

Detailed Discussion of Community Health Recommendations Approved January 2006

During June and July 2005, the RHC solicited ideas which could be developed as recommendations for strengthening community health services in St. Louis City and County. The development process was completed in November 2005 and the recommendations were unanimously approved by the Commission in January 2006.

Recommendation ideas were in response to the findings in the *Community Health Infrastructure Assessment*, released in June 2005.

Recommendations:

1. Enable collaboration among health funding organizations and prevention service providers to invest in evidence-based strategies and enhance collaboration among community health providers.
2. Establish a task force to strengthen referral processes for prevention/screening services between community-based organizations and medical providers.
3. Develop collaborative regional research initiatives for population-based health promotion.
4. Assess opportunities for creating a regional health tax district for community health, public health and safety net medical services.
5. Increase collaboration and coordination between City and County health departments.
6. Identify opportunities for further integration of health education/prevention tools into K-12 education.
7. Increase partnerships with the business community to strengthen community health.
8. The RHC establishes a process for coordinating prevention services among community-based organizations, government, medical care providers, schools of medicine and allied health professionals, and health funding organizations.

RECOMMENDATION 1: Enable collaboration among health funding organizations and prevention service providers to invest in evidence-based strategies and enhance collaboration among community health providers.

CRITERIA MET: Encourages collaboration. Stabilizes funding. Improves service delivery efficiency.

TIMEFRAME: Short-term

DESCRIPTION: Establish committee of health funding organizations and representatives from key prevention service organizations to develop strategies for investment in evidence-based programming in disease prevention and health promotion. As part of strategy development, address the following:

- ∞ Facilitating meetings between staff members of health funding organizations to enhance collaboration.
- ∞ Identifying evidence-based strategies.
- ∞ Assisting funding organizations with developing grant guidelines that incorporate these strategies as requisites for funding decisions.
- ∞ Considering opportunities for longer-term funding of organizations who successfully demonstrate implementation of evidence-based strategies.
- ∞ Offering technical assistance or training sessions for community organizations on incorporating strategies into prevention programming and outcome evaluation.
- ∞ Necessary infrastructure for collecting data to report outcome measures

RATIONALE/BENEFITS:

- ∞ Maximizes effectiveness of resources
- ∞ Targets funding to effective prevention service programs
- ∞ Improves prevention services by linking programming to proven strategies and providing long-term funding to affect significant outcomes

BARRIERS:

- ∞ Requires time commitment from funding and prevention service provider staff to complete trainings
- ∞ May require organizational policy shifts

IMPLEMENTATION/ NEXT STEPS:

- ∞ Compile benchmark best practices for prevention service programming
- ∞ Encourage support from funding community
- ∞ Establish committee of funders and service providers to develop key strategies
- ∞ Consider starting with a few target issues
- ∞ Develop training curriculum

RECOMMENDATION 2: Establish a task force to strengthen referral processes for prevention/screening services between community-based organizations and medical providers.

CRITERIA MET: Encourages collaboration. Improves access and increases awareness of screening and prevention education services. Improves service delivery efficiency.

TIMEFRAME: Long-term (requires funding)

DESCRIPTION: Establish a task force to strengthen referral relationships between screening/outreach staff of community-based organizations, and primary care/medical organization staff. The Task force charge could include development of recommendations for:

- ∞ Establishing or improving referral processes into a primary care home following screening, with an emphasis on ease of patient system navigation
- ∞ Enabling appropriate communication with patients regarding the results of the screening and the opportunity for follow-up with a primary care provider/primary care home, including updating of safety net provider communications materials
- ∞ Ensuring mechanisms for communicating the results of a screening to a patient's primary care provider, as appropriate
- ∞ Facilitating coordination in scheduling of screening activities among community-based and primary care providers to enable intake staff to anticipate potential referrals after the screenings
- ∞ Identifying opportunities for building relationships between community-based organizations and primary care providers
- ∞ In coordination with the St. Louis Integrated Health Network (IHN) identifying opportunities for the web-based linking of community organizations' outreach and screening activities with primary care providers to facilitate the strengthened referral process

RATIONALE/BENEFITS:

- ∞ Links prevention service and outreach activities performed by community based organizations to primary care
- ∞ Enhances effectiveness of screening activities by linking patients to medical care homes
- ∞ Provides assistance in medical provider identification and appointment scheduling for patients

BARRIERS:

- ∞ Requires funding and staff resources
- ∞ Some infrastructure changes may be difficult for smaller organizations with fewer resources

IMPLEMENTATION/ NEXT STEPS:

- ∞ Identify task force participants
- ∞ Complete current state assessment of referral process in community-based organizations
- ∞ Draft process of flow schematic for strengthened referral system

RECOMMENDATION 3: Develop collaborative regional research initiatives for population-based health promotion.

CRITERIA MET: Encourages collaboration. Improves service delivery efficiency.

TIMEFRAME: Intermediate (requires modest funding)

DESCRIPTION: Convene leaders from area research universities and community-based organizations to develop collaborative, regional research initiatives for population-based health promotion. Include consideration of:

- ∞ Opportunities for the development of collaborative grant applications and sustainable initiatives among community-based organizations and research institutions.
- ∞ Opportunities for strengthening community health infrastructure and capacity, as well as health outcomes.
- ∞ Opportunities for research universities to provide educational/technical assistance to community-based organizations in specific identified areas, such as application of evidence-based strategies and outcome evaluation.
- ∞ Opportunities for partnerships with consumers and community-based organizations, such as community health organizations, schools, places of worship, etc., to provide guidance to the research agenda and study design
- ∞ Goals for developing and implementing health promotion methods that improve health behaviors and reduce health disparities across age groups
- ∞ Cross-cutting disease factors such as tobacco use, physical activity and nutrition

RATIONALE/BENEFITS:

- ∞ Attracts funding and professionals for research activities to the region
- ∞ Provides opportunity for application of research findings and evidence-based strategies into community settings
- ∞ Enables community organizations and consumers to help provide input into future research priorities and projects

BARRIERS:

- ∞ May require ongoing funding

IMPLEMENTATION / NEXT STEPS:

- ∞ Identify assets of research institutions in three areas of health promotion: education, screening, and advocacy/policy
- ∞ Identify researchers, community-based organizations and other partners to develop research initiatives with input from consumer focus groups
- ∞ Identify opportunities for grant funding

RECOMMENDATION 4: Assess opportunities for creating a regional health tax district for community health, public health and safety net medical services.

CRITERIA MET: Stabilizes funding.

TIMEFRAME: Long-term (requires funding)

DESCRIPTION: Assess opportunities for creating a regional health tax district for enhancing and supporting safety net medical services and community health/public health services, namely health education, disease prevention and early detection. The health tax district assessment should include consideration of feasibility, tax district models locally and in other communities, governance, potential voter support, methods for tax revenue generation (e.g., real estate, personal property, sales), and fund distribution.

RATIONALE/BENEFITS:

- ∞ Addresses finding of RHC's 2003 report, *Building a Healthier St. Louis*, which identified a \$166 million gap between available and necessary safety net medical resources
- ∞ Addresses RHC recommendation for regional health tax district from the RHC's October 2003 strategic plan
- ∞ Enables increased investment in evidence-based strategies/best practices for community health, public health and safety net medical delivery
- ∞ Enables sustainable health system change and community health improvement through long-term commitment of funding and community resources

BARRIERS:

- ∞ Need for increased public awareness of the importance of community health, public health and safety net medical services.
- ∞ Competition with other tax-financed priorities in the community.

IMPLEMENTATION / NEXT STEPS:

- ∞ Identify committee to guide the planning process
- ∞ Review existing models for regional tax districts (e.g., museum district, sewer district).
- ∞ Await results of November 2006 tobacco tax initiative and assess public attitudes post-election

RECOMMENDATION 5: Increase collaboration and coordination between City and County health departments.

CRITERIA MET: Encourages collaboration. Improves service delivery efficiency.

TIMEFRAME: Mid-term (requires modest funding)

DESCRIPTION: Convene representatives from the St. Louis City and County health departments to identify and implement opportunities for increased collaboration and coordination between the departments. Potential opportunities for collaboration include, but are not limited to the following:

- ∞ *Lead Poisoning Prevention* (increase screening rates and parent education)
- ∞ *Immunization* (increase regional immunization rates, including but not limited to flu and hepatitis)
- ∞ *Surveillance and Epidemiology* (coordinate emergency alerts, prevention messages, and investigation of suspicious symptoms)
- ∞ *Sexually-Transmitted Disease Prevention* (focus on reducing Chlamydia and gonorrhea rates, especially among teens)
- ∞ *Chronic Disease Prevention and Management* (reduce long-term demand for medical care related to diabetes, heart disease, asthma, cancer, arthritis and other chronic conditions)

RATIONALE/BENEFITS:

- ∞ Collaboration in key areas will enable strengthened regional delivery of population health and prevention services
- ∞ Evidence-based prevention strategies apply to both City and County populations
- ∞ Implementation costs can be maximized and reach a larger population
- ∞ Chronic disease is a major driver of medical care cost and utilization
- ∞ Consolidation of best practices and targeting high-risk populations can produce measurable results

BARRIERS:

- ∞ Staff availability

IMPLEMENTATION / NEXT STEPS:

- ∞ Facilitate meetings with City and County department leaders
- ∞ Identify programs and services for sharing and expansion
- ∞ Explore mechanisms to manage funds for shared services

RECOMMENDATION 6: Identify opportunities for further integration of health education/prevention tools into K-12 education

CRITERIA MET: Encourages collaboration. Improves access and increases awareness of screening and prevention education services.

TIME FRAME: Long-term

DESCRIPTION: Establish a task force of K-12 education, health education/prevention, and health literacy representatives to develop a plan for further integration of health education/prevention resources, tools and curriculum into K-12 education. Areas of consideration to include:

- ∞ Collaborating with the RHC's Health Literacy Task force to review health related programs, curricula and best practices that currently exist in the schools, and identifying potential opportunities for expansion or improvement. Areas of focus may include: providing information on visiting a primary care provider, disease prevention and healthy lifestyle choices.
- ∞ Identifying the schools and grade levels on which to focus
- ∞ Reviewing and incorporating the Missouri Show Me Standards in any curriculum or materials developed
- ∞ Creating curricula that are age and condition specific for patients and parents.
- ∞ Identifying agencies that could be designated as partners to design and implement health initiatives with schools
- ∞ Incorporating mental health into any school-based curriculum

RATIONALE/BENEFITS:

- ∞ Incorporates prevention and health literacy into early stages of development
- ∞ Emphasizes importance of primary medical care

IMPLEMENTATION/NEXT STEPS:

- ∞ Identify task force participants
- ∞ Begin review/inventory of existing programs

BARRIERS:

- ∞ Requires funding

RECOMMENDATION 7: Increase partnerships with the business community to strengthen community health.

CRITERIA MET: Improves access and increases awareness to screening and prevention education services. Demonstrates value of community health to general population. Reduces long-term costs for medical care.

TIMEFRAME: Mid-term (requires modest funding)

DESCRIPTION: Partner with the business community to deliver, advocate, and increase participation in health promotion activities and disease prevention. Potential opportunities for partnering with the business community include, but are not limited to the following:

- ∞ *Employee Wellness.* Work with established networks of local businesses (e.g., chambers of commerce) to facilitate development of a coordinated strategy for community health promotion in workplace settings, with special emphasis on un-/under-insured employees.
- ∞ *Marketing for Health.* Explore opportunities for local businesses to sponsor marketing efforts that influence consumer health knowledge and behaviors. Work with corporate and retail business leaders to integrate specific disease prevention and health education messages into their marketing campaigns and/or contribute purchased advertising (billboards, television commercials, newspaper ads, and sport/event sponsorships) to a coordinated social marketing campaign.

RATIONALE/BENEFITS:

- ∞ With expertise in marketing and an ability to reach the population (via employees, customers, and neighbors), the business community is uniquely equipped to be a strong ally for community health
- ∞ Employers are interested in creating a healthier workforce and reducing medical care costs related to preventable diseases
- ∞ The RHC's *Community Health Infrastructure Assessment* (2005) showed need for improving coordination of activities among prevention service providers in the region.

BARRIERS:

- ∞ Time commitment necessary from business community

IMPLEMENTATION / NEXT STEPS:

- ∞ Identify established networks of local businesses
- ∞ Assess feasibility of possible objectives
- ∞ Develop implementation strategies and accompanying tools
- ∞ Develop marketing and promotions plan for recruiting and retaining business partners
- ∞ Coordinate with RHC Health Literacy recommendations
- ∞ Recruit business to participate in the community health improvement process

RECOMMENDATION 8: The RHC establishes a process for coordinating prevention services among community-based organizations, government, medical care providers, schools of medicine and allied health professionals, and health funding organizations.

CRITERIA MET: Encourages collaboration. Improves service delivery efficiency.

TIMEFRAME: Short-term (requires minimal funding)

DESCRIPTION:RHC establishes a process for coordinating prevention services in St. Louis City and County. The RHC should ensure that the coalition-building process includes organizations involved with outreach, screening and health education, including non-profit agencies, government departments, health centers, schools, places of worship, hospitals, health funding organizations, faculty of medical and allied health profession schools and businesses.

As a result of coordination, the RHC expects improvement in: (a) the development and implementation of evidence-based prevention strategies, (b) long-term funding for prevention services, (c) evaluation of services provided by community health organizations and (d) public promotion of healthy habits and consumer demand for prevention service needs through increased coordination.

Priorities, goals, and activities are determined through chartering Workgroups for specific initiatives. Depending on the scope and goals of an initiative, Workgroups may dissolve upon assignment completion, become standing sub-committees, or be spun-off as complementary organizations. For example, a special Workgroup may be chartered to coordinate service delivery and funding for flu vaccines or strengthen school nutrition programs, then dissolve after a period of time.

RATIONALE/BENEFITS:

- ∞ *Community Health Infrastructure Assessment* (2005) showed need for improving coordination of activities among prevention service providers in the region
- ∞ Leverages health funding to encourage collaborative process

BARRIERS:

- ∞ Complexity inherent in coordinating large numbers of community health organizations and other prevention service providers in planning and implementation processes

IMPLEMENTATION / NEXT STEPS:

- ∞ Engage of community health organizations and other prevention service providers
- ∞ Steering committee charters first initiative with baseline measurements and goals
- ∞ Develop and implement strategy to communicate purpose and plans throughout the community