



**Shriners**  
Children's™

Shriners Children's St. Louis  
2022 Community Health Needs Assessment

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## Shriners Children's at a Glance

Shriners Children's® is a health care system with locations in the U.S., Canada and Mexico. Our staff is dedicated to improving the lives of children by providing pediatric specialty care, conducting innovative research, and offering outstanding educational programs for medical professionals. Children up to age 18 with orthopedic conditions, burns, spinal cord injuries, and cleft lip and palate are eligible for care, regardless of the families' ability to pay. Within these broad service lines, many types of care are provided. For example, some locations offer reconstructive plastic surgery, treatment for craniofacial abnormalities or care for sports injuries. Generally, care is provided until age 18, although, in some cases, it may be extended to age 21. All services are provided in a compassionate, family-centered environment. Our patients are our priority. We take the time to care, and to listen. At Shriners Children's, every patient and family can expect respectful, compassionate, expert care.

**The mission of Shriners Children's is to:**

**Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special health care needs within a compassionate, family-centered and collaborative care environment.**

**Provide for the education of physicians and other health care professionals.**

**Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.**

**This mission is carried out without regard to race, color, creed, sex or sect, disability, national origin, or ability of a patient or family to pay.**

### About Shriners Children's St. Louis

At Shriners Children's St. Louis, our primary focus is treating pediatric orthopedic conditions. Since our founding in 1924, we have been affiliated with Washington University School of Medicine, with their faculty serving on our medical staff and St. Louis Children's Hospital. As a result of this long-standing and successful affiliation, we are co-listed annually with these two organizations in U.S. News and World Report as one of the top pediatric orthopedic hospitals in the nation.

Our hospital excels as a national center of excellence in the care of spinal deformity and is a national referral center for complex lower extremity deformities, small and large foot deformities, and problematic young adolescent and young adult hip deformities. Our physicians and surgeons are known for having developed numerous technical innovations involving upper and lower extremities. In support of our physicians, our hospital provides radiology, physical therapy, occupational therapy, orthotics and

prosthetics services. In 2017, we added, in conjunction with the Washington University School of Medicine, a research unit focusing on regenerative medicine.

Our hospital cares for 10,000 children each year. We have served children and their families in the St. Louis area for nearly 100 years, regardless of the families' ability to pay.

Our physicians are some of the world's top pediatric orthopedic subspecialists. As leaders in their field and faculty members at Washington University School of Medicine, they are the physicians who train other leaders in their areas of expertise.

Shriners Children's St. Louis is supported by 22 Shriners International chapters in 9 states: Missouri, Illinois, Indiana, Kentucky, Tennessee, Arkansas, Oklahoma, Kansas and Iowa. The Shriners International fraternity supports our hospital by providing leadership through our board of governors, financial support through fundraising and direct giving, and by identifying and referring for treatment children in their communities who can be helped by our hospital. Also, they provide transportation assistance to families who would not be able to afford the expense of traveling long distances to our hospital.

Recognized as leading philanthropy, Shriners Children's has evolved into an international health care system recognized for its devotion to transforming the lives of children through care and research. It is a destination of choice for parents whose children have orthopedic problems, burns, spinal cord injuries, cleft lip and palate, and other complex medical needs.

## Purpose

A Community Health Needs Assessment (CHNA) is a report based on epidemiological, qualitative, and comparative methods that assess the health issues in a hospital organization's community and that community's access to services related to those issues.

The Patient Protection and Affordable Care Act (PPACA) enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

This assessment is designed and intended to meet the IRS needs assessment requirement as it is currently understood and interpreted by Shriners Children's leadership.

## ***Shriners Children's Commitment to the Community***

Shriners Children's St. Louis, is committed to providing care within the scope of our mission without regard for the family's ability to pay. We work collaboratively with our community partners to assess community needs and develop new clinical and community benefit programs that enhance health and well-being of children in our community. Shriners Children's St. Louis, like the other U.S. based hospitals in the Shriners Children's health care system, reaffirms its commitment to excellence of care through the development of its Community Health Needs Assessment (CHNA). Based on the findings, we have developed an action plan to work alongside community stakeholders to address the health needs of the community.

## ***Our Community***

In June of 2015, Shriners Children's St. Louis moved into our new replacement hospital in the city of St. Louis. Once again we are located on the same campus as our longtime partners, the Washington University School of Medicine and St. Louis Children's Hospital. To build on our synergies, we have partnered with St. Louis Children's Hospital and SSM Health Cardinal Glennon Children's Hospital to gather primary and secondary data needed to conduct our community needs assessment for our defined community, the City of St. Louis. Recognizing the Shriners Children's St. Louis is a specialty pediatric orthopedic hospital compared to St. Louis Children's Hospital and SSM Cardinal Glennon Children's Hospital, we are confident the needs assessment would identify areas of need our specialty hospital could address.

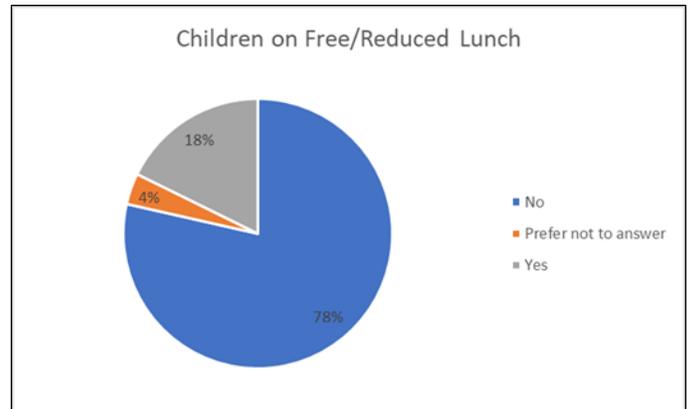
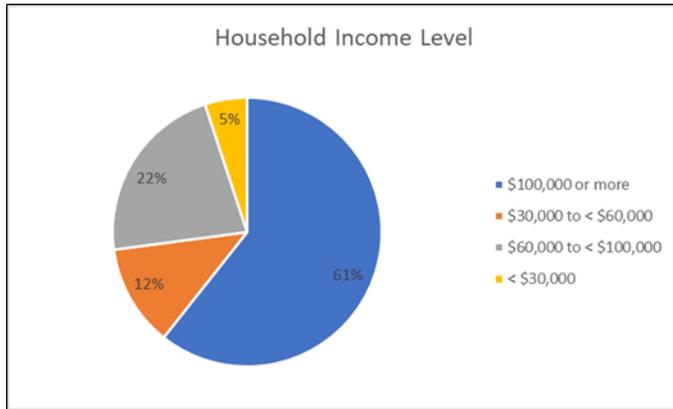
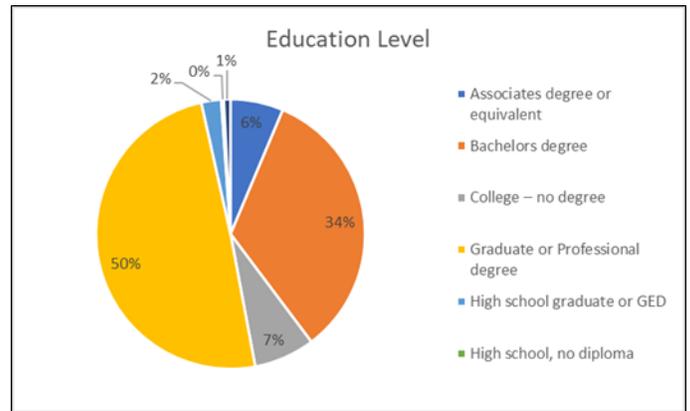
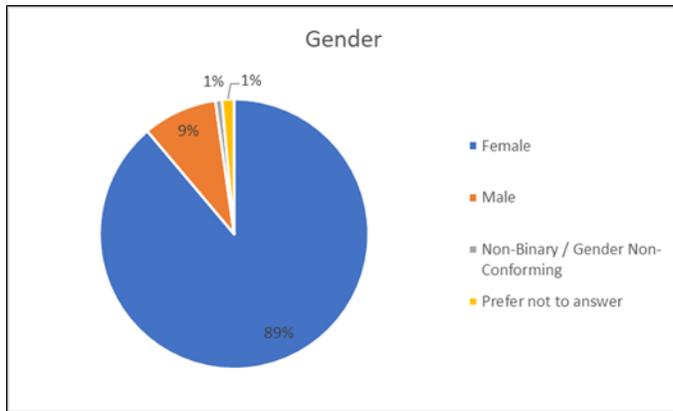
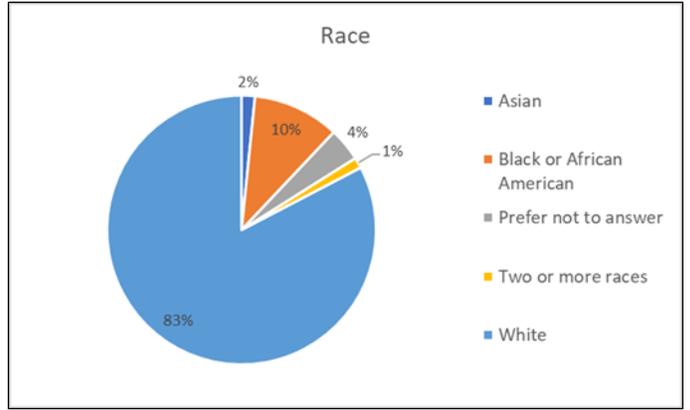
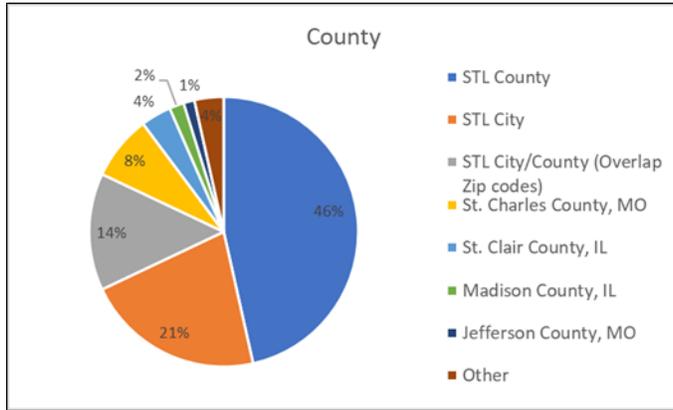
## **Process and Methods**

A team of six researchers from Washington University St. Louis and SLCH developed a survey to assess parents' health concerns for their children and for children in the community. The survey for the 2022 CHNA was altered from the survey used in 2016 and 2019 and the edits to the list of health concerns was reviewed by managers in the Child Health Advocacy and Outreach Department, the Faith Advisory Board and by the Community Advisory Board.

The survey was administered electronically via Qualtrics. The survey was sent by Shriners Children's St. Louis via link to respective community partners and was posted to St. Louis Children's Hospital "About Us" section, included in one of the banners on the home page, on the Facebook page, and through organization-wide email bulletins. The survey asked parents to rank 44 items on a four-point scale of how much of a problem the item is for children in the community (large, medium, small or not a problem).

A link to the survey was also sent to Alderman, Community Groups, Churches, Early Childhood Centers, FQHCs, State Reps and Senators’ offices, Local Councilpersons, Neighborhood Associations, Nonprofit Community Partners, Schools, PTOs and MOPs groups, along with participants of the Child Health Advocacy and Outreach’s programs.

Demographics of survey respondents are below:



## Key Findings

A total number of 674 Responses to the Parent Health Concerns Survey were collected and analyzed. Key results are outlined below. As previously reported, respondents were asked to rank a series of data in terms of large, medium, small or not a problem within in their community.

### Overall Results:

Health Concern	Average Score	Health Concern	Average Score
COVID-19	3.3	Understanding Information from doctor	2.2
Stress	3.2	Safe Housing	2.2
Racial/Ethnic Issues (Racism)	3.0	Heavy drinking of alcohol	2.3
Anxiety	3.1	Sexting	2.1
Mental health/trauma	3.0	Sex Trafficking	2.3
Risks associated with not getting immunization shots	2.7	Marijuana use	2.2
Bullying (being the victim of a bully, including cyberbullying)	2.9	School violence (not including school shootings)	2.1
Internet safety	2.8	School shootings	2.0
Depression	2.8	Allergies (including food allergies)	2.4
Lack of exercise	2.8	Sexually transmitted infections other than HIV/AIDs (Chlamydia, gonorrhea, etc.)	2.1
Poverty	2.5	Teen pregnancy	2.2
Gun related injuries	2.4	Motor vehicle accidents	2.3
Attention Deficit Hyperactivity Disorder (ADHD/ADD)	2.7	Dental Issues (cavities, gum disease)	2.2
Obesity/Being Overweight	2.6	Overuse of antibiotics	2.0
Smoking and tobacco use (including vape use)	2.6	Eating disorders (like anorexia and bulimia)	2.1
Suicide	2.6	Sport and play-related injuries	2.3
Environmental pollution	2.5	Autism	2.3
Community unrest	2.4	Diabetes	2.1
Getting Health Insurance	2.4	Access to fruits and vegetables	1.9
Child abuse and neglect	2.4	Risks associated with immunization shots	1.6
Illegal drug use (not including marijuana or opioids)	2.3	Flu (influenza)	2.1
Asthma	2.5	Lead toxicity/poisoning	1.8
Opioid use	2.3	Poisons (household cleaners, detergents, and medicines)	1.8
Neighborhood safety (including assaults and murder)	2.1	HIV/AIDS	1.6
Transgender health issues	2.3	Measles	1.4

According to the surveys collected, the top reported community strengths, those most reported as “not a problem” were:

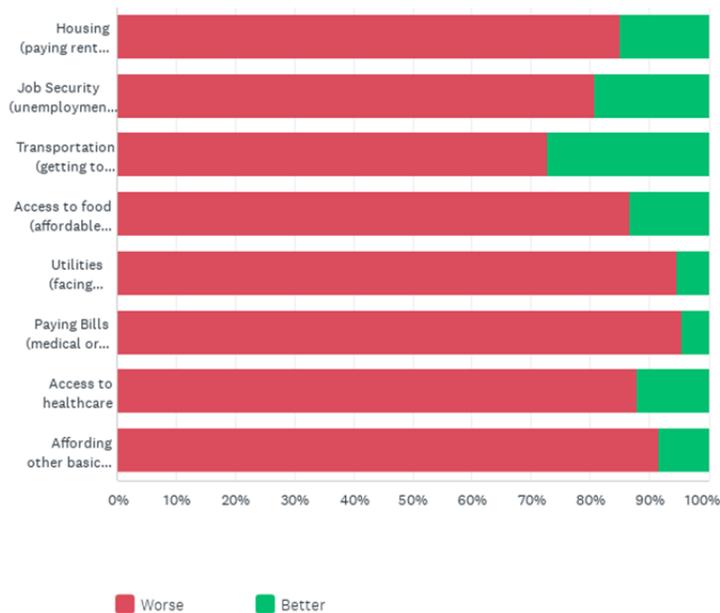
- Racial and Ethnic Diversity

- Access to Community Parks and Other Open Spaces For Physical Activity
- Opportunities to Practice Spiritual Beliefs
- Good Places to Raise a Family
- Access to Affordable Transportation

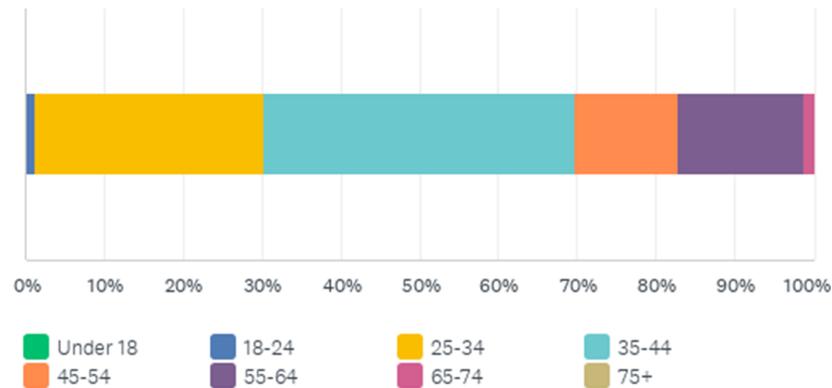
By contrast, the top reported challenges of the community where as follows:

- Community Safety/Crime
- Good Schools/Quality Education
- Access to Affordable Housing
- Good Paying Jobs and Strong Economy
- Access to Affordable, Quality Health Care
- Access to Affordable Healthy Food
- Clean Environment

It comes as no surprise that access to quality food, jobs and housing rank among the top challenges within the community given the impact of COVID on all communities nationwide, some communities more than others. The survey reported that when asked to how the pandemic had impacted the respondents the vast majority reported that housing (paying rent, facing eviction, foreclosure, maintenance, etc.), job security (unemployment, got fired, laid off, less work to do than before, less income, etc.), transportation (getting to places you need to go, riding public transit, driving a car, etc.), access to food (affordable groceries, getting SNAP benefits, feeding family/loved ones, etc.), utilities, paying bills (medical or other), access to healthcare, and affording other basic needs were all made worse by the pandemic.



It should be noted that 68.42% of the respondents were between the ages of 35-44 year of age, those more likely to have children still living at home.



Also ranked were more detailed community needs specific to overall health needs. The respondents were asked to rank the impact of a number of health concerns in relation to their own household. The following were noted as the top concerns effecting individuals or a member of their household.

- Mental Health
- Obesity
- High Blood Pressure
- Diabetes
- Other

While close to half of the respondents reported no issues or barriers preventing access to healthcare, others reported barriers to care such as difficulty in finding doctors, cost/co-pays, and scheduling issues as major barriers to accessing or seeking care. In relation to this, access to mental health providers, physical activity, routine checkups, weight loss help, dental screenings and nutrition services were ranked among the top services needed within the community.

Moreover, in regard to needs in the community for children the top reported access issues were health screenings, education and/or services related to:

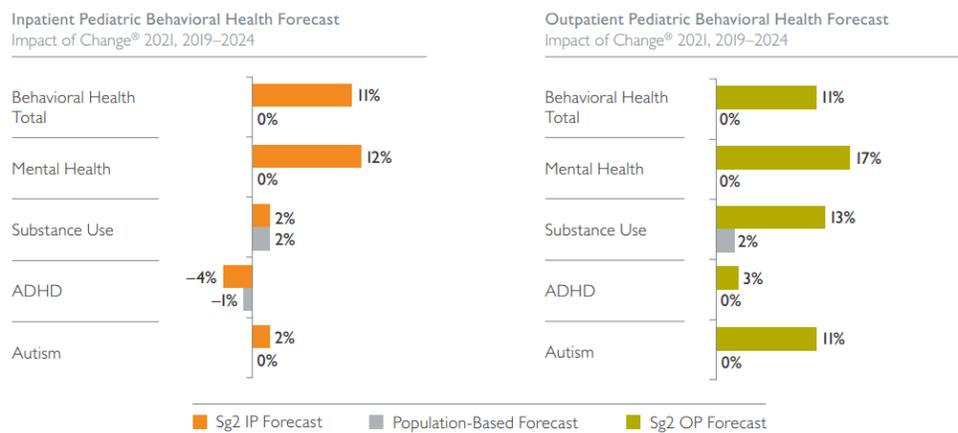
- Mental Health
- Internet Safety
- Physical Activity
- Bullying
- Nutrition

### ***Secondary Data Analysis***

When looking at pediatric health concerns across the country, evidence shows a growing prevalence and severity of behavioral health conditions and obesity. This rise in prevalence contributes to larger gaps in health disparities and has proven to pose

significant workforce and facility challenges. According to a report published by Sg2<sup>1</sup>, the COVID-19 pandemic has led to a significant increase in the incidence of mental health and substance use conditions, driving long-term care needs. The report further illustrates that access barriers will persist due to heightened demand, reduction in stigma, insufficient treatment availability and continued strains on the behavioral health workforce.

Healthcare providers are being advised to expect to see amplified acuity and suicidality in both children and adults due to the stressors as well as delays in care brought about by the pandemic. In order to combat such outcomes it is essential that health providers and communities work to prevent avoidable utilization and address gaps in access. The table below outlines the expected increase or decrease in behavioral/mental health disparities among the pediatric population.



Based on the table, it can be seen that mental health issues, substance abuse and autism continue to show growth among individuals aged 0-17. This has been a growth concern, with an increase the last 10 years. The extent to which issues of mental health are being seen among children and adolescents and the necessity to prevent such issues has resulted in the inclusion of the 28 goals within Healthy People 2030<sup>2</sup> aimed at mental health and behavioral issues. These goals include everything from increased access to care; decrease in suicide, neglect and abuse; and an increase resiliency following anxiety and depression in this age group.

### Leveraging Healthy People to Advance Health Equity

Health Equity is the attainment of the highest level of health for all people.

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and social determinants of health — and to eliminate disparities in health and health care.

**Objectives**

Identify priorities by browsing **Leading Health Indicators and other objectives**

Compare **population-level progress** to national targets

**Data**

Use **Healthy People data** to track health disparities and inform program and policy development

**Resources**

Find inspiration by consulting **evidence-based resources** to use in your community

Review **Healthy People in Action stories** to learn how others are addressing health equity

**Frameworks**

Use the **Healthy People 2030 framework** as a model for program planning

Use the **social determinants of health framework** to build **partnerships across sectors** and communicate root causes of health disparities

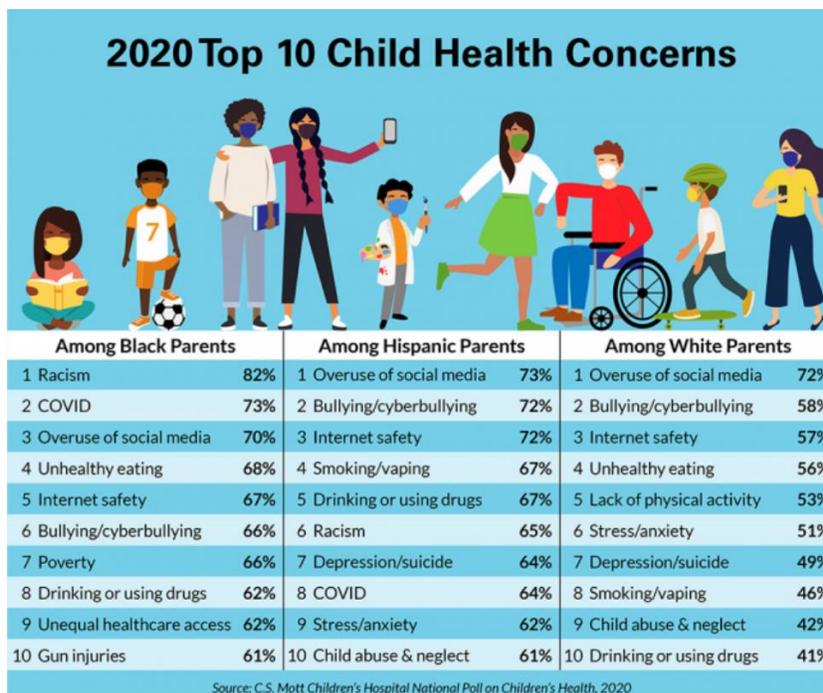
**Definitions**

Use the definitions of **health equity and health disparities** to promote a shared understanding and identify areas for collaborative action to improve health for all

Leveraging Healthy People to Advance Health Equity  
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Healthy People 2030

Among with mental health issues, other concerns among the pediatric population include obesity, bullying, internet safety (including social media) and diabetes. Recent national polling by Mott Children’s indicates that the following are the top 10 Child Health Concerns in 2020.



For years, healthcare and public health professionals have been developing tools to address healthy eating habits, the importance of physical activity, and the dangers of smoking. However, it should be taken as a sign of the times that consistent among all three list in the above table is internet safety, overuse of social media and bullying. This is a topic that has been gathering steam among parents and adolescents as these issues pose significant risk on the development of mental health disorders and behaviors addressed above.

It is also important for parents to remember that this can be an important vehicle for them to maintain social and family connections that are so vital for their emotional well-being during stressful times such as the recent pandemic. However, increased time online can also raise the risk of cyberbullying and other types of abuse. Parents and care givers need to have ongoing conversations with their children and teens to guide them in safe internet practices, including the protection of their privacy and how to avoid those who try to prey on kids via the internet.

Latest information regarding internet safety and bullying show some startling statistics<sup>3</sup>:

- 70% of kids encounter sexual or violent content online while doing homework research
- 17% of tweens (age 8-12) received an online message with photos or words that made them feel uncomfortable
  - o only 7% of parents were aware of this
- 65% of 8-14 year-olds have been involved in a cyberbullying incident
- 36% of girls and 31% of boys have been bullied online
- 16% of high school students have considered suicide because of cyberbullying



**16%** of highschool students have seriously considered suicide because of cyberbullying.

Cyberbullying affects up to **15%** of children and even more for subgroups who are particularly vulnerable (LGBT, obese or those with disabilities).

According to stopbullying.gov<sup>4</sup>, cyberbullying is bullying that takes place over digital devices like cell phones, computers, and tablets. Cyberbullying can occur through SMS, Text, and apps, or online in social media, forums, or gaming where people can view, participate in, or share content. Cyberbullying includes sending, posting, or sharing negative, harmful, false, or mean content about someone else. It can include sharing

personal or private information about someone else causing embarrassment or humiliation. Some cyberbullying crosses the line into unlawful or criminal behavior.

The most common places where cyberbullying occurs are:

- Social Media, such as Facebook, Instagram, Snapchat, and Tik Tok
- Text messaging and messaging apps on mobile or tablet devices
- Instant messaging, direct messaging, and online chatting over the internet
- Online forums, chat rooms, and message boards, such as Reddit
- Email
- Online gaming communities

The same site, [stopbullying.gov](https://www.stopbullying.gov) provides some good starting points for parents and care givers to utilize when such instances happen. We have provided these suggestions below:

### What to Do When Cyberbullying Happens

If you notice warning signs that a child may be involved in cyberbullying, take steps to investigate that child's digital behavior. Cyberbullying is a form of bullying, and adults should take the same approach to address it: support the child being bullied, address the bullying behavior of a participant, and show children that cyberbullying is taken seriously. Because cyberbullying happens online, responding to it requires different approaches. If you think that a child is involved in cyberbullying, there are several things you can do:

- Notice – Recognize if there has been a change in mood or behavior and explore what the cause might be. Try to determine if these changes happen around a child's use of their digital devices.
- Talk – Ask questions to learn what is happening, how it started, and who is involved.
- Document – Keep a record of what is happening and where. Take screenshots of harmful posts or content if possible. Most laws and policies note that bullying is a repeated behavior, so records help to document it.
- Report – Most social media platforms and schools have clear policies and reporting processes. If a classmate is cyberbullying, report it the school. You can also contact app or social media platforms to report offensive content and have it removed. If a child has received physical threats, or if a potential crime or illegal behavior is occurring, report it to the police.
- Support – Peers, mentors, and trusted adults can sometimes intervene publicly to positively influence a situation where negative or hurtful content posts about a child. Public Intervention can include posting positive comments about the person targeted with bullying to try to shift the conversation in a positive direction. It can also help to reach out to the child who is bullying and the target of the bullying to express your concern. If possible, try to determine if more professional support is

needed for those involved, such as speaking with a guidance counselor or mental health professional.

Sources:

- 1) Impact of Change®, 2021; Proprietary Sg2 All-Payer Claims Data Set, 2018; The following 2018 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2021; Sg2 Analysis, 2021
- 2) Office of Disease Prevention and Health Promotion. (n.d.). *Healthy People 2030*. U.S. Department of Health and Human Services. <https://health.gov/healthypeople/objectives-and-data/browse-objectives>
- 3) [www.guardchild.com/statistics](http://www.guardchild.com/statistics)
- 4) [www.stopbullying.gov](http://www.stopbullying.gov)

### **Key Finding Prioritization**

Access Variables	Shriners Children’s St. Louis Community need	Shriners Children’s St. Louis Strategic Plan	Shriners Children’s St. Louis Resources Available	Community Impact (High - Low)
Mental Health	✓	X	✓	High
Access to Care	✓	✓	✓	High
Transportation	✓	X	✓	Medium

Based on the results above, and given our mission and the resources we have available, Shriners Children’s St. Louis has chosen to focus its 2022 CHNA Action Plan on access to unmet healthcare needs related to the following topics:

- Mental Health
- Access to Care
- Transportation

Shriners Children’s St. Louis recognizes that there are other identified unmet needs within the identified community population; however, due to the specialty nature of Shriners Children’s (its mission, vision and values), its staffing and available resources, Shriners Children’s St. Louis is unable to care for these immediate needs. Shriners Children’s St. Louis is integrally connected with many resources in the community to refer patients and families should patients require attritional assistance. Our Care Management department works closely with county and local health departments, Child Protective Services, institutions and agencies to help families find the assistance they need.

Shriners Children’s, through its mission to provide healthcare without regard to race, color, creed, sex or sect, disability, national origin, or ability of a patient or family to pay, aims to remove barriers to obtaining healthcare, and improve the quality of life for our patients.

# Action Plan

## 2019 Action Plan

**Shriners Hospitals for Children – St. Louis**  
**2019 Community Health Needs Assessment – Action Plans**



- **Priority Health Need**
  - 1) **Access to Care**

Goal(s)	Objective(s)	Strategy (Action Steps)	Implementation Timeframe	Evaluation Plan for Monitoring	Responsible Personnel
1. Educate the medical community in the St. Louis area on the services provided by Shriners Hospitals for Children — St. Louis and how to refer children to our hospital for treatment.	1. Increase by 5% annually referrals to Shriners Hospitals for Children — St. Louis by Physicians and other healthcare professionals.	1. Strategy: Regularly communicate to medical professionals in the St. Louis area, as well as our nine state catchment area, as to the pediatric specialty services provided by our hospital and how to refer a child for treatment. Communications will be in the form of personal office visits as well as mailings.	Communications will take place on a quarterly basis.	Review Monthly Referral Source Report  Community Outreach Activity Log	Community Outreach Coordinator
	2. Regularly communicate with local hospital emergency rooms and urgent care centers to ensure their doctors and nurses are aware Shriners Hospitals for Children — St. Louis is available for the referral of children with stable fractures and other sports injuries and how to refer a child for treatment.	1. Communicates will take place once a year.  2. Attend and host Shriners Hospitals for Children information exhibit tables at physician and nurses conferences to educate and answer questions regarding our hospital.	1. Communicates will take place once a year.  2. Attend and host Shriners Hospitals for Children information exhibit tables at physician and nurses conferences to educate and answer questions regarding our hospital.	Communicates will take place once a year.  4— 6 conferences per year	Community Outreach Activity Log  Community Outreach Activity Log

**Shriners Hospitals for Children – St. Louis**  
**2019 Community Health Needs Assessment – Action Plans**



- **Priority Health Need**
  - 1) **Access to Care**

Goal(s)	Objective(s)	Strategy (Action Steps)	Implementation Timeframe	Evaluation Plan for Monitoring	Responsible Personnel
2. Support our catchment Shrine Centers in their efforts to educate their communities about the benefits of Shriners Hospitals for Children and identify children who can be helped at our hospital.	1. Maintain patient referrals by Shriners and Shrine Temple sponsored screening clinics in the range of 10— 15% of total patient referrals.	1. Work with catchments temples to schedule and conduct 15— 20 screening clinics annually. Provide training, referral cards, paper flyers, social media brochures, news releases, and on— site support.	Monthly as needed	Annual Screening clinic report  Monthly Referral Source Report	Community Outreach Coordinator
	2. Provide hospital support to catchment temples in their efforts to provide transportation to patients and families who require assistance.	1. Conduct seminars with Temple representatives to share any and all information needed by our volunteer van drivers, including, but not limited to patient privacy and safety.  2. Attend catchment Temple functions, when invited, to provide Shriners Hospitals for Children programs and answer questions regarding current events and plans.	Two meetings per year  Monthly, when requested.	Community Outreach Activity Log  Community Outreach, Dev., and P.R. Activity Logs	Community Outreach Coordinator and Public Relations Volunteer Coordinator  Community Outreach Coordinator, Public Relations Managers, Development Managers.
	3. Provide Shriners Hospitals for Children presentations to Civic, Fraternal, Church, and Community organizations to maintain patient referrals by patient "families and friends" in the range of 25— 30% of total patient referrals.	1. Continue ongoing efforts to inform the public that representatives of Shriners Hospitals for Children — St. Louis are available to provide programs for our hospitals and our patients	1. Continue ongoing efforts to inform the public that representatives of Shriners Hospitals for Children — St. Louis are available to provide programs for our hospitals and our patients	Monthly	Community Outreach Activity Log Monthly Referral Source Report

**Shriners Hospitals for Children – St. Louis**  
**2019 Community Health Needs Assessment – Action Plans**



- **Priority Health Need**
  - **2) Public Safety**

Preventable childhood injuries continue to be a major concern among our focus group participants. As a specialty children’s’ hospital that treats children who have suffered from a multitude of accidents, we feel obligated to address this issue proactively in the areas of burns awareness, car seat safety, lawn mower safety, backpack safety, fractures and sports injuries.

Goal (s)	Objective(s)	Strategy	Implementation Timeframe	Evaluation Plan for Monitoring	Responsible Personnel
1. To educate the community in an effort to prevent injuries related to accidents in the home, car, playground, water, and the outdoors.	Share with the medical community, the Shriner Fraternity and the general public targeted SHC safety brochures that promote safety and accident prevention.	1. Incorporate into all public exhibits at community events and medical conventions, informational materials/brochures which address accident prevention and safety. These materials would include, but would not be limited to: <ul style="list-style-type: none"> <li>▪ backpack safety</li> <li>▪ burns of all sorts including electrical scalding, cooking, sunburn, and fires</li> <li>▪ lawnmower safety</li> <li>▪ car seat safety</li> <li>▪ playground safety</li> <li>▪ water safety</li> </ul>	Whenever opportunities for hosting a Shriners Hospitals for Children exhibit table occur.	Community Outreach Activity Log	Community Outreach Coordinator
		2. Work with catchment Shrine Temples to educate them as to the availability of safety brochures for ordering and distributing at local community events.	Communicate annually with new Shrine leadership to make sure they understand these materials are available. Communicate as needed when new materials become available.	Community Outreach Activity Log; P.R. Manager Activity Log	Community Outreach Coordinator and Public Relations Managers
		3. Continue ongoing efforts to educate patient families and Shriner van drivers on car seat safety and how to properly secure a child in car seats.	Daily, as needed, for patient families. Twice a year at van driver meeting for the Shriners.	Dir. – Educations Services activity log	Director – Education Services

**Shriners Hospitals for Children – St. Louis**  
**2019 Community Health Needs Assessment – Action Plans**



- **Priority Health Need**
  - **2) Public Safety**

Goal (s)	Objective(s)	Strategy	Implementation Timeframe	Evaluation Plan for Monitoring	Responsible Personnel
2. To prevent accidents and injuries to patients in the hospital setting.	Maintain and implement safety practices and procedures that will minimize the opportunity for accidents and injuries.	1. Create and maintain a safe environment throughout the hospital. Maintain required egress at all times; use wet floor signs appropriately; safely store cleaning supplies and chemicals; regularly check equipment and supplies for proper functions.	Daily safety practices followed by all hospital staff members.  Quarterly Environmental Rounds completed by the Environment of Care Committee.	Safety Officer Log	Safety Officer and Director of Risk Management
		2. Adhere to Emergency Preparedness Policies and Plans. Perform required fire drills, disaster drills, and keep staff educated and trained to optimize patient safety during adverse events.	Quarterly fire drills, biannual disaster drills, and annual required education for staff on safety and emergency preparedness.	Safety Officer Log	Safety Officer and Director of Risk Management

**Shriners Hospitals for Children – St. Louis**  
**2019 Community Health Needs Assessment – Action Plans**



- **Priority Health Need**
  - 3) **Bullying**

“Kids with physical disabilities are twice as likely to be bullied as others. It’s time to embrace our differences. It’s time to accept people for what they are.”

Goal (s)	Objective(s)	Strategy	Implementation Timeframe	Evaluation Plan for Monitoring	Responsible Personnel
1. To educate the community, and especially our school children, regarding the emotional and psychological issues associated with bullying.	Build on our anti-bullying PSAs by creating a local on-going program for our schools	1. Develop an anti-bullying program/presentation that can be shared in our schools by our staff and/or our patient ambassadors.	Develop program by the end of the 3rd Q 2016	Community Outreach and P.R. Manager activity log	Community Outreach Coordinator and P.R. Manger
		2. Communicate to school nurses and administrators the availability of our anti-bullying program and schedule presentations as requested.	Monthly beginning 4th Q 2016. Contact city of St. Louis public and parochial schools.	Community Outreach and P.R. Manager activity log	Community Outreach Coordinator and P.R. Manger

### 2010 Action Plan Results

In our 2019 Community Health Needs Assessment, we identified three primary areas of improvement based on survey responses found in our primary data collection process.

- Access to Health Care
- Public Safety
- Mental Health Bullying

Regarding access to health care, there were two main goals: to educate the medical community on the services and referral process at Shriners Children’s St. Louis and to support Shrine Centers in identifying children who can be helped. The Business Development Director communicated with medical professionals, hospital Emergency Departments and urgent care centers about services and the referral process through in-person visits and direct mailings. Community providers were given access to education from Shriners Children’s St. Louis Physicians regarding specific service lines and disease states. Presentations and a presence at area community events such as health fairs were made to increase the public’s awareness.

Regarding public safety, there were also two main goals: to educate the community in an effort to prevent injuries related to accidents in the home, playground, water and the outdoors and to prevent accidents and injuries to patients in the hospital setting. Shriners Children’s St. Louis provided information brochures/materials at public exhibits that address accident prevention and safety as well as educated volunteer drivers and parents on proper car seat safety. Shriners Children’s St. Louis offers specialized carseats for post-surgical patients and has several certified car seat technicians on staff to ensure transportation safety of patients requiring this service.

In addition, Shriners Children's St. Louis creates and maintains a safe environment throughout the hospital through adhering to emergency preparedness policies and plans and performing regular staff education and drills.

Regarding mental/behavioral health, Shriners Children's St. Louis chose to concentrate on bullying as many Shriners Children's patients have visible scars or disabilities, making bullying an unfortunately common problem among the children and teens they see. Their goal was to educate the community - especially school children - about the emotional/psychological issues associated with bullying. Shriners Children's St. Louis developed a ground-breaking, online anti-bullying program that can be shared in schools by staff and trained patient ambassadors who are students themselves to incorporate the program into their Ability Awareness presentations.

In addition, Shriners Children's St. Louis also implemented ASQ screenings to assess for suicidal thoughts for all applicable children ages 10 years old and greater upon entering the facility for clinic visits. Nursing and social work staff has completed behavioral health training to be able to adequately assess and provide resources for ongoing mental health care if a need is identified.

### *Written Comments on 2019 Community Health Needs Assessment*

Shriners Children's Community Health Needs Assessment and implementation was made widely available to the public on Shriners Children's website at <https://www.shrinerschildrens.org/en/community-health-needs>

In addition to posting the Community Health Needs Assessment, contact information including email were listed. No comments or questions were received.

**Shriners Children’s – St. Louis  
2022 Community Health Needs Assessment – Action Plan**

➤ Priority Health Need

- 1) Mental Health

Goal	Objective	Strategy (Action Plan)	Implementation Timeframe	Evaluation Plan for Monitoring	Responsible Personnel
Educate patient and parent populations of the rationale, tools, and risks to mental health.	100% of applicable patients age 10 and greater complete ASQ screening upon arrival to clinic appointment	Continue to educate clinic staff/social workers on tool utilization, do yearly refresh on ASQ process	Monthly	Continual monthly review of survey results, with submission through HDQ office	Clinic Manager

➤ Priority Health Need

- 2) Access to Care

Goal	Objective	Strategy (Action Plan)	Implementation Timeframe	Evaluation Plan for Monitoring	Responsible Personnel
Educate the medical community in our nine state geographical catchment area on the services provided by Shriners Children’s St. Louis, including Screening and Outreach Clinic opportunities, and how to refer children to our hospital or clinics for treatment.	1. Increase by 5% annually referrals by Physicians and other healthcare professionals.	Communicate to medical professionals in the catchment area. Communications will be in the form of personal office visits, calls & mailings.	Quarterly, as needed	Monthly new patient report ---- Monthly referral source report ---- Review community outreach activity log	Physician Liaisons ---- Midwest Market Director
	2. Maintain patient referrals by Shrine Temple sponsored screening clinics in the range of 10—15% of total patient referrals	Work with Temples to conduct 15 -20 screening clinics annually. Provide training & marketing collateral	Monthly, as needed	Annual screening clinic report ---- Monthly referral source report	Shrine Temples ---- Physician Liaisons ---- Midwest Market Director

	3. Conduct 8 Outreach Clinics, reaching more kids in more places	Continue to work with BOG Strategic Planning Committee to identify appropriate locations for outreach, develop business plans to support outreach in these locations.	Quarterly	Review Outreach Clinic activity log after each Clinic	Administrator
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➤ Priority Health Need  
 • Transportation

Goal	Objective	Strategy (Action Plan)	Implementation Timeframe	Evaluation Plan for Monitoring	Responsible Personnel
Support our catchment Shrine Temples in their efforts to educate their communities about transportation resources to patients and families that require assistance	Provide hospital support to catchment area Temples through patient access, transportation coordination, and marketing	Work with our patient access team and transportation coordinator to immediately identify transportation needs of patients and collaborate with nearby Temples	Ongoing	Review transportation logs	Patient Access ---- Transportation Coordinator
		Regularly communicate with Temples to share information needed by the volunteer van drivers, including, but not limited to patient privacy and safety.	Monthly	Review community outreach activity log ---- Review public relations activity log	

## Conclusion

*2022 Community Health Needs Assessment Report Available Online or in Print*

The 2022 Community Health Needs Assessment is available at:

<https://www.shrinerschildrens.org/en/community-health-needs>

5/18 /2022

Date adopted by authorized body of hospital