



WARD 8 HEALTH COUNCIL STRATEGIC PLAN

Centering Community, Transforming Systems

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LETTER FROM THE CHAIR

The Ward 8 Health Council was created by former Mayor and Ward 8 Councilmember Marion Barry because he understood something simple but powerful: improving health outcomes in Ward 8 requires coordination, accountability, and a table where community voice and systems leadership come together. His vision recognized that lasting progress depends not only on services, but on how institutions work together—and for whom.

Today, that vision continues to guide our work.

Ward 8 is entering a period of significant change. New investments, new institutions, and evolving public priorities are shaping the health and wellness landscape across the community. The question before us is whether these changes will be aligned, equitable, and responsive to the needs of Ward 8 residents.

This Strategic Plan sets a clear path forward. It marks the next phase of the Ward 8 Health Council's evolution—from an informal network to a more structured, systems-level convener with shared expectations for action and accountability. The plan is designed to move us beyond short-term efforts toward sustained, multi-year commitments that center resident priorities and produce measurable results.

Our call to action is clear.

For residents, this Council exists to ensure your voices inform decisions that affect your health and well-being.

For partners and institutions, participation now carries responsibility—alignment, transparency, and follow-through.

For policymakers and funders, this plan provides a community-driven framework for investing in solutions that are built to last.

The work ahead will require collaboration, consistency, and trust. With this Strategic Plan, the Ward 8 Health Council is prepared to lead with purpose—honoring its origins, responding to the present moment, and remaining accountable to the future of Ward 8.

With gratitude,

Jaren Hill-Lockridge, Chair
Ward 8 Health Council

ACKNOWLEDGEMENTS

The Ward 8 Health Council Strategic Plan (2025–2028) is the result of a comprehensive, community-centered planning process grounded in the lived experiences, expertise, and collective wisdom of Ward 8 residents and stakeholders.

This plan was developed by NEAN Consulting, LLC, whose leadership guided a rigorous engagement and analysis process that included stakeholder interviews, surveys, facilitated discussions, and thematic synthesis. Their work ensured that the Strategic Plan reflects not only data and best practices, but also the voices, priorities, and realities of the Ward 8 community.

The development of this Strategic Plan was made possible through the generous support of the Jane Bancroft Family Foundation, whose investment demonstrated a deep commitment to advancing health equity, resident leadership, and systems-level change in Ward 8.

The Ward 8 Health Council also extends its sincere appreciation to the Far Southeast Family Strengthening Collaborative (FSFSC) for serving as a key partner throughout the planning process. FSFSC provided leadership, coordination, and strategic oversight, and played a critical role in ensuring alignment between community priorities, organizational capacity, and long-term sustainability.

We are especially grateful to the Ward 8 residents, resident leaders, and community members who generously shared their time, experiences, and insights. Their candor, trust, and willingness to engage shaped the vision, goals, and accountability commitments outlined in this plan. This Strategic Plan reflects a shared belief that residents are not merely participants in the health system, but essential architects of solutions.

We also acknowledge the contributions of community-based organizations, healthcare providers, public agencies, funders, faith institutions, and system partners who participated in interviews, surveys, and discussions. Their perspectives helped illuminate gaps, opportunities, and pathways for stronger collaboration across the health and social services ecosystem.

Finally, we recognize the foundational work of former Ward 8 Health Council leaders and longstanding partners, whose years of service, relationship-building, and community stewardship laid the groundwork for this next phase of the Council's evolution. This Strategic Plan builds upon that legacy while charting a clear path forward toward a more coordinated, resident-governed health ecosystem.

Together, these contributions make clear that advancing health equity in Ward 8 is a shared responsibility—and that lasting change is possible when community voice, institutional commitment, and accountability are aligned.



EXECUTIVE SUMMARY

The Ward 8 Health Council (W8HC) stands at a pivotal moment in its evolution. After more than two decades as a trusted, volunteer-led network and “organically grown clearinghouse” for health information and relationships, the Council is intentionally transitioning into a formalized, systems-level convener and accountability hub. This Strategic Plan outlines a clear path forward—one that preserves the Council’s community-rooted identity while strengthening its governance, operational capacity, and ability to drive lasting health equity in Ward 8.

Ward 8 continues to experience some of the District’s most persistent health disparities, driven by the interconnected effects of poverty, housing instability, food access challenges, trauma, and limited system coordination. Chronic disease, unmet mental health needs, and maternal and infant health inequities are not isolated clinical issues, but the result of structural conditions that require cross-sector, resident-led solutions. Stakeholders consistently emphasized that while many organizations serve Ward 8, fragmented systems place the burden of coordination on residents least equipped to carry it.

In response, the Ward 8 Health Council’s purpose is to align a fragmented health ecosystem by convening residents, healthcare providers, community-based organizations, public agencies, and funders around shared priorities, accountability, and action. The Council does not function as a direct service provider; rather, it serves as a neutral convener and trusted intermediary, bridging community voice and institutional power to ensure that health and wellness are embedded across housing, workforce, education, and social service systems.

This Strategic Plan is grounded in the Ward 8 Health Equity Ecosystem Integration Model, a community-governed theory of change that recognizes health as a product of coordinated systems, not isolated programs. The theory of change asserts that when residents are meaningfully engaged in decision-making, partners align around shared goals and data, and health literacy and navigation are strengthened, Ward 8 will experience improved access to care, stronger system coordination, and measurable gains in chronic disease prevention, mental health, and maternal and infant health outcomes.

To operationalize this vision, the plan advances four interlocking strategic goals:



Advance Priority Health Issues by driving coordinated, resident-informed initiatives focused on chronic disease, mental health and trauma recovery, and maternal and infant health, with social drivers of health embedded in every strategy.



Build Resident Voice, Advocacy, and Trust by creating authentic pathways for residents to shape priorities, co-lead solutions, and hold systems accountable through advisory structures, advocacy training, and transparent feedback loops.



Improve Health Literacy and Information Access by equipping residents with culturally responsive, plain-language information and navigation supports that make it easier to understand where, when, and how to access care.



Strengthen Collaboration and Council Infrastructure by establishing formal governance, fiscal sponsorship, operational systems, and sustainable funding that position the Council as the backbone for health equity efforts in Ward 8.

Central to this plan is a shift from participation to responsibility. Membership in the Ward 8 Health Council now carries expectations for action, alignment, and reporting. Ecosystem partners are expected not only to share information, but to commit to advancing shared priorities and demonstrating progress over time. Through public reporting, resident-facing dashboards, and continuous feedback loops, the Council commits to transparency, accountability, and shared ownership of outcomes.

Developed through a comprehensive, community-centered planning process led by NEAN Consulting, LLC and with support from the Jane BanCroft Family Foundation and partnership from the Far Southeast Family Strengthening Collaborative, this Strategic Plan reflects the lived experiences, expertise, and collective wisdom of Ward 8 residents and stakeholders. It serves as both a roadmap and a call to action: to move from fragmented efforts toward a coordinated, resident-governed health ecosystem where Ward 8 residents are not merely surviving, but thriving.

ABOUT THE WARD 8 HEALTH COUNCIL



History and Evolution

The Ward 8 Health Council was established more than two decades ago as a volunteer-led, relationship-based network of residents, advocates, service providers, and health professionals committed to improving health outcomes in Ward 8. In its earliest form, the Council emerged organically in response to a clear need: creating space for dialogue, information-sharing, and mutual support in a community experiencing persistent health inequities and limited access to coordinated care.

Without formal infrastructure or dedicated funding, the Council relied on the commitment, trust, and credibility of its members. Meetings served as convening spaces where participants exchanged updates, identified emerging community concerns, and connected residents to available resources. This informal structure allowed the Council to remain flexible and responsive, particularly during moments of crisis or heightened community need.

Over time, the Ward 8 Health Council became widely recognized as an “organically grown clearinghouse of information” for health and wellness in Ward 8. Residents, community organizations, and even institutional partners came to view the Council as a trusted place to learn what services existed, who was doing what work, and how to navigate a complex and often fragmented system.

This role was not assigned by mandate, but earned through consistency, relationships, and community presence. The Council filled critical gaps by:



Sharing timely health information and opportunities



Connecting organizations working in parallel but unaware of one another



Elevating resident concerns that were often overlooked by formal systems

However, while the clearinghouse model provided value, it also exposed limitations. As the health ecosystem grew more complex and inequities deepened, the absence of formal governance, dedicated staffing, and shared accountability constrained the Council’s ability to influence systems-level change.



Rationale for Formalization and Systems Leadership

The current phase of the Ward 8 Health Council’s evolution reflects a strategic and intentional shift—from an informal network to a structured, systems-level leader. Stakeholders consistently identified the need for the Council to move beyond information-sharing toward coordination, alignment, and accountability.

Several factors drove this transition:



Persistent fragmentation across health, housing, workforce, and social service systems



Growing expectations from funders and institutional partners for measurable outcomes



The need to protect and institutionalize resident voice within decision-making spaces



Increased recognition that sustainable health equity requires governance, not just goodwill

Formalization enables the Council to maintain its community-rooted identity while strengthening its ability to convene partners, steward resources, influence policy, and hold systems accountable. This evolution does not represent a departure from the Council’s origins, but rather a maturation of its role in response to the realities facing Ward 8.





The Council's Unique Value Proposition

A defining feature of the Ward 8 Health Council is its role as a neutral convener rather than a direct service provider. Unlike organizations competing for programmatic funding or service delivery contracts, the Council is positioned to bring together diverse stakeholders without duplicating existing efforts.

This neutrality allows the Council to:



Facilitate honest dialogue across sectors



Reduce competition and promote collaboration



Focus on alignment, gaps, and system performance rather than program ownership

By not delivering services itself, the Council preserves its ability to operate as a trusted table where partners can collectively problem-solve and align resources around shared goals.



Trusted Intermediary Across Residents, Providers, and Systems

The Council occupies a rare and valuable position as a trusted intermediary connecting residents, community-based organizations, healthcare providers, public agencies, and funders. Its credibility stems from long-standing relationships, cultural competence, and a demonstrated commitment to listening first.

For residents, the Council is a space where lived experience is respected and elevated. For providers and institutions, it is a conduit to authentic community insight and partnership. For systems leaders and funders, it offers a grounded understanding of what is working, what is not, and why.

This intermediary role allows the Council to translate across languages, expectations, and power dynamics that often hinder collaboration and trust.



Bridge Between Community Voice and Institutional Power

Perhaps the Council's most critical value lies in its function as a bridge between community voice and institutional power. Too often, resident engagement is episodic, extractive, or disconnected from real decision-making. The Ward 8 Health Council is intentionally designed to change that dynamic.

Through structured resident engagement, advisory roles, advocacy pathways, and transparent feedback loops, the Council ensures that:

- Resident priorities inform strategy and investment
- Community concerns reach policymakers and system leaders
- Institutions are held accountable for commitments made to Ward 8

In this way, the Council helps shift power—transforming residents from passive recipients of services into active architects of the health ecosystem.

COMMUNITY CONTEXT: WHY THIS PLAN MATTERS

The evolution of the Ward 8 Health Council must be understood within the broader realities shaping health and well-being in Ward 8. While the community is rich in resilience, leadership, and institutional presence, health outcomes continue to be shaped by deeply interconnected structural conditions that no single program or organization can resolve alone. This context underscores both the urgency of this plan and the necessity of a coordinated, systems-level approach.

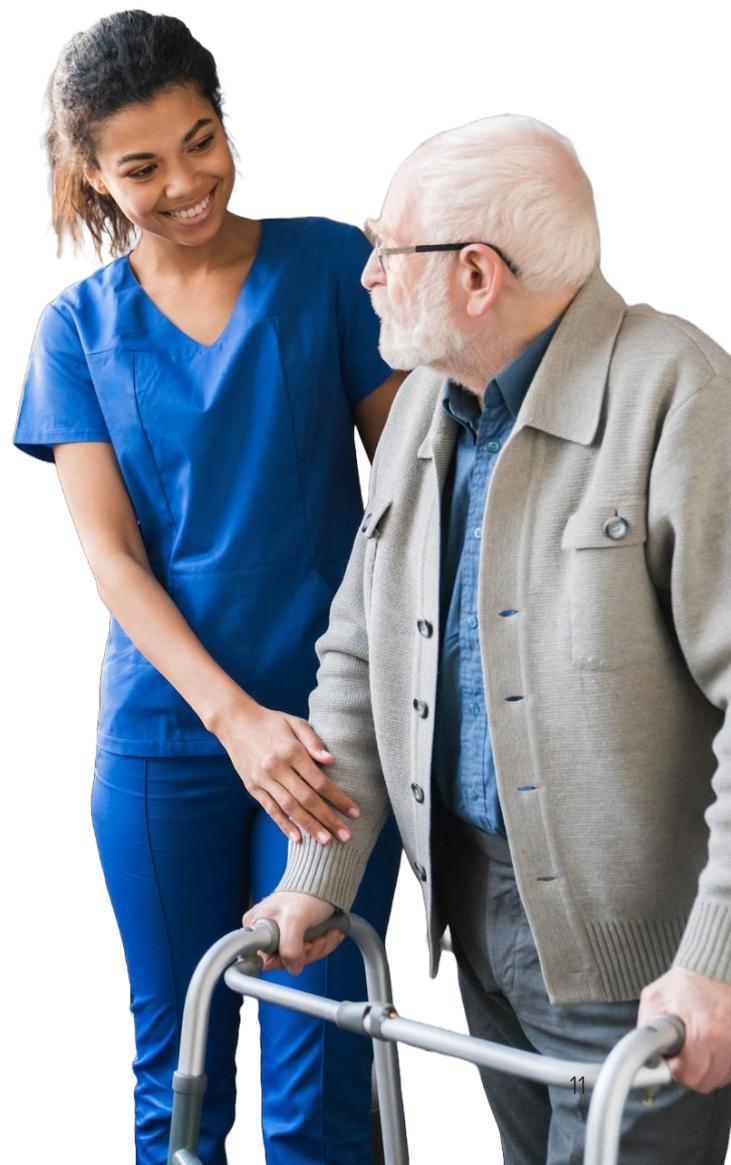
Health Disparities and the Interconnected Social Drivers of Health

The health landscape of Ward 8 is shaped by what stakeholders described as the “catastrophic interconnectedness” of social drivers of health—where structural conditions compound over time to produce stark and persistent health disparities. Chronic disease, untreated mental health needs, and maternal and infant health inequities in Ward 8 cannot be separated from the broader realities of poverty, housing instability, food access, transportation barriers, and economic stress.

Social and Demographic Context

Ward 8 is home to approximately 85,000 residents, the majority of whom identify as Black or African American (over 90 percent), with a higher concentration of families with children and multigenerational households than most other wards in the District of Columbia (DC Health, 2023). Median household income in Ward 8 is less than half that of several other DC wards, and more than one in four residents live below the federal poverty level, compared to roughly one in eight citywide (DC Health, 2023; U.S. Census Bureau, 2022).

These economic conditions intersect with housing insecurity. Ward 8 has one of the highest rates of cost-burdened renters in the District, meaning residents spend more than 30 percent of their income on housing (DC Department of Housing and Community Development, 2023). As stakeholders emphasized during planning, “housing is the platform to everything.” Without stable housing, residents are routinely forced to make impossible trade-offs between rent, food, medications, and preventive care. One stakeholder summarized this reality succinctly: residents often “pay their rent before they eat.”



Chronic Disease Burden

Ward 8 residents experience some of the highest rates of chronic disease in the District. According to DC Health surveillance data:

- Rates of diabetes and hypertension in Ward 8 are nearly twice as high as in the highest-income wards (DC Health, 2023).
- Hospitalization rates for heart disease and preventable complications are significantly higher than the District average (DC Health, 2022).
- Limited access to full-service grocery stores and healthy food options continues to exacerbate diet-related conditions, reinforcing cycles of chronic illness (DC Food Policy Council, 2022).

Poor nutrition, inconsistent access to primary care, and difficulty adhering to treatment regimens—often driven by housing and transportation instability—create compounding effects that worsen disease progression over time.

Mental Health and Trauma

Mental health disparities in Ward 8 reflect both unmet clinical needs and deep exposure to chronic stress and trauma. Residents report higher levels of psychological distress, anxiety, and depression, yet face persistent barriers to behavioral health care, including limited provider availability, stigma, and lack of culturally responsive services (DC Health, 2023).

Exposure to community violence, housing insecurity, and economic precarity contributes to toxic stress, which affects both adults and children. Stakeholders noted that safety concerns—particularly fears of violence and tense relationships with law

enforcement—make residents feel “unsafe outside,” discouraging physical activity, social connection, and engagement in community life. These conditions not only harm mental health directly, but also increase the risk of chronic disease and substance use over time (CDC, 2022).

Maternal and Infant Health Inequities

Maternal and infant health outcomes in Ward 8 mirror long-standing racial and geographic disparities across the District. Black women in DC are significantly more likely to experience pregnancy-related complications, severe maternal morbidity, and adverse birth outcomes than White women, regardless of income or education (DC Health, 2023; CDC, 2022).

Ward 8 has among the highest rates of infant mortality and preterm birth in the District, driven by a combination of factors including delayed prenatal care, chronic stress, limited access to culturally responsive maternal health services, and gaps in postpartum support (DC Health, 2022). Stakeholders emphasized that maternal health cannot be addressed through clinical care alone; it must be supported by stable housing, economic security, mental health services, and trusted community-based supports.

Compounding Effects and System Burden

Together, these conditions create a health system dynamic in which residents are expected to navigate fragmented services while managing overwhelming structural barriers. Missed appointments delay care. Poor nutrition exacerbates chronic disease. Chronic stress worsens mental health and pregnancy outcomes. The result is not a lack of services, but a system that places the burden of coordination on residents who are least resourced to carry it.

Historical Inequities, Access Barriers, and Erosion of Trust

Ward 8 residents experience a significant opportunity gap shaped by decades of structural disinvestment. Chronic illnesses such as diabetes and hypertension are prevalent not because of individual choices, but because of long-standing inequities in food access, safe public spaces, economic opportunity, and primary care availability.

Equally consequential is the erosion of trust between residents and institutions. Stakeholders described a history in which Ward 8 has been treated as a “demonstration project”—a place where initiatives are piloted without sustained investment, follow-through, or accountability. Over time, this has contributed to a survival-oriented mentality in which residents adapt to inadequate conditions rather than expect systems to respond.

Public safety concerns further compound these challenges. Tensions with law enforcement and broader safety issues have left many residents feeling “unsafe outside,” limiting physical activity, social connection, and community engagement. These dynamics reinforce isolation, trauma, and disengagement—factors that directly influence health outcomes and system utilization.

Why a Coordinated Health Ecosystem Is Essential

Despite these challenges, Ward 8 is home to a wide range of healthcare providers, community-based organizations, faith institutions, and public agencies committed to improving community health. However, stakeholders consistently described a service landscape that remains fragmented and siloed.

Organizations often operate independently, with limited alignment across healthcare, housing, workforce development, food systems, and social services. As one stakeholder noted, “health and wellness has to be a priority in the work that we do,” yet this integration is rarely embedded across systems in practice.

Without coordination, residents are left to navigate complex and duplicative systems on their own—retelling their stories, missing referrals, and falling through gaps in care. A coordinated health ecosystem is therefore not a luxury, but a necessity for achieving meaningful and sustainable impact.



The Imperative for Cross-Sector Collaboration Rooted in Resident Leadership

No single organization or sector can address the deeply interconnected and intergenerational challenges facing Ward 8. Cross-sector collaboration—spanning healthcare, housing, education, workforce, and public agencies—is essential. However, stakeholders emphasized that how collaboration occurs matters as much as who is at the table.

Former community leaders cautioned against external partners entering Ward 8 with a “savior mentality.” Successful collaboration requires partners to lead by listening, respect lived experience, and accept community leadership. Solutions must be co-created with residents, not imposed upon them.

The Ward 8 Health Council is uniquely positioned to facilitate this form of collaboration. However, its legitimacy depends on ensuring that the “everyday” resident—not just organizational representatives or professionals—remains at the center of decision-making. This plan reflects a commitment to collaboration that is resident-driven, accountable, and grounded in trust.



STRATEGIC PLANNING PROCESS

01

Community-Informed and Ecosystem-Wide Engagement

The planning process engaged a broad cross-section of the Ward 8 health ecosystem, including:

- Residents and resident leaders
- Community-based organizations
- Healthcare providers and hospital partners
- Public agencies and system stakeholders
- Funders and philanthropic partners

Engagement methods included structured interviews, surveys, and facilitated discussions. Participants were asked to reflect on system gaps, collaboration challenges, trust and legitimacy, and the Council’s potential role moving forward.

02

Thematic Analysis and Strategic Synthesis

Input from stakeholders was analyzed thematically to identify recurring patterns and core tensions. Several themes emerged consistently:

- The fragmentation of services across systems
- The central role of social drivers of health
- The need to rebuild trust and accountability
- The Council’s strength as a convener rather than a service provider

These insights directly informed the development of the plan’s vision, strategic goals, performance metrics, and governance recommendations.

03

Validation and Refinement

Draft elements of the plan were reviewed with leadership and key partners to ensure clarity, feasibility, and alignment with community expectations. Feedback was incorporated to strengthen coherence, ensure accessibility, and reinforce accountability. The resulting plan reflects a balance of aspiration and realism—grounded in both community wisdom and operational practicality.



THEORETICAL FRAMEWORK AND THEORY OF CHANGE

The Ward 8 Health Council Strategic Plan is guided by the Ward 8 Health Equity Ecosystem Integration Model, a community-governed theory of change that explains how coordinated systems, resident leadership, and accountability produce sustainable health equity.

This framework recognizes that health outcomes are shaped across multiple, interconnected levels—individual, community, organizational, and policy—and that lasting change requires alignment across these levels rather than isolated programs.

Foundational Assumptions

The framework is grounded in several core assumptions:

- Health is produced by systems, not services alone
- Residents are experts in their own lived experience
- Trust is built through transparency, follow-through, and shared power
- Equity requires addressing root causes, not symptoms

Drawing from social-ecological theory, collective impact, trauma-informed systems change, community power-building, and health-in-all-policies approaches, the framework positions the Ward 8 Health Council as a neutral convener and systems integrator within the broader health ecosystem.

Theory of Change

The Council’s theory of change is as follows:

If residents are meaningfully engaged and share decision-making power; and if cross-sector partners are aligned around shared priorities, data, and accountability; and if health literacy, navigation, and trust are strengthened; then access to care improves, systems coordinate more effectively, and measurable gains are achieved in chronic disease prevention, mental health, and maternal and infant health; ultimately resulting in a coordinated, resident-governed health ecosystem that advances long-term health equity in Ward 8.

This theory is operationalized through four interlocking strategic goals that reinforce one another and are supported by continuous feedback, performance measurement, and community accountability.

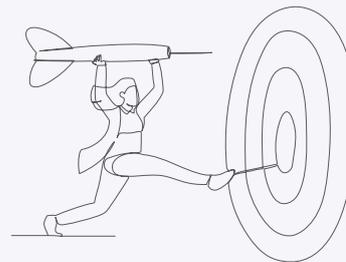


VISION, MISSION, AND CORE VALUES



Vision:

A thriving, equitable, and healthy Ward 8 where every resident has access to high-quality, culturally responsive care and the opportunity to live a long, healthy life, free from systemic barriers of scarcity and trauma.



Mission Statement:

To convene cross-sector partners, elevate resident voices, and drive evidence-based strategies that improve health outcomes, reduce disparities, and build a sustainable health ecosystem in Ward 8.

Core Values



Equity: Commit to fair access, outcomes, and representation for all Ward 8 residents. We recognize that Ward 8 is not a monolith and that historical disinvestment has created significant disparities even within our own neighborhoods. Equity means more than just equal access; it involves dismantling specific systemic barriers—such as housing instability, food apartheid, and economic exclusion—that hinder residents from thriving. We prioritize resources and advocacy for those with the greatest needs to ensure every resident, regardless of their zip code or income, has the opportunity to achieve optimal health.



Transparency: Operate transparently and share progress, data, and decisions with the community. To serve as a trusted partner, we must act with unwavering integrity. This includes providing clear transparency about how decisions are made, how funds are allocated, and who our partners are. We commit to “showing our work,” acknowledging both our successes and setbacks. By maintaining open communication and avoiding hidden agendas, we ensure the Council remains a trusted source of truth for residents navigating a complex health system.



Community-Driven Process: Elevate resident voices and co-create solutions with those most impacted. We believe that the residents themselves are the true experts on the needs of Ward 8. We reject the “savior mentality” of external solutions imposed from the top down. Instead, we follow a consensus model where strategies are developed in collaboration with the community. Our approach is based on “listening first,” ensuring that residents are not just recipients of services but the ones shaping the policies and programs that affect their lives.



Shared Leadership: Foster collaboration across organizations, sectors, and residents. No single organization can address the complex issues of Ward 8 alone. We aim to break down barriers between healthcare providers, social service agencies, and government entities. Shared leadership involves distributing power and responsibility, shifting away from dependence on one leader toward a sustainable model where diverse partners bring their unique strengths. We create ecosystems where hospitals, nonprofits, and resident leaders collaborate closely toward a shared goal.



Evidence-Based Decision-Making: Use data and community insights to guide priorities and investments. Our advocacy is based on facts, not just feelings. We use a dual approach to evidence: rigorous quantitative data (health metrics, outcome tracking) and in-depth qualitative insights (resident stories, lived experiences). By conducting pre- and post-assessments and monitoring social determinants of health, we ensure our initiatives are effective, targeted, and produce measurable improvements in community wellness.



Accountability: Measure progress and report outcomes to maintain trust and legitimacy. Trust is built through follow-through. We commit to closing the feedback loop by returning to the community to report on what was promised versus what was delivered. We hold ourselves and our partners accountable for results, ensuring that investments in Ward 8 lead to tangible improvements in residents’ quality of life rather than just activity without impact.



STRATEGIC GOALS AND FRAMEWORK



Goal 1: Advance Priority Health Issues

Goal Statement: Drive measurable improvements in Ward 8’s top three health priorities (i.e., chronic disease prevention, mental health and trauma recovery, and maternal/infant health) through coordinated, resident-informed, and data-driven initiatives that strengthen the overall health ecosystem.

Objectives

- Implement at least three integrated initiatives addressing chronic disease, mental health, and maternal/infant health.
- Embed social drivers of health supports (food, housing, transportation) within every initiative.
- Strengthen partnerships with hospitals, clinics, and community-based providers to align and scale successful models.

Key Strategies



1. Reduce Chronic Disease and Promote Wellness

- Expand free community health screenings through partnerships with local health organizations.
- Launch Eat Move Thrive Ward 8 to promote healthy eating, physical activity, and neighborhood wellness.
- Partner with local grocers and DC Health’s Produce Rx program to increase access to affordable healthy foods.
- Partner with local community organizations (e.g., youth and young professionals), annually, to conduct community supply drives (e.g., food, bed materials, clothes, cleaning supplies).



2. Expand Mental Health and Trauma Healing Supports

- Implement a Healing Circles DC model in schools, churches, senior centers, and housing communities.
- Facilitate intergenerational dialogues between youth programs and senior wellness centers to strengthen community healing with programs such as “Stop the Bleed.”
- Provide Mental Health First Aid training and certification for at least 100 residents and frontline workers annually.



3. Advance Maternal & Infant Health and Birth Equity

- Partner with Cedar Hill Regional Medical Center, Wellpoint DC, Johns Hopkins, Sibley Hospital, and local doula networks to expand prenatal and postpartum supports.
- Convene an annual Birth Equity Roundtables to inform local policy and strengthen maternal health partnerships.
- Launch Mothers on the Move — a mentorship network connecting first-time mothers with trained doulas.



4. Integrate Social Drivers of Health (SDOH) Supports

- Pair health events with benefits navigation (SNAP, WIC, housing, transportation).
- Track referral completion and follow-up through shared partner systems to measure impact and close care gaps.



02

Goal 2: Build Resident Voice, Advocacy, and Trust

Goal Statement: Rebuild trust in the health system by creating authentic, ongoing pathways for residents to shape priorities, co-lead solutions, and hold partners accountable for advancing Ward 8’s health equity goals.

Objectives

- Engage at least 250 residents annually — with 50% from underrepresented populations — through listening sessions, advisory circles, and leadership opportunities.
- Strengthen resident capacity to advocate for health priorities and influence public policy.
- Establish transparent feedback loops that demonstrate accountability and progress.

Key Strategies



1. Establish a Robust Resident Engagement Framework

- Host quarterly listening sessions and community forums to identify emerging needs.
- Form Resident Advisory Circles focused on health, housing, and workforce.
- Train and stipend Resident Health Ambassadors to conduct outreach, surveys, and peer education.
- Host an annual State of Ward 8 Health Town Hall to present results and gather feedback.



2. Build Advocacy and Civic Engagement Pipelines

- Create a Ward 8 Health Advocacy Series teaching residents how to testify, contact officials, and monitor budgets.
- Support resident advocates in maternal health, mental health, and chronic disease campaigns.
- Launch Youth Health Councils in local high schools to develop early leadership pipelines.



3. Foster Trust and Culturally Grounded Communication

- Launch trusted-messenger campaigns with faith leaders, barbershops, salons, and civic associations.
- Facilitate Community–Provider Dialogues such as the Lunch with a Doctor series to humanize care and increase understanding.
- Produce Ward 8 Wellness Voices, a storytelling series sharing local wellness journeys to normalize help-seeking.

03

Goal 3: Improve Health Literacy and Information Access

Goal Statement: Empower Ward 8 residents to make informed health decisions by improving access to accurate, culturally responsive information and navigation supports across digital and community channels.

Objectives

- Increase health literacy and awareness of local health resources among 5,000 residents annually.
- Boost resident understanding of where, how and when to access care.
- Increase enrollment in primary care, behavioral health, and maternal health programs by 15%.

Key Strategies



1. Design and Launch the Ward 8 Health Information Campaign

- Develop a multilingual, low-literacy Health Literacy Toolkit with plain-language print and digital materials.
- Partner with radio stations, schools, churches, libraries, and housing sites for quarterly information drives.
- Produce resident-led “Ask a Neighbor” health videos to increase relatability and trust.



2. Expand Digital Access and Community Navigation Supports

- Create a Ward 8 Health Resource Portal integrating provider directories, wellness programs, and benefit applications.
- Train Community Health Navigators to help residents schedule appointments, complete forms, and use telehealth tools.
- Deploy navigators at community hubs and events to assist residents with limited digital access.
- Host small business and resource fair to connect residents with DC small businesses – this will help to familiarize them with developing systems and technologies while increasing their understanding of resources to access.



3. Enhance Community Education and Awareness

- Host Resources to the Block in partnership with DC Health and local nonprofits.
- Organize monthly “Lunch with a Doc” sessions throughout the community to increase knowledge and awareness of key health topics.
- Align messaging with Council advocacy campaigns to reinforce consistent, trusted health messages across the Ward.

04

Goal 4: Strengthen Collaboration and Council Infrastructure

Goal Statement: Establish a strong, inclusive, and sustainable governance and operational structure that positions the Ward 8 Health Council as the trusted convener connecting residents, organizations, and systems to advance health equity and community well-being.

Objectives

- Create a formal governance structure with clear leadership roles, defined membership tiers, and meaningful resident representation.
- Formalize the Council’s fiscal and operational framework to ensure transparency, accountability, and sustainability.
- Strengthen administrative capacity and shared systems that enable efficient coordination, resource alignment, and data-driven decision-making.

Key Strategies



1. Build a Sustainable and Inclusive Governance Structure

- Adopt a Council Charter outlining co-chair roles, committee functions, and transparent decision-making processes.
- Recruit at least 11 core voting members, including a minimum of 5 Ward 8 resident leaders, ensuring active participation and diverse representation.
- Establish a Resident Advisory Board and standing committees (e.g., Governance, Chronic Disease, Advocacy & Policy) to guide the Council’s work.
- Develop and publish an annual calendar of meetings with an engagement target of 75% attendance for all members.



2. Formalize a Fiscal Sponsorship Framework

- Execute a Memorandum of Understanding (MOU) between FSFSC and the Ward 8 Health Council to define fiscal, administrative, and fiduciary responsibilities.
- Position FSFSC as the backbone organization, supporting the Council’s operations, financial management, and compliance functions.
- Develop a joint accountability framework that outlines reporting processes, performance metrics, and shared outcomes.



3. Strengthen Operational Capacity

- Implement shared administrative and HR systems through FSFSC to streamline operations.
- Develop standard operating procedures (SOPs) for grant management, procurement, communications, and data security.
- Recruit and support a part-time coordinator or community health liaison to oversee daily operations and partner engagement.
- Build a shared digital workspace and data-tracking system to monitor activities, performance, and outcomes.
- Develop an annual work plan and operating budget with measurable deliverables reviewed quarterly.



4. Advance Resource Development and Financial Sustainability

- Secure at least one multi-year grant or philanthropic partnership through FSFSC's fiscal sponsorship.
- Develop a joint fundraising and donor engagement plan that promotes transparency, equity, and shared benefit.
- Explore pooled funding opportunities with hospitals, insurers, and community foundations to sustain long-term initiatives.



5. Foster Cross-Sector Partnerships and Collaboration

- Formalize partnerships with hospitals, universities, and community-based organizations through MOUs that clarify roles and mutual commitments.
- Host an annual Ward 8 Health Equity Forum to share data, align priorities, and celebrate progress.
- Conduct quarterly coordination meetings with partner agencies to align resources and initiatives.
- Develop a partner engagement dashboard to track participation, collaboration levels, and collective outcomes.

KEY PERFORMANCE METRICS



Goal 1: Advance Priority Health Issues

KPI 1.1

Program Implementation & Reach

- At least one evidence-informed or community-driven initiative implemented annually in each priority domain (chronic disease, mental health, maternal/infant health)
- ≥1,000 residents served annually across priority health initiatives

KPI 1.2

Integration of Social Drivers of Health (SDOH)

- 100% of Council-supported health initiatives integrate at least one SDOH intervention or referral pathway
- ≥70% of participants connected to supportive services addressing non-clinical needs

KPI 1.3

Provider & System Alignment

- ≥5 healthcare or community-based providers actively engaged in implementation or referral partnerships
- Demonstrated improvements in at least one health or wellness indicator per priority area over the planning period



Goal 2: Build Resident Voice, Advocacy & Trust

KPI 1.1

Resident Engagement & Leadership

- ≥250 residents engaged annually through structured engagement models (circles, town halls, ambassadors)
- Resident representation maintained on Council committees and advisory bodies

KPI 1.2

Advocacy & Civic Capacity Building

- ≥50 residents or youth complete advocacy, leadership, or systems-navigation training annually
- Resident-led recommendations incorporated into at least two policy, program, or funding decisions per year

KPI 1.3

Trust & Accountability

- Regular two-way communication mechanisms established (e.g., feedback sessions, surveys, public reporting)
- ≥75% of engaged residents report increased trust in health and community systems over time



Goal 3: Improve Health Literacy & Information Access

KPI 1.1

Health Literacy Reach

- ≥5,000 residents reached annually through campaigns, toolkits, workshops, or education sessions
- Measurable improvement in health knowledge or confidence among participants

KPI 1.2

Access & Navigation

- Health navigation supports utilized by ≥1,000 residents annually (digital portal, referrals, navigators)
- Increased enrollment in primary, behavioral, or maternal care services among participants

KPI 1.3

Information Infrastructure

- Health information portal and culturally relevant materials updated and promoted regularly
- Monthly education or community medical sessions delivered with consistent attendance



Goal 4: Strengthen Collaboration & Council Infrastructure

KPI 1.1

Governance & Operational Maturity

- Governance structure, bylaws, and standing committees formally adopted and operational within Year 1
- ≥90% of planned council meetings and convenings held annually with quorum

KPI 1.2

Organizational & Administrative Capacity

- Fiscal sponsorship and executed MOU with FSFSC maintained and reviewed annually
- Core administrative functions (finance, compliance, reporting) operating on standardized systems and timelines

KPI 1.3

Financial Sustainability & Partnerships

- Annual diversified funding portfolio established (e.g., grants, public funds, philanthropy) with year-over-year growth
- ≥10 formalized cross-sector partnerships (MOUs, LOIs, or joint initiatives) supporting Council priorities

COMMUNITY ACCOUNTABILITY COMMITMENT

Accountability and transparency are foundational to the legitimacy, effectiveness, and long-term impact of the Ward 8 Health Council. Given the history of disinvestment, fragmented engagement, and unfulfilled commitments experienced by Ward 8 residents, this Strategic Plan affirms that trust must be earned through action, shared responsibility, and measurable progress—not presence alone.

This accountability framework applies not only to the Council itself, but also to all members of the Ward 8 health ecosystem who choose to participate in the Council’s work. Participation is no longer limited to information-sharing; it requires a demonstrated commitment to advancing shared priorities and reporting on progress.



Resident-Centered Decision-Making

The Ward 8 Health Council is committed to a model of resident-centered decision-making in which community members are recognized as experts in their lived experience and share authority over priorities, strategies, and accountability mechanisms.

This commitment is operationalized through:

- Resident representation within Council governance, standing committees, and advisory bodies
- A Resident Advisory Board that informs strategy, implementation, and evaluation
- Structured engagement processes that elevate resident priorities into programmatic, funding, and policy discussions
- Clear pathways for residents to influence decisions beyond one-time consultations

Resident voice is not symbolic. It is a core driver of decision-making, shaping how resources are aligned, how partnerships are formed, and how success is defined and measured.

Shared Accountability for Ecosystem Partners

As the Ward 8 Health Council evolves into a systems-level convener, membership carries expectations. Healthcare providers, community-based organizations, public agencies, and institutional partners who participate in the Council must commit to moving work forward, not simply attending meetings or sharing updates.

Ecosystem partners are expected to:

- Align at least one aspect of their work with the Council's strategic priorities
- Participate in coordinated initiatives or referral pathways, where appropriate
- Identify concrete actions or contributions they will advance through the Council
- Report on progress, challenges, and outcomes on a regular basis

This shift reflects a collective understanding that Ward 8 can no longer afford passive collaboration. Information-sharing without action perpetuates fragmentation and places the burden of coordination back on residents. The Council's role is to ensure that collaboration results in tangible change, not parallel activity.



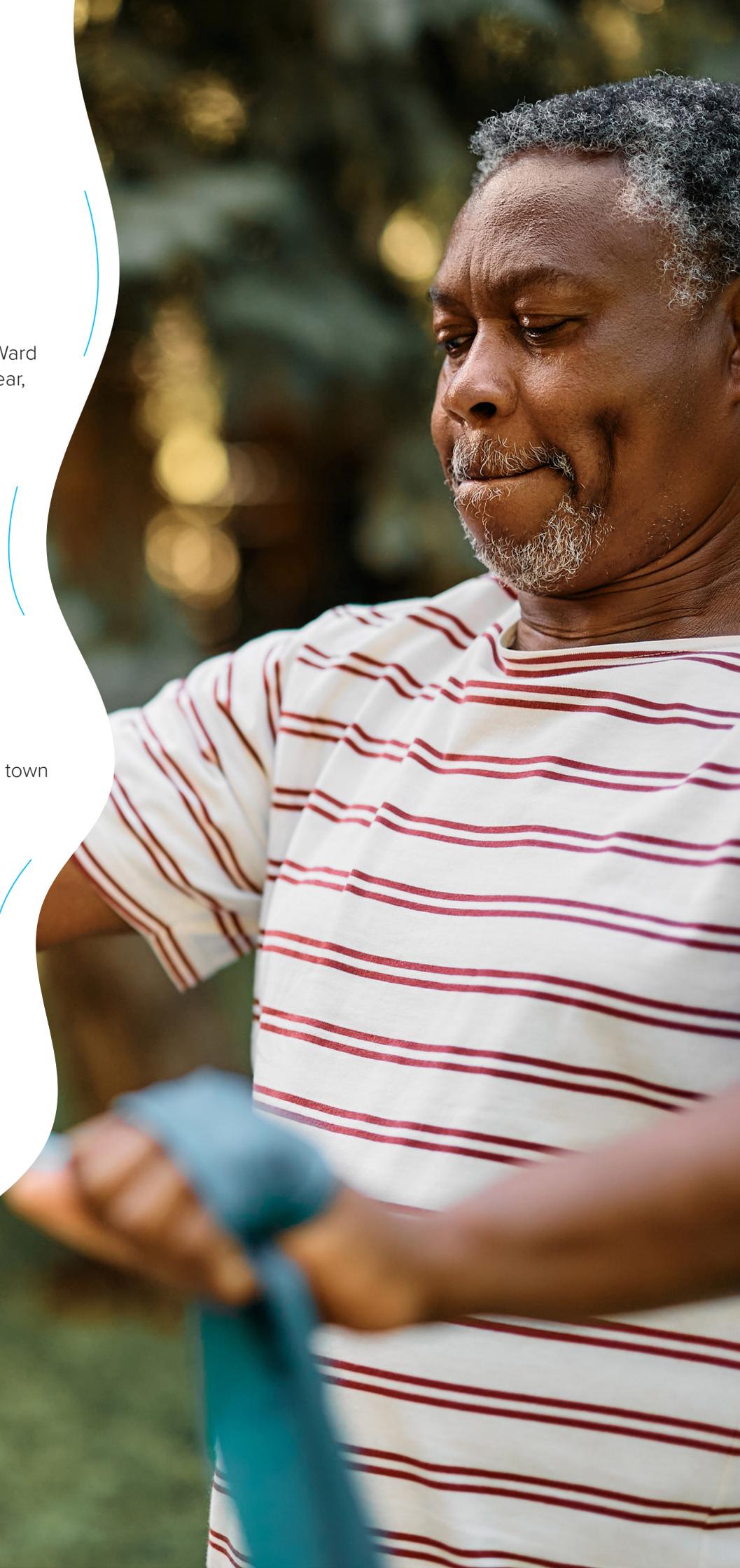
Public Reporting and Transparency Tools

Transparency is essential to rebuilding trust and sustaining meaningful engagement. The Ward 8 Health Council commits to clear, accessible, and regular public reporting that documents both Council-led progress and partner contributions.

Transparency mechanisms include:

- Public reporting on partner commitments, milestones, and collective outcomes
- Annual summaries shared through community forums, town halls, and digital platforms

Information will be communicated in plain language, avoiding technical jargon, and presented in formats accessible to residents, partners, and policymakers alike. Transparency includes acknowledging where progress has stalled and identifying barriers that require collective problem-solving.



Continuous Feedback Loops and Learning

Accountability is an ongoing practice, not a one-time report. The Council will maintain continuous feedback loops that allow residents and partners to raise concerns, share insights, and shape course corrections in real time.

Feedback mechanisms include:

- Community listening sessions and forums
- Surveys and focus groups tied to specific initiatives
- Resident-led storytelling and qualitative assessments
- Structured follow-up communications that explain how feedback was used

Critically, the Council commits to closing the feedback loop—reporting back not only what was heard, but what actions were taken, what changed, and where limitations remain. This practice reinforces transparency, learning, and shared ownership.

Accessibility and Inclusion Commitments

Accountability requires participation, and participation requires accessibility. The Ward 8 Health Council is committed to reducing barriers and ensuring engagement reflects the diversity of Ward

Accessibility and inclusion commitments include:

- Meetings held at varied times and locations
- Plain-language, multilingual, and low-literacy materials where appropriate
- Hybrid engagement options to address digital access gaps
- Intentional outreach to underrepresented populations, including seniors, youth, returning citizens, and residents with disabilities

The Council will continuously assess who is at the table, and who is not and adjust engagement strategies to ensure broad and meaningful participation.

A Shift from Participation to Responsibility

This Strategic Plan marks a clear shift for the Ward 8 Health Council and its partners: from participation to responsibility, from dialogue to action, and from informal collaboration to shared accountability for outcomes.

By embedding expectations for action, transparency, and reporting across the ecosystem, the Council aims to model a new standard for how systems engage with—and are accountable to—Ward 8 residents. This commitment ensures that the Strategic Plan remains a living document, grounded in trust and capable of driving lasting health equity

REFERENCES

Centers for Disease Control and Prevention. (2022). Maternal mortality rates in the United States, 2022. U.S. Department of Health and Human Services. Accessed on December 23, 2025 from <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2022/maternal-mortality-rates-2022.htm>.

Centers for Disease Control and Prevention. (2022). Racial and ethnic disparities continue in pregnancy-related deaths. U.S. Department of Health and Human Services. Accessed on December 20, 2025 from: <https://www.cdc.gov/womens-health/features/maternal-mortality.html>.

Collective Impact Forum. (2014). Collective impact principles of practice. FSG. Accessed on November 19, 2025 from: <https://collectiveimpactforum.org/resources/collective-impact-principles-practice>.

District of Columbia Department of Health. (2022). District of Columbia community health needs assessment. Government of the District of Columbia. Accessed on December 22, 2025 from: <https://dchealth.dc.gov/page/dc-community-health-needs-assessment>.

District of Columbia Department of Health. (2023). Health equity report: District of Columbia. Government of the District of Columbia. Accessed on December 22, 2025 from: <https://dchealth.dc.gov/page/health-equity>.

District of Columbia Department of Housing and Community Development. (2023). Housing affordability and cost burden in the District of Columbia. Government of the District of Columbia. Accessed on December 23 from: <https://dhcd.dc.gov/page/housing-data>.

District of Columbia Food Policy Council. (2022). Food access and nutrition in the District of Columbia. Government of the District of Columbia. Accessed on December 19, 2025 from: <https://foodpolicy.dc.gov>.

NEAN Consulting, LLC. (2025). Ward 8 Health Council stakeholder survey framework and thematic analysis (Unpublished internal planning document).

U.S. Census Bureau. (2022). American Community Survey 5-year estimates: Ward 8 demographic and socioeconomic profile. United States Department of Commerce. <https://censusreporter.org/profiles/61000US11008-ward-8-dc/>.

World Health Organization. (2014). Health in all policies (HiAP) framework for country action. World Health Organization. Accessed from <https://www.who.int/publications/i/item/WHO-HIS-SDS-2014.1>.