



## **FLOURISH St. Louis: Review of Initiative Progress in 2017**

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**FLOURISH St. Louis** is a Collective Impact Initiative established in 2013 to develop a comprehensive approach to the seemingly intractable problem of infant mortality in St. Louis City and nearby areas of the County. With funding from the **Missouri Foundation for Health (MFH)** and support and facilitation by **Generate Health** as its backbone organization, FLOURISH works to support the health and well-being of babies and families through sustainable, systemic change that addresses the gap in key indicators between Black and White infants.

In 2017, FLOURISH was in its fourth year of operation. The purpose of this report is to provide an update on initiative progress while also posing possible questions for consideration as the initiative nears the five-year mark and prepares to transition to greater community ownership in its final half of MFH's 10-year commitment to funding.

As the report will describe, 2017 was notable for the following accomplishments:

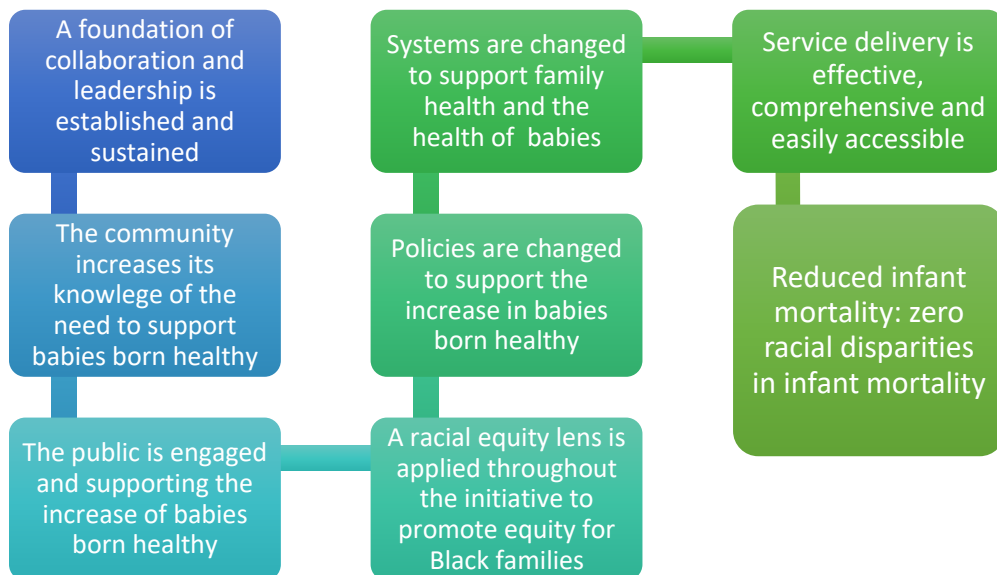
- A vast expansion of collective effort that more than doubled the number of community members and multi-sector representatives engaged in efforts to reduce infant mortality and racial bias;
- The expansion of the FLOURISH impact structure to include six Action Teams in addition to the Cabinet and Think Tank. These Action Teams are: Infant Health, Prenatal Care, Transportation, Health Communications and Navigation, Behavioral Health, and FLOURISH MORE (an outgrowth of community resident leadership and racial equity activities of CityMatch).
- The ongoing engagement and systematic efforts among Action Teams to develop detailed plans incorporating Results-based Accountability, an understanding of the social determinants of health, a racial equity lens, and systems-level thinking.
- New high impact partnerships, including collaborations with managed care companies serving Medicaid recipients, area hospital systems, and key nonprofits providing safe sleep assistance to families.
- Early wins that benefitted the St. Louis community and beyond, including an educational webinar for providers, support of community networks that provide direct benefits to families, direct advocacy for Medicaid clients related to transportation, and action to benefit public housing residents (among others).

## The FLOURISH Road Map

Throughout 2017 (and as described, in part, by the FLOURISH Developmental Evaluation Report completed in July of that year), FLOURISH continued to make progress toward the Road Map developed by the initiative's Leadership Council and adopted by the Cabinet. (Please note that the version of the map shown below has been adapted by the evaluator to show the incorporation of racial equity across the initiative's work, a commitment that was formalized in 2017.)

As noted in the previous Developmental Evaluation report, FLOURISH was successful by mid-2017 in building the infrastructure needed for effective collective impact initiatives. This success included building community awareness of the issue of infant mortality and the racial disparities present in health outcomes for babies and families; recruiting participants from multiple sectors (including community residents with lived experience related to infant mortality); and sustaining the engagement of multi-sector participants in creating the initiative shared agenda (Road Map), setting priorities for action, and building effective leadership/governance structures.

If the success of FLOURISH prior to mid- 2017 is defined by the building of community awareness and infrastructure, then the calendar year of 2017 (ending in December) may be noted for the progress made by Action Teams in identifying their own priorities and developing detailed plans for direct action. Action Team plans address the Road Map by outlining the steps and interim progress indicators needed for the following: 1) **Systems are changed** to support family health and the health of babies; 2) **Policies are changed** to support the increase in babies born healthy, and 3) **Service delivery** is effective, comprehensive and easily accessible. In addition, the Action Teams have been applying a **racial equity lens** to address inequities in systems, policies and services. An updated FLOURISH roadmap that includes racial equity is presented below. Another component that could be added is the importance of social determinants in both promoting health and eliminating disparities, setting the stage for initiative priorities related to transportation, housing, trauma reduction, and other factors.



## Continued Growth: Public Awareness and Engagement

As described in the July 2017 report, FLOURISH St. Louis, in partnership with its communications firm, Standing Partnership, has increased community awareness and public engagement in the issue of infant mortality through special events, social media, and the news media. The table below shows the **steady increases in the number of people who signed up for e-newsletters and in social media followers** from June through December.

	June	August	October	December
No. of e-newsletter subscribers	342	361	382	396
No. of followers on social media	727	750	790	830

News media coverage (of FLOURISH activities and the crisis at Clinton-Peabody public housing development to which FLOURISH drew attention) included features and editorials in the *St. Louis American*, KSDK Channel 5, Fox News Channel 2, and radio station KWMU.

Besides social media and website enhancements, **FLOURISH held or co-sponsored a number of events that increased public awareness of FLOURISH as a community-wide initiative, of racial disparities in infant mortality and related health outcomes, and of serious community needs (and crises) related to infant and family health.** One of these events was the FLOURISH Summit, targeted to policymakers and held in November.

**The FLOURISH Summit**, held in a public cinema built by Beyond Housing as part of its 24:1 initiative, provided an update on FLOURISH’s work to the St. Louis community. **The event was attended by approximately 70 people from multiple sectors of the community**, including local and state policymakers, public health officials, representatives from health insurance/managed care companies, and health system administrators.

The half-day event included the following:

- A video presentation on the work of FLOURISH and its commitment to both preventing infant mortality and eliminating racial disparities in services and outcomes
- Updates from selected Action Teams (Infant Health, Transportation and Behavioral Health) during break-out sessions that featured opportunities for increased support from those attending
- The initiation of a public petition to address the health crisis at the Clinton-Peabody public housing development (see the section below for more information on the Clinton-Peabody project).

**One of the outcomes of the Summit was a challenge grant of \$5,000** (issued, personally, by one of the health system officials in attendance) to raise money to support the efforts of the Infant Health Action Team (and its organizational partners) **to increase the number of portable cribs available to low-income families in St. Louis** (a targeted activity of the Infant Health Action Team).

The Summit also helped raise awareness and educate the public on a broader scale through media coverage. The event was featured in a story in the *St. Louis American* entitled “Working together for healthy babies,”<sup>1</sup>

### Selected FLOURISH Summit Attendees

#### Policymakers

Pam Boyd, St. Louis Board of Aldermen  
Sarah Unsicker, Missouri State Representative  
Joe Adams, Missouri State Representative  
Jeanne Kirkton, Former State Representative  
Tracy McCreery, Missouri State Representative  
Tonia Oglesby, Representing State Representative  
Jill Schupp, Missouri State Senator

#### Public Health Officials

Melba Moore and Steve Estopare, City of St. Louis  
Department of Health  
Jennifer Krett, St. Louis County Health Department

#### Health Systems

Ascension  
SSM Health  
Mercy

#### Health Insurance/Managed Care Companies

United HealthCare  
Missouri Care/Wellcare

#### Transportation Sector

MTM, Inc.  
Bi-State Development Research Institute

which also included information on the Clinton-Peabody housing crisis and information on Safe Sleep practices and their role in preventing infant death.

Another important public engagement effort included stimulating **community awareness and media coverage of the rodent infestation problems at the Clinton-Peabody housing development**. This project was adopted by the Cabinet and FLOURISH Action Teams through the leadership of Sam Blue, a community organizer/advocate on the FLOURISH Cabinet and Transportation Action Team, and tenant leader at Clinton-Peabody. In collaboration with Mr. Blue and other Clinton-Peabody residents, FLOURISH has not only increased public awareness of this family health crisis, but has also advocated for change with the City Health Department and St. Louis Housing Authority while collecting monetary and in-kind donations to help meet immediate family needs in protecting themselves from the health issues caused by mice.

Other actions that are part of this project are listed below.

- The ongoing problem at Clinton-Peabody and efforts at reform were covered by KSDK Channel 5 and Fox News Channel 2 (which included an interview with Dr. Donna Halloran, a FLOURISH Cabinet member and physician, who spoke about the health risks rodents posed to children). Dr. Halloran also authored a memo about the health risks of mice that was sent to the St. Louis City Mayor and City Health Department Commissioner.
- FLOURISH partnered with Legal Services of Eastern Missouri and St. Louis Arch City Defenders to host a "Know Your Rights" meeting in October to help ensure Clinton-Peabody residents were aware of their legal rights as tenants. Attorneys were onsite and available to work with individual residents needing support. Thirty-one residents completed applications for legal support.

<sup>1</sup> [http://www.stlamerican.com/your\\_health\\_matters/health\\_news/working-together-for-healthy-babies/article\\_8178d5d0-ca6a-11e7-95a6-dffc8ab208f7.html](http://www.stlamerican.com/your_health_matters/health_news/working-together-for-healthy-babies/article_8178d5d0-ca6a-11e7-95a6-dffc8ab208f7.html)

- FLOURISH hosted a meeting with Dr. Danielle Lee, an animal behaviorist at Southern Illinois University-Edwardsville, to further understand the health issues presented by rodent infestation. Using this information, Kendra Copanas (Generate Health) and Melba Moore (St. Louis City Public Health Department) wrote an Op-ed piece that was published in the *St. Louis American* (in October) to bring more attention to the issue.
- Cash and in-kind donations (including rodent-proof food containers and cleaning supplies, all with a total value of approximately \$1,000) given directly to the Tenants Board Association for distribution to families.
- Following FLOURISH/Generate Health meetings with its leaders, the St. Louis City Health Department conducted a 31-building inspection blitz to issue citations and execute violations that were not addressed by the St. Louis Housing Authority.
- As of the end of December 2017, more than 300 people had signed the petition asking for meaningful efforts to eliminate the mice in families' homes.
- FLOURISH (through Standing Partnership) also established a relationship with *St. Louis Post Dispatch* columnist Tony Messenger who is planning to write a column about the mice infestation in 2018.

**The work of FLOURISH/Generate Health to empower residents and act as strong advocates and organizers continues into 2018.** The ongoing work includes collaborative efforts with the STL Promise Zone to assure residents' short-term needs for healthy housing are addressed along with longer-term planning to address the complex housing needs of St. Louis families.

### **New in 2017: Expansion and Changes in the FLOURISH Structure**

As previously mentioned, in 2017, FLOURISH grew significantly with the addition of six Action Teams and the incorporation of goals and resources from other projects to avoid duplication and strengthen overall efforts. The following changes were made to the overall structure of the initiative:

- **Five Action Teams** were launched according to the priority areas identified by the Cabinet. Each Action Team met at least four times to plan overall goals, strategies, activities, and performance indicators.
- **FLOURISH MORE** (Motivated Outreach for the Restoration of Equity) represents FLOURISH with CityMatCH, a national effort to promote equity in birth outcomes. With 10 community resident-leaders and the City and County Departments of Health, MORE's membership identified **housing** as its primary focus. It extends the community representation/leadership in the initiative to address racial equity in healthy living environments for women, babies, and families, and was added as a sixth Action Team.
- In the second half of 2017, the **BUILD Health Challenge** partners, with funding from a team of national foundations, were convened to help advance the work of the Transportation Action Team. BUILD

partners include the St. Louis Department of Public Health, St. Louis Children’s Hospital, Mercy Health Systems, SSM Health, managed care companies, and others.

- Toward the end of 2017, the Behavioral Health Action Team was integrated, in part, into the Perinatal Behavioral Health Initiative. Team members formed a **Sustainability and Capacity Building Workgroup** to address priorities for reaching even more women/families in need of perinatal support.

### **Continuing Success: Multi-Sector Representation**

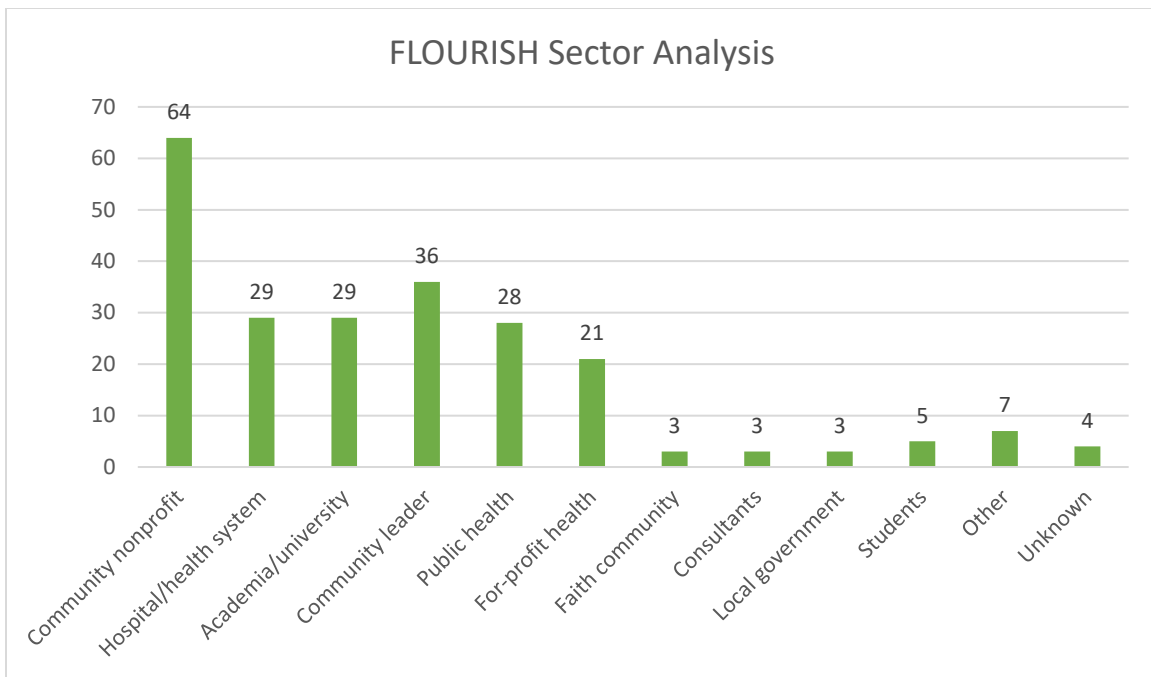
**FLOURISH Sector Analysis:** FLOURISH continued to engage individuals from multiple sectors across membership in the Cabinet, Think Tank and Action Teams. The table below shows sectors with three or more representatives in one of these FLOURISH groups. The “other” category includes a representative from the public school system, a representative from the transportation sector, someone representing the BUILD Health Challenge, and public policy interns. In addition to human service providers, “community nonprofits” includes three nonprofit health service providers and one behavioral health service provider that are not a part of larger health systems/hospitals. Representatives from universities (academia) are listed as their own sector because personnel may be contributing to FLOURISH either as researchers or educators or both.

As compared to the sector analysis of initiative leadership presented in the July 2017 Developmental Evaluation report, sector representation throughout 2017 shifted as a result of the additional participants resulting from Action Team membership. For example, **the representation of community nonprofits (nonprofit service providers) shifted from approximately 16% to 30%, while the proportion of academics/researchers shifted from 24% before the Action Teams were initiated to 12% in 2017.** The representation of community residents/community leaders showed a moderate increase (from 12% to 15%). **A modest shift occurred in the proportion of representatives from the for-profit health (business) sector,** which increased from 7% before the Action Teams were initiated to 9% by the end of 2017.

Overall, the shifts in sector representation appears to be mostly appropriate, given the transition to a larger membership engaged in direct activities as Action Teams address the initiative priorities. One possible sector for possible expansion is the proportion of participants that possess lived experience with inequitable access to services and racism who represent communities most in need<sup>2</sup>.

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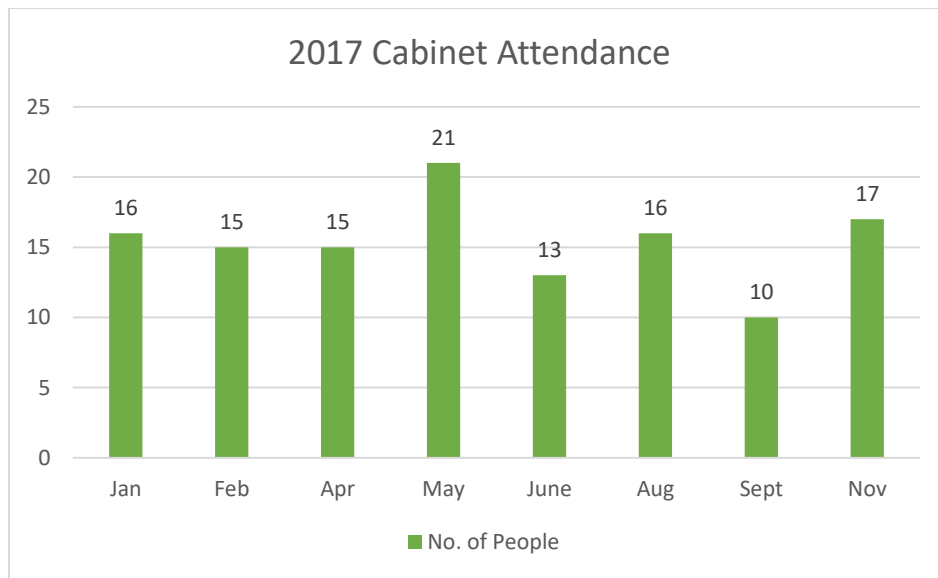
<sup>2</sup> This possibility was mentioned by a Cabinet member on a year-end evaluation survey.



### FLOURISH Meeting Participation: Ups and Downs

As noted in the Developmental Evaluation report completed in July of 2017, FLOURISH has been successful in establishing and sustaining cross-sector participation in the initiative since the inception of the Leadership Council in 2013. **During 2017, 157 individuals attended one or more meetings of the Cabinet, Think Tank, and/or Action Teams.** FLOURISH continued to sustain participation through the meetings of the various groups that are currently planning and carrying out the work of the initiative (along with a number of special events, including the Policy Summit in November), although some instability in meeting attendance is noted below.

Cabinet member participation in 2017 tended to be mostly steady, with an average of 15-16 people at each meeting. Although a group of this size is mostly capable of tending to the new role of the Cabinet in making key governance and policy-related decisions, the overall average attendance rate is 45%, or less than half the Cabinet membership at each meeting. Attendance was one of the issues mentioned by respondents to a year-end Cabinet Member evaluation survey. (Please see the section beginning on page 14 for more information.)



The next table shows additional data on FLOURISH participation, including the number of meetings and average attendance per group. **The groups that met most consistently were the Infant Health (8 meetings), Prenatal Care (9 meetings) and FLOURISH MORE (9 meetings) Action Teams**, followed by the Cabinet (7 meetings) and the Transportation Action Team (7 meetings).

FLOURISH Group	No. on Membership Roster	No. that Attended 2 or More Meetings	No. that Attended 50% or More of the Meetings	Average Attendance per Meeting
Cabinet: 7 meetings held	33	24 (73% of the total roster)	20 (61% of the total roster)	15 (45% of the total roster)
Think Tank: 5 meetings	13	10 (77%)	8 (62%)	7 (54%)
Infant Health Action Team: 8 meetings	28	17 (61%)	13 (46%)	10 (36%)
Prenatal Care Action Team: 9 meetings	45	18 (40%)	26 (58%)	10 (22%)
Transportation Action Team: 7 meetings	27	15 (56%)	7 (26%)	10 (37%)
Health Communications & Navigation Action Team: 6 meetings	29* (adjusted)	18 (62% of the adjusted roster*)	17 (59%)	12 (41%)
Behavioral Health Action Team: 4 meetings	29** (adjusted)	18 (62% of the adjusted roster**)	17 (59%)	11 (38%)
FLOURISH MORE: 9 meetings	21	20 (95%)	13 (62%)	12 (57%)

\*58 people were on the Action Team roster but half of them never attended a meeting. Thus, this number has been revised to the number of people who showed up for at least one meeting.

\*\*45 people were on the Action Team roster but 16 never attended a meeting. The adjusted number is based on those who showed up for at least one meeting.



As the data on the previous page summarizes, the various groups of the initiative showed wide-ranging numbers of people listed on their membership rosters, from 13 on the Think Tank to 45 on the Prenatal Care Action Team. For Action Teams, these rosters included people who signed up either through the Initiative Launch Event or were recruited to represent their organizations. These groups also showed varying levels of attendance at their meetings.

- As an example, FLOURISH MORE had 21 participants with 95% attending 2 or more meetings and an average attendance consisting of 57% of the total membership.
- In contrast, the Prenatal Care Action Team had 45 members, but only 40% had attended 2 or more meetings, with an average attendance of 18%.

**Overall, average attendance at FLOURISH meetings was 55% of group membership during 2017.**

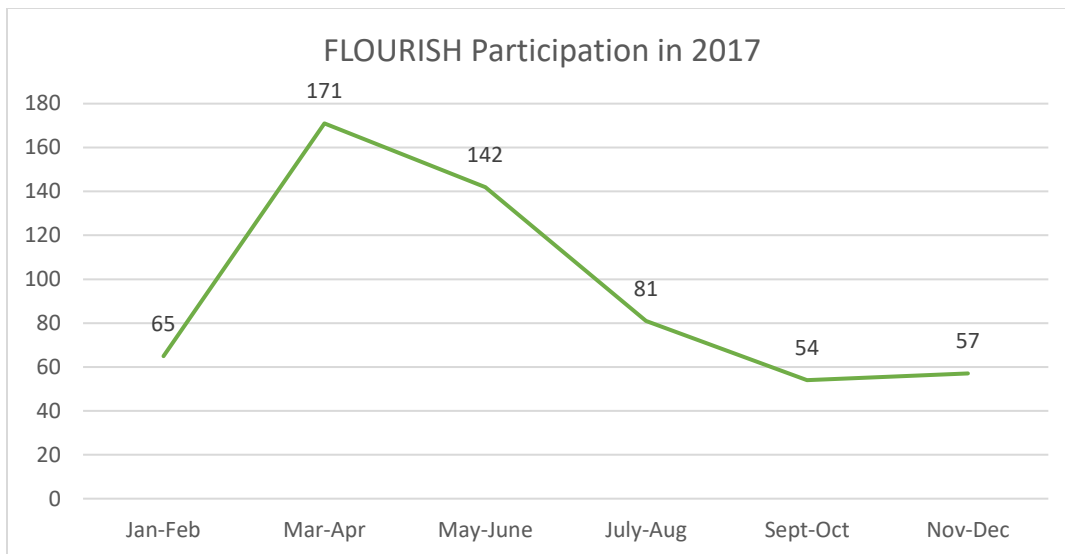
**Trends in Engagement:** The next graph (presented after the table) shows the attendance numbers that were recorded for all FLOURISH groups (the Cabinet, Think Tank and 6 Action Teams) over the course of 2017. This data shows the total number of people who attended meetings in the months listed.

Overall, **group engagement was the highest in March and April, just as all the Action Teams began meeting<sup>3</sup>, with a steep decline in participation occurring in July/August and the months following.** Some of the decline is explained by the decision of two groups (the Cabinet and Think Tank) to move to bi-monthly meetings, while other Action Team meetings were cancelled due to inactivity, inclement weather, or scheduling conflicts. The table below shows the number of meetings by group and timeframe.

	Number of Meetings Held						Total
	Jan-Feb	Mar-Apr	May-June	July-Aug	Sept-Oct	Nov-Dec	
Cabinet	2	1	2	1	1	1	8
Think Tank	2	1	1	1	0	2	7
Infant Health	--	2	2	2	2	1	9
Prenatal Care	--	2	2	2	2	2	10
Transportation	1	2	2	1	0	1	7
Health Comm & Navigation	--	2	2	2	0	0	6
Behavioral Health	--	2	2	1	0	1	6
FLOURISH MORE	2	2	2	1	2	0	9
<b>Total</b>	<b>7*</b>	<b>14</b>	<b>15*</b>	<b>11***</b>	<b>7*</b>	<b>8**</b>	<b>62</b>

Attendance data shown in the following graph is missing for: one meeting \*; two meetings \*\*; three meetings \*\*\*

<sup>3</sup> With the exception of the Transportation and Infant Health Action Teams, which began earlier



The line above shows the number of people attending meetings in the months listed.

While some decline in participation is to be expected with the move to bi-monthly meetings for the Cabinet and perhaps some fall-off after the initial excitement among Action Team members, the lower numbers of both meetings and people may suggest a weakening of forward momentum for some groups as the year progressed. In some cases, groups were at a transition point (like the Behavioral Health Action Team) or were working to refine/better focus their efforts. Trends likely suggest that adjustments may need to be made in 2018 to FLOURISH structures and the perceived value/rewards for engagement among some initiative groups/members.

**Meeting Process:** In spite of declining engagement, FLOURISH group members were mostly positive about their meetings, as shown in average ratings (over time) for two key meeting evaluation survey items<sup>4</sup>: *I was able to share my ideas openly* and *This meeting was a productive use of my time*. (Data shown in the table on the next page).

Ratings below 4.5 (which may suggest areas for discussion and/or improvement), include the following:

- Cabinet members' average rating for *I was able to share my ideas openly* with a borderline rating of 4.5 for *This meeting was a productive use of my time*.
- The Infant Health Action Team's ratings for both survey items.

Of all FLOURISH groups, Think Tank members seemed to give the highest ratings, but there were many fewer completed surveys for this group as compared to (for example) the Cabinet.

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<sup>4</sup> FLOURISH MORE members completed different surveys (with different items) from members of other FLOURISH groups; thus, their results are not part of this analysis.

	I was able to share my ideas openly. (5 pts. possible)	This meeting was a productive use of my time. (5 pts. possible)
Cabinet n=72 completed surveys	4.41	4.50
Think Tank n=27	4.88	4.89
Infant Health Action Team n=51	4.43	4.38
Prenatal Care Action Team n=54	4.81	4.72
Transportation Action Team n=32	4.53	4.88
Health Communications & Navigation Action Team n=44	4.64	4.61
Behavioral Health Action Team n=61	4.53	4.58

### Significant Progress in Initiative Process: The Development of Individual Action Team Plans

In a relatively short time period (4 to 5 months), FLOURISH Action Team members were oriented to the initiative and the data related to infant mortality and racial inequities, received training in Results-Based Accountability, upstream/downstream causes of infant mortality, the significance of social determinants in understanding the problems associated with infant mortality, systems-based thinking and applying a racial equity lens to their work. Within 6 to 7 months, Action Teams had developed the core components of their plans for change, including their overall goals, key strategies, main activities, and performance indicators.

Their accomplishment of this volume of work is noteworthy, especially considering the longer planning and processing phase accorded to FLOURISH leadership groups (like the Leadership Council and the Cabinet) to establish an overall Road Map and identify priority areas for action. Although the charge of these leadership groups was broader than that of the individual Action Teams, the development of detailed plans in a much shorter time period, along with the accomplishment of some “early wins,” is a sign of the significant level of progress made by the different teams.

The table beginning on the next page summarizes key components of Action Team plans as of the end of 2017 along with brief notes on how their work aligns with the FLOURISH Road Map.

Action Team: <i>Desired Results</i>	Strategies	Main Activities	Road Map Alignment
<b>Infant Health:</b> <i>All St. Louis babies sleep safely</i>	1) Coordinate and strengthen the existing portable crib programs (SYS) 2) Assist the area’s hospitals with safe sleep certification (SYS) 3) Implement a consistent safe sleep message cross the area	1) Safe Sleep webinar 2) Portable crib listing 3) Media placements/ad campaigns on safe sleep 4) Expand crib network 5) Support shared measures for the network 6) Coordinate crib network 7) Assist hospitals with certification	1) <b>Foundation of collaboration</b> established (including strengthened partnership with Infant Loss Resources and hospitals) 2) The Safe Sleep webinar <b>increased community knowledge</b> about the value of portable cribs and other Safe Sleep recommendations 3) <b>Engaged public</b> through webinar and portable crib efforts 4) <b>Systems change</b> through safe sleep certifications in area hospital systems 5) <b>Policy change</b> through advocacy for portable cribs over baby boxes 6) <b>Effective, accessible services</b> through crib network and safe sleep education
<b>Transportation:</b> <i>Healthy moms and babies access resources through an effective transportation system (With BUILD)</i>	1) Improve medical transportation for Medicaid recipients & providers 2) Identify state policy implications/ advocate for Medicaid transportation 3) Align and inform the region’s public transportation agenda	1) Implement Riders’ Bill of Rights, understand barriers (through community survey) 2) BUILD: community advocacy and entrepreneurship, trauma/anti-bias training, communications re: importance of transportation in health equity; Aggregate and analyze health equity data for policy development; Support/connect community engagement efforts 3) Identify existing transportation initiatives; Engage key stakeholder groups. Includes supporting the continuation of Project LAUNCH transportation work (BUILD)	1) <b>Foundation of collaboration</b> established (including with the managed care sector) 2) The <b>community is learning</b> about the relationship between transportation and missed appointments and about the need for higher quality non-emergency Medicaid transportation 3) Will <b>engage public</b> through the Legal Services of Eastern Missouri Survey 4) <b>Systems change</b> through alignment of transportation services through managed care companies serving Medicaid recipients 5) Advocacy for <b>policy change</b> related to transportation (particularly for Medicaid recipients) and health equity 6) Includes focus on <b>effective, accessible transportation services</b> which impacts the delivery of health services to low-income populations
<b>Prenatal Care:</b> <i>Healthy pregnancies and births by eliminating disparities in prenatal care</i>	1) Deliver prenatal care in highest impact areas 2) Increase availability/ access to health insurance 3) Increase cultural sensitivity and trauma informed training for providers 4) Address systematic logistical barriers to care	1) Identify and map the zip codes most affected 2) Scan the high impact areas to determine where prenatal care is currently being delivered 3) Connect with non-traditional partners and stakeholders 4) Engage residents in high impact areas 5) Initiate prenatal care services as needed in high impact areas	1) <b>Foundation of collaboration</b> is beginning to emerge (including centering pregnancy programs and non-traditional providers) 2) Will <b>engage the public/the community</b> through a series of Town Hall gatherings planned for 2018 3) Considering <b>policy/systems change</b> related to non-traditional providers and programs 6) Includes focus on <b>effective, accessible prenatal care services</b> in trusted locations in targeted zip codes

Action Team: <i>Desired Results</i>	Strategies	Main Activities	Road Map Alignment
<b>Health Communications and Navigation</b> <i>Families have the resources needed to be healthy.</i>	1) Increase utilization of community health workers (CHWs) & navigators 2) Improve access to and navigation of resources for families through centralized information and referral 3) Develop uniform linkage and referral protocols	1) Contribute to HEAL Partnership bringing the maternal child health lens 2) Research best practices for health navigation systems 3) Identify best practices for linkage and referral protocols	1) <b>Foundation of collaboration</b> established (includes collaboration with United Way 211 and linkages to the HEAL Partnership) 2) <b>Systems change</b> by addressing current systems of information regarding health services and by supporting the expansion of CHWs and navigators in the health services system 3) Considering <b>advocacy for policy change</b> related to the use of CHWs and navigators in the health services system 6) Includes focus on expanding <b>effective, equitable, accessible health service delivery</b> and helping families navigate the system through CHWs and navigators
<b>Behavioral Health:</b> Sustainability & Capacity Building Workgroup	1) Identify a strategy for making PBHI case management available to women in St. Louis County as well as the City 2) Make recommendations for best practices in new care delivery models, with a focus on peer-based models 3) Identify strategies for reimbursing providers for case management services	Extends the activities of the Perinatal Behavioral Health Initiative: 1) Coordinated behavioral health screenings by PBH partners 2) Referral to case management 3) Provision of behavioral health/support services, 4) Referrals to other supportive services benefitting perinatal women and their families	
<b>FLOURISH MORE:</b> <i>Healthy and Affordable Housing for Pregnant Moms and Families.</i>	1) Empower residents to know their tenant/renter rights 2) Educate landlords on the connection between housing conditions and health outcomes 3) Educate the St. Louis Community about the health impacts of housing conditions 4) Advocate for policies to improve healthy, sustainable and quality housing for moms and families	1) Assess educational needs of tenants, renters and landlords 2) Educate the community and renters about housing policies, tenant rights, and the importance of quality housing for individual and family health. 3) Train landlords to be trauma-informed	1) <b>Foundation of collaboration</b> established (includes extensive participation of community resident/leaders) 2) <b>Advocacy for policy/ practice change</b> among landlords and broader policies that improve access to quality housing 3) Includes focus on <b>quality housing and housing-related services</b> for infants and families

## Early Wins: Action Team Community Outcomes

As part of the FLOURISH framework, Action Teams accomplished process objectives related to learning about Results Based Accountability, scanning the environment for model practices and existing programs, identifying other stakeholders who needed to be involved, and/or identifying high impact areas for targeted interventions.

Beyond these internal process achievements, a number of Action Teams accomplished early outcomes providing services, resources, education/training, or other benefits in collaboration with community partners. These outcomes are shown below.

Action Team	Early Outcomes
<b>Infant Health</b> <u>Partnerships for Action:</u> Infant Loss Resources Nurses for Newborns	-Developed/provided a webinar on Safe Sleep open to providers across the region -Strengthened the portable crib network to align more closely in providing safe sleep options to area families -Collaborative fundraising amounted to \$14,000 to provide 140 additional cribs plus caregiver education to area families
<b>Transportation</b> <u>Partnerships for Action:</u> Managed care companies BUILD Health Challenge (includes area hospitals and health departments) Legal Services of Eastern Missouri	-Succeeded in engaging non-traditional sectors (managed care companies and public transportation) in changing transportation practices to benefit Medicaid recipients (includes standardizing benefits and protocols) -Through the BUILD Health Challenge, secured national foundation support and partnership-level collaboration with area hospitals and health departments -In partnership with Legal Services of Eastern Missouri, instituted a Medicaid transportation rider complaint form -Supported the adoption of transportation as a social determinant of health priority in the regional community health improvement plan (includes serving as the starting point for a regional data group on health and transportation)
<b>FLOURISH MORE</b> <u>Collaborative Action:</u> Engagement of 10 active community resident/leaders	-Recognized as a national model for community resident/leader engagement through CityMatch

In order to achieve these early wins and accomplish other objectives related to the FLOURISH/collective impact process, **the Think Tank and Action Teams faced the following challenges<sup>5</sup>:**

- Encouraging team members to “own” the work, take initiative, and make progress (particularly in between meetings)
- Assuring team members/stakeholders follow through on verbal (and other) commitments
- Lack of buy-in/lack of connection of some key stakeholders or decision makers (particularly those at large institutions/systems) that limit the ability of teams to make progress
- Hesitancy among some partners to share data and resources with one another

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<sup>5</sup> This information is based on input from Generate Health staff who help facilitate Action Teams and is supported by observations of the Developmental Evaluator.

- Difficulties among some team members in moving beyond program-based strategies to systems-level thinking
- Rapidly changing environments that cause disruption in personnel or in the partners/policies that need to be targeted
- Lack of data/difficulty in identifying appropriate metrics to measure current conditions as well as change over time

**Progress Toward Shared Measures:  
The Identification of Common Population Indicators Across Action Teams**

Along with their action plans, Action Teams completed their initial frameworks for evaluation through the identification of targeted outcomes, indicators, and measures. Through their individual processes, a number of common indicators for measuring FLOURISH outcomes emerged. These indicators include: 1) rates of late/no/inadequate prenatal care among pregnant women; 2) rates of first trimester prenatal care; 3) rates of low birth weights, and 4) preterm birth rates

Other population-level indicators selected by Action Teams are shown in the following table.

	Infant Health	Transportation	Prenatal Care	Health Communications and Navigation	Behavioral Health (selected)
Rates of late/no/inadequate prenatal care		√	√	√	
Rates of first trimester prenatal care		√	√	√	
Rates of low birth weight		√	√	√	
Preterm birth rates		√	√	√	
Health insurance coverage rates			√		
Medicaid enrollment rate for pregnant women		√			
Patient/rider satisfaction rates*		√	√		
SUIDS Rate	√				
SIDS Rate	√				
Rates of babies most often laid on their backs for sleep*	√				
Rates of well child visits for the first 15 mos. of life		√			
Connectivity index/Mobility score		√			
Rates of cigarette use among perinatal women					√
Rates of alcohol use among perinatal women				√	√
Rates of other substance use among perinatal women					√
Rates of mood disorders among perinatal women				√	√
Rates of anxiety disorders among perinatal women				√	√

\*Requires primary data collection

The above indicators can be adapted to measure racial equity by including the reduction or elimination of the current gaps between communities of color and the white population.

The identification of common indicators (including indicators for racial equity) is the first step in the development of a shared measurement system.

### **Areas of Progress, Areas of Challenge: Results of Cabinet Member End-of-Year Surveys**

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In January 2018, 11 FLOURISH Cabinet members (44% of 25 total members) completed surveys that asked for their evaluations of the collective initiative's progress and challenges during 2017. Links to the online surveys were distributed by Generate Health staff following the January Cabinet meeting on January 11. The sections below summarize the results.

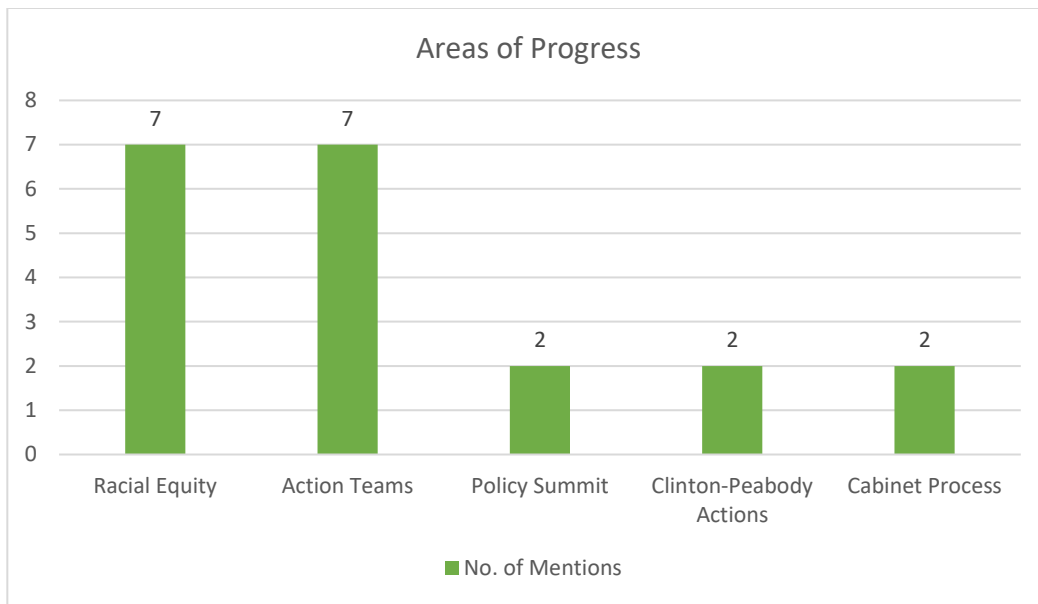
#### **Progress and Accomplishments**

Each Cabinet member shared up to three "noteworthy accomplishments or areas of progress" that they observed in the work of FLOURISH in 2017.

**Racial Equity:** Seven Cabinet members noted that efforts to strengthen FLOURISH's focus on racial equity were significant accomplishments for 2017. Comments include the following:

- *Completing racial equity training with FLOURISH, MFH and Generate Health; Members attended the Inclusion Institute and ABAR training.*
- *The growth in understanding how to apply a racial equity lens to the work.*
- *Creating the North Star (better vision/goal); Clarifying the North Star to zero disparities;*
- *The consensus on focusing our work of the families that are at the highest risk and where the disparities are greatest.*





**Action Teams:** The same number of people (7) commented on the work of the Action Teams, mentioning the formation and organization of these groups, plus the goals that were developed. Two people mentioned the progress of Safe Sleep (Infant Health) efforts in particular while four mentioned progress in Transportation (and/or the BUILD grant). Comments include:

- *Safe Sleep becoming real and tangible through the Clinton-Peabody crisis. Coalescing around the transportation agenda and scaling it through a national funding opportunity.*
- *The work groups, particularly Transportation and Infant Health, have made real, tangible progress.*
- *The launch and implementation of the Action Teams is the greatest area of progress.*

**Policy Summit:** One Cabinet member stated, *“The momentum and understanding around the issue grew as evidenced by the participation at the event at 24:1,”* while another mentioned *“outcomes from the community meeting at 24:1.”*

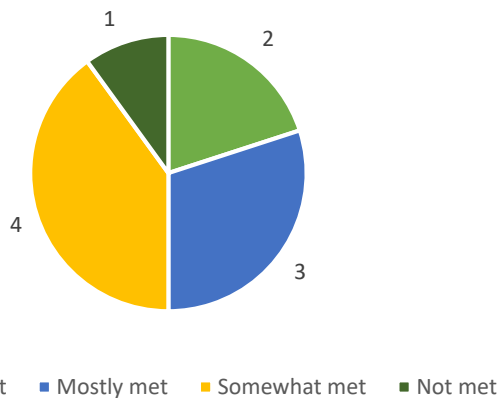
**Clinton-Peabody Actions:** Two people noted the work of FLOURISH on behalf of the residents of the Clinton-Peabody housing development, with one respondent mentioning *“the organizing and advocacy regarding the mice infestation at the housing complex,”* and the other commenting on the relevance of this work to Safe Sleep/Infant Health efforts (as noted above).

**Cabinet Processes:** Finally, two Cabinet members mentioned progress in two related internal processes: *finalizing how to vote* and the decision-making protocol.

**Cabinet Member Expectations for Involvement**

The evaluation survey included an item that asked respondents to comment on the extent to which the Cabinet’s work/accomplishments met their expectations. The graph below shows an approximate breakdown of their responses.

### Extent to Which Expectations Were Met



Cabinet members answered this question in their own words. Some respondents were very clear in terms of how to categorize their feedback while others were interpreted by evaluators and assigned into the categories shown to the left. The answers that correspond to each assigned category are listed below, by category.

**Expectations were definitely met:** Two Cabinet members stated with certainty that the work of the Cabinet met their expectations:

- *I was only a member for part of the year. I was impressed that committees were doing work and creating goals. FLOURISH met my expectations.*
- *I continue to be impressed by what the coalition, in general, can accomplish. The staff are very solid, professional and capable and continuously achieve the milestones set forth.*

**Expectations were mostly (or “probably”) met:** These respondents were positive about the Cabinet’s progress without stating outright that the work met their expectations. The first two clearly focus on action while the third respondent mentions “moving towards action,” which could suggest that he/she did not observe concrete signs of progress (action) but instead noticed improvements in process.

- *I think the group has become much more effective over the last year and has been moving towards action.*
- *Taking action, changing perceptions, engaging the community in conversation.*
- *Everyone came together for the [Clinton-] Peabody mice infestation. Everyone showed Mr. Blue their support.*

**Expectations were somewhat met:**

- *Somewhat met expectations. The Action Teams were the greatest accomplishment. It’s only somewhat because the actionable work is now being done by the Action Teams. The Cabinet has worked to define its role and responsibilities now that the Action Teams are up and running. I hope we can operationalize our North Star that we can use to guide our efforts.*
- *I appreciate the collaboration, but hoped/wished we could move more quickly.*
- *Do I worry that things will stall? Do I want things to move faster? Yes, but the key is progress even if baby steps (which, I have to admit, these steps seem baby).*
- *I think we are beginning to have more clarity in roles and focus. (The phrase “beginning to have” suggested to evaluators that expectations of this Cabinet member were met to some extent, although, once again, no concrete examples of action were mentioned.)*

**Expectations were not met:**

- *Lower than expected. As an example, the Action Teams were to have their plans in place by June and it is now 2018 with some of them still not having them.*

**Areas for Improvement**

Another survey item made the following request: “Please share up to three areas of weakness or need that you observed over the past year across the initiative.” Cabinet members shared a range of areas for improvement, including those listed below.

**Community Member/Resident Participation:**

- *Efforts are being made to incorporate resident advocates into the Cabinet meetings but it feels tokenized (she [sic] reads from a piece of paper and they don’t appear empowered to speak).*
- *The work is still led by experts and not truly driven by community members with lived experience.*

**Lagging Cabinet Member Participation:**

- *Lack of participation -- I think we should reconsider who is on the executive committee polling those who don’t show a certain percent of the time (ideally replacing with someone else from that organization, I don’t know how much we need the heads of things versus a voice from them) – homework not happening so meetings are still too long, give tasks and we will get them done, allowing more time at the meeting.*

**Perceived Lack of Urgency or Progress:**

- *The form and function of the Think Tank hasn’t maximized the ability to move faster.*
- *Sometimes feel a lack of urgency to get things done—the North Star is an example. We voted on this in December, and it is still not final. Issues can seem to drag on from month to month with no resolution.*
- *Sometimes it appears we are not all on the same page after there were discussions at previous meetings.*
- *Some committee members<sup>6</sup> feel powerless to make decisions.*

**Need for Stronger or Clearer Leadership:**

- *Laying out the work ahead of us and following a plan. A dedicated leader to move the group forward.*
- *Staff support continued to be weak, requiring significant leadership from Cabinet members.*

**Perceived Lack of Action Team Inter-Coordination/Action Team Issues:**

- *I’m missing an overall, coordinated strategy with all the Action Teams—feeling like there could be better coordination rather than each Action Team working in a silo.*
- *Not enough on Behavioral Health Action Team. Seems like it’s been pushed to the side.*
- *Understanding how well (or not) the Action Teams are working is a need. What’s their progress and does it make sense? Do we have the right areas of focus and the right people at the table?*

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<sup>6</sup> It was not clear whether this Cabinet member was referring to community members, Cabinet members, or Action Team (which function like committees) members.

### **Lack of Meaningful Evaluation:**

- *The movement is in need of stronger evaluation expertise and capacity. We need a systematic way to track and evaluate our work. Shared measurement is critical to collective impact movements.*

### **Progress in Racial Equity**

The Cabinet member survey included the questions, “Has the Cabinet made progress in advancing racial equity in its work? If so, what are the signs of progress? If not: What do you see as the barriers?” Although some of the responses to the overall question about advancing racial equity seem to contradict the numerous mentions of racial equity as an area of progress for the first survey question, responses add more details for considering what is, and is not yet, working. Responses are once again divided into categories according to estimations made by evaluators.

#### **Yes, the Cabinet has made progress:**

- *Yes, change in the mission, development of a North Star, training.*

#### **The Cabinet has not made significant progress, but has taken small (or somewhat uncertain) steps toward racial equity:**

- *I think the questions about who a solution is benefitting is now one of the first questions rather than the last.*
- *I thought we had, with the vote of the North Star. But then the same phrase of “all babies” showed up again on FLOURISH documents. To me, there are subtle signs that there is still reluctance to move forward. Another example—we were informed of some listening sessions that one of the Action Teams was planning, but there was no evidence that the decisions were made through a racial equity lens even as we reaffirmed that we would ask these questions as part of our decision-making process always. So we are talking the talk, but not walking the walk.*

#### **Cabinet has not made significant progress:**

- *No, but I think that takes time. **The first step is understanding what we are getting to** [emphasis present in Cabinet member’s response and not added by evaluators], **the next step will be for the Action Teams to be making plans with the equity lens.***
- *I don’t think there has been any notable progress, but I may not be aware. It is hard to do system work, so many barriers will present, be identified, but we need to be strong and address them.*
- *I don’t think we have made much progress. I think we are in the early stages of understanding how we can advance racial equity and still need to identify how we do it. Getting the Cabinet to agree that we should be focusing our work on the racial inequities as an initial step.*
- *Not yet. We are still trying to grip the concept and formalize the workings to get there.*
- *Staff needs more help on knowing how to take feedback from the Cabinet and turn it in to actionable bite-sized pieces that can move forward. The way the last version of the racial equity statement was positioned after all the dialogue and feedback was very frustrating.*
- *The barriers are all the simulations you have to go through. That everyone still shows up for our meetings says a lot.*
- *I’m not really sure. I have missed a couple of meetings and so I may have missed some of the actions being taken.*

## Recommendations for Moving Forward in Racial Equity

Finally, Cabinet members shared their recommendations for moving forward in Racial Equity for the coming year. Two responses mentioned the work of the Action Teams:

- *Actively use the racial equity questions in decision-making, for both the Cabinet and the Action Teams. Require Action Teams to submit written documentation of their answers for any item brought to the FLOURISH Cabinet.*
- *I think pushing the Action Teams to make progress with the equity lens—how? Sorry, I don't know.*

Other responses include the following:

- *I missed the meeting, so I am not sure of any specific strategies.*
- *Assure everyone is on the same page...addressing the death of Black babies. Helping to identify systems that have inequity and address them in every way that we need to. Help provide opportunities and experiences that help people to address their own internalized superiority or internalized oppression.*
- *De-constructing the collective impact framework with a racial equity lens would be very helpful. There are gaps in this model that work against communities of color that need to be addressed. Focusing on our framing, communication and messaging to the larger community to gain more allies in this work. Continuing to make the Action Teams more efficient and impactful.*
- *Providing detail on how other communities have been successful in this area. Developing an action plan to get us there.*
- *I would consider reconstituting the Cabinet to be driven by community members with "experts" as the minority. There should be a significant effort to educate health care professionals about racial inequities in birth outcomes. This effort could be led by our "experts" who can be advocates in the systems where they work.*
- *Can the staff remind us about the follow-up groups we were invited to after the workshop? Can we do some exercises at the meeting that might help us continue to explore the impact we are having? For example, can we ask how our suggestions benefit the White population and how the action might be to the detriment of people of color?*

## Survey Summary and Next Steps

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Survey results suggest that a number of Cabinet members recognized the progress FLOURISH had made in expanding its structure through the development of Action Teams and in determining a general direction toward racial equity through its North Star. They also note areas for improvement, including in the meaningful participation of community leaders/residents at the leadership level and in Cabinet member participation and engagement.

Early in 2018, the FLOURISH Executive Committee, with the support of the Cabinet, requested that staff put together an ad hoc committee to carefully review survey feedback and recommend changes for the future of FLOURISH.

## FLOURISH 2017 Developmental Evaluation Report Summary

The first three years (2014 to 2016) of the Missouri Foundation for Health's 10-year investment in a community-wide initiative to reduce infant mortality in St. Louis City and County was marked by the establishment and maintenance of the complex infrastructure needed for collective impact. This infrastructure, grounded in the work of an initial Leadership Council that helped establish the roadmap or theory of change for FLOURISH, continues to consist of multi-sector representatives and a relatively large contingent of community resident/leaders (as compared to other local, statewide, regional, and national initiatives). Under the leadership of the Cabinet and the support and facilitation of backbone (Generate Health) staff, 2017 was a year of expansion, heightened collaboration, and action. This expansion includes the following components:

- The extension of the FLOURISH mission to include the North Star of eliminating racial bias in health outcomes for infants.
- The recruitment of additional community leaders, nonprofit service providers, public health officials, decision makers from managed care companies and hospital systems, and others, which more than doubled the number of those engaged in efforts to reduce infant mortality and racial bias.
- The expansion of the FLOURISH impact structure to include six Action Teams in addition to the Cabinet and Think Tank. These Action Teams address key priority areas for eliminating racial bias and reducing infant mortality through Infant Health (with a focus on Safe Sleep resources and education), Prenatal Care (particularly in high impact zip codes and exploring non-traditional formats), Transportation (focusing on making Medicaid-provided and public transportation a more responsive system), Health Communications and Navigation (working to build a more comprehensive resource on community resources), Behavioral Health (focusing on behavioral health screenings and services for perinatal women and children), and FLOURISH MORE (an effort to continue community resident leadership and racial equity activities to support tenants' rights/safe housing).
- Increased capacity in Action Teams (developed through ongoing engagement and systematic effort) that resulted in detailed plans incorporating Results-based Accountability, an understanding of the social determinants of health, a racial equity lens, and systems-level thinking.
- The development of new high impact partnerships, including collaborations with managed care companies serving Medicaid recipients, area hospital systems, and key nonprofits providing Safe Sleep assistance to families.
- The accumulation of early wins that benefitted the St. Louis community and beyond, including an educational webinar on Safe Sleep for service providers, support for community networks that provide direct benefits (like portable cribs and Safe Sleep education) to families, direct advocacy for Medicaid clients related to transportation, and action to benefit public housing residents who face unsafe living conditions (among others).

As with any initiative of this size and scope, FLOURISH experienced a number of challenges during this year of rapid expansion. These challenges include:

- Coming to agreement on the FLOURISH North Star of zero racial disparities and developing an shared understanding of how racial equity can be effectively operationalized, supported, and evaluated
- Sustaining engagement/meeting attendance levels at the Cabinet and Action Team levels, with meaningful opportunities for participation for all group members
- Adjustments at the Cabinet level as they transitioned from being engaged in nearly all activities of the initiative to serving as more of a leadership/policy-setting body (causing some disconnection between members, particularly those not active with other FLOURISH groups, and the work of the Action Teams)
- Encouraging team members to “own” the work, take initiative, and make progress to assure Action Team needs are met (including completing assigned tasks in between group meetings)
- Assuring team members/stakeholders follow through on verbal (and other) commitments
- Addressing the lack of buy-in from some key stakeholders or decision makers (particularly those at large institutions/systems) that limit the ability of teams to make progress toward their goals and objectives
- Hesitancy among some partners to share data and resources with one another
- Difficulties among some team members in moving beyond program-based strategies to systems-level thinking
- Rapidly changing environments that cause disruption in personnel or in the partners/policies that need to be targeted
- Lack of data/difficulty in identifying appropriate metrics to measure current conditions as well as change over time

The accomplishments and challenges of 2017 have paved the way for 2018, a year that will see additional group transitions, a change in structure to integrate a Neighborhood Network approach to increase the influence and leadership activities of community resident/leaders, and the shift to a community-based funding model that will significantly change the way Missouri Foundation for Health Infant Mortality Reduction funds are disbursed to align with FLOURISH priorities.

Efforts in the first half of 2018 to support these transitions include: 1) the convening of an Ad Hoc Committee of Cabinet members to make recommendations for change based on 2017 Cabinet member survey results; 2) the reformulation of the Think Tank’s role and purposes (reflected in its new name, the Impact and Improvement Team), and 3) planning for an expanded Funding Transition Committee to include a range of stakeholders (including a broader contingent of community leaders) to develop an enriched FLOURISH infrastructure for continued and advanced action in reducing infant mortality and eliminating racial disparities.

