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Strategic Plan for 2015-2017

**Transformation to
Healthy Communities
in the Episcopal Diocese
of Texas**



EPISCOPAL HEALTH FOUNDATION

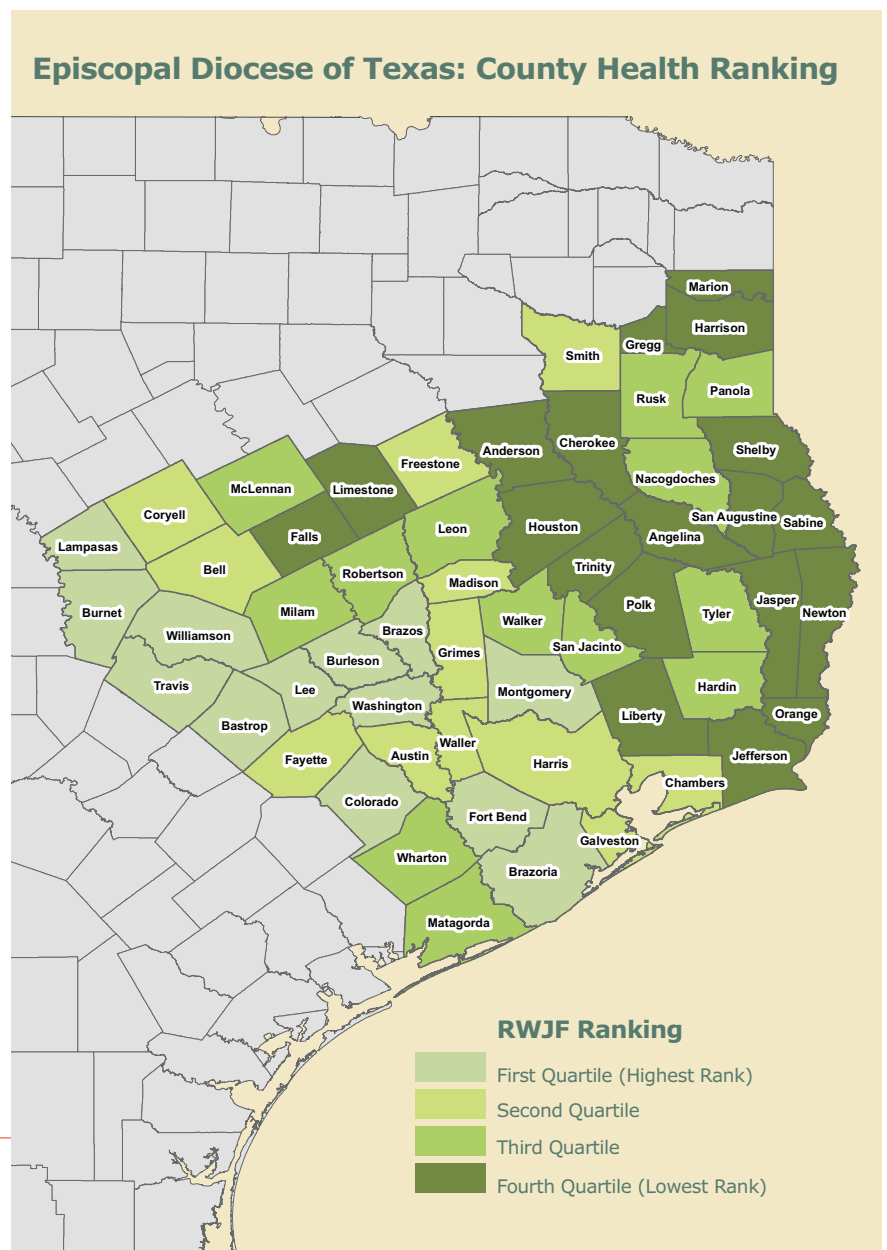
INTRODUCTION

The Episcopal Health Foundation was created in 2013 after the transfer of the St. Luke's Episcopal Hospital System in Houston, Texas, by the Episcopal Diocese of Texas. This three-year strategic plan has been developed to guide the Foundation's initial activities. The Foundation's work will include grant-making, convening of partners for collaboration and learning, addressing research needs to support health, and supporting leadership in discussion of health issues within our region.

This Strategic Plan was developed over an eight-month period of discernment. At the outset, Bishop Andy Doyle challenged us to use the remarkable bounty of the Foundation to transform the lives of the 10 million people and the communities of the 57 counties of the Episcopal Diocese of Texas.

We began our journey by reaching out to the 150+ Episcopal congregations in the Diocese to understand their work in health ministry and the health-related needs and opportunities they saw in their communities. We conducted a meta-needs assessment by compiling information from dozens of assessments produced by many organizations including not-for-profit hospitals and Regional Health Partnerships. We also compiled research on health status and disparities from nationally-recognized sources such as the Robert Wood Johnson Foundation's County Health Rankings.

Health Outcome Rank - Quartiles are calculated based on 232 Texas counties. Ranking is taken from "County Health Rankings and Roadmaps" The Robert Wood Johnson Foundation (countyhealthrankings.org)



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The Foundation's board of directors spent two days in a retreat. During those meetings, they heard from experts on a variety of health-related topics and considered the Diocesan information, needs assessments, and other research assembled by the staff. The retreat resulted in the board's decision to focus on four priority areas:

- Preventive and primary care
- Mental health
- Children's health
- Health inequities

Based on these 4 priority areas, the Foundation developed a framework document containing three goals and several strategies relating to each goal to enable us to address the priority areas.

Foundation staff took the framework document for a road test. We conducted eight community meetings across the Diocese to report on our planning work and to get feedback and ideas from the communities. Approximately 300 people representing organizations in the public, private, faith-based, and not-for-profit sectors attended these meetings. We learned a great deal, especially about the value of collaboration and what that means in different communities. We compiled our learnings into a report. In addition

to these formal meetings, we engaged frequently with other foundations, not-for-profits, faith and community leaders, and health experts to enrich our plan. At the conclusion of this work, we revisited the framework document and produced this Strategic Plan for 2015-17 which was adopted by the board in September 2014. We are pleased to share this plan with you.

The Episcopal Diocese of Texas

150+ Congregations
400+ Clergy
3,000+ Lay leaders
1,500 Ministries
80,000 Parishioners



THE CASE FOR CHANGE

The health status of Americans ranks below that of most developed countries. In a 2013 **report** by the National Research Council and the Institute of Medicine, the US ranked last among 16 developed countries. The findings were striking: Americans have the highest rates of death by violence and car accidents; the highest chance that a child will die before age 5; the second-highest rates of death by coronary heart disease and lung disease; and the highest rates of teen pregnancy and death due to complications of pregnancy and childbirth. Our health care delivery system is the most expensive in the world, but consistently underperforms compared to other wealthy countries.

The health status of Texans generally lags behind the national average. **Data** from the Agency for Healthcare Research and Quality shows that Texas is below average on a number of public health and health care metrics, ranking last among all states in 2011. The Commonwealth Fund's 2014 **Scorecard on State Health System Performance** shows Texas ranking 44th overall among all states and at or below 45th for rates of uninsured adults and children, access to and affordability of care, and preventive care. **United Health Foundation** ranked Texas 42nd overall among all states and below 40th in the rates of adults receiving cholesterol checks, dental visits, and early prenatal care and the percent of children living in poverty. The Annie E. Casey Foundation's annual Kids Count **Data Book** ranks Texas 42nd in the country in terms of overall child well-being.



The health status of populations in many parts of the Diocese lags behind the remainder of Texas. The Robert Wood Johnson Foundation's **County Health Rankings** report, which ranked 232 of the 254 counties in Texas relative to one another, shows that one-third of the 57 counties in the Diocese are ranked in the lowest quartile for health. According to multiple needs assessments conducted by hospitals and the state's 1115 Waiver Regional Health Partnerships within the Diocese, access to primary and preventive services ranked as the #1 community need more often than any other factor. The need is exacerbated by the high rates of uninsured people in the region.

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Within the 57 counties of the Diocese, access to mental health services has been identified as a critical need. The Robert Wood Johnson Foundation County Rankings data show that 23 Diocesan counties, comprising nearly two million people, report more 'mentally unhealthy days' than the state average. There are more than 2.7 million children in the Diocese. More than one-quarter of them are living in poverty. Half of those living in poverty—more than 300,000 children—live in areas of concentrated poverty and suffer from food insecurity. Life is even more uncertain for infants in the Diocese where a majority of counties reported infant mortality rates more than twice the state average.

Virtually all of the adverse outcomes cited above are worse for low income, non-Anglo and rural populations. This is often the product of health inequities that place some groups at higher risk for poor health than others. Unless and until we address these inequities, we will continue to see disparities in outcomes within the Diocese, which adversely impacts community health.

Episcopal Health Foundation has the unique opportunity, at this moment in time, to work alongside others toward big, audacious transformative change.



**THE STATUS QUO
IS NOT ACCEPTABLE**

TRANSFORMATION TO HEALTHY COMMUNITIES

Rooted in faith and active in hope, the Episcopal Health Foundation believes that all people are worthy of the opportunity to live healthy lives. We exist not alone but in community, and the health of our communities determines and is determined by the health of each individual member. At Bishop Doyle's urging, we will pursue a holistic vision of health rooted in the community: ***we aim to transform the people, institutions, and places in our region to create healthy communities.***

We believe that a healthy community is one that continuously creates and improves its physical and social environments to enhance health and to help people support one another to achieve health and well-being. Healthy communities honor human dignity and intentionally improve the quality of life for all people who live, work, worship, learn, and play there. They are communities where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options. In a healthy community, all groups are valued and participate in problem solving, especially those who are most affected by an issue. Institutions and systems are aligned, integrated, effective, and sufficient for supporting the health and well-being of everyone in the community. Healthy communities are proactive in their approach. They are not simply reactive to problems.



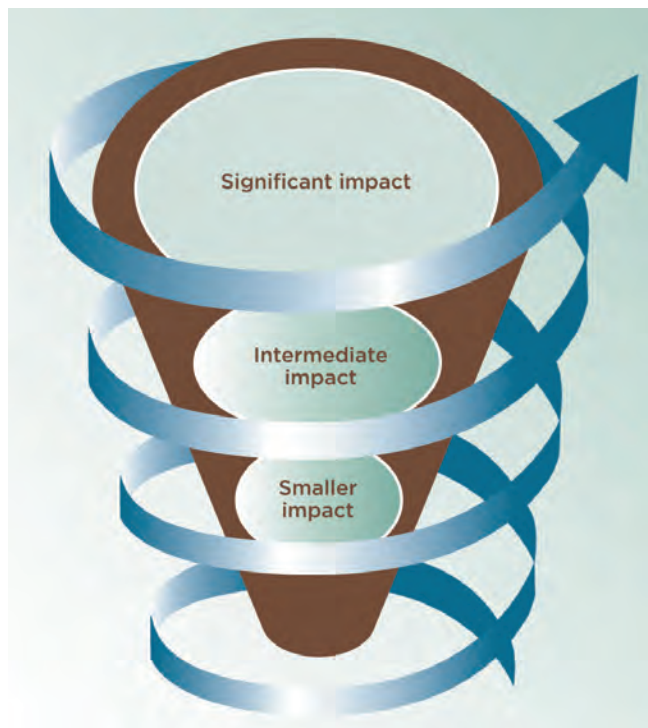
We seek no less than a new value system that places health at the very core of our lives.

For the Foundation's work to be transformative, it must support communities in adopting new ways of problem-solving. This requires greater cooperation and collaboration across sectors, and the involvement of the people whose health and lives are affected. Human connections, especially among people from different backgrounds and experiences, must be strengthened across communities. This will enable individuals, institutions, faith-based organizations, health systems, and neighborhoods to prioritize health and become better equipped to see opportunities to improve health and to solve problems together.

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In aiming for transformation to healthy communities, the Foundation will increasingly shift its work from filling gaps in the social safety net to addressing systemic problems that cause and perpetuate gaps. This means moving from shorter to longer-term investments, moving from downstream to upstream interventions, and supporting initiatives leading to self-organized, sustainable communities with strong and inclusive participation processes and structures. Our desire for transformation means that health disparities will be identified and reduced in the short term, and root causes of health inequities will be addressed in the long-term. We will focus our work on opportunities that move us progressively closer to addressing fundamental barriers to the development of healthy communities.

The figure below illustrates how the Foundation will embark on its plan toward healthy communities. We see our work as a developmental process, sometimes addressing the preconditions to transformative change, other times deepening transformative work already taking place. The enlarging funnel represents the increasing resources to be rolled out incrementally, particularly during the early years of the Foundation. The developmental process along the pathway to a healthy communities occurs over time as we move from smaller to more significant impact.



Our vision is ambitious and requires structural changes in communities, our churches and the health system. Some of these changes will take years to realize. The scope and magnitude of change compels the Foundation to work alongside Diocesan partners, and external partners from a variety of sectors. The Foundation's considerable, but not unlimited, resources require us to be thoughtful in defining our own scope of work so that we can devote enough resources in particular areas to make a significant impact.

GOAL³

From among the many elements that comprise a healthy community, Episcopal Health Foundation will focus its work from 2015-17 on three goals: strong health systems, connected communities, and an engaged Diocese. Strengthening our health systems is critical to achieving community health, and is the natural evolution of the Diocese's commitment to health care after the transfer of the hospital system. Connected communities include the social networks and institutional structures that help people approach social, economic, and health-related challenges and opportunities. We view connected communities as a characteristic of, and a necessary precondition to, healthy communities. We raise Diocesan engagement as an important element of a healthy community because we know the power the faith community can bring to the problem-solving table. We are uniquely positioned to address this element as a core goal of our Foundation.

The graphic below illustrates the transformative process through which our strategies and goals lead to our vision of healthy communities.



GOAL 1: Strong health systems

The health system is undergoing rapid change with an emphasis on moving care upstream—out of acute and tertiary care settings and into lower cost, community-based settings that focus on wellness. Developing more high-quality, integrated preventive, primary, oral and mental health services is a critical need for every community. Our region faces many challenges including the lack of sufficient clinic capacity, providers, and other resources to deliver this care. The clinics we do have must be strengthened to deliver high-quality care that provides access for all. They must be integrated with social services providers, comprehensive in scope, and responsive to community needs. As health care providers increasingly recognize the influence of community factors such as housing, pollution and public safety on their patients' health status, they can help influence those factors.

The Diocese has a long history of supporting community-based primary care through community clinics like El Buen Samaritano in Austin and St. Vincent's House in Galveston. The Seminary of the Southwest prepares practitioners to deliver mental health services. And our legacy organization, Episcopal Health Charities, invested millions of dollars in organizations to deliver community-based preventive, primary, mental and oral health care. Going forward, we will continue to work to strengthen the health system and make strategic investments that support a systems approach to service delivery.

GOAL 2: Connected communities

Every individual, institution and community has assets and resources that can contribute to health and well-being. For example, in response to emergencies and natural disasters, we have seen communities pull together to respond to immediate needs as well as to address the subsequent challenges. The authentic connections developed in those responses are the same inputs necessary to create and sustain the formal and informal institutions that support community health. Establishing connections requires interaction and cooperation among individuals to build social networks and trust across groups with significant differences.





In building such cooperation, special attention must be paid to the voices of those with the least power. A truly connected community is able to use these resources on a routine basis, not just when circumstances call for extraordinary action. The capacity to do this work resides in each of us, and there are many faith-based and not-for-profit organizations that support individuals in this work. The mechanisms for building and strengthening connections will vary community by community. In some communities, connection may be best served by supporting new structures or enhancing existing ones. Others may benefit from specific opportunities such as community-based planning and research activities to ensure that a voice for healthy communities is heard at decision-making levels.

GOAL 3: Engaged Diocese

The Episcopal Diocese of Texas is in a unique position to enhance its service ministries by engaging with the Foundation in health ministry at the parish level.

We envision a reciprocal relationship in which congregations develop programs to serve their communities in consultation with the Foundation. In addition, the Foundation brings congregations and parishioners together with other organizations to expand the impact of community ministry. In some cases, existing ministry efforts may be strengthened or linked to other Foundation initiatives, while in other cases new ministries may be developed to address issues in communities with significant needs. We can support new models of ministry and increase the impact of existing ministries. Parishes may want to share services, skills, and fellowship more deeply within the community. The synergies between Foundation and parish work will catalyze our efforts for widespread transformational change by bringing more resources to the problem-solving table and strengthening the voice for health in our communities.

**While poverty
and isolation
go hand-in-hand,
so do connectedness
and abundance.**

S7RATEGIES

The Foundation has identified seven strategies to guide our work over the next three years. The strategies have been selected on the basis of their contribution to the creation of strong health systems, connected communities, and an engaged Diocese. Each strategy has the ability to create cycles of impact when advanced in combination. The strategies are the actionable expression of our commitment to make a demonstrable impact on the transformation to healthy communities.

S7RATEGY 1:

Support comprehensive community-based primary care

This strategy relates to the development of community-based clinics that provide high-quality, integrated, comprehensive and coordinated care that offer holistic services and are embedded within the community. For the Foundation, comprehensive primary care includes preventive, primary, oral and mental health care. Examples of work in this area include:



- Developing high-performing clinics including Community Centered Health Homes, advanced level Patient Centered Medical Homes, and high-performing Community Health Centers/Federally Qualified Health Centers
- Supporting health service delivery models that are focused on prevention and wellness services
- Improving coordination, co-referral processes and organizational development among service organizations to ensure that comprehensive services are available in the community
- Using technology to support new ways of delivering services

STRATEGY 2:

Increase access to health services

This strategy can be achieved in several ways and approaches will depend on specific community contexts and needs. Examples include:

- Increasing the number of clinics, including nurse-managed clinics
- Increasing enrollment in Medicaid, CHIP, ACA Marketplace plans, and other benefits programs that enable vulnerable populations to access care outside of hospital emergency rooms
- Ensuring comprehensive services are utilized by the entire population, especially the most vulnerable
- Supporting community health workers to strengthen health and health system literacy, uptake of services, and patient engagement in their own care
- Supporting programs that increase the number of health care professionals serving vulnerable populations in community based settings
- Improving access to and effectiveness of school-based health services

Texas has the highest percentage of residents without health insurance in the country.

STRATEGY 3:

Support mental health and wellness



In addition to providing support for mental illness within the context of health services, we have an opportunity to embed a more holistic concept of mental health within the community. Examples include:

- Participating in joint initiatives to advance mental health policy in Texas in collaboration with other funders, institutions, and agencies
- Supporting programs that enhance tenacity and resiliency
- Integrating evidence-informed mental health approaches into community decision-making and initiatives
- Providing training and resources for evidence-informed approaches using peer-to-peer counseling to create emotional and family support systems
- Strengthening the ability of the Diocese, the local faith-based community, and the community at large to support those with mental illness and substance abuse problems and to reduce the associated stigma

S7RATEGY 4:

Enhance early childhood development

This strategy is based on copious evidence indicating there is a window of opportunity early in life during which the brain is particularly susceptible to positive interventions with long-term positive impacts. Examples include:



- Supporting early intervention programs for pregnant women that lead to positive birth outcomes
- Training parents and caregivers on how to create healthy physical, social, emotional, and cognitive environments for young children
- Supporting evidence-informed early childhood interventions that contribute to lifelong health
- Improving health outcomes among abused and neglected children and preventing harm among those vulnerable to abuse and neglect

S7RATEGY 5:

Support capacity building

Individuals, congregations and not-for-profits need help in realizing their full potential to create healthy communities. We can support this work in many ways, including the following:



- Providing financial support and training to help strengthen organizations and programs
- Training congregations and not-for-profits in community organizing and community-based participatory research to strengthen their connection to community
- Conducting community-based research to identify needs and opportunities for capacity building efforts
- Incorporating community engagement into program development to ensure that the voices of the intended beneficiaries are heard

S7RATEGY 6: Facilitate healthy planning

In order to create a value system that places health at the core of our lives, our communities must become adept at understanding how non-health sector decisions are likely to impact health. Therefore, we must provide training to organizations so they may apply a “health lens” in planning and decision-making. Examples include:

- Disseminating research on the social determinants of health for use by others in planning and development
- Supporting efforts to embrace a “health in all policies” approach to planning
- Providing funding and training to conduct Health Impact Assessments
- Training congregations and other groups to learn how to identify and address unintended negative health impacts of their activities
- Using community organizing to accelerate problem-solving for local health priorities



S7RATEGY 7: Strengthen collective impact

Working together with strategically aligned goals within collaborative structures magnifies the impact of funders and organizations. It accelerates progress toward transformed communities. Examples include:

- Partnering with other donors to fund across a variety of sectors that impact health to create more complete and impactful approaches to healthy communities
- Conducting community-based research and supporting community organizing to ensure the voice of affected and vulnerable populations is part of collective impact projects
- Using our convening skills to gather together natural partners, including Diocesan leaders, to identify better ways of working together
- Supporting innovative financing and organizing strategies that strengthen sustainability and self-sufficiency
- Identifying opportunities to highlight the benefits to the business community, non-health sectors, and other non-traditional partners of supporting health and wellness

IMPACT

Although foundations are sometimes seen as opaque institutions without the accountability imposed on other organizations, the foundation community is involved in continual discussion about whether philanthropic work makes a meaningful impact and how to measure and account for impact. Episcopal Health Foundation will continuously explore impact in furtherance of our core values of stewardship, accountability and transparency. We will hold ourselves accountable for executing our strategies to achieve our goals, and we will report publicly on our successes and failures in doing so. We will develop indicators for our organization as a whole, for each strategy, and for our grantees' work so that we can evaluate our progress in the short, medium and long term, and correct our course as necessary to achieve greater impact.



Impact measures will be based on indicators related to the vision for a transformed, healthy community. They will be evidence-informed, incorporating learning related to best practices for implementation with attention to local context. Measurement and data collection will vary according to indicator and include quantitative and qualitative measures. Analysis of the data and evaluation of programs will include aggregated measures to support understanding of broad progress toward our goals, as well as disaggregated measures to allow for identification of specific missteps and unintended consequences, both good and bad. Efforts will be made to use shared indicators when possible (such as national health goals or other funders' indicators where they align with Foundation goals and indicators) in order to reinforce opportunities for collective impact.

GOING FORWARD

At the outset of our planning work, we committed to going deep rather than wide to enhance our impact. While we succeeded in carving out four priority areas of interest from the dozens we considered within the broad scope of "health and well-being," our plan is quite ambitious. Even within our three goals and seven strategies, we will have to make decisions regarding which work to do in which part of the Diocese and at what point in time. We intend to invest deeply in our seven strategies and at times decline participation in other worthy work so that we can concentrate our resources for cumulative impact. Understanding the communities in which we work and the availability and capacity of partners within each will guide us. We can't do it all, and we can't do it alone, but we are committed to making measurable strides toward healthy communities over the next three years.



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