SECTION II: INTRODUCTION TO THE RHC AND THIS REPORT TO THE COMMUNITY

A. History Leading to the RHC

For decades, the St. Louis region has been a world-class center for medical research, training, and delivery of health care services. The citizens of the region remain fortunate to have two medical schools that serve as a hub for cutting-edge research and treatment. The region has several nationally ranked hospitals, including the first health care organization ever to win the Malcolm Baldridge Award for Quality. We also have an abundance of physicians and other medical professionals, and excellent schools of pharmacy, nursing, and public health within our community. Our public health clinic system currently is comprised of 33 safety net clinic sites (see Appendix 1 for a definition and listing of safety net sites), some of which have been recognized as national models of excellence.

However, the history of health care in St. Louis, especially for low-income residents, has not been without its share of controversy and crisis in recent years. In 1979, faced with mounting fiscal pressure, St. Louis City closed Homer G. Phillips Hospital, which for decades was one of the premier training centers for African-American physicians and nurses in the country. In 1985, St. Louis City closed its remaining public hospital, City Hospital at 1515 Lafayette, and Saint Louis County closed its public hospital. A single new not-for-profit hospital with a public mission was then formed to provide health care services for the uninsured and underinsured in the region: St. Louis Regional Medical Center (Regional).

Regional entered into a 10-year contract with the City of St. Louis and Saint Louis County governments. In addition to hospital care, the contracts required Regional to operate the four primary care clinics formerly run by the City. By 1990, the direct subsidies from St. Louis City and Saint Louis County had ceased. In 1995, St. Louis City and Saint Louis County did not renew the existing contract with Regional, and the State of Missouri implemented a Medicaid managed care program in St. Louis. By 1997, Regional faced significant financial pressures, and the Board felt it was unable to operate in a fiscally responsible way.

Regional ceased operations on June 30, 1997. This led to the formation of Saint Louis ConnectCare (ConnectCare). The inpatient hospital was reduced to 24 beds, from over 300, while ConnectCare focused its services on providing primary and specialty care in its clinic system.

In 1999 and 2000, ConnectCare faced mounting fiscal pressure and was in danger of significantly reducing its services or even closing. Between April 2000 and March 2001, a task force created by St. Louis Civic Progress and other community organizations formed to address the immediate funding crisis and discuss solutions to health care for the medically underserved. One of the key goals of these discussions was to find a way to overcome what many saw as institutional competition and infighting between various organizations that comprised the safety net, so that a consensus plan could emerge for the region.

Therefore, one of the group's core recommendations was the development of a new Regional Health Commission to "bring together the various players in the region's fragmented safety net…to create a long-range, community-based plan designed to continuously improve the collective health status of the St. Louis Community." [2.1]

B. The Work of the RHC and Results to Date: The Beginnings of a New Day

In September 2001, Missouri Governor Bob Holden, Mayor Francis Slay, and County Executive Buzz Westfall announced the creation of the St. Louis Regional Health Commission (RHC). The new Commission was charged with improving health care access and delivery to the uninsured and underinsured in the St. Louis region. The RHC consolidated the efforts of a number of groups that were working to address health care in St. Louis, including the Indigent Care Task Force of Civic Progress and the Access to Health Partnership (AHP), a collaborative effort initiated by St. Louis 2004 to address health access issues in the St. Louis area.

In February 2002, two significant events occurred in the history of health care for the underserved in St. Louis:

1. With support of the RHC, and in conjunction with the federal Health Resources Services Administration, a community-wide "Call to Action" meeting was held to build momentum for change in health care in the region and to move toward 100% access and 0% disparities. Over 400 people from across the region participated and generated ideas for change to help guide the efforts of the RHC in the years to come.

2. The RHC, its Advisory Boards and others from around the region joined together to unanimously support the State of Missouri in its application for a Medicaid 1115 Waiver.

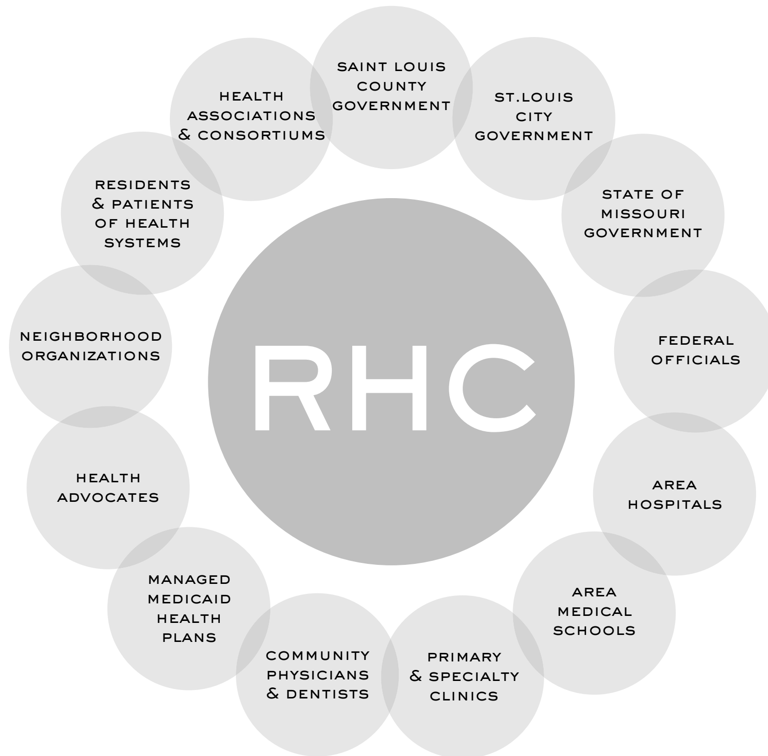
   Based upon this community wide support, the federal government approved a one-of-a-kind program that maintained approximately $20 million per year to support the delivery of health care for the uninsured in St. Louis City and Saint Louis County through at least February 2004.

During the remainder of 2002 and beginning of 2003, the RHC completed the following:

- Served as the lead body for the region in discussions with the State and Federal government concerning the $20 million annual waiver.
- Established two Advisory Boards of citizens and health service providers to aid in determining priorities and potential solutions.
- Hired staff and formed planning Workgroups to accomplish the work of the RHC.
- Created a Workplan to guide its activities through 2004 (see Appendix 2).
- Sought input from over 100 neighborhood and/or health-related organizations concerning the work of the RHC.
  - Collected and analyzed primary health care data for over 60 key indicators concerning the health status of St. Louis City and Saint Louis County.
- Surveyed and summarized data from over 125 organizations or providers that comprise the region's health care safety net.
  - Prepared "Building A Healthier St. Louis" for April 2003 release.

C. The Mission and Role of the RHC: Now and in the Future

The RHC is a network of individuals with responsibility and commitment to improving health in St. Louis City and Saint Louis County. The following types of organizations are represented on the RHC's Commission and Advisory Boards:



The Commission itself is a 19-member body appointed as follows:

SAINT LOUIS COUNTY EXECUTIVE	3	MEMBERS
MAYOR - CITY OF ST. LOUIS	3	MEMBERS
GOVERNOR OF MISSOURI	2	MEMBERS
ST. LOUIS AREA HOSPITALS/HEALTH SYSTEMS	2	MEMBERS
ST. LOUIS AREA PRIMARY CARE CLINICS	2	MEMBERS
SAINT LOUIS CONNECTCARE	1	MEMBER
ST. LOUIS AREA MEDICAL SCHOOLS	1	MEMBER
"AT-LARGE" FROM COMMUNITY	3	MEMBERS
CHAIRS OF ADVISORY BOARDS	2	MEMBERS
TOTAL APPOINTMENTS	19	MEMBERS

The RHC also has two Advisory Boards of 25 individuals per Board. One Advisory Board represents community organizations, citizens, and users of the safety net system; the other Advisory Board represents health service providers in the region.

The Committee structure of the RHC can be found in the Workplan in Appendix 2 of this report. A list of Commissioners and Advisory Board members as of February 15, 2003 can be found in Appendix 3.

D. The Initial Focus of the RHC

As part of the discussions with the Federal and State governments, the RHC was immediately charged with a critical task under the terms of the Medicaid 1115 Waiver program: "to prepare a strategic plan for delivery of health care services to the medically indigent people in the St. Louis area" by the end of 2003. [2.1]

The primary goal of the federal and state governments in approving the preservation of the approximately $20 million revenue stream was to "enable the St. Louis region to transition its safety net system of care for the medically indigent to a viable model not dependent on demonstration funds long-term." [2.1]

Therefore, the primary focus of the RHC's efforts in the short term must be to solve an immediate problem in our community: how to create a financially sustainable primary and specialty care safety net system for St. Louis City and Saint Louis County. This effort is urgent, immediate, and the focus of the RHC's planning efforts through 2003.

As part of these efforts, the RHC is also working to advance the tracking and regular reporting to the public of specific metrics documenting progress toward better health care outcomes in St. Louis. The RHC accepted this charge in response to recommendations from the community.

Also in 2003, the RHC will continue to be involved in discussions with the State of Missouri and Federal governments to extend the Medicaid 1115 Waiver past February 2004 to preserve the approximately $20 million annual revenue stream through the implementation of the RHC's plan.

Despite this immediate task and focus, the RHC also recognizes that the health status of the region is impacted by more than just the availability of health care services. Therefore, a Workgroup has been established to investigate how prevention, health education, and public health services can be improved for the citizens of our region.

The Commission has already begun partnerships with several organizations in the community to advance community health in several key focus areas in the near term. The Commission's long-term recommendations concerning how to strengthen prevention, health education, and public health will be developed and presented in 2004.

E. RHC Schedule of Events for 2003-2004

In order to accomplish its mission, the RHC has completed a Workplan to guide its efforts, which is detailed in Appendix 2.

The RHC is committed to taking immediate action to improve access to care and reduce health disparities by supporting efforts of existing organizations in our community. We are proactively seeking partners for this work and have already begun efforts with several organizations as listed in Section VI of this report.

As part of its Workplan, and as a condition of the federal Medicaid Section 1115 Waiver for St. Louis, the RHC has also agreed to release "Building A Healthier St. Louis" This report is intended to serve that purpose.

In the future, the RHC anticipates the following work to be completed and released to the public:

Ongoing

- Development of partnerships to improve access to care and reduce health disparities
- Discussions with State and Federal agencies concerning DSH Waiver addendum for the St. Louis community

April 2003

- Situational Analysis: "Building A Healthier St. Louis"

July 2003

- Initial recommendations for improving the health care safety net of the St. Louis region (Primary & Specialty Care)

December 2003

- Final plan and implementation strategy (Primary and Specialty Care)

January-December 2004

- Implementation activities (Primary and Specialty Care)

June 2004

- Situational Analysis: A report on prevention, health education, and public health services in St. Louis City and Saint Louis County
- Initial recommendations for improving prevention, health education, and public health services in St. Louis City and Saint Louis County
- Final plan and implementation strategy (prevention, health education, and public health services)

F. Importance of Community Participation

The RHC believes that collaborative partnerships are a powerful way to improve health in our region. We understand that in order to create and implement change in our health care system, it is critical that our work be inclusive, and that citizens are engaged in our decision-making processes.

We also recognize that in order for us to succeed, several things must occur:

- Actions must be community driven–Without support from the entire community, efforts for improvement will fail.
- Partnerships must be developed with communities.
- The engagement efforts must recognize and respect community diversity.
- Community assets must be identified and mobilized.

It is important to our work that community members play a key role in defining the problems and in planning and instituting steps to create solutions. In February 2001, concerned individuals from across the region came together for the "Call to Action" Initiative. [2.2] Community members provided the RHC with recommendations for improving health in our region, including:

- Develop a coordinated business plan for improving access to health care services and reducing health disparities.
- Support and encourage collaboration among safety net providers in our community.
- Work with the St. Louis City and Saint Louis County Departments of Health to measure and report progress toward improving regional health status.

The RHC has taken its direction from the community priorities raised at the "Call to Action" Initiative, and from citizen forums conducted by other groups in our region. (For a complete listing of all 13 "Call to Action" recommendations and the RHC response to date, see Appendix 4.)

Throughout our work in creating this report, we have also relied on the RHC Advisory Boards. The Advisory Boards are made up of health care providers, community organization representatives, safety net patients and other community leaders. The Advisory Board members have worked with the Commissioners to help define the problems, conduct research, and write and revise this report.

In addition, community organizations from across St. Louis City and County have provided critical input into our work. Over the past several months, we have met with over 100 neighborhood, community, and health-related groups. These organizations have contributed to both our process and priorities. They have also assisted us in compiling, writing, and revising a great deal of the information in this report.

In the coming months, the RHC will continue to reach out to the community. The public is invited to all of our meetings, which are posted on our web site at www.stlrhc.org. We will also be working throughout the year to gather additional community feedback and to develop solutions for strengthening the safety net system.

We will hold several town hall meetings this spring and summer and look forward to your participation. In addition, members of the Commission, our Advisory Boards, or the RHC staff would be pleased to have an opportunity to meet with your community or neighborhood group.

Together, St. Louis City and Saint Louis County residents will improve health for the citizens in our region. Thank you for joining us in this work.

G. Purpose of this Report: A User's Guide

This report has been written to serve three main purposes:

1. To provide the St. Louis community with a "snapshot" of where we stand regarding health outcomes, health disparities, and the integrity of the health care safety net as it currently is organized and financed. The intent is to begin to engage in a community-wide conversation so that health status will be improved for the region as a whole in the future.

2. To serve as a platform for the RHC to make recommendations in the next year concerning the organization and financing of primary and specialty care services in our region.

3. To meet the requirements of the Federal and State governments under the terms of the agreement with the St. Louis community completed in June 2002.

It is our hope that the data and conclusions will spur and support efforts to improve health care in our region, especially for those most in need. In particular, we hope that community groups, practitioners, and policymakers utilize the data over time to target specific efforts where they may make the most impact long term.

Data Limitations and Caution

Great care has been taken to ensure the accuracy of the data in this report. However, given the complexity of many of the measures, caution should be taken in drawing conclusions from the data. In many instances, particularly as a result of small numbers within a given geographic area, a specific rate for a particular health indicator for a zip code may require further investigation before meaningful conclusions can be drawn.

It should be noted that on the accompanying maps (as noted in each map's legend) indication has been made where there are possible data validity/reliability issues due to a small number of events or population.

All data contained within the report were obtained from secondary data collection sources such as vital records data from the Missouri Department of Health and Senior Services and Medicaid data from the Missouri Department of Social Services. Even within the data that these agencies report there could be errors due to incorrect coding or improper categorization of the data when it was originally collected. Also, since some of the measures were derived from data from multiple sources, there could be underlying methodological issues with how each source calculated a measure or handled the data.

For example, some organizations collect and report data by the federal fiscal year (September to October) instead of by calendar year. It is assumed that the impact of such differences is minor. However, because of the small numbers of events for some of the measures at the zip code, City neighborhood or County municipality level, even something as benign as a difference in timing of data collection could cause significant error in the resulting analyses.

For instances of data collected from area health care institutions, including data from RHC surveys, each institution was given the opportunity to verify its data for accuracy. The RHC is not attesting to the complete accuracy of all of the data in this report due to the margin for error in data sources, as indicated above. However, the extensive effort to validate the data has significantly minimized potential inaccuracies. Data inaccuracies that may remain for individual entities, we believe, would have minimal impact on average values and would have no impact on the overall conclusions made in this report. Readers are encouraged to read the appendices to this report, or contact the RHC with questions concerning methodology or data validity.

A Call to Action

As noted by Vision for Children at Risk, a community-based organization in St. Louis working to improve the lives of children in the region, "one of our greatest challenges as a community is to turn data and statistics into a mobilizing force for action." [2,3]

It is our deep hope, and our commitment to the citizens of this region, that this report serves as a mobilizing force for change in the health care community. We look forward to you joining us in this effort.