

# Looking Back *to Move Forward*

Grantmaking 2020-2022 Strategic Learning Report

# Introduction

**ST. DAVID'S FOUNDATION** is committed to measuring outcomes and striving for high impact work. We believe data is an important tool for learning and collaboration, and by sharing our progress transparently, we can better listen and, thus, evolve our work.

In 2023, the Foundation analyzed progress towards the goals set in the [2020-2022 Strategic Refinement](#), our most recent Strategic Plan, which focused the Foundation's strategic grantmaking across five goal areas spanning periods of vulnerability and opportunity across the lifespan. The data collected for that analysis served as a starting point for reflection and collective learning around how we use an equity lens in our work and embrace effective risk taking. The process aligned with ongoing strategic planning conversations and the findings presented in this report—bringing together evidence and community voice—serve as key inputs as we make data-driven decisions and craft our strategy moving forward.

This report offers data on what we funded, the related short-term results, as well as evidence of impact. Guided by an intention to make our thinking visible and testable, this research also reflects insights from staff within each body of work. It is important to note the context in which the work occurred, including a global pandemic and rapid population growth within our Central Texas region, and therefore we acknowledge the limitations of our methods to measure progress in exceptionally complex and dynamic environments.

Guided by the belief that problem-solving is most effective when it is guided by those closest to the issue, we invite you, the Central Texas community, to join us in conversations around how, together, we can all contribute to making Central Texas a vibrant and inclusive community in which every individual can flourish and reach their full potential.

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# 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.

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## 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) <sup>1</sup>	81	<b>77</b>	83	No change
Low-birthweight rate <sup>2</sup>	6%	<b>14%</b>	7%	Improved slightly for white population, disparity remains
Third-grade students reading at grade-level <sup>3</sup>	70%	<b>39%</b>	<b>41%</b>	Each improved, disparity remains
Teen birth rate/1,000 female teens <sup>4</sup>	5	<b>27</b>	<b>40</b>	Each improved, disparity remains
Preventable hospital stay/100,000 Medicare enrollees <sup>5</sup>	1,882	<b>4,138</b>	<b>3,353</b>	Greatly improved, disparity remains

# *Grantmaking Overview*

**IN 2020 THE FOUNDATION REFINED** its strategic grantmaking to focus on five goal areas spanning periods of vulnerability and opportunity across the lifespan for children, women and girls, and older adults. In addition, it named a specific focus on rural communities and a commitment to support clinics as community hubs for health.

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The Foundation centered its grantmaking on a commitment to **health equity** and three corresponding principles:

1. **Systems are designed** to benefit some people more than others, and this drives health inequities between different groups of people.
2. **People are not the problem** to be fixed; they are the solution.
3. **Social connection** and a sense of community are powerful drivers of health.

Within each goal, we drew upon research and best practices to develop a theory of change that identified key outcomes and approaches to test throughout the plan.

Three years after the plan, the Foundation awarded nearly \$215M and supported initiatives across the five goal areas and beyond. We are committed to transparency in our grantmaking practices and share data in this report on what and how we funded as well as insights into how we can improve our practices moving forward.

## TO ACHIEVE HEALTH EQUITY,

We will focus on periods of vulnerability and opportunity.

Across the lifespan of **children, women and girls, and older adults.**



Especially those in **rural communities** in our five-county region.

We will also support **clinics** as community hubs for health.

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Additionally, we are sharing our progress towards goals as well as our reflections on how we can become a more effective, community-focused, equity-driven organization moving forward. Finally, we recognize our work and progress occurred within the larger context of our region. Therefore, we share community-wide indicators of health to better understand the overall changing landscape in Central Texas.

### Grantmaking Practices

Over the course of the 2020–2022 plan, we began the practice of applying an equity lens to our work.

Below, we share a snapshot of grants awarded and key equity-focused metrics we identified throughout the plan. This data serves as a baseline for goals to be developed around grantmaking practices in our next strategic plan.

It is also responsive to the feedback received from our grantees in the 2021 [Grantee Perception Report](#), the findings of which demonstrated a desire for the Foundation to continue to increase transparency and insight into our thought processes and strategies, which we are hopeful that the publication of this Strategic Plan Progress Report signifies.



# \$214.6M

AWARDED DURING THE  
THREE YEARS OF THE  
STRATEGIC PLAN

# 72% of grants

INVESTED IN THE FIVE  
STRATEGIC GOAL AREAS

# 12% of funds

INVESTED IN RESPONSIVE  
GRANTMAKING

### ***Strategic and Responsive Funding***

Over the three years of the Strategic Plan, \$214.6M was awarded through 794 grants, with 72% of the grants budget invested within the five strategic goal areas: Resilient Children, Healthy Women and Girls, Older Adults Aging in Place, Thriving Rural Communities, and Clinics as Community Hubs for Health.

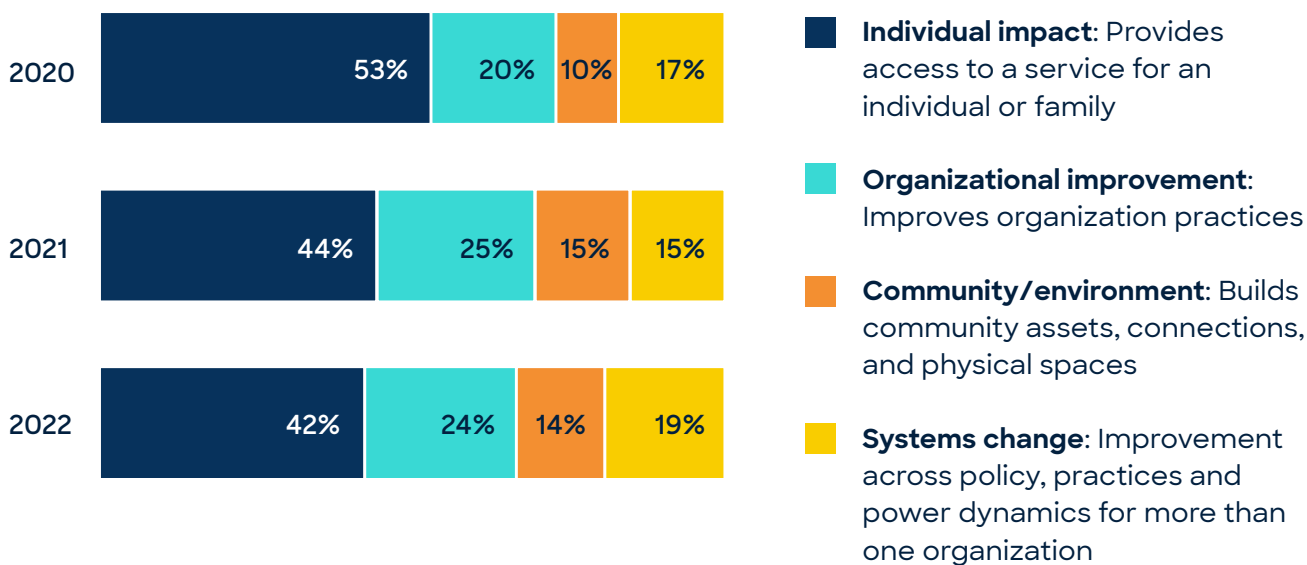
Furthermore, 12% of the awards was invested in responsive grantmaking through the COVID-19 Recovery Fund (6%) and the Innovation Fund (6%). This responsive grantmaking is a significant increase from previous years, for comparison, only 2% was responsive in 2019.

### ***Moving from Individual Impact to Systems Change***

Across strategic and responsive grants, we recognize that inequitable systems are drivers of health disparities and the plan set out to impact not only the immediate needs of individuals but also to test approaches to influence the underlying community conditions and systems that precipitate these needs.

These tactics resulted in a growing proportion of grants with the primary purpose of creating long-term, sustainable shifts in community conditions or systems. However, most of these grants focused on removing barriers to healthy living for individuals through funding for important clinical and community-based services.

**Figure 2 | Percentage of Funding by Level of Impact Over Time**



It is important to note that many programs and initiatives have multiple goals and purposes across the spectrum from individual to system-level impact, which makes monitoring allocation of funds by level of impact challenging.

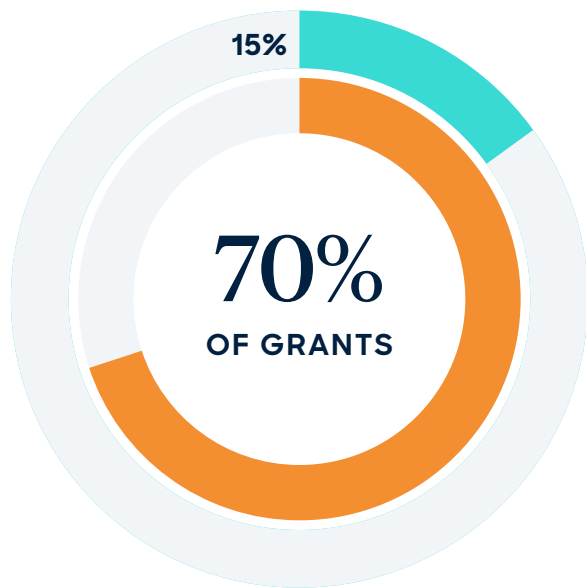
However, the categorization of grants according to *primary purpose* allows us to assess whether funding is shifting over time from more downstream (individual and organizational improvement) to more upstream (environmental and systems change) investments.

***Applying Grantmaking Best Practices: Multi-year and Unrestricted Grants***

**Longer grant periods and unrestricted funding** are both considered philanthropic best practices to allow nonprofits the flexibility to quickly pivot and navigate their ever-changing contexts. In 2020, the percentage of multi-year grants was less than 5%, which was largely due to the dominance of the [COVID-19 Recovery Fund](#) that was structured as 12 months of support. However, the proportion and number of multi-year grants issued by the Foundation has grown in the last two years of the Strategic Plan to 29% of grants made in 2022, as compared to 22% in 2019.

Conversely, the Foundation’s grants made as unrestricted funding, otherwise known as general operating, increased with our pandemic response.

One of the recommendations coming out of the field of philanthropy on how to best support nonprofits during the early days of the pandemic was to offer grantees the ability to convert any current grants to general operating support. St. David’s Foundation extended this opportunity to grantees, and 70% of our grants were converted to unrestricted funds. But in the years since 2020, only 11% of all grants have been unrestricted, representing 15% of total grant funding.



**Figure 3 | Percentage of Grants Converted to Unrestricted Funds in the Early Days of COVID-19 Compared to 15% of Total Grant Funding Since 2020**



## ***Support of Historically Excluded Organizations***

Across grantees, the Foundation collects three metrics of diversity to identify organizations that have historically been excluded from philanthropic funding: racial diversity of organizational leadership, geographic location of the organization, and organizational size. Results from the 2020–2022 plan include:

- An increase in the percentage of grantees with a majority of people of color (POC) on their boards from 13% in 2020 to 33% in 2022, as well as an increase in the percentage of grantees with a majority POC executive staff from 17% in 2020 to 38% in 2022.
- A slight increase in the percentage of funding for services in the rural counties that plateaued at 9-10% of total funding over the past two years.
- A consistent percentage of grantees (40%) having small annual budgets (those with annual budgets less than \$300,000) and a short-term increase in the percentage of funds to small-budget organizations as a result of the COVID-19 Recovery fund (22% in 2020 as compared to 6% in 2022).

While two categories saw increases over the three-year period and the last remained constant, we note that the majority of our grantees are larger, white-led organizations located in Travis County. As an equity-focused funder, we will continue to use these, and other metrics, as tools as we consider future practices and processes through a lens of inclusion.

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### **Recovery Funding Spotlight**

The COVID 19 Recovery fund awarded 193 grants totaling \$10M over the course of 2020. This open call for proposals was the Foundation's first to set equity criteria for the cohort which included benchmarks for the number of organizations led by people of color, serving rural communities, and/or with budgets under \$300,000. The explicit focus on equity as part of the application process resulted in higher proportions of organizations within each category receiving grants than in previous grant cycles.

# *Data & Insights*

**THE FOUNDATION IS COMMITTED TO** measuring outcomes and striving for high impact work. We recognize that we are contributing to impact alongside many other stakeholders and cannot attribute impact to the Foundation's investment and action alone.

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To support what the Foundation is learning about how it can most effectively advance goals within the five strategic areas, we shared a theory of change that included approaches, outcomes, and indicators as part of the 2020–2022 [plan](#).

Over the course of the 2020–2022 plan, we monitored progress towards the goals using a framework that distinguished between efforts aimed at individual impact in the short-term, such as increased access to clinical services or programs to address social needs, and efforts aimed at advancing long-term community or systems changes.

In addition to monitoring progress through short-term and long-term indicators, the staff identified key opportunities to assess impact through external evaluations. Over the last three years, the Foundation engaged consultants and partners in seven external evaluations that provided in-depth information on the effectiveness of our grantmaking and served as a key tool for engaging other funders in our long-term goals.

Across goal areas, progress was made on 70% of the 43 indicators developed by the grantmaking team, in collaboration with Learning and Evaluation, in 2019.

This level of progress reflects forward movement as well as reveals the challenges encountered during the pandemic and related need to evolve our response.

## Short-Term Results of 2020-2022 Strategic Grantmaking

The following themes were identified for short-term results impacting individuals:

### 1. Growth in access to important clinical services for uninsured Central Texans

Funding of direct services resulted in:

- > Medical services for over 115,000 individuals (61% increase in patients served in 2022 compared to 2019 baseline).
- > Dental services for over 40,000 individuals (52% increase in patients served in 2022 compared to 2019 baseline).
- > Mental health services for over 23,000 individuals (39% increase in patients served in 2022 compared to 2019 baseline).
- > Family planning services for nearly 20,000 individuals (11% increase in patients served in 2022 compared to 2019 baseline).

### 2. Expanded training/technical assistance to support best practices for practitioners & clinics

Funding and convening resulted in:

- > 1,828 practitioners trained in trauma-informed care.
- > 271 practitioners trained in the science of early brain development.
- > 4 Federally Qualified Health Centers implementing closed-loop referrals.
- > 2 Federally Qualified Health Centers adopting clinic-wide social determinants of health (SDOH) screenings.

### 3. Implementation of evidence-based models for preventive services with proven cost savings

Funding and convening resulted in:

- > Research-based [Home Visiting](#) offered for the first time in Caldwell County, where 149 families enrolled in 2022.
- > Funded the first two organizations to implement [CAPABLE in Central Texas](#), an evidence-based model to support older adults aging in place, where 73 clients completed the 5-month program in the first year.
- > Funded two sites to receive certification for [Family Connects](#), an evidence-based model designed to support new parents.



## Long-Term Results: Progress Towards Community Changes

Given a three year plan, we assessed progress by looking at measures of impact on individuals in the short-term as indicators toward shifting community conditions and systems over the long-term. Milestones reflecting incremental progress towards long-term community changes were achieved, examples of which include:

- Formation of networks as a result of community-building approaches in the Rural and Women’s Health areas.
  - > In Bastrop Country, resident-led workgroups developed [plans for COVID-19 recovery](#) and extending [broadband access](#).
  - > [Perinatal Safe Zone convenings](#) strengthened relationships between groups resulting in increased referrals and support for clients.
- Producing evidence to make the case for new payment models.
  - > The Foundation led an [evaluation of the CAPABLE model](#) aimed at proving the cost-effectiveness of the model for third-party payers.

## ***Moving from Data to Insights***

While significant progress towards goals was made across approaches, the analysis also reflected the challenges encountered by partners during the pandemic and the evolution of approaches to meet growing needs. The data was used as a starting point for discussions on where we saw progress, where we failed to meet our internal goals, and what is to be learned from those new insights. Those insights include:

- Five goal areas with three to four approaches each led to an unintentional siloing between bodies of work. Initiatives that focused on intersections between goal areas led to increased internal and external collaboration.
- Upstream or systems change initiatives gained momentum when strong partnerships were formed with institutions or networks of organizations and the time was taken to develop a shared vision for success.
- Including those most impacted by health inequities in developing a shared understanding of the issue and strategy to address it creates momentum and community ownership. This allows for adaptive solutions to emergent community needs, the power of which was seen during the pandemic.
- Intermediaries played a critical role in building community leadership alongside time, trust, and investment from the Foundation.
- Data was a key tool for leveraging funding for services and systems change opportunities such as building the evidence for payers to expand reach and scale of services and building capacity within partners to adapt models to maximize public funding.

Data and insights from each goal area are presented in the following pages and reflect both forward progress as well as effective failure, where we learned from the challenges encountered.

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# Resilient Children

**GOAL:** Foster the conditions that create positive early experiences for young children, knowing these early experiences are the foundation for later health, social, and economic outcomes.

The primary focus of St. David's Foundation's childhood resiliency efforts was on families experiencing poverty with children ages 0-5. The Foundation aimed to: create the conditions for a thriving childhood and optimal brain development; support families in reducing sources of stress; foster positive relationships between children and caregivers; connect communities; and inform stakeholders about the science of early brain development. Toward these long-term outcomes, the Foundation used the following approaches to guide initiatives and track results.



## Figure 4 | 2020-2022 Approaches & Measures of Progress

### Resilient Children

Approach	Progress Through Investment & Action*
Promote the science of brain development	<ul style="list-style-type: none"> <li>• 30% increase in Brain Story Certification in Texas.</li> <li>• Approximately 1,000 people attended the 2022 Pediatric Brain Health Summit.</li> </ul>
Screen children at key intercepts	<ul style="list-style-type: none"> <li>• No clinics implemented screening. However, pilot sites were identified and screening tools selected. The challenges encountered built a deeper understanding of barriers within clinics that need to be addressed for success.</li> </ul>
Treat children and families using a strong therapeutic web	<ul style="list-style-type: none"> <li>• Tripled the number of practitioners trained in Trauma Informed Care through Foundation funds.</li> <li>• Increased number of patients receiving Integrated Behavioral Health services through Foundation funds (9,983 patients in 2022).</li> <li>• Significant decrease in number of children and families receiving therapeutic services funded by Foundation due to supporting basic needs related to COVID recovery.</li> </ul>
Prevent adversity and build resiliency	<ul style="list-style-type: none"> <li>• Increased number of home visiting spots in Central Texas by 10% over baseline.</li> <li>• Implemented research-based Home Visiting model in Caldwell County, where 149 families enrolled in 2022.</li> <li>• Two sites received certification for Family Connects, an evidence-based model for new parents.</li> <li>• Successful implementation of social emotional learning at AISD but efforts were not expanded to additional districts.</li> </ul>

\* Compared to 2019 baseline. Note: 1 measure shifted due to pandemic.



## INSIGHTS: Resilient Children

The recipe for success in the Resilient Children goal area included these three ingredients: clarity, connection, and visibility. When we were able to be clear on our purpose, we could make our thinking visible, and connect with well-positioned actors to build momentum toward our goal.

For instance, with the [Pediatric Screening project](#), there was internal Foundation team alignment across the Children and Clinics goal areas, and care was taken to create visibility and connection through a web page that narrates the purpose and goal of this project for our clinic partners.

We also saw forward movement in the initiatives that were built or sustained through strong connections with external players. For instance, through collaboration with Success by Six, the Prenatal-to-3 Policy Impact Center, and Prevention and Early Intervention Department within the State of Texas, Home Visiting programs in Central Texas now reach about 2,500 families a year.

Conversely, we acknowledge that we didn't have these key ingredients in every initiative and there were aspects of our approaches, and the context we were working within, that slowed down our work.

Fundamentally, the goal of this portfolio was overly broad and contained more approaches than what could be well managed given internal staff capacity. The initiatives around screening and prevention specifically were slow to launch because creating a theory of change that was understood by and resonated with key stakeholders took longer than anticipated and, while making traction, work is still underway. We have learned that a shared vision and a shared understanding of the pathways to achieve that vision between funder and grantee is especially necessary when the upstream intervention can seem distant or disconnected from the downstream issues.

# Healthy Women and Girls

**GOAL:** Ensure that girls and women are supported with the resources, respect, and conditions vital for equitable health and well-being.

St. David's Foundation's Women's Health work focused on women experiencing poverty as well as women of color across the socioeconomic spectrum. The Foundation aimed to: create the conditions for women of color to experience birth equity; address fragmentation in care; reduce barriers to accessing contraceptive care and family planning; empower communities to share their narratives; and align the work of this portfolio with other issues and movements related to women's health, expanding our intersectional partners and community impact. Toward these long-term outcomes, the Foundation used the following approaches to guide initiatives and track results.



## Figure 5 | 2020-2022 Approaches & Measures of Progress

### Healthy Women and Girls

Approach	Progress Through Investment and Action*
Establish Central Texas as a women’s health and perinatal safe zone	<ul style="list-style-type: none"> <li>• Established a network of organizations working towards Central Texas Perinatal Safe Zone with ownership residing in the community.</li> <li>• Increased the number of leaders attending Foundation-led convenings by 35%.</li> </ul>
Center women of color	<ul style="list-style-type: none"> <li>• Doubled the percentage of Women’s Health grantees led by people of color (64% in 2022).</li> <li>• Increased representation from people of color at Women’s Health convenings (68% in 2021).</li> </ul>
Fill gaps in the fragmented women’s health safety net system and fund select innovations	<ul style="list-style-type: none"> <li>• Increased number of people receiving family planning services through Foundation funding during a critical time for services in Texas (nearly 20,000 patients served between 2020-2022).</li> <li>• Increased the number of people receiving culturally congruent perinatal support.</li> <li>• Did not meet goals for students receiving sexuality education in schools due to pandemic however funding supported education of policymakers reviewing state standards resulting in inclusion of key provisions.</li> <li>• Completed report on doula workforce and supported relationship building between grantees and funders.</li> <li>• Foundation led <a href="#">research on maternal mental health disorders</a> was cited in 43 articles and used by advocates with information to support postpartum Medicaid extension in Texas.</li> </ul>

\* Compared to 2019 baseline. Note: 1 measure shifted due to pandemic.

## **A Closer Look at Impact: Evaluation Findings**

### ***Perinatal Safe Zone Network Analysis (Fall 2022)***

The Perinatal Safe Zone (PSZ) aimed to strengthen safety and embed quality and equity into the experiences of the parents, families, communities and providers through collective care, collective leadership, and community organizing. The Foundation launched a learning collaborative for PSZ grantees to build relationships between groups and spark collective action over time. The goal of the study was to analyze the types of connections developed between grantees, describe social capital benefits and impacts, and identify pathways for continued growth and development of network at the end of Year One.

#### **Impact Summary:**

- Findings were used to design Year Two of this multiyear community mobilization strategy and test the specific strategies identified to strengthen connections between sites.
- The impact of the network on individual and community outcomes will be assessed in subsequent years. Findings will be shared externally when comparisons over time can be made.
- Year One activities, including cohort trainings, were effective at creating a shared vision across the network and progress was made in forming connections. For some, connections helped expand client support through additional referral and programming.



## INSIGHTS: Healthy Women and Girls

The Healthy Women and Girls strategy was informed by the BIPOC women leaders who were central to the goals of this work. Integrating the insights and perspectives of trusted partners from the start meant that there was clear alignment on the purpose and approaches of this portfolio.

The connections to organizations in the perinatal space had been established before this strategy's development. Many of the partners were engaged in the work of the Foundation's first-ever Request for Proposals, [Focus on the Fourth](#), which was launched in 2018 and had the aim of improving health outcomes for Central Texas women, particularly women of color and other underserved groups, in their "fourth trimester," or the year following delivery.

As the Strategic Plan was being developed, the ten organizations in the Focus on the Fourth cohort, along with other grant partners and thought leaders in the perinatal health arena, were invited to participate in strategic planning sessions.

Foundation staff listened to our community of grant partners and used what we heard to map out a shared vision for the work of this goal area.

The collaborative nature of the work continued during the three-year period through many initiatives but namely the Perinatal Safe Zone work. The Foundation launched the [Perinatal Safe Zone Request](#) for Proposals in the Spring of 2021, which aimed to fund a network of organizations that could provide timely and effective perinatal support to birthing people of color in Central Texas. Over the course of the last two years, this cohort has strengthened their connections as a network through gatherings and training so much so that they continue to move the work forwards beyond the end of the Foundation's grant term.

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# Older Adults Aging in Place

**GOAL:** Increase support for older adults to live safely and independently in their community.

St. David's Foundation's Aging in Place work focuses on low-income older adults (65+ years old), particularly those who are disproportionately affected by lack of access to care, limited transportation, and higher social isolation, including those living in rural areas and older adults of color. The Foundation aimed to fund services for these individuals through initiatives that: allow older adults to remain safe and independent in their homes as they age; provide for a better end-of-life experience; support older adults as a vital part of the community; and ensure Central Texas has an adequate supply of high-quality services for older adults. Toward these long-term outcomes, the Foundation used the following approaches to guide initiatives and track results.





## Figure 6 | 2020–2022 Approaches & Measures of Progress

### Older Adults Aging in Place

Approach	Progress Through Investment and Action*
Fund services and support organizational health	<ul style="list-style-type: none"> <li>• Doubled the number of older adults receiving services through Foundation funding (over 32,000 clients served in 2022).</li> <li>• Increased the number of caregivers receiving training or support by 83%.</li> <li>• Maintained high quality of programs as demonstrated through outcomes such as increased independence and decreased loneliness.</li> <li>• Expanded adult day center services with the addition of a new facility being built in South Austin, which will serve Travis, Bastrop and Hays Counties.</li> </ul>
Build evidence for new models by piloting and evaluating innovative services	<ul style="list-style-type: none"> <li>• CAPABLE, an evidence-based program proved to improve daily function for older adults, was piloted in two counties serving 100+ older adults in its first year.</li> <li>• Leveraged evaluation findings of the CAPABLE model to build relationships with third-party payers.</li> <li>• Piloted intergenerational approaches and determined how best to integrate this innovation into existing programmatic efforts.</li> <li>• Supported a study to demonstrate the improvement of health outcomes as a result of access to medically tailored, home delivered meals.</li> </ul>
Increase public support and awareness around aging issue	<ul style="list-style-type: none"> <li>• Plans to establish a Dignity Fund pivoted to supporting <a href="#">End-of-Life research</a> designed to increase awareness of issues and experiences. Launched summer 2023.</li> </ul>

\* Compared to 2019 baseline. Note: 2 measures shifted due to pandemic.

## **A Closer Look at Impact: Evaluation Findings**

### *Process and Outcomes Evaluation of CAPABLE in Central Texas (Fall 2021 and Fall 2022)*

The Foundation piloted the evidence-based program, CAPABLE, with the double aim of bringing services to Central Texas and bringing them to scale by proving their effectiveness to payers. The evaluations were designed to identify the progress and key actions taken to implement the evidence-based program with fidelity in Central Texas, and analyze the outcomes achieved by CAPABLE participants served in Year One. Findings from both were used to improve service delivery, create knowledge around replication for other interested sites, and to establish data that can be leveraged to make the business case for coverage to insurance providers.

#### Impact Summary:

- Findings were used to present the business case for coverage to insurance providers by proving that local sites are replicating the model with fidelity and achieve expected outcomes. This allows the Foundation to leverage findings from rigorous studies that demonstrate cost savings such as reduction in both hospitalization and nursing home admission rates as well as a substantial reduction to Medicare expenditures of \$2,765 per quarter on average.
- Central Texas sites have achieved outcomes consistent with the evidence base for CAPABLE. For example, participants at the two sites improved their ability to complete tasks of daily living and essential functions, reduced depressive symptoms substantially, and reduced their likelihood of injuries related to falling.



## INSIGHTS: Older Adults Aging in Place

Grantmaking to fund services and projects is an important lever for the Foundation to use. However, when reflecting on various initiatives in the Aging in Place goal area, we can see where grantmaking alone fell short as a tool for sustainable change and where other levers, like research, convening, and communication, better served the goal. Being thoughtful in our balanced use of both ‘investment and action’ in the future will be important to the success of our work.

With the understanding that seniors in Central Texas, especially low-income and BIPOC seniors, need more accessible and affordable services to support their mobility, social connection, and health, funding programs to serve individuals was named as the first approach under this goal area.

But, through the work of the last few years, we learned that granting to programs is not the only tool, but is often the first one we reach for.

For instance, with the [Connecting Generations Request for Proposals](#), we funded programs to address the issue of social isolation in older adults. These grants were relatively small and short-term awards. As a result, they were often limited in their scale and the number of people reached. We must acknowledge that if we want to see change at a community, or systems level, we should also look for and test out solutions that shift the conditions of the community itself.

Conversely, we saw success with the [CAPABLE Request for Proposals](#) and associated evaluation when we kept the goal of engaging health insurance payers, a systems-level change, in mind when developing the RFP and the evaluation. While we are still using the tool of programmatic funding, it is towards a long-term goal with potential to have a much greater impact on the health of our target population. More information can be found [here](#).

## Goal Area

# Thriving Rural Communities

**GOAL:** Build community capacity while co-creating and investing in long-term, place-based solutions.

St. David's Foundation's Thriving Rural Communities work focuses on Bastrop County, Caldwell County, the eastern part of Williamson County, and Hays County. The Foundation aimed to foster a culture of health that transcends health care access; build strong social connections among rural residents; strengthen cross-sector, community-based networks that promote health; support the infrastructure and capacity of rural organizations; and engage and empower residents through civic leadership to improve community well-being. Toward these long-term outcomes, the Foundation used the following approaches to guide initiatives and track results.



## Figure 7 | 2020-2022 Approaches & Measures of Progress

### Thriving Rural Communities

Approach	Progress Through Investment and Action*
Engage and empower rural communities	<ul style="list-style-type: none"> <li>• Established resident advisory groups for two key issues in Bastrop County and developed workplans to advance their goals.</li> <li>• Partnered with communities to highlight rural strength-based narratives via media.</li> </ul>
Build capacity of people and places	<ul style="list-style-type: none"> <li>• Developed and implemented Network Weavers leadership training program through which over 100 community members built their capacity to implement participatory grantmaking projects.</li> <li>• Network weavers are leveraging new skills and connections and six of them have chosen to run for elected offices, many of whom have gone on to accept new community leadership roles, including the first black woman to be elected to the Bastrop City Council.</li> <li>• Increased the capacity of a local nonprofit to serve as a backbone organization for Bastrop County.</li> </ul>
Strategically invest in asset-based and community-led solutions	<ul style="list-style-type: none"> <li>• Increased number of proposals received and funded, including broadband and digital equity projects, from rural communities across other goal area portfolios.</li> <li>• Expanded supported partners beyond traditional nonprofits through the multi-year rural Libraries for Health Initiative.</li> </ul>

\* Compared to 2019 baseline. Note: 1 measure shifted due to pandemic.

## External Evaluations in Progress

### *Rural Strategy Evaluation*

To assess the emergent strategy of the rural portfolio that was co-created with community, the Foundation engaged in an external developmental evaluation. It focused on uncovering bright spots and informing how we approach relationship-building and expand the successes within the rural portfolio to other bodies of work. Evaluation findings expected Fall 2023.

### *Libraries for Health Evaluation*

The Libraries for Health Initiative reimagined mental healthcare by building on trusted community assets, libraries, to provide non-clinical mental health supports. The Foundation engaged consultants to assess the feasibility and effectiveness of embedding trained peer support specialists, hired from the communities they serve, within rural libraries in Central Texas. Evaluation findings expected December 2024.





## INSIGHTS: Thriving Rural Communities

The approaches under the Thriving Rural Communities portfolio were built around deepening relationships to co-create solutions with the rural community members. Since there are not many formal nonprofit organizations in rural areas, the goals of this portfolio necessitated that the capacity of rural residents themselves be built up so that they would feel empowered to get involved in devising the solutions to their communities' biggest challenges. As we reflect on the work, we see where our relationships deepened and networks strengthened, but those improvements were not easily quantifiable under our standard evaluation approaches.

**[The Network Weaving initiative](#)** proved to be an innovative and effective way to engage residents in Central Texas, particularly Bastrop County, in this work. Through key partnerships with Bastrop County Cares and The Strategy Group, the Foundation worked to build the capacity of residents by providing leadership training and networking opportunities to empower residents to transform their communities.

Connected to the Network Weaving work was a **[shared gifting project](#)**, which put the power of funding community projects in the hands of the resident network weavers. The 70 projects funded through this participatory grantmaking initiative were designed for and by the residents that would most benefit from them, and the process itself supported social connection between the weavers. This was an important step to shifting power by placing the decision-making of who gets funded into the hands of residents.

We believe that the Network Weaving initiative and other grant-funded projects under the Rural portfolio benefited the communities we served by facilitating connections and supporting resident engagement, but those achievements proved difficult to quantify in the Foundation's traditional means of tracking progress and impact. Community change work is complex to measure and requires the Foundation to employ multiple tools to measure progress not only related to rural but all bodies of work. The Foundation has engaged Success Measures in an external evaluation of the Thriving Rural Communities portfolio, to help us understand, and later measure, the community change progress under this portfolio.

# Clinics as Hubs for Health

**GOAL:** Facilitate the growth of clinic infrastructure and capacity as they transition to serve as community hubs for health.

Under this goal area, the Foundation continued long-standing support for uninsured and underinsured adults to receive comprehensive, preventive, primary care, dental services, and behavioral health services across Central Texas. We supported grantees in evolving their care delivery models to improve health outcomes, participate successfully in alternative payment methodologies, and ultimately improve population health. Further, the Foundation encouraged clinics to create connections beyond their walls to serve as community hubs for health is another key element of this goal area. Toward these long-term outcomes, the Foundation used the following approaches to guide initiatives and track results.





## Figure 8 | 2020-2022 Approaches & Measures of Progress

### *Clinics as Hubs for Health*

Approach	Progress Through Investment and Action*
Provide access to primary care, behavioral health, and dental services for the uninsured	<ul style="list-style-type: none"> <li>· Significantly increased number of uninsured patients served by clinic partners (25,447 in 2019 to 41,016 in 2022).</li> <li>· Increased the number of patients receiving integrated behavioral health services (9,983 in 2022) and uninsured patients receiving adult dental services (13,021 in 2022).</li> </ul>
Expand capacity of clinics to improve care delivery models	<ul style="list-style-type: none"> <li>· All four Federally Qualified Health Centers (FQHCs) continue to improve their risk stratification approaches.</li> </ul>
Strengthen community linkages to improve community health and well-being	<ul style="list-style-type: none"> <li>· Two clinics piloted practice-wide screenings for social determinants of health (SDOH) needs of their patients.</li> <li>· All clinics created or improved close-loop referral programs.</li> <li>· While laid groundwork, did not observe increases in formal relationships between clinics and social service providers.</li> </ul>

\* Compared to 2019 baseline. Note: 2 measures shifted due to pandemic.

## A Closer Look at Impact: Evaluation Findings

### *E-consults for Equitable Care in Rural Communities (2023)*

Safety net clinics provide access to primary care for uninsured patients, but, without insurance, patients face major barriers to receiving needed, timely specialty care. This lack of access to specialty care significantly impacts the health and well-being of the uninsured, leading to delayed or deferred care, potentially leading to worse health outcomes and increased downstream healthcare costs. This evaluation focused on the results of a pilot e-Consult program at Lone Star Circle of Care to increase access to specialty care services for uninsured patients, filling a gap in the evidence base for e-Consults that had not previously been studied with uninsured populations. More information can be found [here](#).

#### Impact Summary:

- Incorporating the low-cost process of e-Consults significantly reduced uncompleted specialty referrals by 37% and the number of patients who needed to see a specialist. This is key for patients already facing barriers to accessing care, such as those without insurance or those living in rural areas.

- Wait times for referrals decreased from a median of 54 days to just seven days.

### *Telehealth at Federally Qualified Health Centers in Central Texas (2022)*

The pandemic created a new openness to using telehealth in medical and behavioral health settings and yet, few clinicians were trained on how to deliver effective care through telehealth. Given the patient population served by safety net clinics, primarily low-income, underinsured, and with high rates of chronic conditions, this evaluation explored when and how telehealth improves outcomes and thus increases value, with particular attention to improving equity through a review of existing literature and qualitative data from two FQHC partners in Central Texas. More information can be found [here](#).

#### Impact Summary:

- Telehealth has expanded access for many patients by making it easier, less time-intensive, and more comfortable for them to receive health care.
- The biggest opportunity for value creation via telehealth is in the areas of chronic disease prevention.



## INSIGHTS: Clinics as Hubs for Health

We aimed to build the capacity and effectiveness of our clinic partners, especially the four Federally Qualified Health Clinics (FQHC) in our five counties, to provide comprehensive, preventive, primary care; dental and behavioral health services; and stronger connections to social services that improve patients' health and well-being.

Our first approach—providing access to care for the uninsured and underinsured adults—continues to be effective in supporting greater access to medical, behavioral, and dental health services in the community. Grantmaking alone will not be able to address the lack of access to key healthcare services for many in our community. We continue to connect with other partners to strengthen the community's ability to address the lack of healthcare access. These connections allow us to leverage philanthropic dollars with other initiatives and programs in the community as we continue to move away from solely supporting uncompensated care.

Under our second approach, we partnered with grantees to support the creation and implementation of processes and

strategies to improve the care delivery model. The support provided has been a lever for systems change at the clinical care level. This quality-of-care focused approach required our clinical partners to develop a complex data management process and has helped them to make more data-informed decisions around how to best serve their patients.

We observed slower progress under our third approach, encouraging clinic partners to lead the development of linkages between the clinics and other service organizations. We know that FQHC and charity clinics are vital partners in the work to improve health, and we also acknowledge that health is largely determined by factors unrelated to the quality of or access to health care. Encouraging clinics to go beyond their walls and connect with community organizations is important, but the slow progress has made us think about the effectiveness of an approach that only centers on health care. The [Texas Accountable Communities for Health Initiative](#), an initiative in partnership with Episcopal Health Foundation, has given us insight into what it could look like to take the healthcare system out of the driver's seat of advancing health.

# *Community Health Indicators*

**THE FOUNDATION RECOGNIZES** the importance of understanding the evolving needs of the community and the context for health as it seeks to understand progress towards goals. The Strategic Plan identified approaches targeting systematically caused differences in health because they hold the greatest promise for promoting and achieving health equity.

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## **Community Targets**

We have identified key metrics related to the work of the Foundation and a long-term target using community-developed goals or national benchmarks. Each of these metrics serves as a proxy to provide the context of how the needs of the populations we seek to serve are changing. Sometimes these proxies are very close to the work of the foundation, but none capture every aspect of work in a goal area and should be viewed as a general sense of improvement or continued challenges over time.

In addition to overall improvement, more granular data by geography and race/ethnicity is needed to deepen our understanding of the disparities within our community. The Foundation is dedicated to using data to uncover inequities and catalyze community conversations around potential solutions.

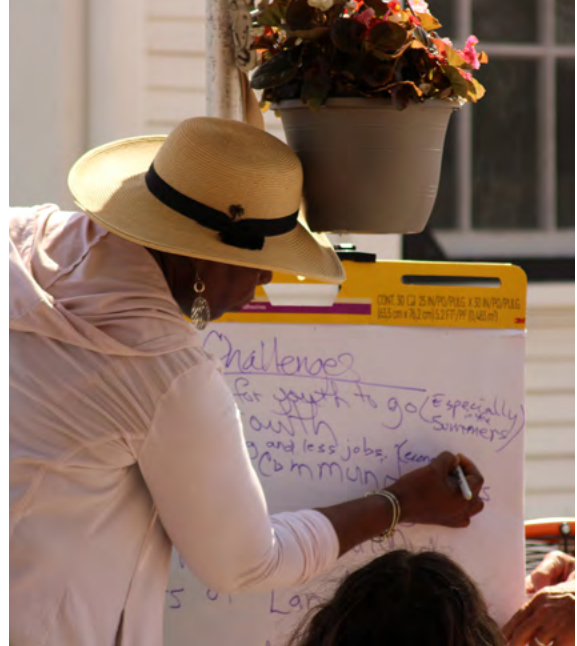
The goal for the following measures is the same: health outcomes should not be influenced by demographics such as geography and race/ethnicity.

**Figure 9 | Community Health Metrics**

<b>Outcome</b> Proxy measurement of improvement	<b>Baseline</b>	<b>2030 Target</b>	<b>Latest Data</b>	<b>Change</b>
<b>Children enter school ready and able to learn</b> <b>NEW:</b> Increase the proportion of third graders reading at grade-level <sup>6</sup>	49% 2019	75%	<b>56% 2022</b>	Improvement
<b>Women are trusted with their reproductive health</b> Reduce low-birthweight rate <sup>7</sup>	7.6% 2017	6%	<b>7.4% 2020</b>	Improvement
<b>Older adults remain independent for longer</b> Reduce hospital visits for preventable conditions (per 100K Medicare enrollees) <sup>8</sup>	4,230 2016	2,765	<b>2,403 2020</b>	Target met
<b>Clinics support population health</b> Reduce the proportion of adults reporting bad health <sup>9</sup>	14% 2017	12%	<b>13% 2020</b>	Improvement
<b>Rural communities thrive</b> Improve overall health ranking <sup>10</sup>	Bastrop: 79 <sup>th</sup>  Caldwell: 146 <sup>th</sup>	Bastrop: 61 <sup>st</sup>  Caldwell: 122 <sup>nd</sup>	<b>Bastrop: 49<sup>th</sup>                       Caldwell: 109<sup>th</sup></b>	Target met

## Health Disparities

Although Central Texas health indicators improved overall, disparities by race/ethnicity and geography remain, indicating benefits of this improvement were not felt universally. This reflects the long term, complex nature of the structural and systemic barriers that drive inequities.



**Figure 10 | Examples of Health Disparities by Race/Ethnicity**

*Highlight reflects a significant disparity*

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

**Figure 11 | Examples of Disparities in Resources and Outcomes for Rural Residents**

*Highlight reflects a significant disparity*

	Bastrop	Caldwell	Travis
Adults reporting bad health <sup>11</sup>	18%	<b>21%</b>	13%
Uninsured rate <sup>12</sup>	<b>22%</b>	<b>24%</b>	14%
Access to exercise opportunities <sup>13</sup>	<b>47%</b>	<b>40%</b>	93%
Households with broadband access <sup>14</sup>	84%	<b>82%</b>	92%
High school completion (includes equivalent diplomas) <sup>15</sup>	84%	<b>80%</b>	91%

# Conclusion

**THIS REPORT** is intended to make our thinking visible and testable and to guide and inform the Foundation’s future strategic planning. Also, as we believe people closest to the problem are best positioned to help design solutions, this report is an invitation to share your experience and join us in a conversation about how we can all contribute to making Central Texas a vibrant and inclusive community in which every individual can flourish and reach their full potential.

## Sources

- 1 National Center for Health Statistics, Mortality Files 2018–2020 via [countyhealthrankings.org](https://countyhealthrankings.org)
- 2 National Center for Health Statistics, Natality Files 2014–2020 via [countyhealthrankings.org](https://countyhealthrankings.org)
- 3 Texas Academic Performance Reports (TAPR) 2021–22. Texas Education Agency. [tea.texas.gov/perfreport/tapr/2022](https://tea.texas.gov/perfreport/tapr/2022)
- 4 National Center for Health Statistics, Natality Files 2014–2020 via [countyhealthrankings.org](https://countyhealthrankings.org)
- 5 The Centers for Medicare & Medicaid Services Office of Minority Health’s Mapping Medicare Disparities (MMD) Tool 2020 via [countyhealthrankings.org](https://countyhealthrankings.org)
- 6 Texas Academic Performance Reports (TAPR) 2021–22. Texas Education Agency. [tea.texas.gov/perfreport/tapr/2022](https://tea.texas.gov/perfreport/tapr/2022)
- 7 National Center for Health Statistics, Natality Files 2014–2020 via [countyhealthrankings.org](https://countyhealthrankings.org)
- 8 The Centers for Medicare & Medicaid Services Office of Minority Health’s Mapping Medicare Disparities (MMD) Tool 2020 via [countyhealthrankings.org](https://countyhealthrankings.org)
- 9 The Behavioral Risk Factor Surveillance System (BRFSS) 2020 via [countyhealthrankings.org](https://countyhealthrankings.org)
- 10 County Health Rankings and Roadmaps. (2023). [countyhealthrankings.org](https://countyhealthrankings.org)
- 11 The Behavioral Risk Factor Surveillance System (BRFSS) 2020 via [countyhealthrankings.org](https://countyhealthrankings.org)
- 12 The US Census Bureau’s Small Area Health Insurance Estimates (SAHIE) 2020 via [countyhealthrankings.org](https://countyhealthrankings.org)
- 13 Combined datasets of ArcGIS Business Analyst and Living Atlas of the World, YMCA, and US Census 2022 via [countyhealthrankings.org](https://countyhealthrankings.org)
- 14 The American Community Survey (ACS) 2017–2021 via [countyhealthrankings.org](https://countyhealthrankings.org)
- 15 The American Community Survey (ACS) 2017–2021 via [countyhealthrankings.org](https://countyhealthrankings.org)

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**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 [stdavidsfoundation.org](https://stdavidsfoundation.org)