Executive Summary

Better Together has completed its study of Public Health in the City of St. Louis and St. Louis County. This is the third of six studies that examine how municipal services are delivered to the people living within the boundaries of St. Louis City and County, compare the status quo to best practices, and identify opportunities for improvement and further conversation.

Study Chair, Will Ross, MD, Associate Dean for Diversity and Associate Professor of Medicine at Washington University School of Medicine, led a committee of over 20 professionals who work in the healthcare and public health field. Committee members included directors and staff of local nonprofit agencies, elected officials, doctors, researchers, and the directors of both the St. Louis City and County health departments. These individuals came together to contribute their knowledge of the public health landscape in the St. Louis region and help Better Together staff better understand the impacts of our current structure, as well as explore possibilities for its future. Their efforts have directly shaped the contents of this report and been instrumental in raising the profile of the ongoing discussions of how to best deliver public health services to the residents of St. Louis City and County.

As with previous Better Together studies, the data collected for this community-based study did not come solely from reports and statistics. While many are cited in our findings and available in our online database, dozens of meetings were held to understand the experiences of those who most rely on the services provided by the St. Louis City and County departments of health. These meetings included one-on-one coffees, gatherings with local health care and public health professionals, and sponsored discussions. The stories and insights gathered from these meetings provided critical data to the understanding of our public health departments and the future of what they can be.

The purpose of this report is not to compare the quality of public health service delivery in St. Louis City and County. Instead, Better Together staff and stakeholders sought to understand the similarities and differences between the function areas of the two departments of health and accurately portray possible impacts of the current structure, while exploring possibilities for future models. The report seeks to identify current practices and any potential benefits or challenges to a more regional approach to the delivery of public health services.

To that end, Better Together enlisted the services of well-regarded law firm, Bryan Cave, LLC, to assist in identifying any legal issues related to further collaboration between the St. Louis City and County departments of health. The subsequent legal memo examines the Missouri Constitution and revised statutes, the City of St. Louis charter and ordinances, and the St. Louis County charter and ordinances in order to gain a full understanding of the legal implications to the conversation. The memo also explores the legal ramifications of combining public health services in the scenarios in which St. Louis City remains separate from St. Louis County and in a scenario in which St. Louis City re-enters St. Louis County as a 91st incorporated municipality.

The study finds that there are many differences between the way the City and County departments of health operate. Some of these differences are related to difference in population size between the two – St. Louis City’s population is 318,416 while St. Louis County’s
population is 1,001,444 – but it is important to acknowledge all differences. For instance, staff sizes are greatly different – St. Louis has a staff of 142 while St. Louis County has staff of 519. Additionally, the City department of health has a budget of roughly $25 million while the County operates on a budget of $57 million. Another key difference in the two departments is the sources of their funding. St. Louis City receives approximately 51.5% of its budget from grants and contracts services while St. Louis County only receives 3.5% of its budget from similar sources. Instead, St. Louis County has a dedicated health property tax to fund many of its operations. The implications of this difference are explored in greater detail throughout the report.

A further key area of difference between the two departments is in how they provide healthcare care services to individuals who are uninsured or underinsured. The City health department contracts with the Regional Health Commission to provide urgent, specialty, and primary care services through the Gateway to Better Health Medicaid Waiver Program. The City has several smaller contracts with providers for immunization and STI services to provide for harder to reach populations. In contrast, the County health department operates three health centers that provide primary medical care to uninsured and underinsured residents.

Finally, the departments sometimes differ in the services they perform as a function of the broader structure of governments in which they are situated. For example, in St. Louis County, solid waste management is a function of the health department. Meanwhile, in the City of St. Louis, the streets department is responsible for delivering these services. Other examples of these kinds of distinctions are found throughout the study.

Ultimately, while the examination of the two health departments and discussions with key stakeholders found myriad differences, none seemed insurmountable in trying to seek improved services through a more regional approach to service delivery. This fact is further highlighted through an exploration of a recent merger of health departments in Summit County, Ohio. While challenges existed through the Summit County consolidation, the overall results are positive and hold promise for a strong future of increased efficiencies, expanded capacity, and improved delivery of public health services.

It is the intent of this study that the views expressed by healthcare and public health professionals will be central to any future plans to be developed and evaluated by the St. Louis community. Through this study, Better Together staff and stakeholders hope to highlight the many issues that would need to be addressed by any organization’s plans for the future of the public health departments in the St. Louis region, as well as offer examples of successful efforts of other regions, to ensure the most beneficial outcome for its citizens.
INTRODUCTION

In the St. Louis region, public health department services are primarily delivered through either the St. Louis City or the St. Louis County health department. According to the National Association of County and City Health Officials (NACCHO), this model is consistent with the 68% of local health departments across the nation that serve at the county level and an additional 20% that serve at the city or town level – the remaining 12% either serve multiple counties or some other configuration of multiple cities or counties. Given the status of St. Louis City as both a city and a county and the significant population of residents within unincorporated parts of St. Louis County, it is imperative that an examination of municipal-level services in the St. Louis region include a discussion of health services delivered by these governments. This report aims to identify any major benefits or challenges related to the delivery of governmental public health services in the St. Louis region and, where appropriate, offer potential paths forward based on current local practices and lessons from other regions that have undergone similar thought processes. To this end, this report will examine the similarities and differences in public health statutes for St. Louis City and County, identify current areas of cooperation, and offer feedback from public health professionals on the possible benefits of a more regional public health department.

In June 2005, the Regional Health Commission released a supplement to their Community Health Infrastructure Assessment called the “Governmental Public Health Services Study for St. Louis City and County.” The stated purpose of this study was “to provide a fact-based ‘snapshot’ of governmental public health services currently provided in St. Louis City and St. Louis County.” This review of the services provided by the City and County Departments of Health was performed to determine the feasibility of dissolving the two entities in favor of creating a new entity that would serve as the health department for the St. Louis City and County region. While this dissolution did not take place, there are many important lessons to be learned from the report produced by the Regional Health Commission. These lessons range from observations about funding sources and fee collections to differences in services provided by each entity and overall staffing differences. The following section will highlight the relevant observations that are found in the 2005 study.

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FUNDING

Chief among the differences between the city and county departments of health is the way in which each is funded and the amounts they spend. Both the City DOH and County DOH receive their funding from a combination of sources including local taxes, grants and contracts, and licenses and fees. However, the breakdown of their budgets by revenue source reveals important differences. Specifically, 51.5% of the St. Louis City DOH budget is from grants and contracts with the remainder from a local use tax.3 In contrast, only 3.5% of the County DOH revenues come from grants.4 Meanwhile, St. Louis County has a dedicated property tax rate of 0.14 cents for every $100 of assessed valuation.5 This tax accounts for 61.3% of the County DOH budget. The city currently has no such tax and thus must rely on other funding sources, such as the use tax fund, to carry out its mission.

The scope of this contrast becomes more apparent when examined in the context of the respective budgets for the City and County Health Departments. The City DOH operates on an annual budget of $25 million, while the County DOH has a budget of $57 million.67 This means that approximately $12.98 million of the City’s DOH budget is from grants and contract dollars, and only $1.85 million of the County DOH budget is from similar sources. This difference becomes more significant when considering how each department sets its operational priorities and will be revisited later in the report.

Another area of difference between the City DOH and County DOH is the fee collection for direct services. The “Governmental Public Health Services Study” notes that fees for services “such as patient visits, inspections, and vital record certificates, are managed differently in the City DOH and County DOH”.8 The clearest two examples of this difference are in the patient visits and vital record certificates. As will be further explored in the next section, the City DOH does not provide primary clinical care to residents and thus does not collect or earn revenue on those services. The County DOH, on the other hand, does provide primary medical care through the three health centers it operates. The fees collected from these services go directly back to the County DOH and help support its overall mission. Likewise, the City DOH does not administer birth, death, or marriage certificates – these certificates are issued through the St. Louis City Recorder of Deeds office.9 This is a deviation from the way both the County DOH and the majority of health departments across the nation function. The revenue from user fees for these and similar services – including restaurant inspections – totals over $10 million a year for the County DOH.10 The City DOH fees for restaurant inspections and fines total about $1 million a

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5 St. Louis County, Adopted Budget Summary, 62 (2013).
6 City of St. Louis 195 (2012).
7 St. Louis County 13 (2012).
9 http://www.stlouiscityrecorder.org/
10 St. Louis County 176 (2012).
All money collected from any health-related fees and fines in the city go back into the general revenue fund.

Finally, with regard to funding, the last major source of difference between the two departments of health is in their overall spending. As noted earlier, the City DOH has an annual budget of approximately $25 million while the County DOH budget is $57 million. This variance in budgets can primarily be attributed to differences in population, geography, and service function areas. St. Louis City has a population of 318,416 and St. Louis County has a population of 1,001,444. Additionally, St. Louis City is 61.91 square miles while St. Louis County is 507.80 square miles. These differences mean that delivering similar services in the City and County have disparate costs. For example, providing comparable vector control would necessarily cost more for St. Louis County given it is more than eight times the geographical size of the City of St. Louis. Similarly, the population difference between the two entities influences the amount of funds required to adequately deliver public health services to its citizens. Lastly, as the next section will discuss, primary care for those citizens without health insurance is handled differently between the City and County departments of health. This combination of factors helps explain the differences in overall budgets for the St. Louis City and St. Louis County DOH.

HEALTH CENTERS & DIRECT MEDICAL CARE

One of the most significant ways in which the St. Louis City DOH differs from the St. Louis County DOH is in the delivery of primary care medical services for individuals without private health insurance. Currently, the City DOH does not operate its own health centers for primary health care. Instead, they contract with the Regional Health Commission to provide primary, specialty and urgent cares services through the Gateway to Better Health Medicaid Waiver program. $5 million of the City DOH budget is put toward these efforts and matched by $25 million in federal funds to provide services. These services are delivered through private agencies such as BJC Health, SLU, SSM, and four Federally Qualified Health Centers (FQHCs) – Betty Jean Kerr People’s Health Centers, Family Care Health Centers, Grace Hill Health Centers, Inc., and Myrtle Hillard Davis Health Centers, Inc.\(^\text{14}\) While there are FQHCs in the St. Louis County, comparable services are primarily provided through the three community health centers that the County DOH directly operates.

In addition to operating three health centers, the County DOH also delivers medical care services to inmates in the St. Louis County Corrections system. In contrast, the City of St. Louis Corrections department contracts with outside vendors to provide medical care for its inmate.\(^\text{15}\)

\(^\text{14}\) In additional to FQHCs throughout St. Louis City and County, there are also several other health centers providing care to individuals who are uninsured or underinsured. One such example is Casa de Salud, which caters to new immigrants and refugees who encounter barriers to accessing other sources of care.

CULTURAL ISSUES

The exploration of combining any two entities requires an acknowledgement of cultural similarities and differences that may need to be addressed. Some of these issues reveal themselves in how funds are spent for the City DOH and County DOH. For example, the “Governmental Public Health Services Study” notes that while both health departments rely on contracted vendors to carry out their missions, the City DOH spends 24.1% of its budget on contracted services while the County DOH spends 3.4%. These differences are further highlighted in the number of full-time employees in each department. The County DOH has 519 staff members, while the City DOH has 142.

Another key difference in the respective cultures is how each DOH defines its service areas. While similar terminology is used to describe their divisions, the definitions of those terms are not always congruent. For example, both departments have environmental health divisions, but what is included in those divisions is not the same. In the County DOH, the environmental health division includes a pollen and mold center, an air pollution control program, lead poisoning prevention efforts, and solid waste management. The City DOH environmental health division includes food and beverage control (restaurant inspections), air pollution control, vector control and animal care and control. The City DOH maternal, child and family services division has lead testing services, asthma services, smoking cessation services, day care and school health nursing services. Some of the distinctions can be attributed to existing collaborations between the departments. One such example of this collaboration is with the aforementioned pollen and mold center, which does air quality assessment for the region. Other differences are related to overall organizational structure within the City and County governments. Specifically, solid waste management and recycling for the City of St. Louis are functions of the street department. Ultimately, the differences in alignment of services are largely tied to organizational structure and semantics rather than a large variance in service levels. These challenges are not insurmountable but it is critical to acknowledge them and ensure they are navigated appropriately.

Despite differences in culture, the two health departments partner in a number of areas. Below are examples of programs in which the City DOH and County DOH already collaborate in some capacity.

A. 5 State Regional Health Equity Council
B. Operation Weather Survival
C. Public Health Information Distribution
D. State/National Accreditation
E. Health Access Coordination
F. BioWatch Air Sampling

16 City of St. Louis (2012).
17 St. Louis County (2012).
18 St. Louis County 176 (2012).
19 City of St. Louis 195 (2012).
20 Provided by St. Louis City Department of Health and Hospitals.
G. Public Health Emergency Planning
   a. Mass Sheltering
   b. Federal Medical Shelters
   c. Medical Support Teams for Shelters
   d. Mass Casualty Response
   e. Behavioral/Mental Health Response
H. Public Health Incident Command
I. Asian Restaurant Task Force
J. Food Safety Task Force
K. Missouri Milk Board
L. Food Program Standards
M. Ice Cream Machine/Milk Testing
N. HIV/AIDS Prevention and Ryan White Services
O. Immigrant Entry Health Assessment
P. Communicable Disease Investigation
Q. STI Investigation
R. TB Control
S. Epidemiology Data Sharing
T. SIDS Services
U. Asthma Home Assessments
V. Asthma Prevention
OTHER HEALTH-RELATED SERVICES

Although not housed within the City or County health departments, there are a few services in both St. Louis City and County that are relevant to the conversation. In St. Louis County there are the Children’s Service Fund (CSF) and the Productive Living Board, and in the City there is the St. Louis Office for Developmental Disability Resources (DDR) and the St. Louis Mental Health Board (MHB). The PLB is an independent agency established by the Missouri Legislature to provide services to residents of St. Louis County living with developmental disabilities. Its board is appointed by the St. Louis County Executive and is funded primarily through a dedicated property tax rate of $0.089 per $100 of assessed real estate ($0.090 for agricultural, commercial, and personal property). Similarly, the DDR provides services to residents in St. Louis City living with developmental disabilities. Like the PLB, the DDR operates as an independent government with a board appointed by the St. Louis City Mayor and has a dedicated tax rate of $0.15 per $100 of assessed value.

The CSF is an agency of the St. Louis County government with a board appointed by the St. Louis County Executive. The CSF was created “to provide mental health and substance abuse services for children and youth ages nineteen and under in St. Louis County.” Its funding comes from a dedicated ¼ cent county wide sales tax. In the City of St. Louis, there is a comparable fund referred to as the Community Children’s Service Fund (CCSF) that is managed by the MHB. The MHB is a special tax district created via Missouri Statute whose board is appointed and approved by the St. Louis City Mayor and Board of Aldermen. The MHB “administers public funds for behavioral health and children’s services for the benefit of city residents.” The CCSF receives its funding from a dedicated property tax of $0.19 per $100 of assessed property value. Also administered by the MHB is the Community Mental Health Fund (CMHF). This fund “[invests] in services that target adults with serious behavioral health conditions.” The CMHF receives its funding from a separate dedicated property tax of $0.089 per $100 of assessed value. While the PLB exists in the County to provide services to individuals with developmental disabilities, there is currently no designated fund specifically designed to address mental health needs for adults, comparable to the CMHF.

Even though none of these entities are directly a part of the City or County departments of health, they play a critical role in the delivery of health services in the region. While not fully within the scope of this study, they certainly merit understanding and any proposals regarding a

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21 Missouri Revised Statutes §205.968
22 St. Louis County, Rate Book 2 (2013).
23 City of St. Louis, Assessor’s Office Interview (2014).
24 St. Louis County Children’s Service Fund website, “Who We Are” (2014). Available at: http://www.keepingkidsfirst.org/WhoWeAre.
27 St. Louis Mental Health Board Financial Statements 16 (2013).
29 St. Louis Mental Health Board Financial Statements 16 (2013).
change in the delivery of governmental health services within the region should further explore the implications for these health agencies.
COMMUNITY OUTREACH DATA

Introduction

One of the cornerstones of the Better Together process is input from members of the community about their experiences with the delivery of municipal-level services. For the public health study, Better Together staff convened a committee of public health and health care professionals to advise the research process and better understand the views of those who work most closely with the health departments. A full list of committee members can be found in the appendix. Over the course of the study on public health Better Together staff met with dozens of community members and leaders, including local doctors and nurses, health nonprofit executives and staff, former state health department officials, elected officials, Saint Louis University and Washington University public health faculty, and directors of both the St. Louis City and County departments of health. The following is a sampling of their feedback on how the current structure affects their work and their visions for the future of our public health departments in the region.

Service Navigation

- An individual involved with a local health center that specializes in services to immigrant populations commented that it is difficult for staff at the health center to navigate disparate systems across the region and said that difficulty was magnified for their clients, for many of whom English was not a first language.
- Several individuals in attendance echoed similar sentiments about difficulties with trained staff trying to navigate services. One individual who works at a faith-based community health agency noted that her staff also had difficulty navigating multiple systems for services. She discussed the fact that her agency’s clients often come from both the city and the county, and nurses often struggled to know which resources were appropriate to refer them to. She went on to suggest there be a system or website that allows service providers to easily understand which services are available to which residents.

Funding

- The leader of a local nonprofit expressed frustration about some programs being heavily reliant on grant funding. A program her organization had partnered with a local health department on did not receive renewed grant funding and as a result the agency was no longer able to serve clients in parts of the region.
- Multiple individuals expressed concern about the proportion of city health department funds that came from grants and contracts. With so much of the department’s budget being tied to federal dollars, it was often hard for their agencies to plan long term and know the program funds would be available to support their mission. Further, many individuals noted the difficulty in setting health department priorities that matched the needs of the community. Rather than aligning resources with the top needs of the St. Louis region, priorities often seemed dictated by the availability of federal grant dollars.
• Individuals throughout the study process repeatedly voiced concerns about not being able to deliver services to individuals in need because of their physical address. One woman who works with homeless populations and individuals who are HIV-positive described instances in which she was unable to provide services to people who would otherwise qualify for her agency’s services because their last address was not in the specified jurisdiction linked to the funding for that program. When sharing this story, others commented on how this reality was in direct conflict with the ideals of public health. Participants were disheartened that distinct and separate funding sources meant that this agency was not able to provide services that would not only help individuals in need but also possibly help prevent the further spread of communicable diseases.

• Three other individuals from different agencies cited similar frustrations with funding sources tied to specific populations in the region. Despite all three agencies having locations in or very near the St. Louis City limits, the agencies were only able to offer a full range of services to a portion of their clients. One person worked for an agency that provides support services to survivors of domestic violence; another worked for an agency providing mental health services to children in foster care; and the third worked to provide mental health services to children from low-income families at an early childhood center. An independent party remarked that these issues related to fragmentation seem to disproportionately affect the most vulnerable among us.

• Professionals with experience with grants – both writing and making – commented that the current structure of separate departments served as barrier to receiving certain grants. They noted that by having two departments, St. Louis City and St. Louis County are likely competing against one another for grant dollars. This was cited as a possible source of confusion for grant-making agencies not familiar with the structure of St. Louis government who might wonder why both the city and county were applying for the same grants. Further, these multiple individuals noted that being able to cite a population of 1.3 million in grant applications would strengthen the region’s position in attempting to obtain necessary funding to support health programs and efforts.

Animal Control

• Two individuals who work for animal welfare agencies discussed that the approaches to animal control in the City and County are very different. St. Louis City does not operate its own animal shelter but focuses primarily on public safety, ordinance enforcement and aggressive dogs and partners with area no-kill shelters for stray animal rescue. The City also has had a treat, neuter and replace program for feral cats in place for approximately three years. This approach was viewed by these individuals as being more “progressive” than that of the County health department. Conversely, a professional familiar with the County animal control practices described their approach as being more concerned with disease control and safety oriented rather than prioritizing animal care. They also noted that because parts of the County are less urban, the range of issues that needed to be addressed through animal control in the county was greater and necessitated a different approach.
Changing Landscape & Public-Private Comparisons

- A common theme that emerged throughout discussions with health care professionals was the changing landscape in public health over the last 20 or so years. Specifically, many individuals pointed out the gradual shift of public health departments’ work, from focusing solely on population-health level services, such as water safety, to a model that also serviced individuals’ health needs. One catalyst behind this shift appears to be the increasing recognition of the impact of individual health on overall health systems. This is particularly salient when considering efforts to treat and contain communicable diseases.

- It was further noted that the landscape affecting public health and health care systems was greatly being impacted by factors like the recent Patient Protection and Affordable Care Act. In particular, two individuals at separate meetings noted the increasing shift of private healthcare and hospital systems to more regional approaches to care. This development was noted as an effort to increase the cost efficiency of service delivery while also improving the quality of care to be more compliant with certain provisions of the Affordable Care Act. The discussion then became one of attempting to understand why the local government’s efforts to address health needs did not mirror that of the private sector. For these two individuals it was seen as almost anachronistic to have a two separate public health departments when most private systems are now operating on a regional basis.

- Closely related, one individual remarked that the presence of two top rated public health schools in the area (Saint Louis University and Washington University) represented a huge missed opportunity for the region. It was noted that successful public health departments in other regions are often “joined at the hip” with local universities in what was considered a mutually beneficial relationship. In Baltimore, Seattle, and Chicago, the public health departments work very closely with public health programs at universities in those cities to increase the capacity of their services while offering unique opportunities for research for those institutions. The largest barrier to forming those types of public-private relationships in St. Louis was seen to be the presence of multiple health departments. Additionally, the individual noted that these types of collaboration in other regions often resulted in opportunities for greater funding for research and services through grants.

Conclusion

Overwhelmingly, the health care and public health professionals with whom we spoke felt there was a need for greater collaboration between the health departments. When asked about the possible benefits of our current structure, all were hard-pressed to think of any and ultimately cited none. Both in group and individual conversations, many people mentioned the combining of the city and county economic development efforts as a positive example of what might be possible for services they viewed as necessarily regional in nature. Their individual and collective frustrations with navigating multiple systems, combined with the
mobile nature of disease, led most the conclusion that a more regional approach to public health was necessary to adequately address the needs of St. Louis City and County.
OTHER MODELS

While there are certainly differences between the St. Louis City and County departments of health, the recent merger of three health districts in Ohio offer hope that a path forward is achievable. In 2011, three health departments – the Summit County District, the Akron Health Department, and the Barberton Health Department – in Summit County, Ohio, merged together to form the Summit County Public Health (SCPH). According to a 2012 Kent State University retrospective study, the stated goals of the merger were “to enable more efficient service delivery,” “expand public health capacities,” and “improve public health services.” Although it is too early to draw robust and definitive conclusions, the study’s authors report “the overall impacts of the consolidation to date are positive in a number of respects…”

One of the key goals of the consolidation outlined in the Kent State study was increase in the efficiency of service delivery. Namely, the combining of health departments was designed, in part, to save money. Due to the effect of the recent economic downturn on both tax monies and available grant dollars, revenues for the individual departments had decreased in the years prior. After one year of consolidation, SCPH reported a savings of $1.5 million of taxpayer money. With local government contributions totaling just under $10 million prior to the merger, this represents a savings of 15%. The Kent State review also notes that these savings are ongoing for the prior taxing districts, as expenses are not currently planned to be increased. Ultimately, the researchers concluded that, “when one compares the financial condition of local health departments in Summit County before and after the consolidation, it seems likely that the consolidation has yielded a financial situation that is improved over what it was in 2010 and over what it likely would have been in the absence of consolidation”.

A second goal of the consolidation was “to expand public health capacities in Summit County.” While it was harder to find conclusive evidence of this goal being accomplished after one year, there seems to have been great progress thus far and the authors assert that “data suggests a growth in potential capacities” and that local health professionals “perceive that improvements in public health capacities are likely to manifest themselves over time as a result of the consolidation.” The report attributes this, in part, to basic benefits of a broader pool of human resources. Specifically, it is noted that bringing individuals with varied backgrounds to a single organization allows SCPH to have a greater breadth and depth of knowledge from which to draw. Further, capabilities that may have been a part of one of the previous health departments were now being made available to residents across the county. Despite challenges associated

30 Hoornbeek, John, Aimee Budnik, Tegan Beechey, and Josh Filla. Consolidating Health Departments In Summit County, Ohio: A One Year Retrospective, pp. 28-33 (2012). Available at: http://www2.kent.edu/cpph/research/upload/final-scph-report.pdf
33 Summit County Legislative Study Presentation, Slide 16 (accessed August 2014). Available at: http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/lhd/Legislative%20Study%20814.ashx
with operational disruptions during the transition, 76% of SCPH staff who were surveyed reported that “they thought the newly consolidated department would yield greater public health capacities in the future.”  

The third goal of the consolidation was “to improve public health services.” Although the Kent State report shows mixed results during the first year of consolidation, most of the SCPH stakeholders interviewed felt services had been maintained and would continue to improve. Researchers attempted to measure both how many services were being delivered and the quality of the services delivered. More people were served in about half of the program areas examined. Of the areas in which service output decreased, some of the decline was attributed to factors external to the merger. For example, the study cites a reported decline in availability of volunteer dentists as a factor in a lower number of dental clients being served. The researchers conclude that “overall, these data appear to suggest that while changes in individual service areas varied, currently monitored public health services as a whole were maintained at roughly the existing levels between 2010 and 2011.”

To evaluate the quality of services, the researchers spoke with public officials and stakeholders through interviews, focus groups, and a staff survey. When asked if services had been maintained since the consolidation, 61% of those interviewed or surveyed responded in the affirmative. While only 41% of respondents felt services had improved in the first year, an overwhelming 87% felt that the consolidation would have a positive impact on public health services in the future. Considering the scope of the merger and challenges associated with consolidating three agencies, this level of enthusiasm offers great hope for the future of service delivery in Summit County.

Although the St. Louis region and Summit County, Ohio, are not perfect comparisons, the available results of their recent merger offer a potential path forward. St. Louis City and County have a combined population of 1,318,610 while Summit County’s population is 541,824. Additionally, their merger consolidated three departments already within the county. Even though there is some overlap between their cultural challenges, our difficulties are different and relate more closely to variation in function and funding sources between the two departments. Despite these distinctions, Summit County serves as a good example of the fact that challenges, big and small, can be overcome. As outlined above, there are many issues that need to be addressed if the St. Louis City and St. Louis County health departments are to consider a different relationship. However, these challenges can be overcome with thoughtful consideration and clear goals. SCPH is an example of where similar discussions, and ultimately greater cooperation, can result in positive outcomes for the delivery of public health services and a potential for savings for taxpayers.

You have asked us to review the laws that affect the public health departments of the City of St. Louis ("City") and St. Louis County ("County") as they relate to the potential opportunity to further integrate their functions. The background section of the Memo summarizes the legal framework for the operation of City and County public health departments. The balance of the Memo analyzes the application of the laws to the potential further integration of local public health functions in the following two scenarios:

1. City is separate from County (status quo) – Section I; and

2. City becomes part of County as an incorporated municipality – Section II.

In conducting our analysis, we reviewed the Missouri Constitution, the Revised Statutes of Missouri ("Missouri statutes"), the Missouri Code of State Regulations ("Missouri regulations"), City charter, County charter, Revised Code of the City of St. Louis ("City ordinances"), and St. Louis County Revised Ordinances ("County ordinances").

EXECUTIVE SUMMARY

Under the status quo, City and County may coordinate their respective health departments. If City and County contract to provide public health services, the following things should be considered:
• Fees imposed by County to cover the cost of public health activities must be used by County to support public health activities in County. Because City is not subject to this statute, its fees do not have to be used to support public health activities.\(^1\)

• Missouri Department of Health and Senior Services ("DOHSS") rules and regulations supersede County public health rules but not City public health rules.\(^2\)

• City and County fund their health departments with different sources of tax revenue. County imposes a health fund property tax that may only be used for County public health purposes, and County may not use funds from general revenue to support public health.\(^3\) City funds public health through a local use tax that is not subject to any public health restrictions, and City may, but currently does not, use other funds from general revenue to support public health purposes.\(^4\)

• City and County public health ordinances contain many differences and would need to be reconciled in order to coordinate and harmonize the provision of public health services.

If City becomes part of County as an incorporated municipality, City would no longer have a separate health department because it would no longer be its own county. The following things should be considered in integrating the City and County public health departments:

• City residents would be subject to County’s health fund property tax. City could no longer fund any public health services with its use tax because state law provides that if a county imposes a health fund property tax, no other sources of revenue can fund public health.

• City would be subject to some County public health-related ordinances.

• Assuming state law is not amended so that City is exempted from DOHSS rules and regulations, City ordinances that are inconsistent with DOHSS rules and regulations would need to be amended so that they are not inconsistent.

• Assuming City’s charter is amended to remove its health department, the Missouri Constitution provides that all of the staff of the health department must be afforded the opportunity to become employees of City.\(^5\)

• City and County public health ordinances contain many differences and would need to be reconciled in order to coordinate and harmonize the provision of public health services.

\(^1\) Mo. Rev. Stat. §§ 192.300; 192.310.
\(^4\) See FY13 City Health Dept. Budget; RHC Governmental Public Health Services Study, page 15.
\(^5\) Mo. Constitution Art. VI, Section 32.
BACKGROUND

A. What are the state laws or constitutional provisions that affect the provision of public health by City or County?

The Missouri Constitution provides that City is recognized both as a city and a county. Missouri statutes authorize the various counties of Missouri to establish their own public health departments. A county may also establish a public health center.

At the state level, the Missouri Department of Health and Senior Services ("DOHSS") supervises and manages all public health functions and programs and has regulatory authority with respect to public health. A separate board, the Missouri State Board of Health, advises the DOHSS in the promulgation of rules and regulations. The rules and regulations of the DOHSS supersede all local ordinances, rules and regulations.6/

B. How are public health activities of City and County organized and overseen?

Both the City and County Charters authorize the creation of their respective public health departments. In the City, the mayor appoints a commissioner to run the department; in the County, a director is appointed by the county executive. While the City’s department of health has regulatory authority to preserve and protect the public health, the County charter gives this authority to the county council. Both City and County have a board of health that advises the public health department.

A local authority, such as a municipality within a county, may also promulgate public health ordinances, rules and regulations, though any such rules may not be inconsistent with the rules and regulations prescribed by the DOHSS.

The board of aldermen of the City and the county council for the County may pass legislation on a parallel basis to undertake public health-related activities. To the extent those activities involve commitments of the City and County budgets respectively, the continuation of the budget allocations for those activities are subject to the annual appropriation processes of the City and the County.

For a more detailed legal background regarding the local governance of public health, please see the Appendix.

LEGAL ANALYSIS

I. City is Separate from County (status quo)

A. What laws would allow City and County to coordinate their respective health departments?

Missouri statutes allow counties to join in performing any common public health-related function or service.7/

Missouri statutes also allow City and County to cooperate in operating a public health center.8/ Specifically, the governing board of any public health center may enter into contracts and agreements with federal, state, county, school and municipal governments and with private individuals, partnerships, firms, associations and corporations for the furtherance of health activities.9/

Provisions in the City and County charters allow City and County to cooperate and contract with each other in the provision of public health services. The City Charter gives City the power to contract and be contracted with.10/ Under the County Charter, county council has the power, by ordinance, to cooperate or join by contract with any city, county, state or political subdivision or agency thereof, for the planning, development, construction, acquisition or operation of any public improvement or facility, or for a common service.11/

To provide a more permanent working arrangement between City and County, Article VI, Section 14 of the Missouri Constitution allow the residents of City and County to vote to join City and County in performing any common public health function or service, including the purchase, construction and maintenance of hospitals. In addition, by separate vote of their respective residents, City and County may join in the common employment of public health employees.12/

The above laws would allow City to contract with County for the provision of public health services. However, under the City Charter, City would still need to have a health commissioner even if all public health functions were performed under a contract with County.13/

7/ Mo. Rev. Stat. § 70.010.
8/ Mo. Rev. Stat. § 205.010; Mo. Constitution Art. VI, Sec. 31 (providing that City is considered a county).
9/ Mo. Rev. Stat. §§ 205.031; 205.041; 205.042.
12/ This provision of the Missouri Constitution is applicable to City because City is considered a county pursuant to Article VI, Section 31 of the Missouri Constitution.
13/ City Charter, Art. XIII, § 14C(c).
B. Are there any impediments under the Missouri constitution or Missouri statutes that need to be addressed in order for City and County to coordinate their respective health departments?

There are some Missouri statutes that are applicable only to County and not to City.\textsuperscript{14/} The implications of these statutes are as follows:

- Fees imposed by County to cover the cost of public health activities must be used by County to support public health activities in County. Because City is not subject to this statute, its fees do not have to be used to support public health activities and in fact, are not;\textsuperscript{15/}

- DOHSS rules and regulations supersede County public health rules but not City public health rules;\textsuperscript{16/}

- Any health officer of County must enforce the rules and regulations of the DOHSS, whereas any health officer of City is not required to enforce such rules and regulations.\textsuperscript{17/}

City and County fund their health departments with different sources of tax revenue. County imposes a health fund property tax, the funds of which may only be used for public health purposes in County.\textsuperscript{18/} Missouri law provides that if a county imposes a health fund property tax, no funds from the general revenue may be used for public health purposes. Because County imposes this health fund property tax, no funds from the general revenue of County may be used for public health purposes.\textsuperscript{19/} City has not chosen to impose a health fund property tax. City funds public health through a local use tax, the proceeds of which are not subject to the public health restrictions discussed above.\textsuperscript{20/} City could use funds from the general revenue to fund public health purposes, but it has not chosen to do so. If City and County coordinate their respective health departments, County would not be able to impose its health fund property tax on City property, nor could City spend the health fund property tax on City public health activities.

C. Are there any impediments to City and County coordinating their respective health departments under City and County ordinances?

City and County have some similar public health-related ordinances and some ordinances that are unique to either City or County. Often, when one jurisdiction has a unique public health-related

\textsuperscript{14/} Mo. Rev. Stat. § 192.310. If City dissolves its health department, or its population drops below 75,000, Mo. Rev. Stat. §§ 192.260 - 192.320 would be applicable to City.

\textsuperscript{15/} Mo. Rev. Stat. §§ 192.300; 192.310. RHC Governmental Public Health Services Study, page 15 (explaining that fees collected for direct services are deposited into the general revenue fund for all municipal operations).

\textsuperscript{16/} Mo. Rev. Stat. §§ 192.290; 192.310. Similarly, County’s public health rules may not be in conflict with DOHSS rules, whereas City’s public health rules may be in conflict with those made by the DOHSS. Mo. Rev. Stat. §§ 192.300; 192.310.


\textsuperscript{19/} Mo. Rev. Stat. § 205.210. However, Mo. Rev. Stat. § 205.230 provides that up to five percent of a county’s general fund may be used for the improvement and maintenance of any public hospital.

\textsuperscript{20/} See FY13 City Health Dept. Budget; RHC Governmental Public Health Services Study, page 15.
ordinance, the regulated activity is governed by a different department in the other jurisdiction. Appendix section IV. C contains a detailed chart comparing City and County ordinances.

In addition, many County ordinances limit their application to certain parts of the County. For example, some ordinances apply only in parts of County outside incorporated municipalities. Appendix section IV. B contains a detailed chart comparing some of the differences in the application of public health-related County ordinances.

D. What additional analysis should be undertaken if City and County wish to explore combining public health functions but City remains separate from County?

The City and County ordinances should be reconciled in order to coordinate and harmonize the provision of public health services. In addition, arrangements with funding sources and vendors should be evaluated as part of the integration process.

II. City becomes part of County as an incorporated municipality

A. Does the Missouri constitution or state law prohibit the integration of the City and County health departments?

No, neither the Missouri constitution nor state law prohibits the integration of the City and County health departments.

B. May City maintain its own health department if it becomes part of County as an incorporated municipality?

No, assuming the Missouri Constitution is amended to remove Article VI, Section 31, City may not maintain its own health department. Missouri statutes allow a county to establish its own health department. Pursuant to Article VI, Section 31 of the Missouri Constitution, City is considered a county, and thus is currently authorized to establish its own health department. If the Constitution is amended to remove Article VI, Section 31, then City will not be able to maintain its own health department. However, City will still be able to promulgate rules to enhance the public health, as long as such rules are not in conflict with any rules or regulations made by the DOHSS.\footnote{Mo. Rev. Stat. § 192.290.}

C. What public health-related regulatory obstacles would be encountered if City were to become part of County as an incorporated municipality?

If, as part of City becoming a part of County, City’s charter is amended such that a county office is reorganized or any of the duties of a county officer are transferred, Article VI, Section 32(b) of the Missouri Constitution provides that the charter amendment will not take effect as to the county officer until expiration of the term of such office holder. In addition, all of the staff of such office
must be afforded the opportunity to become employees of City. If the Missouri Constitution is amended to remove Article VI, Section 32(b), this will not be an issue.

There is also a possible funding issue if City were to become part of County. County currently funds public health through the use of a specifically authorized health fund property tax.\textsuperscript{22/} City currently funds its public health activities with proceeds from a use tax.\textsuperscript{23/} If City were to become part of County, County’s health fund property tax would be imposed on all City property. City use tax could not fund any public health functions or services provided by County because state law provides that if a county imposes a health fund property tax, no other sources of revenue can fund public health.\textsuperscript{24/}

D. At the local level, what public health-related regulatory obstacles would be encountered if City were to become part of County as an incorporated municipality?

Not all County ordinances apply to all areas located within County. Many ordinances exclude from their application incorporated municipalities. Some ordinances exempt municipalities that enact and enforce certain state regulations. Please see the Appendix for a detailed chart comparing some of the differences in the application of public health-related County ordinances. As an incorporated municipality City would be subject to some, but not all, County ordinances.

E. How can City provide public health-related functions and work with other County municipalities in the provision of public health services?

As an incorporated municipality of County, City would be permitted to establish public health ordinances, rules and regulations that are necessary for its particular municipality, provided that such rules are not inconsistent with the rules and regulations prescribed by the DOHSS.\textsuperscript{25/}

City would also be able to contract with other County municipalities with respect to public health. Article VI, Section 16 of the Missouri Constitution provides generally that any municipality of Missouri may contract and cooperate with other Missouri municipalities for the operation of a public facility or a common service. Mo. Rev. Stat. Section 70.220 also provides that any municipality may contract and cooperate with another municipality for the operation of a public facility or the provision of a common service.

F. What additional analysis should be taken if City is to become part of County as an incorporated municipality?

1. We recommend a more detailed analysis of the differences between the City and County ordinances in order to coordinate and harmonize the provision of public health services as well as

\textsuperscript{23/} See RHC Governmental Public Health Services Study (page 6, 15).
\textsuperscript{24/} Mo. Rev. Stat. § 205.210 provides that if a county chooses to imposes a health fund property tax, no other tax revenue may fund public health.
\textsuperscript{25/} Mo. Rev. Stat. § 192.290.
evaluating arrangements with funding sources and vendors to make sure any integration does not run afoul of any such arrangements.

2. Identify City ordinances that are inconsistent with DOHSS rules and regulations and consider amending these ordinances so that they are not inconsistent with DOHSS rules and regulations.
APPENDIX

I. Missouri Constitution

Article VI, Section 31, of the Missouri Constitution provides that City is recognized both as a city and as a county. The Constitution also allows City to revise its charter to provide for county officers.

Article VI, Section 14, of the Missouri Constitution provides that by a vote of a majority of the qualified voters voting thereon in each county affected, any contiguous counties may join in performing any common function or service, including the purchase, construction and maintenance of hospitals and any other county property, and by separate vote may join in the common employment of any county officer or employee common to each of the counties.

II. Missouri Statutes

The Missouri Department of Health and Senior Services (“DOHSS”) supervises and manages all public health functions and programs. The DOHSS has the authority to adopt, appeal and amend rules necessary to carry out its assigned duties. The state board of health advises the DOHSS in the promulgation of rules and regulations, budget formulation, planning and operation of the DOHSS.

Missouri statutes allow the various counties of Missouri to establish their own public health departments. A county commission may create a department of health and welfare. The county commissioners serve as the commissioners of health and welfare and have charge and control of all county hospitals, clinics, health centers, institutions for the insane and all county corrective, welfare and charitable institutions except the county jail and the place of detention used by the juvenile court. The commissioners of health and welfare may appoint a director of health and welfare, and may employ such assistants as are necessary.

In addition, a county may establish and operate a public health center. Any health center is to be governed by a board of health center trustees, who would make and adopt such bylaws, rules and regulations for its own guidance and for the government of the county public health center. Any such board may enter into contracts and agreements with federal, state, county, school and municipal

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28/ The State Board of Health consists of seven members appointed by the governor, with the advice and consent of the Missouri Senate. Mo. Rev. Stat. § 191.400.
29/ Mo. Rev. Stat. § 192.014.
30/ The county commission is the county court, which is comprised of three elected commissioners. Mo. Rev. Stat. § 49.010.
32/ Mo. Rev. Stat. § 205.766
33/ Mo. Rev. Stat. § 205.767
34/ Mo. Rev. Stat. § 205.010
governments and with private individuals, partnerships, firms, associations and corporations for the furtherance of health activities.35/

The governing body in all counties of the first class36/ having a charter form of government has the power to levy upon all real and tangible personal property in the county an annual tax for the purpose of operating or supporting a public county hospital or public hospital system or for the maintenance of county patients in state institutions, public hospitals, or other hospitals and for the purpose of operating a public county health center or institution and conducting public health programs. The tax may not exceed thirty-eight cents on each one hundred dollars valuation. The proceeds of the tax may only be used for the above mentioned public health purposes. If a county chooses to impose such tax, no funds from the general revenue of the county may be used for public health purposes.37/ While County has imposed such tax, City has not.

Missouri statutes allow counties to join in performing any common public health-related function or service.38/ In addition, any municipality may contract and cooperate with another municipality for the operation of a public facility or the provision of a common service.39/

Although the above laws are applicable to both County and City, by virtue of City being considered a county, the laws discussed below are only applicable to County because of an exception in Mo. Rev. Stat. Section 192.310.

Rules applicable only to County

The Missouri statutes contain laws applicable to county commissions and county health center boards.40/ Although City generally would be subject to these statutes because it is considered a County, these statutes are not applicable to a city with a population of 75,000 or more that maintains an organized health department, provided that the city furnishes the DOHSS reports of contagious, infectious, communicable or dangerous diseases, which have been designated by the city as such and such other statistical information as the DOHSS may require.41/ Assuming City furnishes the DOHSS with the required information, City falls within this exception, and thus these rules are not currently applicable to it.42/

Section 192.300 provides that county commissions and county health center boards may make and promulgate rules that will enhance the public health and prevent the entrance of infectious,

35/ Mo. Rev. Stat. §§ 205.031; 205.041; 205.042.
36/ A county of the first class is a county with an assessed valuation of all real and personal property of nine hundred million dollars. Mo. Rev. Stat. §§ 48.010; 48.020.1.
38/ Mo. Rev. Stat. § 70.010.
39/ Mo. Rev. Stat. § 70.220.
40/ See Mo. Rev. Stat. §§ 192.260 - 192.320. As discussed above, and in this section, a county commission is the governing body of a county's department of health and the county health center board is the governing body of a public health center.
42/ If City dissolves its health department, or its population drops below 75,000, it would no longer fall within this exception.
contagious, communicable or dangerous diseases into such county, but that any rules may not be in
conflict with any rules or regulations authorized and made by the DOHSS. The county commissions
and the county health center boards may establish reasonable fees to pay for any costs incurred in
carrying out such rules, however, the establishment of such fees may not deny personal health services
to those individuals who are unable to pay such fees or impede the prevention or control of
communicable disease. Fees generated must be deposited in the county treasury and all such fees
must be used to support the public health activities for which they were generated.

A county commission may, but is not required to, appoint a county health officer. If a county
health officer is appointed, the officer’s compensation and expense are paid out of the county
treasury. 43/ If the county establishes a public health center, as previously discussed, the county health
officer is the director of such health center. 44/

The county commission may appoint assistants to the county health officer. The
compensation and expenses of such assistants is paid out of the county treasury. 45/

It is the duty of the county health officer to enforce the rules and regulations of the DOHSS
throughout his or her respective county outside of incorporated cities which maintain a health officer.
However, the health officers of incorporated cities of less than seventy-five thousand population
must enforce the rules and regulations of the DOHSS within their respective cities. 46/

All rules and regulations authorized and made by the DOHSS supersede all local ordinances,
rules and regulations. Further, DOHSS rules and regulations must be observed throughout the state
and enforced by all local and state health authorities. However, local authorities may establish
additional ordinances, rules and regulations not inconsistent with the rules and regulations prescribed
by the DOHSS which may be necessary for their particular locality. 47/

III. City and County Charters

The chart below compares the major powers to regulate public health given to City and County by their respective charters.

<table>
<thead>
<tr>
<th>Power to Regulate Public Health</th>
<th>City Charter</th>
<th>County Charter</th>
</tr>
</thead>
<tbody>
<tr>
<td>City has the power to do all things whatsoever expedient for promoting or maintaining the health and welfare of the city or its inhabitants. Art. I, § 1(33).</td>
<td>The county council has the power to acquire, establish, construct, equip, improve, extend, repair, maintain, manage, and operate public hospitals, sanitariums, and health centers. Art. II, § 2.180(15).</td>
<td></td>
</tr>
</tbody>
</table>

44/ Mo. Rev. Stat. § 205.100
47/ Mo. Rev. Stat. § 192.290
<table>
<thead>
<tr>
<th><strong>City Charter</strong></th>
<th><strong>County Charter</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Power to Contract</strong></td>
<td>City has power to contract and be contracted with. Art. I, § 1(4).</td>
</tr>
<tr>
<td></td>
<td>The county council has legislative power pertaining to public health in the part of the county outside incorporated cities. Art. II, § 2.180 (23).</td>
</tr>
<tr>
<td><strong>Cooperation within County</strong></td>
<td>County council has the power, by ordinance, to cooperate or join by contract with any city, county, state or political subdivision or agency thereof, for the planning, development, construction, acquisition or operation of any public improvement or facility, or for a common service. Art. II, § 2.180(20).</td>
</tr>
<tr>
<td><strong>Head of Public Health</strong></td>
<td>The county executive shall promote and encourage cooperative relationships between the county and the political subdivisions within the county in matters relating to public health. Art. III, § 3.050(8).</td>
</tr>
<tr>
<td></td>
<td>The Department of Health and Hospitals (“DOHH”) is run by a director. Art. XIII, § 1. The division of health is run by a health commissioner. Art. XIII, § 14C(c).</td>
</tr>
<tr>
<td></td>
<td>The Department of Community Health and Medical Care (“DOCHMC”) is run by a director. Art. IV, § 4.010</td>
</tr>
<tr>
<td><strong>Appointment of Director</strong></td>
<td>The director of DOCHMC is appointed by the county executive, subject to confirmation by the county council. Art. IV, § 4.020.</td>
</tr>
<tr>
<td></td>
<td>The mayor appoints the director of DOHH. Art. XIII, § 14C. The Director of DOHH appoints a health commissioner to run the division of health. Art. XIII, § 14C(c).</td>
</tr>
<tr>
<td>Responsibilities and Powers of Health Department</td>
<td>Responsibilities of the division of health include:</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>• Adopt rules and regulations to preserve or promote the public health;</td>
</tr>
<tr>
<td></td>
<td>• See that law and ordinances relating to public health are observed and enforced; and</td>
</tr>
<tr>
<td></td>
<td>• Charge of the quarantine, the dog pond, and the registration of all births and deaths within the city. Art. XIII, § 14C(c).</td>
</tr>
</tbody>
</table>

The DOCHMC director has the powers and duties of a county hospital commissioner and a county hospital officer, and possesses the power and duties conferred upon deputy state health commissioners and county health officers. Specifically, the Director has the power to:

• Manage, control or contract for the operation of all county hospitals, sanitariums, hospital facilities, and institutions operated primarily for the medical care of patients therein;

• Manage, control or contract for the operation of all county medical clinics;

• Arrange with public or private hospitals and medical institutions for the care of patients who are in need of and eligible for free care at county expense, but for whom there are no available facilities at the county hospital;

• Recommend to the county executive proposals governing the admission of patients and the operation of county hospital facilities;

• See that laws and ordinances relating to public health are observed and enforced;

• Establish and maintain such activities and clinics as are needed to promote the public health of the county;

• Administer the programs for the control of rabies in the county;

• Inspect the water supply and water supply facilities and sewers and sewer treatment

48/ Unlike the County charter, the City charter does not give the division of health the power or responsibility to promote cooperative relationships relating to public health between County and City.

49/ The DOCHMC director does not have regulatory power with respect to public health. Pursuant to Art. II, § 2.180(23) of the County Charter, the county council has legislative power pertaining to public health in the part of the county outside incorporated cities.

50/ Pursuant to Art. II, § 2.180(23) of the County Charter, the county council has legislative power pertaining to public health in the part of the county outside incorporated cities.
<table>
<thead>
<tr>
<th>Board of Health</th>
<th>City Charter</th>
<th>County Charter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>There is a board of health comprised of five members appointed by the mayor. The board:</strong></td>
<td></td>
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</tr>
<tr>
<td>• advises the DOHH director on matters relating to public health;</td>
<td></td>
<td>facilities and plumbing facilities to see that they conform with established principles of public health;</td>
</tr>
<tr>
<td>• examines all proposed public health rules and regulations and transmit their conclusion and recommendations to the director; and</td>
<td></td>
<td>• Recommend to the county executive such proposals as will in his judgment tend to preserve or promote the public health of the county;</td>
</tr>
<tr>
<td>• hears and determines such appeals from decisions, rulings and orders of the health commissioner. Art. XIII, Section 14C(e)</td>
<td></td>
<td>• Administer those programs authorized by ordinance for the control of weeds, rats and mosquitoes; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Promote cooperative relationships relating to public health between County and City and between County and other cities and counties and between County and the municipalities and other political subdivisions in County. Art. IV, § 4.130.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chief Medical Examiner</th>
<th>City Charter</th>
<th>County Charter</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>The director of DOCHMC appoints a chief medical examiner and assistant medical examiners and professional specialists. Art. IV, § 4.140. 1.</td>
</tr>
</tbody>
</table>
IV. City and County Ordinances

A. City Ordinances

Section 3.38.040 provides that the director of DOHH appoints a health commissioner to oversee the division of health. The health commissioner's duties include those listed in Article XIII § 14C(c) of the City charter, as discussed above, and any additional duties as may be prescribed by ordinance. The division of health oversees the following services:

- Administrative and special services;
- Preventive medicine services;
- Health center services; and
- Environmental sanitation services.51/

B. County Ordinances

Section 600.010 creates a department of health. The ordinance also provides that whenever the term “Director of Health,” “Health Commissioner,” “Director of Hospitals,” “Hospital Department” or “Director/Department of Community Health and Medical Care” are used in the County ordinances or Missouri statutes, the terms are deemed to mean the department of health or its director.

The director of health with the approval of the county executive may determine the number and nature of the divisions within the department of health.52/

The director of health possesses all the powers and duties conferred upon a deputy state health commissioner and a county health officer.53/ The director also has the power to:

- See that laws and ordinances relating to public health are observed and enforced;
- Establish and maintain such activities and clinics as are needed to promote the public health of the County;
- Administer programs for the control of rabies in the County;
- Inspect the water supply and water supply facilities and sewers and sewer treatment facilities and plumbing facilities;

51/ St. Louis, Mo., Code § 3.38.050.
52/ St. Louis County, Mo., Ordinance § 602.010(2).
53/ St. Louis County, Mo., Ordinance § 602.020(1).
- Recommend to the county executive such proposals relating to the public health of the County; and

- Administer programs for the control of weeds, rats and mosquitoes.\(^{54/}\)

The department of health has general supervision over the public health and the director is authorized and empowered, with the approval of the county council, to make rules and regulations to promote or preserve the health of the County.\(^{55/}\)

Section 602.020(4) authorizes the director of health to inspect all buildings, lands, and places as to their conditions for health and sanitation and to require alterations or changes to make them healthful or sanitary.

Not all County ordinances apply to all areas located within the County. Many ordinances limit their application to certain parts of the County. The following chart compares some of the differences in the application of public health-related County ordinances.

<table>
<thead>
<tr>
<th>Apply in all unincorporated parts of County and in all incorporated areas except any municipality having a population of 75,000 or more and which maintains an organized health department</th>
<th>Apply in parts of County outside incorporated municipalities</th>
<th>Apply in the parts of County outside of incorporated municipalities, and in parts of County within municipalities except within any municipality which enacts and enforces certain state regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 605 – Indoor Clean Air Code</td>
<td>Chapter 610 – Sewage and Waste Disposal</td>
<td>Chapter 611 – Animal Control Code</td>
</tr>
<tr>
<td>Chapter 621 – Tattoo and Body Piercing Establishment Code</td>
<td></td>
<td>Chapter 612 – Air Pollution Control</td>
</tr>
<tr>
<td>§ 602.200 Smoking on Motor Buses and Railway Cars Prohibited</td>
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</tr>
<tr>
<td>§§ 602.300 - 602.330 (relating to sale of tobacco and smoking)</td>
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<tr>
<td>§§ 602.425 - 602.460 (relating to video games)</td>
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</tr>
</tbody>
</table>

\(^{54/}\) St. Louis County, Mo., Ordinance § 602.020(2).

\(^{55/}\) St. Louis County, Mo., Ordinance § 602.020(3).
Apply in all unincorporated parts of County and in all incorporated areas except any municipality having a population of 75,000 or more and which maintains an organized health department

<table>
<thead>
<tr>
<th>City Ordinances</th>
<th>County Ordinances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animals</td>
<td>Chapter 10.04 – Dogs and Cats</td>
</tr>
<tr>
<td></td>
<td>Chapter 10.16 – Dead Animals</td>
</tr>
<tr>
<td></td>
<td>Chapter 10.20 – Raising and Keeping of Certain Animals</td>
</tr>
<tr>
<td></td>
<td>Chapter 10.24 – Wild Animals</td>
</tr>
<tr>
<td>Pest Control</td>
<td>Chapter 11.08 – Rodent, Insect and Pest Control</td>
</tr>
<tr>
<td>Public Restrooms</td>
<td>Chapter 11.16 - Privies</td>
</tr>
<tr>
<td>Littering</td>
<td>Chapter 11.18 – Littering</td>
</tr>
<tr>
<td>Lead Poisoning</td>
<td>Chapter 11.22 – Lead Poisoning</td>
</tr>
</tbody>
</table>

§ 602.600 Bicyclists Under the Age of Seventeen to Wear Protective Headgear

C. Comparison of City and County Ordinances

The chart below compares other City and County ordinances (or chapters of ordinances) administered or enforced by their respective health departments.
<table>
<thead>
<tr>
<th>Category</th>
<th>City Ordinances</th>
<th>County Ordinances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking/Tobacco</td>
<td>Chapter 11.31 – Smoke Free Air Act</td>
<td>Chapter 605 – Indoor Clean Air Code</td>
</tr>
<tr>
<td></td>
<td>Chapter 11.32 - Smoking</td>
<td>§ 602.200 Smoking on Motor Buses and Railway Cars Prohibited</td>
</tr>
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APPENDIX B
Glossary of Terms

AIDS
Acquired Immunodeficiency Syndrome (AIDS) is a chronic, potentially life-threatening condition caused by the Human Immunodeficiency Virus (HIV). By damaging your immune system, HIV interferes with your body’s ability to fight the organisms that cause disease.

There’s no cure for HIV/AIDS, but there are medications that can dramatically slow disease progression. These drugs have reduced AIDS deaths in many developed nations.

ASTHMA
Asthma is a condition in which your airways narrow and swell and produce extra mucus. This can make breathing difficult and trigger coughing, wheezing, and shortness of breath.

For some people, asthma is a minor nuisance. For others, it can be a major problem that interferes with daily activities and may lead to a life-threatening asthma attack.

Asthma cannot be cured, but its symptoms can be controlled. Because asthma often changes over time, it’s important that you work with your doctor to track your signs and symptoms and adjust treatment as necessary.

CHILDREN’S SERVICE FUND
In response to reduced funding for mental health services and substance abuse services for children and youth due to budget cuts, St. Louis voters approved the creation of the Children’s Service Fund for St. Louis County. The fund is designed to use local funds to bridge the gap between needs and services.

COMMUNICABLE DISEASE
Communicable diseases spread from one person to another or from an animal to a person. The spread often happens via airborne virus, but also through blood or other bodily fluid. The terms infectious and contagious are also used to describe communicable disease on a global level.

CORRECTIONS MEDICINE
Corrections Medicine is a program within the Health Services Division of the St. Louis County Department of Health. The program provides medical, mental health, and dental services for those persons incarcerated at the St. Louis County Justice Center as well as medical services for the youth housed at the St. Louis County Family Services Juvenile Detention Center and Lakeside Adolescent Center.

The American Correctional Association has accredited the Corrections Medicine Program. The Juvenile Detention Center is accredited by the National Commission on Correctional Health Care.

DOH
Department of Health
ENVIRONMENTAL HEALTH
Environmental health addresses all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviors. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments.

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS)
Federally Qualified Health Centers (FQHCS) include all organizations receiving grants under Section 330 of the Public Health Service Act. FQHCS qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCS must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.

HIV
Human Immunodeficiency Virus (HIV) is a sexually transmitted infection. It can also be spread by contact with infected blood or from mother to child during pregnancy, childbirth, or breastfeeding. It can take years before HIV weakens your immune system to the point that you have AIDS.

There’s no cure for HIV/AIDS, but there are medications that can dramatically slow disease progression. These drugs have reduced AIDS deaths in many developed nations.

LEAD ABATEMENT
In the lead control industry, lead abatement means any set of measures designed to permanently eliminate lead-based paint hazards.

This includes the removal of lead-based paint and lead-contaminated dust, the permanent containment or encapsulation of lead-based paint, the replacement of lead-based painted surfaces or fixtures and the removal or covering of lead-contaminated soil and all preparation, clean up, disposal and post abatement clearance testing activities associated with such measures.

LEAD POISONING
Lead poisoning occurs when lead builds up in the body, often over a period of months or years. Even small amounts of lead can cause serious health problems. Children under the age of 6 are especially vulnerable to lead poisoning, which can severely affect mental and physical development. At very high levels, lead poisoning can be lethal.

Lead-based paint and lead-contaminated dust in older buildings are the most common sources of lead poisoning in children. Other sources include contaminated air, water and soil. Adults who work with batteries, do home renovations or work in auto repair shops may also be exposed to lead.

SOLID WASTE MANAGEMENT
Solid waste is garbage, refuse, discarded materials and undesirable solid and semisolid residual matter resulting from industrial, commercial, agricultural or community activities in such amounts, characteristics and duration as to injure or harm the public health or welfare or animal life or property.

5 http://www.who.int/topics/environmental_health/en/
6 http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html
7 http://www.mayoclinic.org/diseases-conditions/hiv-aids/basics/definition/con-20013732
8 http://www.dol.gov/elaws/OSHA/lead/glosary.asp
9 http://www.mayoclinic.org/diseases-conditions/lead-poisoning/basics/definition/con-20035487
10 Missouri Revised Statutes §260.005(15), http://www.moga.mo.gov/statutes/C200-299/2600000005.HTM
TUBERCULOSIS
Tuberculosis is an infectious disease that may affect almost any tissue of the body, but especially the lungs, caused by the organism Mycobacterium tuberculosis.

VECTOR CONTROL
Vector control is any method to limit or eradicate the mammals, birds, insects or other arthropods, which transmit disease pathogens. The most frequent type of vector control is mosquito control using a variety of strategies.

WIC
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal assistance program of the Food and Nutrition Services of the U.S. Department of Agriculture for healthcare and nutrition of low-income pregnant women, breastfeeding women, and infants and children under the age of 5.

ASIAN RESTAURANT TASK FORCE
The Asian Restaurant Task Force was established to build a communication bridge between the County government and Asian restaurants to enhance regional economic development. It serves to remove language barriers and help restaurant owners understand inspections and rules, and is comprised of volunteers and community leaders organized by the St. Louis Chinese American News.

IMMIGRANT ENTRY HEALTH ASSESSMENT
Many refugees and immigrants originate from countries with a high prevalence of tropical and other infectious diseases that may present a threat to individual or public health. In addition, untreated chronic health conditions, such as hypertension, diabetes, and obesity are becoming increasingly common. Infectious diseases with long latency periods, including tuberculosis, hepatitis B, and certain intestinal nematodes can be particularly challenging.

Recommendations for this post-arrival medical evaluation should be tailored to the specific population and based on such factors as country of origin, race, receipt of pre-departure interventions, including vaccinations and presumptive therapy for malaria and intestinal parasites, and epidemiological risks in the country of origin as well as the county or countries of first asylum.

An additional function of the post-arrival medical screening is to arrange and coordinate ongoing primary care. Many refugees have not had age-appropriate cancer screenings and these needs should be addressed at early follow-up visits.

REGIONAL HEALTH COMMISSION
Following the closure of the last remaining public hospital in St. Louis in 2001, the region faced a fiscal crisis jeopardizing the St. Louis healthcare safety net which provides access to essential healthcare services for people experiencing barriers to appropriate, timely, affordable and continuous health services.

Civic Progress, an organization comprised of the leading corporate executives in St. Louis, formed a task force to address the immediate funding crisis for the safety net. The participants recommended the formation of a Regional Health Commission, a consortium of government representatives, providers of care, and members of

11 http://www.mayoclinic.org/diseases-conditions/tuberculosis/basics/definition/con-20021761
12 http://www.scanews.com/2011/03/s1071/107113/
14 http://www.stlrhc.org/about/history/
the community charged with developing and implementing a long-range plan to improve health care access and delivery to the uninsured and underinsured.

STI\textsuperscript{15}
Sexually Transmitted Diseases (STDs) or Sexually Transmitted Infections (STIs) are generally acquired by sexual contact. The organisms that cause sexually transmitted diseases may pass from person to person in blood, semen, or vaginal and other bodily fluids.

Some such infections can also be transmitted non-sexually, such as from mother to infant during pregnancy or childbirth, or through blood transfusions or shared needles.

It is possible to contract sexually transmitted diseases from people who seem perfectly healthy – people who, in fact, aren’t even aware of being infected. Many STDs cause no symptoms in some people, which is one of the reasons experts prefer the term “sexually transmitted infections” to “sexually transmitted diseases.”

TB PREVENTION AND CONTROL\textsuperscript{16}
Basic public health strategies in response to TB traditionally focus on testing, surveillance, prevention, and control, each of which has multiple dimensions. Four basic principles integral to TB control in the U.S. are (1) promptly detect and report persons who have contracted TB, (2) protect close contacts of patients with contagious TB from contracting TB infection and disease, (3) take concerted action to prevent TB among the population of U.S. residents with LTBI by identifying those highest at risk for progression to TB disease through targeted testing and administration of a curative course of treatment, and (4) reduce the rising burden of TB from recent transmission of M. tuberculosis by identifying settings at high risk for transmission and applying effective infection-control measures to reduce the risk.

SIDS\textsuperscript{17}
Sudden Infant Death Syndrome is the unexplained death, usually during sleep, of a seemingly healthy baby less than a year old. SIDS is sometimes known as crib death because the infants often die in their cribs.

Although the cause is unknown, it appears SIDS may be associated with abnormalities in the portion of an infant’s brain that controls breathing and arousal from sleep.

Researchers have discovered some factors that may put babies at extra risk. They’ve also identified some measures you can take to help protect your child from SIDS. Perhaps the most important measure is placing your baby on his or her back to sleep.

NATIONAL ASSOCIATION OF CITY AND COUNTY HEALTH OFFICIALS\textsuperscript{18}
Formed in 1994 through the merger of the National Association of County Health Officials (NACHO) and the U.S. Conference of Local Health Officials, NACCHO more closely represents all governmental local health departments, including counties, cities, city/counties, districts, tribes and townships. In 2001 NACCHO expanded in scope to include tribal public health agencies. Today, NACCHO represents 2,800 local health departments.

\textsuperscript{15}http://www.mayoclinic.org/diseases-conditions/sexually-transmitted-diseases-stds/basics/definition/con-20034128
\textsuperscript{17}http://www.mayoclinic.org/diseases-conditions/sudden-infant-death-syndrome/basics/definition/con-20020269
\textsuperscript{18}http://www.naccho.org/about/history/
The Productive Living Board for St. Louis County Citizens with Developmental Disabilities was established in 1979 when St. Louis County voters passed a property tax levy to develop services and supports for residents with developmental disabilities.

The mission of the Board is to provide a planned program of residential and vocational services for St. Louis County citizens with developmental disabilities which promote community participation and positive community relations, does not duplicate the mandates of other public agencies and complies with the mandates for assistance to persons with developmental disabilities as set for in the Revised Statutes of Missouri §205.968 and §205.972.

DEVELOPMENTAL DISABILITY RESOURCES
The St. Louis Office for Developmental Disability Resources (DDR) is a publicly funded agency that distributes funds to service providers for community-based services to persons who have a developmental disability and desire to remain in their homes and community.

Senate Bill 40, which was passed by the Missouri Legislature in 1969 and is also known as the County Sheltered Workshop and Developmental Disability Services Law, allows local taxing districts to ask voters to approve a special real estate tax for the purpose of providing services to persons who have developmental disabilities. St. Louis City voters approved this tax in 1980, establishing the St. Louis Office for Developmental Disability Resources.

## APPENDIX C
### Public Health Committee Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tr>
<td>Will Ross, MD, MPH, Chair</td>
<td>Associate Dean for Diversity, Associate Professor of Medicine at Washington University School of Medicine</td>
</tr>
<tr>
<td>Kate Becker</td>
<td>President, SSM St. Mary’s Health Center</td>
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<tr>
<td>Lori Becker</td>
<td>Director of Development and Communications, Starkloff Disability Institute</td>
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<tr>
<td>Kimberly Brown</td>
<td>Administrator, Residential Care Facility, Doorways</td>
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<tr>
<td>Richelle Clark</td>
<td>Co-Director, Center for Community Health Partnerships at Washington University</td>
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<tr>
<td>Jama Dodson</td>
<td>Executive Director, Saint Louis Mental Health Board</td>
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<tr>
<td>Margaret Donnelly</td>
<td>Family Court Commissioner, St. Louis County Circuit Court and Health Policy Professor, Saint Louis University School of Law</td>
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<tr>
<td>Keith Elder</td>
<td>Chair, Department of Health Management and Policy at Saint Louis University</td>
</tr>
<tr>
<td>Elizabeth Frick</td>
<td>Executive Director, Tenth Life Cat Rescue</td>
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<tr>
<td>Dr. Dolores Gunn</td>
<td>Director, St. Louis County Health</td>
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<tr>
<td>Dr. Randy Jotte</td>
<td>Associate Professor of Emergency Medicine at Washington University School of Medicine in St. Louis</td>
</tr>
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<tr>
<td>Nancy Kelley</td>
<td>Project Director, Missouri Foundation for Health</td>
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<tr>
<td>Susan Kidder</td>
<td>Executive Director, Safe Connections</td>
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<tr>
<td>Joy Krieger</td>
<td>Executive Director, Asthma and Allergy Foundation of America, St. Louis Chapter</td>
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<tr>
<td>Edward Lawlor</td>
<td>Dean, William E. Gordon Distinguished Professor, Director, Institute for Public Health, Washington University</td>
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<tr>
<td>Suzanne LeLaurin</td>
<td>Senior VP, Individuals and Families, International Institute</td>
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<tr>
<td>Bob Massie</td>
<td>CEO, Family Care Health Centers</td>
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<tr>
<td>Jason Purnell</td>
<td>Assistant Professor, Brown School of Social Work, Washington University and leader of “For the Sake of All” research team</td>
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<tr>
<td>Allie Ray</td>
<td>Vice President, Programs, Deaconess Foundation</td>
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<tr>
<td>Craig Schmid</td>
<td>20th Ward Alderman, City of St. Louis</td>
</tr>
<tr>
<td>Edwin Trevathan</td>
<td>Dean and Professor at Saint Louis University College for Public Health and Social Justice</td>
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<tr>
<td>Pamela Walker</td>
<td>Director of Health, City of St. Louis Health Department</td>
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<tr>
<td>Nikki Weinstein</td>
<td>Community Liaison, Battelle</td>
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