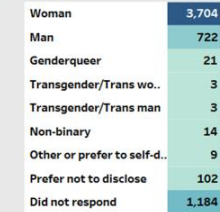
Employment



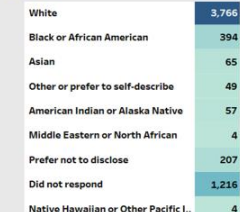
Income



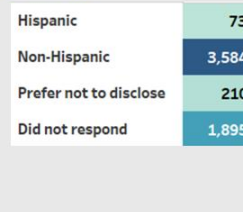
Gender



Race



Ethnicity



Language at Home

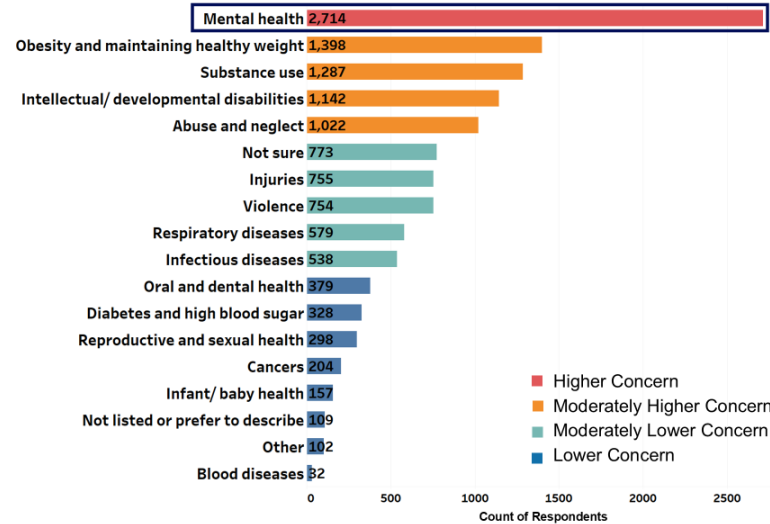


Thinking about your or other children in the community where you live, what are the top health problems? (Respondents selected up to 3 items.)

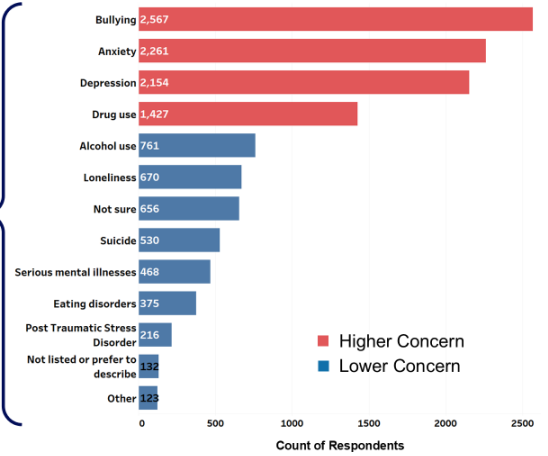
5,762
Total Respondents in St. Louis MSA

Community members identified **mental health, obesity, substance use, intellectual/developmental disabilities, and abuse and neglect** as the top health concerns for children and youth in the St. Louis MSA. Among mental health and substance use-related needs, **bullying, anxiety, depression, and drug use** are top of mind.

Youth Health Concerns



Youth Mental Health & Substance Use Concerns



Notes

Thinking about your or other children in the community where you live, what are the top health problems? (Respondents selected up to 3 items.)

5,762
Total Respondents in St. Louis MSA

The table below details the top health concerns for children and youth among respondents by race. Most of the top health concerns remained consistent across groups with some differences in the order of concerns. Notably, **respiratory diseases** were identified as top concerns by respondents who are Black or African American or another race.

Youth Health Concerns by Race

Order of Top Concerns	All Respondents n=5,762	White n=3,766	Black or African American n=394	Another Race* n=179	Did not respond or prefer not to disclose n=1,423
1	Mental health	Mental health	Mental health	Mental health	Mental health
2	Obesity	Obesity	Violence	Obesity	Obesity
3	Substance use	Substance use	Obesity	Substance use	Abuse and neglect
4	Intellectual/ developmental disabilities	Intellectual/ developmental disabilities	Substance use	Abuse and neglect	Substance use
5	Abuse and neglect	Abuse and neglect	Intellectual/ developmental disabilities	Intellectual/ developmental disabilities	Not sure
6	Not sure	Injuries	Abuse and neglect	Violence	Intellectual/ developmental disabilities
7	Injuries	Not sure	Respiratory diseases	Not sure	Violence
8	Violence	Violence	Not sure	Respiratory diseases	Injuries

*Notes: Bolded items are those that were not identified as a top concern among all respondents. Due to small sampling, several racial categories are combined in the *Another Race* category, including: American Indian or Alaska Native; Asian; Middle Eastern or North African; Native Hawaiian or Other Pacific Islander; and Other or prefer to self-describe.

Thinking about your or other children in the community where you live, what are the top health problems? (Respondents selected up to 3 items.)

5,762
Total Respondents in St. Louis MSA

The table below details the top health concerns for children and youth among respondents by region. Most of the top health concerns remained consistent across regions with some differences in the order of concerns. Notably, **respiratory diseases** were identified as top concerns by respondents who live in North County and St. Charles County; and **infectious diseases** were a concern for residents of Mid/West County and St. Charles County.

- Higher Concern
- Moderately Higher Concern
- Moderately Lower Concern

Youth Health Concerns by Region

Order of Top Concerns	All Respondents n=5,762	City of St. Louis n=612	North County n=449	South County n=664	Mid/West County n=941	St. Charles County n=752
1	Mental health	Mental health	Mental health	Mental health	Mental health	Mental health
2	Obesity	Violence	Violence	Obesity	Obesity	Obesity
3	Substance use	Abuse and neglect	Obesity	Intellectual/developmental disabilities	Substance use	Substance use
4	Intellectual/developmental disabilities	Obesity	Intellectual/developmental disabilities	Substance use	Intellectual/developmental disabilities	Intellectual/developmental disabilities
5	Abuse and neglect	Substance use	Not sure	Injuries	Not sure	Injuries
6	Not sure	Not sure	Substance use	Not sure	Injuries	Not sure
7	Injuries	Injuries	Respiratory diseases	Abuse and Neglect	Infectious diseases	Infectious diseases
8	Violence	Intellectual/developmental disabilities	Abuse and neglect	Violence	Violence	Respiratory diseases

*Notes: Bolded items are those that were not identified as a top concern among all respondents.

Thinking about your or other children in the community where you live, what are the top mental health & substance use problems? (Respondents selected up to 3 items.)

5,762
Total Respondents in St. Louis MSA

The table below details the top mental health and substance use concerns for children and youth among respondents by race. Most of the top concerns remained consistent across groups with some differences in the order of concerns. Notably, **serious mental illnesses** and **Post Traumatic Stress Disorder** were identified as top concerns by respondents who are Black or African American. **Eating disorders** were a concern among respondents who identify as another race or who did not respond / preferred not to disclose their race.

- Higher Concern
- Lower Concern

Youth Mental Health & Substance Use Concerns by Race

Order of Top Concerns	All Respondents n=5,762	White n=3,766	Black or African American n=394	Another Race* n=179	Did not respond or prefer not to disclose n=1,423
1	Bullying	Bullying	Bullying	Bullying	Bullying
2	Anxiety	Anxiety	Depression	Depression	Anxiety
3	Depression	Depression	Anxiety	Anxiety	Depression
4	Drug use	Drug use	Drug use	Drug use	Drug use
5	Alcohol use	Alcohol use	Serious mental illnesses	Loneliness	Not sure
6	Loneliness	Loneliness	Alcohol use	Alcohol use	Loneliness
7	Not sure	Not sure	Not sure	Not sure	Suicide
8	Suicide	Suicide	Post Traumatic Stress Disorder	Eating disorders	Eating disorders

*Notes: Bolded items are those that were not identified as a top concern among all respondents. Due to small sampling, several racial categories are combined in the *Another Race* category, including: American Indian or Alaska Native; Asian; Middle Eastern or North African; Native Hawaiian or Other Pacific Islander; and Other or prefer to self-describe.

Thinking about your or other children in the community where you live, what are the top mental health & substance use problems? (Respondents selected up to 3 items.)

5,762
Total Respondents
in St. Louis MSA

The table below details the top mental health and substance use concerns for children and youth among respondents by region. Most of the top concerns remained consistent across regions with some differences in the order of concerns. Notably, **serious mental illnesses** were identified as a top concern by respondents who live in the City of St. Louis.

Youth Mental Health & Substance Use Concerns by Region

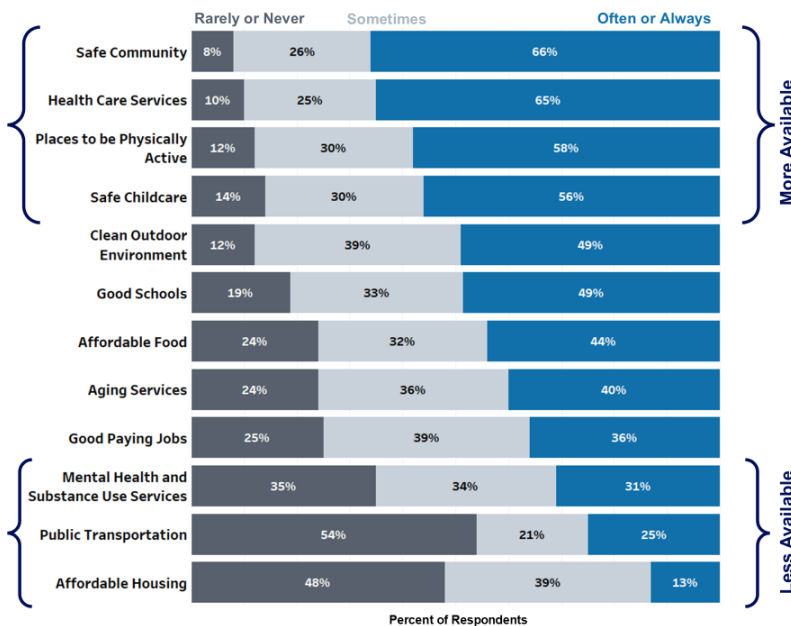
■ Higher Concern
■ Lower Concern

Order of Top Concerns	All Respondents n=5,762	City of St. Louis n=612	North County n=449	South County n=664	Mid/West County n=941	St. Charles County n=752
1	Bullying	Bullying	Bullying	Bullying	Anxiety	Bullying
2	Anxiety	Anxiety	Anxiety	Anxiety	Bullying	Anxiety
3	Depression	Depression	Depression	Depression	Depression	Depression
4	Drug use	Drug use	Drug use	Drug use	Drug use	Drug use
5	Alcohol use	Loneliness	Not sure	Alcohol use	Not sure	Alcohol use
6	Loneliness	Not sure	Alcohol use	Not sure	Loneliness	Loneliness
7	Not sure	Serious mental illnesses	Loneliness	Loneliness	Alcohol use	Not sure
8	Suicide	Alcohol use	Suicide	Suicide	Suicide	Suicide

*Notes: Bolded items are those that were not identified as a top concern among all respondents.

Thinking about the community where you live, how available are the following resources?

5,762
Total Respondents
in St. Louis MSA



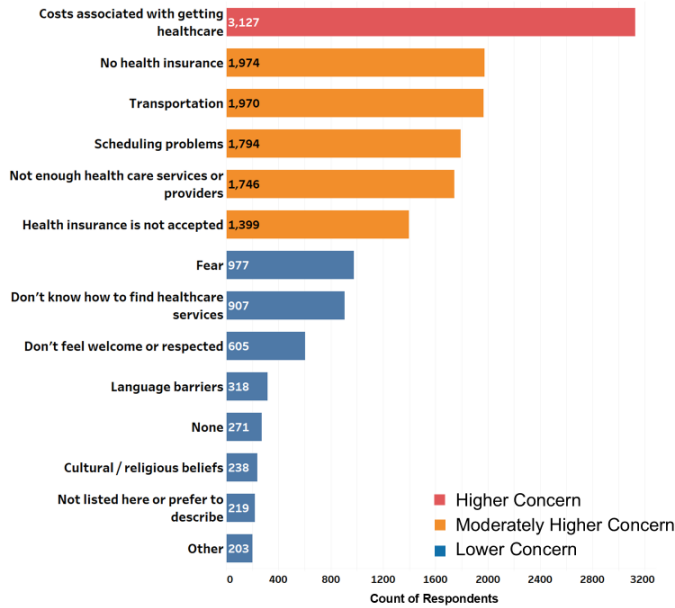
Community members rated the availability of several resources in the St. Louis MSA.

Safe community, health care services, places to be physically active, and safe childcare were rated as being more available, with over 50% of respondents indicating that the resources were often or always available in their community.

Mental health and substance use services, public transportation, and affordable housing were reported to be less available, with 31% or less indicating that the resources were often or always available in their community.

Notes

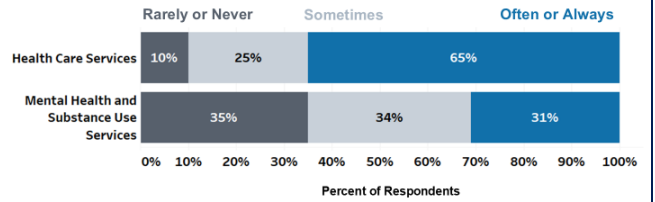
Barriers to Health Care Access



Sixty-five percent (65%) of community members who responded to the survey indicated that health care services were often or always available in the St. Louis MSA. Only 31% indicated that mental health and substance use services had good availability.

Costs, lack of health insurance, and transportation were most frequently identified as barriers to accessing health care.

Health Care Service Availability



Notes

Appendix G: Community Leader Conversation Participants

St. Louis Children's Hospital: Community Leader Conversation Participants			
Organization	First Name	Last Name	Title
Alliance for Healthy Communities	Kristi	Scoville	Program Director
Behavioral Health Network	Dana	Silverblatt	Director of Community Programs
Boys Hope Girls Hope of St. Louis	Katie	Mancuso	Director of Programs
Boys Hope Girls Hope of St. Louis	Carolina	Dominguez	Clinical Therapist / Adolescent Therapist
Breakthrough T1D Kansas & Missouri Chapter	Tracy	Brees	Missouri Chapter Senior Director
Catholic Charities of St. Louis	Michael	Meehan	Chief Care Officer
City of St. Louis	Lakesha	Robinson	Senior Advisor for Children, Youth and Families
Community Health Commission of Missouri	Velva	Hollimon	Senior Director of Operations
Deaconess Foundation	Bethany	Johnson-Javois	President & CEO
Eye Thrive	Kate	McKearn	Chief Executive Officer
FamilyForward	Karen	Nolte	Chief Executive Officer
iFM Community Medicine	Rosemary	Werner	Volunteer Nurse Practitioner
iFM Community Medicine	Samantha	Marquard	Nurse Practitioner
iFM Community Medicine	Lynelle	Hiden	Chief Clinical Officer
International Institute of St. Louis	Maxwell	Kelly	Community Support Manager
Jewish Family Services	Celeste	Souza	Chief Program Officer
Missouri Association of School Nurses	Angie	Midnight-Oest	President
Missouri Department of Health and Senior Services	Marge	Cole	State School Nurse Consultant
Missouri Poison Center	Amanda	Ruback	Community Outreach Coordinator
Monarch Immigrant Services	Liz	Ricks	Director of Children & Youth Mental Health
Nash Pediatrics	Alison	Nash	Medical Director of Healthy Kids Express
National Alliance on Mental Illness	Andrew	Loiterstein	Director of Programs
Nurses for Newborns	Melinda	Monroe	Chief Executive Officer
Operation Food Search Inc	Rachel	Neukirch	Senior Director of Programs
Operation Food Search Inc	Karrie	Simpson	Data Manager
Preferred Family Health	Megan	Payton	Program Director
Preferred Family Health	Sarah	Haselhorst	Clinical Supervisor
Propel Kitchens	Kisha	Lee	President and Chief Executive Officer
S.T.A.R. (Staff Coaching, Training, Advocacy & Resources)	Tina	Mosley	Tina Mosely – S.T.A.R.

Shriners Children's St. Louis	Marsha	Hulse	Manager of Performance Improvement and Risk Management
Special School District	Alicia	Gillham	SSD Clinical Nurse Specialist
St. Louis Community Foundation	Andrea	Jackson-Jennings	Managing Director
St. Louis Crisis Nursery	Molly	Brown	Chief Executive Officer
St. Louis Public Schools	Amanda	Boleyjack	Director of Nursing
St. Louis Suburban School Nurses Association	Linda	Neumann	School Nurse Consultant
United Way of Greater St. Louis	Julia	Fuller	Portfolio Manager
Wyman Center	Allison	Williams	President and Chief Executive Officer
Youth & Family Center	LaChrisa	Crenshaw	Executive Director
Youth In Need	Carrie	Williams	Health and Nutrition Manager

Appendix H: Community Conversations Summary

BJC held community conversations with community leaders and members to gather insights on each local community. Community leaders and members shared their perspective on the most pressing health needs, and the strengths, challenges, and resources available in their community. The following pages provide an overview of key topics and insights that were shared related to health needs and health resources.

The following community conversations are summarized below:

- **Community Leaders** | BJC Learning Institute – July 18, 2024 – 18 participants
- **Community Members** | Vision for Children at Risk – October 21, 2024 – 15 participants

Community Leader Conversation on Health Needs

Mental Health

- Strong link between violence and mental-health issues
- Rise in anxiety, depression, and behavioral problems (worsened by COVID)
- Long wait times and limited access to child mental-health services
- Higher risk for children in unstable housing or food deserts
- Bullying, both in-person and online, contributing to anxiety, depression, and social isolation
- Need for more school-based prevention and education around bullying

Obesity and Maintaining Healthy Weight

- Children in food deserts face higher risk for poor nutrition and related health issues

Injuries

- Gun violence and community violence major contributors to trauma and adverse childhood experiences (ACEs)
- Violence disproportionately impacts children in communities of color
- Need for trauma-informed care and interventions to support children and families affected by violence

Community Leader Conversation on Health Resources

Affordable Housing

- Unstable housing puts children at higher risk for poor physical and mental health

Mental Health and Substance Use Services

- Limited access to culturally competent child mental-health services and long wait times
- Need for more school-based mental-health programs and staff
- Rising youth substance use, especially vaping and THC
- Desire for school bullying prevention programs (ex. bullying education)

Safe Community

- Need for safe places where children can play, learn, and socialize away from violence

Affordable, Healthy Food

- Children in food deserts face higher risk for poor health outcomes

Public Transportation

- Transportation barriers limit access to health care, especially in North County and rural areas
- Interest in expanding mobile health services designed with community input

Health Care Services

- Want stronger partnerships with community organizations
- Mistrust of health systems, especially among Black and immigrant families, creates barriers to care
- Need for services located directly in the communities where children live

Community Member Conversation on Health Needs

Mental Health

- Mental health identified as an urgent issue for both adults and children
- Trauma, stress, and financial hardship contributing to worsening mental-health needs
- Strong call for integrated mental-health support within the broader healthcare system
- Desire for school-based mental-health programs for early prevention and support

Community Member Conversation on Health Resources

Mental Health and Substance Use Services

- Strong call for integrated mental-health support across the healthcare system
- Need for school-based mental-health programs to provide early prevention and support
- Desire for accessible mental-health services in schools, community centers, and local spaces

Affordable, Healthy Food

- Food security and access to healthy options identified as major concerns
- Food deserts and limited fresh produce seen as persistent issues
- Suggestions included community gardens and subsidized grocery programs to improve access

Health Care Services

- Concerns about racial inequities and systemic bias in healthcare, with many reporting misdiagnosis or inadequate care
- Lack of culturally competent care contributing to mistrust, especially among Black and immigrant families
- Shortage of local facilities and difficulties finding providers who accept Medicaid
- Support for advocacy roles, such as community health workers and family support partners, to help patients navigate care
- Need for trust-building efforts such as community dialogues and panels with healthcare leaders
- Calls for culturally responsive training for providers, including implicit bias education

- Interest in community liaisons to support health literacy and insurance navigation
- Desire to expand access through satellite clinics and mobile health units

Appendix I: Hospital Team Survey

Thank you for participating in your Hospital's Community Health Needs Assessment (CHNA) Team. Your time and expertise are appreciated! The purpose of this survey is to gather your feedback about the top health concerns of the patients and community members that your hospital serves. **Your input is important to us and will be used to help identify priorities and develop solutions.**

The survey will take about 5 minutes. **All responses are confidential and anonymous.** You will not be asked for your name, and we will only share combined results. Thank you for sharing your time and thoughts.

Tell Us About Your Community

1. Which hospital do you represent?

Enter the name of the hospital where you primarily work: _____

The next question asks about the resources that help your patients be healthy.

2. Thinking about the community that your hospital serves, how available are the following resources?

For each resource below, choose a number from 1 to 5, where 1 means *Never available*, and 5 means *Always available*. If you do not know, choose *Not sure*.

	1 Never	2 Rarely	3 Sometimes	4 Often	5 Always	Not sure
Safe childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and substance use services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Places to be physically active, such as community parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services that support people as they age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean outdoor environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good paying jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions ask about the health needs of your patients.

3. [For hospital team members who work at adult-serving hospitals] Thinking about your patients or other adults in the community that your hospital serves, what are the top three health problems ?

Choose **three** items from the list that are a concern for **your patients or other adults** in your community.

- Age-related illnesses (such as memory issues, movement issues, and falls)
- Cancers
- Chronic pain and pain management
- Diabetes and high blood sugar
- Heart conditions (such as heart diseases, high blood pressure, and stroke)
- Infectious diseases (such as Covid-19, Influenza, pneumonia, and measles)
- Maternal and infant health (such as preterm births and adequate care for birthing people and their babies)
- Mental health (such as anxiety, depression, loneliness, and suicide)
- Motor vehicle accidents and injuries
- Obesity and maintaining healthy weight
- Oral (mouth) and dental health
- Reproductive and sexual health, including sexually transmitted infections (STIs and STDs)
- Respiratory and lung diseases (such as allergies, asthma, and COPD)
- Substance use (such as alcohol, drug, and tobacco use)
- Violence (such as assaults, domestic violence, and gun violence)
- Not listed here or prefer to describe: _____
- Not sure

4. [For hospital team members who work at SLCH] Thinking about your patients or other children in the community that your hospital serves, what are the top three health problems?

Choose **three** items from the list that are a concern for **your patients or other children** in your community.

- Abuse and neglect
- Blood diseases (such as lead poisoning, anemia, and sickle cell)
- Cancers
- Diabetes and high blood sugar
- Infectious diseases (such as Covid-19, RSV, Influenza, pneumonia, and measles)
- Injuries (such as motor vehicle accidents and injuries, poisonings, drownings, and burns)
- Intellectual / developmental disabilities (such as autism, Down Syndrome, ADHD)
- Infant / baby health (such as low birth weight, health problems, and death before the age of one)
- Mental health (such as anxiety, depression, loneliness, suicide, and bullying)
- Obesity and maintaining healthy weight
- Oral (mouth) and dental health
- Reproductive and sexual health, including teen pregnancy and sexually transmitted infections (STIs and STDs)
- Respiratory diseases (such as allergies and asthma)
- Substance use (such as alcohol, drug, and tobacco use)
- Violence (such as assaults, domestic violence, gun violence, and school shootings)
- Not listed here or prefer to describe: _____
- Not sure

5. Is there anything else you want to share ahead of your hospital's CHNA Team meeting?

Please share any questions or thoughts.

You have answered the final question of the survey. Please return the survey to the survey distributor.

Thank you for your time and input!

Appendix J: Hospital Community Health Needs Selection Team

St. Louis Children's Hospital 2025 Community Health Needs Selection Team Attendees 06/05/2025			
Last Name	First Name	Title	Department
Arbeláez	Ana María	Chief	Division of Pediatric Endocrinology and Diabetes
Beck	Lori	Manager, Clinical Program - SR	EU/Transport/Trauma Admin
Carter	Traci	Manager, Community Health	Raising St. Louis
Daughrity	Latoya	Director, Patient Care operations	Nursing Administration
Dirnbeck	Jonathan	Manager, Finance	Financial Operations
Hacker	Dee	Educator, Staff	Physician Access Line
Hyatt	Davina	Manager, Physician Access Services	Physician Access Line
Kozma	Nicole	Director / Community Health Improvement Lead	Child Health Advocacy and Outreach
Mahlin	Laurisa	Manager, Marketing Strategy	MC-Academic Marketing
Mechler	Jill	Program Manager	Guest Services Administration
Nash	Alison	WUCA Physician	WUCA Nash Pediatrics
Nelson	Reagan	Supervisor, Community Benefit/Evaluation	Child Health Advocacy and Outreach
Rivera-Spoljaric	Katherine	Professor of Pediatrics	Pediatrics - Allergy, Immunology, Pulmonary Medicine (AIPM)
Saggio	Thomas	Director, Inpatient Medical Surgery and Behavioral Health	Inpatient Neuro BH Administration
Senior	Meghan	Manager, Call Center	Answer Line
Ward	Kel	Program Manager / Community Health Improvement Lead	Child Health Advocacy and Outreach

Appendix K: Elevated Health Needs Ranking Process

Our Goal

We wanted a simple and fair way to understand which health needs matter most to our community. To do this, we looked at four types of information and gave each one a score. The score was used to identify several elevated health needs for each hospital’s needs selection team to consider and discuss.

Data Sources Used

We used four different sources to learn about health needs in the community and prioritized each by giving it a weight from most valued (weight =3) to least (weight=1).

- **Community Survey Data (Weight=3)** tell us what people that live in the community feel and experience. We gave this the most weight because of the importance and relevance of the community’s input.
- **Hospital Claims Data (Weight=2)** show which health issues bring people to the hospital. We gave this a medium-strong weight because it reflects real medical use.
- **Hospital Team Survey Data (Weight=2)** reflect the community needs that our hospital team sees every day as they care for and live in the community they serve. We used a medium-strong weight because their insights are based on direct patient care.
- **Community Health Information Data (Weight=1)** include information from public health sources. We gave this a lower weight because it adds helpful background but is often limited and several years old.

How we Sorted Each Need

To get to a final score, we looked at where each health need ranked for each data source, compared to all the other needs that were represented in that data source. Needs at the top of the list received a higher score. That score was then multiplied by the weight given for that data source. After completing this for each data source, the four weighted scores were averaged. The top health needs were highlighted for the hospital’s needs selection team to discuss.

The math formula that we used to determine **weighted scores** for each health need was:

$$((\text{Number of health needs for data source} + 1) - \text{Rank of health need in data source}) \times \text{Weight of data source}$$

The math formula that we used to determine the **final score** for each health need was:

$$\frac{\text{Community Survey Score} + \text{Hospital Claims Score} + \text{Hospital Team Survey Score} + \text{Community Health Data Score}}{4}$$

Below is a made-up example for one health need.

Data sources:	Community Survey	Hospital Claims	Hospital Team Survey	Community Health Information
Rank:	4	2	4	7
Number of Needs:	16	12	7	12
Weight:	3	2	2	1
Weighted score:	39	22	8	6
Final score:	18.75			

