

Executive Summary

THE 2020-2022 STRATEGIC REFINEMENT was a pivotal step in evolving the Foundation's grantmaking from a focus on health to a focus on health equity. The conclusion of this three-year period marks an important inflection point for the Foundation to build on lessons learned within grantmaking as it continues to operationalize its updated mission statement "*to advance health equity through investment and action*" across the organization's efforts.

Grantmaking Practices

As an equity driven organization, we are committed to transparency in our grantmaking practices. Between 2020 and 2022, the Foundation awarded \$214.6M across 794 grants.

The majority of funding (72%) was dedicated to strategic investments across five goal areas: Resilient Children, Healthy Women and Girls, Older Adults Aging in Place, Thriving Rural Communities, and Clinics as Community Hubs for Health.

The commitment to health equity as our North Star acknowledges that inequitable systems are drivers of health disparities, and so each strategic goal area began to test approaches to shifting systems and conditions. As a result, a growing, yet limited, proportion of grants focused on upstream, systems change work over the past three years. Overall, the largest percentage of funds were dedicated to removing barriers to healthy living for individuals through investments in important clinical and community-based services.

Measuring Progress

Over the course of any one three-year plan, we do not expect to see community-wide changes in health status as a result of the Foundation's investments and action. Instead, in this case, we assessed progress by looking at measures of impact on individuals in the short-term and milestones towards shifting community conditions and systems over the long-term.

To do this, the grantmaking team, in partnership with Learning & Evaluation, developed 43 indicators in 2019. When looking across these 43 indicators, progress was made on 70% of those metrics. Analysis across strategic goal areas found clear evidence of short-term results for *individuals* that include:

- Growth in access to important clinical services for uninsured Central Texans.
- Expanded training and technical assistance on best practices for practitioners and clinics.
- Implementation of evidence-based models for preventative services with proven cost savings.

For long-term *community impact*, milestones reflecting incremental progress towards larger goals were achieved, including the formation of networks through community-building approaches in the Rural and Women's Health areas and offering evidence to make the case for new payment models. The data was used as a starting point for discussions on what led to these outcomes and how we can be more effective in advancing health equity into the future. Across goal areas, the following takeaways emerged:

- **Intersections between goal areas** led to increased internal and external collaboration.
- **Strong partnerships** formed between organizations/entities and existing networks were more impactful when we developed a **shared vision for success**.
- Including voices from those most impacted by health inequities allowed for **adaptive solutions**.
- **Intermediaries played a critical role** in building community leadership and trust.
- **Data informed the connections** between funding for direct services and systems change opportunities.



Community Health Indicators

The importance of addressing systems and conditions is reinforced by trends in community-wide health indicators in which we see improvements for the region, even though disparities by race/ethnicity and geography remained stagnant.

Figure 1 | Examples of Health Disparities by Race/Ethnicity

Structural and systemic barriers drive disparities. Highlight reflects a significant disparity.

	White	Black	Hispanic	Change from 2019
Overall life expectancy (years) ¹	81	77	83	No change
Low-birthweight rate ²	6%	14%	7%	Improved slightly for white population, disparity remains
Third-grade students reading at grade-level ³	70%	39%	41%	Each improved, disparity remains
Teen birth rate/1,000 female teens ⁴	5	27	40	Each improved, disparity remains
Preventable hospital stay/100,000 Medicare enrollees ⁵	1,882	4,138	3,353	Greatly improved, disparity remains

Sources

- 1 National Center for Health Statistics, Mortality Files 2018–2020 via countyhealthrankings.org
- 2 National Center for Health Statistics, Natality Files 2014–2020 via countyhealthrankings.org
- 3 Texas Academic Performance Reports (TAPR) 2021–22. Texas Education Agency. tea.texas.gov/perfreport/tapr/2022
- 4 National Center for Health Statistics, Natality Files 2014–2020 via countyhealthrankings.org
- 5 The Centers for Medicare & Medicaid Services Office of Minority Health’s Mapping Medicare Disparities (MMD) Tool 2020 via countyhealthrankings.org

St. David’s Foundation is a community-focused and equity-driven organization supporting health and wellness in five Central Texas counties. It is one of the largest health foundations in the United States, funding over \$85 million annually in a five-county area surrounding Austin, Texas. To learn more, visit stdaidsfoundation.org