

2024

Community Health Needs Assessment



SSM Health St. Louis - St. Louis City

SSM Health Academic Hospitals

SSM Health Saint Louis University Hospital | 1201 S. Grand Blvd. | St. Louis, MO 63104

SSM Health Cardinal Glennon Children's Hospital | 1465 S. Grand Blvd | St. Louis, MO 63104

SSM Health St. Mary's Hospital - St. Louis | 6420 Clayton Rd. | St. Louis, MO, 63117

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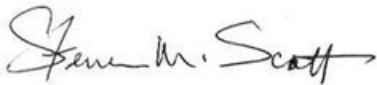
Message to our community

SSM Health Saint Louis University Hospital, St. Mary's Hospital - St. Louis and Cardinal Glennon Children's Hospital, members of SSM Health, are committed to providing exceptional, compassionate care to our community. Inspired by our founding Franciscan Sisters of Mary and guided by our Mission – Through our exceptional health care services, we reveal the healing presence of God – we cherish the sacredness and dignity of each person as demonstrated through our Values of compassion, respect, excellence, stewardship and community.

Over the past 12 months, we have worked with our community and the St. Louis Regional Hospital Collaborative to conduct a Community Health Needs Assessment to identify top community health priorities for focused and intentional engagement for the next 3 years. We are grateful for the participation of community leaders, community members and hospital partners in the needs assessment process and truly look forward to their continued engagement as we develop strategies and interventions for these in priorities in our upcoming 2025-2027 Community Health Improvement Plan.

The health and well-being of our community is a priority for all of us and we look forward to continuing to deepen our relationships with community partners to address the pressing needs in our community related to Behavioral Health and Food/Nutrition Security.

Sincerely,



Steven Scott
President
SSM Health Saint Louis University Hospital
SSM Health St. Mary's Hospital - St. Louis



Dr. Hossain Marandi
President
SSM Health Cardinal Glennon Children's Hospital
SSM Health System Vice President, Pediatric Services

Executive summary

Under the Patient Protection and Affordable Care Act, SSM Health hospitals are required to conduct and publish a Community Health Needs Assessment (CHNA) every three years. The goal of the CHNA process and this report is to provide a deeper understanding of the community-level health needs identified in partnership with community members and leaders and establish community health priorities to focus on in partnership over the next three years. The identified CHNA priorities outlined in this report will be further defined including strategies for engagement in our 2025-2027 Community Health Improvement Plan which will be available in early 2025. This CHNA report was conducted and published in accordance with IRS regulations and standards and approved by the SSM Health St. Louis Regional Board on November 25, 2024.



SSM Health St. Louis University Hospital and Cardinal Glennon Children's Hospital staff at a Community Food Distribution Event

Our CHNA Process

SSM Health St. Louis prioritized taking an intentional community-focused approach to our 2024 CHNA process building on lessons learned in past experiences, incorporating emerging best practices from national organizations such as the American Hospital Association and Catholic Hospital Association and deepening our collaboration with local hospital systems and community partners. The 4 hospital systems within the St. Louis region (BJC Healthcare, Mercy, St. Luke's and SSM Health) formed the St. Louis Regional Hospital Collaborative committing to not only working together for this CHNA process but also committing to further collaboration with our Community Health Improvement strategies resulting from the CHNA process. In addition, the hospital collaborative is continuing to deepen our relationships with local public health departments exploring further alignment with their Community Health Assessment and Improvement strategies. Fundamentally all partners involved acknowledge we serve the same geographic communities and the impacts of our efforts are magnified when we work together. This CHNA report is specifically focused on to the community served by SSM Health academic hospitals in the city of St. Louis . Through localized efforts including a community survey, stakeholder and community conversations, as well as the incorporation of publicly available data, SSM Health St. Louis - Academic Market has identified the following as our 2024 Community Health priorities:

 <h3>Behavioral Health</h3> <ul style="list-style-type: none">• Mental Health/Wellbeing• Substance Use	 <h3>Violence Prevention</h3>
 <h3>Food and Nutrition Security</h3>	 <h3>Maternal and Infant Health</h3>

About SSM Health

Nationally recognized for quality and innovation, SSM Health is a Catholic, not-for-profit, fully integrated health system working to advance health equity and empower all people to achieve their full potential. With care delivery sites in Illinois, Missouri, Oklahoma, and Wisconsin, SSM Health provides convenient access to high-quality community-based services as well as world-class academic medicine, clinical trials, and research studies. The organization's footprint includes hospitals, physician offices, outpatient and virtual care services, senior care, comprehensive home care and hospice services, a fully transparent pharmacy benefit company, a health insurance company, and an accountable care organization. As one of the largest employers in every community it serves, the organization's 40,000 team members and 13,900+ providers are dedicated to fulfilling SSM Health's Mission: "Through our exceptional health care services, we reveal the healing presence of God." Like our founding sisters, we care deeply for our communities -- SSM Health reported \$470 million in community benefit in 2023, including the provision of more than \$346 million in uncompensated care.

SSM Health Fast Facts at a Glance

Community Benefit	\$470 million
Team Members*	40,000
Providers on Medical Staff*	13,900+
Dean Health Plan members**	485,000+
Navitus members**	14 million+ across 50 states
Inpatient Admissions	149,221
Outpatient Visits	21 million
Completed Medical Group Appointments	6.1 million
Outpatient Surgeries	94,588
Virtual Visits	229,574
Home Care Visits	240,189



*Through our exceptional healthcare services,
we reveal the healing presence of God.*

Fast Facts reflect 2023 totals, unless otherwise noted.

** Values are approximate as of April 2024*

*** Values for Dean Health Plan (including Prevea360) and Navitus as of January 2024*



SSM Health Saint Louis University Hospital

Location:

1201 S. Grand Blvd.
St. Louis, MO 63104

Contact:

314-257-8000

Licensed Beds: 405

Key Statistics:

Employees: 2,000+
Physicians: 600+
Residents/Fellows: 450
Admissions: 15,246
Emergency visits: 43,063
Outpatient visits: 136,296
Inpatient surgeries: 5,891
Outpatient surgeries: 5,693
CMI: 2.52

Designations:

American Heart Association's
Get with the Guidelines: Gold
Plus Award for heart failure
and stroke

A Joint Commission Top
Performer on Key Quality
Measures

ACS Level 1 Trauma Center

Level 1 Time Critical Diagnosis
Stroke and STEMI Center

Designated Level 4 Epilepsy
Center by NAEC

Breast Center Accreditation
from NAPBC

American College of
Cardiology NCDR Chest Pain -
MI Registry Gold Performance
Achievement Award

Exceptional Services

Expert Cardiac Care

SSM Health Saint Louis University Hospital (SLU-H) and SLUCare Physician Group are partners in one of the most comprehensive heart program in the region. By fusing cardiology and cardiac surgery into one service, our specialists provide a patient-focused and individualized approach, giving patients personalized options for a wide range of heart diseases and disorders, including atrial fibrillation and complex valve disease. Our program is home to many firsts; the first open-heart surgery and cardiac catheterization lab in St. Louis were at SLU-H in the 1950s, and continue to advance medicine through new therapies such as transcatheter aortic valve replacement and the hybrid maze procedure.

Level I Trauma Center

The 40,000 sq. ft. emergency department and Level I Trauma Center features 42 beds, five trauma bays and is conveniently located beneath the operating room for easier access for our trauma patients. In addition to the exam rooms and quick-turn rooms, the emergency department features a behavioral health unit as well as its own designated CT and X-ray machines.

Center for Abdominal Transplantation

Since 1968, specialists at SLU-H have performed thousands of transplants with outcomes exceeding national averages. The Center for Abdominal Transplantation includes specially-trained nurses, patient care coordinators and SLUCare physicians who provide medical care for patients with end-stage organ failure requiring liver, kidney, pancreas, and combined kidney-pancreas transplants. In addition, our recognized specialists are internationally and nationally known

for advancing therapies in the field of hepatology and nephrology.

In 2023, SSM Health joined the Living Donor Circle of Excellence, adopting a policy to provide special paid time off for six weeks to employees to recover from surgery after choosing to become a living donor. The program is an initiative of the American Society of Transplantation (AST).

The Center for Outpatient Blood and Marrow Transplant

SLU-H is home to the only outpatient bone marrow transplant center in the region, allowing some patients the ability to return home during treatment rather than face a lengthy inpatient hospital stay. For cancer patients in need of a bone marrow or stem cell transplant, the Center for Blood and Marrow Outpatient Transplant truly offers care that few centers in the United States can provide, and is accredited by the Foundation for the Accreditation of Cellular Therapy (FACT). The center also offers CAR T-cell therapy for cancer patients, which uses the body's own immune system to fight the disease.

Our commitment to cancer care led SLU-H and SLUCare Physician Group to establish The Center for Blood and Marrow Outpatient Transplant to perform some allogeneic and autologous bone marrow transplants in an outpatient setting.

The MidAmerica Stroke Network

SSM Health Saint Louis University Hospital founded the MidAmerica Stroke Network in 2008 to improve and advance quality stroke care throughout the Midwest. Now with more than 70 member facilities, the stroke network plays a critical role in not only providing the latest in stroke care through the hospital's status as a Level I Stroke Center, but by promoting quality stroke care measures throughout the region.

Through our exceptional
health care services, we reveal
the healing presence of God.



SSMHealth

Saint Louis University Hospital

The state-of-the-art, \$550 million dollar SSM Health Saint Louis University Hospital and ambulatory care center officially opened September 1, 2020, with the goals of offering a healthier clinical environment for exceptional patient care and a superb teaching environment. It features:

- More than 800,000 square feet of space
- 316 private patient rooms
- Level I trauma center and emergency department
- Large intensive care units
- Patient parking
- Green space and water features
- Areas for campus expansion
- Interventional platform features 14 operating rooms, three hybrid operating rooms, MRI and CT rooms, labs, procedure rooms, PACU and a 16-room short stay unit.



SSM Health Saint Louis University Hospital Key Performance Indicators

Goal Name	2023 Goal
Growth and Sustainability	
Net Operating Income	100% of Budget
Total Admissions	100% of Budget
Exceptional Care and Performance	
Patient Experience - HCAHPS	75.46
Vizient Safety and Quality Score	
Inpatient Mortality	0.92
Effectiveness (30-day Unplanned Readmissions)	11.70%
Safety (HAI's and PSI's): CAUTI	5
Safety (HAI's and PSI's): CLABSI	11
Safety (HAI's and PSI's): cDiff	36
Safety (HAI's and SSI's): Colo, Hyst, Hip/Knee	8
Safety Vizient PSI Composite (PSI 90)	0.95
Excess Days	40733 days

Goal Name	2023 Goal
Culture and Inclusion	
Employee Engagement	5% improvement from baseline
Employee Safety- DART: (2023-2025)	2.78
Clinical Vacancy Rate	40.97%
Employee Voluntary Turnover	24.20%
Community	
Food Insecurity Improvements/Events	Solidify relationship with Foodbank
Care for Creation (Energy Star Score)	66

Services offered at SSM Health Saint Louis University Hospital

- Abdominal organ transplant
- Blood and marrow transplant
- Breast imaging and mammography
- Cardiac care
- Emergency medicine and trauma services
- Gastroenterology
- Geriatric
- Nephrology
- Neuroscience
- Orthopedics
- Otolaryngology (ear, nose & throat)
- The Center for Pancreatic and Biliary Diseases
- Behavioral medicine
- Radiology and imaging
- Rheumatology
- Robotic surgery
- Saint Louis University Cancer Center
- Sports medicine
- Urology

SSM Health St. Mary's Hospital - St. Louis



Exceptional Services

High-Risk Pregnancy

With an affiliation with SSM Health Cardinal Glennon Children's Hospital and a partnership with SLUCare Physician Group, SSM Health St. Mary's Hospital - St. Louis is the most comprehensive mother-baby program in the region. The Family Birthplace at SSM Health St. Mary's is the regional hub for maternal services and high-risk obstetrics. SSM Health St. Mary's is fully equipped with a Level III Neonatal ICU, a Perinatal Center and a satellite location for the SSM Health Cardinal Glennon St. Louis Fetal Care Institute. SSM Health St. Mary's also is home to the Women Infant Substance Help (WISH) Center, which provides comprehensive, high-risk maternity care for women who are dependent on opioid drugs. It is the only center of its kind in the region.

SSM Health Heart & Vascular Care

Our cardiologists are among the best in the area. In addition to caring for heart patients in all stages of their journey, we also offer a Cardiopulmonary Rehab Unit, where recovering patients can regain strength through supervised exercise. Since 2009, SSM Health St. Mary's has been one of the few hospitals nationwide to complete all emergent heart catheterization interventions in under 90 minutes—the gold standard of care.

SSM Health Imaging Services

SSM Health Imaging Services is a designated Breast Imaging Center of Excellence and is accredited by the American College of Radiology in breast imaging. You can count on updated technology, including 3D tomosynthesis mammography, an accurate diagnosis, and personalized care for patients who come in for an exam. We provide access to a multi-disciplinary network of breast care professionals and all the services needed in one location to monitor, diagnose, and inform your patients about their breast health.

In addition to 3D tomosynthesis mammography, SSM Health St. Mary's also offers a full array of imaging services such as CT, X-ray, ultrasound, MRI, nuclear medicine, bone density, and PET/CT scans.

Location:

6420 Clayton Road
St. Louis, MO 63117

Contact:

314-768-8000

Licensed Beds: 495

Major teaching facility affiliated with
Saint Louis University School of Medicine

Key Statistics:

(on an annual basis)

Employees: 1,700+

Admissions: 14,137

Births: 2,700+

Emergency visits: 44,000+

Outpatient visits: 139,568

Inpatient surgeries: 1,888

Outpatient surgeries: 4,636

Internal Medicine, Pharmacy and

SLUCare Residents: 100+



Awards:

CMS 4 Star Quality Rating

Watson Health 100 Top Hospitals®, 2017 and 2018

American Heart Association/American Stroke Association's Gold Plus Quality Achievement Award, 2016-2019

Designated a Baby-Friendly Hospital® in 2019

Newsweek Best Maternity Hospital in 2020 and 2023



Services offered at SSM Health St. Mary's Hospital

- Affiliation with SSM Health Cardinal Glennon Children's Hospital
- Endoscopy Center
- Level III Neonatal Intensive Care Unit (NICU)
- Partnership with Saint Louis University School of Medicine
- The Family Birthplace - SSM Health Women's Health
- Robotic Surgery
- SSM Health Cardinal Glennon St. Louis Fetal Care Institute
- SSM Health Behavioral Health
- SSM Health Breast Care
- SSM Health Cancer Care
- SSM Health Heart & Vascular Care
- SSM Health Imaging Services
- SSM Health Maternal Transport Team
- SSM Health Neurosciences
- SSM Health Orthopedics
- SSM Health Pain Care
- SSM Health Pharmacy
- SSM Health Rehabilitation Hospital
- SSM Health Sleep Services
- SSM Health Women's Health
- Wound Center

ssmhealth.com

Through our exceptional health care services, we reveal the healing presence of God.



SSMHealth

St. Mary's Hospital
ST. LOUIS

SSM Health Cardinal Glennon Children's Hospital

BEST CHILDREN'S HOSPITALS

U.S. News & World Report

RANKED IN 5 SPECIALTIES 2023-2024

Ranked as a U.S. News & World Report Best Children's Hospital

MAGNET RECOGNIZED

AMERICAN NURSES CREDENTIALING CENTER



More than 200 specialists



in more than 60 medical and 16 surgical subspecialties



The first to be designated a Level I Pediatric Trauma Center in both Missouri and Illinois



The Neonatal and Pediatric Transport team serves over 1,600 children a year from communities all over the bistate region.



The Knights of Columbus Developmental Center has been

servicing patients since 1981 and is designated as a Missouri Center for Autism and is part of SSM Health Cardinal Glennon.



A 195-bed teaching hospital

affiliated with Saint Louis University School of Medicine



The Missouri Poison Center at SSM Health Cardinal Glennon Children's Hospital is accredited by the American Association of Poison Control Centers and is the sole poison center serving all of Missouri.

5 SSM Health Cardinal Glennon Pediatrics offices located throughout St. Louis

13 SSM Health Medical Group offices affiliated with SSM Health Cardinal Glennon located in the St. Louis and Illinois region

7 pediatric emergency room locations in Missouri and Illinois

- SSM Health Cardinal Glennon Pediatrics offices
- ★ Pediatric emergency rooms
- SSM Health Medical Group offices



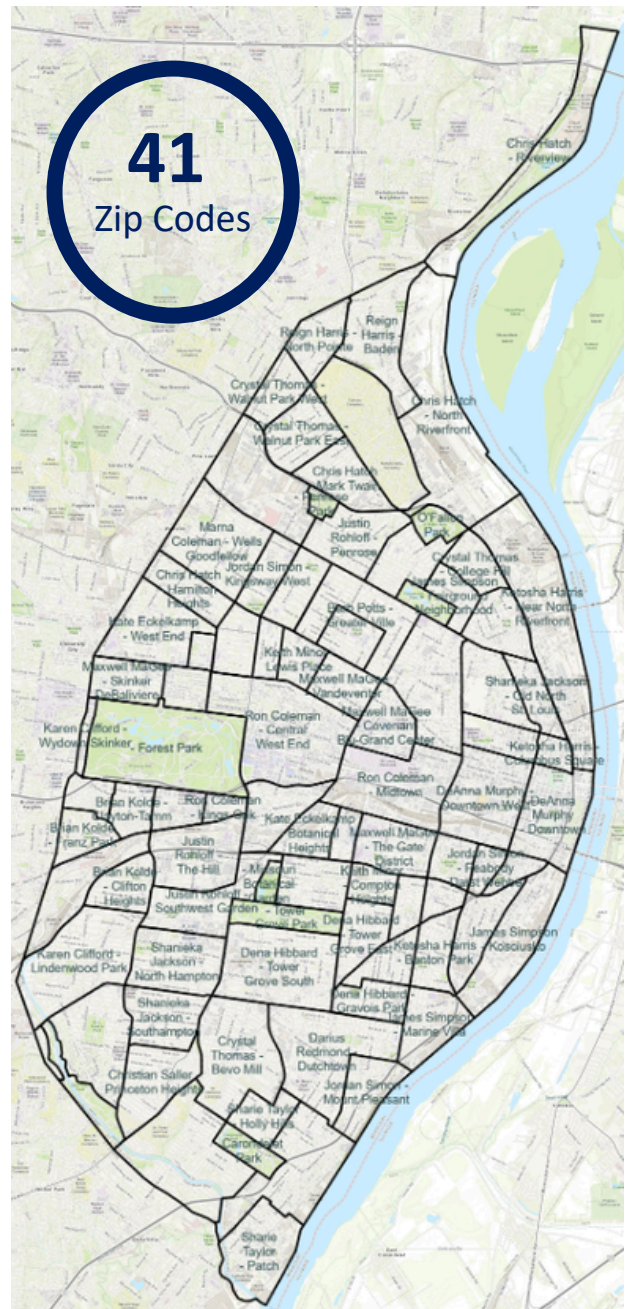
cardinalglennon.com

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How SSM Health St. Louis- Academic Market community is defined

SSM Health Saint Louis University Hospital and SSM Health Cardinal Glennon Children's Hospitals are both located within the city of St. Louis and are Level 1 Trauma Centers. They have broad service areas incorporating both Missouri and Illinois. SSM Health St. Mary's Hospital - St. Louis is located in Richmond Heights, MO just over the border of the city in St. Louis county. These three hospitals all have an academic relationship with Saint Louis University Medical School and therefore are considered the SSM Health St. Louis - Academic Market.

For the purposes of this 2024 Community Health Needs Assessment, the defined community is the **City of St. Louis**. This decision is made due to the locations of the hospitals, SSM Health's commitment to the communities surrounding our physical locations and the unique needs and challenges facing the residents of the City of St. Louis.



There are three SSM Health Hospitals within the St. Louis Academic Market.

SSM Health Saint Louis University Hospital & SSM Health Cardinal Glennon Children's Hospital are located in St. Louis City, zip code **63104**.

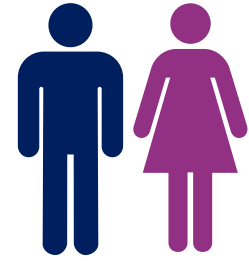
SSM Health St. Mary's Hospital is located in Richmond Heights, zip code **63117**

About our community - St. Louis City



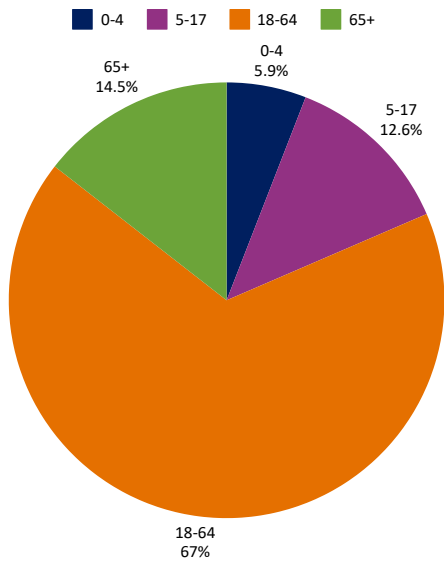
281,093 residents

Sex

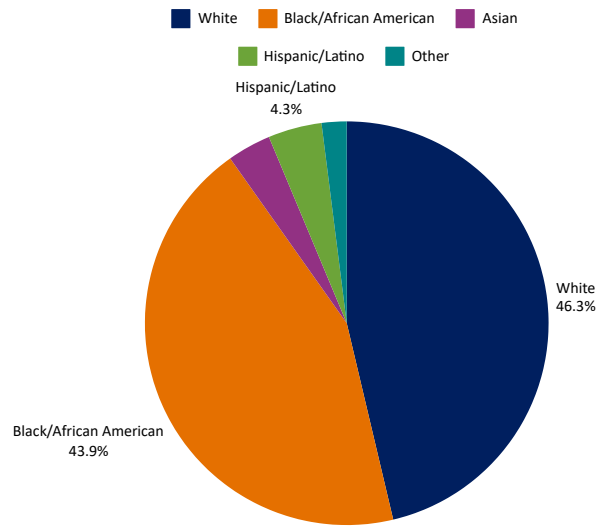


51% Male 49% Female

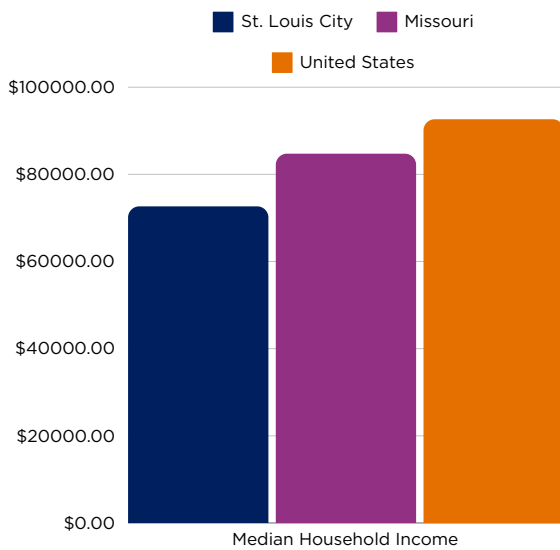
Age



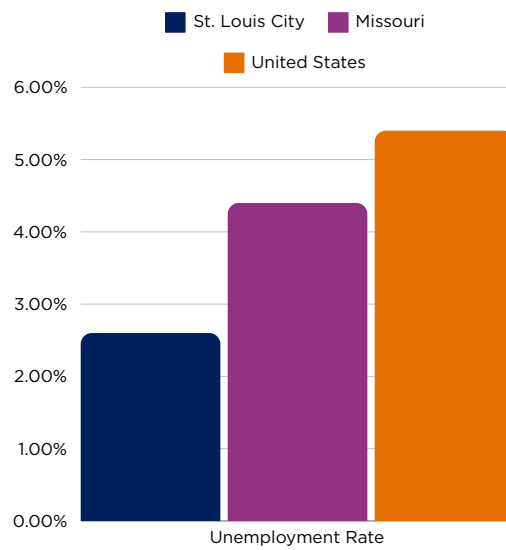
Race/Ethnicity



Median Household Income



Unemployment Rate



Source: exploreMOhealth

The CHNA Process: Deepening Collaboration and Anchoring in Community Voice

St. Louis Regional Hospital Collaborative

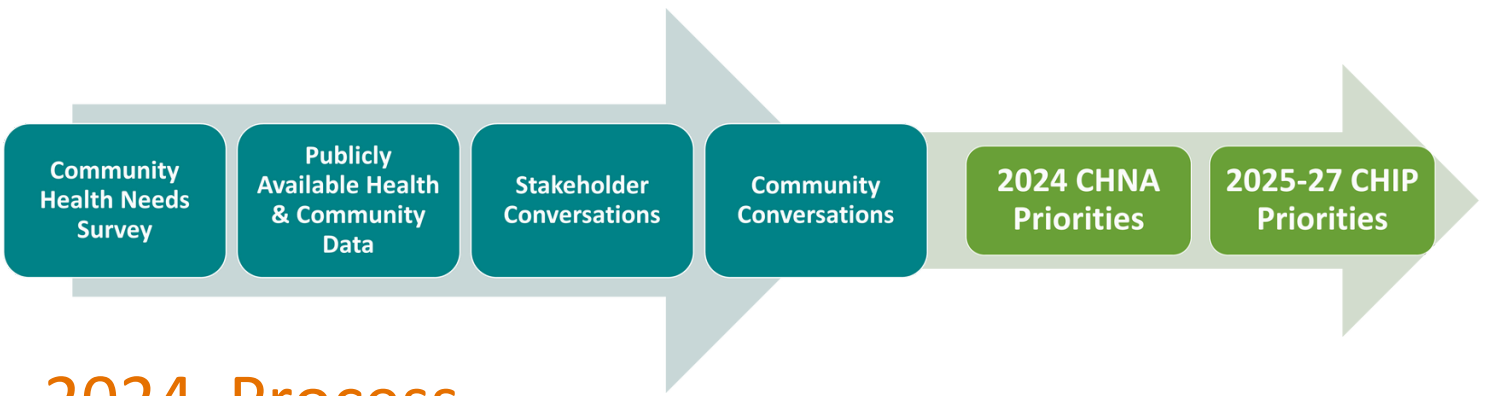
The St. Louis Metropolitan area has multiple hospitals, health systems, public health departments, medical schools, and community-based physical and behavioral health providers. Many of these organizations must conduct Community Health Needs Assessments (CHNA) and produce Community Health Improvement Plans (CHIP) and like many other regions across the country, SSM Health has learned through experience that collaboration across entities is key to all aspects of this process and the resulting efforts.

Collaboration ensures multiple hospitals and health systems are not taxing community leaders and community members with multiple surveys, conversation invitations and follow up engagement. It also ensures that health systems are working to align priorities and resulting strategies with the shared focus on collective impact in partnership with community. As Community Health Improvement work continues to focus efforts on root cause social and structural determinant of health factors, it is important to collectively identify priorities and collaboratively work towards improvement. Alone our efforts have less impact on structural issues affecting the health and well-being of our communities. Community Health Improvement efforts have better outcomes and stronger impact when we work together.



It is with this commitment to equity-focused collaboration that SSM Health partnered with BJC Health, Mercy and St. Luke's Hospital to create the St. Louis Regional Hospital Collaborative. In 2024, the Collaborative was committed to building on what had been carried out in past CHNA efforts to not only engage Community Stakeholders together (those that do community work professionally such as public safety, educators, elected leaders, nonprofit leaders, community-based service providers, etc.) but deepen our collaboration and process by focusing on direct community member engagement and anchoring our process in community voice. The St. Louis Regional Hospital Collaborative committed to improving our CHNA process this cycle with an eye on opportunities for continued deeper collaboration including exploring collective CHNA reporting and alignment with local public health departments in future cycles.

The hospital collaborative partnered with Key Strategic Group (KSG) for our collective CHNA work. KSG is comprised of community-focused consultants fostering engagement and implementation of effective strategies to reduce disparities, promote equity and drive systemic and political transformation. KSG convened Community Health Improvement staff from each of the participating hospital systems to plan, implement, and evaluate stakeholder and community conversations. KSG also provided insights and direction to the collaborative in planning for continued collaboration during CHIP implementation and proving a framework/playbook to the collaborative for future CHNA and CHIP efforts.



2024 Process

Community Health Needs Survey

The St. Louis Regional Hospital Collaborative began working together in late 2023 to plan for the 2024 CHNA process agreeing to focus on a geographical region that included the City of St. Louis, St. Louis County and St. Charles County, with St. Louis County being further broken out into north, mid/west and south county to allow for more community focused analysis and reporting. In addition, the Collaborative acknowledged the importance of a specific focus on the needs of children and youth and added a 6th pediatric focused grouping inclusive of the entire geographic region. We began our efforts by working to combine multiple earlier surveys into one community survey shared across the region from March through June 2024. The survey was primarily available electronically in both Spanish and English, however paper copies were available in multiple settings. The survey was open to anyone who called the St. Louis region home and efforts to invite participation in the survey included direct outreach to 3,500+ stakeholders and community organizations, presence at community events, and the use of various social and news media options. In total over 6,400 survey responses were collected from across the region.



SSM Health St. Louis - Academic Market Community Health Survey Response

612 Community Respondents from SSM Health St. Louis - Academic Market

Top Identified Health Problems for Adults

- Mental Health
- Violence
- Substance Use
- Obesity & maintaining healthy weight
- Diabetes and high blood sugar

Top Identified Health Problems for Children & Youth

- Mental Health
- Violence
- Abuse and Neglect
- Obesity & Maintaining Healthy Weight
- Substance Use

Community Resources Identified as Least Available

- Mental Health and Substance Use Services
- Good Schools
- Affordable Housing

Community Health Survey Data Summary located in Appendix B

Community Stakeholder Conversations

Following the community survey, data was disaggregated by each of the 5 defined regional markets. The collaborative then hosted 6 Community Stakeholder conversations, 1 in each of the defined markets plus 1 focused on children and youth in the region, to review the community survey data and have facilitated conversations to ask for the professional insights of participants on the top identified health problems and the social and structural determinant factors underlying those problems.



Photo taken from July 11th meeting held at Urban League of Greater St. Louis



SSM Health St. Louis -
Academic Market
Community Stakeholder
Conversation - July 11, 2024

41 professionals from the following organizations attended.

- 4 the Ville
- Deaconess Foundation
- St. Louis Public Schools
- Integrated Health Network
- Family Care Health Centers
- KVC- Missouri
- City of St. Louis Department of Health
- Isaiah 58 Ministries
- Catholic Charities of St. Louis
- Fathers & Families Support Center
- Foundation for Strengthening Families
- PreventEd
- iFM Community Medicine
- Tower Grove Development Corporation
- United Way of Great St. Louis
- Operation Food Search
- City of St. Louis Mayor's Office
- Virtuously B'Earthed Doula Services
- International Institute of St. Louis
- Community Builders Network
- St. Louis Mental Health Board
- Power4STL
- Greater Health Pharmacy & Wellness
- BJC Behavioral Health
- Behavioral Health Network
- Casa de Salud
- The Salvation Army
- St. Louis Community Credit Union
- Missouri SHIP

Community Stakeholder Conversations

Over 150 participants attended the 6 Community Stakeholder conversations and represented public health, education, public safety, elected office, health providers and community-based organizations. Each Community Stakeholder Conversation was a 90-minute facilitated conversation that allowed participants to engage with the community survey data and each other in small group discussions. 108 of the stakeholder participants completed surveys at the end of the Community Stakeholder Conversations. Over 90% of those respondents shared the conversation was extremely effective or very effective in meeting its stated goals and objectives. Respondents also shared a commitment to continued conversations with the large majority requesting more time and more frequent scheduled conversations between CHNA cycles.



Photo taken from July 18th meeting held at BJC Learning Institute

SSM Health St. Louis - Academic Market Pediatric Stakeholder Conversation July 18, 2024

35 professionals from the following organizations attended.

- Family Forward
- MO Dept of Health and Human Services
- Propel Kitchens
- St. Louis City
- Preferred Family Healthcare
- Gateway 180
- Nurses for Newborns
- Youth and Family Center
- Epworth Children and Family Services
- Jewish Family Services of St. Louis
- St. Louis Public Schools
- Saint Louis Crisis Nursery
- Missouri Association of School Nurses
- WUCA Nash Pediatrics
- Youth In Need
- St. Louis Mental Health Board
- iFM Community Medicine
- Operation Food Search
- Behavioral Health Network
- NAMI St. Louis
- Alliance for Health Communities
- Wyman
- Boys Hope Girls Hope of St. Louis
- United Way of Greater St. Louis
- St. Louis County Library
- KVC-Missouri

Community Conversations

Aligning with the Collaborative’s commitment to anchoring our shared CHNA efforts in community voice, the collaborative began a series of Community Conversations focusing on populations and communities not included in the survey response population and/or historically marginalized from surveys. Each conversation is centered on learning from the lived experience of 10-15 participants in a 60 or 90 minute facilitated conversation and all participants are compensated for their time and expertise. Working with community-based organizations, the Collaborative and the organization co-created opportunities for community members to provide insights and feedback. Partners in creating the initial 5 Community Conversations include:

- [St. Patrick’s Center](#)
- [International Institute](#)
- [Oasis](#)
- [Beyond Housing/24:1](#)
- [Vision for Children at Risk](#)



Photo taken at International Institute

Community Conversations are intended to be an on-going process, and the Collaborative is committed to continuing these conversations with other community partners beyond when any one collaborative partner may need to produce their Community Health Needs Assessment report. Additional conversations will occur after printing this report, and those continued learnings will be incorporated into our Community Health Improvement Plan (CHIP) and throughout SSM Health Community Health Improvement efforts moving forward.

Inclusion of Secondary Data

Throughout the CHNA process, secondary data sources are used to offer additional insights on the communities we serve as well as priorities/needs raised throughout the CHNA process. Secondary data assist in providing a fuller understanding of the communities served by our hospitals and the disparities that exist within health and social outcomes. Secondary data used in our CHNA/CHIP process included but not limited to:

- County Health Rankings & Roadmaps <https://www.countyhealthrankings.org/>
- Think Health STL <https://www.thinkhealthstl.org/>
- Advisory Board <https://www.advisory.com/>
- Mo Health and Senior Services <https://health.mo.gov/data/>
- Explore MO Health <https://exploremohealth.org>
- US Census <https://data.census.gov/>

Moving from identified Health Problem to CHNA Priority

Identifying a health problem experienced by community is not the same as identifying a community health priority. The St. Louis Regional Hospital Collaborative used our CHNA process to first identify problems through the survey and then dive deeper into root causes and social determinant of health factors impacting the health problems through intentional conversation with both stakeholders and community members. It is through this intentional process with active listening that CHNA priorities truly begin to emerge. SSM Health Community Health team members also worked to incorporate publicly available health data to further inform the process and regularly engaging hospital leaders in the CHNA process with many attending stakeholder and community conversations.

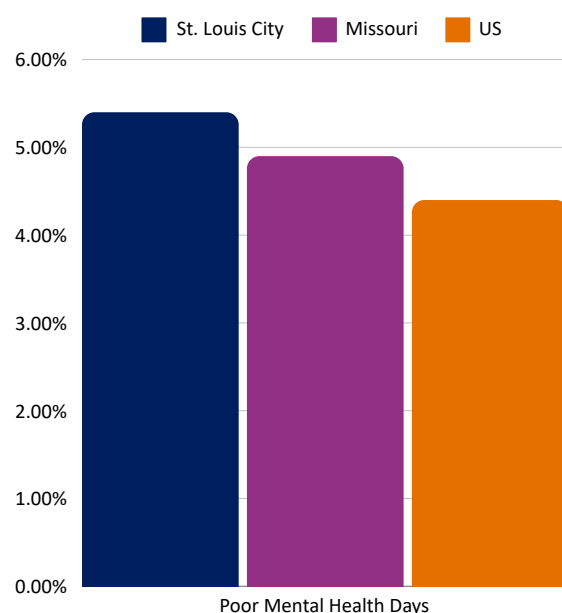
As SSM Health St. Louis worked to identify our 2024 CHNA priorities, the commitment was made to ensure all priorities and the resulting strategies be grounded in the following:



Behavioral Health: Mental Health & Wellbeing and Substance Use



The American Medical Association describes Behavioral Health as “generally referring to mental health and substance use disorders, life stressors and crises, and stress related physical symptoms. Behavioral Healthcare refers to the prevention, diagnosis, and treatment of those conditions.” [1] With a focus on prevention, supporting individuals and communities, and increasing resilience, SSM Health St. Louis - Academic Market has chosen to identify a 2024 CHNA priority as Behavioral Health. With intention, SSM Health St. Louis - Academic Market is also further identifying Mental Health & Wellbeing and Substance Use as individually named priorities under the umbrella of Behavioral Health. Behavioral Health allows for both the intersectionality and the individuality of the 2 priorities to be focused on through various strategies. Mental health was definitively defined as the top health problem through the community survey and unanimously confirmed in stakeholder and community conversations. The Community Health Survey also had an additional question solely focused on behavioral health asking respondents for their top 3 behavioral health problems. Respondents in the SSM Health St. Louis- Academic Market identified drug use, depression and alcohol for adults and bullying, anxiety and depression for children and youth. These answers, while also affirmed as top priorities by community stakeholders and members, further affirm the importance of the wholistic approach for improving Behavioral Health in our community while focusing individual strategies when appropriate on mental health and substance use.



Source: County Health Rankings

Community Stakeholders also definitively shared their interpretation of the survey results and their professional experience that mental health being named as the top problem was not as much referring to diagnosable disorders (much of what is treated in acute hospital settings) but much more the general feelings of increased stress in community and overall feelings of depression and anxiety. Stakeholders shared that key factors like economic stability, poverty, food insecurity and other factors greatly impact the overall feelings of wellbeing in community and when left unaddressed lead to depression and anxiety for many – both children and adults.

[1] <https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health>

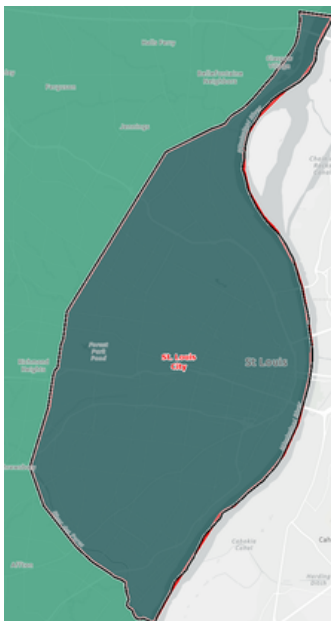
Behavioral Health: Mental Health & Wellbeing and Substance Use



Community members in all community conversations focused much of their discussion on mental health and substance use concerns with a specific focus on the unique needs of their communities such as the stress of recently arriving in a new county, aging, living in poverty, experiencing housing insecurity or homelessness, or being a minority in the United States of America today.

While mental health was clearly identified as the top health problem, substance use was not far behind and in all community conversations, stakeholders and community members stated that the connection between mental health, drug use and alcohol abuse were too connected to not address together. In the SSM Health St. Louis - Academic Market, substance use was the 3rd rated health problem for adults with drug use being the 1st and alcohol use being the 3rd highest rated concerns when asked specifically regarding behavioral health. For children and youth, city residents identified substance use as the 5th highest rated problem with drug use identified 3rd when focusing on Behavioral Health. Community partners in this CHNA process were clear and the data affirms the need for a CHNA Priority focused on Behavioral Health with specific focus areas of mental health & wellbeing and substance use.

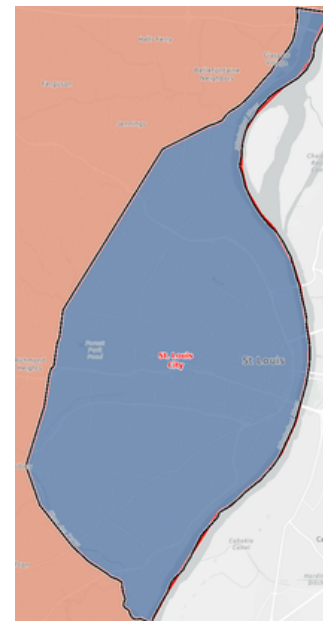
Drug Overdose Deaths



Drug Overdose Deaths, Adult, Percent of Adults Age 18+ by County, CDC BRFSS 2023



Excessive Drinking



Excessive Drinking, Rank by County 2023



Source: exploreMOhealth

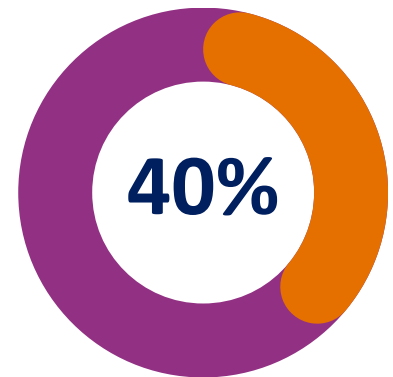
Food & Nutrition Security



Neither food nor nutrition were identified health problems on the community health survey. They were not choices on the survey at all – yet when actively listening to community stakeholders and members throughout the CHNA process food insecurity and lack of knowledge on nutrition came up as root cause factors for multiple identified top health problems such as obesity and maintaining healthy weight, heart conditions, diabetes, and chronic diseases in general. Fundamentally, community loudly stated that “food is medicine” and needs to be a focused CHNA priority. They firmly believed that by naming it a priority, SSM Health St. Louis - Academic Market and its partners could positively impact multiple identified health problems experienced in our community.

A 2019 study by Feeding America estimated that food insecurity costs the US health care system an additional \$53 billion annually.

The United States Food and Drug Administration (USDA) defines food insecurity as “a household-level economic and social condition of limited or uncertain access to food.”[1] Simply put, food insecurity is not having enough food to sufficiently feed yourself or your family on a regular basis. Feeding America, the nation’s largest network of food banks, pantries, and community-based organizations, further expands on the importance of addressing not only the need for food but ensuring that need is met with healthy foods that directly impact the health and well-being of individuals, families, and communities. Households experiencing food and nutrition insecurity have to choose less expensive food options often with less nutritional value creating a cycle that greatly impacts health. More than half of the households the Feeding America network serves have at least one member living with high blood pressure and more than one third have a member with diabetes[2]. Children experiencing prolonged food insecurity and hunger are at higher risk of both developmental and behavioral health problems.



of those served by the St. Louis Area Foodbank have to choose between paying for food or medical care



1 in 7 households in our region are food insecure

Source: St. Louis Area Foodbank

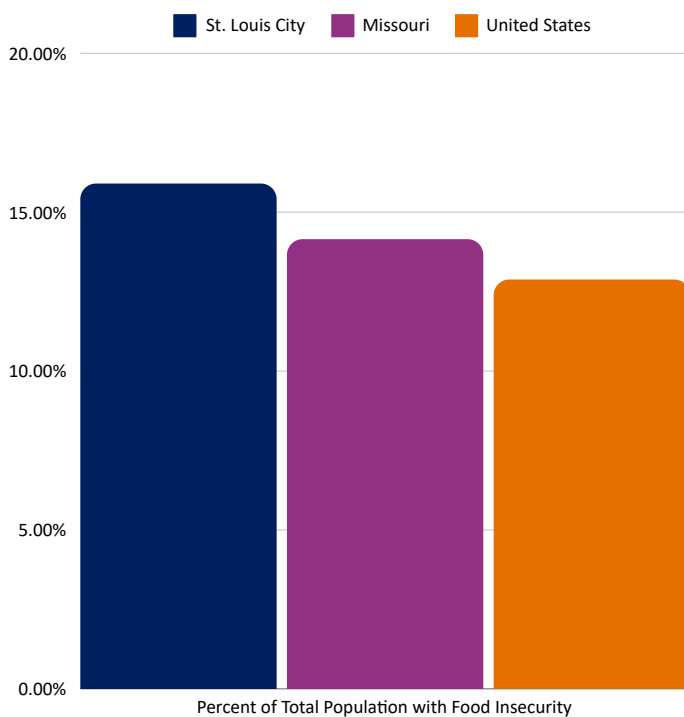
[1] <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/definitions-of-food-security/>

[2] <https://www.feedingamerica.org/hunger-in-america/impact-of-hunger/hunger-and-nutrition>

Food & Nutrition Security



Participants throughout the 2024 CHNA process identified food and nutrition insecurity as fundamental factors impacting every health problem named and discussed and strongly believe that focusing on increasing the food and nutrition security of our community was paramount for eventually impacting the direct health outcomes of individual community members. Increasing the community’s knowledge of nutrition in culturally competent, age appropriate and age specific ways was also a theme in both stakeholder and community conversations.



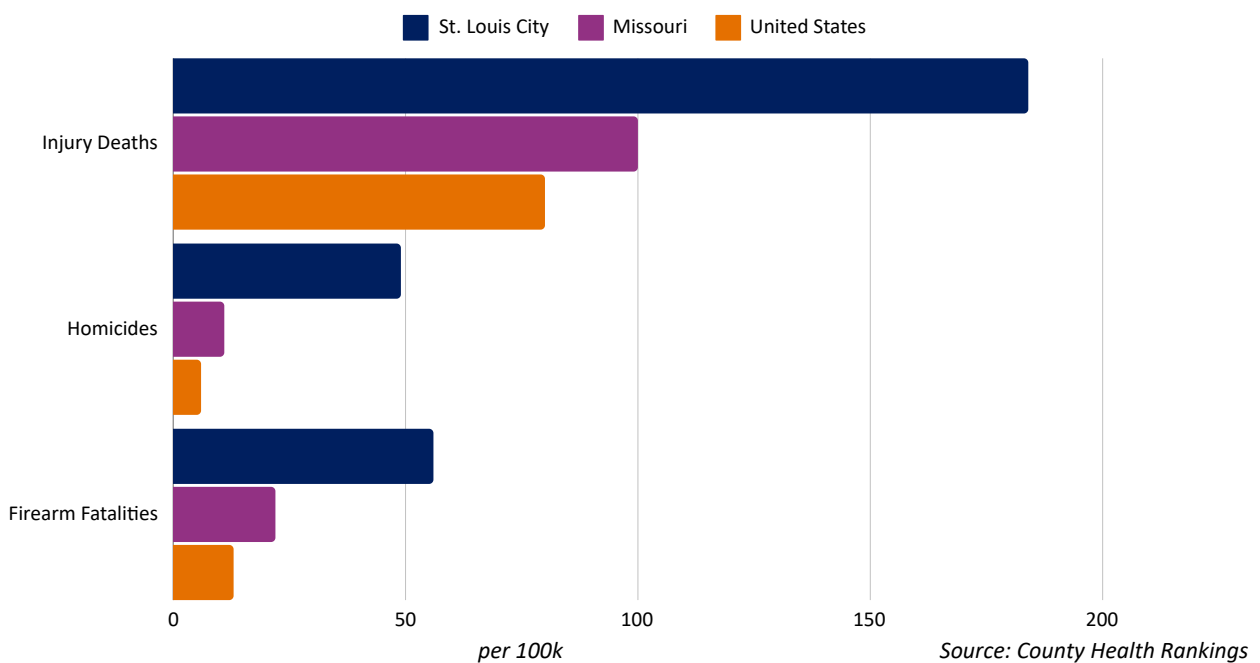
Source: exploreMOhealth



Violence Prevention

The city of St. Louis experiences higher levels of violence than many cities of comparable size, the state of Missouri as a whole, and the nation. Violence was named the 2nd highest health problem by city residents in our Community Health Survey for both adults and children. Community stakeholders and community members confirmed the pervasive negative impacts violence has on the city and the entire region. Violence not only affects the mental and physical health of those directly involved but also has a significant impact on the communities where the violence occurs. The most significant cost to our community is the loss of lives. The National Institute of Criminal Justice Reform estimated added costs of violence for the city of St. Louis in 2020 totaled more than \$1.5 billion and included healthcare, law enforcement, lost wages, and other related expenses. [4]

Understanding the root causes of violence rates within a community is complex and rooted in systemic disparities and decades of disinvestment experienced by many communities and neighborhoods. When disaggregating data by neighborhood or zip code, there are significant disparities based on where violence occurs within the city concentrating heavily in specific zip codes in north and southeast St. Louis neighborhoods. There are also significant disparities when disaggregating violence statistics by race with Black/African Americans experiencing violence at significantly higher rates than any other racial group. In a 2022 study prepared by the Giffords Center for Violence Intervention for the City of St. Louis, it was appropriately noted, “It’s also essential to understand that the communities disproportionately experiencing violence have been fundamentally failed and neglected (and at times actively abused and traumatized) by multiple societal systems, and often are bearing the burden of generational trauma and harm.” [5]

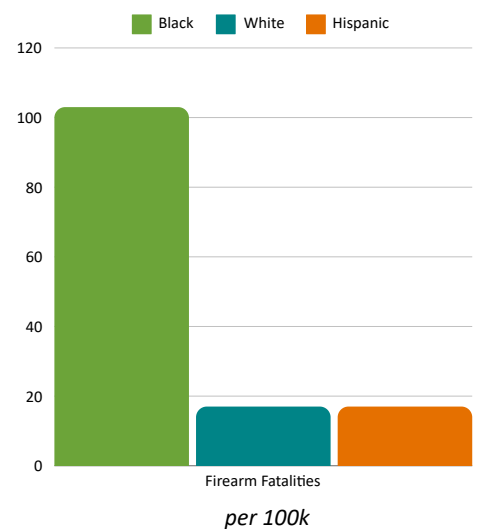
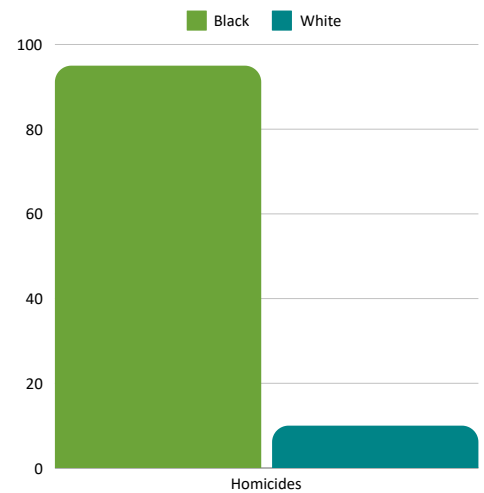
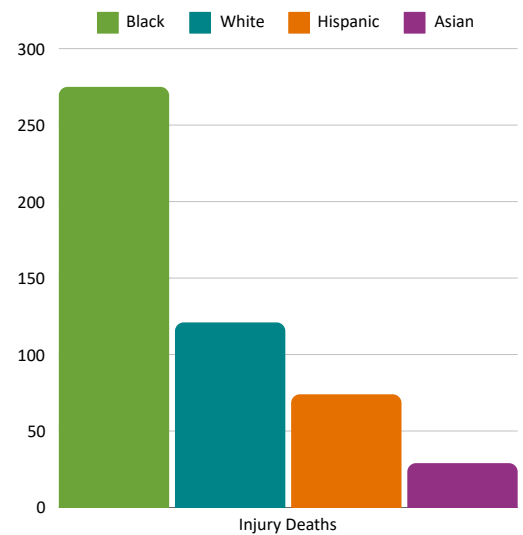


Violence Prevention

Conversations with community stakeholders and members demonstrated both pain and passion to address violence in the community and all the factors contributing to the lived experience of many residents. Many acknowledged the intersectionality of other named CHNA priorities on the factors impacting violence and highlighted the importance of collaboration among health systems, public health, public safety, businesses and community-based organizations to cohesively address the factors driving violence in our community. Community Stakeholders clearly said that the root cause disparities experienced by communities disproportionately affected by violence are the exact same factors often listed as components of healthy and safe communities and focusing our collaborative attention on these factors will directly impact the rates of violence in our community. These factors included: safe and affordable housing, food security, good schools, economic opportunities, and access to quality healthcare services.

Both SSM Health Saint Louis University Hospital and SSM Health Cardinal Glennon Children’s Hospital are Level 1 Trauma centers and provide life-saving care to victims of violence daily. All SSM health hospitals have an integral role in not only providing high-quality and culturally competent physical and mental healthcare, but they also serve as safe places to engage individuals and families affected by violence to ensure connections to longer term supports to disrupt violence and begin to address root causes. The hospitals within SSM Health St. Louis – Academic market are determined to work collaboratively with regional partners on Violence Prevention in the city of St. Louis and beyond.

St. Louis City data
disaggregated by race



Source: County Health Rankings

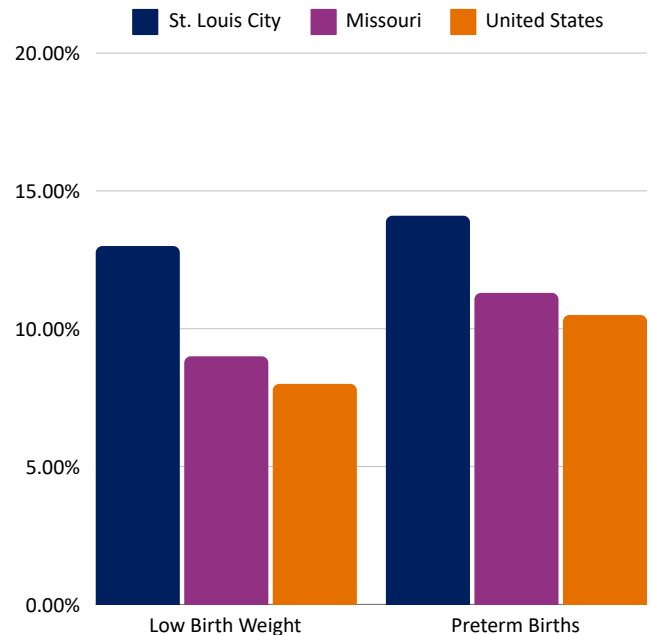
[4] <https://costofviolence.org/reports/st-louis/>

[5] <https://giffords.org/report/addressing-community-violence-in-the-city-of-st-louis-existing-strategies-gaps-and-funding-opportunities/>

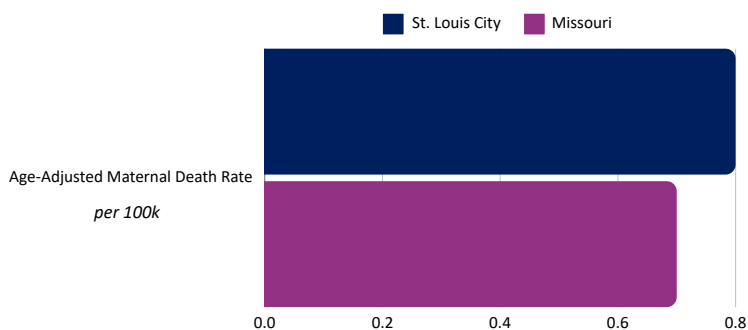
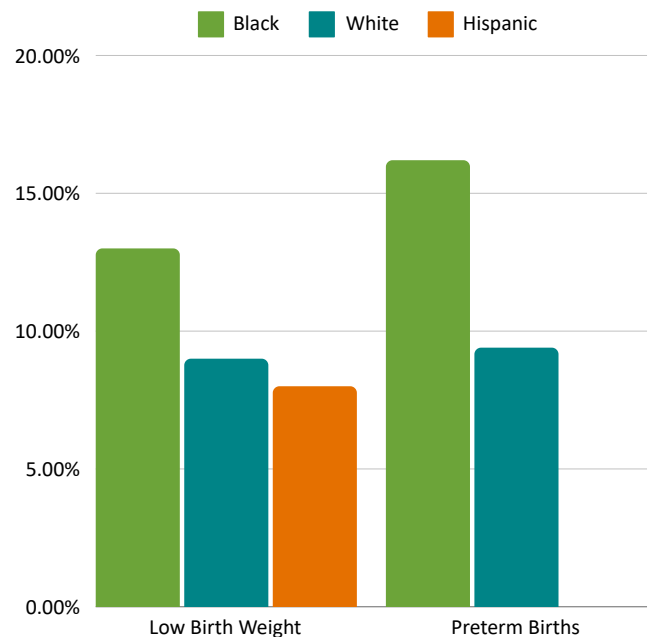
Maternal and Infant Health



The 6 top ranked health problems named by city residents in the Community Health Survey served as the base for identifying all of the CHNA priorities named in this report thus far. Maternal and Infant Health ranked 11th as named health problem so did not initially get the focus and attention through the standard process of stakeholder and community conversations. However, with the input of key stakeholders, review of publicly available health data and the role SSM Health St. Mary's Hospital – St. Louis serves within the St. Louis community as a Family Birthplace, naming Maternal and Infant health as a CHNA priority is necessary.



St. Louis City data disaggregated by race



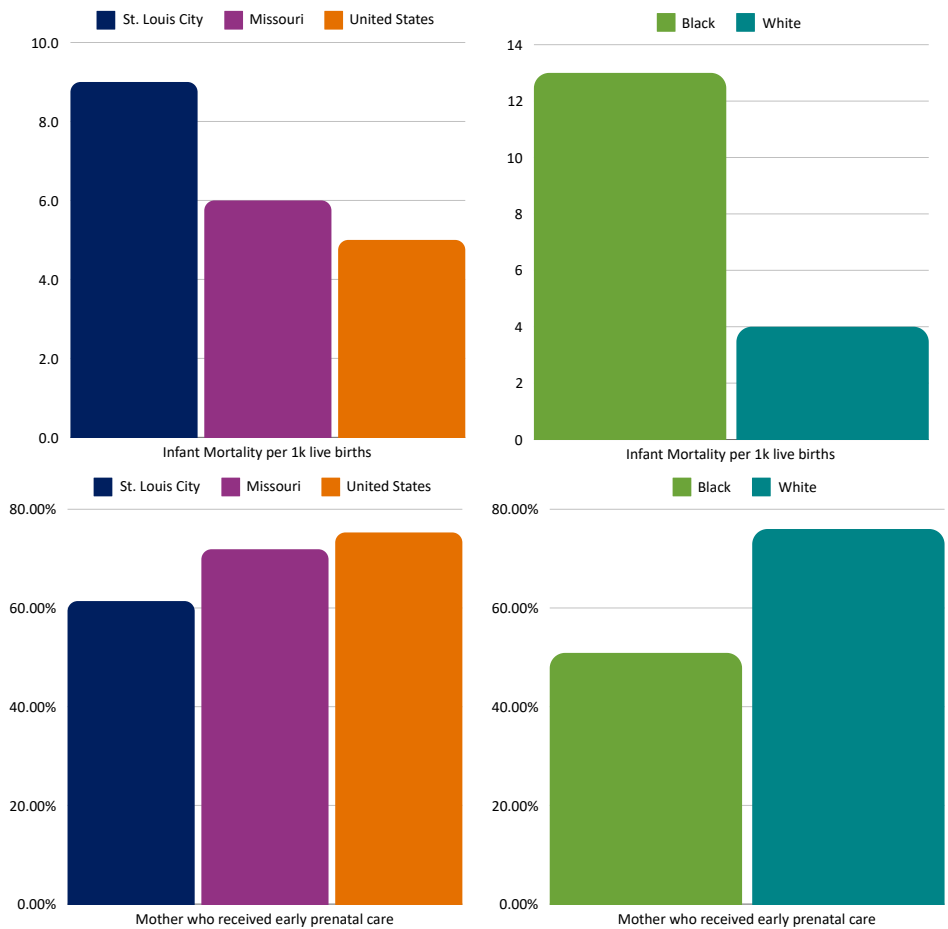
Source: County Health Rankings & Think Health St. Louis

Maternal and Infant Health



It is well documented that the United States of America ranks poorly in both maternal and infant mortality compared to other countries. Missouri’s maternal and infant health indicators are worse than the average for the country and city of St. Louis worse than the state. When these indicators are disaggregated by race at any level and especially for the city of St. Louis, the disparities for Black/African American women and infants are stark. Generate Health, a regional nonprofit focused on improving outcomes for Black families in St. Louis, shares through its data hub that “black infants are three times more likely to die than white infants and Black women and birthing people are two times more likely to die as a complication of pregnancy than white individuals.” [6]

St. Louis City data disaggregated by race



The most recent Missouri Pregnancy-Associated Mortality Review Report found that 84% of pregnancy-related deaths were preventable between 2018-2020. Mental Health conditions, including substance use disorder, were the leading underlying cause of pregnancy-related deaths followed by cardiovascular disease and then homicides. [7] These findings highlight the intersectionality of this priority with all others named in this report. The hospitals within the SSM Health St. Louis – Academic market already collaboratively work with multiple organizations at the city, regional and state level on Maternal & Infant Health and are committed to deepening that engagement moving forward not only addressing ways to improve clinical care but also seeking out opportunities to address root cause factors in community. Publicly available data, stakeholder and community member experience and the professional expertise of providers and staff at both SSM Health St. Mary’s Hospital – St. Louis and SSM Health Cardinal Glennon underscore the urgency of the crisis related to Maternal and Infant Health as well as the importance of naming it as a Community Health Needs Assessment priority for the next 3 years.

[6] <https://generatehealthstl.org/flourish-st-louis/data-hub/>
 [7] <https://health.mo.gov/data/pamr/pdf/2020-annual-report.pdf>

Source: County Health Rankings & Think Health St. Louis

Moving Forward



The CHNA process utilized by the St. Louis Regional Hospital Collaborative not only provided a robust process to learn from community for the identification of our 2024 CHNA priorities, but this process also revealed engaged and willing partners in this work moving forward. SSM Health St. Louis - Academic Market is looking forward to working with community partners to create meaningful strategies to address **Behavioral Health, Food and Nutrition Security, Violence Prevention** and **Maternal and Infant Health** to be outlined in our 2025-2027 Community Health Improvement Plan and more importantly putting those strategies into action for the benefit of our community.

 <h3>Behavioral Health</h3> <ul style="list-style-type: none">• Mental Health/Wellbeing• Substance Use	 <h3>Violence Prevention</h3>
 <h3>Food and Nutrition Security</h3>	 <h3>Maternal and Infant Health</h3>

Our CHNA Progress since 2021

2022-24 SSM Health St. Louis - Academic Market Priorities

Saint Louis University Hospital	Cardinal Glennon Childrens Hospital	St. Mary's Hospital
Behavioral Health		
Obesity/Chronic Conditions		
Violence/Injury Prevention		High-Risk Pregnancy/ Women's Health

Behavioral Health Urgent Care & LAI Clinic

SSM Health Saint Louis University Hospital opened the 2nd of its kind Behavioral Health Urgent Care and Long-acting injectables clinic on August 27, 2024. The very 1st BHUC and LAI clinic were developed in North St. Louis county at SSM Health DePaul Hospital. The demand for services and known need in the city lead to this expansion. The BHUC and LAI clinic model incorporates walk-in acute behavioral health services with connections to community providers for care after discharge. The city BHUC and LAI clinic work directly with Places for People and City of St. Louis Department of Health teams to ensure community members are supported both in the clinics and once they are discharged.



Dr. Erick Messias stands outside the BHUC & LAI Clinic at SSM Health St. Louis University Hospital



Ribbon Cutting at the BHUC and LAI Clinic - August 27, 2024

Our CHNA Progress since 2021

MOMs Line

The MOMS Line provides free peer-led support groups for perinatal people regardless of birth place or provider. Services provided by the MOMs line includes:

- MOMS Support Groups
- SHARE Support Group (Infant Loss Support Group)
- Wednesday Weigh In (Breast Feeding Support Group)



Safe Kids



Safe Kids St. Louis is led by SSM Cardinal Glennon Children’s Hospital, which provides staff, operational support and other resources to assist in achieving our common goal: keeping your kids safe. Safe Kids St. Louis provides programs, such as car-seat checkups, safety workshops and sports clinics, that help parents and caregivers prevent childhood injuries. Safe Kids also provides trainings for EMS and other emergency responders

“No Questions Asked” Gun Safety Program

Since 2018, SSM Health Cardinal Glennon Children’s Hospital has distributed free, “no questions asked” gunlocks in the waiting rooms of the Emergency Department and Pediatric clinics. In 2023, this program was expanded to all 8 hospitals in the region with more than 11,400 gun locks being distributed through this initiative.



Bread Basket Program

SSM Health recognizes the importance of access to food and especially healthy foods has on overall health and wellbeing. In response, SSM Health St. Louis launched the Bread Basket Program in 7 area adult hospitals in 2023 and was fully operational in all locations at the start of 2024. Acknowledging the impact food security has on **CHNA priorities** such as **Obesity** and **Maintaining Healthy Weight, Hearth Health/Nutrition, and Management of Chronic Diseases**, the Bread Basket program provides specific components focused on SSM Health inpatients as well as the communities surrounding each hospital participating.

Focus on Inpatients

SSM Health began screening all admitted inpatients for social determinant of health (SDOH) needs in January 2023, including 2 questions regarding food insecurity. When patients feel safe enough to share their experience and consent to being included in the Bread Basket program, they are provided with 2-3 days of food at discharge for their entire household as well as being directly referred to the Community Resource Team at the St. Louis Area Foodbank for additional and on-going support for up to 3 months.

The bags of food contain nonperishable food items to cover all meals with healthy, low or no sodium, high fiber, whole grain food options. The team from the St. Louis Area Foodbank reaches out to each patient referred to ensure they are aware of all food resources in their specific area as well as providing direct assistance in applying to programs such as Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Assistance Program for Women, Infants and Children (WIC).

Focus on Community

Through our partnership with the St. Louis Area Foodbank, SSM Health St. Louis has hosted 18 food distribution events at all 8 hospitals in the St. Louis region in both 2023 and 2024. Food Distribution events are drive thru events and open to anyone in the community who could benefit. Households are provided with a variety of fresh fruits, vegetables, meat, dairy and nonperishable food items and cars can pick up for multiple families at a time. SSM Health staff volunteer their time to ensure these events occur throughout the year.

Year	Households	Individuals	Children	Volunteer Hours
2023	2,601	9,015	3,825	1,290
2024 (through September)	1,481	4,636	2,083	949



Through the first 9 months of 2024, **1,865** unique inpatients have been served by the Bread Basket Program.





SSMHealth.

2024

Appendices

Appendix A: Community Health Survey



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 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 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.

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

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

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

Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Cultural / religious beliefs | <input type="checkbox"/> Health insurance is not accepted |
| <input type="checkbox"/> Language barriers | <input type="checkbox"/> Transportation (getting to and from doctor's visits and appointments) |
| <input type="checkbox"/> Fear (such as fear of doctors or not ready to discuss a health problem) | <input type="checkbox"/> Don't know how to find healthcare services or providers |
| <input type="checkbox"/> Don't feel welcome or respected | <input type="checkbox"/> Not enough health care services or providers |
| <input type="checkbox"/> No health insurance | <input type="checkbox"/> Scheduling problems (such as health services not open when available) |
| <input type="checkbox"/> Costs associated with getting healthcare | |
| <input type="checkbox"/> Not listed here or prefer to describe : _____ | |
| <input type="checkbox"/> 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.

- | | |
|--|---|
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Eating disorders |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Post Traumatic Stress Disorder (PTSD) |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Serious mental illnesses (schizophrenia, major depressive disorders, bipolar disorder) |
| <input type="checkbox"/> Drug use | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Not listed here or prefer to describe : _____ | |
| <input type="checkbox"/> 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.

- | | |
|--|---|
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Eating disorders |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Post Traumatic Stress Disorder (PTSD) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Serious mental illnesses (schizophrenia, major depressive disorders, bipolar disorder) |
| <input type="checkbox"/> Drug use | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Not listed here or prefer to describe : _____ | |
| <input type="checkbox"/> 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!

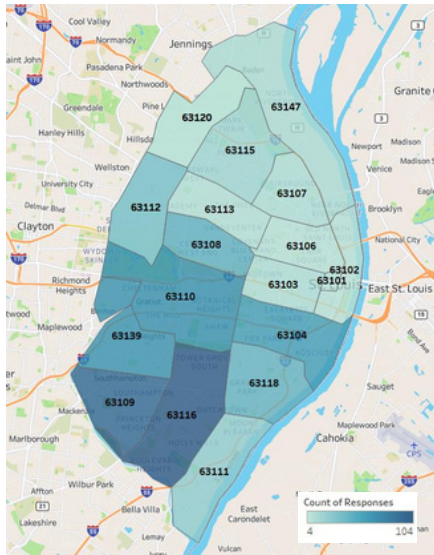
Appendix B: Community Health Survey Summary Report

City of St. Louis Key Survey Findings



In the City of St. Louis, 612 community members responded to the community health needs survey. The number of survey respondents in St. Louis City ZIP codes ranged between 4 and 104.

Survey Respondents by ZIP code



Over 20% of respondents in the City of St. Louis did not complete the optional demographic survey questions (non-respondents range from n=129 to 195, depending on the question).

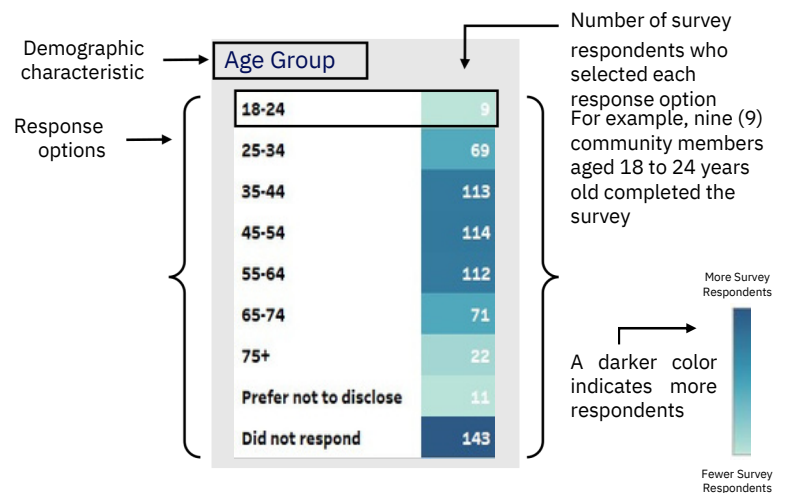
A summary of the most common characteristics among those who did respond to demographic questions is provided below. Percentages are calculated out of the total number of respondents (n=612).

Most respondents:

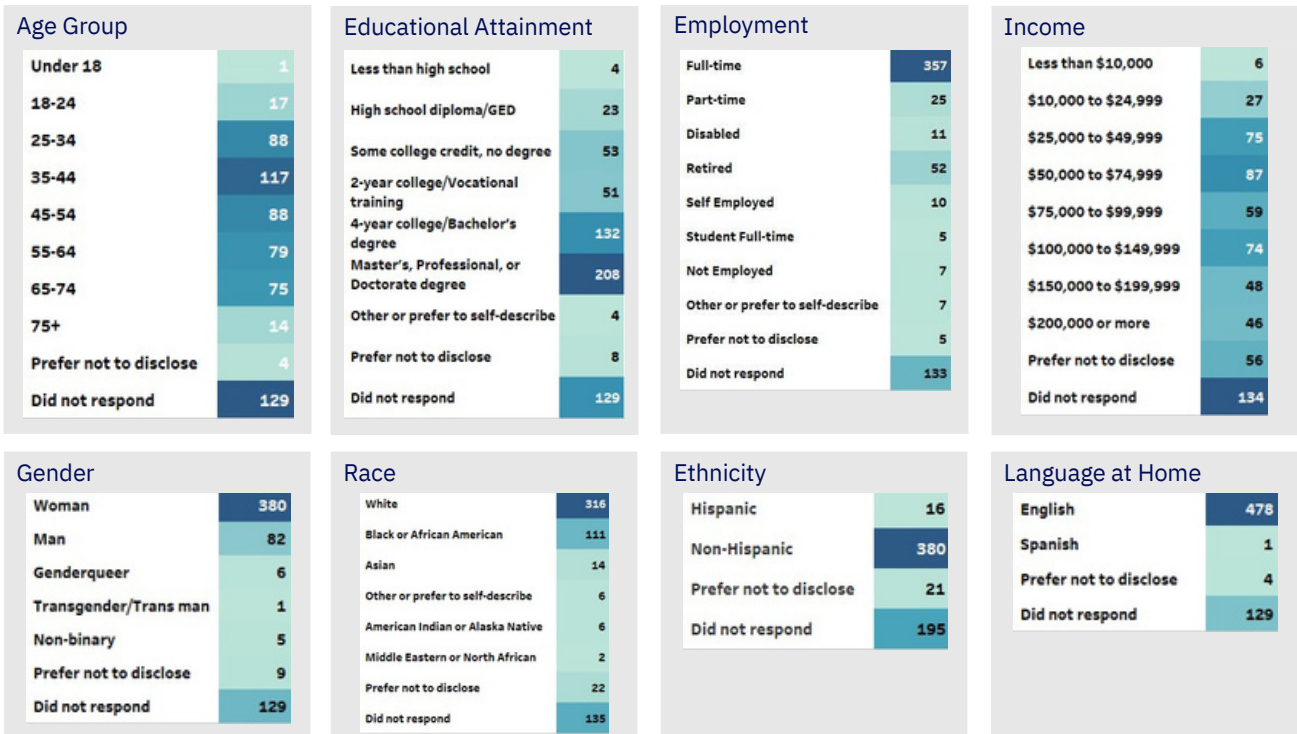
- Are between the age of 35 and 44 years old (19%)
- Are women (62%)
- Are White (52%)
- Are non-Hispanic (62%)
- Speak English at home (78%)
- Have a master's, professional, or doctorate degree (34%)
- Are employed full time (58%)
- Have a household income between \$50,000 and \$74,999 (14%)

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

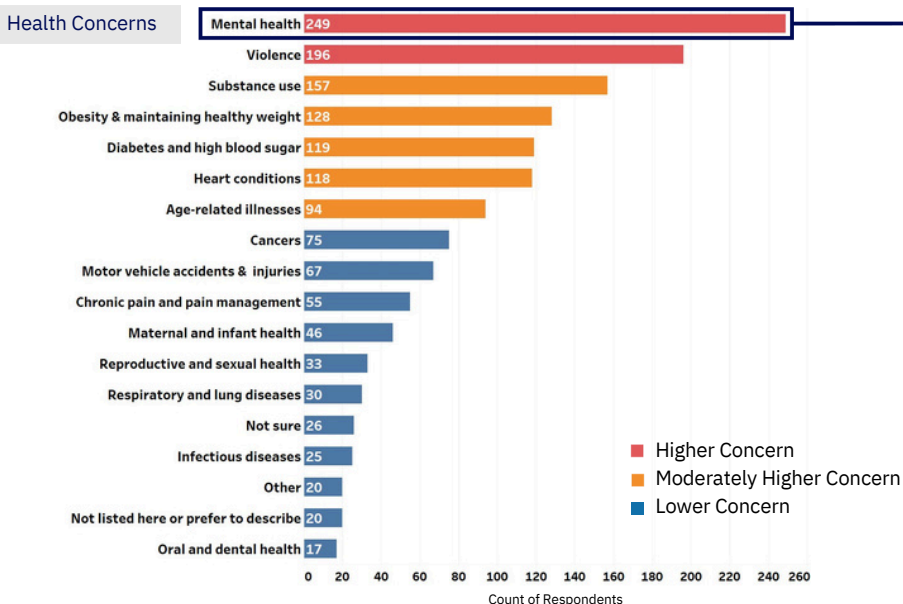


Who responded to the survey?

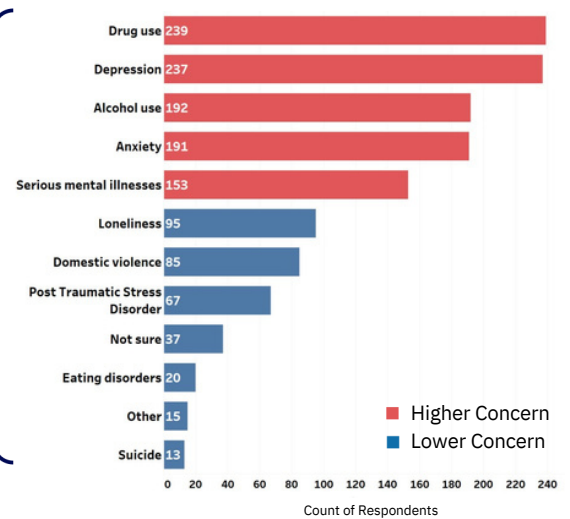


Thinking about yourself or other adults in the community where you live, what are the top health problems? (Respondents selected up to 3 items.)

Community members identified **mental health**, **violence**, **obesity**, **age-related illnesses**, and **heart conditions** as the top health concerns in the City of St. Louis. Among mental health and substance use-related needs, **drug use**, **depression**, **alcohol use**, **anxiety**, and **serious mental illnesses** are top of mind for community members.



Mental Health & Substance Use Concerns



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

612
Total Respondents in
St. Louis City

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

■ Higher Concern
■ Moderately Higher Concern
■ Lower Concern

Health Concerns by Race

Top Concerns	All Respondents n=612	White n=316	Black or African American n=111	Other n=28	Did not respond or prefer not to disclose n=157
1	Mental health	Mental health	Violence	Violence	Mental health
2	Violence	Violence	Mental health	Mental health	Violence
3	Substance use	Substance use	Diabetes	Diabetes	Diabetes
4	Obesity	Obesity	Substance use	Heart conditions	Heart conditions
5	Diabetes	Heart conditions	Obesity	Substance use	Substance use
6	Heart conditions	Age-related illnesses	Heart conditions	Motor vehicle accidents and injuries	Obesity
7	Age-related illnesses	Diabetes	Cancers	Obesity	Age-related illnesses
8	Cancers	Cancers	Motor vehicle accidents and injuries	Infectious diseases	Cancers

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 within the "Other" 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 yourself or other adults in the community where you live, what are the top mental health & substance use problems? (Respondents selected up to 3 items.)

612
Total Respondents in
St. Louis City

The table below details the top mental health and substance use concerns 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** were identified as the most concerning issue among those who did not respond to the question about race.

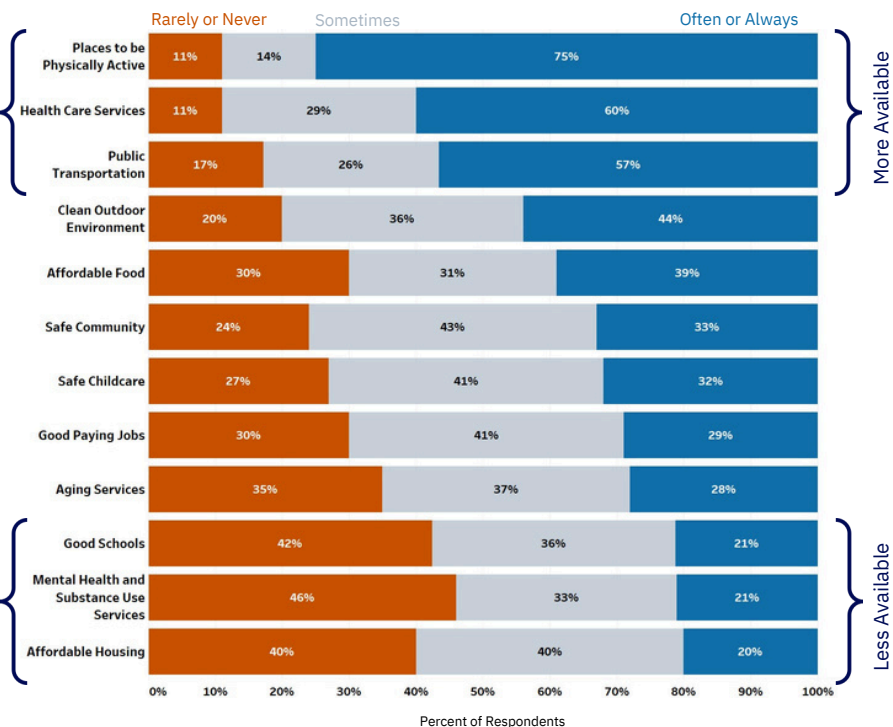
■ Higher Concern
■ Lower Concern

Mental Health & Substance Use Concerns by Race

Top Concerns	All Respondents n=612	White n=316	Black or African American n=111	Other n=28	Did not respond or prefer not to disclose n=157
1	Drug use	Depression	Drug use	Depression	Serious mental illnesses
2	Depression	Drug use	Alcohol use	Drug use	Drug use
3	Alcohol use	Anxiety	Depression	Alcohol use	Depression
4	Anxiety	Alcohol use	Serious mental illnesses	Anxiety	Anxiety
5	Serious mental illnesses	Serious mental illnesses	Anxiety	Serious mental illnesses	Alcohol use
6	Loneliness	Loneliness	Post Traumatic Stress Disorder	Post Traumatic Stress Disorder	Post Traumatic Stress Disorder
7	Domestic violence	Domestic violence	Domestic violence	Domestic violence	Domestic violence
8	Post Traumatic Stress Disorder	Post Traumatic Stress Disorder	Loneliness	Loneliness	Not sure

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 within the "Other" 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 the community where you live, how available are the following resources?



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

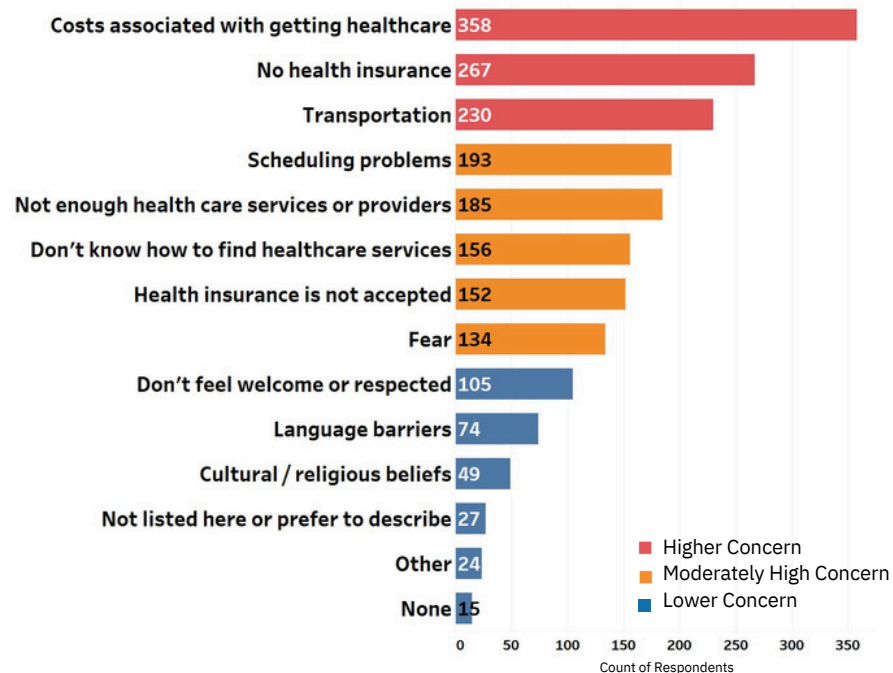
Places to be physically active, health care services, and public

transportation were rated as being more available, with over 50% of respondents indicating that the resources were often or always available in their community.

Affordable housing, mental health and substance use services, and good schools were reported to be less availability, with more than 40% indicating that the resources were rarely or never available in their community.

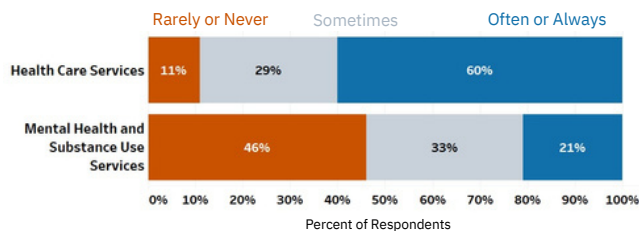
Thinking about the community where you live, which barriers prevent access to health care?

Barriers to Health Care Access



Sixty percent (60%) of community members who responded to the survey indicated that health care services were often or always available in the City of St. Louis. Only 21% indicated that mental health and substance use services had good availability. Costs, lack of insurance, and transportation were most frequently identified as barriers to accessing health care.

Health Care Service Availability



St. Louis Children & Youth

Key Survey Findings

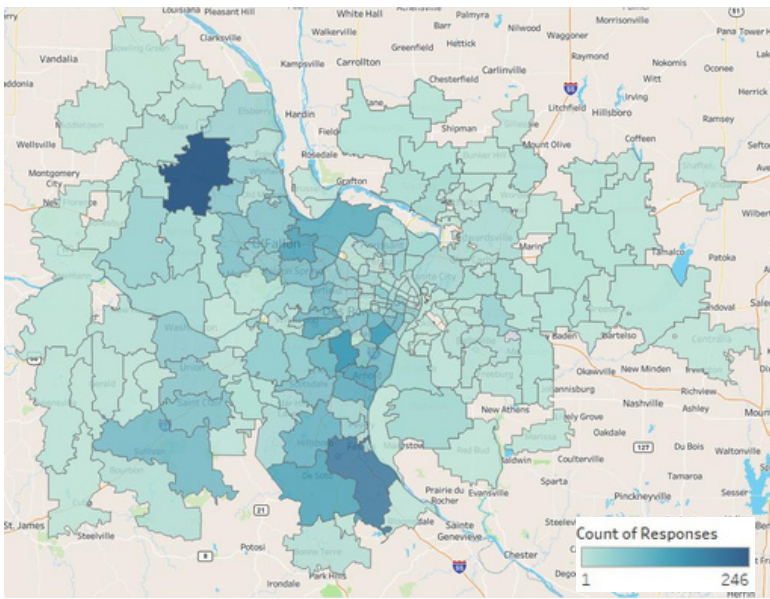


1 Who responded to the survey?

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



1 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.

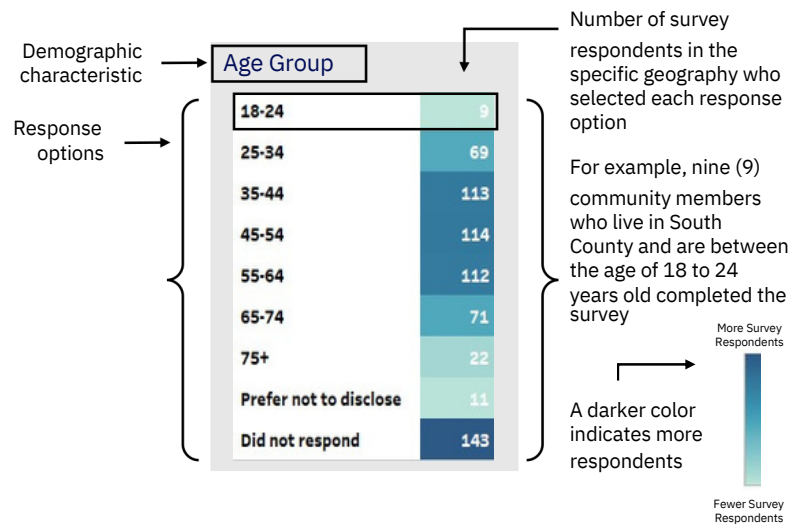
Percentages are calculated out of the total number of respondents (n=5,762).

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

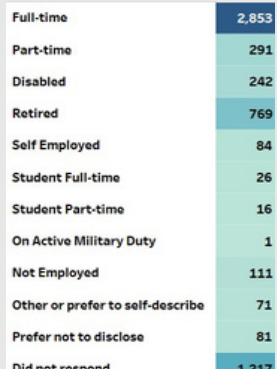
Age Group



Educational Attainment



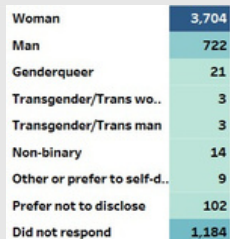
Employment



Income



Gender



Race



Ethnicity



Language at Home

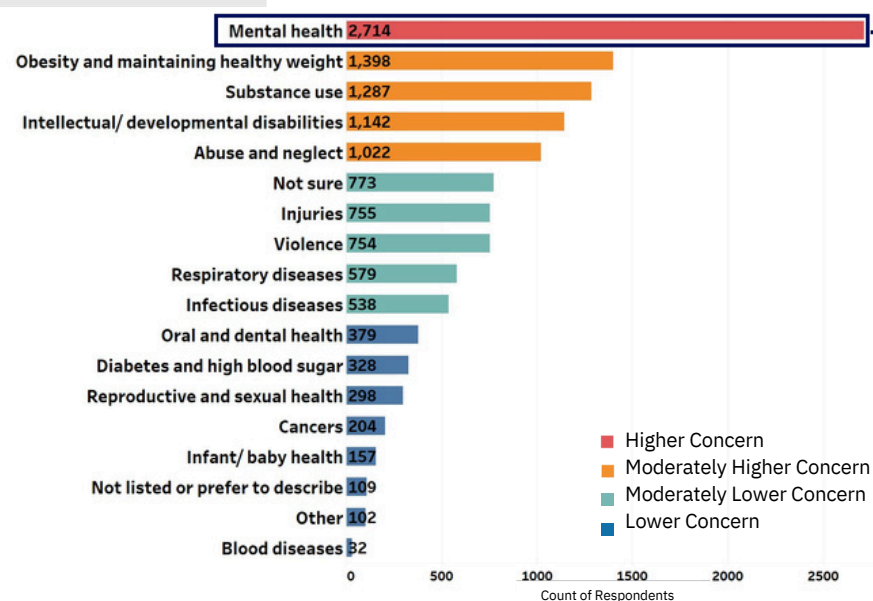


Thinking about your or other children in the community where you live, what are the top health problems? (Respondents selected up to 3 items.)

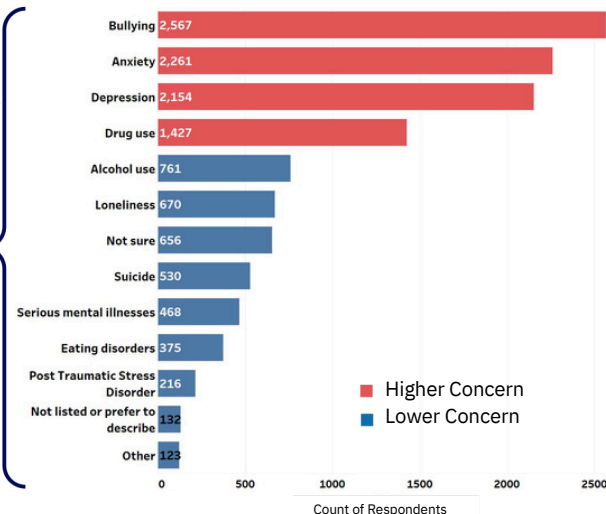
5,762
Total Respondents in
St. Louis MSA

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



■ Higher Concern
 ■ Moderately Higher Concern
 ■ Moderately Lower Concern
 ■ Lower Concern

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.

- Higher Concern
- Moderately Higher Concern
- Moderately Lower Concern

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.

Youth Mental Health & Substance Use Concerns by Race

■ Higher Concern
■ Lower Concern

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

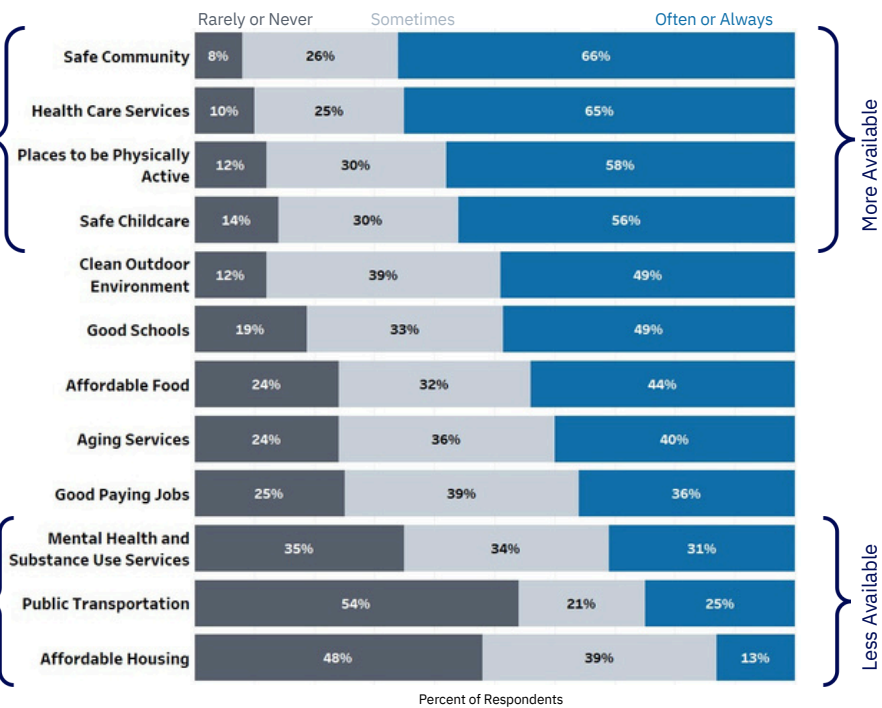
■ Higher Concern
■ Lower Concern

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

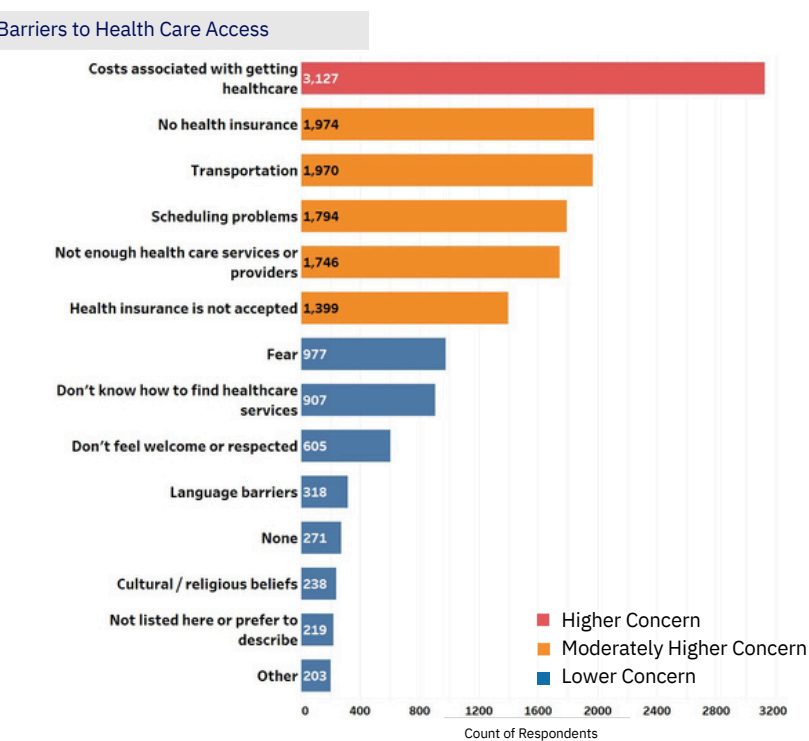


Community members rated the availability of several resources in the St. Louis MSA. Safe community, health care services, places to be physically active, and safe childcare were rated as being more available, with over 50% of respondents indicating that the resources were

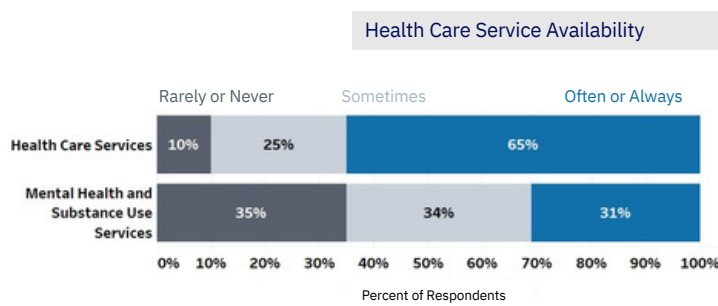
often or always available in their community. Mental health and substance use services, public transportation, and affordable housing were reported to be less available, with 31% or less indicating that the resources were often or always available in their community.

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

5,762
Total Respondents
in St. Louis MSA



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.



Appendix C: Community Stakeholder Conversation Summary Report

Stakeholder Conversation Summary Report

Geographic Region: St. Louis City

Location: Urban League Metropolitan St. Louis Date: July 11, 2024

Number of Participants: 41

Executive Summary

The St. Louis Regional Hospital Collaborative, in partnership with Key Strategic Group, organized a series of six facilitated stakeholder conversations as part of the ongoing Community Health Needs Assessment (CHNA) for the St. Louis region. The conversations aimed to gather insights from representatives of community-based organizations, healthcare providers, and service agencies on the health challenges underserved populations face.

Mental health emerged as the top priority across all discussions, exacerbated by the long-term impacts of COVID-19, poverty, and social isolation. Participants asserted that transportation barriers, insurance gaps, and logistical challenges also play a central role in limiting access to healthcare. Critical issues identified include the community's lack of trust in healthcare systems and the underrepresentation in data collection that needs addressing.

This report highlights recurring themes from the conversations, identifies critical gaps and challenges, and offers practical recommendations for improving health outcomes and fostering stronger community engagement. Strategies include expanding the role of Community Health Workers (CHWs), co-locating services in trusted community spaces, and integrating physical, mental, and social services to create more holistic healthcare models.

Introduction

On July 11, 2024, the Urban League Metropolitan St. Louis hosted a stakeholder conversation as part of a series of six dialogues conducted across the region for the CHNA. The St. Louis City meeting convened representatives from healthcare organizations, service agencies, and community-based organizations to explore local populations' health needs and systemic barriers. The discussion focused on health priorities, social determinants of health, and opportunities for collaboration to address disparities.

This report synthesizes insights from the stakeholder conversation, identifying recurring themes and key recommendations. The goal is to provide a comprehensive understanding of the challenges faced by vulnerable populations in St. Louis City and offer strategies to improve healthcare access and outcomes.

Appendix C: Community Stakeholder Conversation Summary Report

Key Health Priorities and Recurring Themes

Mental Health as a Critical Concern

In the conversation, participants raised mental health as the most significant health concern, specifically focusing on trauma, anxiety, depression, and substance use. The COVID-19 pandemic intensified these issues, particularly among youth, the elderly, and socially isolated individuals. Participants emphasized the interconnectedness of mental health with stressors such as poverty, housing instability, and food insecurity, which contribute to mental health crises.

Participants also noted that surveys often underreport mental health, leaving gaps in understanding the true scale of the problem. Addressing this requires expanded access to culturally competent mental health services, particularly for low-income and uninsured populations.

Barriers to Healthcare Access

Healthcare access continues to challenge marginalized populations in St. Louis City. Stakeholders identified several barriers, including long wait times for specialists, inadequate transportation options, and healthcare deserts in certain areas. The reliance on emergency services for routine care, particularly among young people, creates fragmented care experiences and deepens health inequities.

Widespread concern grew over healthcare systems' ineffective communication with the communities they serve, fueling mistrust and disengagement from formal healthcare providers.

Social Determinants of Health

Participants highlighted social determinants—such as housing, food insecurity, and transportation—as root causes of poor health outcomes. These factors are intertwined with both physical and mental health crises, and addressing them is essential for improving community health. Participants called for a more holistic approach to healthcare that integrates these social determinants into healthcare planning and service delivery.

Trust and Representation in Healthcare Systems

A lack of trust between communities and healthcare providers surfaced as a recurring theme. This mistrust is rooted in systemic neglect and the underrepresentation of marginalized populations in data collection and healthcare services. Stakeholders expressed frustration with current data collection methods that inadequately represent non-English speakers, refugees, and low-income populations. Improving trust requires more accurate representation in data collection and consistent, culturally competent engagement with underserved communities.

Appendix C: Community Stakeholder Conversation Summary Report

Challenges and Gaps Identified

Underrepresentation in Survey Data

Stakeholders raised concerns about the underrepresentation of key populations, including non-English speakers and low-income communities, in CHNA survey data. Participants viewed language barriers, complex survey questions, and limited outreach as contributing to the underreporting of issues like food insecurity, chronic diseases, and mental health challenges. Participants called for more culturally and linguistically appropriate data collection methods in future assessments.

Limited Healthcare Coordination

Participants expressed frustration with the need for coordination between healthcare providers, particularly vulnerable populations requiring continuous, integrated care. Many patients "bounce" between services without continuity of care, resulting in poor health outcomes due to laps in care stemming from challenges in navigating the healthcare system, among other bottlenecks. Many called for integrated care models that co-locate physical, mental, and social services in one location to ensure coordinated, holistic care.

Health Literacy and Awareness

Health literacy emerged as a significant barrier to accessing care. Many community members lack the knowledge to navigate the healthcare system or understand the available resources. This issue is particularly acute in populations with lower educational attainment or limited English proficiency. Stakeholders emphasized the need for academic support and greater community awareness of existing healthcare services.

Opportunities for Improvement and Recommendations

Expanding the Role of Community Health Workers (CHWs)

Participants widely recognized CHWs as critical for improving healthcare access, particularly in marginalized communities. Stakeholders recommended expanding CHW programs to assist with outreach, care coordination, and health literacy. CHWs can also be crucial in addressing social determinants of health, building trust, and guiding community members through the healthcare system.

Integrated Care and Co-location of Services

Participants emphasized the need for integrated care models that co-locate physical health, mental health, and social services in one location. Co-locating services in trusted community spaces, such as churches or community centers, would improve access and strengthen trust in the healthcare system. These models can address the fragmented care experience many individuals face, particularly those with multiple barriers to accessing healthcare.

Appendix C: Community Stakeholder Conversation Summary Report

Strengthening Community Engagement and Trust

To rebuild trust, healthcare providers need to engage communities authentically and consistently. Specific recommendations included:

- **Meet Communities Where They Are:** Hold community conversations in trusted, accessible locations such as churches, schools, and food pantries.
- **Utilize Trusted Local Leaders and CHWs:** Engage respected community leaders and expand the role of CHWs to bridge the gap between healthcare systems and residents.
- **Provide Tangible Supports:** Offer childcare, food, and transportation to make community engagement events more accessible.
- **Host Regular Listening Sessions:** Organize regular listening sessions in community spaces to foster collaboration and trust.
- **Ensure Transparency:** Clearly communicate how community feedback will inform healthcare strategies, ensuring that engagement efforts are transparent and community-driven.

Practical Next Steps for Stakeholder Collaboration

Develop a Comprehensive Community Engagement Strategy

Healthcare systems should create a structured, sustained community engagement strategy that involves partnerships with trusted community organizations, schools, and local businesses. Engagement efforts must be transparent and inclusive, ensuring community members actively participate in decision-making processes.

Implement Integrated Care Models

Healthcare providers should prioritize developing integrated care models that co-locate services and address physical and mental health needs. This will require stronger collaboration between hospitals, community health centers, and social service providers, along with enhanced use of technology to facilitate care coordination.

Address Social Determinants of Health in Strategic Planning

Healthcare systems must incorporate the social determinants of health—such as housing, transportation, and food insecurity—into their strategic planning processes. This will involve resource reallocation and cross-sector partnerships to address these root causes of poor health outcomes.

Foster Cultural Competence in Healthcare Delivery

Healthcare providers need to improve cultural competence by delivering services that respond to the needs of diverse communities. This includes offering language support, addressing implicit bias, and ensuring that healthcare staff represent the populations they serve.

Appendix C: Community Stakeholder Conversation Summary Report

Conclusion

The St. Louis City stakeholder conversations revealed significant challenges within the healthcare system, particularly around mental health, access to care, and social determinants of health. To address these challenges, healthcare providers must invest in integrated care models, expand the role of CHWs, and engage in sustained, culturally relevant community engagement. By implementing the recommendations outlined in this report, healthcare systems can take concrete steps toward building a more equitable and inclusive health landscape for all.

Acknowledgments

The St. Louis Regional Hospital Collaborative and Key Strategic Group extend our heartfelt thanks to the participants of the St. Louis City stakeholder conversation for their time, expertise, and valuable insights. We also express our gratitude to the Urban League Metropolitan St. Louis for hosting the meeting and providing a welcoming space for these important discussions.

Appendix C: Community Stakeholder Conversation Summary Report

Stakeholder Conversation Summary Report

Geographic Region: Children and Youth

Location: BJC Learning Institute Date: July 18, 2024

Number of Participants: 35

Executive Summary

As part of the Collaborative's Community Health Needs Assessment (CHNA), six stakeholder conversations were held across the region to gather insights into the health needs and barriers facing children and youth. The conversation held at BJC Learning Institute focused on critical health challenges such as mental health, violence and trauma, substance use, access to care, and the social determinants of health. Mental health and violence emerged as top priorities, especially in underserved areas where children are exposed to trauma and have limited access to culturally competent care. The discussions also highlighted significant social determinants of health, such as housing instability, transportation barriers, and food insecurity, which deeply affect the well-being of children. Mistrust between marginalized communities and healthcare systems was a recurring theme, as families often face difficulties accessing care due to negative past experiences and systemic barriers. This report synthesizes these findings and offers practical recommendations for addressing these challenges and improving health outcomes for children and youth in the St. Louis region.

Introduction

Stakeholders gathered at the BJC Learning Institute on July 18, 2024, as part of the broader effort to conduct a Community Health Needs Assessment (CHNA) across the St. Louis region. Participants included representatives from community-based organizations, healthcare providers, and social service agencies, all focused on identifying health priorities for children and youth while addressing systemic barriers impacting their health and well-being. This report synthesizes the insights gathered from the Children and Youth conversation, highlighting key health concerns, recurring themes, and actionable recommendations. The report aims to inform strategic actions that healthcare systems and community organizations can take to improve health outcomes and foster stronger community engagement.

Appendix C: Community Stakeholder Conversation Summary Report

Key Health Priorities and Recurring Themes

Violence and Trauma

Violence, particularly gun violence, was identified as a pressing issue that significantly impacts children's mental health and contributes to increased trauma and adverse childhood experiences (ACEs).

Stakeholders emphasized the need for trauma-informed care and interventions to support children and families affected by violence. Communities of Color, particularly in North County, are disproportionately affected by gun violence, exacerbating mental health challenges.

The intersection between violence and mental health was a recurring theme. Children exposed to violence are more likely to experience anxiety, PTSD, and behavioral issues. Participants stressed the importance of providing safe spaces for children to play, learn, and socialize away from violence.

Mental and Behavioral Health

Children and youth consistently identified mental health as a critical health need. Stakeholders reported a rise in anxiety, depression, and behavioral issues, with the COVID-19 pandemic exacerbating these concerns. The lack of accessible, culturally competent mental health services remains a significant barrier, with many children facing long wait times for therapy or psychiatric services.

The conversation underscored the need for school-based mental health programs as key opportunities for early intervention, though schools are often under-resourced. Participants called for an increase in the number of mental health professionals in schools to meet the growing demand.

Social Determinants of Health (SDOH)

Participants identified housing instability, transportation barriers, and food insecurity as major social determinants affecting children's health. Children living in unstable housing or "food deserts" are at greater risk for poor physical and mental health outcomes. Transportation barriers also hinder access to healthcare services, particularly in North County and rural areas.

Participants stressed the need for healthcare systems to address these social determinants through partnerships with community organizations and expanding mobile health services.

Substance Use and Bullying

The increase in substance use among youth, particularly vaping and THC products, was a concern.

Substance use was often seen as a coping mechanism for mental health challenges. In some communities, parents provide these substances to children as alternatives to prescription medications, compounding the problem. Bullying, both in-person and online, was another serious concern linked to mental health issues such as anxiety, depression, and social isolation. Stakeholders emphasized the need for school preventative education to address bullying and its root causes.

Appendix C: Community Stakeholder Conversation Summary Report

Mistrust and Access Barriers

Mistrust in healthcare systems, particularly among Black and immigrant families, was a significant barrier to accessing care. Negative past experiences and concerns about discrimination contribute to this mistrust. Participants called for healthcare systems to build trust through culturally competent care, improved communication, and sustained community engagement.

Participants cited long wait times for pediatric specialists, particularly mental health providers, along with logistical barriers, such as transportation and insurance issues, as persistent challenges. Stakeholders emphasized the need for healthcare services to be readily available in the communities where children live.

Challenges and Gaps Identified

Underrepresentation in Survey Data

Participants expressed concerns that the CHNA survey did not adequately capture the voices of vulnerable populations, particularly low-income and immigrant families. They recommended future assessments include more intentional outreach, such as in-person surveys and translations in multiple languages, to better represent community needs.

Fragmented and Inaccessible Care

Care for children, particularly those with complex mental health or special needs, is often fragmented and poorly coordinated. Participants called for integrated care models that bring together healthcare, education, and social services to create a more seamless family experience.

Insufficient School-Based Resources

Stakeholders recognized schools as critical access points for healthcare, but stakeholders noted the shortage of resources, particularly mental health professionals. Participants recommended increasing investments in school-based mental health programs and partnerships between schools and healthcare providers.

Community Engagement Strategies

Partnering with Trusted Organizations

Participants emphasized the importance of partnering with trusted community-based organizations (CBOs), faith groups, and grassroots organizations. These entities are seen as credible messengers and can effectively reach families who may be hesitant to engage with healthcare systems.

Mobile and Community-Based Health Services

Stakeholders recommended mobile health clinics and community-based services as key strategies to overcome transportation and access barriers. Stakeholders stressed that these services should be co-designed with the community to meet their specific needs.

Appendix C: Community Stakeholder Conversation Summary Report

Providing Incentives for Participation

To encourage community engagement, participants suggested offering incentives such as food, gift cards, or transportation assistance. These incentives help reduce barriers to participation and show respect for the time and effort of community members.

Collaborating with Schools

Stakeholders identified schools as necessary touchpoints for health engagement, particularly for mental health services. Participants recommended embedding mental health counselors within schools to provide early intervention and ongoing support. Strengthening collaboration between schools, healthcare systems, and community organizations was seen as essential.

Sustaining Engagement

Long-term relationships with communities are essential for building trust and ensuring meaningful change. Participants suggested that healthcare systems host regular forums and establish advisory boards that include community members in decision-making processes.

Opportunities for Improvement

Expand Mobile Health Services

Healthcare systems should expand mobile clinics directly providing primary care, mental health services, and substance use treatment in underserved areas. These clinics can help reduce access barriers and bring care to where children and families live.

Strengthen School-Based Mental Health Programs

Participants recommended increasing funding and resources for school-based mental health programs to provide early intervention for students facing mental health challenges.

Address Social Determinants of Health

Addressing the social determinants of health, such as housing, food insecurity, and transportation, requires strong partnerships between healthcare systems and community organizations. These partnerships can help create more coordinated services that address the root causes of poor health outcomes for children.

Recommendations for Next Steps

- Prioritize trauma-informed care and expand mental health services in schools.
- Develop community-driven survey methods to ensure representation of vulnerable populations.
- Strengthen partnerships with trusted community organizations to improve outreach.
- Expand mobile health clinics to provide care in underserved areas.
- Invest in long-term, sustainable engagement with communities.

Appendix C: Community Stakeholder Conversation Summary Report

Conclusion

The stakeholder conversation on children and youth underscored significant health challenges, including violence, mental health, and social determinants of health. By fostering stronger partnerships between healthcare systems, schools, and community organizations and addressing systemic barriers to care, healthcare providers can make meaningful progress in improving health outcomes for children and youth across the region.

Acknowledgments

The St. Louis Regional Hospital Collaborative and Key Strategic Group extend our gratitude to the participants of the Children and Youth stakeholder conversation for their time, insights, and commitment. We also thank BJC Learning Institute for hosting the meeting and providing a welcoming space for these important discussions.

Appendix D: Community Conversations Summary Report

St. Louis Regional Hospital Collaborative
Community Conversation in Partnership with
St. Patrick Center
Thursday, September 24, 2024



Executive Summary
Prepared by Key Strategic Group

The St. Louis Regional Health Collaborative partnered with the St. Patrick Center to conduct a community conversation to understand the health needs, barriers, and strengths within the local community experiencing homelessness and housing instability. Nine participants attended this conversation, bringing their diverse perspectives and experiences to discuss their challenges, from navigating healthcare access to addressing mental health and substance use. Key themes included a strong call for improved transportation, better access to mental health services, and clear communication around Medicaid and primary care.

This report synthesizes the insights gathered during the conversation, providing a pathway for the Collaborative to address the pressing needs of the St. Patrick Center's community. The themes and solutions suggested by participants highlight the importance of consistent, accessible healthcare and a healthcare system that listens and adapts to the unique challenges faced by those dealing with housing instability.

Introduction and Background

As part of the ongoing Community Health Needs Assessment (CHNA) in the St. Louis region, the St. Louis Regional Health Collaborative engaged with the St. Patrick Center to host a community conversation. St. Patrick Center, one of Missouri's largest providers of housing and support services for people experiencing homelessness, serves a population that faces significant barriers to healthcare. This community conversation offered participants an opportunity to share their perspectives on health, housing, and the resources needed to foster a healthier, more supportive community.

The purpose of this conversation was to gather insights directly from community members regarding their healthcare experiences, barriers to accessing services, and suggestions for improving health outcomes. The Collaborative aimed to capture authentic community voices and use this feedback to inform healthcare improvement initiatives prioritizing the needs of vulnerable populations in St. Louis.

Methodology

In collaboration with St. Patrick Center, the St. Louis Regional Health Collaborative designed a structured conversation facilitated by staff familiar with the community's needs. The conversation included nine participants and was organized around open-ended questions, allowing attendees to share their experiences freely.

Key questions explored community health needs, specific barriers to accessing care, priority health issues, and ideas for collaborative solutions. Facilitators and scribes captured

participants' insights, quotes, and suggestions. Following the conversation, notes were analyzed to identify recurring themes, with a focus on understanding the unique needs of this population and determining actionable steps for the Collaborative to consider.

Community Conversation Insights by Segment

Segment 1: Identifying Community Health Needs

Purpose of this Segment

This segment aimed to explore participants' perspectives on a healthy community and identify critical resources they believe are necessary for well-being.

Insights from the Conversation

Participants expressed that a healthy community is one where people feel safe, supported, and empowered. They emphasized the need for “more community spaces and therapy groups” where individuals can come together, share experiences, and support one another. Additionally, participants highlighted the need for access to mental health services across shelters and safe spaces for those experiencing trauma.

Participants shared concerns over limited access to healthcare and the complexity of understanding insurance benefits, especially for those unfamiliar with Medicaid processes. They advocated for more group living facilities like St. Patrick Center’s Rosati housing, which provides a supportive environment for individuals facing similar struggles.

Segment 2: Barriers to Health

Purpose of this Segment

This segment focused on understanding the specific challenges that prevent participants from accessing the healthcare they need.

Insights from the Conversation

Participants cited multiple barriers, with transportation emerging as a primary concern. Unreliable public transit, long wait times for Medicaid-sponsored transportation, and the location of healthcare facilities in unfamiliar neighborhoods make it challenging to keep appointments. They also mentioned that clinics are often too busy and, in some cases, confusing due to unclear signage. One participant noted, “Urgent Care don’t accept Medicaid,” underscoring a need for more accessible care locations.

Economic constraints, especially among those on fixed incomes, add to the burden. Participants described challenges with Medicaid spend-downs and the high costs of care

and medications, which they described as “astronomical.” They also highlighted a lack of health literacy and awareness about what Medicaid covers, which often leads to lapses in necessary medications when insurance changes.

Segment 3: Prioritizing Health Issues

Purpose of this Segment

This segment sought to identify the most urgent health issues facing the community and prioritize these concerns for potential action.

Insights from the Conversation

Mental health services emerged as a top priority, with participants advocating for increased access to group therapy, peer support, and programs within shelters. Participants spoke about the need to address violence in their community and create opportunities for people to find meaningful work, as job availability has both economic and psychological benefits. One participant reflected, “It’s like a gone city...people need jobs to focus on something productive.” They shared that fear of violence often prevents community members from engaging with available resources.

Segment 4: Building on Community Strengths

Purpose of this Segment

This segment focused on identifying existing resources that support health in the community and exploring ways to build on these strengths.

Insights from the Conversation

Participants emphasized the positive impact of case managers, who assist in navigating the healthcare system, accessing benefits, and arranging necessary transportation. They also praised therapy groups that facilitate personal growth and provide safe spaces for self-reflection. “Group living programs bring people together around shared experiences,” one participant shared, illustrating the therapeutic value of communal support. Medication delivery programs were also highlighted as crucial for those facing barriers to picking up prescriptions.

Segment 5: Collaborative Solutions

Purpose of this Segment

This segment gathered participants’ ideas for how the healthcare system and community could work together to solve health challenges.

Insights from the Conversation

Participants stressed the importance of healthcare providers coming directly into the community to establish trust and accessibility. They recommended creating more volunteer opportunities where community members could support one another, fostering a sense of purpose and mutual aid. They also suggested increasing staff presence in emergency departments to improve patient support and creating a platform for community voices to advocate for healthcare improvements.

Participants called for empathy from healthcare providers, encouraging them to “use their positions of power to help people.” They believe that by creating supportive, accessible environments, healthcare providers can better meet the needs of underserved communities.

Themes from the Conversation

1. Transportation and Accessibility

Transportation remains a major barrier, with participants struggling to access reliable transit to and from appointments. The unreliability of Medicaid-sponsored transportation and distant healthcare facilities exacerbate this issue.

2. Financial and Insurance Barriers

Medicaid limitations and high healthcare costs prevent participants from accessing needed care consistently. The lack of clarity around Medicaid's benefits further complicates access, particularly when medication coverage lapses.

3. Mental Health and Substance Use Support

Participants consistently emphasized mental health as a critical need, advocating for more therapy groups, peer support, and safe spaces. Substance use issues also require increased attention, especially as they intersect with mental health challenges in the community.

4. Empathy and Community Connection

Participants called for healthcare providers to engage with empathy and come into the community to build trust. They value community spaces and volunteer opportunities as essential for building resilience and self-efficacy among community members.

Conclusion

The St. Patrick Center community conversation highlighted the substantial barriers that unhoused individuals encounter in accessing healthcare. Common themes of transportation difficulties, complex Medicaid processes, and the urgent need for mental health support underscore a healthcare system that often falls short for vulnerable populations. Despite these obstacles, participants demonstrated resilience and a desire for collaborative, community-driven solutions.

The St. Louis Regional Health Collaborative has a valuable opportunity to work with trusted organizations like St. Patrick Center to bridge healthcare gaps. By prioritizing mental health services, enhancing Medicaid education, improving transportation options, and fostering empathy in healthcare interactions, the Collaborative can create a more inclusive and accessible healthcare system. These efforts can help cultivate a healthcare environment that not only addresses immediate needs but also fosters a sense of community, dignity, and empowerment among all residents.

St. Louis Regional Hospital Collaborative Community Conversation in Partnership with St.Louis Oasis

Wednesday, October 16, 2024



Executive Summary

The St. Louis Regional Health Collaborative partnered with St. Louis Oasis to conduct a community conversation to understand the unique healthcare needs, barriers, and priorities of older adults across the St. Louis region. St. Louis Oasis, a nonprofit dedicated to promoting healthy aging through lifelong learning, health programs, and volunteer opportunities, hosted this conversation, which included insights from twelve participants. These participants shared perspectives on the challenges of navigating Medicare, dealing with limited transportation options, and understanding complex insurance and healthcare systems. The conversation revealed a strong need for clearer healthcare communication, expanded mental health support, and accessible resources for chronic disease management.

This report synthesizes themes and recommendations derived from participants' insights, providing actionable steps for The Collaborative to address these needs and enhance healthcare accessibility for older adults in the region.

Introduction and Background

As part of its Community Health Needs Assessment (CHNA), the St. Louis Regional Health Collaborative collaborated with St. Louis Oasis to hold a community conversation with older adults to explore healthcare accessibility and related needs. Oasis is widely recognized for its commitment to supporting the well-being of older adults through health education, social engagement, and wellness initiatives. To capture diverse perspectives, twelve participants were invited from across the St. Louis region, ensuring representation from different backgrounds and experiences. This conversation allowed older adults to share firsthand insights into the barriers they encounter in accessing healthcare and the resources they deem essential for maintaining health and well-being as they age. The Collaborative intends to use these insights to guide initiatives that address the distinct needs of the region's aging population.

Methodology

In collaboration with St. Louis Oasis, the St. Louis Regional Health Collaborative designed a structured community conversation facilitated by Oasis staff familiar with the needs and experiences of older adults. The discussion included twelve participants, with facilitators leading through open-ended questions encouraging participants to share their experiences openly.

Key questions addressed community health needs, barriers to healthcare access, and ideas for collaborative solutions. Trained scribes documented the discussion, capturing key insights, participant quotes, and emerging themes. Afterward, the Collaborative reviewed the notes to synthesize common themes, concerns, and actionable recommendations aligned with the specific healthcare needs of older adults.

Community Conversation Insights by Segment

Segment 1: Identifying Community Health Needs

Purpose of this Segment

This segment explored participants' visions for a healthy community, focusing on the resources and support needed to maintain well-being as they age.

Insights from the Conversation

Participants defined a healthy community as one that offers accessible, safe spaces for physical activity, social connection, and mental well-being. They emphasized the importance of community programs that encourage engagement and physical movement, with one participant stating, "We need more places to walk and meet with others. It keeps us moving and connected." Safe, well-maintained community areas—such as parks, walking trails, and accessible sidewalks—were considered essential for fostering both physical and mental health.

Safety emerged as a major concern, with several participants expressing apprehension about certain areas due to crime. They advocated for community spaces that feel secure, where older adults can confidently engage in outdoor activities. In addition, participants emphasized the need for a community that is inclusive, welcoming, and attuned to the unique challenges that older adults face in staying active and engaged.

Segment 2: Barriers to Health

Purpose of this Segment

This segment examined specific challenges participants face when trying to access healthcare, including insurance complexities and transportation limitations.

Insights from the Conversation

Navigating Medicare and private insurance presented significant challenges, with many participants expressing confusion over changing policies and benefits. One participant shared, "Insurance is so confusing. I have no idea what's covered or what I signed up for." Participants described relying heavily on family members, friends, and insurance agents to help them understand their healthcare options, revealing a need for clearer, more direct communication from insurers and healthcare providers.

Transportation was another prominent barrier. While some municipalities offer dedicated services for older adults, these are inconsistent across the region, limiting access to reliable transit. One participant cited Brentwood's "magic bus" service as helpful, but noted that such services aren't available everywhere. Many participants expressed concern over their ability to attend regular health appointments, indicating that transportation gaps hinder consistent healthcare access.

Segment 3: Prioritizing Health Issues

Purpose of this Segment

This segment focused on identifying participants' most pressing health concerns and establishing priorities for potential action.

Insights from the Conversation

Mental health care emerged as a critical priority, with participants highlighting the difficulty of finding accessible providers and facing long wait times. Many older adults emphasized the impact of social isolation on mental health, particularly for those without family nearby. They advocated for increased mental health support, especially group therapy and peer support options that could help alleviate loneliness. "We need people to talk to and programs that don't make us feel alone," one participant remarked.

Participants also identified chronic disease management, including care for sleep apnea and preventive cancer screenings, as high-priority needs. They expressed frustration at the fragmented nature of healthcare information, which often prevents older adults from accessing preventive services or understanding their health status. The group agreed that a more integrated approach to chronic disease support would significantly improve their ability to manage ongoing health needs effectively.

Segment 4: Building on Community Strengths

Purpose of this Segment

This segment explored existing resources that support health and well-being among older adults and ways to expand upon these strengths.

Insights from the Conversation

Participants highlighted several community resources that contribute positively to their health, such as the "Silver Sneakers" fitness program and local gym memberships covered by Medicare Advantage. These programs encourage physical activity and provide a social outlet, which participants greatly value. Additionally, they praised Oasis for its health education and wellness classes, which address knowledge gaps and provide a trusted source of information on health topics.

However, participants noted that awareness of these programs remains limited, particularly among those who may not know about resources outside of their immediate area. They suggested that healthcare providers and insurance companies actively connect older adults to these local resources, allowing them to access comprehensive support for both physical and social needs.

Segment 5: Collaborative Solutions Purpose of this Segment This segment captured participants' recommendations for collaborative efforts between the healthcare system and community organizations to address the unique needs of older adults. Insights from the Conversation Participants expressed a strong desire for healthcare providers to work closely with community organizations like Oasis to improve access to health-related resources. They suggested that clinics, hospitals, and insurance providers share information on programs available for older adults, helping connect them to community resources supporting preventive and ongoing care needs. One participant noted, "It would help if doctors told us about programs we could join." Transportation access remained a high priority, with participants advocating for investment in transit solutions that accommodate the needs of older adults, particularly those in underserved or remote areas. They also proposed hosting community health days, where local healthcare providers could visit neighborhood centers to answer questions, provide screenings, and build trust within the community. This initiative, they believed, could offer older adults convenient, localized access to care.

Conversation Themes

1. Insurance Navigation and Healthcare Communication

Older adults find Medicare and private insurance plans difficult to navigate and often rely on external support to understand available options. The need for simplified, accessible information on insurance coverage and healthcare services emerged as a priority.

2. Transportation and Accessibility

Inconsistent transportation options restrict older adults' ability to access regular healthcare services. Participants called for expanded transportation solutions that meet the unique needs of aging adults across the region.

3. Mental Health and Chronic Disease Support

Participants expressed a pressing need for accessible mental health services, emphasizing support for social isolation and long wait times for counseling. Chronic disease management, including care for sleep apnea and cancer screenings, also emerged as high priorities.

4. Community-Based Resources and Social Engagement

Programs like Oasis, "Silver Sneakers," and other local wellness initiatives were recognized as valuable resources. Participants advocated for greater awareness and referrals from healthcare providers to connect more older adults to these beneficial programs.

Conclusion

The community conversation at St. Louis Oasis highlighted the healthcare challenges older adults face in the St. Louis region, from understanding Medicare options to securing reliable transportation. Participants emphasized the need for collaborative, community-driven solutions that make healthcare navigation clearer, expand mental health access and support aging in place.

The St. Louis Regional Health Collaborative has an opportunity to respond to these needs by partnering with organizations like Oasis to bridge gaps in transportation, healthcare education, and social support. Prioritizing direct communication from healthcare providers, streamlined resource connections, and access to preventive care will empower older adults to manage their health more effectively. These initiatives can build a healthcare environment that respects, values, and enhances the lives of older adults across the region.

St. Louis Regional Hospital Collaborative Community Conversation in Partnership with Vision for Children at Risk Monday, October 21, 2024



Executive Summary

The St. Louis Regional Hospital Collaborative (the Collaborative) partnered with Vision for Children at Risk (VCR) to host a community conversation as part of the Community Health

Needs Assessment (CHNA), aiming to bring forward the perspectives of community members on local health needs, barriers, and potential solutions. VCR, a trusted St. Louis-based nonprofit dedicated to the well-being of underserved children and families, was chosen as a partner due to its deep community ties and strong relationships with parents, caregivers, and advocates. With VCR's involvement, the conversation provided a safe, supportive environment for residents to openly share their experiences, concerns, and hopes for improved healthcare.

The discussion highlighted several core themes: mental health as a pressing, unmet need; widespread mistrust of the healthcare system due to historical and ongoing biases; significant financial and logistical barriers to accessing care; and a deep desire for healthcare solutions that are both culturally relevant and community-centered. These insights underscore the community's need for culturally responsive care, greater transparency from healthcare providers, and an approach to care that empowers residents. This report organizes the conversation's findings into five themes: community health needs, health concerns and challenges, barriers to health, community priorities, and collaborative solutions. Each section provides specific, actionable recommendations for the Collaborative, including initiatives to enhance cultural competency, improve mental health support, and increase local access points for care. These findings present a compelling case for The Collaborative to build an inclusive, transparent, and culturally competent healthcare system that meets the unique needs of this community.

Introduction and Background

~~Introduction and Background~~
The St. Louis Regional Health Collaborative (the Collaborative) aims to understand and address community health disparities through an inclusive, community-centered approach. To better comprehend residents' unique health challenges, the Collaborative partnered with Vision for Children at Risk (VCR) to conduct a community conversation as part of its Community Health Needs Assessment (CHNA). VCR, a nonprofit based in St. Louis, is dedicated to enhancing the well-being of children and families, particularly those in underserved and vulnerable communities. With a deep connection to the community and trusted relationships with parents, caregivers, and advocates, VCR was selected as a partner to ensure the voices of those most impacted by health inequities were central to the assessment process.

Understanding the importance of meaningful engagement, VCR was eager to contribute to this dialogue, working with the Collaborative to foster a safe space where community members could openly share their experiences, concerns, and insights. The conversation surfaced significant themes, including mistrust in healthcare systems due to historical and systemic biases, barriers to accessing resources, and an urgent need for mental health support. These insights underscore the community's call for culturally responsive care, transparency, and the empowerment of residents to advocate for their health.

This report reflects the essential themes from the community conversation. It provides actionable recommendations for the Collaborative to develop equitable and impactful healthcare solutions that align with the needs and aspirations of the community.

Methodology

To authentically capture community voices, the St. Louis Regional Health Collaborative and Vision for Children at Risk (VCR) collaboratively designed this community conversation, inviting a diverse group of parents, caregivers, and community advocates deeply familiar with local health challenges. Participants included young parents, long-term advocates, and other community members, each bringing unique perspectives on the healthcare needs of their families and neighbors.

In preparation, the Collaborative and VCR held several planning and logistics meetings to ensure a seamless process and a supportive environment. Together, they co-developed facilitation guides with structured, open-ended prompts to guide the conversation while allowing space for participants to share their experiences, perceptions, and ideas candidly. During the discussion, facilitators asked questions thoughtfully, creating a safe space to foster organic dialogue while dedicated scribes documented key insights, participant quotes, and emerging themes. This structured approach ensured a comprehensive conversation record and honored the authenticity of community contributions. The collected notes were later synthesized to identify recurring patterns and actionable recommendations.

Segment 1: Identifying Community Health Needs

Purpose of this Segment:

This segment explored participants' visions of a healthy community, identifying what is currently missing and what changes are essential to create a healthier environment.

Insights from the Conversation:

Participants described a healthy community empowering its residents with the resources and knowledge to advocate for their well-being. Education was noted as a cornerstone of health, with one participant emphasizing that "a healthy community is an educated community...able to advocate for itself and others." This statement reflects a powerful theme: health must go beyond physical care to include empowerment, knowledge, and self-advocacy.

Food security and access to healthy options were also discussed as core components of community health, with several participants pointing to food deserts and limited access to fresh, nutritious options as persistent issues in their neighborhoods. "Community access and local infrastructure are crucial," a participant observed, signaling a need for systems prioritizing equitable access to fundamental health resources.

Family support networks, lived experiences, and interdependence emerged as vital elements of a healthy environment. These themes underscore that health is not an isolated attribute but flourishes in connected, supportive communities where people feel valued and equipped to care for themselves and others. Participants clearly expressed that healthcare leaders must recognize and strengthen these foundational components for their community to thrive.

Segment 2: Health Concerns and Challenges

Purpose of this Segment:

This segment delved into the community's specific health concerns, particularly those affecting Black families and underserved residents, to highlight the most pressing issues.

Insights from the Conversation:

Mental health surfaced as an urgent concern, particularly given the impact of trauma, stress, and financial hardship on both adults and children. One participant captured the sentiment well: "If there's no system for mental health in place, then everything falls." This statement illustrates the community's acute awareness that untreated mental health issues reverberate across all aspects of life, often destabilizing entire families. Participants voiced a collective call for integrated mental health support as an essential part of the healthcare system.

Racial inequity and systemic bias in healthcare were also prominent concerns, with many sharing experiences of misdiagnosis or inadequate care. "The system is skewed toward white people due to the many studies that are done only on white people," explained one participant, emphasizing the community's frustration with a healthcare system that frequently fails to consider the needs of Black patients. This discussion highlights a profound gap in culturally competent care that leaves community members feeling marginalized and distrustful of the healthcare they receive.

Health equity, particularly about socio-economic factors, was another key theme. Many participants expressed frustration at the lack of local healthcare facilities and the challenges of finding providers who accept Medicaid. This disparity forces community members to seek care outside their neighborhoods, creating additional barriers and exacerbating existing inequities. These insights reveal a clear need for the Collaborative to champion systemic changes that address health disparities and prioritize equitable access to care for all.

Segment 3: Barriers to Health

Purpose of this Segment:

This segment examined the barriers preventing community members from accessing care, emphasizing structural obstacles and interpersonal challenges.

Insights from the Conversation:

Participants identified a range of barriers, with mistrust of healthcare providers as a significant deterrent to seeking care. For many, this mistrust is rooted in both historical injustices, such as the Tuskegee Study, and personal experiences of gaslighting or racial discrimination in medical settings. "The trust was never there to begin with," one participant remarked, underscoring the deep-seated apprehension that many Black residents feel toward the healthcare system. This lack of trust often leaves patients feeling isolated and unsupported in their health journeys, revealing the urgent need for healthcare providers to actively work toward rebuilding relationships with the community.

Financial strain, particularly around insurance coverage and medical expenses, was also highlighted as a barrier. Participants shared frustrations around opaque insurance policies, especially the limitations they encountered with Medicaid. "How do we bridge the gap regarding different insurance?" one participant asked, pointing to a lack of accessible

education on insurance options exacerbating existing financial barriers. This discussion underscores the need for transparency and education around insurance to empower residents with the tools needed to make informed healthcare decisions.

The absence of nearby health facilities was another key barrier, with participants expressing the need for “satellite offices” within their neighborhoods to reduce the logistical challenges of accessing care. These barriers paint a comprehensive picture of the community's structural and interpersonal difficulties, emphasizing the need for systemic reforms to eliminate the obstacles that prevent equitable access to care.

Segment 4: Community Priorities and Potential Solutions

Purpose of this Segment:

This segment focused on identifying the community's health priorities and gathering actionable ideas for addressing these issues through healthcare collaboration.

Insights from the Conversation:

Mental health support and culturally competent care emerged as immediate priorities, with participants emphasizing the need for healthcare that acknowledges and responds to the cultural contexts of Black families. One participant recommended that “mental health support should go hand in hand with physical health,” illustrating the community's desire for integrated care that addresses the mind-body connection. Many suggested that mental health programs be made available in schools to reach children early, providing preventive care and support for youth in need.

Participants also proposed the creation of advocacy roles within the healthcare system, such as community health workers or family support partners who can represent and advocate for patients during appointments. These advocates could help translate medical jargon, guide patients through treatment options, and serve as a bridge between providers and the community. “Without [community health workers], there's no hope,” one participant shared, capturing the importance of having community-based advocates who understand the unique challenges residents face and can assist them in navigating the healthcare system. The community also called for initiatives to build trust with healthcare providers, including panel discussions and open dialogues with hospital CEOs and other healthcare leaders. Participants believe these forums would allow residents to voice their experiences directly and help healthcare leaders understand the realities faced by their communities. Such initiatives reflect the community's desire for transparency and accountability from healthcare providers, fostering a sense of mutual respect and partnership.

Segment 5: Collaborative Solutions and Next Steps

Purpose of this Segment:

This final segment summarized collaborative actions that could be taken by healthcare providers and the community to address health issues, strengthen trust, and promote sustainable solutions.

Insights from the Conversation:

To rebuild trust, participants stressed the importance of culturally responsive training for healthcare providers, suggesting that providers be educated on implicit biases and how

these biases affect patient care. Participants were clear that for trust to be restored, healthcare providers must take active steps to demonstrate understanding, compassion, and respect for the community's lived experiences. This sentiment reflects a strong desire for healthcare systems to make tangible efforts to acknowledge and address the harm that has been done. Participants also advocated for community-based liaisons to help residents with health literacy, navigate insurance options, and ensure continuity of care. These liaisons, including family support partners and community health workers, would play a critical role in bridging the gap between healthcare providers and the community, especially for those who struggle to navigate complex healthcare systems alone. By investing in local health advocates, the Collaborative could significantly enhance the accessibility and cultural relevance of its services. Another recommended solution was expanding access points within the community through satellite offices or mobile health units. By creating these access points, healthcare systems can bring care closer to home for many residents, reducing logistical and transportation-related barriers. Participants expressed hope that localizing care could help strengthen relationships between providers and patients, cultivating a healthcare environment that feels accessible and genuinely supportive.

Conversation Themes

1. Community Health Needs

Participants described a healthy community as empowering its residents to advocate for their health and providing access to essential resources, knowledge, and support systems.

□ Mental Health Support

Mental health emerged as an essential component of community health, with participants emphasizing the importance of accessible mental health services, particularly for youth and families. One participant noted, "If there's no system for mental health in place, then everything falls," underscoring the widespread impact of untreated mental health issues. Community members expressed a need for integrated mental health services accessible in schools and community centers to support children and parents.

□ Food Security and Access

Food deserts and limited access to nutritious food options were recurring concerns, with participants pointing to the need for affordable, healthy food in local grocery stores. The lack of nutritious options has tangible impacts on family health, and several participants suggested community gardens or subsidized grocery programs as potential solutions to bridge the food access gap.

□ Educational Empowerment

Education was highlighted as a cornerstone of health. Participants discussed the importance of health literacy in navigating the healthcare system and understanding how to advocate for oneself effectively. One participant remarked, "A healthy community is an educated community...able to advocate for itself and others." This reflects a strong desire for educational programs that build advocacy

skills and empower community members with the knowledge to make informed healthcare decisions.

2. Health Concerns and Challenges

The community identified various health concerns that disproportionately affect Black families and other marginalized groups, emphasizing the need for healthcare reform that addresses these inequities.

□ Systemic and Racial Bias in Healthcare

A significant challenge for the community is the systemic bias that many experience in healthcare settings. One participant voiced a sentiment shared by others, stating, “The system is skewed toward white people due to the many studies that are done only on white people.” Participants described experiences of being dismissed or misdiagnosed, which has deepened their mistrust of healthcare providers. This points to a critical need for providers trained in cultural competency and aware of the unique challenges Black patients face.

□ Economic Barriers

Financial challenges were discussed frequently, with many participants highlighting the high co-pay costs, insurance complexities, and limited access to affordable healthcare. These financial burdens deter people from seeking necessary care, particularly for preventive services. “Health insurance co-pays can be unaffordable,” shared one participant, emphasizing the need for accessible insurance education and financial support programs.

□ Geographic and Logistical Barriers

Participants noted the absence of local healthcare facilities and the need to travel long distances for Medicaid-accepting providers. “There’s a medical office in Florissant that doesn’t take Medicaid...we have to drive far just to get basic care,” one participant explained, underscoring the limited health infrastructure in predominantly Black neighborhoods.

3. Barriers to Health

Participants identified additional obstacles that prevent access to quality care, often rooted in historical trauma and a lack of cultural awareness in healthcare settings.

□ Historical Trauma and Mistrust

Mistrust of healthcare providers was a prominent theme, with participants citing historical events, such as the Tuskegee Study, and personal experiences of medical discrimination. “The trust was never there to begin with,” one participant said, reflecting on the persistent distrust in healthcare providers. This deep-seated mistrust presents a barrier to care, as many residents feel apprehensive about seeking medical support.

□ Financial and Insurance Challenges

Complexity around Medicaid and private insurance coverage was discussed as a barrier, with participants expressing a need for more precise, more transparent insurance education. One participant questioned, “How do we bridge the gap

regarding different insurance?” suggesting that a lack of information compounds financial barriers.

- Insufficient Health Infrastructure

Participants recommended establishing more healthcare access points within the community, such as satellite clinics or mobile health units, to alleviate transportation challenges. This would allow residents to access care locally, reducing logistical burdens and improving continuity of care.

4. Community Priorities and Proposed Solutions

The community outlined vital priorities and actionable solutions to address these health challenges, emphasizing mental health and culturally responsive care.

- Integrated Mental and Physical Health Services

Participants voiced a strong need for healthcare that integrates mental health support with physical care, particularly in preventive and school-based programs. “Mental health support should go hand in hand with physical health,” suggested one participant, advocating for holistic care that addresses both mind and body.

- Establishing Healthcare Advocates and Navigators

Community health workers and family support partners were proposed as vital allies for patients, helping them navigate healthcare systems and advocate for their needs. “Without [community health workers], there’s no hope,” a participant shared, emphasizing the importance of culturally informed advocates understanding and representing community interests.

- Building Trust Through Transparency and Engagement

Participants recommended creating forums where healthcare leaders could engage directly with the community, listen to their experiences, and address their concerns. Such forums would foster transparency and demonstrate accountability, which the community views as essential to building trust in healthcare systems.

5. Collaborative Solutions and Next Steps

The final segment focused on collaborative actions that healthcare providers and the community can take to bridge current gaps and create sustainable health improvements.

- Culturally Responsive Training for Healthcare Providers

Participants strongly advocated ongoing implicit bias and cultural competency training to address discrimination and improve patient-provider relationships. They emphasized that healthcare providers must demonstrate understanding and compassion to rebuild trust.

- Investing in Community-Based Health Resources

Participants recommended establishing health literacy programs and additional access points like satellite clinics or mobile health units within the community. These resources would enhance accessibility and provide culturally relevant support to residents.

□ Expanding Preventive Care Initiatives

Regular community health events and partnerships with local organizations were suggested to provide preventive care, health education, and screenings.

Participants believe these efforts could create a more inclusive healthcare environment that proactively supports community health.

Conclusion and Next Steps

This community conversation highlighted the significant gaps in healthcare access, cultural competency, and trust within the Black community and other marginalized populations. Moving forward, The Collaborative has an opportunity to address these issues by implementing culturally responsive training, establishing community health worker programs, and expanding mental health and preventive services. To ensure that the insights gathered here are honored, the Collaborative should maintain transparent, ongoing communication with the community, updating them on progress and ensuring their voices remain central to healthcare improvement efforts.

St. Louis Regional Hospital Collaborative
Community Conversation in Partnership with
the International Institute of St. Louis
Wednesday, October 23, 2024



Executive Summary

The St. Louis Regional Health Collaborative partnered with the International Institute of St. Louis (IISTL) to conduct a community conversation as part of its Community Health Needs Assessment (CHNA). IISTL, a nonprofit dedicated to fostering an inclusive community for immigrants and refugees, plays a vital role in supporting St. Louis' international populations by providing services across housing, employment, health, and education. Recognizing the St. Louis region's growing international community, the Collaborative sought insights into the unique health challenges, needs, and perspectives of recent immigrants.

This conversation engaged ten participants from three groups: Spanish-speaking individuals, Afghan refugees, and Eritrean immigrants. Key themes included language barriers, cultural competency in healthcare, the need for accessible mental health resources, and enhanced health literacy. Each group shared their experiences with navigating healthcare in the U.S., including specific cultural barriers and community-based solutions. The Collaborative aims to utilize these insights to create a healthcare system prepared to serve St. Louis' diverse populations.

This report presents themes and insights from each group individually, followed by a cross-group analysis to identify areas of alignment and unique needs. The concluding section offers recommendations and a call to action for fostering a culturally responsive, inclusive healthcare environment in St. Louis.

Introduction and Background

The St. Louis Regional Health Collaborative aims to understand and address health disparities by prioritizing community voices, especially those of underserved populations. In collaboration with the International Institute of St. Louis (IISTL), a leading organization serving immigrant and refugee populations, the Collaborative conducted a community conversation to engage with the region's international residents and gather insights into their healthcare experiences and needs. With a rapidly growing international population, the Collaborative recognizes the importance of preparing the healthcare system to meet the unique needs of these communities.

The conversation involved ten participants across three language and cultural groups: Spanish-speaking individuals, Afghan refugees, and Eritrean immigrants. Each group contributed distinct insights into the challenges they face, from language barriers to cultural misunderstandings, offering essential perspectives to guide improvements in healthcare accessibility and quality.

Methodology

To authentically capture community voices, the Collaborative and IISTL developed a facilitation guide specifically tailored to the experiences of immigrants and refugees. The guide included culturally relevant, open-ended questions to encourage participants to share their unique perspectives on healthcare access, experiences, and potential improvements. The facilitation approach and questions were refined through several planning meetings to ensure relevance to each international group. The community conversation involved three sessions, with ten total participants from the Spanish-speaking, Afghan, and Eritrean communities. Facilitators created a supportive

environment that encouraged open sharing while dedicated scribes documented key insights, quotes, and emerging themes. The notes from each session were synthesized to identify overarching themes and specific needs unique to each group, as well as shared priorities across groups.

Conversation Themes

The conversation yielded five primary themes that reflect the unique healthcare needs and perspectives of each international group. Below, insights are presented by segment for each group, followed by a cross-group analysis to identify common challenges and recomm

Spanish-Speaking Group

Segment 1: Identifying Community Health Needs

Purpose of this Segment

This segment aimed to understand participants' perspectives on what a healthy community requires, focusing on essential resources and services.

Insights from the Conversation

Participants emphasized the importance of accessible healthcare as a foundation for a healthy community. Many highlighted the financial burdens they face, noting that high healthcare costs prevent them from seeking treatment, even for pressing health issues. One participant shared, "I have inflammation in my lymph nodes but haven't gone to the doctor because of the cost."

The group expressed concern about the limited Medicaid coverage available to South American immigrants, as Missouri's policies only extend Medicaid benefits to immigrants from certain countries. This lack of coverage leaves many without options for regular medical care, which exacerbates chronic conditions and increases the risk of severe illness. They voiced frustration about needing a thorough orientation to the healthcare system upon arrival in the U.S., as many enter without knowing how to navigate healthcare effectively. Participants also discussed the toll that healthcare costs take on their mental well-being. The financial stress of even a minor illness creates fear about seeking care, as a simple visit could lead to debt. They pointed out that, unlike in their home countries, emergency services in the U.S. are prohibitively expensive. "Don't use the ambulance!" one participant warned, illustrating the hesitation to seek emergency care due to cost.

Segment 2: Barriers to Health

Purpose of this Segment

This segment explored the obstacles preventing Spanish-speaking participants from accessing healthcare.

Insights from the Conversation

Participants repeatedly highlighted financial challenges, explaining that healthcare costs, limited Medicaid access, and unreliable financial assistance from hospitals create significant barriers. Many described situations where they applied for financial aid only to receive no response or, in some cases, have aid withdrawn unexpectedly.

Transportation also emerged as a major barrier, as most participants rely on public transit due to limited access to personal vehicles. They explained that infrequent public

transportation schedules make it difficult to attend appointments on time, especially when providers are located far from their neighborhoods. They stressed that transportation limitations further hinder their ability to obtain consistent care.

Segment 3: Prioritizing Health Issues

Purpose of this Segment

This segment focused on identifying the urgent health concerns within the Spanish-speaking community.

Insights from the Conversation

Participants ranked access to affordable healthcare and insurance as top priorities for addressing community health needs. They raised concerns about substance abuse in their neighborhoods, describing how it compromises community safety and leads to a lack of trust in the healthcare system. They also highlighted mental health as a critical area of need, pointing out that cultural stigma around mental health care often leaves them without support.

The group discussed the mental health toll of immigration, sharing how experiences of trauma during migration impact their well-being. One participant recalled a tragic event, stating, "I saw a two-year-old die while being transported from Mexico." This comment underscored the profound impact that traumatic experiences have on immigrants' mental health.

Segment 4: Building on Community Strengths

Purpose of this Segment

This segment recognized strengths within the community and existing resources that contribute to health and well-being.

Insights from the Conversation

Participants expressed appreciation for the U.S. healthcare system's policy of providing emergency treatment regardless of a patient's ability to pay. They acknowledged that, despite the financial burdens, the availability of emergency care in the U.S. stands in contrast to their home countries, where lack of payment can mean no treatment. One participant remarked, "At least here, we are alive to pay the bill."

The group highlighted local resources that help them meet basic needs, such as food assistance from churches and housing support from the International Institute. They expressed gratitude for these services but raised concerns about the lack of affordable winter clothing, as many are unaccustomed to the colder climate and find the cost of appropriate clothing prohibitive.

Segment 5: Collaborative Solutions

Purpose of this Segment

This segment captured participants' recommendations for improving healthcare access and fostering a supportive healthcare network within the Spanish-speaking community.

Insights from the Conversation

Participants recommended expanding Medicaid access for immigrants and increasing

transparency around healthcare costs. They suggested establishing translation services specifically for phone conversations with healthcare providers, as language barriers during calls often create misunderstandings. The group also proposed creating community events to build support networks and increase awareness of available resources.

They expressed a need for a stronger local Latin American community, with one participant noting, “It would be helpful to be connected to more Latin Americans.” Participants emphasized the importance of trusted organizations like the International Institute in advocating for better healthcare access and representing their voices within the broader healthcare system.

Path Forward

The conversation with the Spanish-speaking community revealed significant barriers they face in accessing healthcare, including financial challenges, limited Medicaid coverage, and language obstacles. Participants shared powerful stories that illustrate the stress of navigating a complex healthcare system without adequate support. They expressed an urgent need for affordable healthcare options and accessible mental health services. Despite these challenges, the community demonstrated resilience and voiced a strong desire for solutions that build on existing strengths, such as local food and housing assistance, along with a healthcare system that recognizes and addresses their unique needs.

Participants called for greater transparency around healthcare costs, improved language services, and community-driven outreach to connect Spanish-speaking residents with resources. The St. Louis Regional Health Collaborative can address these needs by partnering with trusted organizations like the International Institute. Through culturally sensitive policies and expanded access to healthcare services, the Collaborative can bridge gaps in care and empower the Spanish-speaking community to pursue health and well-being with confidence and support.

Afghan Refugee Group

Segment 1: Identifying Community Health Needs

Purpose of this Segment

This segment explored Afghan refugees' perspectives on what a healthy community looks like and the resources needed to support their well-being in the U.S.

Insights from the Conversation

Participants shared that healthcare in the U.S. is significantly different from their experiences in Afghanistan. They explained that in Afghanistan, hospitals offer general care without the need for appointments, and access to medication is straightforward, often without prescriptions. The concept of scheduled appointments and the need for prescriptions in the U.S. present challenges. One participant remarked, “Appointments are difficult,” describing the system’s unfamiliarity.

Participants noted that even with Medicaid, they often struggle to understand what services are covered and face difficulties in making appointments. One participant expressed frustration with the multiple appointments required for dental care, as this is not the norm in

Afghanistan. They stated, “In Afghanistan, all screenings and procedures happen in the same appointment,” highlighting a key cultural difference in healthcare delivery. Some refugees did find quick service at local clinics, but overall, the group voiced concerns about the complexity and accessibility of healthcare in the U.S.

Segment 2: Barriers to Health Purpose of this Segment

This segment examined the specific challenges Afghan refugees face in accessing healthcare services, including logistical and systemic barriers.

Insights from the Conversation

Transportation emerged as a major obstacle. Many participants rely on public transit, which is often delayed and difficult to navigate. Participants shared how long commutes and bus delays make attending appointments difficult. “Some appointments are very far away from where we live,” one participant explained, underscoring the impact of transportation challenges on consistent healthcare access.

Participants also described the difficulty of finding translators and understanding how to make appointments. They suggested that hospitals hire more translators for new refugees to help them understand the healthcare process and navigate language barriers. They further recommended that healthcare facilities develop systems to better connect patients with disabilities to resources, as their experiences highlighted gaps in understanding and accessibility for individuals with special needs.

Segment 3: Prioritizing Health Issues

Purpose of this Segment

This segment aimed to identify the most pressing health issues within the Afghan community and determine priorities for action.

Insights from the Conversation

Participants identified mental health as a critical concern due to the stress of adjusting to a new environment, learning a new system, and coping with trauma from past experiences. One participant noted, “Depression is very high for new refugees due to the stress of learning how to live in a new country.” Participants expressed that mental health support, particularly culturally competent services that understand their background, would help them adapt more comfortably.

Participants also discussed the challenge of finding reliable information and making appointments. One participant explained that they often have to use Google to find healthcare providers, which sometimes leads to incorrect contacts and further delays in receiving care. The group shared frustrations around follow-up communication, describing how they often do not receive callbacks for appointments or receive limited information on available resources.

Segment 4: Existing Community Solutions Purpose of this Segment This segment focused on identifying any community-based solutions or strengths within the Afghan refugee community that support health and well-being. Insights from the Conversation The group acknowledged that fellow refugees serve as a vital support network. Many rely on each other to learn about healthcare processes, share experiences, and navigate transportation and other logistical challenges. One participant mentioned that their connection with other refugees helped them find resources and advice on scheduling appointments. This informal community network has become a valuable source of information and emotional support. Participants expressed gratitude for the classes provided by the International Institute, which cover basic information about the U.S. healthcare system, including emergency contacts like 911. While they found these resources helpful, they recommended more comprehensive orientation sessions on navigating healthcare services, particularly for dental and specialty

care.

Segment 5: Collaborative Solutions

Purpose of this Segment

This segment explored potential collaborative solutions between the healthcare system and the Afghan community to address identified needs and challenges.

Insights from the Conversation

Participants recommended that healthcare providers offer documentation on refugees' health history prior to their arrival in the U.S. One participant suggested that having access to refugees' health check-up records conducted before they receive U.S. visas could help healthcare providers understand patients' backgrounds and tailor their care accordingly. Participants also recommended increased training for healthcare staff to better understand the refugee experience and how it impacts health.

They further emphasized the need for more streamlined access to healthcare resources and clearer guidance on using health insurance. One participant suggested establishing a dedicated service to assist new refugees with scheduling and transportation for medical appointments, which could alleviate some logistical burdens they face.

Conclusion and Path Forward

The Afghan refugee community highlighted the profound challenges they face in adjusting to a complex healthcare system that differs significantly from the one they knew in Afghanistan. Participants voiced concerns about transportation, language barriers, and the difficulty of navigating an appointment-based healthcare system. Despite these challenges, they demonstrated resilience and a willingness to adapt, drawing strength from their connections with other refugees and the support of organizations like the International Institute.

Participants advocated for improved mental health services, increased language support, and more accessible transportation options. By partnering with trusted organizations and developing culturally competent, refugee-centered services, the St. Louis Regional Health

Collaborative can bridge gaps in healthcare access and build a more supportive healthcare environment for the Afghan community. Implementing these recommendations will help foster trust, improve health outcomes, and support the integration of Afghan refugees into the healthcare system.

Eritrean Refugee Group

Segment 1: Identifying Community Health Needs

Purpose of this Segment

This segment explored the Eritrean refugees' views on what constitutes a healthy community, focusing on essential resources and services.

Insights from the Conversation

Participants emphasized that personal health and freedom are central to a healthy life. However, as recent arrivals (between four months and two years in the U.S.), they found it difficult to address community-wide needs fully. After expanding the discussion to include social determinants of health, they shared that housing stability, health insurance, and dental care access were among their primary concerns. Participants described struggles with finding stable housing and issues with receiving mail reliably, which complicates managing healthcare-related communications.

Dental care emerged as a particularly urgent need. Participants noted that even with medical insurance, obtaining dental services remains challenging. They described repeated experiences with painful dental issues, difficulty scheduling appointments, and inconsistent care. One participant shared that despite scheduling a dental appointment three months in advance, the clinic lost their record of the visit, requiring them to start the process again. Another participant expressed frustration over the lengthy wait times and being turned away due to limited appointment availability, which prolongs their discomfort and affects daily life.

Segment 2: Barriers to Health

Purpose of this Segment

This segment addressed the structural and systemic barriers Eritrean refugees encounter in accessing healthcare services.

Insights from the Conversation

Participants identified several barriers, starting with the lengthy process to obtain MoHealthNet medical cards, which limits access to affordable care. Without insurance, they often face out-of-pocket costs, which become a significant financial burden. They also noted that their limited understanding of the healthcare system restricts their options, as many were unaware of other clinics and providers besides Affinia that accept Medicaid. This lack of awareness led them to believe that Affinia was their only option, highlighting a need for broader health system navigation support.

The group also expressed concerns over finding emergency dental care, as many were unsure where to go when urgent issues arose. Participants suggested that healthcare providers should clarify what services are available during visits and be transparent about wait times and alternative care options. One participant stressed the importance of keeping

scheduled appointments and honoring patients' time, noting how missed or rescheduled appointments disrupt their healthcare experience.

Segment 3: Prioritizing Health Issues

Purpose of this Segment

This segment aimed to pinpoint the most pressing health concerns within the Eritrean community and prioritize actions to address these issues.

Insights from the Conversation

Participants identified the lack of accessible, affordable dental care as an urgent issue due to the daily pain many endure from untreated dental conditions. Additionally, they cited financial and insurance barriers that prevent consistent access to needed services.

Navigating the healthcare system ranked as another top priority, as recent arrivals often lack foundational knowledge about accessing care in the U.S.

To address these issues, participants recommended distributing informational brochures detailing key health navigation resources and instructions. They believe that simple, well-translated guides would make a meaningful difference for newcomers unfamiliar with the complexities of U.S. healthcare. They also emphasized the importance of healthcare providers maintaining strong relationships with community organizations like the International Institute to facilitate information-sharing and support.

Segment 4: Existing Community Solutions

Purpose of this Segment

This segment explored the ways Eritrean refugees currently manage their healthcare needs and any community resources they rely on.

Insights from the Conversation

Participants shared that the International Institute plays a crucial role in helping them understand their healthcare rights, such as the availability of translation services during medical visits. They explained that IISTL staff often assist in making appointments and provide guidance on accessing Medicaid services. While transportation initially posed a challenge, most participants have adapted to public transit or received help from family and friends, improving their ability to attend healthcare appointments.

Despite these strengths, participants expressed a need for clearer information about other healthcare facilities that accept Medicaid, as many mistakenly believed that Affinia was the only option. They suggested that healthcare providers work with organizations like IISTL to educate the community on available healthcare services, enhancing their ability to seek care independently.

Segment 5: Collaborative Solutions

Purpose of this Segment

This segment captured participants' recommendations for improving healthcare access and fostering collaboration between the healthcare system and the Eritrean community.

Insights from the Conversation

Participants recommended that healthcare providers establish stronger relationships with organizations like the International Institute to ensure accurate, timely information reaches the Eritrean community. They suggested that healthcare events geared toward the Eritrean population should occur at IISTL, allowing providers to connect directly with recent arrivals. They also encouraged healthcare providers to maintain open communication with IISTL so that community members know about any health-related events or services that may benefit them.

Participants emphasized the need for straightforward navigation assistance and clear instructions for accessing both general and emergency healthcare services. They believe that such support will empower them to make informed decisions and access care more easily. Additionally, participants requested that healthcare providers commit to honoring scheduled appointments, as missed or delayed visits disrupt their ability to maintain consistent care.

Path Forward

The conversation with the Eritrean refugee community underscored the numerous barriers they face, including difficulties with insurance access, dental care, and navigating a complex healthcare system. Participants shared their experiences of enduring daily pain due to limited dental services, struggling with transportation, and needing support to understand their healthcare options. Despite these challenges, the Eritrean community showed resilience and a desire to find collaborative solutions to improve their healthcare experience.

By strengthening partnerships with trusted organizations like the International Institute and implementing culturally competent, accessible services, the St. Louis Regional Health Collaborative can bridge these gaps in healthcare access. Addressing the community's needs for better navigation resources, honoring scheduled appointments, and expanding access to dental care will support the Eritrean community's health and well-being, fostering a healthcare environment that respects and serves its growing international population.

Cross-Group Analysis

In examining the insights from the Spanish-speaking, Afghan, and Eritrean refugee groups, several key themes emerged across all three communities. These themes illustrate the shared barriers, needs, and aspirations among diverse international populations, highlighting areas where targeted improvements could significantly impact access to and trust in the healthcare system.

1. Language and Communication Barriers

Language consistently surfaced as a significant barrier in healthcare access. All three groups stressed the need for more robust translation services, particularly for scheduling appointments and communicating with providers. Participants across the groups shared instances where miscommunication led to frustration, distrust, and inadequate care. They advocated for reliable interpretation services and materials translated into their native languages to ensure they fully understand medical instructions and their healthcare options.

2. Navigating the U.S. Healthcare System

Each group expressed challenges in understanding the complexities of the U.S. healthcare system. The concept of scheduled appointments, insurance coverage limitations, and the need for referrals were often unfamiliar and confusing. Participants requested more accessible, culturally adapted resources that provide clear guidance on navigating healthcare processes, from insurance enrollment to finding local clinics that accept Medicaid.

3. Financial and Insurance-Related Barriers

High healthcare costs and limited access to insurance presented significant obstacles for all three communities. Participants shared concerns about the affordability of services and medications, especially where Medicaid or other financial aid programs fell short. The Afghan and Eritrean groups, in particular, noted the prolonged wait times and financial strain caused by lack of insurance coverage for dental and specialty care. Many participants expressed a need for clearer information on how to manage healthcare expenses and navigate available aid programs.

4. Importance of Culturally Competent Care

Each group underscored the importance of culturally aware healthcare that respects their backgrounds and experiences. Participants expressed concerns about misdiagnoses, feelings of being dismissed, and a lack of cultural sensitivity from providers. They emphasized the value of building trust between healthcare providers and community members through empathy, understanding, and acknowledgment of their unique healthcare needs. The Afghan group specifically called for mental health support that is both trauma-informed and culturally tailored, recognizing the impact of past experiences on current mental health needs.

5. Community-Based Solutions and Support Networks

The presence of strong community networks and support from organizations like the International Institute was a shared strength across all groups. Participants valued the assistance of fellow community members and trusted organizations in helping them navigate healthcare, access basic needs, and build social connections. They encouraged healthcare providers to work with these community networks to create health education initiatives, in-person outreach, and culturally relevant resources that improve access to care.

Conclusion

This community conversation underscored the shared challenges faced by Spanish-speaking, Afghan, and Eritrean refugees in accessing healthcare within the St. Louis region. Common themes of language barriers, complex healthcare navigation, financial obstacles, and the need for culturally competent care reveal a healthcare system that, while extensive, remains difficult to access for recent immigrants and refugees. Despite these challenges, each group demonstrated resilience and desired a healthcare environment that respects their needs and facilitates their well-being.

The St. Louis Regional Health Collaborative has a unique opportunity to bridge these gaps through strategic partnerships with trusted community organizations like the International

Institute. By prioritizing translation services, improving health literacy resources, and fostering cultural competency among providers, the Collaborative can foster a more inclusive healthcare system. Implementing these recommendations will not only improve health outcomes for international residents but will also promote a sense of belonging, trust, and empowerment within the community. As the Collaborative moves forward, continued engagement with these communities will ensure that healthcare initiatives remain responsive to the evolving needs of St. Louis' diverse international populations.

St. Louis Regional Hospital Collaborative
Community Conversation in Partnership with
Beyond Housing
Tuesday, October 29, 2024



Executive Summary

The St. Louis Regional Health Collaborative (the Collaborative) partnered with Beyond Housing to conduct a community conversation for the Community Health Needs Assessment (CHNA). Beyond Housing, a nonprofit focused on transforming underserved communities by addressing housing, education, economic development, and health, provided a trusted environment for residents to share their perspectives. This collaboration allowed participants to openly discuss their health experiences, highlight barriers, and propose solutions. The conversation revealed themes critical to understanding the community's health needs, including the necessity of accessible mental health resources, barriers like transportation and healthcare costs, and a strong desire for culturally responsive care that values community expertise. The report organizes findings into critical sections: Identifying Community Health Needs, Barriers to Health, Impact of Not Feeling Heard by Providers, Existing Community Solutions, and Building on Community Strengths. Each section includes insights and recommendations that guide the Collaborative in creating an inclusive, responsive healthcare system.

Introduction and Background

The St. Louis Regional Health Collaborative aims to understand and address health disparities in local communities by prioritizing the voices of those most impacted by inequities. In collaboration with Beyond Housing, the Collaborative hosted a community conversation to gather insights on residents' health challenges, strengths, and suggestions for improvement. Beyond Housing's extensive engagement in the St. Louis region, we made it an ideal partner for fostering a welcoming and supportive space.

Participants identified several priorities, including access to mental health resources, affordable healthcare, and a need for respectful, culturally responsive care. This report synthesizes these themes and provides actionable recommendations for the Collaborative to address community needs effectively.

Methodology

The Collaborative and Beyond Housing designed this community conversation collaboratively, inviting diverse community members, including parents, caregivers, and advocates who know firsthand the health challenges faced in their neighborhoods. To prepare, the Collaborative and Beyond Housing held planning and logistics meetings, developed facilitation guides with open-ended prompts, and worked to create a supportive environment for candid dialogue. Facilitators posed questions thoughtfully to foster a safe space while dedicated scribes documented insights, participant quotes, and emerging themes. This structure ensured the conversation was accurately captured, reflecting participants' voices authentically.

Conversation Themes

The conversation surfaced several themes representing community members' views on health needs, barriers, and potential solutions. Each segment includes insights and quotes from participants.

Segment 1: Identifying Community Health Needs

Purpose of this Segment

Participants shared their visions for a healthy community, identifying essential resources and systems to achieve it.

Insights from the Conversation

Participants expressed that a healthy community is one where residents feel supported and empowered. Many advocated for community-centered events like health-themed block parties to foster engagement and connect neighbors. One participant noted, “A community get-together, like a block party with a health theme, would be helpful... It’s more impactful than emails or flyers because everyone is there, understanding each other and looking out for one another.”

Food accessibility also emerged as a pressing concern. Many expressed frustration over limited nutritious food options and highlighted the need for affordable grocery stores and community gardens. One resident emphasized, “We need grocery stores that offer fresh produce and affordable options,” highlighting how food insecurity affects community health.

Segment 2: Barriers to Health

Purpose of this Segment

This segment explored obstacles that prevent community members from accessing structural and personal healthcare.

Insights from the Conversation

Financial challenges, exceptionally high co-pays, and medication costs stood out as significant barriers. Participants noted that healthcare costs often force them to make difficult choices; as one participant shared, “Sometimes, I have to choose between paying for my medication or buying groceries.”

Transportation issues also restrict access to care. Participants recounted difficulties scheduling appointments and traveling to healthcare facilities, especially for providers outside their community. One resident explained, “I have trouble scheduling appointments...you’re told to refill your medication, but then the office is booked for months.” These barriers delay necessary care, compounding health issues for residents who need continuous support.

Segment 3: Impact of Not Feeling Heard by Providers

Purpose of this Segment

Participants discussed the impact of feeling dismissed by healthcare providers, which led to distrust and reluctance to seek care.

Insights from the Conversation

Many participants recounted experiences where they felt unheard by their healthcare

providers. One participant shared, “In 2020, I had a rough delivery at St. Mary’s...the doctor wouldn’t stop when I was in pain, and they never apologized.” Another participant echoed this sentiment, saying, “My doctor didn’t listen when I said the medication was causing pain, so I stopped taking it. I got a new doctor who prescribed something better.”

These stories highlight the need for healthcare providers who actively listen and respond to patients’ concerns with empathy. When participants feel dismissed, it damages trust and reduces the likelihood of seeking further care, impacting their health outcomes.

Segment 4: Existing Solutions in the Community

Purpose of this Segment

Participants discussed community-led actions that support health, illustrating the resilience and strength within the community.

Insights from the Conversation

Participants spoke highly of Beyond Housing’s support and described personal contributions to community health, such as sharing resources and helping those experiencing homelessness. One participant shared, “My son and I go downtown to feed the homeless and provide resources...we tell people where they can charge their phones and find shelter.”

Participants suggested that healthcare providers build on these grassroots efforts by holding regular health education sessions and creating a community calendar for health screenings and resources. Many felt these additions would provide consistent health engagement opportunities, especially for residents needing help seeking information.

Segment 5: Building on Community Strengths

Purpose of this Segment

This segment focused on leveraging community strengths to develop a more supportive healthcare system.

Insights from the Conversation

Participants emphasized the value of grassroots initiatives and suggested using high-traffic locations like schools and community centers to raise awareness of available health resources. Establishing peer support networks was another recommendation, as participants noted that these networks could foster accountability and strengthen bonds within the community. One participant reflected on the power of such outreach and recalled, “This reminds me of when my mom worked for Grace Hill, and they went door-to-door sharing information.”

Participants expressed a need for frequent, accessible health programming and outreach efforts. They believed consistent community health events could build trust and foster a positive relationship between residents and healthcare providers.

Conversation Themes

During the community conversation with Beyond Housing, five main themes emerged that reflect the residents’ perspectives, concerns, and hopes regarding healthcare access and needs in their community. These themes provide a foundational understanding of the

systemic and personal challenges community members face and their ideas for building a more inclusive, supportive healthcare environment.

1. Holistic Community Health Needs

Residents envisioned a healthy community empowering its members through accessible resources and support systems. They stressed the importance of community-centered events, educational opportunities, and access to nutritious food as core components of health. Many participants expressed that health goes beyond physical care, including emotional support, connections with neighbors, and a strong sense of community.

2. Barriers to Accessing Healthcare

Participants identified several significant barriers to accessing healthcare, including financial strain, transportation limitations, and scheduling challenges. They highlighted how high co-pays and medication costs often force difficult trade-offs, while limited local healthcare options and long wait times exacerbate these obstacles. These logistical and financial hurdles make consistent healthcare access difficult for many residents.

3. Importance of Trust and Communication with Healthcare Providers

A strong theme in the conversation was the impact of feeling unheard or dismissed by healthcare providers. Many participants shared personal experiences where they felt disregarded or misunderstood during medical appointments, leading to a lack of trust in the healthcare system. Participants voiced a need for healthcare providers who listen, respond to their concerns, and approach care with empathy and respect.

4. Resilience through Community-Led Solutions

Despite numerous challenges, participants demonstrated resilience by creating and supporting community-led health initiatives. Residents actively contribute to community health by sharing resources, helping vulnerable individuals, and forming support networks. These grassroots actions reflect a strong culture of mutual aid within the community, suggesting a foundation upon which healthcare providers could build.

5. Strengthening Community Partnerships and Support Networks

Participants highlighted the potential for strengthening community health through collaborative partnerships with healthcare providers. They recommended creating peer support networks, establishing more visible healthcare resources in high-traffic areas, and holding regular health-focused events. By building on the community's strengths and forming closer partnerships, participants believe healthcare systems can foster a more accessible and trustworthy environment for all residents.

Conclusion and Next Steps

The Beyond Housing community conversation highlighted pressing health needs and systemic barriers facing residents, including limited access to mental health resources, chronic health management, and the need for culturally competent care. Moving forward, the St. Louis Regional Health Collaborative has an opportunity to address these challenges by implementing culturally responsive training for providers, establishing local health access points, and expanding mental health resources. Engaging the community as active partners and providing regular updates on progress will be essential to ensuring that residents' voices continue to shape healthcare improvements.