**Date Created: 6-3-19 Date Reviewed/Updated: 6-10-19**

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| **PRIORITY AREAS: Lead Poisoning Prevention, Asthma Prevention, and Healthy Homes** |
| **GOAL 1: Reduce the racial disparities in lead poisoning among children aged 0-5 years in the St. Louis Promise Zone from x to the overall rate for St. Louis City and County of y in the next 5 years.** |
| **GOAL 2: Enable communities to create and sustain healthy homes.** |
| **GOAL 3: Reduce the racial disparities in child ER visits due to asthma in the St. Louis Promise Zone from x to y in St. Louis City and County in the next 5 years.** |

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| **PERFORMANCE MEASURES** | | |
| **Short Term Indicators** | **Source** | **Frequency** |
| Increase in access to social services and supports for individuals and communities affected by unhealthy housing | OneTouch, 2-1-1 | Quarterly |
| Increase in healthy homes inspections for communities affected by unhealthy housing | DOH, DPH | Quarterly |
| Create a coordinated network of service providers for lead poisoning prevention | OneTouch  2-1-1 | PRN  Semi-Annual |
| Create a coordinated network of service providers for preventable asthma ER visits | OneTouch  2-1-1 | PRN  Semi-Annual |
| **Long Term Indicators** | **Source** | **Frequency** |
| Reduce blood lead levels in children | MOHSAIC  MODHSS | PRN  Annually |
| Reduce indoor allergen levels | Healthy Homes Assessments | PRN |
| Increase the proportion of the local elementary, middle, and high schools that have official school policies and engage in practices that promote a healthy and safe physical school environment | School Districts | TBD |
| (Developmental) Increase the proportion of persons living in pre-1978 housing that has been tested for the presence of lead-based paint or related hazards | Government building divisions/inspectors | Annually |
| Reduce the number of U.S. homes that are found to have lead-based paint or related hazards | U.S. Census Bureau | Annually, 3-YR, 5-YR Estimates |
| Reduce hospitalizations for asthma | MODHSS | Annually |
| Reduce emergency department visits for asthma | MODHSS | Annually |
| Reduce asthma deaths | MODHSS | Annually |
| Increase the proportion of persons with current asthma who receive formal patient education | Asthma and Allergy Foundation, HH Coalition Pediatricians | TBD |
| Increase the proportion of persons with current asthma who receive appropriate asthma care according to NAEPP guidelines | Asthma and Allergy Foundation, HH Coalition Pediatricians | TBD |

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| **GOAL 1: Reduce the racial disparities in lead poisoning among children aged 0-5 years in the St. Louis Promise Zone from x to the overall rate for St. Louis City and County of y in the next 5 years.** | | | | | | | |
| **OBJECTIVE #1.1: Re-establish a LPP & HH Coalition in the St. Louis Region that connects health, home energy use, housing, home visiting, and repair service providers to address the upstream causes.** | | | | | | | |
| **Strategy 1.1.1:** | | | | | | | |
| **Activities** | **Target Date** | | **Resources Required** | | **Lead Person/ Organization** | **Anticipated Product or Result** | **Existing Resources** |
| 1.1.1.1 Create a network of multi-sectoral service providers | October 2019 | | * MOUs with providers | | * DOH, DPH, and community agencies working in the St. Louis Promise Zone Health (PZ) | * Holistic and cross-sector partners committed to working together | * List of partners currently working in LPP |
| 1.1.1.2 Map out guided pathways for community members to access critical social services and supports | April 2020 | | * MOUs with providers; e-referral database/platform | | * United Way 2-1-1 * Service Delivery Committee | * Entry point for residents to access a curated group of services most likely to meet the most common and under-resourced needs of individuals with or at risk of EBLLs | * Data to identify individuals with or at risk of EBLLs |
| 1.1.1.3 Mobilize “front door” organizations to respond to people impacted by lead poisoning | May 2020 | | * Trained volunteers * Funding for “peer” workforce w/in existing programs | | * United Way 2-1-1 * Service Delivery Committee | * Training on how to access the guided pathways as well as how to coordinate between agencies | * Service provider agencies * List of partners currently working in LPP |
| 1.1.1.4 Build an integrated and coordinated e-referral system | May 2020 | | * OneTouch or other database/platform such as 2-1-1 | | * Members of the HH Coalition | * More effective and efficient service delivery | * Knowledge of OneTouch capacity |
| 1.1.1.5 Conduct health promotion activities on how to access support for lead poisoning prevention | Spring 2020 | | * Day care/early childhood centers partnerships * time at community meetings to share information | | * St. Louis Regional Early Childhood Council | * Health promotion campaign educating day care/ECE centers, families, and community on lead testing requirements, remediation options, and how to access support | * Neighborhood Stabilization Officers (City of St. Louis); DOH, DPH staff |
| **OBJECTIVE #1.2: Advocate for funding and resources to support evidence-based practice for lead poisoning prevention (e.g., providing 0% interest loans to low- and moderate-income property owners) and to sustain current interventions** | | | | | | | |
| **Strategy 1.2.1: Use data to drive decision-making** | | | | | | | |
| **Activity** | | **Target Date** | | **Resources Required** | **Lead Person/ Organization** | **Anticipated Product or Result** | **Existing Resources** |
| 1.2.1.1 Improve public access to local data to better target local prevention and response efforts. | | Ongoing Start date: October 2019 | | * MOHSAIC database access * Public facing website * Epidemiologists/biostatisticians | * City of St. Louis Department of Health * Saint Louis Department of Public Health | * Public facing dashboard * Published data briefs * Presentations | * MOHSAIC database access * Public facing website * Epidemiologists/biostatisticians |
| 1.2.1.2 Make lead-risk data available to families, policymakers, and other stakeholders | | April 2020 | | * MOHSAIC database access * Public facing website * Epidemiologists/biostatisticians * Health education specialists | * City of St. Louis Department of Health * Saint Louis Department of Public Health | * Disseminations tailored to the audience * Increased knowledge and awareness of lead risks and prevention efforts | * MOHSAIC database access * Public facing website * Epidemiologists/biostatisticians * Health education specialists |
| 1.2.1.3 Decision-maker outreach, engagement, & education | | April 2020 | | * Identified decision-makers * Social marketing approach | * Members of the HH Coalition | * Shared decision making * Changes in policy and practices | * Expertise in social marketing * Skills in stakeholder engagement |
| **OBJECTIVE #1.3: Improve childhood lead screening and treatment services among children in high risk areas** | | | | | | | |
| **Strategy 1.3.1: Identify children who have been exposed to lead** | | | | | | | |
| **Activity** | | **Target Date** | | **Resources Required** | **Lead Person/ Organization** | **Anticipated Product or Result** | **Existing Resources** |
| 1.3.1.1 Co-locate blood lead testing in place-based, community settings  - Schools | | August 2019 | | * MOUs * SOPs * Testing space, equipment, paperwork, staff | * Nurse case manager, phlebotomist * School district, schools | * Increased number of children tested for lead * Earlier identification of EBLLs | * Staff, staff expertise * Relationships * SOPs |
| 1.3.1.2 Co-locate blood lead testing in place-based, community settings  - recreation centers | | TBD with partners | | * MOUs * SOPs * Testing space, equipment, paperwork, staff | * Nurse case manager, phlebotomist | * Increased number of children tested for lead * Earlier identification of EBLLs | * Staff, staff expertise * Relationships * SOPs |
| 1.3.1.3 Co-locate blood lead testing in place-based, community settings  - faith-based facilities | | TBD with partners | | * MOUs * SOPs * Testing space, equipment, paperwork, staff | * Nurse case manager, phlebotomist | * Increased number of children tested for lead * Earlier identification of EBLLs | * Staff, staff expertise * Relationships * SOPs |
| **Strategy 1.3.2: Refer children for proper follow-up treatment** | | | | | | | |
| **Activity** | | **Target Date** | | **Resources Required** | **Lead Person/ Organization** | **Anticipated Product or Result** | **Existing Resources** |
| 1.3.2.1 Enroll children with <20 µg/dL in case management | | Ongoing | | * SOPS | * Nurse case manager | * Improved health outcomes | * Case management infrastructure |
| 1.3.2.2 Refer children with >20 µg/dL to hospitals | | Ongoing | | * SOPS | * Nurse case manager | * Improved health outcomes | * Case management infrastructure * Relationships |
| **Strategy 1.3.3: Ensure that ongoing lead treatment in the built environment is properly managed** | | | | | | | |
| **Activity** | | **Target Date** | | **Resources Required** | **Lead Person/ Organization** | **Anticipated Product or Result** | **Existing Resources** |
| 1.3.3.1 Remove lead-based paint hazards from pre-1978 homes and daycare centers | | 2024 | | * Lead remediation funding, SOPs, legislation | * City of St. Louis Building Division * Saint Louis County Building Division | * Reduced environmental hazards * Reduced lead exposure * Improved health outcomes | * Grant funding for lead remediation |
| 1.3.3.2 Address landlords and other problem property owners failing to comply with remediation mandates | | 2024 | | * Legislation * Enforcement | * Legal Services of Eastern Missouri | * Renter’s Bill of Rights * Litigation assistance * Improved enforcement * Improved housing conditions | * Legislation for problem property owners |

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| **GOAL 2: Enable communities to create and sustain healthy homes** | | | | | |
| **OBJECTIVE #2.1: Enhance existing healthy homes programs in St. Louis City and County** | | | | | |
| **Strategy 2.1.1: Healthy Homes Assessments** | | | | | |
| **Activity** | **Target Date** | **Resources Required** | **Lead Person/ Organization** | **Anticipated Product or Result** | **Existing Resources** |
| 2.1.1.1 education provided during healthy home visits | 2021 | * HH educational materials contextual to the community | * Healthy Homes Coalition members * Trained and/or certified Healthy Homes Inspectors | * Improved knowledge * Increased skills to modify the home environment * Increased resources to modify the home environment | * Existing educational materials * Healthy Homes inspectors |
| 2.1.1.2 increase access to services and programs | December 2020 | * Network of resource providers * Referral system for resource providers | * Healthy Homes Coalition members * Trained and/or certified Healthy Homes Inspectors | * Improved knowledge * Increased skills to modify the home environment * Increased resources to modify the home environment | * Partnerships – working on recruiting more! |
| 2.1.1.3 TBD with partners |  |  |  |  |  |

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| **GOAL 3: Reduce the racial disparities in child ER visits due to asthma in the St. Louis Promise Zone from x to y in St. Louis City and County in the next 5 years.** Have city and county rates; need STLPZ rate | | | | | |
| **OBJECTIVE #3.1: TBD with partners** | | | | | |
| **Strategy 3.1.1: TBD with partners** | | | | | |
| **Activity** | **Target Date** | **Resources Required** | **Lead Person/ Organization** | **Anticipated Product or Result** | **Existing Resources** |
| 3.1.1.1 TBD with partners |  |  |  |  |  |
| 3.1.1.2 TBD with partners |  |  |  |  |  |
| 3.1.1.3 TBD with partners |  |  |  |  |  |
| **OBJECTIVE #3.2: TBD with partners** | | | | | |
| **Strategy 3.2.1: TBD with partners** | | | | | |
| **Activity** | **Target Date** | **Resources Required** | **Lead Person/ Organization** | **Anticipated Product or Result** | **Existing Resources** |
| 3.2.1.1 TBD with partners |  |  |  |  |  |
| 3.2.1.2 TBD with partners |  |  |  |  |  |
| 3.2.1.3 TBD with partners |  |  |  |  |  |

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| **ALIGNMENT WITH STATE/NATIONAL PRIORITIES** | |
| **Healthy People 2020** | **National Prevention Strategy or Other** |
| Reduce hospitalizations for asthma (RD-2) | *TBD* |
| Reduce emergency department visits for asthma (RD-3) | *TBD* |
| Reduce asthma deaths (RD-1) | *TBD* |
| Increase the proportion of persons with current asthma who receive formal patient education (RD-6) | *TBD* |
| Increase the proportion of persons with current asthma who receive appropriate asthma care according to NAEPP guidelines (RD-7) | *TBD* |
| Reduce blood lead levels in children (EH-8) | *TBD* |
| Reduce indoor allergen levels (EH-13) | *TBD* |
| Increase the proportion of the Nation’s elementary, middle, and high schools that have official school policies and engage in practices that promote a healthy and safe physical school environment (EH-16) | *TBD* |
| (Developmental) Increase the proportion of persons living in pre-1978 housing that has been tested for the presence of lead-based paint or related hazards (EH-17) | *TBD* |
| Reduce the number of U.S. homes that are found to have lead-based paint or related hazards (EH-18) | *TBD* |

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| **Community Health Improvement Matrix** | | | | | |
| **Level of Prevention** | **Levels of Influence and Intervention** | | | | |
| **Individual** | **Interpersonal** | **Organizational** | **Community** | **Public Policy** |
| **Contextual/Primary** | public access to local LPP data (sources of exposure, resources available, & rates of exposure) | education provided during healthy home visits; increase access to services and programs | create a network of multi-sectoral service providers; re-establish a LPP & HH coalition; build an integrated & coordinated e-referral system; on-boarding providers to the system; day care/early childhood centers educate children & families about lead screening requirements | resident outreach, engagement, & participation; educational presentations on lead hazards, healthy home environments, & available resources; screening events/testing fairs | decision-maker outreach, engagement, & awareness for support of new research and to increase funding for lead poisoning prevention (providing 0% interest loans to low- and moderate-income property owners) |
| **Secondary** | [free] blood lead testing | home inspections (lead-based paint); healthy home environmental assessments; lead laboratory analysis (blood, paint chips, soil, dust wipes, water) |  |  |  |
| **Tertiary** | case management; care coordination for children with EBLLs; hospitals treat children w/ EBLLs (>20µg/dL) | lead remediation | service referrals made to state partners |  | removal of lead paint hazards from low-income housing built before 1978 and other places children spend time (day care centers); problem properties court mediates w/ landlords who fail to comply with remediation mandates |