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MAY 7-9, 2019
SAN ANTONIO, TEXAS



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PRE-CONFERENCE GENERAL SESSION

The Social Determinants of Wealth

2:15 P.M. – 4:00 P.M.

Elizabeth Lutz
Health Collaborative

Adrian Lopez
San Antonio Housing Authority

Dr. Amelie Ramirez
Salud America!

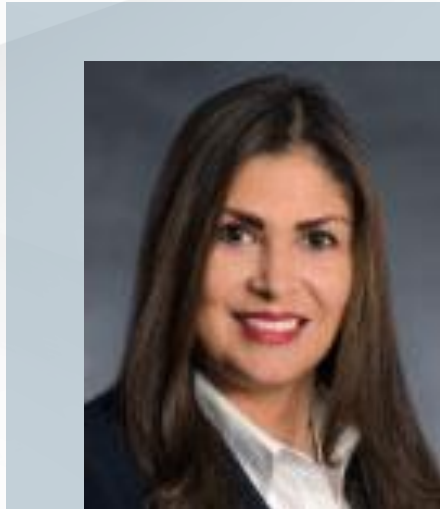
Rosalie Aguliar,
Salud America!

Sarah Baray
PreK 4 SA

Lorraine Robles
San Antonio Housing Authority

Abby Hughes Holsclaw
Asset Funders Network
Moderator





Lorraine Robles

SAN ANTONIO HOUSING AUTHORITY

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MAY 7-9, 2019
SAN ANTONIO, TEXAS

Snapshot of South Texas Latinos



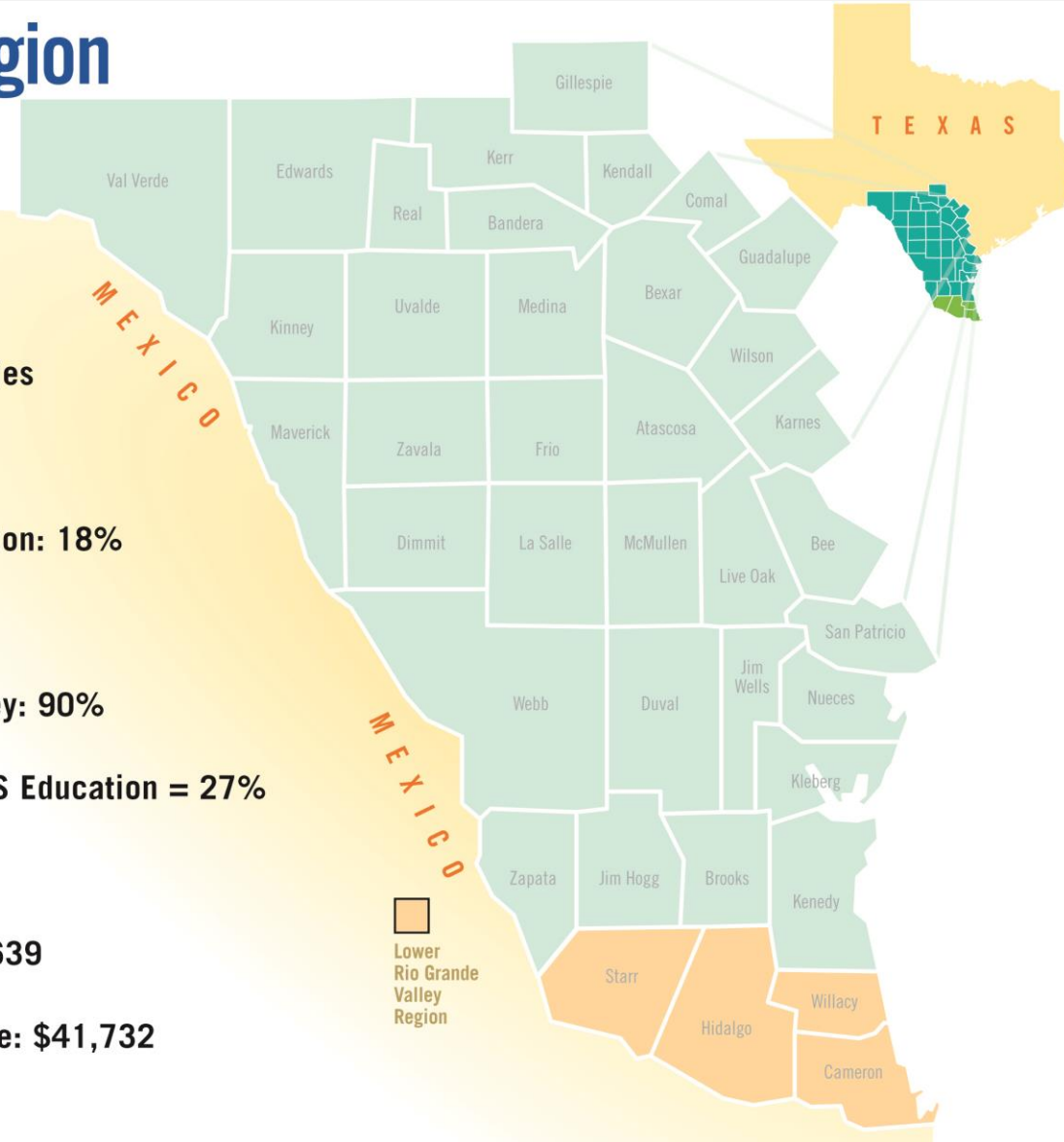
Latinos are:

- 18% US population
- 39% TX population
- 68% South TX population
- 62% Bexar Co. population

South Texas Region

Demographics

- ▶ 38 counties
- ▶ 45,926 square miles
- ▶ 13 metro, 25 rural counties
- ▶ Population: 4.49 million
- ▶ Percent of Texas population: 18%
- ▶ Percent Hispanic: 68%
- ▶ Percent Hispanic in Valley: 90%
- ▶ Percent age 25+ w/No HS Education = 27%
- ▶ Percent in poverty: 23%
- ▶ Per capita income: \$19,639
- ▶ Median household income: \$41,732

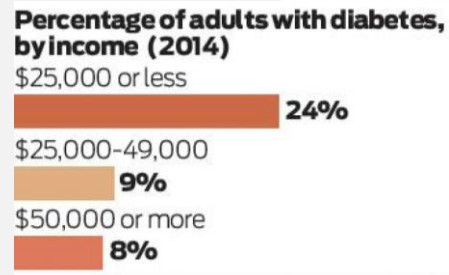


Social Determinants of Wealth & Health

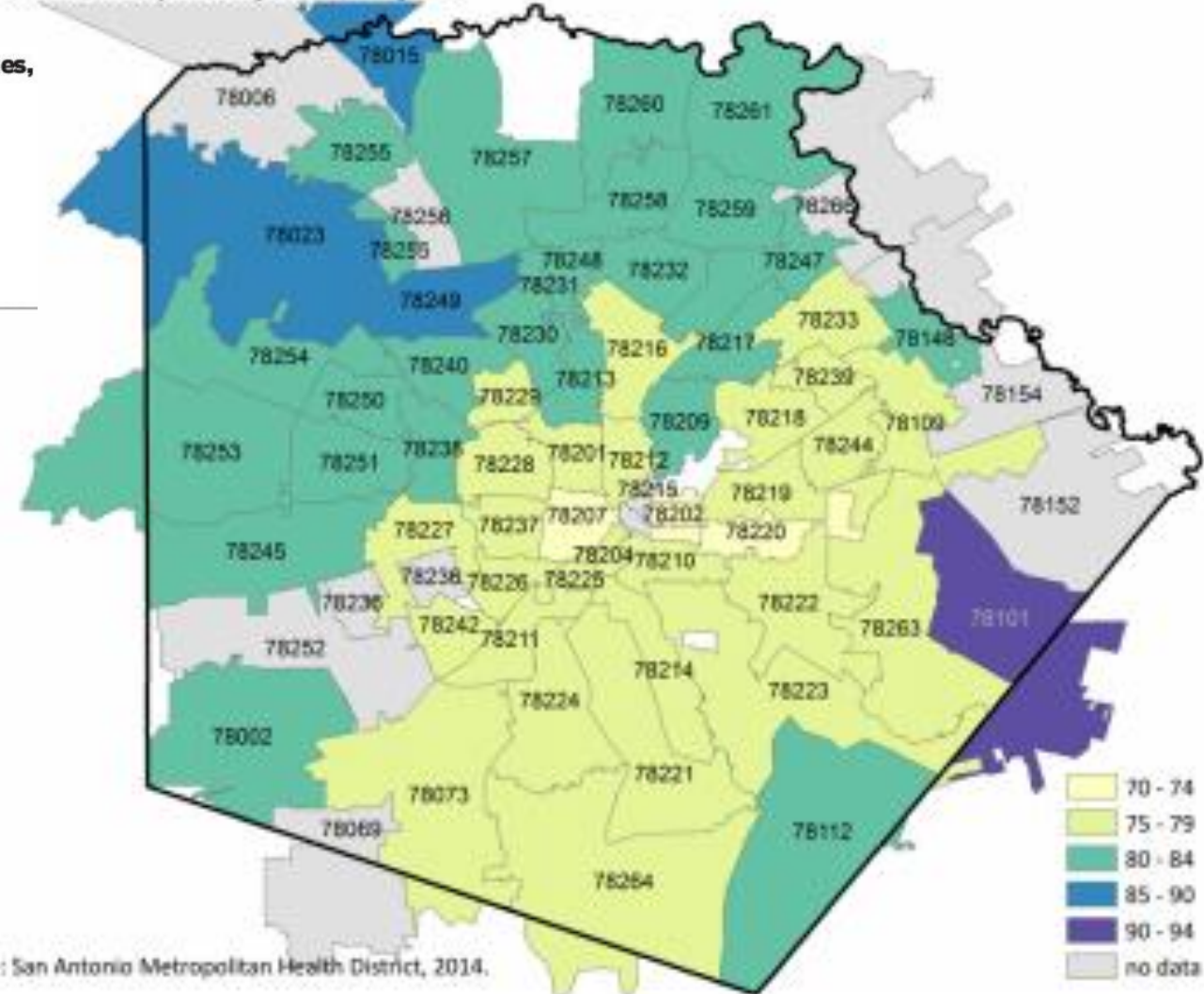


Bexar Co. Health Inequities

- 14% diagnosed w/ diabetes
- 72% Overweight/ Obese Adults
- 20 year life expectancy gap by zip code
- 60% of workers make \$15/hr when median cost of apartment is \$18/hr



Life Expectancy by Zip Code
Figure 5.25 Life expectancy at birth in years

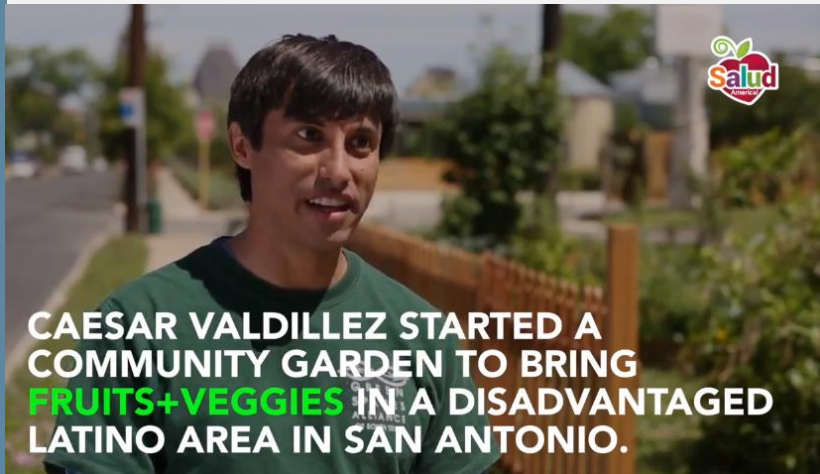


Source: San Antonio Metropolitan Health District, 2014.

Salud America!: Driving Local Change



Research + Policy Updates + Salud Hero Stories + Action Alerts!



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All Pathways Overview (as of March 21, 2019)

Pathway	Initiated	Finished Incomplete (%)	Completed (%)	In Progress	Median Duration Days	# Clients with PW	% Clients with PW	Avg Duration Days	Max Duration Days	Std Dev Duration Days
Social Service Referral	959	62 (6.5%)	404 (42.1%)	493	2	358	87.32	10.86	264	23.19
Medical Referral	191	19 (9.9%)	32 (16.8%)	140	31	167	40.73	40.69	182	46.23
Health Insurance	146	18 (12.3%)	21 (14.4%)	107	10	139	33.9	26.71	140	33.95
Medical Home	126	12 (9.5%)	17 (13.5%)	97	22	119	29.02	41.12	135	46.75
Housing	104	9 (8.7%)	2 (1.9%)	93	111	96	23.41	110.5	157	65.76
Tobacco Cessation	56	8 (14.3%)	0	48	-	54	13.17	-	-	-
Education	47	0	38 (80.9%)	9	1	40	9.76	1	1	0
Medication Assessment	43	5 (11.6%)	1 (2.3%)	37	1	34	8.29	1	1	0
Immunization Screening	28	1 (3.6%)	4 (14.3%)	23	22	26	6.34	36.75	102	47.79
Employment	19	0	5 (26.3%)	14	11	19	4.63	49.4	127	57.82
Behavioral Health	18	3 (16.7%)	2 (11.1%)	13	34	18	4.39	34	60	36.77
Pregnancy	5	0	0	5	-	5	1.22	-	-	-
Adult Learning	3	0	0	3	-	3	0.73	-	-	-
Developmental Referral	1	0	0	1	-	1	0.24	-	-	-
Family Planning	1	1 (100%)	0	0	-	1	0.24	-	-	-
Developmental Screening	1	0	0	1	-	1	0.24	-	-	-
Total	1748	138	526	1084						

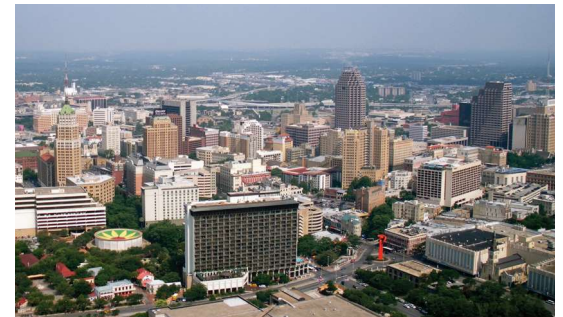
LOCAL FINANCING INNOVATIONS BEXAR COUNTY, TEXAS

Sites have a track record of innovation in their communities that predates their involvement with Bridging for Health: Improving Community Health Through Innovations in Financing, sponsored by the Robert Wood Johnson Foundation. This series allows site leaders to reflect on innovations aimed at financing improvements in population health already underway in their communities. This reflection of ongoing work can serve to possibly reinvigorate existing efforts (e.g., expand scope or partners) or inspire others interested in spreading such innovations to other communities.

In asking communities to think about their existing innovative work at creating health system change, the Georgia Health Policy Center facilitators established the following criteria to select relevant efforts. Innovations highlighted in this series address upstream drivers of health, do not solely rely upon grants, involve multisector partners, and maintain a long-term focus, rather than fixing an immediate community need.

The Health Collaborative

The Health Collaborative began informally in 1997 when San Antonio's major health care organizations agreed to jointly conduct a comprehensive health needs assessment for Bexar County, which includes the greater San Antonio area. The collaborative, which formally incorporated in 2000, still conducts the community health needs assessment and the community health improvement plan every three years.



The evolution of the collaborative was rooted in the founding members' interest in decreasing duplication of health services in the community and promoting coordinated efforts to improve community health outcomes. Today, the collaborative has four full-time staff, 18 board members, 12 students as part of the 2018 spring learning team, and eight active community coalitions with more than 160 members. The Health Collaborative is funded through a combination of annual board dues, grants, and contracts.

As the Health Collaborative continues to expand its role in advancing population health in Bexar County, in 2017 it decided to add a third core pillar to its work by building sustainable funding for prevention and population health improvement activities, called health impact investing. The collaborative will serve as a "community health integrator," responsible for fostering shared values and a shared vision, developing, funding, implementing, and evaluating health initiatives, while ultimately creating a range of innovation solutions that accounts for stakeholder values and expected return on investment.

The first intervention that will be funded out of the health impact investing activities is the Pathways Community HUB. The HUB is an evidence-based national model that helps communities improve population health and lower health care costs through care coordination and addressing clients' social determinants of health. The HUB entity improves both individual and population-level outcomes by identifying at-risk populations, assessing their risk factors, and ensuring that each modifiable risk factor, including social needs, is addressed with evidence-based or best practice interventions. The HUB is the infrastructure and network structure behind the care coordination, while the Pathway is the standardized series of steps that need to be taken to ensure a social need can be effectively met. Payments in the HUB model are tied to achieved outcomes. The Health Collaborative is currently planning and developing a prototype of the HUB in Bexar County and will test a small-scale model in 2018.

Pre-K 4 SA

Educational attainment in San Antonio was lower than the national average. In 2011, former Mayor Julián Castro convened a blue-ribbon task force of business leaders and education professionals to identify the most effective method for improving the quality of education in San Antonio. The task force recommended the development of a program focused on high-quality prekindergarten services for 4-year-old children.



Local voters approved a local tax — a one-eighth of a cent increase in local sales taxes (approximately an \$8 increase in sales taxes for the median household) — to fund the initiative, dubbed Pre-K 4 SA. The tax was estimated to raise about \$31 million a year for the first eight years of the program, which could reach approximately 3,700 children annually or 22,400 children over the program's approved initial eight years.

The full-day prekindergarten program for 4-year-olds in San Antonio targets low-income families but also reserves 10% of its slots for children whose families pay a sliding-scale tuition based on their income. The program takes a comprehensive approach toward educating the full child. It offers free after-school care until 6 p.m.; healthy breakfast, lunch, and snacks at no extra cost; and transportation, if needed.

Pre-K 4 SA's ultimate goal is to establish a positive trajectory for educational attainment that ensures academic excellence in school and inspires students to develop goals for learning and to become contributing members of society. Year 3 results found that although Pre-K 4 SA children started the school year significantly below the national level for six outcomes (cognitive, literacy, mathematics, oral language, physical, and social-emotional), the students surpassed the national sample in three of the six outcomes (cognitive, literacy, and mathematics) by the end of the year.

Delivery System Reform Incentive Payment

Delivery System Reform Incentive Payment (DSRIP) initiatives are part of broader Medicaid Section 1115 Waiver programs, approved by the Centers for Medicare & Medicaid Services. DSRIP initiatives provide states with flexibility and funding to support hospitals and other providers in changing how health systems provide care to Medicaid beneficiaries. In 2011, Texas became the second of 10 DSRIP initiatives to be approved nationally. The state recently received notification that its waiver was extended through Sept. 30, 2022.



In Texas, the 1115 Healthcare Transformation waiver uses supplemental payment funding, managed care savings, and negotiated funding to create two statewide pools worth \$29 billion over five years. Funding from the pools is distributed to hospitals and other providers to support two objectives: (1) an uncompensated care pool to direct more funding to hospitals that serve large numbers of uninsured patients and (2) a DSRIP pool that provides incentive payments to hospitals and other providers to transform their service delivery practices to improve clinical outcomes and population health through care coordination and high-quality, cost-effective care. It is anticipated these delivery system and payment reforms will lead to sustainable improvements in the delivery and quality of care, even after the DSRIP funding period.

Local eligibility to receive either uncompensated care or DSRIP payments requires participation in a Regional Healthcare Partnership (RHP). Bexar County is part of RHP6 in the state, which is anchored by University Health System. Each RHP developed a plan that identified the participating partners, community needs, proposed projects, and funding distribution under the 1115 Healthcare Transformation waiver. Partners of the Health Collaborative are involved in RHP6 projects, and RHP6 uses the Health Collaborative's community health needs assessment to develop its own regional needs assessment.



Early Childhood Education: Quality and Access Pay Off

James J. Heckman is the Henry Schultz Distinguished Service Professor of Economics at the University of Chicago, a Nobel laureate in economics and an expert in the economics of human development.

*Professor Heckman's comprehensive new study, **Early Childhood Education**, addresses two important issues in the debate over early childhood education programs: are they effective and should they be subsidized by the government. Heckman and co-authors Sneha Elango, Jorge Luis García and Andrés Hojman, find that disadvantaged children benefit the most from a variety of early childhood interventions and society receives a higher return from targeted investments. As a result, policy makers would be wise to use means-testing rather than universal subsidies for all children.*

Making sense of multiple studies.

The variety of early childhood programs and their evaluations often leads to confusion about the overall effectiveness of public investment. *Early Childhood Education* makes sense of it all by gathering in one place the effectiveness of a wide range of means-tested and universal programs—including Head Start, state preschool programs, and demonstration programs such as the Perry Preschool Program and the Carolina Abecedarian Project. The study analyzes data from randomized controlled trials and less rigorous evaluations to compare treatments, treated populations and findings across programs. The results consistently show program effectiveness and the economic value of providing disadvantaged children with access to quality early childhood programs.

Programs work for the disadvantaged.

Heckman finds that effectiveness depends on program quality, the characteristics of those being served and their access to alternative programs. Government programs that provide disadvantaged families with access to high quality center-based care are better and more effective alternatives

than no formal care. Affluent families who can afford higher quality center-based and in-home care are more likely to do better with those alternatives, calling into question the economic effectiveness of influencing their choices with government subsidies.

Quality matters.

High quality programs produce high quality outcomes. The Perry Preschool Program and Abecedarian Preschool Project—long considered the quality gold standards—delivered better education, health-related behavior, social and economic outcomes for disadvantaged children who received treatment versus those who received none. Abecedarian, a comprehensive birth to age five program, had lasting effects on IQ, boosted academic and economic achievement and helped prevent the incidence of chronic disease and obesity in adulthood. Despite their costs, they more than pay for themselves in increased productivity and reduced social spending. However, the study also shows that less intensive programs such as Head Start still have significant short- and long-term positive effects for disadvantaged children and society.

The Heckman Equation



Head Start works.

Imperfections in the frequently cited Head Start Impact Study (HSIS) cloud the evidence of the program's effectiveness. HSIS does not address the lack of uniform quality across Head Start, control contamination in the evaluation and the lack of long-term follow-up. Heckman analyzes the work of three independent research groups that used HSIS data to assign participants into three distinct experiences: those who attended Head Start, those who received other center-based care and those who had home-based care. They found that Head Start had significant beneficial effects, was as good as other available center-based alternatives and was much better than what disadvantaged children would have received at home or with a relative. While HSIS lacks long-term follow up data, other studies have found Head Start to be effective when judged on multiple outcomes rather than just short-term cognitive gains. Across a number of different studies, positive effects were found on behavioral outcomes such as grade repetition and special education, as well as on health behaviors. Long-term, Head Start reduced obesity at ages 12 and 13, depression and obesity at ages 16 and 17, and crime at ages 20 and 21.

Lasting effects, not fadeout.

Quality early childhood education provides persistent boosts in socio-emotional skills even if the effects on cognitive skills diminish in the short run. The current obsession with cognitive fadeout obscures the important fact that socio-emotional skills have greater effects on later-life

outcomes than cognitive skills. For example, data from the Perry Preschool Program shows that increased academic motivation creates 30% of the effects on achievement and 40% on employment for females. Reduced externalizing behavior creates a 65% reduction in lifetime violent crime, 40% reduction in lifetime arrests and 20% reduction in unemployment. Positive later-life effects are consistent across other programs with long-term follow up and speak to the need to invest in programs that develop the whole child with a full range of skills.

Policy makers should invest in quality and access.

It makes dollars and sense to target disadvantaged children with quality early childhood programs rather than subsidize low quality universal programs. Investing public dollars in quality early childhood education for disadvantaged children will provide significant social and economic outcomes in the short- and long-term. However, disadvantage in early childhood is not just income based but also depends on the quality time parents can spend with their children and the parenting resources they can allocate for early development. Today's economic pressures force poor and middle-income parents alike to spend more time away from their children to make ends meet. The need for quality early childhood education is intensifying, the costs are increasing and many more parents will find themselves without the means to provide it. Every child needs quality early childhood education. Those most in need should receive the most help from policy makers. Those with means do best on their own—and that is best for everyone.

Elango, Sneha, Andrés Hojman, Jorge Luis García, and James J. Heckman. (2016). "Early Childhood Education." Forthcoming, in Moffitt, Robert (ed.), Means-Tested Transfer Programs in the United States II. Chicago: University of Chicago Press.



The Social Determinants of Wealth and the Grow Healthy Together Pathways Community HUB

Background

The Health Collaborative (THC) is a 20+ year non-profit organization in San Antonio, Texas working to improve the health status of the community through collaborative means. THC conducts the Bexar County Community Health Needs Assessment and the Community Health Improvement Plan every three years. It supports several community coalitions as well as offers community health programming to the community.

For the past three years, THC has been planning and designing the Grow Healthy Together Pathways Community HUB (HUB), an evidence-based model of community care coordination to address the social determinants of health and wealth of the community. The HUB model was launched in Bexar County in July 2018. Now, the HUB exists as a strong collaboration of 13 Care Coordination Agencies and 30 Community Health Workers currently serving more than 500 clients with complex social needs.

Wealth of HUB clients

Among a sample of 523 clients:

- 68% of clients are currently not employed.
- 63% of clients are either single, separated, divorced, or widowed.
- 61% of clients have a high school education or less.
- 46% of clients have an annual income of less than \$20,000.
- 36% of clients need help with housing.

Community solutions

Several community solutions are in development to build and sustain wealth in our most at-risk families:

- A collaboration with the Health Collaborative, Northwest Vista College, and Workforce Solutions Alamo led to the development of a School-to-Workforce Pipeline. Community Health Workers (CHWs) in training at Northwest Vista learn about the HUB model during their internship and can easily secure employment with the HUB agencies at the end of their program. This helps the families of CHWs as well as the families they are serving. Through their work, they also encourage families in need to consider the CHW pathway to serve their community.
- The Health Collaborative and the Bexar County Tenant Based Rental Agreement are working on a collaboration where HUB CHWs will alleviate housing needs for families by providing them with vouchers that will cover up to 70% of their rent, leaving the rest of their income to cover other basic needs.

Funders

A blending and braiding of funds is used to sustain the HUB model, including to pay for achieved outcomes in health and wealth, to cover stipends offered to Community Health Workers at each Care Coordination Agency, to provide emergency funds for at-risk families, and to sustain HUB staff.

Contact

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UT Health
San Antonio
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Promotion Research



Latinos are the new minority majority. Yet they deal with health inequity and disparities in almost every condition imaginable, and few groups are focused on this population's health.

Salud America! is a national Latino-focused organization that creates culturally relevant and research-based stories, videos, and tools to inspire people to support healthy changes to policies, systems, and environments where Latino and all families can equitably live, learn, work, and play.



Salud's Dr. Amelie Ramirez Is the Face of Latino Health

- #1 national bilingual leader / spokesperson in Latino health equity
- 30 years in Latino cancer, obesity, tobacco, health communication
- Academic home base at UT Health San Antonio



Salud Has a Direct Window to Latino Advocates

An existing 250,000-member online network of Latino parents, school & community leaders, health leaders, (and dozens of partnerships); enabling efficient dissemination of action-oriented data and tools



Salud Has Only U.S. Latino-Focused, Proven, Adaptable Multimedia Health Equity Communication Structure

Exposure to our content correlates with a higher degree of engagement in advocacy actions at the school, local, state, and national levels, and self efficacy to advocate for healthy change!

- 1-of-a-kind Digital Content Curation model produces culturally-relevant theory-driven multimedia content on health equity
- Interactive "action packs" empower big on-the-ground changes
- Leader in social media to advance health messages and behaviors
- #SaludTues Tweetchats on Twitter engage 7M in just 1 hour/week

Contact us:

www.salud-america.org
saludamerica@uthscsa.edu
210-562-6500



Salud Has Strong Latino Research Capabilities






- We conduct specialized research with the Latino community
- We have vast experience in scientific research reviews, intervention studies, use of smartphone tech to improve health behaviors, training to create a pipeline of Latino cancer researchers



Salud Can Anticipate Trends and Apply Our Model, Research, and Tools to Emerging Health Equity Topics

Healthy Families & Schools

Health equity starts with support for healthcare access for all our families, especially moms and children, addressing mental health and trauma, and improving early care and education.

-  Maternal and Child Health: salud.to/latinamom
-  Healthcare Access: salud.to/famsupport
-  Mental Health: salud.to/MentalHealth
-  Childhood Trauma: salud.to/traumaaces
-  Education: salud.to/ealrychildhooddevelopment



Healthy Neighborhoods & Communities

Our neighborhoods and communities need better access to quality housing, transportation and mobility, green and active spaces, health food, and clean water.

-  Healthy Food: salud.to/saludfoods
-  Water: salud.to/sugarresearch
-  Research Review: Transportation, Housing, Green Spaces
Launch Date: 2/12/19



Healthy & Cohesive Cultures

To achieve health, we must unite to curb our biases, embrace immigrants and different cultures, understand and reduce poverty, and increase our individual and collective voices among decision-makers.

-  Civic Engagement: salud.to/civicengage
-  Research Review: Social Cohesion, Alleviating Poverty
Launch Date: 4/23/19



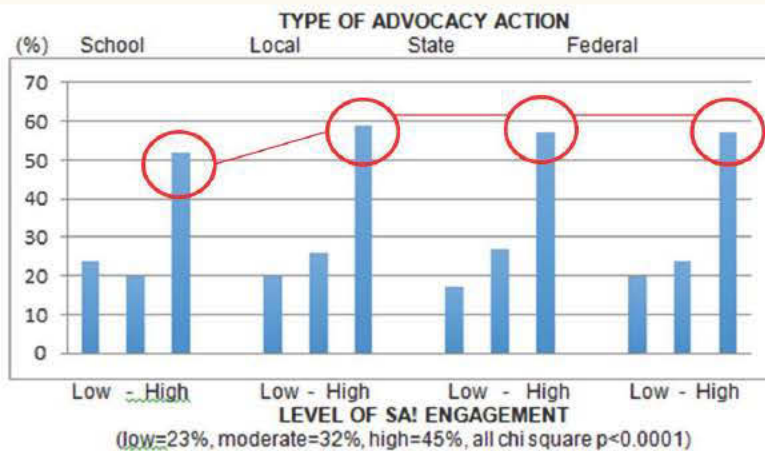
Salud Engages People in Real Actions!

- 300+ school district leaders have downloaded our Trauma-Sensitive School Action Pack to craft a system to support traumatized kids
- Salud members submitted 11% of the public comments HHS got to shape the next edition of Physical Activity Guidelines for Americans
- Salud members submitted 11% of the public comments USDA got to help shape the next Dietary Guidelines for Americans
- Salud members submitted 12% of the public comments FDA got in favor of enacting menu labeling
- 500+ downloaded Salud Report Cards to share local health data



Salud Has Proven Effective in Empowering Advocacy!

In a survey of *Salud* network members, data showed a strong relationship between the degree of engagement in our communication and advocacy actions at four levels (school, local, state, federal). The higher the level of *Salud* engagement, the higher the advocacy.



Salud Has Proven Effective in Creating "Policy Wins"!

Using its model, *Salud's* core network members have produced 179 Latino childhood health policy wins and another 96 general public health policy wins (a policy win = something passed by a relevant voting body) in the past 12 months, according to a 2018 evaluation report by the Gretchen Swanson Center for Nutrition.



At \$16,000 in future healthcare costs saved from each of these 275 policy wins, that's \$4+ million saved!

The Heckman Equation



Invest in early childhood development: Reduce deficits, strengthen the economy.

James J. Heckman is the Henry Schultz Distinguished Service Professor of Economics at The University of Chicago, a Nobel Laureate in Economics and an expert in the economics of human development.

“The highest rate of return in early childhood development comes from investing as early as possible, from birth through age five, in disadvantaged families. Starting at age three or four is too little too late, as it fails to recognize that skills beget skills in a complementary and dynamic way. Efforts should focus on the first years for the greatest efficiency and effectiveness. The best investment is in quality early childhood development from birth to five for disadvantaged children and their families.”

James J. Heckman
December 7, 2012

Those seeking to reduce deficits and strengthen the economy should make significant investments in early childhood education.

Professor Heckman’s ground-breaking work with a consortium of economists, psychologists, statisticians and neuroscientists shows that early childhood development directly influences economic, health and social outcomes for individuals and society. Adverse early environments create deficits in skills and abilities that drive down productivity and increase social costs—thereby adding to financial deficits borne by the public.

Early childhood development drives success in school and life.

A critical time to shape productivity is from birth to age five, when the brain develops rapidly to build the foundation of cognitive and character skills necessary for success in school, health, career and life. Early childhood education fosters cognitive skills along with attentiveness, motivation, self-control and sociability—the character skills that turn knowledge into know-how and people into productive citizens.

Investing in early childhood education for at-risk children is an effective strategy for reducing social costs.

Every child needs effective early childhood supports—and at-risk children from disadvantaged environments are least likely to get them. They come from families who lack the education, social and economic resources to provide the early developmental stimulation that is so helpful for success in school, college, career and life. Poor health, dropout rates, poverty and crime—we can address these problems and substantially reduce their costs to taxpayers by investing in developmental opportunities for at-risk children.

Investing in early childhood education is a cost-effective strategy for promoting economic growth.

Our economic future depends on providing the tools for upward mobility and building a highly educated, skilled workforce. Early childhood education is the most efficient way to accomplish these goals:

- Professor Heckman’s analysis of the Perry Preschool program shows a 7% to 10% per year return on investment based on increased school and career achievement as well as reduced costs in remedial education, health and criminal justice system expenditures.
- Professor Heckman’s most recent research analyzed Abecedarian/CARE’s comprehensive, high-quality, birth-to-five early childhood programs for disadvantaged children, which yielded a 13% return on investment per child, per annum through better education, economic, health, and social outcomes.

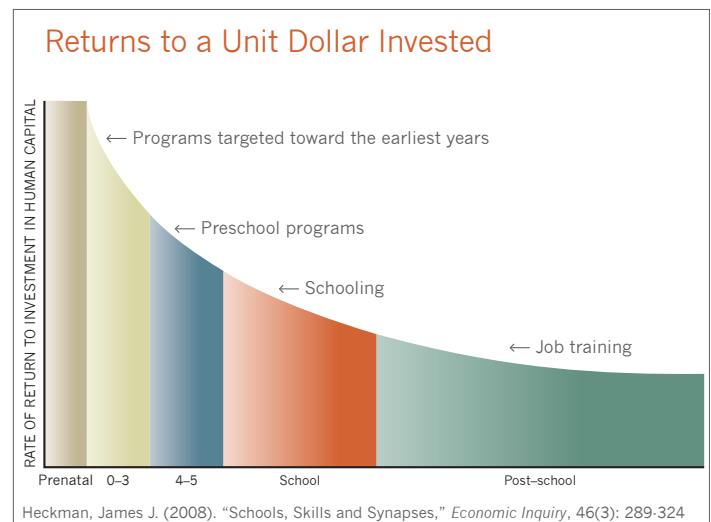
The Heckman Equation

Make greater investments in young children to see greater returns in education, health and productivity.

Keep these principles in mind to make efficient and effective public investments that reduce deficits and strengthen the economy:

- **Investing in early childhood education is a cost-effective strategy—even during a budget crisis.** Deficit reduction will only come from wiser investment of public and private dollars. Data shows that one of the most effective strategies for economic growth is investing in the developmental growth of at-risk young children. Short-term costs are more than offset by the immediate and long-term benefits through reduction in the need for special education and remediation, better health outcomes, reduced need for social services, lower criminal justice costs and increased self-sufficiency and productivity among families.
- **Prioritize investment in quality early childhood education for at-risk children.** All families are under increasing strain; disadvantaged families are strained to the limit. They have fewer resources to invest in effective early development. Without resources such as “parent-coaching” and early childhood education programs, many at-risk children miss the developmental growth that is the foundation for success. They will suffer for the rest of their lives—and all of us will pay the price in higher social costs and declining economic fortunes.
- **Develop cognitive AND character skills early. Invest in the “whole child.”** Effective early childhood education packages cognitive skills with character skills such as attentiveness, impulse control, persistence and teamwork. Together, cognition and character drive education, career and life success—with character development often being the most important factor.

- **Provide developmental resources to children AND their families.** Direct investment in the child’s early development is complemented by investment in parents and family environments. Quality early childhood education from birth to age five, coupled with parent-coaching, such as home visitation programs for parents and teen mothers, has proven to be effective and warrants more investment.
- **Invest, develop and sustain to produce gain.** Invest in developmental resources for at-risk children. Develop their cognitive and character skills from birth to age five, when it matters most. Sustain gains in early development with effective education through to adulthood. Gain more capable, productive and valuable citizens who pay dividends for generations to come.



Early childhood education is an efficient and effective investment for economic and workforce development. The earlier the investment, the greater the return on investment.

Pre-K 4 SA Historical and Milestone Timeline

2011

Former Mayor Julián Castro convened a taskforce of corporate chief executive officers, superintendents, and education leaders in San Antonio to identify the most effective method for improving the quality of education in San Antonio. Named the 'Brainpower Taskforce,' they recommended the development of a program focused on high-quality prekindergarten services for four-year-old children.

2012

San Antonio citizens voted yes to a 1/8th cent sales tax for the city to undertake the development of a Pre-K program. (*Supported 194,334 (53.49%); Opposed 168,970 (46.51%)*)

2013

Pre-K 4 SA opened the doors of its North and South Education Centers, welcoming its first 700 students. The program began with seven partner school districts—Edgewood, Harlandale, North East, Northside, San Antonio, Southside and Southwest independent school districts.

Pre-K 4 SA also initiated its professional development program, extending early childhood best practices to teachers throughout the city through seminars, workshops, and in-school training that allows teachers to obtain state-certified continuing education credits CEUs.



2014

Pre-K 4 SA opened its East and West Education Centers to serve a total of 1,500 students in its second year.

2015

Pre-K 4 SA's **Competitive Grants Program** launched. San Antonio public, charter, private, parochial schools and licensed childcare facilities were invited to apply for funds to help them to enhance, expand or create early childhood education programs.



2016

Through the competitive grants program, \$4.2 million in grants were awarded to 16 education providers throughout the city. Grants are available to three categories of education providers across San Antonio:

- 1) public/charter schools
- 2) private/parochial schools, and
- 3) child development centers.

An independent study using the Teaching Strategies GOLD Assessment showed Pre-K 4 SA students who trailed the national norm at the beginning of the school year exceeded the national norm in cognitive, literary and mathematics at the end of the school year.

In its third year, Pre-K 4 SA reached peak enrollment, welcoming a total of 2,000 4-year-olds to their four centers throughout the community.

2017

Pre-K 4 SA was honored with the prestigious H-E-B Excellence in Education Award in early childhood education for its social-emotional development curricula in the North and South centers.

Pre-K 4 SA welcomes its first partner school district, East Central Independent School District, since its founding.





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- #1 national bilingual leader / spokesperson in Latino health equity
- 30 years in Latino cancer, obesity, tobacco, health communication
- Academic home base at UT Health San Antonio



Salud Has a Direct Window to Latino Advocates

An existing 250,000-member online network of Latino parents, school & community leaders, health leaders, (and dozens of partnerships); enabling efficient dissemination of action-oriented data and tools



Salud Has Only U.S. Latino-Focused, Proven, Adaptable Multimedia Health Equity Communication Structure

Exposure to our content correlates with a higher degree of engagement in advocacy actions at the school, local, state, and national levels, and self efficacy to advocate for healthy change!

- 1-of-a-kind Digital Content Curation model produces culturally-relevant theory-driven multimedia content on health equity
- Interactive "action packs" empower big on-the-ground changes
- Leader in social media to advance health messages and behaviors
- #SaludTues Tweetchats on Twitter engage 7M in just 1 hour/week

Contact us:

www.salud-america.org
saludamerica@uthscsa.edu
210-562-6500



Salud Has Strong Latino Research Capabilities






- We conduct specialized research with the Latino community
- We have vast experience in scientific research reviews, intervention studies, use of smartphone tech to improve health behaviors, training to create a pipeline of Latino cancer researchers



Salud Can Anticipate Trends and Apply Our Model, Research, and Tools to Emerging Health Equity Topics

Healthy Families & Schools




Health equity starts with support for healthcare access for all our families, especially moms and children, addressing mental health and trauma, and improving early care and education.

-  Maternal and Child Health: salud.to/latinamom
-  Healthcare Access: salud.to/famsupport
-  Mental Health: salud.to/MentalHealth
-  Childhood Trauma: salud.to/traumaaces
-  Education: salud.to/eaerychildhooddevelopment



Healthy Neighborhoods & Communities



Our neighborhoods and communities need better access to quality housing, transportation and mobility, green and active spaces, health food, and clean water.

-  Healthy Food: salud.to/saludfoods
-  Water: salud.to/sugarresearch
-  Research Review: Transportation, Housing, Green Spaces
Launch Date: 2/12/19



Healthy & Cohesive Cultures

To achieve health, we must unite to curb our biases, embrace immigrants and different cultures, understand and reduce poverty, and increase our individual and collective voices among decision-makers.

-  Civic Engagement: salud.to/civicingage
-  Research Review: Social Cohesion, Alleviating Poverty
Launch Date: 4/23/19



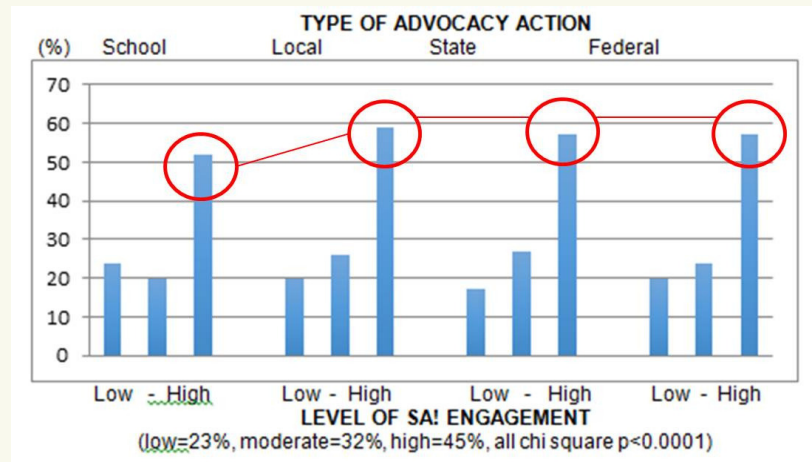
Salud Engages People in Real Actions!

- 300+ school district leaders have downloaded our Trauma-Sensitive School Action Pack to craft a system to support traumatized kids
- Salud members submitted 11% of the public comments HHS got to shape the next edition of Physical Activity Guidelines for Americans
- Salud members submitted 11% of the public comments USDA got to help shape the next Dietary Guidelines for Americans
- Salud members submitted 12% of the public comments FDA got in favor of enacting menu labeling
- 500+ downloaded Salud Report Cards to share local health data



Salud Has Proven Effective in Empowering Advocacy!

In a survey of *Salud* network members, data showed a strong relationship between the degree of engagement in our communication and advocacy actions at four levels (school, local, state, federal). The higher the level of *Salud* engagement, the higher the advocacy.



Salud Has Proven Effective in Creating "Policy Wins"!

Using its model, *Salud's* core network members have produced 179 Latino childhood health policy wins and another 96 general public health policy wins (a policy win = something passed by a relevant voting body) in the past 12 months, according to a 2018 evaluation report by the Gretchen Swanson Center for Nutrition.



At \$16,000 in future healthcare costs saved from each of these 275 policy wins, that's \$4+ million saved!



OUR COMMITMENT

San Antonio made a commitment to invest \$40 million each year in early childhood education and workforce development through Pre-K 4 SA. Here is how we are helping to change the landscape of San Antonio as it relates to health, wellness, and family prosperity.

Outdoor Learning

Supporting children in developing physical and cognitive skills and an appreciation for nature through strategically designed outdoor learning activities - every day.



Garden to Table

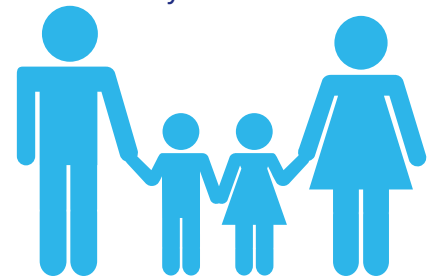
Helping children connect what we eat to our wellness puts children on the path to a healthy life.



Family Prosperity

Annually supporting **900+** working families through our extended day program.

Strengthening relationships with **6000+** family interactions

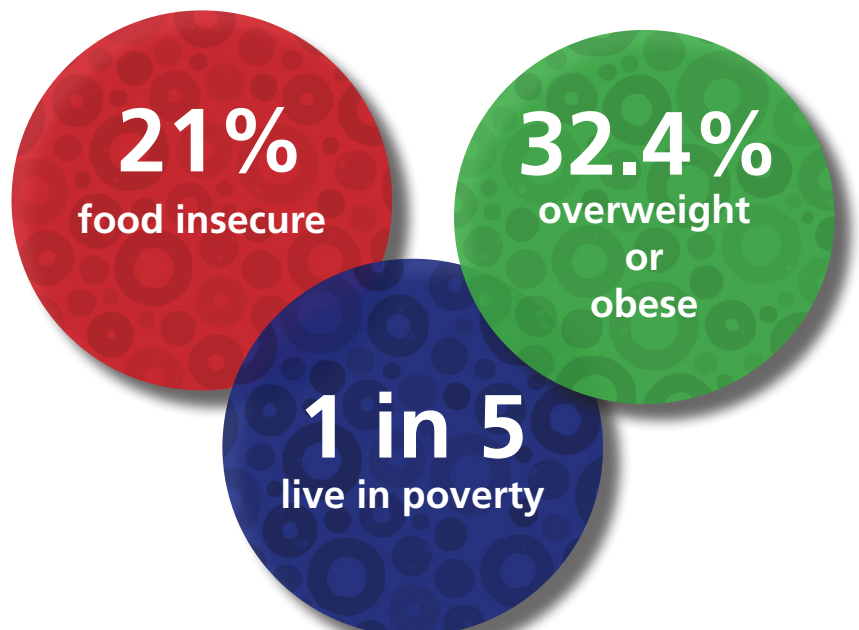


CHILDREN'S HEALTH & WEALTH IN BEXAR COUNTY

THE CONTEXT

More than **503,000** children live in Bexar County.

By 2050, that number will rise to **594,000**.





Early Inspiration. Future Success.

Vision:

Pre-K 4 SA will develop a world-class workforce in one generation through high-quality early childhood education for all children in San Antonio.

BIG PROMISES

<p>1</p> <p>Develop a best in class, global education for young children to become responsible stewards of their own environment.</p>	<p>2</p> <p>Develop Pre-K 4 SA as the national leader in early learning resources, research, and training.</p>	<p>3</p> <p>Contribute to San Antonio's economic development by laying a strong foundation of literacy, numeracy, and social-emotional development to build a sustainable, educated workforce.</p>	<p>4</p> <p>Catalyze the community to focus on the power and promises of early learning and its potential to elevate family prosperity.</p>	<p>5</p> <p>Fulfill the fiduciary responsibility set forth in the election and maximize its impact on the improvement of early learning citywide.</p>
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GROW WITH PRE-K 4 SA

Follow our replication efforts

- Gardendale Early Learning Program
- Puentes Family Engagement
- Curricular Innovations

Connect with us!

@PREK4SA

Helps us support other cities

- Develop technical support infrastructure
- Build political will