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MESSAGE FROM
THE DIRECTORS

We are pleased to present the 2018 Annual Report of the Saint Louis County Department of Public Health (DPH). This was an important year for the department as we achieved important progress and faced new challenges.

This year we achieved accreditation through the Public Health Accreditation Board (PHAB). DPH has been working toward this recognition since 2011, when PHAB first began accepting applications. Fewer than 300 health departments nationwide have reached this status. Our accreditation reflects the hard work that the department does every day to ensure the health and safety of all residents in Saint Louis County.

Those efforts were particularly critical as we addressed the opioid crisis. This deadly epidemic is ongoing and the public health response is still evolving. In 2018, we rolled out a more robust strategy to provide prevention and recovery resources to county residents. This strategy recognizes evidence-based strategies like medication-assisted treatment and safer prescribing practices as the best way to save the lives of individuals struggling with addiction.

DPH is building partnerships with agencies and community organizations across the region to ensure that we are using our combined resources and expertise as efficiently as possible. We partnered with dozens of regional organizations to carry out our opioid response. Seventy-two other jurisdictions are working with the County as part of a rapidly growing prescription drug monitoring program. Additionally, local nonprofits acted as key partners in a variety of youth and community outreach initiatives over the year.

We are also working closely with the City of St. Louis Department of Health to develop a Community Health Improvement Plan (CHIP). This collaborative partnership will guide departmental goals and strategies over the next five years. The CHIP is an opportunity to refocus our organizational values and update our strategies to better serve the public.

DPH is proud of the progress made in 2018, but we know that we must continually improve in order to meet the challenges that arise in the health field. We are committed to moving forward with a spirit of equity, transparency, and innovation.
THE DEPARTMENT’S ACTIVITIES IN 2018
MISSION
The Saint Louis County Department of Public Health strives to keep St. Louis County one of the best places in the region to live, work, or visit. This is accomplished by regularly assessing the health and environment of the county and responding with sound policies that help assure the availability of high quality public health services for everyone.

VISION
The Saint Louis County Department of Public Health’s vision is a collaborative public health system entrusted to coordinate and allocate resources for prevention and outreach to promote and create a healthy and safe environment.

VALUES
The Saint Louis County Department of Public Health is committed to:

- being a public health leader in the community;
- operating in a manner that recognizes the value of all people;
- promoting health equity throughout the county;
- continuously improving its operations;
- using evidence-based practices;
- attaining the highest level of service through efficiency, consistency, and relationship development;
- promoting innovation to ensure all people in the community are served; and
- operating in a transparent manner and accepting responsibility for outcomes.
SNAPSHOTS OF TRAINING

60% of second interviews included cultural competency questions

100% of new employees completed Quality Improvement training during orientation

90 staff participated in quality improvement tool training

RESPONSE

85% of divisions met the RAVE alert emergency response standards

95% of solid waste complaints received an initial response within three working days

100% of Medical Examiner data requests received a response within 24 hours

100% of employee Safety and Quality Improvement submissions received a timely response

93% of division fiscal status reports submitted by deadline
REACH

16,361
environmental inspections conducted

84%
Missouri residents covered by the Prescription Drug Monitoring Program

125
chronic disease and substance use reports made available to the public

77
asthma and lead home assessments conducted

73,937
visits to DPH Women, Infant, Children (WIC) clinics across five sites

33,740
lab tests completed

31,036
patients seen across three community health centers and one correctional clinic

75,910
visits by patients at all DPH locations

121
infectious disease and STI reports

39
partners in the Healthy Living Coalition

561
individuals educated on medical examiner trends

51%
of patients seen at DPH clinics were uninsured
### VITAL AND HEALTH STATISTICS, 2012 - 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate</td>
<td>Number</td>
<td>Rate</td>
<td>Number</td>
</tr>
<tr>
<td><strong>Live Births</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
<td>11,466</td>
<td>59.6</td>
<td>11,638</td>
<td>60.4</td>
<td>11,599</td>
</tr>
<tr>
<td><strong>Deaths</strong>&lt;sup&gt;b&lt;/sup&gt;</td>
<td>9,362</td>
<td>708.3</td>
<td>9,465</td>
<td>717.3</td>
<td>9,801</td>
</tr>
<tr>
<td><strong>Infant Deaths</strong>&lt;sup&gt;c&lt;/sup&gt;</td>
<td>61</td>
<td>5.3</td>
<td>88</td>
<td>7.6</td>
<td>83</td>
</tr>
<tr>
<td><strong>Population</strong>&lt;sup&gt;d&lt;/sup&gt;</td>
<td>1,001,444</td>
<td></td>
<td>1,001,876</td>
<td></td>
<td>1,003,362</td>
</tr>
</tbody>
</table>

<sup>a</sup> Live birth rates are the number of live births to county residents per 1,000 women ages 15-44 years.

<sup>b</sup> Death rates are the number of county resident deaths per 100,000 population and are age-adjusted to the 2000 U.S. population.

<sup>c</sup> Infant death rates are the number of county resident deaths that occurred before age 1 year, per 1,000 live births to county residents.

<sup>d</sup> Population counts for each year are based on American Community Survey (ACS) 1-year estimates.

### Leading Causes of Death<sup>ab</sup>

<table>
<thead>
<tr>
<th>Leading Causes of Death&lt;sup&gt;ab&lt;/sup&gt;</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate</td>
<td>Number</td>
<td>Rate</td>
<td>Number</td>
</tr>
<tr>
<td><strong>Heart Disease</strong></td>
<td>2,379</td>
<td>172.5</td>
<td>2,294</td>
<td>167.5</td>
<td>2,480</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>2,070</td>
<td>160.2</td>
<td>2,129</td>
<td>161.4</td>
<td>2,106</td>
</tr>
<tr>
<td><strong>Cerebrovascular Disease (Stroke)</strong></td>
<td>494</td>
<td>35.6</td>
<td>485</td>
<td>35.1</td>
<td>573</td>
</tr>
<tr>
<td><strong>Unintentional Injuries</strong></td>
<td>447</td>
<td>40.4</td>
<td>512</td>
<td>45.2</td>
<td>491</td>
</tr>
<tr>
<td><strong>Chronic Lower Respiratory Disease</strong></td>
<td>437</td>
<td>33.4</td>
<td>443</td>
<td>33.4</td>
<td>398</td>
</tr>
</tbody>
</table>

<sup>a</sup> Leading causes of death are determined by the underlying cause using International Classification of Diseases, Tenth Revision (ICD-10) codes and are ranked according to the number of county resident deaths.

<sup>b</sup> Cause-specific death rates are the number of county resident deaths per 100,000 population and are age-adjusted to the 2000 U.S. population.

<sup>d</sup> Population counts for each year are based on American Community Survey (ACS) 1-year estimates.
## COMMUNICABLE DISEASE STATISTICS, 2013 - 2018

### Enteric Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacteriosis</td>
<td>128</td>
<td>98</td>
<td>106</td>
<td>100</td>
<td>98</td>
<td>118</td>
</tr>
<tr>
<td>E. coli O157:H7</td>
<td>11</td>
<td>6</td>
<td>4</td>
<td>8</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>161</td>
<td>163</td>
<td>181</td>
<td>167</td>
<td>174</td>
<td>152</td>
</tr>
<tr>
<td>Shigellosis</td>
<td>25</td>
<td>25</td>
<td>659</td>
<td>187</td>
<td>126</td>
<td>172</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>325</td>
<td>292</td>
<td>950</td>
<td>462</td>
<td>404</td>
<td>450</td>
</tr>
</tbody>
</table>

### Respiratory Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza (Oct - Apr)</td>
<td>2,354</td>
<td>1,398</td>
<td>3,880</td>
<td>2,242</td>
<td>5,797</td>
<td>10,131</td>
</tr>
<tr>
<td>Legionellosis</td>
<td>14</td>
<td>19</td>
<td>30</td>
<td>33</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>25</td>
<td>14</td>
<td>15</td>
<td>20</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>2393</td>
<td>1431</td>
<td>3925</td>
<td>2295</td>
<td>5837</td>
<td>10,174</td>
</tr>
</tbody>
</table>

### Vaccine Preventable Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A Acute</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Hepatitis B Acute</td>
<td>11</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Measles</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mumps</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>30</td>
<td>2</td>
</tr>
<tr>
<td>Pertussis</td>
<td>169</td>
<td>174</td>
<td>55</td>
<td>125</td>
<td>76</td>
<td>39</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>181</td>
<td>178</td>
<td>62</td>
<td>141</td>
<td>116</td>
<td>48</td>
</tr>
</tbody>
</table>

### Neurological Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal Meningitis</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>West Nile, Neuroinvasive</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>5</td>
<td>1</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### Sexually Transmitted Infections

<table>
<thead>
<tr>
<th>Disease</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>5,208</td>
<td>5,376</td>
<td>5,502</td>
<td>5,705</td>
<td>6,184</td>
<td>6,435</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>1,733</td>
<td>1,741</td>
<td>2,038</td>
<td>2,627</td>
<td>2,610</td>
<td>2,776</td>
</tr>
<tr>
<td>HIV</td>
<td>113</td>
<td>123</td>
<td>110</td>
<td>109</td>
<td>115</td>
<td>91</td>
</tr>
<tr>
<td>Early Syphilis</td>
<td>78</td>
<td>81</td>
<td>101</td>
<td>142</td>
<td>202</td>
<td>200</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>7,132</td>
<td>7,321</td>
<td>7,751</td>
<td>8,583</td>
<td>9,111</td>
<td>9,502</td>
</tr>
</tbody>
</table>
### 2018 Health Fund Revenue Sources

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Tax Revenue</td>
<td>$37,474,457</td>
</tr>
<tr>
<td>License/Permits/Fees</td>
<td>$6,406,048</td>
</tr>
<tr>
<td>Patient Revenue</td>
<td>$3,768,129</td>
</tr>
<tr>
<td>Grant &amp; Contracts</td>
<td>$1,503,821</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>$1,048,575</td>
</tr>
</tbody>
</table>

### 2018 Health Fund Expenditures

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Care Services</td>
<td>$12,911,287</td>
</tr>
<tr>
<td>Administration</td>
<td>$10,717,648</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>$6,062,958</td>
</tr>
<tr>
<td>Corrections Medicine</td>
<td>$6,383,030</td>
</tr>
<tr>
<td>Public Health Services</td>
<td>$7,318,328</td>
</tr>
<tr>
<td>Medical Examiner</td>
<td>$2,156,254</td>
</tr>
</tbody>
</table>
INITIATIVES AND ACCOMPLISHMENTS IN 2018
In August 2018, DPH received national accreditation through the Public Health Accreditation Board (PHAB). The accreditation program improves and protects the health of the public by advancing the quality and performance of the nation’s public health departments.

Saint Louis County Department of Public Health is one of fewer than 300 of the nation’s nearly 3,000 health departments that have achieved accreditation.

Accreditation is important for a number of reasons. First, it forces the department to think through its various efforts and activities to demonstrate to an outside entity what we are doing. It helps improve public accountability and trust. It is also expected to help the department secure funding opportunities in the future.

DPH applied for accreditation in 2011, when PHAB first began accepting applications. The accreditation board was established in 2007 and spent several years developing comprehensive standards that focus not only on what sorts of services and functions are offered but also on the processes used by agencies to ensure quality and adherence to evidence-based best practices. Accreditation is a peer-reviewed, rigorous process to ensure the Department meets the quality standards and measures.

As part of this process, some DPH programs were expanded, new internal and external collaborations between programs and outside agencies were established, and the entire local public health community was engaged in making sure that the needs of the entire community were being met. The department also drafted a detailed action plan outlining new policies and standards as well as measures of accountability.

All of these efforts combine to ensure that the department is offering the highest quality of service to the public. The Department of Public Health will be accredited for 5 years, and will seek reaccreditation in 2023.
We Made It!

Your Department of Public Health is now
NATIONALLY ACCREDITED

Our destination was accreditation
but the journey continues...
As a result, the County declared a state of emergency in June. At this time, DPH released a comprehensive action plan outlining an aggressive response to the crisis.

DPH is partnering with dozens of regional organizations to implement a strategy that centers on evidence-based approaches to treatment and prevention. The elements of the action plan are:

- **Education and prevention** - Including safer opioid prescribing practices and stigma reduction
- **Harm reduction and rescue** - Including safer-use education and distribution of naloxone
- **Treatment** - Including efforts to link those who have experienced an overdose and people in high-risk groups to medicine-assisted treatment programs
- **Recovery** - Including housing and workplace support for individuals in recovery
- **Public health data** - Including monitoring and research related to nonfatal overdoses

This plan recognizes the need for compassionate and comprehensive support for those who are struggling with opioid use. It also recognizes that medication-assisted treatment (MAT) is the most effective way to address opioid addiction. DPH is piloting a program to integrate MAT into its existing clinical services, including services provided to inmates in county correctional facilities.

Improving the available data about the crisis is critical to the effort. Accurate information about the problem guide resources and strategy. DPH is working with first responders, health systems, and partner organizations to monitor nonfatal overdoses and other opioid-related health complications.

The progress of the plan will be measured according to specific metrics:

- PDMP utilization
- Naloxone kits distributed
- Overdose response teams established
- Agencies reporting nonfatal overdoses
- MAT providers

The impact of the nationwide opioid crisis is apparent in Missouri, and ending this tragic situation is a top priority for DPH. 307 people died from opioid overdoses in St. Louis County in 2018, and many more dealt with the devastating effects of addiction.
The Prescription Drug Monitoring Program continued to grow in 2018. There are now 72 participating jurisdictions across the state, representing 84 percent of the state’s population.

DPH partnered with jurisdictions across the state to implement a mass registration feature that allows entire hospitals and health systems to enroll in the PDMP at once, rather than requiring individual providers to enroll separately. More than 5,500 new providers were added to this system under this feature, for a total of 13,950 total participating providers at the end of 2018.

The County also entered into an interstate data sharing agreement with Kansas, Illinois, and Oklahoma. This allows participating providers to view patient history even if their patients have seen doctors in neighboring states.

As a result of these updates, system utilization rose dramatically over the course of the year, from roughly 4,000 patient searches per day to more than 6,000.
Behavioral Health

GOAL
Transform Behavioral Health (BH) Services to be Optimally Accessible to Children and Adults

Strategies
1) Create tactics to reduce/eliminate client experiences of barriers.
2) Create a centralized hub to connect clients to BH services as part of this.
3) Support integration of BH and physical healthcare.
4) Pursue changes in payor policies to reimburse for BH services.
5) Implement services to support primary care providers identify and address BH needs.
6) Expand services available through the criminal justice system re-entry support services.

Strategies
1) Create tactics to reduce/eliminate clients’ experiences of barriers, including housing, transportation, financial, geographic, stigma, and other eligibility requirements.
2) Increase education and advocacy about services provided by payors such as Medicaid transportation.
3) Bring BH services to the people.
4) Elevate non-traditional care deliver models.
In May, DPH organized an open house to give community stakeholders an opportunity to review the goals and strategies of the plan. The department presented its high-level objectives, and partners were invited to discuss how their programs or agencies could help to implement strategies toward these objectives. The feedback provided at this event was used to help five Action Teams as they developed sections of the CHIP.

The group is using a model known as Mobilizing for Action through Planning and Partnerships (MAPP) to guide its process. MAPP helps large groups develop plans in a systematic way.

Action Teams began developing their work plans in 2018. Team members attended two trainings in late 2018. The first was an Accelerating Change and Transitions (ACT) training, sponsored by BJC, to equip teams with the methods and tools for implementing their plans. The second was an anti-bias and anti-racism training to ensure that each plan addresses racial equity as a public health issue.

The Action Teams are composed of representatives from coalition agencies and groups, each guided by a “backbone organization” which leads the team’s efforts. Each team is drafting a detailed plan, which will include goals, objectives, and indicators by which progress can be measured. The Chronic Disease action team is working on four plans that correspond to four action sub-groups: Built Environment, Food Access and Security, Early Childhood Education, and Youth Workforce Development.
Replacing RAMP testing with ELISA testing is estimated to save $27,180 to $36,240 per year. Initial investment costs for equipment and supplies are expected to be recovered in under two years. The VCP worked with Saint Louis County’s Geographic Information System (GIS) Service Center to develop six GIS applications which improve output and efficiency in nearly all aspects of VCP activities. The applications will handle service requests, rodent abatement, adulticiding, larviciding, surveillance, and reporting.

These new processes allow the VCP to:

- Distribute products in a more targeted and environmentally friendly manner.
- Monitor and allocate resources (both personnel and products) more effectively.
- Improve tracking of and response to service requests.
- Save taxpayer money.

The Vector Control Program (VCP) developed, tested, and implemented a protocol to use an enzyme-linked immunosorbent assay (ELISA), rather than Rapid Analyte Measurement Platform (RAMP®) testing to identify mosquitoes that are carrying West Nile virus.
The Healthy Homes Program staff received certification and was approved by the state to provide in-home asthma environmental assessments.

During these assessments, a community health worker visits a family’s home to identify asthma triggers and provide education about asthma management. The home environment can exacerbate asthma in complex ways, and home-based interventions have proven effective as a way to help those who otherwise have difficulty managing the conditions. The new certification means the state will now reimburse DPH for these services, making it possible for the department to offer more inspections for residents. DPH is preparing to roll out a large-scale program in 2019.

Healthy Homes was also awarded a Flash Grant from the Green & Healthy Homes Initiative to host a lead resource fair in conjunction with National Lead Poisoning Prevention Week. Free lead screenings were held at each of our health centers and families were encouraged to bring in their children’s toys to be tested for lead contamination. In addition, the community was educated on lead hazards and childhood lead poisoning prevention. Participating families received lead cleaning kits and were entered into a raffle to win HEPA vacuums.
2018 was ReCAST’s second year, and the participatory budgeting process continues to grow and improve. Fifty-eight community delegates were recruited to create scopes of work for the proposal request stage of the process, and an additional 19 participated in scoring and evaluation of submitted proposals. These two roles were created following concerns about conflicts of interest in the previous year. The two groups each took part in four weekly sessions and completed trainings related to trauma-informed care, racial equity, facilitative leadership, RFP development and scoring, and community outreach.

In addition to participation from community delegates, 129 members of the public took part in community voting. This year, residents were given the opportunity to view proposal abstracts online prior to community voting. This step was key in helping residents make informed decisions. Voting was held in 6 different locations across the Promise Zone. Community residents were given a ballot and asked to rank what their preferred project ideas in each funding category. Those that received the highest ranks in their category were funded.

This year, ReCAST began awarding mini-grants of $20,000 each. Thirteen groups, including non-traditional and grassroots organizations, were awarded service contracts this way. Two grants were given to projects related to mental health peer support, three to violence prevention, and eight to youth engagement programs.

ReCAST also worked to build relationships across its coalition to improve information sharing and collaboration. Once a month, ReCAST held a conference call with all contract awardees to discuss their projects. Organizations have used this opportunity to work with one another to combine efforts and share resources for behavioral health services. They have also identified how their programs fit with others working in the same space to reduce duplicative services and inform providers of additional community resources beneficial for their program participants.

ReCAST is a five-year federal grant whose funds are awarded to community organizations in the St. Louis Promise Zone on a year-by-year basis. This means that each year, the program has the opportunity to learn from and expand upon its earlier activities.
As part of this initiative, DPH and its partners began implementing Project RESTORE—an acronym that stands for Reconciliation and Empowerment to Support Tolerance and Race Equity.

In its second year, Project RESTORE continued to build on the achievements of year one and successfully brought violence prevention programming to a cohort of 486 8th grade students in three school districts. Part of the project is a peer-led life skills program called Teen Age Health Consultants (TAHC). In 2018, TAHC delivered the Youth Empowerment Training curriculum, which focuses on skills like communication, health knowledge, stress management, leadership, and decision-making.

In addition, beginning in the fall of 2018, the Police Athletic League began offering an expanded after-school program, where students interacted with officers in athletic activities and weekly field trips.

Another important component of the project is to strengthen parental engagement. To this end, Project RESTORE organized parent engagement activities at each school at the beginning of the 2018 – 2019 academic year. These events gave students, teachers and Project RESTORE staff the opportunity to talk about the project and how parents can be more involved in the education of their children. The program also provided professional development to teachers interacting with Project RESTORE students on cultural competency.

Another important component of Project RESTORE is robust evaluation of its different programs. In particular, the schools were interested in knowing what they were doing and where they needed improvements in terms of restorative justice practices. The evaluation provided useful feedback and action plans for the schools to follow to improve on their practices.
Project RESTORE strives to create protective school and community environments to promote healthy youth development. The initiative is supported by a number of community partners, ensuring that many different activities can be offered to 7th Grade Students.

**ACTIVITIES**
- Academic Tutoring
- Peer-Led Lessons in Life Skills
- After-School Activities
- Summer Camp

**INCENTIVES**
- Kick-Off Party
- RESTORE T-Shirt
- Graduation Ceremony

**GOALS**
- Improved School Attendance
- Graduation Rates

**PARTNERS**
- Saint Louis County Department of Public Health
- St. Louis County Police Department
- St. Louis County Police Athletic League
- University of Missouri-St. Louis
- Illinois University School Districts
Waste management also attended community events in 11 municipalities in the county to provide in-person education.

The Resourceful Schools Program is another important mode of community outreach. The project helps school recycling programs by bringing waste diversion messages into the classroom. Schools can request classroom presentations, a lending library, and loan kits. In 2018, 64 schools participated. In total, the department reached more than 4,900 students.

Starting July 2018, the Brookmont subdivision in Maryland Heights embarked on a year-long food waste composting pilot program, which is the first of its kind in Missouri. More than 80 residents have opted in to this program, which provides food waste collection at no additional cost. The food waste goes into a special roll cart that is collected along with their weekly yard waste collection. Of the total group, about 40-60 residents participate in any given week. The key to the program’s success has been engagement and education between the department and the community.

Additionally, waste diversion team members have joined with OneSTL, the sustainability plan created for the greater Saint Louis region. The plan includes six target goals to help improve sustainability across five Missouri counties and three counties in Illinois. The regional goal is to reduce the amount of waste going to the landfill by 30% by 2030. Saint Louis County is the largest participating county, and holds a co-leader position in the working group.

The department adopted its current strategic plan – the 2014-2019 DPH Strategic Plan – in 2014. At the time, it comprised nine priority areas, each with its own set of goals and objectives. In 2015, a tenth priority area – health equity – was added to the strategic plan.

Each year, a summary of the challenges and accomplishments made in the previous year on the priorities in the strategic plan are included in the department’s annual report. On the next several pages are updates on each of the ten priority areas and the progress made on each in 2018.

The entire 2014-2019 DPH Strategic Plan can be found on the department’s website: www.stlouiscom/HealthandWellness
Priority 1
EFFECTIVE COMMUNICATION

In 2018, the Health Communications team added a videographer, expanding its capacity for multimedia work. This is part of a push to create more high-quality content that engages and educates the public on health issues.

DPH produced the “Anyone Can” campaign, a series of ads to spread awareness of opioid recovery resources with an emphasis on harm reduction and stigma reduction. The key messages of the campaign are that anyone can be affected by addiction, anyone can get help for themselves or a loved one, and anyone can save a life with naloxone.

City and County public information officers collaborated on a joint communications strategy as part of the regional health partnership. Together, the communications teams are promoting the Community Health Improvement Plan and updating the data dashboard at thinkhealthstl.org.

Priority 2
ENSURING A HIGH-QUALITY WORKFORCE

DPH fully implemented the second module of its health equity training plan, titled Seeking Racial Equity. Twenty of these classes were held in 2018. Self-study classes for the third module, Health Equity and Diversity, launched in the fall.

Four “Lunch and Learn” sessions were presented for DPH staff. These events give employees the opportunity to learn more about health subjects. The 2018 Lunch and Learn program covered air quality, gastrointestinal pathogens, infection control, and animal-borne disease.

Priority 3
MEASURING, MANAGING, AND IMPROVING THE DEPARTMENT’S WORK

In 2018, the Office of Quality Improvement provided new employees an overview of QI during orientation. Staff are also offered the opportunity to take an elective course on the fundamentals of QI. The Office of QI started a series of workshops called Modernizing Public Health to teach staff ways to collect, analyze, and map data with available technology. One Modernizing Public Health course, co-taught with Emergency Preparedness staff, aimed to inform essential employees about technology that can help the department continue operations during a displacement event.

In October 2018, DPH participated in Saint Louis County’s SPARK Week event for Quality Improvement. DPH hosted a quality improvement poster showcase, training courses, and a 5S improvement tour for Saint Louis County staff. Following the week-long events, DPH took home the Wildfire Award for the most documented improvements in a department with more than 250 employees. The Office of QI has proudly displayed the completed project posters at the different satellite offices, several educational events, the new employee orientation room, and in the halls for staff to see.
Priority 4
AN AGE-FRIENDLY COMMUNITY

DPH is committed to fostering an age-friendly community and participates in several community partnerships that promote the inclusion of older adults. The Breakthrough Coalition is an organization devoted to sharing resources, networking and professional development opportunities. DPH staff are members of the education committee, a subcommittee that plans meetings with an educational component. The Minority Advocacy Coalition develops outreach strategies and educational programs for older adults. DPH participated in the planning of activities and events for the coalition. The Mid-County Senior Resource Team meets monthly to share resources and presentations on services available to older adults.

Priority 5
FIGHTING CHRONIC DISEASE WITH HEALTHY LIVING

DPH joined several agencies and community groups to encourage healthy living over the lifespan. These initiatives included a heart disease and stroke awareness campaign with the American Heart Association, a Family Recess activity with the YMCA and Healthy Schools Healthy Communities, a diabetes resource guide created with the St. Louis Regional Diabetes Coalition, and community health events with groups like the Ferguson-Florissant School District and Girl Trek.

The department worked with the Food Policy Coalition, Beyond Housing, and other partners to make food access a priority in the Community Health Improvement Plan (CHIP). The action plan includes initiatives like local food pantries, double-up food bucks (SNAP incentives), and community gardens.

DPH also partnered with the University of Missouri Extension for the Living a Healthy Life Course at St. Luke’s Hospital. The six week self-management course teaches skills for living with chronic disease. The class was free for members of the community and offered during the spring and autumn St. Luke’s class schedule.

Finally, DPH used social media to spread awareness of chronic disease. People who follow DPH pages see daily tips about healthy eating, physical activity, and more.

Priority 6
SEXUALLY-TRANSMITTED INFECTIONS

In 2018, DPH began to promote its services in a more streamlined, evidence-based manner by targeting demographics with the highest need. In geographic areas with high rates of sexually transmitted infection, the department established condom distribution locations at barber shops, beauty parlors, and tattoo parlors to provide protection for those who might otherwise have limited access. DPH is also partnering with community organizations to conduct STI testing at these locations. These testing services are offered outside of traditional business hours to reach underserved populations.

DPH data shows high STI rates among patients ages 13 to 24. As a result, the department established a relationship with youth organizations including Boys and Girls Club of St. Louis, the YMCA, and the Urban League. These partners are working to help those individuals most at risk by offering education about STIs and HIV in addition to testing services.
Priority 7

ASTHMA

DPH continues to expand its Healthy Homes program to help individuals in the county identify potential asthma triggers. More information about HealthyHomes can be found on page 21.

Priority 8

INCREASING ACCESS TO PRIMARY CARE SERVICES

DPH stabilized or increased patient primary care visits at all three health center locations while keeping wait times minimal. An estimated 66,000 patients visited DPH community health centers in 2018. The department is improving its outreach, monitoring, and continuity-of-care practices to help connect more at-risk patients, including who have experienced an opioid overdose, with DPH clinical services.

All three clinics were accepted into MO HealthNet’s Primary Care Health Home model, which helps coordinate care for individuals with complex chronic health conditions while addressing the social determinants of health. The Nurse-Family Partnership program also provided high intensity, evidence-based home visit support for 110 families at high risk of adverse pregnancy, birth and early childhood outcomes.

Priority 9

MENTAL HEALTH AND SUBSTANCE ABUSE

DPH has made significant strides in improving access to mental health and substance use treatment in St. Louis County. The Department has implemented several programs designed to ensure that county residents have the behavioral health support they need. In 2018, the department began offering in-home and in-school pediatric counseling to expand treatment access for children in the county. DPH also started patient education groups for pain management and trauma. These weekly groups help integrate behavioral health into clinical services by giving patients tools to deal with chronic pain, substance use, and traumatic stress.

Additionally, DPH clinics took the first steps in implementing a medication-assisted treatment (MAT) program for patients struggling with opioid addiction. MAT is the most effective strategy for treating opioid use disorders and DPH plans to make it more broadly available to residents in the future.

Priority 10

CULTIVATING A CULTURE OF HEALTH EQUITY

The department continued to conduct staff trainings designed to cultivate a mindset of health equity. A total of 223 employees completed the “Seeking Racial Equity” course, and 148 employees took part in “Health Equity and Diversity” self-study modules. Evaluation of these efforts included a review of results from trainings and interviews with senior-level managers.

The Health Equity Committee partnered with several external groups to produce resources and conduct workshops. The committee worked with Focus STL Impact Fellows to create a health equity assessment toolkit. PROMO St. Louis, an LGBT+ advocacy organization, hosted two educational sessions for department staff. St. Louis Public Radio’s We Live Here podcast also hosted an event at DPH to discuss health disparities in the region.
Art work created at St. Louis ArtWorks by teen apprentice

Dedicated to the memory of our friend Craig LeFebvre