Section 1.1

THE DATABOOK

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Community Health Infrastructure Assessment

for St. Louis City and County

A Research Report
Prepared for the
St. Louis Regional
Health Commission
by Inneval LLC

Executive Summary

INTRODUCTION

Assessment Examined Prevention Services in St. Louis City and County

This community health assessment examined community-based primary and secondary prevention services in St. Louis City and County. Primary prevention promotes optimal health and includes increasing awareness of health issues, health education, immunizations, and behavioral interventions to reduce disease risk. Secondary prevention detects symptoms or early stages of disease and includes screening and early diagnosis.

The specific aims of the assessment were to document:

- organizations that provide community-based preventive services
- prevention services being offered and how they are organized
- funding for prevention services
- how prevention programs are based on models, evidence or theory
- prioritization of high-need populations
- prevention service barriers and gaps

Research Included Ten Focus Areas

Emphasis was placed on ten health issues that contribute to substantial morbidity and mortality and are central to health disparities in the St. Louis region. The ten focus areas were:

1. Asthma
2. Tobacco use
3. Breast cancer
4. Prostate cancer
5. HIV/AIDS/STD
6. Lead poisoning
7. Maternal and child health
8. Obesity
9. Cardiovascular disease, and
10. Type-2 diabetes.

Health disparities were addressed by placing an emphasis on populations that reside in high need zip codes.

More than 800 Organizations Participated

The assessment was a yearlong process that involved broad stakeholder participation, the development of over a dozen survey instruments, and contact with more than 800 organizations. Surveys were used to collect information from community health organizations, elementary and secondary schools, places of worship, community health centers, hospitals and health systems, Medicaid managed care plans, departments of health, and area funding organizations.

Participatory Process Tapped Experience of Many

Advisory Boards and Workgroups organized by the St. Louis Regional Health Commission RHC provided iterative feedback for goal setting, survey development, and data analysis. Near the end of the data collection process, two community forums were conducted to review preliminary data and solicit input. The RHC partnered with Inneval LLC to provide research and consulting services that supported the assessment process from beginning to end. The Inneval LLC team included a project manager, public health researchers, writers, data managers and experts in survey design.

Comprehensive Report Summarizes Results and Prepares Way for Recommendations

The research efforts have culminated in a comprehensive report which, in concert with a prior RHC study *Building a Healthier St. Louis,* prepares a way for developing recommendations for improving the community health infrastructure in the region. This executive summary provides a cursory look at some of the most important findings without delving into specific details. Readers are encouraged to read the report for the specifics regarding methods, findings and conclusions. The full report is organized by organization type and focus area.

FINDINGS

Findings are presented in a question-answer format below.

Questions and Answers

What kinds of organizations are providing community-based prevention services?

While places of worship, schools, community health centers, and hospitals and health systems do provide some level of primary and secondary prevention services, the majority of community-based prevention services are provided by a wide array of community health organizations. For the purposes of this assessment, community health organizations were defined as health, medical, social ser-

vice, educational or faith-based organizations that::

1) provide direct primary or secondary prevention services
2) facilitate, coordinate, plan or advocate for primary or secondary prevention services, or
3) provide funding for primary or secondary prevention services.

These organizations typically have either broad missions encompassing many areas of health and human services or are very specialized organizations that address prevention and treatment of specific health issues such as HIV, lead or asthma. Of the 342 community health organizations completing surveys, approximately 20% were engaged in prevention activity related to the ten focus areas.

What types of prevention services are being offered and how are they organized?

Prevention services include community-based services and clinical preventive services. The provision of clinical preventive services was more pronounced in community health centers, health departments, and hospitals and health systems. By contrast, community health organizations offer a variety of primary and secondary prevention services that include general information dissemination and outreach, and more specific services designed to assess disease risk, screen for the presence of disease, and change behavior to reduce risk (e.g., health education and risk reduction interventions). As expected, there were differences in emphasis with regard to primary versus secondary prevention services across the ten focus areas. The differences were consistent with the state of the science and focus area attributes.

How are prevention services funded?

Prevention services were funded by different sources and through a variety of mechanisms. Unlike medical care services, the sources of funding were not as easily identifiable, stable or substantial. For schools, health education services were either budgeted items or were provided through partnerships with others, including hospitals, clinics, associations or community health organizations. The majority of places of worship did not have specific budget items for prevention services. Community health centers generally derived funding for prevention from government grants and patient fees. While the first priority of hospitals and health systems is acute medical care, they used some medical care fee revenue to offer prevention services, primarily to their existing patient population; their use of grant funding for prevention services was rare.

In contrast to other types of organizations, community health organiza-

tions have a wide variety of specific funding sources which can be grouped into 4 categories. In total, approximately equal amounts of funding originated from the United Way, community fundraising efforts, program fees, and government/ foundation grants. Community health organizations spent these funds almost evenly between outreach, prevention (health education and risk reduction), and disease treatment/medical care.

Area funders reported financial resources with a market value of over $1.2 billion. In 2003, these organizations awarded over $27.5 million for health and human services in the ten focus areas in St. Louis City and County, with slightly more than half of these dollars provided by the United Way of Greater St. Louis. It was not possible to accurately determine the percentage dedicated to pure primary and secondary prevention services, but it is reasonably expected to be less than one half.

To what extent are prevention programs based on models, evidence or theory?

While some community health organizations identified, adapted and implemented proven approaches for prevention services, many others did not. Both general guidelines and specific intervention models are available for clinical preventive services and community-based prevention services. The guidelines and recommendations for clinical preventive services are comprehensive and almost universally accepted, but the guide for community services is still a work-in-progress. Partnerships between prevention providers and funders for program evaluation seem to be the best opportunity for monitoring the success of prevention activities. With five of ten area funders reporting they were involved in setting outcomes with grantees, these partnerships for program evaluation can support the use of solid models for prevention activities.

To what extent are high-need populations being prioritized?

A lack of clear and appropriate targeting of prevention services for high-need populations across all organization types surveyed has been established by this assessment. Only a few community health organizations could identify the target populations for their services.

In what other types of activities related to prevention—other than direct services—are organizations engaged?

Organizations report being involved in planning and coordination efforts at the local level and advocacy efforts at the local, state and national levels. Unfortunately, the planning and coordination efforts at the community level were unre-

lated to provision of prevention services in individual organizations. Although advocacy was the most frequently reported prevention- related activity, organizations typically reported something other than prevention as the first concern with regard to advocacy efforts. For example, medical care was the first priority for clinics and hospitals; education was the first priority for schools; and spiritual development was the first priority for places of worship. While community health organizations placed a high priority on prevention services, they placed equal emphasis on community outreach, social services and medical care.

What potential barriers to community-based prevention services exist?

Barriers exist in the delivery and receipt of prevention services in both community and clinic settings. Among the identified barriers to community-based prevention services were:

- Inconsistent and uncoordinated financial support
- Human resources that are "spread too thin"
- Inadequate policies and mechanisms for client referrals
- Advocacy efforts often far removed from the local communities where services are needed
- Planning and coordination efforts that are sometimes very narrowly focused on specific diseases and disease treatment at the expense of prevention
- Inadequate efforts to evaluate outcomes associated with prevention services
- Health policy, organizational structures and delivery systems fail to prioritize emphasis prevention in the community or medical care setting
- A lack of coordination among current prevention activities

What are the gaps in prevention services?

As an "inventory" of primary and secondary prevention services available in St. Louis City and County, this assessment identified significant gaps in services. Unlike a needs assessment which might quantify the amount of need, this assessment documented the clear unmet needs based on gross differences between supply and demand. For example, there are more than 280,000 obese people who are at-risk for cardiovascular disease and type-2 diabetes live in the region. However, the assessment showed no widespread, scalable programs to promote healthy behaviors and meet the prevention needs of this population. While the

scale of other focus areas may be smaller the relative gap were comparable.

LIMITATIONS

Research and evaluation projects are always limited and this assessment was no exception. Yet, confidence in the conclusions remains very high. The limitations are characterized in regard to (1) scope and content, (2) study design and process, (3) cultural competence, and (4) data analysis and interpretation. Of the limitations detailed in the full report, these three most influence the generalizability of findings:

- The assessment is focused on ten specific health issues to the exclusion of other important areas, including common conditions such as mental health, substance abuse, etc.
- As an inventory of prevention services, the data reflects provider perspectives to the exclusion of consumers.
- While it is unlikely that significant changes have occurred since data collection (in spring and summer 2004), it must be acknowledged that the data represents a "snap shot of prevention services" at one point in time.

CONCLUSIONS

The reader is encouraged to review the conclusions contained at the end of each section of the full report to gain a more comprehensive and in-depth understanding by organization type and/or focus area. The over-arching conclusions for the assessment are presented here:

Unstable funding yields no specialization in prevention services. Few stable, substantial funding streams are specifically designated for primary or secondary prevention. It is no surprise that the community has few organizations specialized as prevention providers for the community at-large. The absence of specialization creates a hole in the community health infrastructure, particularly for promoting physical activity and good nutrition, two leading risk factors for many diseases that burden the entire health care system and disproportionately affect underserved populations.

Prevention services are limited. With few exceptions, prevention is a marginal activity for many organizations. It is rare to find an organization focused primarily on prevention. Instead, prevention is sometimes one of several priorities, or not a priority at all. Most organizations are committed to their mission and attentive to a central business purpose,

such as medical care, housing, legal services, worship, social services, etc.

Need to increase health education and risk reduction. Almost all organizations provide outreach services to increase awareness, and in some cases direct individuals to additional prevention services. However, outreach is insufficient. Disease can only be prevented with a combination of environmental supports and behavior change, which require the implementation of health education and risk reduction programs/interventions based on good public health science and evidence.

High-need populations are not targeted for prevention. While many funders and providers of prevention services claim to target high need populations, few were able to specify the target populations being served. Regular surveillance data on behavioral risk and disease incidence/prevalence indicate that there are disparities across St. Louis City and County in all focus areas, and these disparities are not being adequately addressed.

Organizations lack capacity. While many community health organizations are committed to the health of the communities they serve, it is clear that most lack the capacity to influence behavior change and reduce disease burden at the community level. A lack of stable and adequate financial resources translates into a lack of paid staff, overdependence on volunteers, and prevention programs that either never get fully implemented or move in and out of existence.

There may be unrealistic expectations of places of worship and schools. While there is an important role to be played for prevention by schools, places of worship and other organizations whose primary mission is not health-related, it seems unrealistic to expect them to lead disease prevention and health promotion for the community. Rather, support should be given for weaving health promoting activities into their primary functions.

Limited coordination. While most focus areas benefit from the presence of a coalition, consortium, or planning group, coordination of prevention services at the client level is mostly absent. Additionally, it appears as though community planning within focus areas has little impact on the actual provision of prevention services in individual agencies participating in these efforts. And up until now there has been no community-wide effort to plan, coordinate and evaluate disease prevention and health promotion efforts across all areas of health determinants and disease threats (focus areas). For example, promoting increased physical activity and better nutrition would reduce disease burden across a number of focus areas.

Advocacy lacks prevention focus and emphasis at the local level. While the majority of organizations reported being involved in advocacy, prevention is usually a secondary issue. Most are busy first advocating for medical care, housing, and other needs. Additionally, for many organizations the advocacy efforts occur at the corporate, association, or regional/national office level—far removed from local communities.

For more information about this community health assessment project, please refer to other sections of the report or contact the St. Louis Regional Health Commission or Inneval LLC.

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