FLOURISH St. Louis: The Path to Progress
Developmental Evaluation Report
February 2014 – May 2017

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FLOURISH St. Louis is a Collective Impact Initiative established in 2014 to find a new, comprehensive approach to the seemingly intractable problem of infant mortality in St. Louis City and surrounding areas of the County. With funding from the Missouri Foundation for Health and the leadership of Generate Health, FLOURISH works to support the health and well-being of babies and families through large-scale, broadly-based, coordinated improvements in services, organizations, systems, and policies.

The initiative began with the convening of the FLOURISH 23-member, multi-sector Leadership Council, co-chaired by the directors of the St. Louis City and County Departments of Health. Community leaders representing the Missouri Chapter of the American Academy of Pediatrics, the St. Louis Regional Health Commission, Saint Louis University and the Washington University School of Medicine, the Urban League of Metropolitan St. Louis, the St. Louis Area Business Health Coalition, the United Way of Greater St. Louis, and the Missouri Department of Health and Senior Services (along with other representatives from the faith community, the public schools, other nonprofit service providers and community residents) met regularly from May 2014 to February 2015 to set the course of action for the initiative to come.

Their work concluded with the development of a Road Map for Success (shown on page 2) and the determination of the overall structure and leadership for FLOURISH moving forward.

Developing a clear roadmap can help collaborating organizations look beyond narrow institutional interests to achieve broad goals.

-- Bridgespan Report, p. 5
https://www.bridgespan.org
From its start in February of 2014 through May of 2017, FLOURISH St. Louis has demonstrated significant progress in establishing a sound foundation for collective impact and in reaching the goals stated in its Roadmap for Success. This progress includes the following conclusions from evaluative observations and a review of initiative data:

- FLOURISH has established and maintained **cross-sector collaboration** over time.
- FLOURISH has maintained **ongoing commitments and participation** from community leaders and residents since its inception in 2014.
- FLOURISH has **educated the St. Louis community** about risk factors, needs, and services related to the prevention of infant mortality.
- FLOURISH has **expanded the region’s conversation** on infant mortality to include racial disparities, social determinants, systems thinking, and the need for community voice.
- FLOURISH has **elevated the role of community residents** in decision-making for community change.
- FLOURISH reaches/engages a growing number of individuals, organizations and systems through print, broadcast and social media, and provides **ongoing opportunities for public engagement** on behalf of our region’s families.

The following sections review the evidence for these findings by the Road Map component to which each finding corresponds.
Road Map Component One:
A foundation of collaboration and leadership is established and sustained.

If you bring the appropriate people together in constructive ways with good information, they will create authentic visions and strategies for addressing the shared concerns of the organizations and the community.

-- David Chrislip, The Collaborative Leadership Fieldbook

Evaluation Finding No. 1: FLOURISH has established and maintained cross-sector collaboration and leadership over time

The cross-sector collaboration and leadership established with the FLOURISH Leadership Council in 2014 has continued throughout the work of both the FLOURISH Cabinet (the primary decision-making body of the initiative established in May 2015) and its Think Tank (which first met in January 2016 to provide leadership for research and evaluation).

More than 50 individuals have served with one or both of these leadership groups, representing multiple sectors of the community, and including more than 30 different organizations and community residents.

Cross-Sector Representation in FLOURISH Leadership Groups

![Cross-Sector Representation in FLOURISH Leadership Groups](http://tamarackcommunity.ca/g3s5l.html)

1. http://tamarackcommunity.ca/g3s5l.html
As an indicator of the positive level of collaboration among Cabinet members, the longest-running leadership group in FLOURISH, the graph below shows the percentage of members who agreed, at different points in time, that the collaborative body was striking the right balance between planning and action. While the desire for more time spent in action has increased in 2017, the consistency of positive responses on meeting surveys throughout 2015 and 2016 show that cross-sector Cabinet members believe the collaboration is making progress in planning and supporting action.

As additional indicators related to effective collaboration, annual surveys of Cabinet members asking them to reflect on the initiative overall have shown the following:
78% strongly agreed/agreed that *The level of commitment among the collaboration participants is high.*

98% strongly agreed/agreed that *The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish.*

78% strongly agreed/agreed that *People in this collaboration communicate openly with one another.*

Cross-sector collaboration and leadership continue throughout the work of the Cabinet, Think Tank, and FLOURISH’s Five Action Teams\(^2\), as discussed in greater detail below.

**Evaluation Finding No. 2: FLOURISH has maintained commitments and participation from community leaders and members since its inception**

*The biggest challenge [in successful collaboratives] is not so much bringing decision makers to the table but keeping them there for years of hard work ahead.*

-- The Bridgespan Group\(^3\), p. 5

Currently, the FLOURISH Cabinet maintains a roster of 27 people, a number that has remained consistent since the group was established in 2015. While nine people have cycled off or on since that time, each Cabinet member has participated in an average of 15 monthly meetings (more than one year’s worth), an important indicator of sustained leadership commitment and participation.

Community residents, those with lived experience related to infant mortality and its prevention, have undergone leadership and advocacy training through Generate Health’s Making Change Happen Leadership Academy (see the next page for more information); these residents have served in FLOURISH leadership positions since the Leadership Council was formed.

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\(^2\) For a sector analysis of Action Team members, see Appendix 1.

路标组件二：
社区增加其对支持健康婴儿的需要和服务的知识

在早期规划和头脑风暴会议期间，由standpartnership的主管进行，会问之前没有成立内阁的多部门社区成员，“如果FLOURISH婴儿死亡率降低项目成功，它会是什么样的？”提高公众对婴儿死亡率、其风险因素和在圣路易斯社区对行动的紧迫性的认识是他们的答案。

评估发现3：FLOURISH已经教育了社区有关风险因素、需要和服务的预防婴儿死亡的知识

从 inception起，FLOURISH就一直专注于沟通和社区教育的重要性，以建立所需系统和政策改变的公共意愿和知识，以代表母亲、婴儿和家庭。通过与standpartnership的合作，公众对婴儿死亡率、其风险因素和在圣路易斯社区对行动的紧迫性的认识大大增加。

社区教育和意识的增长通过多种渠道，包括公共/社区活动（像听会和在FLOURISH和Generate Health活动中做报告），印刷和广播媒体，以及社交媒体（通过FLOURISH网站、Facebook和Twitter）。在Generate Health的成功变革领导力学院

Generate Health的改变发生领导力学院

这是一个通过参与FLOURISH结构中的内阁、思想库和优先事项行动小组的居民领导者的参与来利用Generate Health的其他资源的方式。改变发生领导力学院是St. Louis的独特，通过训练社区成员识别影响其健康和规划应对策略的条件和根本问题来提高社区成员的领导技能，为母亲、儿童和家庭的需要倡导，并带来积极的改变。学院的帮助为社区成员准备了FLOURISH的经验，从而使他们能够积极参与和诚实地作为帮助规划和实施改变的领导者。事实上，一位改变发生参与者在FLOURISH内阁（并任副主席）。

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addition, educational presentations and professional development opportunities are provided on a regular basis to members of Generate Health, through quarterly meetings and other convenings.

The graph below shows how hundreds of people have been reached through presentations, newsletter articles, and personal contacts from FLOURISH Cabinet and Think Tank members with ongoing information on the issues, risk factors, and possible solutions for addressing infant mortality.

<table>
<thead>
<tr>
<th>Participants in FLOURISH Educational Efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Launch Event Attendees</td>
</tr>
<tr>
<td>Actively Shared Info on FB</td>
</tr>
<tr>
<td>Listening Session participants</td>
</tr>
<tr>
<td>Newsletter Subscribers</td>
</tr>
<tr>
<td>Personally contacted</td>
</tr>
</tbody>
</table>

Measures of FLOURISH educational and awareness activities include the following:

- At the FLOURISH Launch Event, FLOURISH leaders shared a presentation on **social determinants and other risk factors for infant mortality**, reaching 120 community members.

- More than 209 educational posts on infant mortality and the work of FLOURISH have been shared on Facebook alone. **Facebook members in the community have shared 190 of these posts with their own social media networks.**

- **Approximately 350 community residents, representing more than 34 different zip codes, not only shared their concerns and experiences** at FLOURISH Community Listening Sessions from 2014 through 2016, they also learned about social determinants, racial inequities, and other risk factors through their participation.

- Reports and presentations on the findings of the Listening Sessions were distributed to the community via the FLOURISH website and through various convenings, including one of Generate Health’s quarterly meetings of its membership (reaching **55 community constituents**), a FLOURISH gathering of **29 health care leaders** designed to raise awareness of the infant mortality crisis and the needs of impacted families, and a presentation to **150 members of the Junior League of St. Louis**, which helped support an ongoing collaboration between the Junior League and FLOURISH (described in more detail in a later section).
Twenty-nine health care leaders participated in an educational, awareness-raising and networking convening about the problem of infant mortality in St. Louis and the goals of FLOURISH.

The FLOURISH newsletter is distributed through email on a monthly basis, and includes educational information on infant mortality, model programs, and impacted families. Since it was initiated in September 2016, the newsletter began with 210 subscribers in October of that year, and is now at 719.

At regular meetings of the Cabinet and Think Tank, members are encouraged to share information on infant mortality and FLOURISH with their own professional and personal contacts. To date, members have reported personally sharing information with more than 340 individuals and organizations.

To further raise awareness of infant mortality and the work of FLOURISH, Generate Health staff have met one-on-one with key stakeholders in the community, including other funders (like the Saint Louis Community Foundation), elected officials at the state and local levels (including former State Representative Jeanne Kirkton and former Alderwoman, now Mayor of the City of St. Louis, Lyda Kewson), and health care systems/organizations unable to attend the health leader convening (including management staff at St. Luke’s Hospital). Meetings with Mercy Neighborhood Ministries, which supports the community planning efforts of the Mercyhealth system, helped lead to their decision to include a focus on birth outcomes in their system-wide Health Equity Pledge.

Finally, the Five Priority Action Teams, whose memberships currently total 107 active participants (with an average of 21 participants per team), are meeting on a monthly basis to deepen their knowledge of infant mortality, social determinants, the need for racial equity, and best practices/successful models for services, systems, and policy, in developing their Plans for Community Action.

As a vital part of all their public education and community communications, FLOURISH has expanded the conversation on infant mortality to include racial disparities, the need for community voice, social determinants, and systems thinking.

Best practices in effectively raising awareness and educating the public about racial inequalities in the health of women, babies, and families include presenting disaggregated statistics (by racial groups) on problems like low rates of prenatal care, low birth weight, and infant death. Since its communication activities began, FLOURISH has not only presented the data that confirms the inequities, but has also worked to develop a shared understanding of what racial equity means in the context of the initiative. Developing shared understanding includes detailed presentations and ongoing discussions on racial equity with the Cabinet and Think Tank, and a focused presentation to the 80 attendees at the orientation for Action Teams. Action Team members are currently working to imbue a racial equity lens in all their work.
Action Teams are currently meeting to address **Five Priority Areas** that were determined by a review of statistical data, the authentic participation of impacted families through Listening Sessions and Cabinet/Think Tank membership, and an extended Cabinet consensus-building/decision-making process. These community-identified Priority Areas are:

- Prenatal Health
- Infant Care
- Health Communication and Navigation
- Transportation
- Behavioral Health

Action Teams are developing new and targeted efforts to educate the community about special issues related to infant mortality prevention. One of these efforts is a **Safe Sleep Webinar** examining the effectiveness of two current approaches to preventing infant deaths during sleep – the use of commercial Pack ‘n Plays (affordable, easily transported yet study structures) as compared to the use of “Baby Boxes,” which are, as the name may imply, cardboard boxes that are typically stocked with baby supplies while providing a sleep surface that caregivers may also use for infants. The purpose of the webinar was (and continues to be) to both 1) show the relative safety of the sturdier, more hygienic Pack ‘n Plays over the cardboard boxes, and 2) mobilize/align the region around a common focus for collectively addressing risks for infant sleep-related deaths.

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**Generate Health’s Participation in the CityMatCH Equity Institute:**

**Leveraging a National Effort Supporting Racial Equity**

Generate Health and the St. Louis City and County Departments of Health are the co-chairs of a team of community leaders in Cohort Three of CityMatCH, an ongoing effort of the National Organization of Urban Maternal Child Health Leaders. The mission of CityMatCH is to strengthen public health leaders and organizations to promote equity and improve the health of urban women, families, and communities. Specifically, the Equity Institute promotes equity in birth outcomes by assisting cities in identifying the disparity and creating strategies and interventions that focus on reduction. The St. Louis team includes 10 community residents/leaders most impacted by system bias and inequities in birth and other health outcomes. CityMatCH team representatives regularly share their work with FLOURISH Cabinet members (four of whom participate on the Equity Institute team) and others to support the initiative’s commitment to racial equity.
The Backbone as Leader: 
Generate Health’s Foundational Work and Its Support of FLOURISH

For collective impact initiatives to achieve transformational change, leaders must possess strong facilitation, management, and convening skills. They must be able to create a holding space for people to come together and work out their disparate viewpoints, to foster shared meaning and aspirations, to help participants understand the complexity and non-linearity of system-level change, and they must be dedicated to the health of the whole and willing to change their own organizations in service of the group’s agenda.

-- The Collective Impact Forum

As a recognized leader in the St. Louis region in the area of maternal, child and family health, Generate Health has performed the role of an effective backbone organization in collective impact while providing the added value of its subject expertise in public/community health; its extended network of community providers and residents, and by leveraging the support of both the Making Change Happen Leadership Academy and the Generate Health overall membership to support the work of FLOURISH. FLOURISH has leveraged resources and support from other Generate Health initiatives and special projects in the following ways:

1. The work of the Prenatal and Infant Wellness Committee, comprised of service providers and community resident/leaders in St. Louis neighborhoods (specifically, the 27th Ward) where infant mortality is at its highest, has been shared with Think Tank members and other FLOURISH participants to help them understand community perspectives and determine strategies for supporting prenatal and infant health.

2. Cabinet members and other FLOURISH participants have participated in Generate Health’s Social Determinants Tour, a driving tour in the lowest income areas of St. Louis to learn about social impacts on health and how they affect those living in poverty. The tour includes information on neighborhood history and health, housing, education, and the economic and social policies that result in a lack of access to vital services and resources. The tour also includes a discussion of racism/racial disparities and how they create barriers and stress in the everyday lives of the poor.

3. The Fetal Infant Mortality Review (FIMR), another initiative of Generate Health, and the first program of its kind in the State of Missouri. FIMR combines medical data with interviews of families who have experienced the loss of a baby, giving a fuller picture of the health, social, economic and safety issues that may have contributed to infant death. The results and recommendations have been shared with the FLOURISH Think Tank and Cabinet to aid in setting initiative priorities and supporting the work of Action Teams as they plan and implement strategies for change.

4. Other Generate Health efforts that support the work of FLOURISH include education and professional development opportunities available to its membership, Generate Health’s role with CityMatCH (see page 8), and the planned alignment of the Behavioral Health Action Team with the Perinatal Behavioral Health Initiative funded by the St. Louis Mental Health Board (see page 15).
A key principle of collective impact is engagement with the community. Members of the community—those whose lives are most directly and deeply affected by the problem addressed by the initiative—must be meaningfully engaged in the initiative’s governance, planning, implementation, and evaluation.

-- FSG Collective Impact Forum

**Evaluation Finding No. 4: FLOURISH has engaged the public in authentic ways that expand the role for community residents in leadership, decision-making and implementing strategies for lasting change**

As mentioned above, community residents (specifically, those who have participated in Generate Health’s Making Change Happen Leadership Academy) have actively contributed as members of FLOURISH decision-making bodies since the convening of the Leadership Council in 2014. Over the past two years, nine community residents have been active on the Cabinet and/or Think Tank, with one community resident currently serving on the Executive Committee of the FLOURISH Cabinet. Seventeen additional community residents participate on one of the Five Priority Action Teams, with 45 additional community members who attended either the FLOURISH Launch Event and/or the Action Team orientation.

In addition, FLOURISH engaged impacted families through Community Listening sessions to elevate the importance of their experiences and perspectives, and to raise public awareness of the importance of authentic community voice in social change.

Community Listening Sessions began in 2014 and 2015 (with 130 participants), and included six sessions in 2016 that attracted 220 additional community residents, representing 34 different zip codes. These sessions were implemented with 13 partnering organizations with the following purposes:

- Increasing awareness of community needs related to infant mortality in the St. Louis community
- Developing a shared understanding of social determinants and systems’ influences on the health of women, infants, and families
- Gathering feedback on top priorities for reducing infant mortality among those directly impacted by the issue, thereby giving community residents a voice in initiative decision-making
- Fostering the ongoing foundation of community trust, ownership and involvement among families directly impacted by infant mortality

The importance of the lived experiences/qualitative data shared by residents during these sessions has been elevated to a level of importance equal to that of the quantitative data collected to understand the problem of infant mortality in St. Louis neighborhoods, to set priorities for change, and to determine and implement cross-sector strategies that address needs as defined by those who experience them.

In addition, FLOURISH has built a growing cadre of community volunteers who participate in outreach efforts (through diaper drives and other awareness-raising projects) and by writing letters of support (or “Letters of Love”) to new and expectant mothers.

The Letters of Love campaign was launched as a concrete action to involve the public in showing support for pregnant or new mothers, particularly those at risk for high levels of stress or feelings of isolation. Initial partnerships with Affinia Health Care, Queen of Peace, and Nurses for Newborns engaged their help in distributing letters from community members to moms in special need of support. Social media challenges occurred around Valentine’s Day and Mother’s Day of 2016 to build participation along with a feature story on KSDK Channel Five.

As another example of growing public engagement and support, the Junior League of St. Louis adopted the prevention of infant mortality as one of their community impact priorities for the next five years. Their involvement with FLOURISH began with presentations from Generate Health staff to help its members understand the extent of the infant mortality problem in the St. Louis community along with the role of social determinants and racial inequities. As part of their ongoing support of FLOURISH, members of the Junior League have:

- Held community-wide resource drives that have yielded more than 100 baskets filled with diapers, wipes, creams for rash, bottles, clothes, and other baby necessities for families in need.
- Participated in community engagement by writing Letters of Love to more than 270 new mothers in the St. Louis community
- Attended FLOURISH Launch and Action Team Orientation events along with participating on FLOURISH Action Teams

Overall, the Junior League of St. Louis is proactively supporting FLOURISH through its organizational agenda, a significant indicator of community ownership of infant mortality reduction, by engaging their extended network of professional and philanthropic women who provide a complementary level of community leadership and civic support on behalf of women, babies and families in need.
Road Map Components Four and Five:
Policies are changed to support the increase in babies born healthy
Systems are changed to advance opportunities for families to support
their health and that of their babies

Developing a common vision and agenda
is one of the most time-consuming and challenging of all the tasks
a community collaborative undertakes. It is also one of the most vital.
-- Bridgespan Report, p. 5

Evaluation Finding No. 5: FLOURISH has built the foundation needed to make changes in
policies and systems that most impact the lives of mothers, babies and families most at risk of
experiencing infant mortality.

The FLOURISH foundation for effective collective impact leading to social change includes the following:

- A shared understanding of the causes and risk factors for infant mortality as developed by
  FLOURISH community education and engagement efforts
- Shared agreement on the overall course of action needed to impact the problem as
demonstrated by the FLOURISH Roadmap to Success, developed by the Leadership Council and
  adopted by the Cabinet
- Shared agreement on top priorities for change, with the full participation of community
  residents as well as key leaders in public health, social services, hospital and behavioral health
  systems, and other sectors of St. Louis
- Sustained cross-sector collaboration and commitment among dozens of St. Louisans,
  beginning with the Leadership Council, the Cabinet, and the Think Tank, and continuing through
  the work of the Five Priority Action Teams.

The power of collective action comes not from the sheer number of participants or the uniformity of
their efforts, but from the coordination of their differentiated activities through a mutually reinforcing
plan of action. Each stakeholder’s efforts must fit into an overarching plan if their combined efforts are
to succeed. The multiple causes of social problems, and the components of their solutions, are
interdependent. They cannot be addressed by uncoordinated actions among isolated organizations.

https://ssir.org/articles/entry/collective_impact
The Five Action Teams are now building upon the foundation developed by the FLOURISH leadership groups, with the participation of 107 active members (an average of 21 people per team) collaborating to develop goals, strategies, and activities to align and improve services across systems, to address challenges related to access and lack of coordination, and to support policy change at organization, systems, county and state government levels.

Priority Action Teams continue the cross-sector collaboration and consistent engagement of FLOURISH leadership groups by including members from the public health, health systems, social services, health services, behavioral health, academic, business/corporate and other nonprofit sectors. In addition, Action Teams include significant numbers of community residents and other community volunteers (see Appendix One for a sector analysis).

As the list of collaborating partners suggests, Action Teams engage individuals at the forefront of St. Louis systems and organizations with the expertise, skills and commitment needed for lasting social change in addressing the problem of infant mortality.

### Collaborating Partners in the Work of FLOURISH Action Teams

- BJC Raising St. Louis
- Centene
- Community Birth and Wellness Center
- Great Circle
- Home State Health
- Legal Services of Eastern Missouri
- Lutheran Family and Children’s Services
- March of Dimes
- Making Change Happen Leadership Academy
- Metro Transit (Bi-State Development Agency)
- Missouri Care
- Missouri Department of Health and Senior Services (Title V)
- MO Healthnet
- MTM Inc.
- Nurses for Newborns
- Perinatal Behavioral Health Service
- Project LAUNCH
- Queen of Peace
- Parents As Teachers
- Regional Health Commission [St. Louis]
- SIDS Resources
- St. Louis City Department of Health
- St. Louis County Department of Health
- St. Louis Breastfeeding Coalition
- St. Louis Integrated Health Network
- St. Louis Public Schools
- St. Louis University Department of Pediatrics
- Signature Medical Group
- SSM Health
- SSM Cardinal Glennon
- Washington University
- Women’s Voices Raised for Social Justice
- University of Missouri – St. Louis
- University of Missouri – St. Louis School of Nursing
- Washington University Evaluation Institute
As of May, 2017, Action Teams have identified several areas of mutually reinforcing approaches (across Priority Areas) along with individualized strategies for services, systems and policy change. Examples of mutually occurring themes include the following:

- The potential of an integrated, well-aligned system of Home Visitation (or in-home) services to assist mothers/families with unmet needs for Health Communication and Navigation, Behavioral Health, Infant Health, and Prenatal Care.

- The expansion and support of a Community Health Worker service system to provide peer support and culturally appropriate outreach to meet unmet needs in the areas listed above for Home Visitation.

- The strengthening of Transportation support for Medicaid/low-income mothers, children and families to help them more effectively access existing Prenatal Care, Behavioral Health, Infant Health, and overall health care and social services.

- Another cross-cutting theme is the embedding of a Racial Equity lens in all the strategies and activities of each Action Team.

Examples of current approaches in support of systems and policy change include the following:

- The Transportation Action Team is partnering with managed care companies to better align community needs (as expressed through FLOURISH Community Listening Sessions and resident surveys) with the current system for Medicaid patients provided by MTM, Inc. and other transportation service providers. Thus far, the Action team has initiated key conversations with Bi-State and MTM, drafted a Statement of Rider’s Rights, and is pursuing the possibility of publishing an Issue Brief to raise community awareness of system challenges and needs for improvement in transportation infrastructure and services for low-income families.

  The Action Team’s priorities include:
  1) Improving medical transportation to benefit Medicaid recipients and providers;
  2) Aligning and informing the region’s public transportation agenda, and
  3) Identifying state policy implications and advocating for the importance of Medicaid transportation at the regional and state levels.

- The Infant Health Action Team has developed the following priorities:
  1) Coordinating and aligning the region’s resources to support portable cribs as a safe and affordable approach to preventing sleep-related deaths

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4 Once again, these efforts are in alignment with Generate Health’s participation in CityMatCH to address racial disparities in birth and other family health outcomes.
2) Encouraging/coordinating the completion of Safe Sleep certification programs among the region’s hospitals

3) Supporting the coordination and alignment of the region’s home visitation program to address unmet family needs related to Safe Sleep and Infant Health

Thus far, the Action Team has conducted research on the pro’s and cons of “Baby Boxes” (a growing public health approach to providing cardboard boxes where infants can sleep) versus lightweight, easily movable Pack ‘n Play structures can be used safely as cribs. As described previously under progress in community education, the Action Team helped develop a webinar in support of the region’s current policies and practices of providing portable cribs to families instead of the baby boxes which have been featured in the media. The team has also supported the publication of Op-Ed pieces about Safe Sleep in the Post-Dispatch and St. Louis American, and the educational webinar as mentioned in an earlier section of this report.

The BUILD Health Challenge

As another example of how the backbone organization leverages its resources and community network to support FLOURISH and its Action Team priorities, Generate Health submitted an initial application for the BUILD Health Challenge, a national funding competition that stems from a partnership of multiple U.S. foundations, including The Kresge Foundation, the Robert Wood Johnson Foundation, and the W.K. Kellogg Foundation. To meet the BUILD Health Challenge’s mission of supporting “Bold, Upstream, Integrated, Local and Data-driven approaches to community health,” particularly those that benefit low-income neighborhoods, Generate Health has proposed convening a partnership in support of the Transportation Action Team to improve the level of access, dependability and safety/quality needed by mothers and families from Medicaid-related health transportation and other public transportation companies.

The initial application submitted by Generate Health, in partnership with the St. Louis City Department of Public Health, Project LAUNCH/Vision for Children at Risk, three hospital systems (St. Louis Children’s Hospital, Mercy Health Systems, and SSM – St. Mary’s and Cardinal Glennon), three managed care companies, Centene, St. Louis University, Washington University, St. Louis Integrated Health Network, and Regional Health Commission, was one of 30 applications (out of 125 submitted) from across the country to be selected for full proposal submission.

In an indicator of the growing awareness in the St. Louis community of the need for cross-sector, systems-level collaboration and collective action, not only did the three hospital systems agree to work together with other organizations for a joint purpose but also to provide matching in-kind and funds totaling $250,000. The managed care companies also committed to working together for this purpose, representing another key indicator of how the region may be changing to overcome barriers to true collaboration and social change.
**Road Map Component Six:**
Service delivery is effective, comprehensive and easily accessible

**Evaluation Finding No. 6: The FLOURISH Five Priority Action Teams are examining successful models and current services/programs to develop strategies for better alignment and systemic improvement**

As mentioned above, FLOURISH Action Teams are making plans for examining service delivery models that provide culturally appropriate and cost-effective benefits to families across the Five Priority Areas. These service models include current **Home Visitation, Centering Pregnancy** and **Community Health Worker** programs in the St. Louis region along with best practices and lessons learned in other communities.

The Transportation Action Team is working to improve the medical transportation system to better enable families in need to access the health, behavioral health and social services they need to attain and sustain well-being.

**Generate Health’s Perinatal Behavioral Health Initiative**

Funded by the St. Louis Mental Health Board, the goal of the Perinatal Behavioral Health Initiative (PBHI) is to improve services for pregnant and new mothers with perinatal mood and anxiety disorders in the City of St. Louis. Generate Health coordinates a consortium of approximately 15 partnering behavioral health service providers to better coordinate behavioral health screening, case management, treatment, and support services for perinatal moms and their families. The multi-year initiative includes training and collaboration for motivational interviewing skills, trauma-informed care and quality improvement, the development of an ongoing referral and shared data system, and addressing gaps in services most needed by mothers/families impacted by behavioral health concerns during pregnancy and infancy. Currently, the Behavioral Health Action Team of FLOURISH and the partners in the PBHI are exploring ways to cross-pollinate, coordinate, and integrate their efforts for maximum impact.

The **Health Communication and Navigation Action Team** is working to increase the availability, use and efficacy of services provided by Community Health Workers and Navigators by developing centralized resources and integrated referral/linkage protocols for families in need.

The **Prenatal Care Action Team** is exploring the prevalence and efficacy of Centering Pregnancy services and other group service delivery models for expectant mothers and fathers along with the expansion of health insurance coverage to ensure families in need can access the services they need. With other
Action Teams, the Prenatal Care group is also exploring the availability, alignment, and efficacy of Home Visitation, Community Health Worker and Transportation services to support families’ participation in Prenatal Care.

Additional efforts to align, improve and expand the reach of services occur through the growing level of collaboration between the FLOURISH infrastructure and the Infant Mortality Reduction Grantees of the Missouri Foundation for Health (MFH). Nearly all grantee organizations to date have participated in and supported FLOURISH activities and decision making (in addition to their participation in the convenings sponsored by MFH), as partner organizations in Community Listening Sessions and similar events, as members of the FLOURISH leadership groups, and/or as new members and facilitators of FLOURISH Action Teams. Examples of alignment include the Centering Pregnancy collaborative funded by the Missouri Foundation for Health (MFH) in 2016, which, as noted above, represents a model and approach supported by the Prenatal Care Action Team, with priorities to further advance its use and effectiveness in the future. MFH will fund additional collaborative projects with new and continuing partners in 2017 to accomplish short-term outcomes aligned with at least one of the FLOURISH Priority Areas, presenting new possibilities for service (and system and policy) alignments and collaborations.

These are just a few of the examples of the different ways the FLOURISH initiative, through the work of its Priority Action Teams and with the participation of Missouri Foundation for Health infant mortality grantees, is addressing the need for effective, comprehensive, and easily accessible services.

**Road Map Component Seven:**

**Physical and built environments support healthy families**

In order to help the community understand the “upstream issues” and broader context related to the physical and built environment, **FLOURISH has increased understanding of the impact of social determinants on family health/mother and infant outcomes** through its community education and outreach activities. Addressing these social determinants is part of the ongoing work of the Five Priority Action Teams.

As mentioned previously, members of the FLOURISH Cabinet have participated in Generate Health’s Social Determinants Tour which allowed community leaders to see and experience the vast differences between the physical and built environment of St. Louis’ impoverished neighborhoods as compared to the more affluent areas of the City and County in which many of them live and work.

**Evaluation Finding No. 7: FLOURISH is addressing aspects of the built environment through the Transportation Action Team (and other Action Team priorities)**

As previously stated, the Transportation Priority Action team is planning and implementing strategies to help insure that moms, babies and families in need are able to access safe and reliable transportation that enables them to receive the health-related services and other forms of support needed for healthy
birth outcomes. This includes safe and reliable transportation for Medicaid recipients for prenatal care to boost the number of kept appointments and address high rates of babies born too small and too soon in high risk areas of the City and County.

Other Action Teams (including the Behavioral Health Action Team) are also taking into account families’ basic needs for safe and healthy food, housing, and neighborhoods as they plan strategies to better align services while changing systems and policies. As the Behavioral Health Action Team moves forward, it may choose to follow the lead of the Perinatal Behavioral Health Initiative, which includes case management and the provision of support services related to food and housing (and other basic needs) in their support of mothers, babies and families.

In regards to safe and healthy housing, FLOURISH Action Teams may consider leveraging the prior work of Generate Health around healthy and sustainable homes, which involved convening providers to address home/neighborhood health and safety issues that place children and low-income families at risk for infant mortality and other concerns. Now a project of the University of Missouri – St. Louis, the Healthy and Sustainable Homes committee is one possible partner for addressing the built environment in the future.

Overall, any efforts to address disparities and barriers present for pregnant moms, their babies, and families in the built environment are best addressed at the policy level, which is an ongoing focus of the FLOURISH initiative with the support of Generate Health.

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**FLOURISH BY THE NUMBERS:**

- Total number of community members who have participated in FLOURISH Leadership Groups: **55**
- Number of community members who attended the FLOURISH Launch Event and/or the Action Team Orientation: **200**
- Number of community members and neighborhood residents currently active on Action Teams: **107**
- Number of community residents who participated in Community Listening Sessions: **350**
- Number of people reached through special presentations and one-on-one meetings: **255**
- Number of FLOURISH newsletter subscribers: **719**
- Average number of unique FLOURISH website visitors per month: **340**
- Total number of FLOURISH followers on social media (Facebook and Twitter): **719**
- Number of community-written Letters of Love for new mothers or other moms in need of support: **1,119**
As a report of the Annie E. Casey Foundation notes, collective impact initiatives in the U.S. “hold great promise for improving the lives of children and families, as well as communities. They hold the ability to mobilize local leaders, use data, set goals, address disparities, encourage continuous improvement and build more effective public and nonprofit systems.” The problem of infant mortality in St. Louis (not just in the City but in areas of the County as well) is one that has been around, has negatively marked our community in terms of public health and overall quality of life, for decades. While the infant mortality rates of other states and developing countries continue to improve, this problem persists in a community otherwise known for the exemplary quality of its hospitals and health care systems.

Why hasn’t infant mortality been more effectively addressed in the past, in spite of the millions and billions of dollars invested in community health over the last 50 years? The answers to this question are complex and multi-faceted, and represent long-standing divisions in the community that negatively impact the quality of life for us all.

Collective impact represents a paradigm shift in how the public, nonprofit and business/corporate sectors traditionally function when trying to address social problems. It represents significant change in how individuals and individual organizations do business in our community – from a focus on more individualized and separate programs and policies that focus on the good of separate sectors or actors, to one that requires a depth of coordination and cooperation that is not typically seen in St. Louis (and other communities like it).

The report on collective impact from the Annie E. Casey goes on to note that:

> In many respects, however, these new forms of collaboration for results are deeply countercultural. They run up against our institutional fragmentation, go-it-alone entrepreneurs, the allure of silver bullets and a persistent focus on the short term. Overcoming these obstacles makes the job of collective impact incredibly challenging.

Thus, the work of collective impact is not something that occurs according to pre-ordained timelines or easily developed plans of action, but must unfold and evolve as partners in the community, some more quickly than others, become more aware of the full story, including the social determinants and the racial and economic inequities that reinforce harmful institutional, system and policy perspectives related to infant mortality. At some point, individuals and organizations must acknowledge their own roles in supporting systems and policies that may have detrimental impacts on poor families. Only after this kind of awareness has been established are individuals and organizations ready to move beyond

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6 See Note 5.
traditional ways of thinking and doing business to consider becoming part of real community change on behalf of disadvantaged families.

This evaluation, which included an examination of both quantitative and qualitative data collected for FLOURISH, along with the Developmental Evaluator’s direct observations of FLOURISH processes, has identified evidence that FLOURISH has developed the necessary foundation for collaboration and leadership, the infrastructure needed for long-term and sustainable community action and systems change. Indicators of success include the following:

- FLOURISH has established and maintained **cross-sector collaboration** involving more than 65 total organizations from the public health, health systems, social services, community partnership and corporate/business sectors (among others). Multi-sector began with the establishment of the Leadership Council in February 2014 and continues to the present, in the work of the Cabinet, Think Tank, and Action Teams. As one prime example of ground-breaking cross-sector collaboration, the managed care companies are at the table with public health and social service providers, community residents representing impacted families, and other concerned members of the community to address issues of Transportation as they contribute to poor health outcomes and early death for infants.

- FLOURISH has maintained **ongoing commitments and participation** from community leaders and residents since its inception in 2014. With only one break of several months between the meetings of the Leadership Council and the first convening of the Cabinet, FLOURISH has maintained consistent (mostly monthly) meeting schedules with positive attendance levels for more than three years, providing evidence that the initiative has developed long-term commitments to its work without losing participants, but expanding their numbers over time instead.

- FLOURISH has **educated the St. Louis community** about risk factors, needs, and services related to the prevention of infant mortality. Many of the groups and organizations reached initially were not even aware of the extent of infant mortality in St. Louis; now, more and more organizations are joining the initiative through the work of Action Teams, and more organizations/systems are including the prevention of infant mortality among their own priorities.

- FLOURISH has **expanded the region’s conversation** on infant mortality to include racial disparities, social determinants, systems thinking, and the need for community voice. The evidence for this expansion is documented, in part, by the numerous PowerPoint presentations, printed materials, social media postings, and videos made available by FLOURISH that not only includes disaggregated data to show disparities but also explanations and examples of how social determinants and “upstream” factors come into play. Understanding of and engagement around these issues is crucial in order for real change to occur.

- FLOURISH has **elevated the role of community residents** in decision-making for community
change. In some communities, programs that work to improve leadership skills among residents of low-income neighborhoods result in a level of improved individual capacity, but without appropriate opportunities for residents to use their improved capacities in authentic ways that go beyond token representation; most organizations/community efforts tend to continue to reserve true leadership positions and decision making power for the professionals. The Making Change Happen Leadership Academy prepares community leaders from low-income neighborhoods of St. Louis; FLOURISH gives them a real opportunity to lead and participate.

- FLOURISH reaches/engages a growing number of individuals, organizations and systems through print, broadcast and social media, and provides ongoing opportunities for public engagement on behalf of our region’s families. One of the best examples of not only public engagement, but also civic leadership and ownership, is the five-year commitment from the Junior League of St. Louis, an organization not originally targeted for participation. The Junior League learned of FLOURISH through initiative engagement efforts, then elected to adopt the support of FLOURISH/addressing infant mortality as one of their key community priorities.

In terms of coordinated action to address and align services, programs, systems and policies in support of babies born healthy and reaching their first birthdays and beyond, the FLOURISH Action Teams are reaching shared understandings of the strategies and activities necessary for measurable improvement in public health indicators related to infant mortality. A number of priorities, including those that cut across the five priority areas, have been identified, and coordinated cross-sector action has begun. This is especially true for the Transportation Action Team, which has had the benefit of meeting over a longer period of time than the other Action Teams.

The continuing participation of the more than 150 individuals and 65 organizations/systems currently engaged in FLOURISH plus those who will join in the future, along with the leadership and facilitation provided by Generate Health, will ultimately drive needed changes in St. Louis organizations, systems, and policies. FLOURISH is not an isolated organization or initiative, but an effort whose ownership is, and whose success will be, shared meaningfully across the community.
Appendix One:
Sector Analysis of FLOURISH Action Team Active Membership

![Sector Analysis of Action Team Members](image)

- Community Volunteers: 32
- Health Systems: 15
- Public Health: 11
- Health Services: 10
- Other Nonprofit: 9
- Academic: 8
- Behavioral Health: 4
- Business/Corporate: 3
- Other: 2

No. of People