



United Way of San Antonio
and Bexar County

GROWING HAPPY, HEALTHY, READY KIDS



A Commitment to Improving Child Well-Being in San Antonio

The United Way of San Antonio's National Academy of Medicine (NAM) Enhanced Incubation (EI) Plan

Introduction

In April of 2017, the city of San Antonio and Bexar County adopted the *Bexar County Children's Agenda* (Children's Agenda) to place a particular focus on improving the lives of young children in San Antonio, Texas, by identifying three priority investment areas representing nine population level indicators. The Children's Agenda was the result of eight months of collective impact work the ReadyKidSA (RKSA) coalition began in late 2016. RKSA is a collaboration of early childhood education professionals, child development advocates, health professionals, community members, parents, and civic leaders with a vision **"to grow happy, healthy, and ready children."** The RKSA coalition is external to the United Way and represents a county-wide collective impact approach.

In the summer of 2018, United Way of San Antonio and Bexar County (UWSA) also used a collective impact approach to launch a strategic alignment process to redefine investment priorities. Groups of partners from different sectors were brought together to develop common results, strategies, and indicators for solving social problems. The groups coalesced around four Impact Council areas including Ready Children, Successful Students, Strong Individuals, and Families and Safety Net. The work began by gathering information about the opportunities to generate impact on complex social issues. Those opportunities were then narrowed to specific results, followed by the identification of population level indicators to quantify what it means to achieve the results. Finally, strategies were developed to define a series of actions or activities that must occur in order to achieve the results. In the summer of 2019, programs were funded through a competitive request for proposals process to implement the selected actions and activities.

UWSA's National Academy of Medicine (NAM) Enhanced Incubation (EI) Plan includes the early childhood component of UWSA's strategic planning process, which focuses on the efforts of the Ready Children Impact Council (RCIC) and its work to reduce child abuse and increase access to prenatal care. The *Bexar County Children's Agenda* served as the foundation for this area of emphasis, framing the RCIC's menu of investment options. RCIC is internal to United Way and is comprised of a multisector group of volunteers tasked with managing UWSA's investments; combined with a group of partner agencies who are funded to implement programs and activities focused on early childhood.

The collective impact work of RKSA and RCIC are aligned with UWSA's mission to increase the organized capacity of people to care for one another. To that end, UWSA will continue to serve as the backbone support for both RKSA and RCIC to impact the two population indicators: 1) the number of confirmed victims of child abuse or neglect per 1,000 children and 2) the percentage of pregnancies receiving late or no prenatal care. As both groups are at different phases in their respective work, the NAM EI Plan is reflective of their respective implementation timelines.

Disclaimer: Community teams own all aspects of Community-Driven Health Equity Action Plans. While this plan was created using the National Academy of Medicine (NAM) model for developing Community-Driven Health Equity Action Plans in collaboration with the NAM Culture of Health Program, it is solely a product of the United Way of San Antonio and Bexar County.

Why this work matters (Community Context)

RKSA identified the following top three social change issues negatively impacting young children and families in San Antonio: (1) the lack of safety and stability for children, (2) the poor health and well-being of young children, and (3) the lack of quality early childhood education opportunities. These issues informed RKSA's vision: "to grow happy, healthy, and ready children."

Happy: Safety and Stability

The safety and stability of all children remains a priority concern in San Antonio. Data reviewed during the development of the Children's Agenda indicated that the rate of confirmed child abuse cases had declined from 13 victims per 1,000 children in 2012 to 9 victims per 1,000 children in 2016. However, this declined rate has two key limitations: it is dependent on people reporting abuse, and it relies on the resources available to investigate reports. Household stressors such as persistent poverty, lack of childcare, domestic violence, and substance abuse impair a family's ability to nurture and protect their children. Nearly one out of four children (23.4%) are food insecure. An estimated 11% of families with children 0 to 17 experience employment instability, and that figure doubles for female-headed households. Families with unstable and/or insufficient incomes may feel shame in seeking assistance, and the complexities of the eligibility requirements for the various subsidy programs create barriers for families trying to meet their children's needs. A growing chasm of income segregation exacerbates this situation for many San Antonio families.

A review of the environment and living conditions of San Antonians included the Health Collaborative's 2016 *Bexar County Community Health Needs Assessment Report (CHNA)*. The Collaborative is a network of citizens, community organizations and businesses focused on improving the health status of the community through collaborative means. The CHNA collects local data and presents it in a manner to challenge how we think about and work to improve the community's health and well-being. The 2016 CHNA states that "fundamental social determinants of health like poverty and educational attainment remain stubbornly unchanged. Some, like income inequality and segregation, are getting worse, and Bexar County's income inequality now resembles that of China and the Dominican Republic."

Healthy: Health and Well-Being

With regard to the health and well-being of young children, an estimated 36.6% of pregnancies in Bexar County receive late or no prenatal care. Mothers who do not receive prenatal care are three times more likely to give birth to a low-weight baby, and their baby is five times more likely to die. Lack of education, insurance constraints, and transportation issues are key contributing factors to mothers' lack of prenatal care. While nearly 94% of children have health insurance coverage, problems with consistency of coverage due to benefit cliffs, lack of transportation, and co-pay costs for prescriptions disrupt the quality of healthcare that children in Bexar County receive. An estimated 8.4% of kindergartners in San Antonio are "vulnerable" in the emotional maturity domain as measured by the Early Development Instrument (EDI). The EDI is a validated population-based measure of how prepared, or ready, young children are to enter kindergarten. The EDI measures five domains of early childhood development including: physical health and

well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge. Social emotional development is how young children feel about themselves, how they behave, and how they relate to people close to them. There is strong evidence linking social emotional health in the early childhood years (birth to 6) to subsequent school success and health in preteen and teen years, and to long-term health and well-being in adulthood. Early exposure to trauma, stigma associated with mental health programs, and difficulty navigating and/or finding social support and resources impede the healthy development of young children. UWSA partners with the University of California at Los Angeles to aggregate and map school readiness data in San Antonio on an annual basis.

Ready: Quality Early Childhood Opportunities and School Readiness

To launch children onto a path that will allow them to achieve their full potential, it is critical that children have access to enriching early childhood experiences. Only 24% of children in San Antonio are considered “very ready” for kindergarten, according to 2017 EDI results. Only 29.5% of licensed childcare centers in San Antonio hold one or more accreditations, prompting serious questions about the quality of the majority of the childcare centers in this community. Furthermore, according to the US Census, less than half of all 3 and 4 year olds in San Antonio are enrolled in a public or private early childhood education program. Participation in high-quality early childhood care and education programs can have positive effects on children’s cognitive, language, and social development, particularly among children at risk for poor outcomes. High-quality programs do not just meet the basic needs of children, but also provide opportunities for meaningful learning activities and language development, and work to foster close, caring relationships between children and their caregivers – parents and teachers alike.

What we want to achieve (Focus areas and goals)

UWSA is focusing on two primary areas to improve the well-being of children ages 0 to 8: 1) preventing child abuse and 2) increasing access to prenatal care. No one entity can tackle these larger issues; therefore, UWSA is relying on its ability to collaborate and convene partners to address these areas.

Three goals will help reach our vision:

1. Facilitating a collective impact process that supports the RCIC to manage the administration of funds and implementation of programming for the next five years.
2. Deepening the use of the Results Based Accountability (RBA) framework to inform the direction of UWSA funding strategies. The RBA framework is a facilitation tool that can be used to facilitate a data-driven, decision-making process.
3. Embedding the knowledge of the social determinants of health (SDoH) into the collective impact approach, used by both RCIC and RKSA, by ensuring that partners have a strong understanding of the root causes of child abuse and lack of access to prenatal care.

To reach maximum impact in these priority areas, collaborative efforts must be rooted in a strong understanding of the SDoH, and how these determinants directly impact a family’s ability to provide a safe and nurturing environment for their children. The definition of the SDoH provided

in the National Academy of Sciences, Engineering, and Medicine *Communities in Action: Pathways to Health Equity* report will be used as the basis for this understanding.

Report Recommendations of Focus

In addition to the social change issues identified by RKSA, this plan is guided by two primary recommendations from the *Communities in Action: Pathways to Health Equity* report, released by the National Academies of Science, Engineering, and Medicine in January 2017.

Recommendation 7-1: Foundations and other funders should support community interventions to promote health equity by:

- Supporting community organizing around important social determinants of health;
- Supporting community capacity building;
- Prioritizing health equity and equity in the social determinants of health through investments in low-income and minority communities.

Recommendation 7-5: Public health agencies and other health sector organizations should build internal capacity to effectively engage community development partners and to coordinate activities that address the social and economic determinants of health. They should also play a convening or supporting role with local community coalitions to advance health equity.

With a history of funding health and human services, serving as a backbone organization, and a convener of partners in our community, UWSA selected these two recommendations as they best fit the way in which we approach our work. These recommendations support the UWSA's investments in target areas representative of low-income and/or minority communities and our role as a convener of multisector groups working toward shared results.

How we can achieve our vision and goals (Part One): Leveraging our partnerships to advance progress (Community Opportunities and Stakeholders)

UWSA can leverage its history and practice of convening strong multi-sectoral partnerships to achieve the goals of the NAM EI Plan. UWSA's key leadership, volunteers, and stakeholders support and value the RKSA collective impact work. UWSA's direct investments into the RCIC ensure funding goes toward activities and actions designed to impact child abuse and access to prenatal care, two indicators selected from the *Bexar County Children's Agenda*. Therefore, UWSA will use this opportunity for the SDoH to inform our collective impact work and increase the capacity of the volunteers and agencies represented on the RCIC in the framework. The increased capacity will help to deepen our understanding of the complexity of issues families in our community face, identify gaps in service delivery, and refine strategies as necessary.

Part of UWSA's development and support of multi-sector collaboration includes periodically evaluating who is missing from the table and conducting ongoing outreach efforts to ensure those stakeholders necessary to achieving a result are invited to participate. For example, UWSA engaged a cohort of Community Health Workers specializing in childhood obesity as

volunteers on the RCIC to ensure residents' voices are included. However, few if any residents, parents, or recipients of community resources are currently participating in RCIC. UWSA will actively work to secure their involvement to ensure their voices are included in further development and implementation stages of the work.

UWSA will ask for a variety of levels of engagement from stakeholders. The NAM EI extension team includes staff of UWSA and a volunteer that works for Child Protective Services who serves on both the RCIC and RKSA. The UWSA staff team meets bi-weekly and the volunteer representative from RCIC and RKSA is briefed on a monthly basis. Since RCIC is responsible for overseeing the UWSA's investment in the two focus areas, funded agencies will meet on a monthly basis and the volunteer group will meet with these agencies once per quarter. These meetings will provide the opportunity to facilitate the collective impact strategy, increase knowledge around the SDoH, monitor progress, and identify areas for course correction.

How we can achieve our vision and goals (Part Two): Overarching Strategies and Tactics

Our overarching strategies and tactics are based on the RBA framework and the following process will be used to accomplish the stated goals.

Goal 1: Facilitating a collective impact process that supports the RCIC to manage the administration of funds and implementation of programming for the next five years.

- Facilitate meetings focused on generating and sustaining action through the use of the RBA. This includes developing meeting agendas designed to move talk to action by:
 - Restating intended results for the group and the specific meeting,
 - Displaying population-level indicators targeted for impact (child abuse reports and access to prenatal care), and
 - Having ongoing discussions around both performance and human experience data, missing constituencies or partners, and adjustments to the originally stated action plan.
- Using a data review process that asks the following questions related to performance management of programs, agencies and systems:
 - How much service did we deliver?
 - How well did we deliver it?
 - How much change did we produce?
 - What quality of change did we produce?
- Conducting a monthly review of performance metrics and human experience data
 - This data will be collected from UWSA-funded agencies that implement programs to reduce the incidence of child abuse and increase access to prenatal care.
- Conducting a quarterly review of performance measurement data, successes, and challenges experienced by programs during the prior quarter.
 - The review may present opportunities for shared learning experiences and problem-solving.
- Conducting an annual review of performance measurements and population-level data.

- This review will determine if UWSA’s strategies had an impact on two population-level indicators, including 1) the number of confirmed victims of child abuse or neglect per 1,000 children and 2) the percentage of pregnancies receiving late or no prenatal care.
- If necessary, the review will allow UWSA to make recommendations for course correction.
- Building ongoing relationships with the community to support, inform, and collaborate on this work.
 - UWSA will develop a presentation protocol to identify guest presenters that can focus on issues related to and aligned with the RCIC and RKSA efforts.
 - These presentations are embedded in the arc of learning referenced in the development timeline below.

Goal 2: Deepening the use of the RBA Framework to inform the direction of UWSA funding strategies.

During RCIC meetings, partners will deepen the use of the RBA framework to support the collective impact work by participating in the following:

- Collaborating with UWSA to better understand our community’s most pressing needs through an equitable results framework, Results Count™, which helps leaders develop and execute plans to achieve better and more equitable results. An internal Results Count™ team will host a webinar to answer questions and walk through the results accountability and equity sequence.
- Using RCIC strategy(ies) and indicator(s) as the focus for their year’s work. The primary result will be to have RCIC working in high action and high alignment as well as performing against shared performance measures. High action and high alignment represent one of four quadrants of aligned contribution, and operating in this quadrant is indicative of groups that are working in authentic agreement toward a shared purpose and meaning.

Goal 3: Embedding the knowledge of the SDoH into the collective impact approach, used by both RCIC and RKSA, by ensuring that partners have a strong understanding of the root causes of child abuse and lack of access to prenatal care.

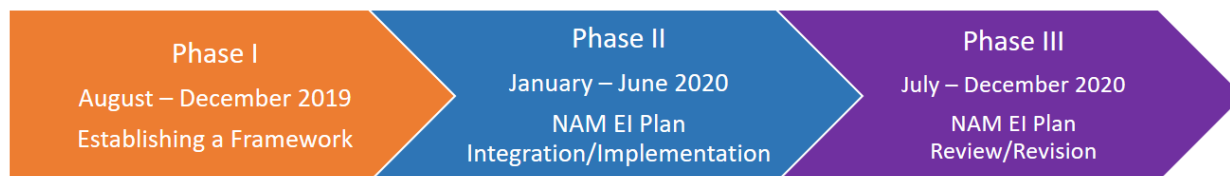
UWSA’s strategies will be reviewed through the lens of the SDoH as recommended in the section of the *Communities in Action: Pathways to Health Equity* report focused on how philanthropy can engage in promoting health equity. This includes the following:

- Review established RCIC strategies through a SDoH lens to determine how each strategy supports efforts to address the SDoH and where there are gaps in our approach.
- Utilize the RCIC to bring together funded partners and community volunteers (including residents) to better understand how the SDoH impact the families enrolled in RCIC programs.
- Provide training and a safe discussion space for RCIC and RKSA members to address the SDoH to achieve equitable outcomes for families and the community.
- Explore opportunities to increase awareness around the SDoH within UWSA and with other local collaboratives.

The elements of the NAM EI Plan were integrated into UWSA’s Strategic Alignment plan. As a result, the timeline for implementation includes the first phase of the strategic alignment process, which began in July 2019. The following milestones were developed through

conversations with the local extension team and information gleaned from in-person NAM meetings and discussions with NAM-affiliated advisors.

MILESTONES FOR READY CHILDREN IMPACT COUNCIL/INTERNAL (RCIC):



PHASE I: Fall 2019 (August – December 2019): Establishing a Framework

UWSA launched the RCIC, which united partners, volunteers, and grant-funded programs, in coordination with the development of this NAM EI plan. UWSA developed an arc of learning, an outline of tools and skillsets, for the first full year of investment implementation. RCIC-funded programs operate on a July 1 – June 30 fiscal year; as a result, the first two quarters of the arc of learning will occur in 2019 (Phase I), with the incorporation of the SDoH beginning in 2020 (Phases II and III). Phase I will serve as an opportunity to lay the groundwork for plan implementation. Partners agreed to commit to a minimum of four hours per month in a combination of meetings, webinars, and trainings. The meeting series occurs on a monthly basis and focuses on the following:

- **Quarter 1 (July – September 2019): Introduction to the Results Count™ Journey and Learning Who's in the Room**

Partners joined as a group and worked to strengthen their understanding of and facility with the basic results accountability and equity sequence that Results Count™ uses to help leaders develop and execute plans to achieve better and more equitable results. This quarter's meetings focused on the first segments in the Results Count™ sequence: the theory of aligned contributions; the language of results based accountability; differentiating work at the whole population and program population levels; developing both technical and adaptive skills; and setting the stage for trust-building among the partners. These descriptions and concepts outlined below are based on Annie E. Casey Foundation's Results Count™, Results-Based Accountability™, and *Results Based Facilitation*.

The RCIC membership will have a deep understanding of these tools and skillsets:

1. Theory of Aligned Contributions (Results in the Center) – The Theory of Aligned Contributions posits that population level changes are most likely to occur if a core group of multi-sector, cross-agency leaders not only respond to a call to action, but also take aligned actions at scope and scale towards a result.
2. RBA 101/Performance Measures – An overview of the RBA framework including a discussion of performance measures as a means of ensuring organizations and programs are

accountable for those they serve. The focus is on whether clients are better off as a result of receiving the service and if the services were provided in an effective and efficient manner.

3. Myers-Briggs Type Indicator® (MBTI) – A personality assessment which provides a theoretical framework for understanding individual personality preferences and differences. RCIC Members will learn how leaders can use MBTI awareness to help people understand their own thought processes and the thought processes of others. This awareness allows leaders to better understand and modify workplace culture, strengthen team dynamics and cope with change.

- **Quarter 2 (October – December 2019): Internalizing the Results Count™ Accountability and Equity Sequence**

To begin discussions around alignment toward deeper contributions and leveraging strengths, partners will create a high action/high alignment map charting their alignment building off the theory of aligned contributions from Quarter 1.

The RCIC will have a deep understanding of these tools and skillsets:

1. Iceberg/Mental Models – A mental model is an explanation of someone’s thought process about how something works that helps shape behavior and define an approach to solving problems or completing tasks. Understanding mental models helps leaders address disparities and the inequitable distribution of opportunity.
2. High Action/High Alignment Mapping – A tool designed to help leaders take action that is highly impactful in a manner that complements and builds on the actions of others; with a goal of understanding how the work accomplished together achieves progress toward results in an accelerated way. High action and high alignment represents one of four quadrants of aligned contribution and operating in this quadrant is indicative of groups that are working in authentic agreement toward a shared purpose and meaning.
3. Plan/Do/Study/Act process – A process for small tests of change to deepen trust among partners and learn about the work conducted across programs.

PHASE II: Winter/Spring 2020 (January – June 2020): NAM EI Plan Integration/Implementation

In 2020, the UWSA will refine processes based on lessons learned from the implementation of RCIC strategies. Meetings will be used as opportunities to ensure all participants can articulate shared results, indicators, and strategies; establish a safe space to discuss performance and population-level data; establish and refine meeting protocols; and begin the process of infusing knowledge of the SDoH and how they impact the work.

The meeting series outlined below builds off the preliminary work conducted in 2019. Meetings this quarter will be supplemented with discussions, trainings, and/or webinars hosted at least once per quarter focused on increasing knowledge around the SDoH and health equity, messaging, and adopting localized definitions. Trainings will feature how the SDoH are addressed at a national, city, and program level.

- **Quarter 3 (January – March 2020): Addressing the Adaptive Challenges that Come with Shared Accountability**

Partners will underscore the importance of identifying and helping others identify the adaptive challenges that arise when groups agree to be accountable for making aligned contributions. Using a targeted factor analysis, the RCIC will reflect deeply on how existing strategies address the most burdened populations. The RCIC will meaningfully review the data collected from its grant-funded programs to punctuate the need for aligned work.

RCIC members will have a deep understanding of the following tools and skillsets:

1. Targeted Factor Analysis – An approach that supports the analysis of the factors contributing to the trend line for a data set, i.e., population level indicator or a performance measurement.
2. Shared Performance Measures – A set of measures common to a collaborative group that assist in tracking progress toward a shared indicator.
3. Adaptive Leadership – Adaptive leadership focuses on modeling and practicing a willingness to ask questions to illuminate adaptive challenges, acknowledge reality and expose threats and conflicts, let go of or change current roles, and challenge norms.
4. PDSA Results – Members who attempted a PDSA after the training received in Quarter 2 will be asked to share their experience with the larger group for discussion.

- **Quarter 4 (April – June 2020): Developing Targeted and Universal Strategies and Moving into Aligned Action**

Partners will move into high action and high alignment with each Results/Indicator area. Agencies will rely and support each other to achieve their performance targets that in turn perform against the larger population-level indicators. By holding each other accountable for their program performance, partners will achieve greater impact and become normative in the work of the RCIC. The RCIC will develop and tweak strategies for year 2 after performing the targeted factor analysis.

RCIC members will have a deep understanding of these tools and skillsets:

1. High Action/High Alignment – Supports the development of a common understanding and a shared commitment to achieve measurable results that matter to the collective. This includes understanding the two axes of leadership choice: high or low action, and high or low alignment, and how together they create four quadrants that highlight the possibilities of how individuals might pick up their practice of leadership at a given time and place to create aligned action towards a common result.
2. Strategy Development – The process of identifying the overarching approach (a set of coherent actions) that has the power to accelerate achievement of results. Strategies are the method for achieving the result and should be revisited for effectiveness on an ongoing basis.

PHASE III: Summer/Fall 2020 (July – December 2020): NAM EI Plan Review and Revision

The remaining six months of 2020 will be used to review and revise the EI plan based on feedback from the membership of both the RCIC and RKSA. Through the use of the RBA framework, membership of both groups will be asked to participate in an annual review of performance metrics, demographic data of clients served, and population-level data collected between July and September 2020.

This review, and the accompanying facilitated discussion, will allow for plan adjustments and will help determine if UWSA’s strategies had an impact on the two population-level indicators of focus: child abuse reduction and increased access to prenatal care. Recommendations and plans for course correction as necessary will be developed between October and December 2020.

MILESTONES FOR READYKIDSA COALITION/EXTERNAL (RKSA):

With UWSA serving as the backbone organization for the ReadyKidSA Coalition, there is an opportunity to incorporate elements of the NAM EI Plan into its work as well. This ensures there is a community coalition focused on the two priority indicators and also incorporating the knowledge of SDoH into their discussions and decision making process. As this coalition represents a broader based community effort, integrating the SDoH into their work will support sustainability and distribution of the messaging and concepts throughout the community. The phases of the work outlined for RCIC follow the same pattern for RKSA, but are slightly altered to account for the fact that they are further along in their process, having started planning and using RBA several years before RCIC.



PHASE I: Fall 2019 (August – December 2019): Establishing a Framework

The RKSA Coalition meets on a quarterly basis focusing on one of the areas outlined in our “growing happy, healthy, and ready children” vision. The November 2019 meeting focused on the programs aligned with the “happy” area, including those strategies designed to improve the safety and stability of children. The agenda included a panel of experts discussing successful strategies for child abuse prevention; an update on the status of participating in the NAM EI project; a discussion on messaging developed at the October 2019 NAM in-person meeting; and a discussion to establish a sub-committee focused on the SDoH.

PHASE II: Winter/Spring 2020 (January – June 2020): NAM EI Plan Integration/Implementation

During the first two quarters of the year, the RKSA Coalition will be involved in the following activities.

- **Quarter 3 (January – March 2020):** This quarter, the Coalition meeting will focus on the sub-area of “healthy” including strategies that support the health and well-being of children. The meeting will include an update on the UWSA investment in prenatal care, children with disabilities, and Family Connects (a community-wide nurse home visiting program for parents of newborns). The SDoH subcommittee formed in Fall 2019 will also give an update on their work; we will discuss a high level overview of the final version of the NAM EI Plan; preliminarily review messages developed at the October 2019 meeting of the NAM Culture of Health Program; and offer an update on UWSA’s investments in “healthy” strategies, including the UWSA prenatal care program.
- **Quarter 4 (April – June 2020):** This quarter’s meeting will be focused on the “ready” sub area and include an update on kinder-readiness assessment data. Additionally, an update will be included on the work of the subcommittee along with a panel on SDoH and how it is being addressed at a national, city, and local program level.

PHASE III: Summer/Fall 2020 (July – December 2020): NAM EI Plan Review and Revision

The remaining six months of 2020 will be used to review and revise the EI plan based on feedback from RKSA. Through the use of the RBA framework, RKSA membership will be asked to participate in an annual review of performance metrics, demographic data of clients served, and population-level data collected between July and September 2020. This review, and the accompanying facilitated discussion, will present the opportunity to understand the progress of both UWSA’s and the City of San Antonio’s investments in population level indicators in the *Bexar County Children’s Agenda*. Recommendations and plans for course correction as necessary will be developed between October and December 2020.

Sustainability Plan

In order to leverage financial and in-kind support from local partners in our community, it will be critical that our community’s stakeholders strategically align their investments with the *Bexar County Children’s Agenda* in San Antonio, as planned. The RBA framework utilized to build the *Bexar County Children’s Agenda* is intentionally designed to produce a collective commitment and buy-in to the actions required to achieve the needed changes in early childhood in San Antonio. The results, indicators, and strategies will help to align local foundation, city, and county funding to create an aligned and shared focus on impact. All partners will need continuous access to outcomes data that will both inform program improvement and demonstrate impact for the broad range of funders supporting the work. The RKSA website, which will track the progress of the *Bexar County Children’s Agenda* through a scorecard, is an essential tool to keep the momentum and funding focused on the shared vision. Greater integration using a SDoH framework will lead to a deeper and more comprehensive understanding of the factors that

contribute to vulnerability in our community. As UWSA and the city have aligned their investments with the *Bexar County Children's Agenda*, we are confident other funders will invest in matching this important work.

At the broader level, UWSA, the Kronkosky Foundation, the City of San Antonio, Bexar County, nonprofit partners, local school districts, and local donors and philanthropists have all made financial investments in the community for early childhood education and child abuse prevention. UWSA has had preliminary conversations with these groups and has verbal agreements that each partner will align their early childhood funding with the indicators and strategies that come from the RKSA work to ensure that coordination, integration, and collaboration continues beyond planning.

The City of San Antonio and other philanthropic organizations in San Antonio are also beginning to coalesce around the concepts of shared results through collective impact and the SDoH. For the fiscal year beginning in September 2019, the City's Health and Human Services Department began investing in a number of strategies identified in the *Bexar County Children's Agenda*; for the purpose of this NAM EI project, they have committed to investing \$807,290 into child abuse prevention. Additionally, the San Antonio Metropolitan Health District will be developing a strategic plan for the next four years focused on access to health services, addressing traumatic childhood events, and reducing violence using a SDoH framework.

The buy-in and support from key staff and volunteers at UWSA is crucial to this project. UWSA's executive leadership is fully supportive and relies heavily on the RKSA and RBA work that has been occurring with community partners to inform UWSA's future strategic alignment. Throughout the last three years, the experiences and lessons learned with our current Maternal, Infant, and Early Childhood Home Visiting Program grant have provided valuable insight into our grants management, data collection, and even billing processes to strengthen our work as an agency. The executive leadership at UWSA has been engaged in the RKSA coalition and the *Bexar County Children's Agenda* work and understand the importance of serving as the leader and convener for the community. The leadership at UWSA will play an oversight role with this initiative while also aligning the children and family programs funded through UWSA donor dollars to align with the indicators, solutions, and strategies created by the RKSA Coalition. The investments of time and commitment from the RKSA partner agencies is a critical partnership that UWSA will continue to support. They have committed to attend coalition meetings, align their outcomes in early childhood education, and continue to participate to ensure the work for children and families moves the needle on child well-being. UWSA will continue to provide opportunities for coalition participation in the systems change work and the programming that will be funded.

Communications Plan

UWSA's NAM EI Plan will be incorporated into current plans for both strategic alignment and the further implementation of the *Bexar County Children's Agenda*. Stakeholders from RCIC and RKSA have been informed about our participation in the NAM EI project. Key messages will be centered on increasing knowledge of the SDoH and how they impact the work around the selected focus areas of child abuse prevention and increased access to prenatal care. Further refinement of

these messages will occur as we continue to increase our knowledge as a team and in the development of the final version of this NAM EI plan.

Evaluation Plan

Outcomes and impact of this project will be used to measure UWSA-funded programs' performance measurements as a contribution to impacting the following population-level indicators: 1) the number of confirmed victims of child abuse or neglect per 1,000 children and 2) the percentage of pregnancies receiving late or no prenatal care. The indicators were vetted by RKSA and adopted for investment by both UWSA and the City of San Antonio. During this data-driven effort, UWSA and its partners kept the indicators and their respective targets top of mind while making all decisions, including the development of strategies for investment and the selection of agencies/programs to address the strategies. RCIC established targets, including reducing the number of confirmed victims of child abuse by 3% and decreasing the number of pregnancies receiving late or no prenatal care by 5% within the next two years.

UWSA partners with Community Information Now (CI:Now), a local data intermediary, to collect and analyze community-level data. CI:Now is a trusted community partner and has been the selected data collection entity for RKSA since its inception in 2015 and for UWSA throughout the strategic alignment process. CI:Now has access to local and state data and has the capacity to continue to oversee and analyze all community-level data collected to guide the coalition in determining trends and areas of opportunities for growth.