

## SECTION VI: OTHER DETERMINANTS OF HEALTH

### *Key Findings of Section VI*

- 1. Factors such as lifestyle and behavior, genetics, and the environment each have a greater impact on individual health than the medical delivery system.*
- 2. Over the next year, the RHC will conduct an analysis of prevention and health education in the region. In 2004 the RHC will release an analysis, recommendations, and implementation plan for improving prevention and education.*
- 3. The RHC currently supports and lends expertise to initiatives working to improve prevention and health education in the region.*

The RHC embraces the World Health Organization's definition of health:

*“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”*<sup>6.1</sup>

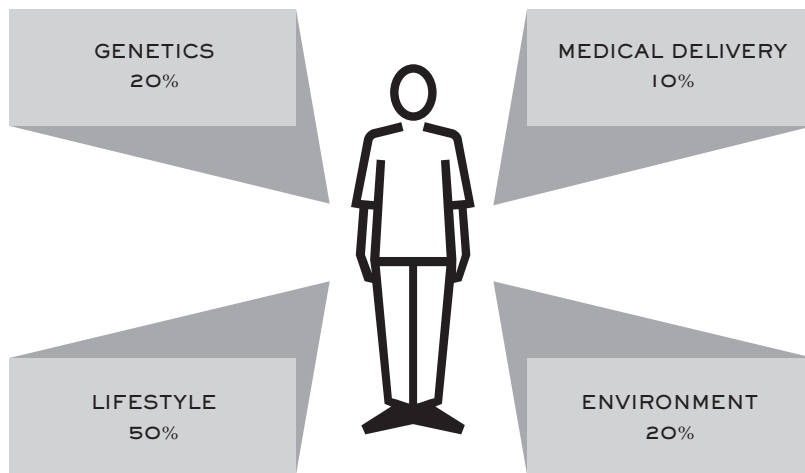
We believe that the factors that determine health go beyond medical services, and include factors such as education, socioeconomic status, governmental policy, and the environment.

However, the RHC also recognizes a need to focus our efforts and limited resources in order to effect change. In this, our first report, we examine the integrity of the health care safety net. As required by the federal and state governments under the terms of the Medicaid waiver granted to St. Louis, we provide an assessment of the primary and specialty care system for the uninsured and underinsured. Later in 2003, we will release recommendations and a detailed implementation plan for strengthening the safety net.

Our intent is to draw attention to the need for change in our community, and to generate action toward implementing solutions. We know that our region must do better, that we cannot be content with the poor health outcomes and wide disparities that currently exist. We also know that availability of and access to primary and specialty care services, while important, is only part of the answer.

Research indicates that other factors, such as lifestyle and behavior, genetics, and the environment each have a greater impact on individual health than the medical delivery system. Lifestyle and behavior alone have a 50% impact on health status, while medical services have only a 10% influence.<sup>6.2</sup>

### A. Factors Which Influence Health Status



Source: National Civic League

According to Lisa Berkman and Kimberly Lochner, “to make advances in population health, a nation must move beyond clinical interventions” and address interventions that “prevent people from becoming sick in the first place”.<sup>6.3</sup> For this reason, over the next year the RHC will examine prevention and health education in St. Louis City and Saint Louis County. In 2004, we will release an analysis, recommendations, and implementation plan for strengthening prevention and education.

In particular, the RHC will consider evidence-based strategies for promoting healthy behavior and health knowledge. In many cases, the people most at risk for being uninsured or underinsured are also at risk for having unhealthy lifestyles:

*“People who are poor, have low levels of education, or are socially isolated are more likely to engage in a wide range of risk-related behaviors and less likely to engage in health-promoting ones.”<sup>6.3</sup>*

In addition, social patterns often impact health behavior:

*“We now understand that most behaviors are not randomly distributed in the population. Rather, they are socially patterned and often cluster with one another. Thus, many people who drink also smoke cigarettes, and those who follow health-promoting dietary practices also tend to be physically active.”<sup>6.3</sup>*

While it is difficult to promote widespread behavior change, the Institute of Medicine emphasizes the importance of making prevention and education a focus of community health initiatives:

*“Approximately half of all causes of mortality in the United States are linked to social and behavioral factors such as smoking, diet, alcohol use, sedentary lifestyle, and accidents. Yet less than 5% of the approximately \$1 trillion spent annually on health care in the United States is devoted to reducing risks posed by these preventable conditions. Behavioral and social interventions therefore offer great promise to reduce morbidity and mortality, but as yet their potential to improve the public’s health has been relatively poorly tapped.”<sup>6.4</sup>*

### *B. RHC Support of Initiatives to Strengthen Education and Prevention*

As the RHC conducts an analysis of prevention and education, we will also continue to support and lend expertise to organizations addressing prevention and education in our community. In particular, the RHC focuses on initiatives designed to:

- Remove identified barriers to health care services for the medically uninsured and underinsured as outlined in Section V of this report.
- Improve health outcomes in populations and geographic regions in our community that exhibit wide negative disparities.
- Encourage care coordination and collaboration among health service providers in the safety net system.
- Bring funds for improving health outcomes into the region.

In order to deepen our impact, the RHC targets initiatives that are central to the core competencies of the membership base of the RHC, including primary, specialty, preventive, and public health services. The RHC also prioritizes initiatives targeting focus diseases and conditions, and focus zip codes, which are detailed below.

### *Focus diseases and conditions*

The RHC prioritizes initiatives that target the following diseases and conditions for which there are wide health disparities and poor regional health outcomes:

- Asthma education
- Cancer education and prevention
- Cardiovascular Disease / Hypertension
- Cigarette smoking prevention and cessation
- Diabetes
- Healthy lifestyle education, especially programs emphasizing exercise
- HIV/AIDS/STD education and prevention
- Lead screening and abatement programs
- Maternal and child health education
- Mental health and substance abuse education and prevention

The target diseases and conditions were selected based on health priorities defined by:

- The State of Missouri in the *Report to the Board of the Missouri Foundation for Health, Understanding Our Needs* <sup>6.5</sup>
- The City of St. Louis in *Understanding Our Needs*, a health needs assessment <sup>6.6</sup>
- Community members in qualitative reports such as the “*Call to Action*” *Initiative* <sup>6.7</sup> and *Speak Out* <sup>6.8</sup>

*Focus zip codes*

In addition, the RHC prioritizes initiatives working in zip codes that exhibit a wide negative disparity as defined by the St. Louis City and Saint Louis County Departments of Health. These zip codes include:

- 63106
- 63107
- 63113
- 63115
- 63120
- 63121
- 63136
- 63133

The RHC also targets zip codes with high refugee and immigrant populations, as defined by the International Institute, including:

- 63109
- 63111
- 63116
- 63118

### *C. RHC Community Response to Date*

The RHC currently partners with several organizations in their efforts to improve regional health outcomes, including the St. Louis Lead Prevention Coalition, the St. Louis Regional Asthma Consortium, and the St. Louis Healthy Heart Coalition. More information on these partnerships appears below.

#### *St. Louis Lead Prevention Coalition*

The St. Louis Lead Prevention Coalition is a community-based, not-for-profit organization working to reduce lead poisoning and increase collaboration between the different groups addressing lead in St. Louis.

In order to support the efforts of the Coalition, the RHC has agreed to:

- Endorse the St. Louis Lead Prevention Coalition.
- Provide assistance to help the Coalition build partnerships in the community and with RHC partners on the Commission and Advisory Boards, when and as the need arises.
- Utilize the community report that the Coalition is preparing, and help get the word out about the results.

#### *St. Louis Regional Asthma Consortium*

The St. Louis Regional Asthma Consortium is a community-based, not-for-profit organization focused on closing the gap that exists between people affected by asthma and the knowledge and services that will help them. The Consortium also works to increase collaboration between different groups addressing asthma in St. Louis.

In order to support the efforts of the Consortium, the RHC has agreed to:

- Endorse the St. Louis Regional Asthma Consortium.
- Write a letter of support for the Consortium to use in its application for the implementation phase of a CDC grant.
- Encourage the exchange of information between the Commission and the Consortium.

*Healthy Heart Coalition*

The St. Louis Healthy Heart Coalition is a broad-based program of cardiovascular prevention services to African-American residents living in zip codes 63101, 63103, 63106, 63107, 63113, 63115, 63120, and 63147.

In order to support the efforts of Healthy Heart, the RHC has agreed to:

- Collaborate and lend expertise to partnering Healthy Heart agencies conducting prevention.
- Actively participate and support the work of the Coalition of individuals and agencies that have been developed to guide the implementation of Healthy Heart.

In addition, the RHC has met with Taking 63106 by Storm, a neighborhood-based group of residents and health care providers working to improve health outcomes in the 63106 zip code. The RHC has offered assistance and is encouraging the initial efforts of this group to make positive change in their neighborhood.

These current RHC efforts are only a starting point for our support of community initiatives to improve regional health. The RHC will enhance our education and prevention activities in 2003 while we look at long-term structural change.