



**International Conference on Transport
& Health – June 2018**

Teresa Wilke, MBA – Pecha Kucha Session
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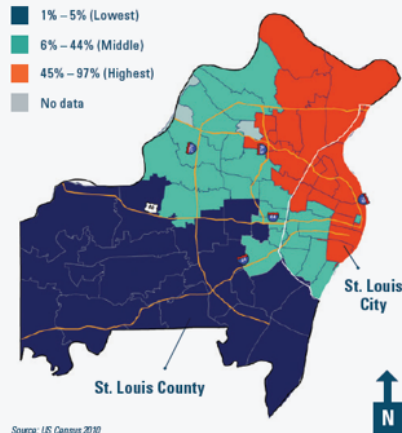
GenerateHealth
Champions of Family and Community

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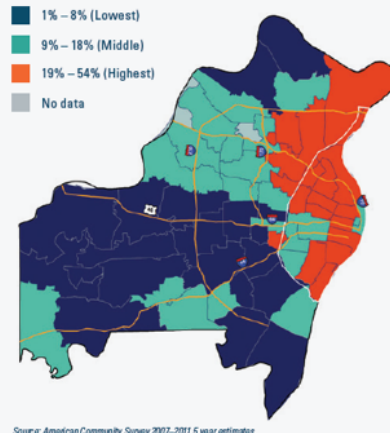
This presentation is for one of three ICTH abstracts that were developed in collaboration with my colleagues Kendra Copanas and Steve Parish. Its focused on how Generate Health’s infant mortality coalition has used foundation funding to catalyze their work to address transportation access for pregnant women and infants in St. Louis, MO.

St. Louis Segregation and Red Lining

A) The concentration of African American population
Percent African American population by ZIP code



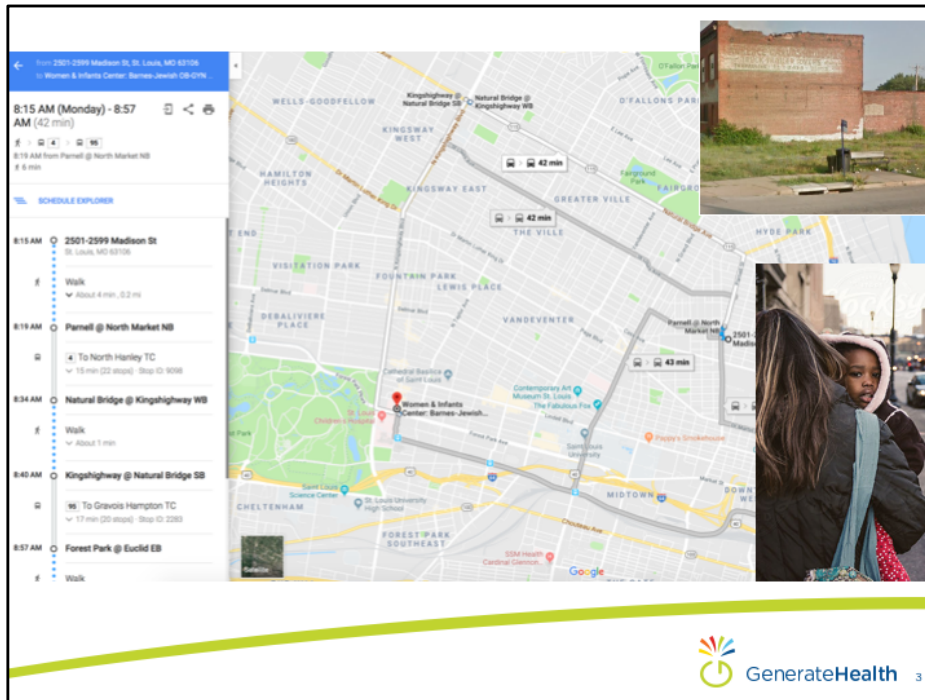
B) The concentration of poverty
Percent of all residents living in poverty by ZIP code



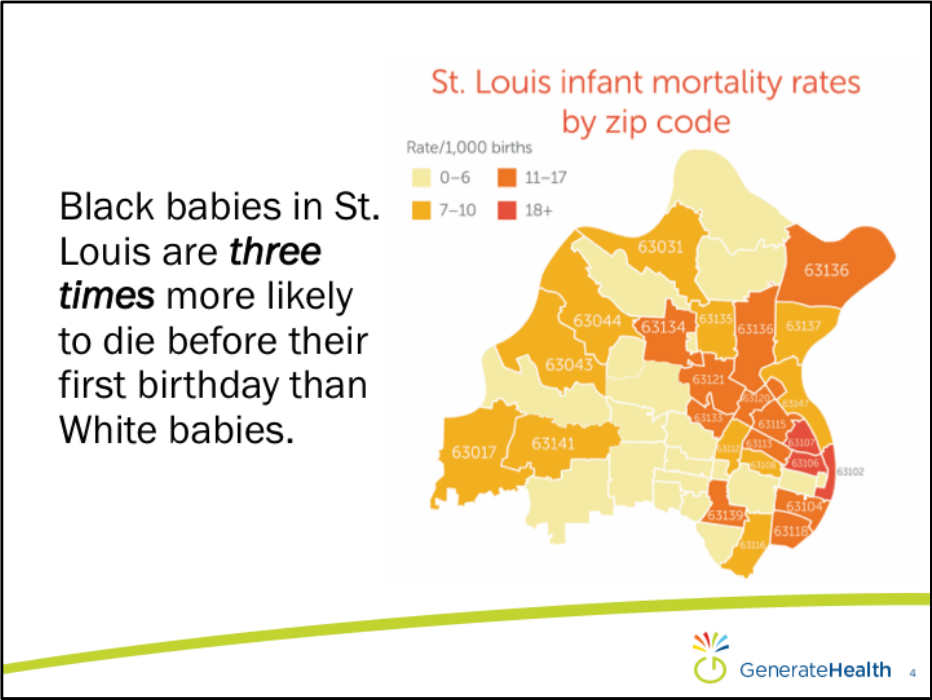
Source: For the Sake of All Report, 2014



St. Louis is the 19th largest city in the U.S., but it is ranked 68th in terms of transit coverage and access to jobs by transit. It is also one of the most racially segregated metro area in the country, and one in five residents have no vehicle access. In neighborhoods of North St. Louis over 40% of households have no vehicle access.



Over half of high need patients cite **transportation** as their reason for **missing medical appointments** and many providers **penalize patients** for being late or missing appointments. Public transit is **particularly burdensome** for pregnant women and new mothers. Riders commonly walk several blocks and navigate multiple transfers and long waits at public bus stops. **Imagine doing this while pregnant or with children.**



Black babies in St. Louis are three times more likely to die before their first birthday than White babies.

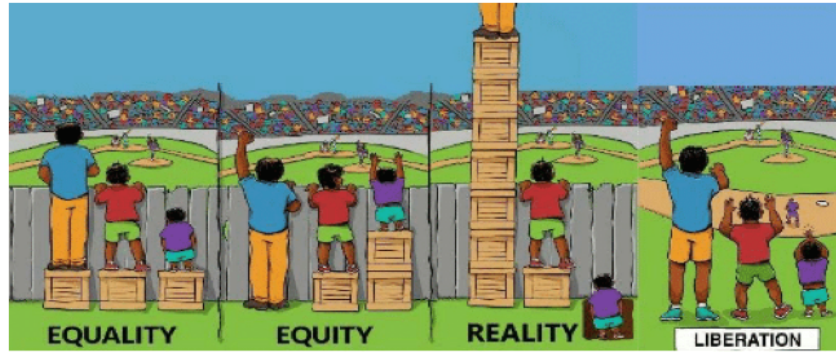
Trauma and toxic stress experienced by a pregnant woman increase risk of preterm birth and infant mortality.

Access to ***adequate prenatal care*** leads to healthier pregnancies, thriving babies and can significantly ***lower the risk of infant mortality.***



Generate Health St. Louis was founded 19 years ago by the March of Dimes to respond to St. Louis's dramatic disparities in infant mortality. It is a coalition of over 300 organizations and 900 individuals, including parents, hospitals, health departments, health centers, community organizations, businesses, faith and advocacy organizations.


What is Equity?




Equality ensures that everyone gets the same, Equity ensures that everyone gets what they need, but Generate Health seeks to align system actors to remove barriers that hinder opportunity to thrive for Black moms and babies. Though transportation was widely identified as a health barrier, most health sector stakeholders didn't feel they could make a difference.

The **BUILD HEALTH** Challenge

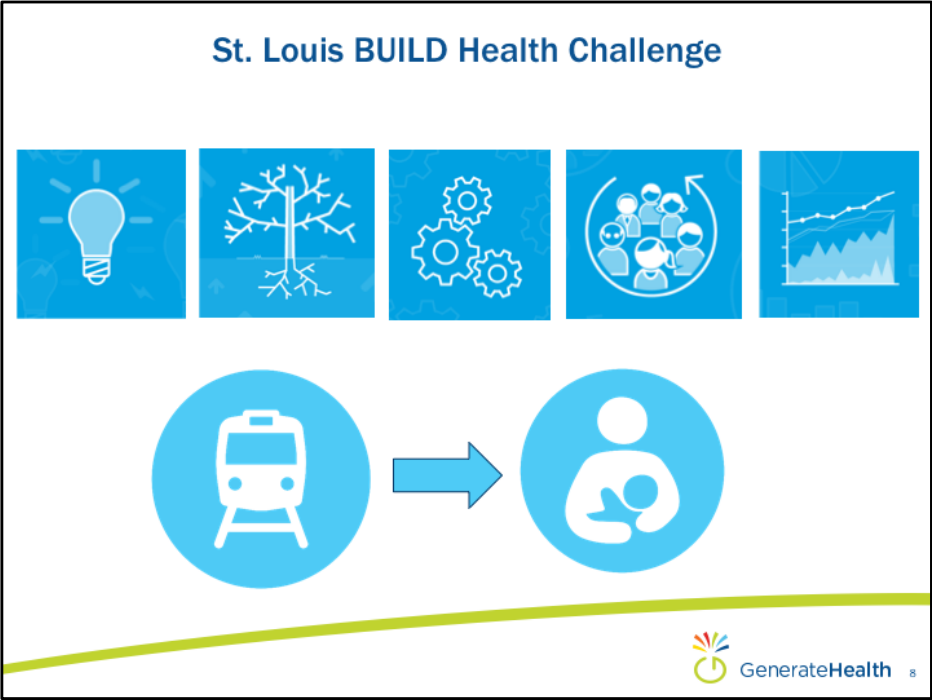
Objective: To increase the number and effectiveness of hospital, community, and public health collaborations that improve health, lower costs and promote health equity



BOLD **UPSTREAM** **INTEGRATED** **LOCAL** **DATA-DRIVEN**



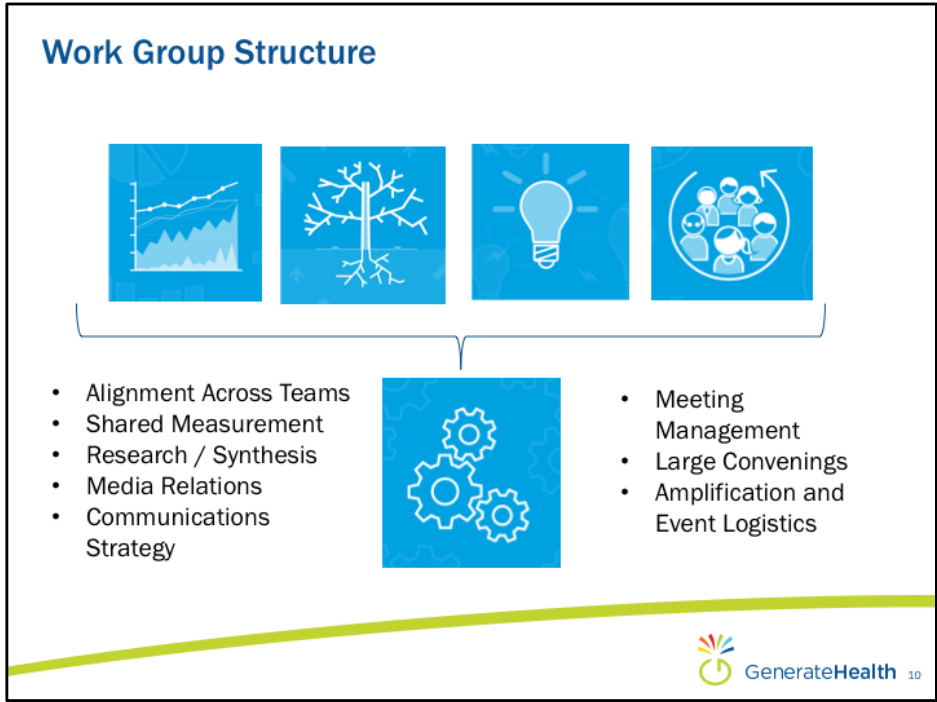
In September 2017 Generate Health St. Louis was selected by a coalition of 12 funding organizations to participate in the [BUILD Health Challenge](#), a national program that supports multi-sector partnerships to address upstream health concerns with projects that are Bold, Upstream, Integrated, Local, and Data-driven (BUILD).



Generate Health St Louis used a race equity lens to develop strategic objectives focused on data analysis, policies and planning to create a more trauma-informed transportation system, innovative modes of delivering non-emergency medical transportation, developing a health/transportation policy agenda, cultivating authentic relationships and establishing accountability measures and pathways for local self-advocacy.

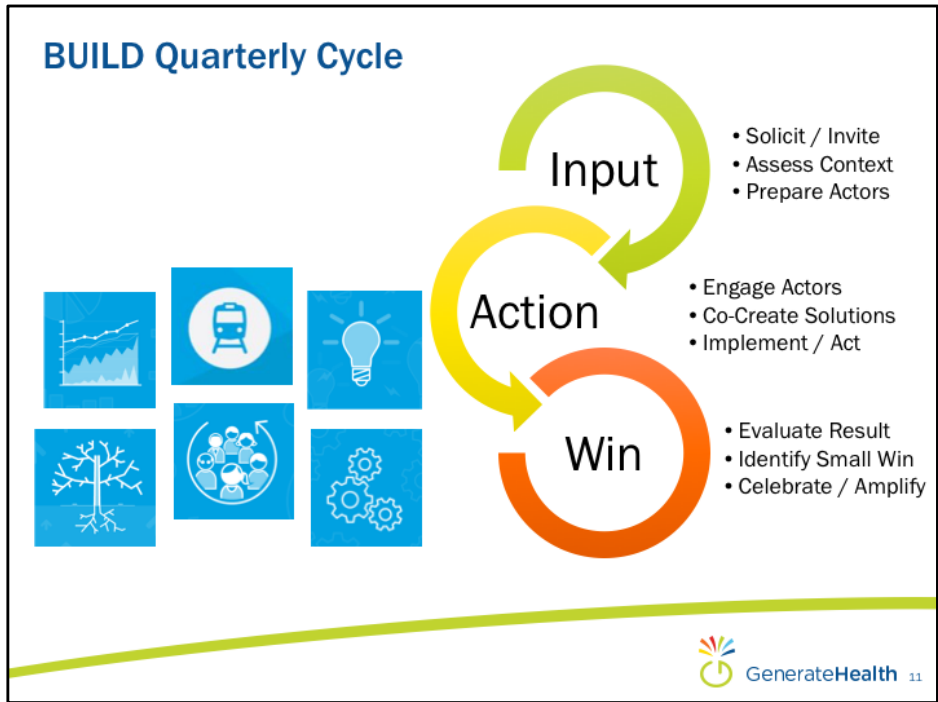


Generate Health secured matching commitments from three competing hospital systems by focusing on (1) how transportation impacts infant mortality and race equity in St. Louis, and (2) how investment in transportation access would financially benefit their bottom line through improved access to prenatal care and reduced no shows and missed appointments.



Generate Health provides backbone support for the BUILD Project, including an epidemiologist and policy advocate. BUILD also hired two strategic consultants to manage and maintain momentum of the project.

This core team helps support communications and alignment across the work groups and an established Transportation Action Team serves as the convening anchor of the work groups with quarterly meetings.



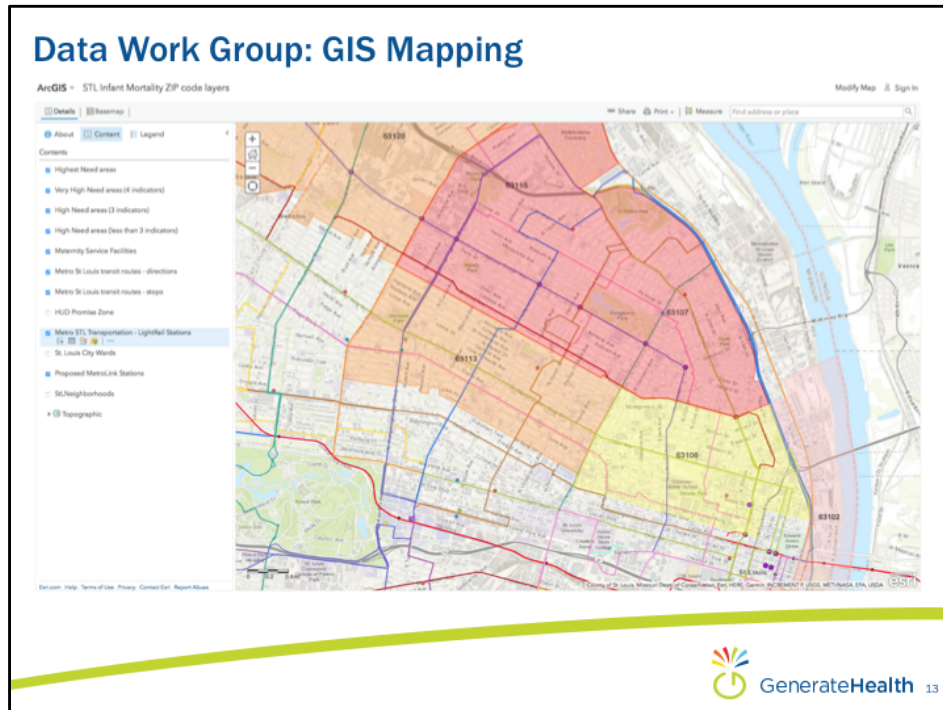
During the first year of the BUILD project, we adopted a quarterly cycle of input, action and amplification of the work.

New and established stakeholders were solicited, prepared and held accountable for commitments to staff engagement and data sharing.

We tweaked our amplification from celebrating wins to celebrating wins and speaking truth about challenges and constraints to promote humility around limitations.



The Data Work Group started with information yielded from FLOURISH Community Listening Sessions attended by over 350 residents and over 8 months of work by residents participating in a Project LAUNCH Transportation Café. The data group prioritized direct resident-reported lived experience, and synthesized literature and data to develop targeted concept papers and briefs for partners and collaborators.



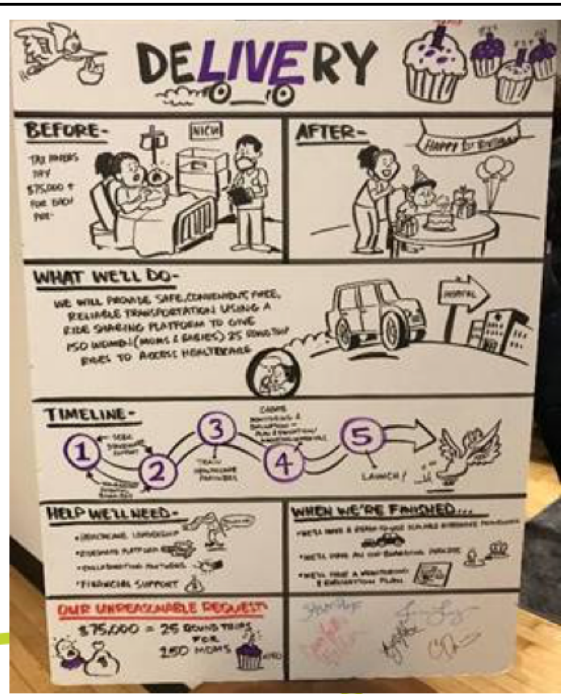
The Data Work Group conducted a data inventory, identifying data as accessible, available or aspirational. They also created a library of GIS shapefiles, building upon a GIS map developed by the metro transit authority that showed transit stops overlaid with infant mortality data. This information was pushed out to additional data users and researchers.

Sparks Ignited:

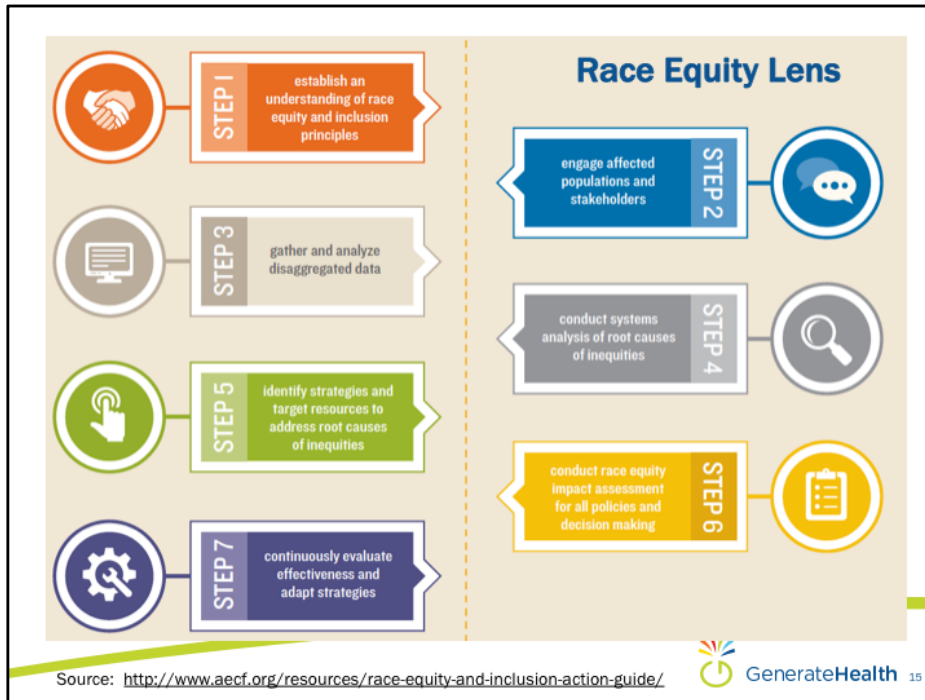
FOCUS St. Louis
Impact Fellows

Washington
University Grad
Students

Policy Work
Group

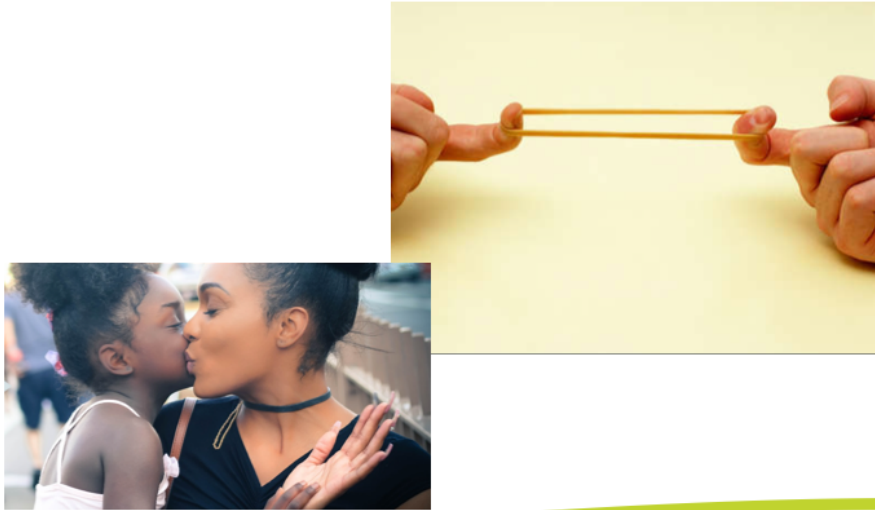


Six months of meetings, data capture and synthesis under BUILD allowed the Data Work group to (1) support a civic leadership program to design a rideshare pilot for pregnant women, (2) engage a class of social entrepreneurship students to provide recommendations regarding transportation improvements, and (3) launch a Policy Work Group that will translate data findings into a cohesive transportation advocacy agenda across health sector and social service collaborators.

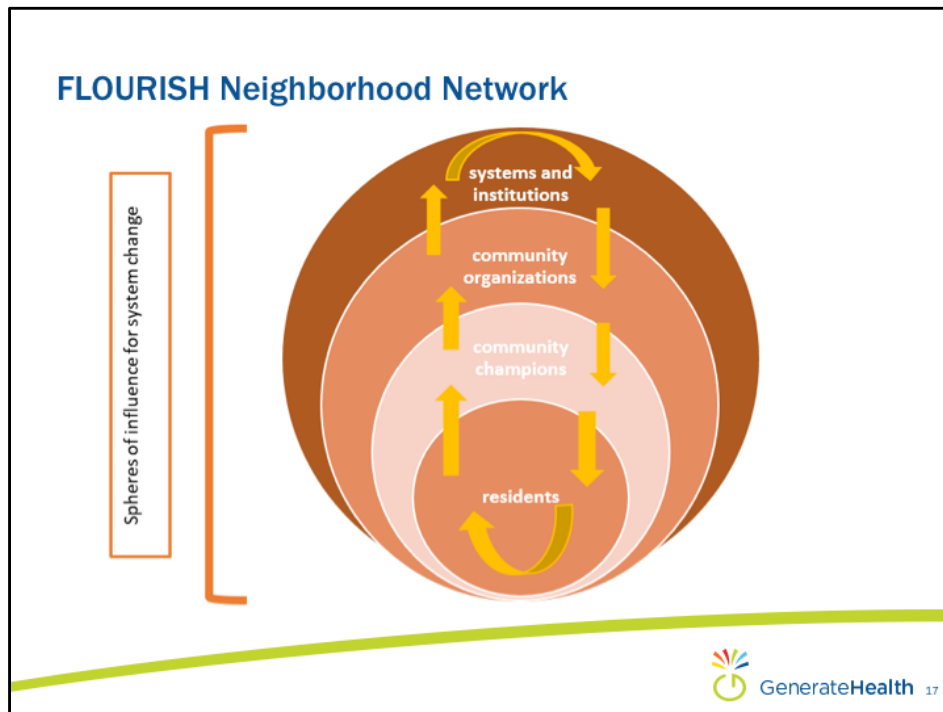


The data driven aspect of the project was gaining speed and momentum, but we wanted to *continuously re-center* affected populations and stakeholders in the local community. Though it was seductive to rush the work, we realized that the structure of the project was making it challenging for residents to participate. We had to balance data and dissemination with the authentic relationship building required to create a human-centered community movement.

White/Dominant Culture, Power and Tensions



Though the BUILD project was advised by empirical best practices, there are legitimate frustrations, historical context and power issues that need to be acknowledged and addressed to accomplish project goals and center it in community. The project manages ongoing tensions by adopting a spirit of “both/and,” making room for additional ways of knowing and investing in authentic relationships and communications.




The community mobilization strategy has evolved to focus on a FLOURISH Neighborhood Network, which intentionally builds relationships across all partners and connects existing assets and influence at each level. The goal of the network is to empower, connect and develop sustainable pathways for long-term community self-advocacy and broad system responsiveness, change and accountability.

FLOURISH Neighborhood Network - Core Principles

- **Recognize power of community to make change**
- **Be accountable to community**
- **Create sustainable systems change**
- **Manifest shared resources across network**
- **Practice equity at all levels**
- **Insist on authentic relationship building**
- **Reinforce trauma informed / responsive practices**



Core principles of the network include: Recognize power of community to make change; Be accountable to community; Create sustainable systems change; Manifest shared resources across network; Practice equity at all levels; Insist on authentic relationship building; Reinforce trauma informed / responsive practices.



Prepare Actors


Get Proximate

Speak Truth

Consider New Ways of Knowing

Amplify Wins

Acknowledge Stumbles

 GenerateHealth ¹⁹

Collaborative Work is Messy, Winding and Non-Linear. We are still finding our way with the BUILD project, which was just launched in the fall of 2017. Early lessons include the need to prepare actors to engage, get proximate to better understand others lived experiences, speak truth especially when its uncomfortable, consider new ways of knowing, and amplify wins but also acknowledge mistakes and challenges.

Things falling apart is a kind of **testing** and also a kind of **healing**. We think that the point is to pass the test or to overcome the problem, but the truth is that **things don't really get solved**. They come together and they fall apart. Then they come together again and fall apart again. It's just like that. The healing comes from **letting there be room** for all of this to happen: room for grief, for relief, for misery, for joy. – Pema Chodron



Human-centered work requires room for tensions, ambiguity, frustration and the discomfort of not knowing or having difficult conversations or facing ugly truths. This room - this space – allows for authentic relationships and trust building or rebuilding of trust. This human-centered work is the pulse and life blood of movement building and systems change.



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The **BUILD HEALTH** Challenge

