

PACIFIC HOSPITAL
PRESERVATION &
DEVELOPMENT
AUTHORITY

2012 – 2015
STRATEGIC PLAN

CLEGG & ASSOCIATES
SEATTLE, WA

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Background

In November 2011 the Pacific Hospital Preservation and Development Authority (the PHPDA) celebrated its 30th anniversary. As Tom Byers, former Deputy Mayor of the City of Seattle and a key leader in the formation of the PHPDA stated at the celebration, “the history of the organization reveals three recurring themes: a commitment to the common good; a strong dash of creativity; and a remarkable record of solidarity, especially at the most difficult times”.

One key element of the PHPDA’s ability to maintain these three characteristics is its readiness to carefully examine its priorities and processes through regular strategic planning initiatives. As the 2008 to 2011 strategic plan neared its conclusion, the PHPDA’s Governing Council (the Council) and Executive Director looked ahead to the organization’s future, specifically its direction for 2012 to 2015.

The Council carefully reviewed the major factors that would influence the PHPDA’s strategic approach for the upcoming time period, including:

- Changes in healthcare policy, most notably the federal legislation driving healthcare reform and its focus on achieving the triple aim (better care, better health, and lower costs) for individuals and populations
- Data regarding the social determinants of health, particularly as these data inform the distribution of disparities in access and health status throughout the PHPDA’s geographic sphere (King and South Snohomish Counties)
- The advent of new best practices in healthcare, such as community health workers and healthcare homes that increase the ability of the healthcare system to serve at-risk individuals
- Data detailing the local trends, resulting number, and demographic characteristics of uninsured individuals struggling to obtain healthcare
- Funding profiles for community health centers, the healthcare home for over 25% of the area’s uninsured population
- Descriptions of the challenges those individuals without dental insurance face and the associated health risks they experience as a result
- Data describing the demographic disparities in access to care that face Native Americans, African-Americans, Pacific Islanders, Hispanics, and other people of color

- Data outlining geographic disparities in access to care, e.g., the disparities experienced by residents of South King County
- Health challenges faced by youth, including obesity and the lack of insurance
- The impact of chronic diseases, mental health and/or substance abuse conditions, and poor health status due to socio-economic and environmental factors

Strategic Analysis

Following its review of the issues outlined above, the Council identified the key factors the PHPDA should take into account as it sets its strategic course for 2012 to 2015. Using the SWOT analysis technique (Strengths, Weaknesses, Opportunities, Threats), the Council identified the following Strengths, Weaknesses, Opportunities, and Threats the PHPDA is likely to face as it moves forward.

STRENGTHS

- Dedicated staff that is strongly committed to the organization’s mission
- Dedicated, small board with breadth of expertise; works together well in flexible and creative ways
- Positive reputation in the community, including a powerful history, perception as committed to improving access to care, a recent history of communicating widely and clearly about the organization’s mission accomplishments, and connections to people who can make things happen
- Recurring revenue source that provides funds for grant making
- A building that offers good physical visibility and is in excellent condition
- Status as both non-profit and government agency
- Mindfulness regarding the importance of leveraging resources through collaborative approaches

WEAKNESSES

- Small staff size with limited experience making and overseeing grants
- Potential executive director retirement in 2013
- Lack of diversity on board
- Short-term financial issues with one of the PHPDA’s leases
- Financial portfolio not very diverse; limitations in investment options due to government charter

- Amount of mission funding limited to core priorities due to conservative approach to short-term financial issues
- Limitations on remodeling or building on the property due to historic preservation status
- Lack of separate identity; still perceived to be part of PAC Med (or vice versa)
- Confusion as to who PHPDA is and what PHPDA does due to low visibility as a foundation and lack of exposure in larger King County area (due, in part, to commitment of the majority of PHPDA funds to PacMed through May 2011, under the Charity Care Cooperation Agreement)
- Questions about the PHPDA's effectiveness as a champion for healthcare
- Brand identity not clear
- Mission and vision have not been as strategic as could be; mission may be too broad and target population not well defined
- Lack of organizational focus on seeking possible funding partners

OPPORTUNITIES

- Allocate larger sum of money in the future, now that Charity Care Agreement has ended
- Develop collaborations with innovative community agencies around creation of more effective healthcare system and improvement of outcomes for vulnerable populations
- Leverage PHPDA resources with that of other foundations
- If necessary and possible due to a change in lease circumstances, move in different directions by partnering with new tenants on property
- Enhance grant making by expanding focus (e.g., demographic, geographic, evidence-based practices, and integrated medicine)
- Build on existing PHPDA successes, e.g., Project Access, Patient Navigator, dental
- Expand grant making in other healthcare areas (e.g., mental health, drug addiction, health promotion, reproductive health)
- Increase advocacy efforts
- Make use of increased social media to tell the PHPDA's story

THREATS

- Potential short-term loss of largest component of lease revenues produces temporary uncertainty about future revenue stream
- Lack of or diminished public funding for local healthcare system
- Potential number of grant requests could be too much for staff to manage if future grant making increases significantly and is not focused

- Public discussion of the building's lease could overshadow focus on the organization's mission
- Reduced commitment to the PHPDA and its mission due to public perception that the healthcare crisis has been solved if healthcare reform moves forward
- Impact of governmental changes, including turnover at the federal level
- PHPDA may not be able to accomplish its mission due to the complexity of need facing vulnerable populations, e.g., increasing access to healthcare will not be enough
- PHPDA may be marginalized if other safety net players come together without PHDPA involvement due to the perception that the organization is not an active player
- Lack of clarity about the strength of various constituencies' support for the PHPDA

Working from the discussion summarized above, the Council focused on the Strengths the PHPDA could forge into Opportunities and the Weaknesses that could result in Threats to the organization. The Council decided to develop goals, strategies, and funding priorities that would address these key opportunities and threats.

Vision, Mission, Goals, Strategies, and Funding Priorities

VISION

A community in which all people have access to effective healthcare that respects each individual's value and circumstance

MISSION

To champion effective healthcare for the vulnerable and disadvantaged in our community

GOAL: ACCESS TO HEALTH RESOURCES

To decrease disparities in access to health resources in the greater Puget Sound region

STRATEGIES

Support

Support activities and programs that demonstrably reduce disparities in access to health resources for the region's vulnerable populations

Innovate

Test and evaluate the effectiveness of innovative approaches that seek to reduce disparities in access to health resources for the region's vulnerable populations

Advocate

Promote policies that reduce disparities in access to health resources for the region's vulnerable populations

Partner

Work collaboratively with funders and others to identify the most effective approaches to provide access to health resources

FUNDING PRIORITIES

Reduce barriers to access

In particular, barriers related to geographic distribution of care, cultural differences, language, and other social determinants of health

Increase access to difficult-to-obtain healthcare services and health resources

In particular, specialty care, oral healthcare, and behavioral healthcare

GOAL: IMPROVEMENT OF HEALTH OUTCOMES

To improve the health outcomes of vulnerable populations by increasing the capability of the healthcare system

STRATEGIES

Support

Support healthcare delivery that reduces disparities in health outcomes for the region's vulnerable populations

Innovate

Improve the effectiveness of healthcare systems, programs, and services for underserved communities

Advocate

Promote policies that help sustain high impact health programs and services

Partner

Engage multiple sectors of the community in coordinated, culturally appropriate actions to promote health and prevent disease

FUNDING PRIORITIES

Increase effectiveness of a person-centered health system

In particular, systems that link and coordinate resources that enable people to achieve optimal health, e.g., community health workers, expanded primary care, translation/interpreter services, as well as other approaches

In particular, for individuals with demographic, geographic, and/or disease characteristics that put them at risk

GOAL: ENHANCED STEWARDSHIP

To improve the long-term financial stability and grant making capacity of PHPDA while advancing both the value of the property and its benefit to the community

STRATEGIES

Revenue

Explore non-lease revenue options, including fundraising, partnering, etc. that supplement the PHPDA's lease-generated revenues

If necessary due to a change in existing lease circumstances, identify potential lease arrangements to maximize the amount of revenue produced from PHPDA-owned property and that help advance the PDA's long-term plan for the property

Value of the Property

Develop a long-term facilities vision/plan for the PHPDA property as a whole that is consistent with existing leases, complements opportunities developing in the area, and sustains a positive neighborhood presence

Benefit to the Community

Convene and partner with local organizations and residents to improve the quality of life, particularly related to the social determinants of health, in the PHPDA's neighborhood

PHPDA Grant Making Principles

The 2012-15 PHPDA Goals, Strategies, and Funding Priorities will focus the PHPDA's grant making

The PHPDA will give preference to fewer, larger, multi-year grants

This preference is not meant to exclude smaller grants or preclude one-year grants. Rather, it is a statement that the organization wants to make a bigger impact.

The PHPDA will design a disciplined grant making process

There is a balance between inviting applications from select organizations and allowing grant requests from any & all organizations at any time. We aim to achieve that balance.

We envision no more than two grant-making cycles per year.

Within each cycle, we will begin with a Letter of Intent/Inquiry (LOI). This is a competitive process and only some organizations will be invited to submit a full proposal.

The PHPDA will offer the opportunity for grantees to renew existing grants

This may fall outside the two grant-making cycles and only require a proposal.

The PHPDA will set aside some portion of grant making funds for innovation, to fund good and/or smaller ideas that arise, and unanticipated requests that require quick action, i.e. a "Nimble Fund")

This opportunistic and nimble grant making will likely happen outside the normal grant-making cycles, and might not follow the LOI to Proposal process.

For certain funding priorities, the PHDA is likely to be aware of the appropriate applicants. For these, we will solicit invitation-only proposals. This may also happen outside the grant-making cycles.

For example, if we know that we want to fund community health workers in South King County and are aware of only four organizations that provide this service, we would invite only those four to apply.

Collaboratives will be encouraged.

The PHPDA could initiate a collaborative funding approach with organizations with similar missions. The PDA may support existing collaboratives or help form a new collaborative.

We will require evaluations that are appropriate for the size and complexity of the grant, and may fund these evaluations.

The PHPDA will consider funding capacity building for existing long term grantees.