

EPISCOPAL HEALTH FOUNDATION

A NEW CHAPTER:

Episcopal Health Foundation's
Strategic Plan for 2018-22

A NEW CHAPTER:

Episcopal Health Foundation's Strategic Plan for 2018-22

The Episcopal Health Foundation was created in 2013 by the Episcopal Diocese of Texas when the diocese transferred St. Luke's Episcopal Health System in Houston, Texas, to Catholic Health Initiatives. The Foundation is a diocesan institution whose mission is to improve the health and well-being of the 11 million people living within the 57 counties of the diocese. Our work is grounded in the church's gospel commitment to reconciling and restoring communities to wholeness.

As we approached this new planning process, we had the benefit of two-plus years of work to consider. We began the planning process with a retreat attended by board members and senior staff. During the retreat, we reviewed our first Strategic Plan and our work under its guidance. We gained greater understanding of where we had been successful and where we could make changes for greater impact. We also discussed the uncertainty in the state and national health policy environment to ensure that our new plan would be flexible and our work responsive. Ultimately, we agreed to a framework for the new plan that maintained our original vision, modified our three goals slightly, and introduced four outcomes that we seek to achieve over the next five years.

Throughout this process we have been inspired by the dedication and commitment of our board members, the skill of our colleagues, and the steadfast work of our many partners to accomplish the audacious goal of transforming health in our communities. In the early summer of 2017, we held nine community meetings with hundreds of stakeholders to introduce the framework for our new plan. During the meetings, we engaged participants to think about how the framework could be operationalized in their community. We learned from these meetings and follow-up surveys that the framework resonated in urban and rural areas, and with organizations and individuals throughout the diocese. This encouraged us to build the plan that we introduce here and that will guide our work for the next five years.

Rooted in faith and active in hope, it is with gratitude, optimism, and humility that we present our new plan, **A New Chapter: Episcopal Health Foundation's Strategic Plan for 2018-22.**

WHAT WE BELIEVE

Our Values and Principles

As an instrumentality of the Episcopal Diocese of Texas, we are grounded in our gospel commitment to know and serve our neighbors. This plan is grounded in our core values, which were developed by our board when the foundation was created. In addition, we rely on health equity as a central guiding principle that directs our approach.

As a health foundation aligned with public health principles, we have a deep commitment to health equity and to reducing the barriers that prevent individuals and communities from reaching their full potential. We view all of our potential investments through a health equity lens. There are many definitions of equity, but we return to the World Health Organization's (WHO) explanation frequently and share it here as important context:

Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. 'Health equity' or 'equity in health' implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

For the Episcopal Health Foundation, this means we seek out opportunities to level the playing field so that vulnerable populations have the same chance of achieving good health as other groups. We consider vulnerable populations to include members of groups that lack full opportunity to participate in and benefit from the health system, often due to poverty, discrimination, immigration status, insurance status, or disability.

On the ground, our commitment to equity means that we are taking deliberate action to improve the health of vulnerable communities. As a Christian organization, we take seriously Jesus' teaching about caring for the poor and marginalized. In the context of health and healthcare in modern day Texas, this translates to working for the benefit of low-income and vulnerable populations.

EHF'S CORE VALUES:

- **Informed Action**
- **Collaboration**
- **Empowerment**
- **Stewardship**
- **Transparency**
- **Accountability**
- **Transformation of human lives and organizations**
- **Compassion for the poor and powerless**

In addition, we rely on health equity as a central guiding principle that directs our approach.

HOW WE WORK

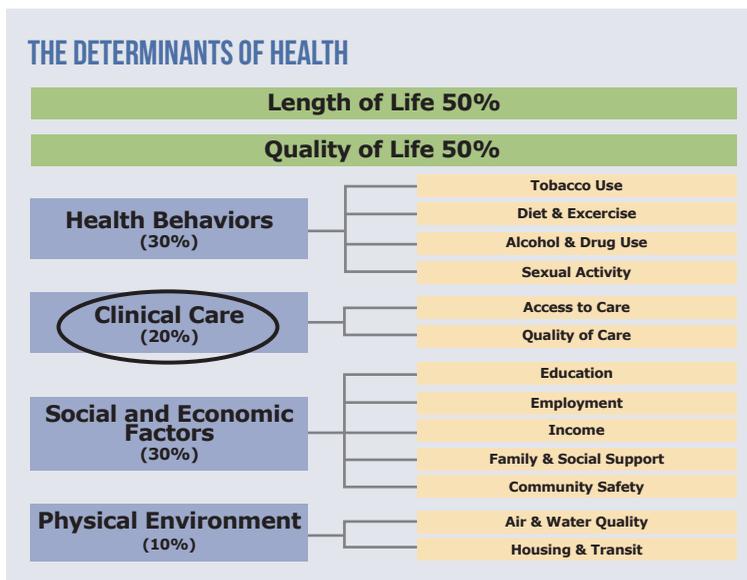
The most influential drivers of health — often referred to as the ‘social determinants of health’— are outside the scope of work of the traditional healthcare delivery system, and include economic, behavioral, and environmental factors.

Keeping these values and principles in mind and reflecting on what we have learned so far, we have refined our focus in this strategic plan. We are committed to work that is upstream and systems-focused and that depends on the strength and capacity of community-based clinics as core partners. Here’s what we mean when we say that.

GOING UPSTREAM

Our public health orientation leads us to working upstream. This means we are most interested in identifying and preventing the causes of illness and injury.

Decades of research have demonstrated that while access to high-quality medical care is essential for population health, clinical care itself makes a relatively small contribution to population health outcomes—likely around 20%. The most influential drivers of health—often referred to as the ‘social determinants of health’—are outside the scope of work of the traditional healthcare delivery system, and include economic, behavioral, and environmental factors. Currently, our health system investments are heavily weighted toward medical care, and are underinvested in addressing the factors that most influence health outcomes. This imbalance is, in part, the result of the great strides made in medicine during the last century to diagnose and treat disease, and is now perpetuated by financing structures that prioritize medical care over other investments in population health. This means we are missing opportunities to improve health outcomes.



Source: <http://www.countyhealthrankings.org/our-approach>.

The national conversation about value in health expenditures inevitably leads to the question of whether we are spending our health resources in the right places, at the right time. We are encouraged by the interest of health system leaders, payers, community clinics, and many others to advance community health interests by moving upstream to address the social determinants of health, particularly through community prevention. We look forward to working with partners to move in this direction.

FOCUSING ON SYSTEMS

We are most interested in work that takes a systems approach to improving community health. We borrow from the WHO's definition of a health system as our guidance. WHO describes health systems as:

the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health.

This leads us to focus on creating and supporting intentional connections between and among institutions aimed at improving a community's health. In some communities, health systems are robust and high-functioning, and in others, systems do not exist, are incomplete, or underperforming. We see great opportunity in supporting the development of the networks and financing mechanisms necessary to build and sustain strong health systems.

Additionally, we will shift our work from filling gaps in the health and social safety net to addressing systemic problems that cause and perpetuate gaps. We will seek opportunities to build and improve system-level infrastructure and to support organizations and individuals to make change at this level. This systems orientation supports comprehensive approaches to health challenges rather than ad hoc efforts by independent, sometimes isolated, actors. It also allows us to address ineffective system structures rather than trying to make up for the problems those structures create. It challenges us to move from shorter to longer-term investments and from downstream to upstream interventions.

PARTNERING WITH COMMUNITY-BASED CLINICS

We believe we can be most successful in our upstream, systems-oriented approach by partnering with community-based clinics. When we refer to community-based clinics we mean healthcare providers (1) that are physically and socially embedded in communities; (2) for whom service to low-income and vulnerable populations is a primary mission; and (3) that provide preventive care, primary care, behavioral health services, and/or oral health services.

These clinics are well-positioned to support the movement of resources upstream toward community prevention. They are part of the healthcare delivery system and part of the community. For the low-income and vulnerable populations served by community-based clinics, the clinic's ability to affect health system and community-level change is crucial to improving health outcomes. Our work with clinics as key change agents is by no means to the exclusion of other healthcare providers and community partners, but it has been and will remain a central piece of our work.

WHERE WE'VE BEEN AND WHAT WE'VE LEARNED

When we released our first plan, we outlined three goals and seven strategies to scope our work. Our intent was and is to go deep and not wide – to invest in multiple ways that could support transformation to healthy communities throughout the Episcopal Diocese of Texas. We understood that if we tried to do too many things, we would spread our resources too thin and miss the chance for deeper impact.

After working within the plan for almost three years, we have greater clarity about what our work is, and what it is not. This means we will increase our investment in some areas, and pull back in others. For example, in community engagement, we recognized that we needed to increase our activity in this area to make an impact, so we added staff to work with community partners interested in learning to do effective engagement. In 2017, we actively solicited grant applications and increased our funding for community building work. With respect to grantmaking support for clinical services, we learned that we had spread ourselves too thin. We funded many great organizations doing important work, but the work was so broad-based that we missed opportunities to go deeper and create greater, more lasting impact. The new plan will guide us in making more focused investments so that we will have greater impact over time.

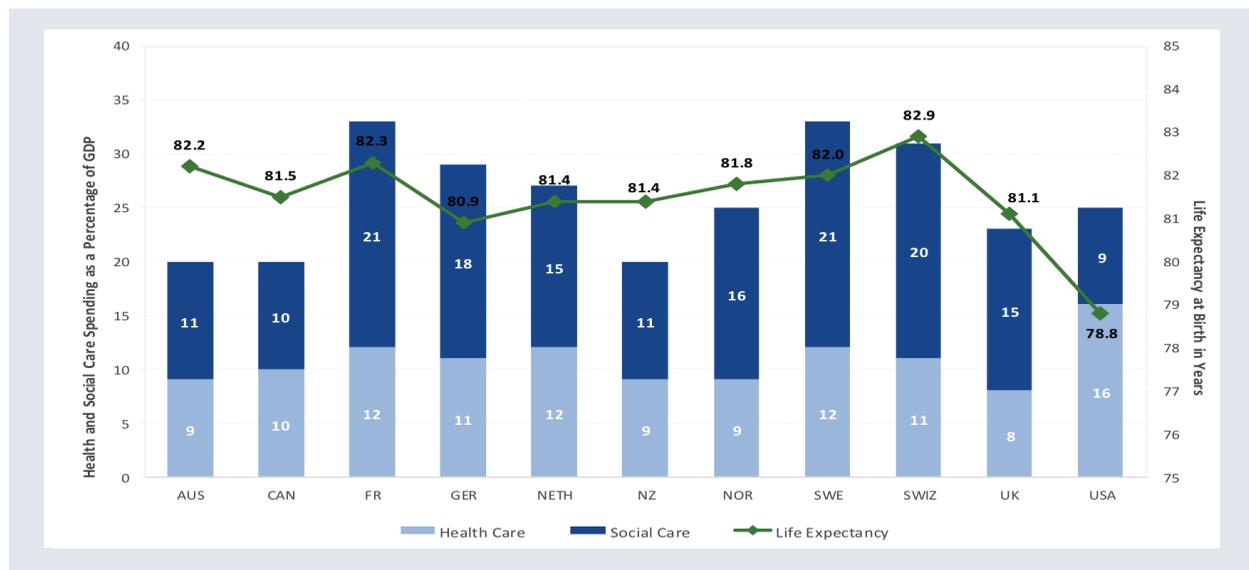
We have learned a great deal that informs our new plan. Below are three highlights.

The case for change still rings true

Our original plan calling for wholesale transformation was based on the premise that the poor health status of people within our diocese, state, and nation will improve only if the systems and structures that impact health status undergo significant change. Simply put, if we keep doing what we've been doing, we'll keep getting the same results. Changes at the margins will bring only marginal improvements.

The United States spends \$3.2 trillion a year on health and over \$40 billion at the state level. This is far more than any other country, and yet our health outcomes are worse than other developed countries, as illustrated in the following graphic. There is nothing inherently wrong with committing almost 20% of our economy to health. What *is* wrong is that we are not getting value for our investment. The good news is that we have enough money in the health system to improve our outcomes – to help people live fuller, longer lives. The challenge is that we must intentionally aim for improved health outcomes, not simply delivery of more services. This means challenging ourselves to transform the underlying systems and structures so that we get value for our investments in health.

HEALTH VS. SOCIAL SPENDING AND LIFE EXPECTANCY



Source: D. Squires and C. Anderson, *U.S. Health Care from a Global Perspective: Spending, Use of Services, Prices, and Health in 13 Countries*, The Commonwealth Fund, October 2015.

We can offer communities more than money

The Episcopal Health Foundation is a multi-faceted entity. While we devote most of our financial resources to grantmaking, we conduct several other programmatic activities in advancement of our goals. We have a research team that conducts and partners with experts to produce original research on important topics such as the impact of the Affordable Care Act (ACA) on uninsured Texans, strategies to optimize rural healthcare infrastructure, and the science of early childhood brain development. The research team created and maintains a web-based data warehouse with mapping tools to help communities understand and use complex health data from multiple sources.

EHF also has teams to support our Episcopal congregations in undertaking transformational outreach work in and with their communities; to teach community organizations how to undertake effective community engagement; and to organize and facilitate health-based community coalitions. We support community-based organizations in building their own capacity by helping them assess their strengths and weaknesses and then underwriting the costs of organizational development. And we have an evaluation team to help us understand and improve the impact of our efforts. Communications ensures that our messages are disseminated publicly and to targeted audiences. Our staff serve on boards, commissions, and committees, and we write, publish, and teach on public health, healthcare delivery, and health policy matters.

We've learned that this multi-faceted approach gives us numerous avenues through which to work in communities. In some communities, our congregations have created entry points for community-level work by making introductions and helping us build relationships. This has enabled us to form or join coalitions and to discover grantmaking opportunities we otherwise might have missed. Our research on community clinics' use of social determinants of health screening tools has led to the development of a learning collaborative among community clinics that receive grant funding to support their work. Not only do our multiple approaches give us a variety of entry points, we've recognized that when we deploy more than one tool to a problem or opportunity, our impact multiplies. We will continue to seek out opportunities to amplify impact in this manner.

We must focus on outcomes rather than interest areas to achieve our goals

Looking back at our first three years we realize that our original strategies were not outcome-oriented but were instead descriptions of the areas in which we were interested in working. We had not sufficiently articulated what we hoped to accomplish in each interest area and how they built on each other to accomplish a higher goal. And because we had not articulated desired outcomes, our work was not as focused, deep, or impactful as it might have been. We moved toward greater focus within the first plan by posting guidelines with specified priorities for prospective grant applicants and declining opportunities to participate in good work when it was not tightly aligned with our goals.

Our new plan outlines a scope of work that is grounded in four outcomes that describe the future we want to see. Nine accompanying strategies outline how we will approach that work for the next five years and, we believe, can be leveraged together in powerful ways. While the plan overall might be described as "Strategic Plan 2.0" because we have retained the same vision statement and have largely retained the original three goals, the inclusion of four targeted outcomes creates a sharper focus for our work. This sharpened focus is intended to reflect our calling to support truly transformational change over time. The abundance of resources entrusted to us provide the opportunity and the obligation to do this kind of work.

THE NEW PLAN

VISION:

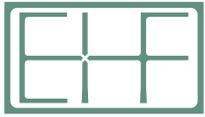
We aim to transform the people, institutions, and places in our region to create healthy communities.

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 and sufficient for supporting the health and well-being of everyone in the community. Healthy communities actively monitor and seek to improve health outcomes for all community members.

Today, many of our communities are fractured, institutions work at cross purposes, and our health outcomes are unacceptably poor. For this reason, we set our sights on wholesale transformation.

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 institutions, and the participation of the people involved. Healthy communities require the perspectives and input from all who comprise the community. Sustainable solutions are derived from this combined effort.

At the same time that we hold to this vision of deep change in our communities, we also recognize the very real challenges inherent in our current systems of health. There are strong and persistent pressures that continue to undermine community health. The wholesale transformation we seek to support will require a unity of vision from many, many partners. It will require not only resource investments but time to reshape systems and prepare them to carry out the vision. Currently, the health system is ill-prepared to work upstream; community organizations are rarely aligned and connected to deliver the kind of impact they could and need to; and few organizations regularly involve the community in meaningful feedback and planning processes. Therefore, EHF is committed to preparing systems for the changes needed, helping them to convene and plan together, and building the capacity of organizations and communities to carry out their work at a higher level.



STRATEGIC FRAMEWORK 2018-2022

VISION: HEALTHY COMMUNITIES FOR ALL

GOALS

STRENGTHEN SYSTEMS OF HEALTH

by catalyzing health systems to be accessible, equitable and deliver health, not just healthcare

ACTIVATE COMMUNITIES

by strengthening organizations and congregations to build health-promoting communities

BUILD THE FOUNDATION FOR A HEALTHY LIFE

by investing in early childhood brain development

TARGETED OUTCOMES

Resource allocation and system reform in the health sector reflect the goal of improving health, not just healthcare

Low-income and vulnerable populations access comprehensive care in their communities

Community and congregation members actively shape healthy communities and influence health systems to improve health equity

Health systems and families implement best practices for early childhood brain development during pregnancy and the first 1,000 days of life

STRATEGIES

SUPPORT CHANGE IN HEALTHCARE FINANCING

WORK UPSTREAM

SUPPORT COMPREHENSIVE CLINICS

STRENGTHEN RURAL HEALTH

EXPAND HEALTH COVERAGE & BENEFITS

RAISE COMMUNITY VOICES

SUPPORT CONGREGATIONS IN ACTION

BUILD BRAIN DEVELOPMENT - PROVIDERS

BUILD BRAIN DEVELOPMENT - COMMUNITY ORGANIZATIONS

GOAL 1:

Strengthen systems of health by catalyzing health systems to be accessible, equitable, and deliver health not just healthcare.

This goal reflects our continuing commitment to building health systems that meet the needs of our communities and lead to improved health outcomes for all community members. We are convinced that there are sufficient resources in the system to improve health outcomes for all, if the resources are deployed equitably and effectively. We see our role as working in partnership with others to make the necessary changes in the system to realize this goal.

We have identified two outcomes that will lead to achievement of this goal. The first concerns the *financing of the health sector*; the second focuses on *low-income and vulnerable populations*. Within each outcome we have identified strategies that will serve as focused pathways through which we expect to make progress toward the outcome.

OUTCOME 1:

Resource allocation and system reform in the health sector reflect the goal of health, not just healthcare

We believe that a primary reason the US spends so much on health and gets so little in return is that we are spending too much money in the wrong places and not enough in the right places. This outcome is about using health sector dollars to finance improvement in health.

Historically, most providers in the healthcare system have been reimbursed according to how many services or procedures they provide. However, as healthcare costs have risen, our nation has embarked on the value conversation—asking whether we're getting our money's worth. Public and private health insurance payers including Texas Medicaid are increasingly paying healthcare providers for value rather than volume. If value is measured in terms of health outcomes, rather than medical services provided, then providers will be incented to do what it takes to meet those outcomes, including investing in nonmedical interventions that improve health.

Here's an example. Many people with asthma suffer attacks that require acute medical attention because they are exposed to asthma triggers such as mold and insects in their own homes. Medications can alleviate asthma attacks, and we pay clinicians for

prescribing such medications. What if the outcome we desired—and paid for—was not just medical management of asthma attacks, but avoiding attacks altogether? If we incented providers to prevent asthma attacks, they would discover that for many patients, home remediation of the triggers was the best investment. The movement toward value based care is creating a tectonic – and rapid - shift in the healthcare delivery system, and we are excited to help build capacity within community clinics and other organizations to respond to and succeed in this new environment.

Together, we will shift the delivery of care to more cost effective, outpatient settings within the community from the current acute and tertiary settings. From there we will move resources toward community prevention. Ultimately, we will obtain value in *health* not just in *healthcare*.

STRATEGY 1: SUPPORT CHANGE IN HEALTHCARE FINANCING

Support change in healthcare financing to incent investment in improving community health

We expect to work with institutions that are willing to look at new ways of paying for improved health outcomes. Examples of this kind of work include Pay for Success initiatives that incent spending on prevention by inviting private sector investors to bear up-front costs and risk of failure; supporting community-based clinics in undertaking value-based contracts with payers; working with Texas Medicaid so that value-based payment programs incent investment in social determinants of health; and supporting the development of Accountable Health Communities.

STRATEGY 2: WORK UPSTREAM

Support community-based clinics to address social determinants of health

We will continue to work toward resource allocation to support improved health outcomes, with a focus on community-based clinics that want to move upstream and address their patients' health, not just their medical needs. We will continue our **Community Centered Health Homes (CCHH)** initiative, which provides clinics with coaching, technical assistance, a learning community, and grant funding to enable them to lead in the space of community prevention. We will also support clinics in collecting, analyzing, and acting

on data and information on the social determinants of health that impact their patients. We believe these clinics play a critical role in their communities, and we want to help them leverage that role in a rapidly changing environment.



A Community Centered Health Home not only acknowledges that community conditions outside the clinic walls affect patient health outcomes; it actively participates in improving them.

– Prevention Institute

OUTCOME 2:

Low-income and vulnerable populations access comprehensive care in their communities

This outcome focuses on the health of low-income and vulnerable populations by ensuring that they have access to health services through community-based clinics.

STRATEGY 3: SUPPORT COMPREHENSIVE CLINICS

Support community-based clinics to provide comprehensive services, continuity of care, inclusivity, and efficiency in delivery of care

This strategy reflects our interest in helping community-based clinics fulfill their potential on behalf of their patients and communities. We define *comprehensive* community-based clinics as those that provide a full complement of services, including preventive, primary care, behavioral health services, and oral health services. These clinics offer the full array of services including immunization and women’s reproductive health services; they charge patients according to a sliding scale; they participate in reimbursement systems; and they seek out a variety of sources of funding for sustainability.

Through learning collaboratives, technical assistance, and grantmaking, we will support clinics to provide *comprehensive care*: preventive care, primary care, behavioral health services, and oral health services. Because the community-based clinics are the connection between their patients and the larger healthcare delivery system, we will support clinics to build strong referral networks to ensure their patients have *continuity of care* including access to specialty and acute care not available at the clinic. Community-based clinics should be inclusive and welcoming to many populations, acquiring the cultural competencies necessary to serve all community members. We also believe that community-based clinics can and should operate *efficiently*. For long-term sustainability, they must cultivate a diversity of revenue sources including public and private payers, adhere to the highest operational standards (for example, adopting Patient Centered Medical Home or Integrated Behavioral Health models), and seek out opportunities to improve quality of services while reducing costs through collaborations and shared resource structures.

STRATEGY 4: STRENGTHEN RURAL HEALTH

Expand and strengthen community-based clinics in rural areas

While Strategy 3 aims to improve the performance of community-based clinics generally, Strategy 4 is a special call-out to our rural communities, many of which lack basic preventive, primary, behavioral, and oral health services. Through this strategy, we will work to increase the availability of these basic services to those living in smaller towns and rural areas. We expect to work with communities to help them optimize healthcare infrastructure, including communities that have depended on rural hospitals whose futures are in jeopardy.

STRATEGY 5: EXPAND HEALTH COVERAGE & BENEFITS

Expand health coverage for low income and vulnerable populations

Strategy 5 recognizes that true access to health services requires a system of coverage, ideally through a comprehensive health insurance plan. People who are insured have greater access to care and have better health outcomes, including lower mortality rates, than those who are uninsured. Low-income and vulnerable populations are less likely to have health insurance than the general population, leaving them at greater risk. This is especially true in Texas where we have the highest percentage and largest number of uninsured residents of any state. Moving the needle on this issue will require a dual approach to both expand coverage and improve enrollment of eligible beneficiaries. In support of this strategy, we will continue our research and advocacy regarding the need to increase health insurance coverage in our state, and we will continue to support organizations that help low-income and vulnerable populations gain access to care through insurance and other health-related programs including those offered by federal, state, and local governments.

GOAL 2:

Activate Communities by strengthening organizations and congregations to build health-promoting communities

Our faith tradition tells us that we exist not alone but in community. We are called to know and care for our neighbors, especially the poor and powerless. The Episcopal church has a long history of building human connections; this is core to our mission. In the Episcopal Diocese of Texas, the Church emphasizes the mission of the church is to go into the world and find Christ. In this sense, EHF's work is aligned with the work of the Episcopal Church. Consequently, EHF's Congregational Engagement team works closely with Diocesan staff to coordinate and leverage work with the churches. Our Community Engagement team works similarly to advance alignment, focusing on broader community organizations and institutions. Through this work, we hope to raise the voices of all people and build connections that transcend difference. This goal reflects our belief that healthy communities are created when diverse people join together to develop community-driven, people-centered, health-oriented systems.

EHF understands that successful, sustainable solutions to complex challenges require the input of those most affected by the issues. Too often, when a group wants to help others, they develop programs they assume the beneficiaries want and need—without engaging with the intended beneficiaries. This is not only disrespectful, but it runs the risk of failure due to lack of understanding of the true wants and needs of intended

beneficiaries. If we want to help, we need to engage those we seek to benefit so that we work alongside them, supporting them in developing solutions that are meaningful to them. This will lead to more successful, sustainable solutions.

OUTCOME 3:

Community and congregation members actively shape healthy communities and influence health systems to improve health equity

This outcome articulates how we envision activating communities to engage meaningfully in addressing health-related opportunities and challenges. We will work with and through community organizations and our congregations to accomplish this work.

STRATEGY 6: RAISE COMMUNITY VOICES

Support organizations to raise the voices of community members to influence community health

We will work with community organizations that are interested in and capable of engaging community members, particularly low-income and vulnerable populations, to become advocates for health. Our primary mechanisms for advancing this strategy include technical assistance to help organizations learn how to do meaningful community engagement work and financial support to organizations that work actively and effectively with community members.

Examples of work within this strategy include increasing the number and reach of grassroots community organizing groups that advocate for community health; supporting the development of new leaders within communities; ensuring that client-facing community partners have the skills and resources they need to actively engage those they serve as influential beneficiaries; developing new and strengthening existing health coalitions; and supporting community organizations in using hospital community benefit data to encourage investment in social determinants of health.

STRATEGY 7: SUPPORT CONGREGATIONS IN ACTION

Support congregations to address community health

We recognize the important role the faith community can play in creating conditions to promote community health. We will support the Episcopal Diocese of Texas and its 150+ congregations as they work with their neighbors to improve community health. While EHF's work is narrowly focused as described in this plan, the congregations are pursuing a broad variety of different opportunities, as determined by their leadership and informed by their communities. Our role is to support the congregations in learning how to do community-engaged work. Our staff members work with congregations to help them establish their own sustainable, effective ministries to advance the development of healthy communities; we provide churches with consultants, conference tuition, and a variety of trainings that benefit them as they get to know their neighbors and work alongside them in improving community health; and we support the connections between our congregations and the health sector institutions in their communities. We are successful when our congregations are meaningfully engaged in their communities.

Examples of work within this strategy include supporting congregations that work on root causes of poor health such as poverty alleviation and racial reconciliation. We also work with congregations wanting to engage in helping their neighbors through food security, educational programs, youth mentoring, and mental health stigma reduction, and more. We help these congregations understand their communities, engage effectively with community members and organizations, and plan meaningful and sustainable work.

GOAL 3:

Build the foundation for a healthy life by investing in early childhood brain development

A child's first three years offer a once-in-a-lifetime chance to build a healthy brain, develop a curious and creative mind, and lay a strong foundation for a healthy, engaged, and capable community member. Beginning in utero, a baby's brain is exposed to environmental stimuli that shape the physical structure of the brain. Advances in developmental biology and neuroscience show that positive early experiences and exposures foster optimal brain development, while negative experiences and exposures impair brain development. Our goal is to ensure that children, particularly those in low-income and vulnerable families, have the best chance at a healthy life, by supporting healthy pregnancies and optimal brain development during the first three years.

Infant brains are busy. When positively stimulated, they form 700 to 1,000 new neural connections each second. This literal construction of the brain is irreversible and occurs at the fastest rate in the baby's first three years of life. We now know that interaction with other humans is essential to this construction process. A baby or toddler in a strong relationship with at least one caring adult will develop language, cognitive skills, and the resilience that allows her to face and overcome adversity with intention and success. She will begin to develop executive function; the abilities to plan, focus attention, remember instructions, and juggle multiple tasks successfully. And research is now indicating that she will develop physiological structures and metabolic pathways that decrease her chances of developing serious illnesses such as cardiovascular disease, diabetes, and depression later in life.

If we as a community are successful at building strong brains, we will have established a strong foundation for a healthy life for the newest members of our communities. The babies whose lives we influence are more likely to be successful adults. They will be more able to participate actively in their communities, and to contribute positively to shaping healthy communities. The work we hope to accomplish within this goal is in fact foundational to the creation of healthy communities.

OUTCOME 4:

Health systems and families implement leading practices for early childhood brain development during pregnancy and the first 1,000 days of life

This outcome addresses our two-pronged approach to building healthy brains: working through healthcare providers to reach pregnant women and the families of young children, and supporting community-based organizations to help families provide the positive and avoid the negative experiences that determine their children's physical brain development.

STRATEGY 8: BUILD BRAIN DEVELOPMENT - PROVIDERS

Support providers to strengthen early childhood brain development

Healthcare providers are an integral part of pregnancy and the early childhood experience for families, and consequently have a unique opportunity to influence healthy brain development. They are well-placed to provide parents with the latest information, effective techniques, and respectful encouragement to optimize development for their infants and toddlers. Providers treating pregnant women and young children can support their patients in having healthy pregnancies, and they can screen for and treat maternal depression. Providers treating babies can conduct developmental screenings as recommended by the American Academy of Pediatrics, and can treat or make referrals for treatment where indicated. Providers can also refer pregnant women and new parents to community-based programs that support early childhood brain development. If we are successful in this strategy, we will see a significant increase in the number of clinics actively engaged in screening and treating pregnant women and new mothers for depression; routinely conducting developmental screenings on young children and ensuring treatment where required; and educating and connecting pregnant women and new parents to supportive programs and resources.

STRATEGY 9: BUILD BRAIN DEVELOPMENT - COMMUNITY ORGANIZATIONS

Support community-based organizations to provide training to families for early childhood brain development beginning at or before birth

We will also support community-based organizations that work with pregnant women and families of newborns to help them build strong brains. We know that the greatest influencing factor in early childhood is the parent/child relationship. Research uses the term “serve and return” to capture the essence of positive interactions. When parents are responsive to a child’s needs, a positive “serve and return” interaction occurs. Successful serve and return interactions maximize a child’s communication and social skills and strengthen his/her ability to deal with adverse childhood experiences such as poverty, parental conflict, abuse, or exposure to violence.

While there are many programs addressing the important topics of school readiness, parenting techniques, and early literacy, our interest is specifically focused on physiological brain development prenatally through age three. Within this strategy, we hope to support community-based organizations that embrace the importance of early childhood brain development and prioritize work with families beginning before or at the birth of their children.

GOING FORWARD

We believe that strengthening our health system, raising community voice to guide and participate in this work, and investing in our children are the most powerful and lasting contributions we can make to our region’s health. In times of challenge and crisis, a systems approach becomes even more important to ensure effective, efficient use of our limited resources. During this journey, we will not only learn about where we are making a difference together, but also discover opportunities to leverage and innovate, and explore the limits of our approaches and how we could go deeper. We envision a future that is substantially different from what our communities currently face, and anticipate that this plan sets us on that pathway to transformation.

We recognize that the vision and plan we’ve shared are ambitious if not audacious. Achieving our goals will require bold, creative action and dogged commitment. It will take innovation and require risks. And we know we cannot do it alone. We welcome partners in this transformation process and pledge to persist together in hope of a healthier future for all. As we learn and improve, we will begin to see communities emerge healthier and stronger. The journey will not always be easy, but the destination is well worth every step. We are excited to begin on this journey and look forward to your very good company along the way.