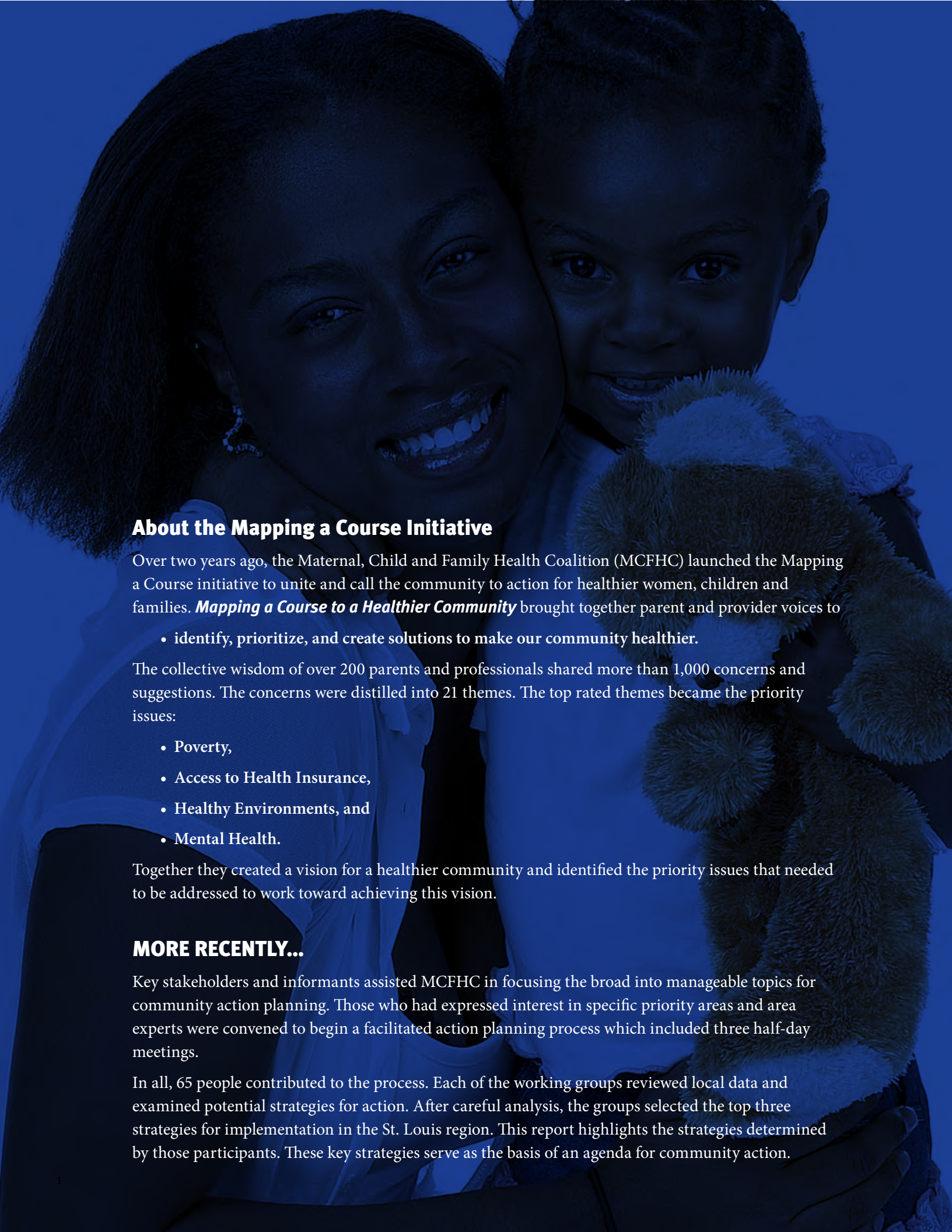




**Mapping a Course for a
Healthier Community
for Women, Children
and Their Families**

*An Agenda for
Community Action*

A photograph of a woman and a young girl hugging. The woman is on the left, smiling broadly, and the girl is on the right, also smiling. The woman is holding a large, fluffy stuffed animal. The background is a solid blue color.

About the Mapping a Course Initiative

Over two years ago, the Maternal, Child and Family Health Coalition (MCFHC) launched the Mapping a Course initiative to unite and call the community to action for healthier women, children and families. *Mapping a Course to a Healthier Community* brought together parent and provider voices to

- identify, prioritize, and create solutions to make our community healthier.

The collective wisdom of over 200 parents and professionals shared more than 1,000 concerns and suggestions. The concerns were distilled into 21 themes. The top rated themes became the priority issues:

- Poverty,
- Access to Health Insurance,
- Healthy Environments, and
- Mental Health.

Together they created a vision for a healthier community and identified the priority issues that needed to be addressed to work toward achieving this vision.

MORE RECENTLY...

Key stakeholders and informants assisted MCFHC in focusing the broad into manageable topics for community action planning. Those who had expressed interest in specific priority areas and area experts were convened to begin a facilitated action planning process which included three half-day meetings.

In all, 65 people contributed to the process. Each of the working groups reviewed local data and examined potential strategies for action. After careful analysis, the groups selected the top three strategies for implementation in the St. Louis region. This report highlights the strategies determined by those participants. These key strategies serve as the basis of an agenda for community action.

ST. LOUIS MATERNAL, CHILD AND FAMILY HEALTH AGENDA

For a Healthier Community for Women, Children and Their Families

ACCESS TO HEALTH INSURANCE

GOAL: Provide quality, affordable health coverage for all low income parents and children.

STRATEGY #1

Educate the public about the importance and value of health insurance for children and families.

STRATEGY #2

Educate legislators to make health insurance coverage for families and children a high priority.

STRATEGY #3

Expand Medicaid/CHIP eligibility and simplify processes to enroll in and renew health insurance coverage.

HEALTHY HOMES

GOAL: Eliminate health risks associated with housing

STRATEGY #1

Community partners with common goals identify, coordinate, connect, create, and communicate healthy homes resources for families and communities.

STRATEGY #2

Responsible parties assess, promote and enforce utilization and implementation of existing codes while incorporating the seven National Healthy Homes Standards.

STRATEGY #3

Increase public awareness through comprehensive education about the seven National Healthy Home Standards.

MATERNAL MENTAL HEALTH

GOAL: Women before, during and following pregnancy who are at risk for depression and mental illness will be identified and receive care

STRATEGY #1

Screen pregnant and postpartum women for depression at mandated intervals at traditional and non-traditional sites. Provide access to referral sources.

STRATEGY #2

Utilize techniques like motivational interviewing for assessment and treatment of depression.

STRATEGY #3

Increase awareness and reduce stigma of depression and mental illness through non-traditional, peer-based campaigns and initiatives.

[Access to Health Insurance]

The growing rate of uninsured and underinsured was ranked as the second priority. Participants cited concerns over cuts in the Medicaid program, decreases in employer sponsored coverage, affordability of coverage and lack of coverage for specialty and mental health services.

"copays are too high for families"

Health Insurance

"have to choose between health insurance and other necessities"

"losing jobs and benefits - not able to get health care, can't go to a dentist"

» 668,000 – Missouri's uninsured population in 2006

» 823,000 – Missouri's uninsured population in 2008/2009

» 8.3 % of Missouri children, 117,500 were uninsured in 2008/2009

» 30.3% of Missouri children were unrolled in Medicaid/CHIP in 2008/2009

Potential Negative Outcome: Children and the uninsured enter the health care system in poorer health because of delayed care, and ultimately have worse health outcomes.

ACCESS TO HEALTH INSURANCE

GOAL: PROVIDE QUALITY, AFFORDABLE HEALTH COVERAGE FOR ALL LOW INCOME PARENTS AND CHILDREN.

STRATEGY #1 - EDUCATE THE PUBLIC ABOUT THE IMPORTANCE AND VALUE OF HEALTH INSURANCE FOR CHILDREN AND FAMILIES.

SHORT TERM

(Changes in knowledge, attitudes, beliefs)

- Increase awareness of Medicaid/CHIP
- Empower people to support and use CHIP and Medicaid
- Increase public support for Medicaid/CHIP
- Improve attitudes around Medicaid/CHIP

INTERMEDIATE

(Changes in behavior)

- Increase Medicaid/CHIP enrollment

LONG TERM

(Changes in health)

- Everyone has access to quality, affordable health care

STRATEGY #2 - EDUCATE LEGISLATORS TO MAKE HEALTH INSURANCE COVERAGE FOR FAMILIES AND CHILDREN A HIGH PRIORITY.

SHORT TERM

(Changes in knowledge, attitudes, beliefs)

- Educate legislators about what consumers want and need
- Increase support of Medicaid, CHIP, health reform among legislators*
- Increase number of legislators supportive of Medicaid, CHIP, health reform

INTERMEDIATE

(Changes in behavior)

- Increase enrollment in Medicaid/CHIP
- Pass legislation that will benefit consumers
- Procure stable funding for CHIP & Medicaid
- Increase funding for CHIP & Medicaid
- Increase legislation that expands health coverage
- Increase reimbursement rates to increase number of providers
- Increase preventive coverage, expand eligibility (families)
- Increase medical homes

LONG TERM

(Changes in health)

- Long-term stability of Medicaid/CHIP funding

STRATEGY #3 - EXPAND MEDICAID/CHIP ELIGIBILITY AND SIMPLIFY PROCESSES TO ENROLL IN AND RENEW HEALTH INSURANCE COVERAGE.

SHORT TERM

(Changes in knowledge, attitudes, beliefs)

- Change attitudes about eligibility/burdens in the community
- Change attitude of administrative staff
- Empower consumers to become their own advocates

INTERMEDIATE

(Changes in behavior)

- Change Medicaid/CHIP systems
- Increase enrollment in Medicaid/CHIP
- Increased enrollment = more federal dollars which impacts state
- Decrease number of denials
- Expand eligibility so enrollment can increase

LONG TERM

(Changes in health)

- Healthier communities

* This Task Group was very conscious of the developing health care reform legislation and was working on these strategies from September 2009 – May 2010. After health care reform legislation passed nationally, the Task Group continued to believe that local and state legislative support would need attention and focus.

[Healthy Homes]

The environment was ranked as the third highest priority. Participants cited the need to improve the health of home environments and to increase safe and supportive communities. Poor quality housing, indoor and outdoor air quality, community violence, and lack of safe and beautiful surroundings were of concern to parents and professionals.

"adequate housing = safe, reasonable occupancy, affordable, safe neighborhood"

Photo by Carolyn Dickerson

The National Center for Healthy Housing has ranked 44 U.S. Metropolitan Statistical Areas for basic housing structure and systems and for healthy housing which includes health and safety measures.

» St. Louis' Central City Basic Housing Rank – 40th out of 44

» St. Louis' Central City Healthy Housing Rank – 35th out of 44

» St. Louis Metro Area Basic Housing Rank – 12th out of 44

» St. Louis Metro Area Healthy Housing Rank – 13th out of 44

» National Healthy Homes Reports St. Louis central city as “Most Unhealthy” in 12 of 23 categories including water leaks from outside, signs of mice, and open cracks or holes in walls. St. Louis Metro area is “Most Unhealthy” in 5 of the same 23 categories.

Potential Negative Outcome: Children and adults suffer high asthma rates. Children have elevated blood lead levels.

HEALTHY HOMES

GOAL: ELIMINATE HEALTH RISKS ASSOCIATED WITH HOUSING

STRATEGY #1 – COMMUNITY PARTNERS WITH COMMON GOALS IDENTIFY, COORDINATE, CONNECT, CREATE, AND COMMUNICATE HEALTHY HOMES RESOURCES FOR FAMILIES AND COMMUNITIES.

SHORT TERM

(Changes in knowledge, attitudes, beliefs)

- Decrease misunderstanding/misuse of resources
- Increase number of formal and informal stakeholders
- Increase capacity building
- Increase community awareness
- 1st responders identified as important to healthy homes
- Families get consistent answers from providers
- All collaborations have citizen involvement

INTERMEDIATE

(Changes in behavior)

- Increase in:
 - Number of partnerships/collaborations
 - Healthy homes referrals
 - Percent of services received by community members
 - Organizations involved with non-traditional partners
 - Ability to ID number of referrals & customer satisfaction
 - Community engagement & participation
 - Property values & people moving into the city
 - Families getting help when they need it

LONG TERM

(Changes in health)

- Healthier housing environment
- Better quality of life for residents
- Less housing-related illness

STRATEGY #2 – RESPONSIBLE PARTIES ASSESS, PROMOTE AND ENFORCE UTILIZATION AND IMPLEMENTATION OF EXISTING CODES WHILE INCORPORATING THE SEVEN NATIONAL HEALTHY HOMES STANDARDS.

SHORT TERM

(Changes in knowledge, attitudes, beliefs)

- Increased understanding of existing standards in region
- Decrease effect of concerns around existing standards
- Increased community understanding of standards
- Increased government support for new standards
- More educated legislators, inspectors and municipalities
- Identification of number of duplicated codes

INTERMEDIATE

(Changes in behavior)

- Interior and exterior standards are adopted and implemented
- Standards are enforced
- Increase adherence to housing codes
- Increase in number of:
 - Healthy homes inspections
 - Grievances resolved
 - Inspectors trained on healthy homes
 - People acting to make their home healthy
 - Homes that meet the standard
 - Violators charged
 - Baseline of healthy homes
 - Signed agreements/amendments to existing codes
 - Successful re-investigations resolved

LONG TERM

(Changes in health)

- Decrease in the number of people with environmental diseases

STRATEGY #3 – INCREASE PUBLIC AWARENESS THROUGH COMPREHENSIVE EDUCATION ABOUT THE SEVEN NATIONAL HEALTHY HOME STANDARDS.

SHORT TERM

(Changes in knowledge, attitudes, beliefs)

- Increase knowledge of healthy homes through provided workshops, materials
- Increase funding as a result of community support
- Increase penetration to key stakeholders
- Increase politician support
- Increased request for presentations, workshops
- Increased quality of publications
- Increase knowledge of cleaning products, indoor smoking, and environmental factors
- Increase community awareness of problem

INTERMEDIATE

(Changes in behavior)

- Increase:
 - Utilization of healthy homes resources
 - Homes that meet healthy homes standards
 - Number of homes passing health homes inspections
 - Number of stakeholders who receive training
 - Demand for services
 - Web hits/counts
 - Number of hotline calls
 - Number of peer educators

LONG TERM

(Changes in health)

- Improved health outcomes for children and families in region (i.e. asthma rates)
- Decrease number of people with environmentally related diseases
- Reduce ER visits due to environmental diseases

[Mental Health]

Mental health was ranked fourth as a key theme during the prioritization phase by both parents and providers. Participants were concerned about depression, attention deficit, hyperactivity, high stress, a lack of mental health services, under diagnosis of mental illness, and stigmatization of mental illness. Perhaps this isn't surprising considering there are more than 100,000 residents in the St. Louis region in need of serious psychiatric services at any given time¹⁸. In 2006 there were 10,549 St. Louis City and County residents receiving mental health services from 33 available providers¹⁹. This could possibly cause mental health providers to have case loads that are excessive. Consequently this could result in more individuals needing mental health services to be turned away.

"cuts in mental health coverage in Medicaid"

"stress - a number of levels - system creates stress - makes it more difficult to care for self"

» Nearly 35% of St. Louis Healthy Start Program participants were considered to be at either medium or high risk of developing depression

» Washington University study in Southeast Missouri – “In the prevalence study of 162 Healthy Start recipients, Major Depression was indicated in 18% of the sample population; an additional 17% had symptom levels consistent with Minor depression. When significant symptoms including suicidal ideation and self-reported impairment in daily function are considered, an additional 14% of women present with symptoms of risk/concern.”

Potential Negative Outcome: There is a reduction of bonding between mother and infant, decrease in use of preventative child health practices increased stress and risk of substance of abuse.

MATERNAL MENTAL HEALTH

GOAL: WOMEN BEFORE, DURING AND FOLLOWING PREGNANCY WHO ARE AT RISK FOR DEPRESSION AND MENTAL ILLNESS WILL BE IDENTIFIED AND RECEIVE CARE

STRATEGY #1 – SCREEN PREGNANT AND POSTPARTUM WOMEN FOR DEPRESSION AT MANDATED INTERVALS AND AT NON-TRADITIONAL AND TRADITIONAL SITES. PROVIDE ACCESS TO REFERRAL SOURCES.

SHORT TERM

(Changes in knowledge, attitudes, beliefs)

- Number of screens completed at non-traditional sites
- Community/constituency knowledge about screening
- Provider screening & referral knowledge/utilization

INTERMEDIATE

(Changes in behavior)

Increase:

- Number of women screened
- Number of women attending prenatal care visits
- Number of women attending mental health visits
- Number of referrals made
- Mother/child bonding

Percent changes:

- % of women are screened before, during & after pregnancy
- % of positive screens are referred
- % of screen scores decrease at X point in time

LONG TERM

(Changes in health)

- Better mental health status of individuals & community
- Decreased severity of postpartum depression
- Decreased severity of mental illness

STRATEGY #2 – UTILIZE MOTIVATIONAL INTERVIEWING TECHNIQUE FOR ASSESSMENT AND TREATMENT OF DEPRESSION.

SHORT TERM

(Changes in knowledge, attitudes, beliefs)

- Increase provider & peer Motivational Interviewing skills
- Decrease negative mental health beliefs/attitudes

INTERMEDIATE

(Changes in behavior)

Increase number of:

- women attending mental health visits
- mental health referrals given/received
- people involved in treatment
- women moving through Motivational Interviewing
- staff trained in Motivational Interviewing

LONG TERM

(Changes in health)

- Healthier moms, babies, and families
- Increased percentage of women at risk for depression and mental illness are assessed and treated

STRATEGY #3 – INCREASE AWARENESS AND REDUCE STIGMA OF DEPRESSION THROUGH NON-TRADITIONAL, PEER-BASED CAMPAIGNS AND INITIATIVES.

SHORT TERM

(Changes in knowledge, attitudes, beliefs)

- Increase “peer” and/or community members’ knowledge around mental health
- Increase provider knowledge around mental health
- Improve community & individual beliefs about mental health (reduce stigma)
- Increase # of people acknowledging their depression/mental illness

INTERMEDIATE

(Changes in behavior)

Increase number of:

- Women seeking mental health services
- People willing to act in peer support roles

LONG TERM

(Changes in health)

- Better mental health status of individuals & community
- Decreased severity of postpartum depression
- Decreased severity of mental illness

[Poverty]

The number one, overarching issue identified by parents and professionals as contributing to the poor health of women and children is the high rate of families with children living in poverty. Participants cited a lack of economic opportunities, lack of quality childcare, lack of quality education opportunities, inadequate housing, and lack of public transportation as key factors influencing poverty and health in St. Louis.

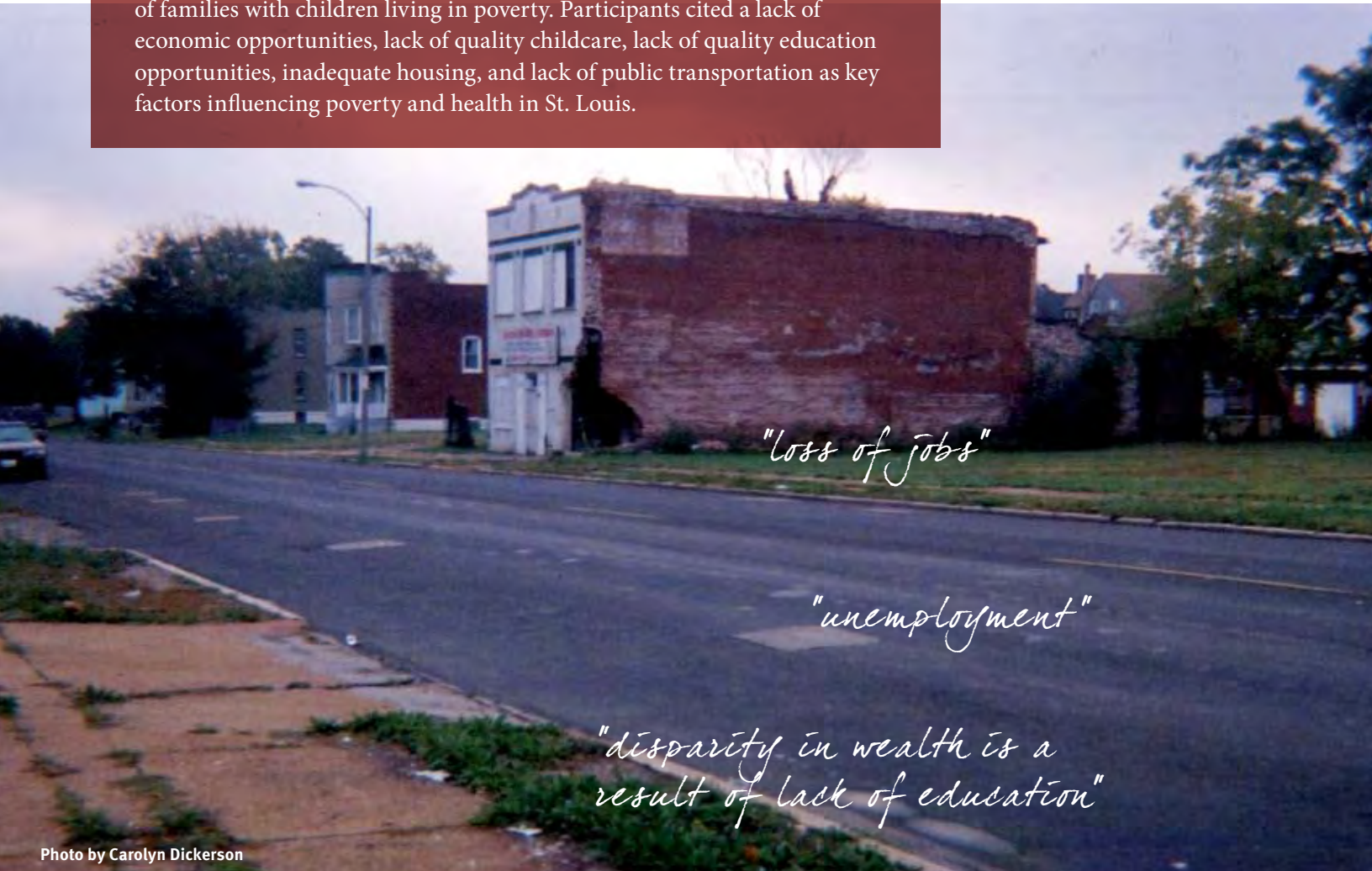


Photo by Carolyn Dickerson

In 2009, 146,000 more Missourians were living in poverty than in 2008 (a total of 926,000). That amounts to a 19% jump. Missouri had the 15th highest poverty rate in the U.S. Since 2000, the percentage of Missourians living in poverty has nearly doubled. Today, 15.5 percent of Missourians live in poverty as compared to 13.5 percent of Illinois' population and 14.3 percent nationally.

As the data shows, poverty is a significant factor in the St. Louis region. All participants in *Mapping a Course for a Healthier Community* acknowledged that poverty is the underlying cause of the three priority agenda areas represented in this report. The constituents and advisors to the *Mapping a Course* initiative recognized its devastating effects, and seek to address poverty as an underlying cause of each of the key *Mapping a Course* priority issues.

However, because of its significant impact on these key health determinants (access to health insurance, maternal mental health and healthy homes), it is important to continue to lift up poverty as an underlying cause of poor health in our community and to encourage those who can impact poverty to do all they can to eliminate it or reduce its effects.

REPORT CARD –

This report card will be utilized to track progress on the St. Louis Maternal, Child and Family Health Agenda For a Healthier Community for Women, Children and Their Families. The performance measures will be tracked and a regular report will be issued to the St. Louis Community.

ACCESS TO HEALTH INSURANCE

GOAL: Provide quality, affordable health coverage for all low income parents and children.

Performance Measures:	2009	2012
Increased enrollment in public health insurance options	823,000 uninsured	
Adopt best practices for outreach and enrollment outlined by Department of Health and Senior Services (8 Standards)	5	
Increased federal dollars to the state through increased enrollment in SCHIP	\$101,113,892	

MATERNAL MENTAL HEALTH

GOAL: Women before, during and following pregnancy who are at risk for depression and mental illness will be identified and receive care

Performance Measures:	2009	2012
% of positive screens that are referred for services (using a sample study)	22%	
Increase number of providers trained in motivational interviewing	No data exists locally	

HEALTHY HOMES

GOAL: Eliminate health risks associated with housing

Performance Measures:	2009	2012
Focus group feedback on community awareness (using a sample study)	No such study exists locally	
Percent increase of service usage within partnerships	No data exists locally	
Increase number of formal and informal stakeholders who are part of the healthy homes movement/agenda	125	
Reduce ER visits due to asthma	23.3 per 1000	

The Maternal, Child and Family Health Coalition

Eleven years ago the St. Louis region established an agenda to improve the well-being of children. The St. Louis Children's Agenda included priorities for improving the health of mothers, babies and families which were to: reduce infant deaths, increase access to health care, and organize a Maternal, Child and Family Health Coalition.

The Maternal, Child and Family Health Coalition (MCFHC) developed as a result of the St. Louis Children's Agenda and forged partnerships with hospitals, health departments, health centers, community and social service organizations, academic institutions, churches, and parent organizations to improve the health of women, children and families in the St. Louis region. The MCFHC is today the leading convener of stakeholders that take action around priority health issues for vulnerable women and children.

The mission of the MCFHC is to improve birth outcomes, promote healthy families, and build healthy communities by uniting and mobilizing the St. Louis region. The mission is accomplished by the following activities:

- identifying issues leading to poor health;
- developing and promoting best practices to address these issues;
- increasing coordination and communication among those who serve women and children; and
- increasing the capacity of the community to strategically target the issues leading to poor health with quality programs and services.

Because of its history, MCFHC has been proud to lead the efforts to establish a St. Louis Maternal, Child and Family Health Agenda, in the tradition (or spirit) of the the St. Louis Children's Agenda. This report presents the elements of the agenda.

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Maternal, Child and Family Health Coalition

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