St. Louis Partnership for a Healthy Community

St. Louis Region

COMMUNITY HEALTH ASSESSMENT

& COMMUNITY HEALTH IMPROVEMENT PLAN

August 2018

Department of Health City of St. Louis

Saint Louis County Public Health

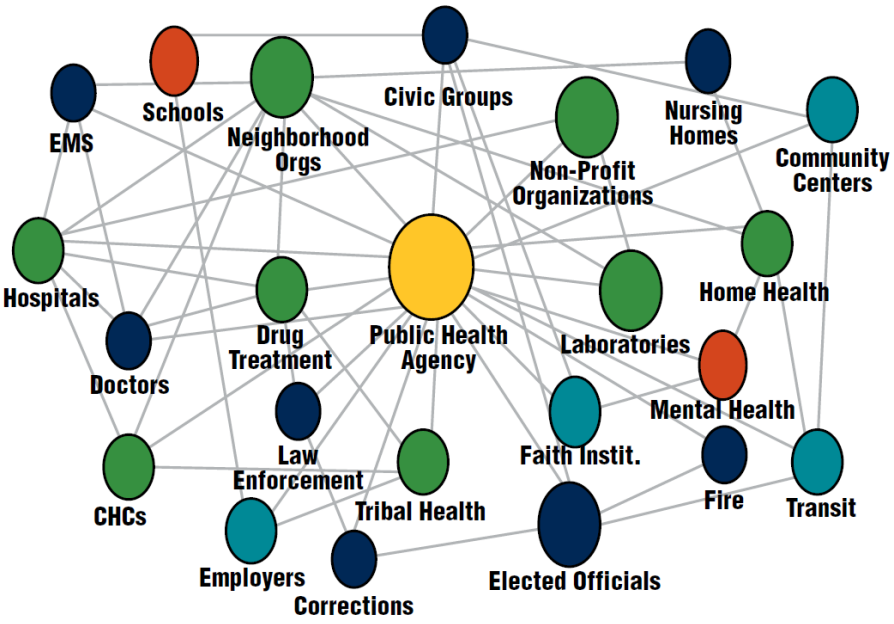
Illinois Public Health Institute

Introduction

St. Louis Partnership for a Healthy Community

St. Louis Partnership for a Healthy Community (STLPHC) is comprised of a broad range of stakeholders from within the public health system and individual advocates who subscribe to a comprehensive definition of health.[1] The public health system includes any organization, entity, or individual that contributes to or impacts the community's health (see Figure 1).[2]

Figure 1: Generalized Public Health System Diagram (Source: NACCHO)



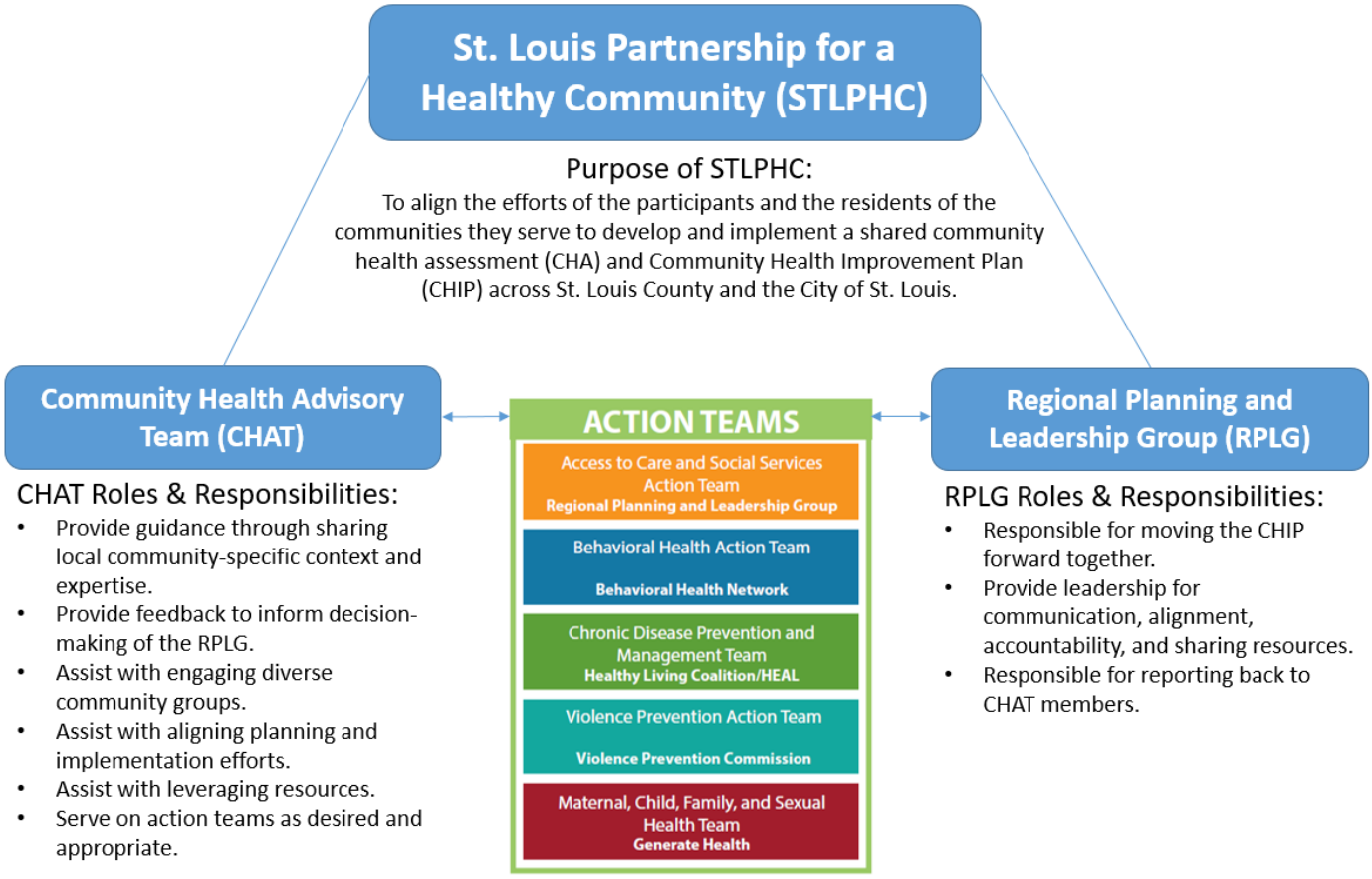
The membership of STLPHC is intended to represent the wide range of entities that impact health- it includes both the City of St. Louis Department of Health and the St. Louis County Department of Public Health, area hospital systems, government agencies/departments, coordinated care organizations, community-based organizations, academic institutions, and business partners in the City of St. Louis and St. Louis County. See Appendix A for participating organizations.

The purpose of STLPHC is to align the efforts of the participants and the residents of the communities they serve to develop and implement a shared community health assessment (CHA) and Community Health Improvement Plan (CHIP) across the City of St. Louis and St. Louis County. STLPHC aims to eliminate duplicative efforts, prioritize needs, and enable collaborative

[1] According to the World Health Organization (WHO), "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Source: http://www.who.int/about/mission/en/
[2] Source: https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html

efforts to implement and track improvement activities across the region. This collaborative approach enables an effective and sustainable process; strengthens relationships between communities, organizations and government; creates meaningful community health needs assessments; and results in a platform for collaboration around regional health improvement plans and activities, leveraging collective resources to improve the health and wellbeing of our communities. See Figure 2 for a diagram of the STLPHC.

Figure 2: STLPHC Structure



Community Health Advisory Team

In January 2017, STLPHC convened a Community Health Advisory Team (CHAT) comprised of local public health system community leaders, partners, and stakeholders to provide direction and decision-making throughout the Mobilizing for Action through Planning and Partnerships (MAPP) process. The CHAT met regularly throughout 2017 and 2018 to guide the CHA process and to shape the direction of the CHIP and will continue to convene on a semi-annual basis to provide feedback and guidance on the implementation of the CHIP.

Regional Planning and Leadership Group

The Regional Planning and Leadership Group (RPLG) acts as the STLPHC steering committee and is comprised of leadership from both public health departments (City of St. Louis and St. Louis County), hospital systems, regional health organizations, and neutral facilitators. The RPLG is a continuation of the work started with the CHAT, to ensure that effort is sustained from the assessment phase into the into the action planning, implementation, and evaluation phases of the MAPP cycle. RPLG members work to align priorities across organizations, secure resources for implementation, and sustain STLPHC planning, community engagement, and reporting of the CHA/CHIP progress.

Commitment to Addressing Health Disparities

STLPHC and member organizations are committed to a vision and process that can identify and address structural racism, health disparities, and inequities. The 2017-2018 CHA and 2019 CHIP include data on disparities in our region, driven by the vision of identifying and describing factors that impact the health of City of St. Louis and St. Louis County residents, workers, and visitors so that we can address and improve equity in achieving optimal health for all.

CHA/CHIP Framework

STLPHC tailored the Mobilizing for Action through Planning and Partnerships (MAPP) model (see Figure 3) to conduct the CHA and CHIP. MAPP is a community-driven strategic planning process for improving community health. It is an interactive process that helps communities prioritize public health issues and identify resources to address them.

Figure 3: MAPP Model (NACCHO)

Beginning in early 2017, partners convened to determine the shared vision and guiding values for the process (see next page). Following the development of the shared vision and guiding principles, the four MAPP assessments were conducted over the course of 2017 and analyzed together to identify strategic issues and priorities. Action planning started in late 2017 and continued throughout 2018 with implementation scheduled to begin January 2019.

Vision and Guiding Principles

The CHAT drafted the 2017-18 St. Louis CHA/CHIP vision and guiding principles in January 2017 and fine-tuned the statements at subsequent meetings to the final set depicted in Figure 4. The vision represents an inspirational and aspirational statement for a desired future based on

collective action and achievement. The guiding principles represent fundamental values and beliefs that guide day-to-day interactions with each other and the community through the MAPP process. Together, these statements play an important role in the CHA/CHIP process by providing a framework for engagement, decision-making, data collection, and implementation of strategies.

Figure 4: 2017-18 St. Louis CHA/CHIP Vision and Guiding Principles

Our Vision:
St. Louis, an equitable community achieving optimal health for all.

Equity: Racial equity is an essential component of health equity. We prioritize allocation of resources to remedy disparities and to achieve equity.

Respect: We respect everyone in the community, valuing all cultures and recognizing strengths, needs, and aspirations without judgment.

Integrity: We use the highest standards of ethics and professionalism to maintain integrity and build community trust through honesty and commitment.

Data + Results Driven: We are committed to a transparent, data-driven process, including community feedback, actionable data, and evolving priorities, that results in measurable improvements/outcomes.

Community Engagement + Inclusion: Through intentional inclusion, engagement, and empowerment, we foster a culture of equity that respects and values the contributions of every individual toward a healthy community.

Systems level change + regional shared plan: We achieve systemic change and policy solutions locally and within a regionally shared plan to improve population-level health.

Resources: We collaborate regionally, coordinate existing resources, and develop new resources to accomplish healthy outcomes for all.

2017-2018 Community Health Assessment (CHA)

The 2017-2018 St. Louis Community Health Assessment documents the health of City of St. Louis and St. Louis County residents and the strengths and opportunities of the local public health system. The CHA includes data from four different assessments: Community Health Status, Community Themes and Strengths, Forces of Change, and the Local Public Health System (see Figure 5). Together the assessments inform the identification of issues impacting the health of the St. Louis community and assist in the selection of health priorities and improvement strategies. Comprehensive reports for each assessment can be found on STLPHC's regional dashboard, ThinkHealthSTL.org, and in the appendices of this report.

Figure 5: The Four MAPP Assessments

Assessment	Question
Community Health Status Assessment (CHSA)	What does our data tell us about our health?
Community Themes & Strengths Assessment (CTSA)	What is important to community members and what assets do we have?
Forces of Change Assessment (FOCA)	What is occurring, or might occur, that will affect the community or public health system?
Local Public Health System Assessment (LPHSA)	How are the essential public health services being provided to our community?

Community Health Status Assessment (CHSA)

The Community Health Status Assessment (CHSA) report documents the health status of City of St. Louis and St. Louis County residents. The broad goal of the health status assessment was to analyze community demographics and population health data as well as to identify important health issues affecting the community. A CHSA workgroup (see page 2 of the CHSA report), along with community input, prioritized health indicators using the following criteria:

- Existence of a disparity by race/ethnicity or sex;
- Comparison with the State of Missouri (ability to benchmark);
- Ability to analyze trends over time;
- Severity; and
- Magnitude.

Data came from a wide variety of secondary sources, which are listed in Figure 6.

Figure 6: CHSA Data Sources (Alphabetical Order)

• American Lung Association: State of the Air Report • Assessor's Office, City of St. Louis • Community Commons • Community Sanitation Program, City of St. Louis Department of Health • County Health Rankings & Roadmaps (CHRR) • U.S. Environmental Protection Agency (EPA) • Federal Deposit Insurance Corporation (FDIC): National Survey of Unbanked & Underbanked Households • Feeding America: Map the Meal Gap • Missouri Department of Elementary and Secondary Education • MODHSS: Bureau of Health Care Analysis & Data Dissemination • MODHSS: Bureau of Vital Statistics • MODHSS: Missouri Information for Community Assessment (MICA) • Missouri Department of Natural Resources Air Monitoring Stations • Nielsen Site Reports • Office of the Medical Examiner, City of St. Louis	• Prosperity Now: Assets & Opportunity Scorecard • Robert Wood Johnson Foundation (RWJF) • SAMHSA Buprenorphine Treatment Physician Locator • St. Louis Metropolitan Police Department • U.S. Census Bureau: American Community Survey (ACS) 5-Year Estimates • U.S. Census Bureau: Population Division, Annual Estimates of the Resident Population • U.S. Census Bureau: Survey of Income and Program Participation (SIPP) • U.S. Department of Agriculture (USDA): FNS SNAP Retailer Locator • U.S. Department of Agriculture (USDA): Food Environment Atlas • U.S. Department of Housing and Urban Development (HUD) • U.S. Department of Labor: Bureau of Labor Statistics • University of Wisconsin Public Health Institute

Key Findings

Social determinants of health and equity[3]

STLPHC worked to understand why there were differences in health across the St. Louis region by looking at opportunities such as income, housing, and transportation. The percent of families living in poverty in St. Louis County was 7.9% and 21.7% in the City of St. Louis. St. Louis County poverty levels were highest in the Inner and Outer North sub-regions and most zip codes in the City of St. Louis had a medium, high, or very high percent of families living below the poverty line.

When looking at renter- or owner-occupied homes by race in the St. Louis region, 45% of Blacks/African Americans, 75% of Whites/Caucasians, 54% of Asians, and 44% of other races were homeowners. There is a disparity between races when it comes to homeownership. In the St. Louis region, a much higher percentage of homeowners and renters in the lowest income brackets were spending 30% or more of their yearly income on housing costs. Substandard

[3] All data sources in this section are cited in the full CHSA report, which can be found in Appendix C.

housing is defined by having one or more severe conditions related to plumbing, kitchen facilities, overcrowding, and housing costs. The City of St. Louis had 41.5% and St. Louis County had 30% of homes with one or more substandard housing conditions.

The percentage of City of St. Louis and St. Louis County residents using public transportation as their primary means of commute to work was 9.43% and 2.48%, respectively. The northeastern St. Louis region had the highest percentage of residents using public transit.

Mortality[4]

Measuring how many people die each year and why they died is one of the most important means for assessing the health of the community and the local public health system.

- The top two Leading Cause of Death (LCOD) for City of St. Louis, St. Louis County, and the United States (2010 to 2014 average) were heart disease and cancer. The third LCOD in the City of St. Louis was chronic lower respiratory disease (which includes asthma and chronic obstructed pulmonary disease), and stroke was the third LCOD for St. Louis County. Unintentional injury was the fourth LCOD for St. Louis County and the fifth LCOD for the City of St. Louis.
- The three leading causes of death among ages 1-19 years old were: Accidents (unintentional injury), suicides, and homicides. A racial disparity exists in both the city and county, as the rate of death among black children was significantly higher than the rate of death for white children.
- The leading cause of death among children ages 15-19 in the City of St. Louis was homicide and the leading cause of death of this group in St. Louis County was unintentional injuries.
- While much of the US has steadily decreased infant mortality rates for years, infant mortality rates in both the City of St. Louis and St. Louis County combined, continue to remain higher than the state average and national average.
- From 2010-2014 in the St. Louis region there was a 13% decrease in heart disease mortality in Whites/Caucasians compared to a 7.1% increase in Blacks/African Americans and a 20% decrease in diabetes mortality in Whites/Caucasians and a 4.6 % decrease in Blacks/African Americans.
- The population with “high” and “very high” poverty levels had the highest rates of heart disease, diabetes, and cancer mortality in St. Louis County on average (years 2010 and 2014) when compared across all poverty levels.
- The City of St. Louis’ homicide rate was seven times higher than Missouri’s rate and St. Louis County’s homicide rate was almost double that of Missouri.

[4] All data sources in this section are cited in the full CHSA report, which can be found in Appendix C.

- From 2010 to 2016 there was a 228.5% increase in opiate-related deaths in the City of St. Louis and a 22.9% increase in St. Louis County.

Additional data and information on social and economic conditions, the environment, clinical care, and health behaviors are discussed in depth in the full CHSA report. Data are organized around Demographics; Opportunity Measures; Access to and Linkage with Clinical Care; Environmental Health; Chronic Disease and Injury Prevention; Communicable Disease, and Maternal, Child and Family Health. Additional regional health status data can be found on STLPHC's data dashboard ThinkHealthSTL.org.

Community Themes and Strengths Assessment (CTSA)

The Community Themes and Strengths Assessment (CTSA) report documents the community's perspective on the characteristics of a healthy community; the barriers and issues impacting quality of life and health in the St. Louis region; strengths and assets to support health; and ideas to address some of the most important issues impacting the health and wellness of the community. The CHAT identified several groups of individuals as priorities for listening sessions due to their potential understanding and experiences related to health inequities. Organizers specifically sought out participants who identify with, or interact with, populations such as racial or ethnic minorities, limited English speakers, low-income communities, individuals with physical and intellectual disabilities, individuals with mental health or substance use disorders, and seniors. Further, in many listening sessions, participants were asked to identify population groups that were most vulnerable and experiencing the greatest inequities.

Fourteen listening sessions, two surveys, and twelve focus groups were conducted over a period of four months in 2017 with residents throughout the region. To better understand the barriers and needs of frequently overlooked populations, organizers used surveys and discussions with key stakeholders who frequently provide services to these populations in addition to listening to the populations themselves.

Key Findings

Through the listening sessions, surveys and focus groups, residents identified key themes related to what a healthy community should look like, current St. Louis conditions that impact health as barriers or facilitators, and ideas for improving the health of the community. Key themes were identified across the responses and summarized on the following page and in the full CTSA report.

The most frequently cited descriptions of a **healthy community** included factors such as:

- Positive relationships with neighbors and fellow community members
- Welcoming, kind, and supportive community
- Feeling safe inside and outside of the home
- Lack of violent crime, guns, and drugs
- Clean, safe, and well-maintained neighborhoods
- Quality, safe, and affordable housing
- Access to open, green space for recreation and exercise
- Access to healthcare, including behavioral health services
- Residents engage in regular physical activity

Listening session participants discussed several issues impacting health, with the **biggest issues** facing the St. Louis region as:

- Lack of jobs and training opportunities
- Poverty and low income is a barrier to home ownership, services, resources
- Racism and residential segregation
- Inequitable distribution of resources and lack of resources
- High rates of violent crime, gun violence, and drug activity makes the community feel unsafe
- Lack of safe and affordable spaces for young people to learn, socialize, stay physically active
- Easy access to substances (alcohol, tobacco, prescriptions, illicit drugs), heavy substance use

When asked about the **strengths and assets** of the St. Louis region that support health, participants identified factors such as:

- Abundance of museums and cultural institutions
- Good schools (though quality varies across the region)
- Recreation and entertainment for children, adults, and families
- Strong neighborhood associations and other community-based organizations
- Region is diverse and multi-cultural
- Plentiful parks and green space (though safety is a concern)
- Relatively low cost of living compared to other urban areas

Additional data and information on community strengths and assets, barriers and gaps to healthy living, and strategies to improve health and wellbeing are discussed in depth in the full CTSA report and on the ThinkHealthSTL.org dashboard.

Forces of Change Assessment (FOCA)

The Forces of Change Assessment (FOCA) identifies trends or factors that are influencing, or may influence, the health and quality of life of the community and the effectiveness of the local public health system. The FOCA was completed by CHAT members and focused on two key questions:

- What is occurring, or might occur, that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

Key Findings

Threats and opportunities emerged across five key areas (see Figure 7). The participants recognized the uncertainty and instability associated with potential changes to federal policy. There was particular concern regarding the repeal and/or replacement of the Affordable Care Act (ACA) and the impact it will have on regulations, funding for public health, and access to care. Another theme was lack of funding for programs due to budget cuts at federal, state, and local levels. The group pointed to reduced tax revenue due to population loss, shifts in political priorities, macroeconomic trends, and inequitable allocation as the drivers behind loss of funding for critical programs and services. Violent crime was a common theme across categories, including gun violence and violence directed towards communities of color. Violence is not only a threat to residents' safety but also affects access to opportunity and investment. Social justice surfaced as a cross-cutting theme, in relation to economic inequity (e.g. the impact of tax abatements), citizen-law enforcement relations, and environmental inequity. Finally, population shifts and urban renewal influence tax revenue, economic development, and social cohesion. Additional data and information on trends, factors, and events identified during the assessment are discussed in depth in the full FOCA report and on the ThinkHealthSTL.org dashboard.

Figure 7: FOCA Key Findings

Local Public Health System Assessment (LPHSA)

The Local Public Health System Assessment (LPHSA) report documents the strengths, weaknesses, and opportunities related to how essential public health services are being provided to our community. Hosted by STLPHC, 96 multi-sector partners participated on May 22, 2017 in a full-day of dialogue and discussion. Participants representing a broad spectrum of the local public health system used a standardized tool[5] to review the optimal level of performance for the 10 Essential Public Health Services (EPHSs) and scored how well the St. Louis local public health system collectively performs the services. Through the scoring and discussion, participants identified local strengths, gaps, and opportunities for quality improvement.

Key Findings

Overall, participants described the St. Louis local public health system's performance as "moderate" on a scale from no activity to optimal. EPHS 2, *Diagnose and investigate health problems and health hazards in the community* was described as the highest performing essential public health service by participants. EPHS 4, *Mobilize community partnerships to identify and solve health problems* was described as the lowest performing essential public health service by participants. From the discussion, participants identified eight strategic areas that the local public health system should collectively address to improve the function and effectiveness of the system (Figure 8).

Figure 8: LPHSA Key Findings

[5] The LPHSA uses the National Public Health Performance Standards (NPHPS) to assess capacity and performance of local public health systems and local public health governing bodies. This framework can help identify areas for system improvement, strengthen state and local partnerships, and ensure that a strong system is in place for providing the 10 essential public health services. Source: https://www.cdc.gov/stltpublichealth/nphps/index.html

Participants in the LPHSA identified the following strengths of the local public health system:

- Assessment and Data Collection: LPHS organizations conduct many assessments and collect a great deal of data for data-driven decision making.
- Community Engagement and Communication: LPHS partners engage community members and stakeholders, and regularly gather input from community members. Community partnerships between research and practice are strong. Risk communication and emergency preparedness communication is well coordinated at the organizational level.
- Partnership and Collaboration: LPHS organizations partner and collaborate in many ways, including data collection and sharing, health promotion and education, policy development, service provision, and research. The increased city and county collaboration is notable and there is momentum for increased collaboration across sectors outside of what is considered traditional public health.
- System-wide Workforce Development: The LPHS has knowledgeable public health staff, good leadership, and high potential for the existing talent in the region.
- Policy: The LPHS has demonstrated willingness to take on policy reforms and has had some recent successes.
- Resources: Academic institutions are an important source of funding, expertise, research, and training for the LPHS.

Additional data and information on the strengths, weaknesses, and opportunities associated with each EPHS area are discussed in depth in the full LPHSA report and on the ThinkHealthSTL.org dashboard.

Community Health Assessment: Overall Key Findings

While each assessment touched on many themes and issues that affect health and quality of life in the St. Louis region, the CHAT extracted key findings from each assessment, as described in the prior sections. Key findings that surfaced across two or more assessments are plotted in Figure 9. Key findings that surfaced in three or more assessments are highlighted in green.

Figure 9: MAPP Assessment Key Findings

	CHSA	CTSA	LPHSA	FOCA
Access to Care/ Social Services			X	X
Behavioral Health	X	X	X	
Child/Adolescent Development	X	X		
Chronic Disease Prevalence	X			X
Employment/ Workforce Needs		X	X	
Funding/ Resource Distribution		X	X	X
Health Equity	X	X	X	X
Housing Quality/ Burden	X			X
Policy			X	X
Poverty/ Economic Mobility	X	X		X
Transportation	X		X	
Violence/ Community Safety	X	X		X

Topics that surfaced in three or more MAPP assessments are detailed below, with the data source in parentheses.

Health Equity

The rate of death among Black/African American children is significantly higher than the rate of death among White/Caucasian children. From 2010-2014, in the St. Louis region there was a 13% decrease in heart disease mortality in Whites/Caucasians compared to a 7.1% increase in diabetes mortality in Blacks/African Americans and a 20% decrease in diabetes mortality in Whites/Caucasians and a 4.6 % decrease in Blacks/African Americans (CHSA). Listening session participants observed racism and residential segregation (CTSA). The assessment data lack disaggregation beyond a few variables such as age and race, which can inhibit the ability to assess smaller populations that may experience health disparities. Inclusion of marginalized populations is often a one-time event rather than a systematic process. Lack of trust from marginalized groups is a barrier to engagement in many EPHSs including assessment, constituency development, policy development, service provision, evaluation, and research, among other areas (LPHSA). The legacy of structural racism produced patterns of segregation, disinvestment, and injustice that have proven difficult to reverse (FOCA).

Poverty/ Economic Mobility

The percent of families living in poverty in St. Louis County was 7.9% and 21.7% in the City of St. Louis. St. Louis County poverty levels were highest in the Inner and Outer North sub-regions and most zip codes in the City of St. Louis had a medium, high, or very high percent of families living below the poverty line (CHSA). Poverty and low income are barriers to home ownership, services, and resources (CTSA). Reduced access to higher education, higher interest rates for communities of color, and lack of tax abatements for low-income areas of the City may reduce economic mobility (FOCA).

Violence and Community Safety

Unintentional injury was the fourth leading cause of death (LCOD) for St. Louis County and the fifth LCOD for the City of St. Louis. The City of St. Louis homicide rate was seven times higher than Missouri's rate and St. Louis County's homicide rate was almost double that of Missouri (CHSA). High rates of violent crime, gun violence, and drug activity makes the community feel unsafe (CTSA). Violence disproportionately affects communities of color and is not only a threat to residents' safety but also affects access to opportunity and investment in the community. The participants also noted greater incidence of violence against the Muslim community and other immigrant groups (FOCA).

Behavioral Health

From 2010 and 2016 there was a 228.5% increase in opiate-related deaths in the City of St. Louis and a 22.9% increase in St. Louis County (CHSA). Listening session participants reported easy access to substances (alcohol, tobacco, prescriptions, illicit drugs), heavy substance use, and difficulty accessing available, integrated, and affordable care (CTSA). The LPHS has gaps in access to care due to lack of behavioral health services (LPHSA).

Funding and Resource Distribution

Listening session participants observed inequitable distribution of resources and lack of resources (CTSA). When there is a budget crisis, public health is often the first area to be cut. Dependence on grant funding rather than consistently being part of the normal budget process threatens the sustainability of the public health organizations. The assets and resources that do exist in the LPHS are not well documented or coordinated (LPHSA). Participants reported a lack of funding for critical programs and services due to budget cuts at federal, state, and local levels (FOCA).

Community Assets and Resources

A community asset can be a person, physical structure or place, community service, or institution. The MAPP framework emphasizes the identification of assets and resources to give

a more complete picture of the community, rather than simply focusing on deficits. This enables the community to act from a position of strength and leverage its own assets for solutions, especially when external resources (e.g. state or federal money) may not be available. [6] The STLPHC gathered information about community assets and resources from three sources: the CHAT, the LPHSA, and the CTSA. CHAT members identified regional assets and resources in three separate meetings, January 17, June 19, and December 11, 2017. A selection of their findings is provided in Figure 10 and Figure 11. Participants in the LPHSA identified the strengths of the local public health system (see page 13) and participants in the CTSA identified many strengths and assets that support health in the St. Louis region (see page 10).

Figure 10: Assets and Resources Identified by the CHAT (January 2017)

PARTNERSHIP & COLLABORATION	Connections with community partners Collaboration across St. Louis region Accountable care community network Neighborhood stabilization team Collaboration with universities Relationships with other local health departments and businesses Relationships with HIV/AIDS agencies Unified Health Command and emergency response planning coalition City and county government working together
CIVIC ENGAGEMENT	Growing number of young people committed to making a difference Involved community members, organizing and civic engagement People want to be involved and make community better Diversity of population
BUILT ENVIRONMENT	Public transit/infrastructure Parks and access to green space Place-making efforts Community gardening International housing standards that city adopted in code
HEALTH CARE	Public health clinics and pediatric clinics Free EKG program for adults at St. Louis University Health care institutions Community health workers Gateway to Better Health (safety net program)

[6] "Section 8: Identifying Community Assets and Resources." The Community Toolbox. https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/identify-community-assets/main

DATA	Ability to analyze data and make data-driven decisions Progress Toward Building a Healthier St. Louis: Access to Care Data Book 2017 BJC CHNA Report is available online For the Sake of All: A report on the health and well-being of African Americans in St. Louis and why it matters for everyone
OTHER SERVICES	Legal counsel team Citizen Service Bureau (City of St. Louis) Recreation centers (YMCA) STLcondoms.com Music therapy program Philanthropic resources and United Way
WORKFORCE	Health department employees and partners Passionate and culturally competent workforce High level of professionalism All the different city and county departments/employees Law enforcement reform with a focus on mental health issues
HEALTH EQUITY APPROACH	Public health approach Being outcome driven Coming together to address social determinants of health Inclusiveness Willing to put health as priority Recommendations from the Ferguson Commission Recognize need for human development

Figure 11: Existing Coalitions or Initiatives Working on Issues Identified in CHA (June 2017)

24:1 Initiative	HEAL/Healthy Living Coalition
Behavioral Health Network	Incarnate Word Foundation
Beyond Housing	Large hospitals
Clark-Fox Family Foundation	Missouri Foundation for Health
Community Action Agencies	Promise Zone
Community Development Administration	Regional Health Commission
Continuum of Care	School based health initiatives
Deaconess Foundation	St. Louis University
Emergency Planning	St. Louis Community Foundation
Food Policy Coalition	St. Louis Economic Development Partnership
Gateway Center for Giving	St. Louis Metro Police Department
Generate Health	United Way
Geographic collective impact groups	Violence Prevention Collaborative
Healthy Schools, Healthy Communities	

Opportunities for the Community to Review and Contribute to the CHA

During the assessment period, the CHAT, representing over 52 multi-sector organizations across the region, and the community at large were provided with preliminary assessment findings and opportunities to review and contribute to the assessment. CHAT members were provided assessment updates at monthly meetings from January 2017 through September 2017 and will continue to receive updates on the CHA/CHIP through semi-annual meetings beginning December 2017. CHAT members provided extensive feedback during the monthly meetings and through periodic surveys and worksheets between meetings. The ThinkHealthSTL.org website was launched in February 2017 and included a description of the MAPP process and updates on the CHSA. The CHSA indicators were hyperlinked to available data on other pages of the website. In addition, the ThinkHealthSTL.org website was linked on partners' websites and social media sites as a regional data dashboard and a place to receive updates on plans and progress. STLPHC receives and responds to emails directly from the ThinkHealthSTL.org website "Contact Us" form and a CHAandCHIP.dph@stlouisco.com email address. Interested residents and organizations have contacted STLPHC representatives to get involved in the CHA/CHIP and to comment on information they have read.

2019 Community Health Improvement Plan (CHIP)

The 2017-2018 CHA described the health of the population, identified areas for health improvement, named contributing factors that impact health outcomes, and documented community assets and resources that can be mobilized to improve population health in the St. Louis region. The CHA informed the identification of strategic issues impacting the health of the St. Louis community and assisted in the selection of health priorities and improvement strategies. STLPHC developed a regional Community Health Improvement Plan (CHIP) to frame a collaborative approach to addressing the priorities and goals of our community.

Prioritization Process

Based on the CHA findings, STLPHC developed a set of regional priority health issues with input from the RPLG, CHAT, and the general community. At the August 2017 CHAT meeting, members reviewed the CHA assessment data, identified potential strategic issues that the region should work on collectively for the next three to five years, and then participated in a consensus building workshop to arrive at three to five priorities for the CHIP. The CHAT members considered the following prioritization criteria:

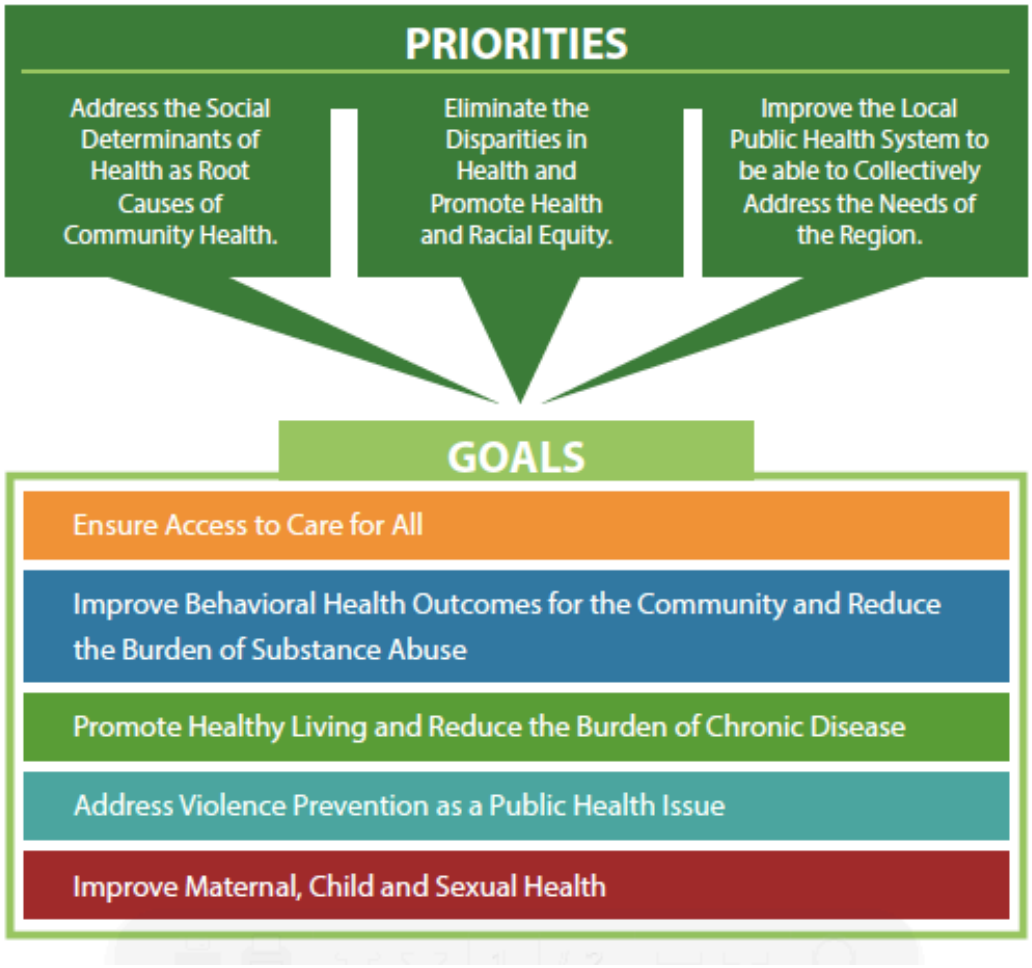
- A strategic issue will surface in at least **3 of the 4 assessments as a need**.
- Focusing on this issue will help achieve our **vision.**
- The **consequences** of not addressing this issue are severe.
- This issue requires a **multi-sector, multi-faceted** approach.
- This issue is a **root cause for multiple health/system issues.**
- We can **leverage opportunities, strengths and assets.**

The September 2017 CHAT meeting was used to narrow down the priorities and determine how to organize for the CHIP.

CHIP Priorities and Goals

The final CHIP structure is depicted in Figure 12, with three priorities and five goals. The goals represent the strategic issues that the CHIP will address over the next five years. The three priorities underpin all of the CHIP work, explicitly recognizing the need to address the social determinants of health, promote health and racial equity, and support regional infrastructure in all of the CHIP goals. The priorities were identified as a commitment and intentional approach to improve public health outcomes while also recognizing limited infrastructure and the need to strengthen multi-sector (i.e., community development, transportation) collaboration in the local public health system to address social and structural determinants of health.

Figure 12: 2019 CHIP Priorities and Goals



STLPHC identified community coalitions to lead Action Teams for each of the five goals (see Figure 13) and invited additional community organizations to join the teams. The Action Teams will have designated members that will report to the CHAT and RPLG on implementation progress and can seek assistance from both advisory bodies for CHIP planning and implementation needs.

Figure 13: CHIP Action Teams

CHIP Action Planning

At the December 2017 CHAT meeting, members began preliminary planning by discussing how member organizations are currently addressing the issue, gaps in the region, potential strategies and member organization roles to address gaps. It was important for the CHAT to identify the existing initiatives and coalitions working in each goal area in order to reduce duplicative work and to leverage existing assets and resources in the community for greater sustainability. CHAT members also explored how working on each goal may advance the local public health system's development in data, policy and community engagement. Finally, members explored the role of the business community and other potential new public health partners in addressing the goals. More detail can be found in Appendix F "Chip Priority Planning Launch."

Action Teams convened in January 2018 to adopt the CHIP Action Team Charter, solidify the action planning process with consideration of current coalition plans, adapt planning templates/tools, and adopt a timeline for completion of draft action plans by August 2018. Over the course of five months, each Action Team developed an Action Plan with measurable objectives, improvement strategies, and activities with time-framed targets. The plans indicate which individuals and organizations have accepted responsibility for implementing the

strategies and outline policy changes that are needed to accomplish health objectives. Where possible, teams considered both national and state health improvement priorities to maximize alignment across jurisdictions. Action Teams presented posters with high level overviews of the action plans at the May 2018 CHAT Open House. The final Action Plans are located in Appendix G.

Community Participation in CHIP

The CHIP planning process included participation by a wide range of community partners representing various sectors of the community. Community partners and community members involved in the CHA process were invited to continue participating in CHIP planning and implementation. Each Action Team is co-chaired by community coalition leaders and team membership is comprised of RPLG and CHAT representatives as well as a variety of community organization representatives. See Appendix A for participating organizations. CHIP updates will be available via the ThinkHealthSTL.org website and community members can continue to share feedback through the "Contact Us" form and a CHAandCHIP.dph@stlouisco.com email address.

The May 2018 CHAT meeting was hosted as an open house for CHAT members, RPLG members, and organizers and participants from community listening sessions to learn about the CHA/CHIP and provide feedback on assessment findings, CHIP priorities, and preliminary action plans. The CHAT met regularly throughout 2017 and 2018 to guide the CHA process and to shape the direction of the CHIP and will continue to convene on a semi-annual basis to provide feedback and guidance on the implementation of the CHIP. The full assessment report can be found at http://www.thinkhealthstl.org/.