

**Evaluation
of EHF's
Impact
2017**

Introduction

Episcopal Health Foundation (EHF) conducts evaluation for two primary purposes. First, as an institution of the Episcopal Diocese of Texas (EDOT) and a public charity, EHF strives to be transparent about and accountable for the use of the abundant resources entrusted to the foundation. Second, the foundation wants to learn from its previous experience about how to improve its work and increase its impact going forward. The annual evaluation report supports both purposes.

EHF evaluates its investment portfolio and presents these results in a yearly evaluation report. The **2017 Evaluation Report** analyzed the results of over 280 active community health investments. EHF defines a community health investment as a discrete contribution of dollars or staff time intended to support an organization, set of organizations, or community in launching or advancing work designed to transform health. Foundation investments include grants, research projects, and community and congregational engagement programs.

EHF’s system for monitoring foundation activity and evaluating impact focuses on three core aspects of the foundation’s community health investments: Stewardship, Partnership Achievements, and Pathways for Transformation. This report is structured according to those core aspects, described in greater detail below.



Stewardship examines the composition of EHF’s investment portfolio, as well as the practices of foundation staff responsible for making investments. Partnership Achievements assesses the results of other organizations, generally grantees, in which EHF has made investments. Finally, Pathways for Transformation examines the success of EHF’s strategies in achieving enduring impact. Prior annual evaluation reports detail these components further.

2017 was the final year of EHF’s first three-year strategic plan for investment. This year’s Evaluation Report presents the cumulative results of that period (2015-2017). It also assesses the legacy of this plan and implications for the new, five-year strategic plan beginning in 2018. As such, the 2017 evaluation report functions as a capstone for EHF’s first three years and bridges the foundation’s past and future strategic priorities.

Executive Summary

The 2017 Evaluation Report examines investments made under the foundation's first 2015-17 strategic plan. These investments form the baseline from which EHF will move forward under its new 2018-22 strategic plan.

Stewardship | Investment Making Practices

From 2015 through 2017, the foundation significantly expanded its geographic footprint in its 57-county service region. By the end of these three years, EHF had made investments (i.e., grants, research projects, and community and congregational engagement programs) targeting all but two of the 57 counties. Grant investments alone reached a total of 50 counties. EHF's growing geographic footprint was made possible by the increasing number of investments, grants and otherwise, that reached rural counties.

At the same time EHF's work became more geographically diverse, the foundation's work grew more concentrated and strategic in areas of interest. Under the 2015-17 plan, grants became more concentrated in fewer areas of interest, and there was a significant increase in the level of investment in upstream, system-level change in the health sector. Congregational engagement investments also developed specific areas of concentration and deepened the engagement of churches in work addressing the social determinants of health.

EHF's convenings and trainings continued to earn high marks from participants. Even as EHF increased the number of these events in 2017, participants continued to give the foundation its highest satisfaction rating in *respect for participants* (96%) and *productive use of participants' time* (95%). Further, 2017 survey responses added evidence of achieving desired engagement outcomes including *changing mindset* (93%), *increasing knowledge* (90%), *strengthening skills* (89%), and *improving practice* (85%).

EHF also demonstrated a successful pattern of leveraging its resource investments. Since 2015, EHF has co-invested over \$4.5 million in grants and research. For every dollar EHF invested, co-funders invested two dollars.

Partnership Achievements | Investment Partner Results

2017 represented the first year for which there was a large enough number of grantee progress reports to analyze for results. There was evidence of the reach of these investments; grantees reported reaching over 800,000 unduplicated individuals and 300 organizations in EHF's region. In addition, grant investments

reached intended geographic scale, with nearly half impacting two counties or a larger geographic area. The evaluation also found that most concluding grants achieved original investment purposes, although there was more variation in the success rate of grants implementing more complex and upstream interventions.

Pathways for Transformation | Efficacy of Foundation Strategies for Enduring Community Health

As EHF pursues its mission with a new strategic lens, the foundation evaluation system established a new component, Pathways to Transformation, to focus on the community impact of EHF's investments and on information that can be used to make course corrections and achieve greater impact. Roll-out of this evaluation component was piloted in 2017 to support foundation staff in thinking deeply about the opportunities to build community capacity to engage in transformative work. EHF drew lessons about the costs and fragility of these types of investments. Going forward, the foundation will look for opportunities to build upon existing community organizations and coalitions and will limit its investment in starting new ones from the ground up.

Bridge from 2017 to the 2018-22 Strategic Plan

As EHF launches work under its new strategic plan in 2018, it builds on a base of investments that will carry over from work under its old plan. These investments reflect both grant and non-grant investments. EHF's strongest investment base is in its outcomes related to strengthening the health system. The foundation's work in early childhood brain development began in full force during 2017 and presents an opportunity for growth in the new plan. Additional opportunities may need to be proactively sought out and created for the foundation to gain traction in this space.

I. Stewardship | Investment Making Practices

This section of the 2017 Evaluation Report focuses on the changes in the composition of EHF's investment portfolio and investment-making practices between 2015 and 2017. It also includes a deeper look at the two foundation program areas for which there were three years of evaluation data—grantmaking and congregational engagement.

Geographic Scope of EHF’s Investments

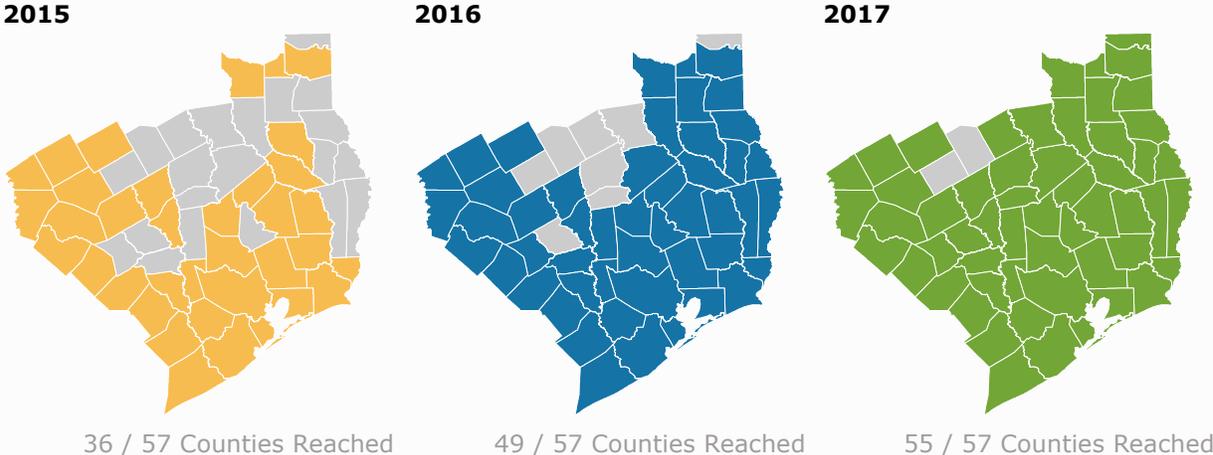
EHF serves a 57-county region that is home to 11 million people living in densely populated urban areas, smaller cities and towns, and rural communities. The needs and our opportunities to work across the region vary. This section of the Evaluation Report examines the geographic distribution of EHF’s work.

Over time, the geographic scope of EHF’s investments has grown considerably, from 36 counties touched by investments in 2015 to 55 in 2017. By 2017, the foundation had reached all but two counties in its region, as shown in Figure 1.

Figure 1

Every year, EHF’s investments reached **more counties**.

Counties shaded grey were not reached by a targeted investment in the given year.



In addition to investments that target specific counties, EHF makes investments to impact the 57-county region. The number of region-wide grants awarded grew from 7 in 2015 to 28 in 2017.

EHF reached all urban counties in its region within its first year of grantmaking, largely through grants serving the greater Houston and Austin areas. As Figure 2 shows, most of the recent growth in EHF’s geographic footprint has been in rural counties.

Figure 2

Most of the growth in EHF’s geographic footprint has been in **rural counties**.

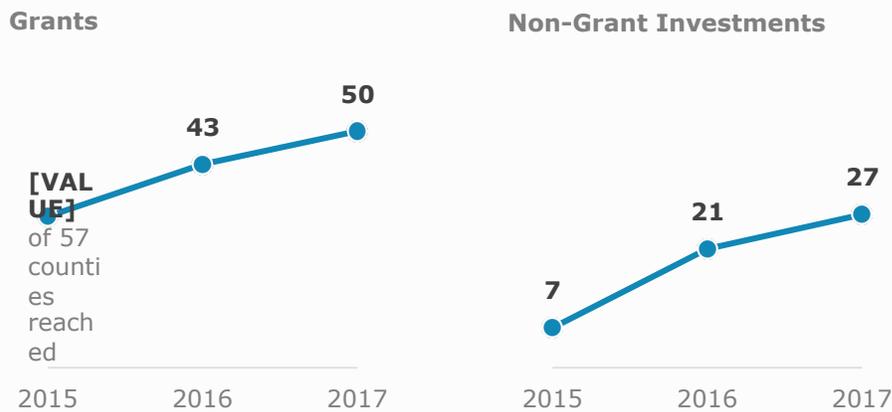
EHF classifies the 57 diocesan counties as being urban (15), having towns or small cities (13), or being rural (29). Urban counties contain a city with 50,000 or more people, counties with towns/small cities contain a population center with 10,000 to 49,999 residents, and rural counties have no population centers of 10,000 or more.



EHF’s growing rural investment resulted from both grantmaking and non-grantmaking activities, as shown in Figure 3. Notably, counties reached by EHF’s non-grant investments nearly quadrupled between 2015 and 2017.

Figure 3

Non-grant investments account for a substantial proportion of EHF’s growing geographic reach.



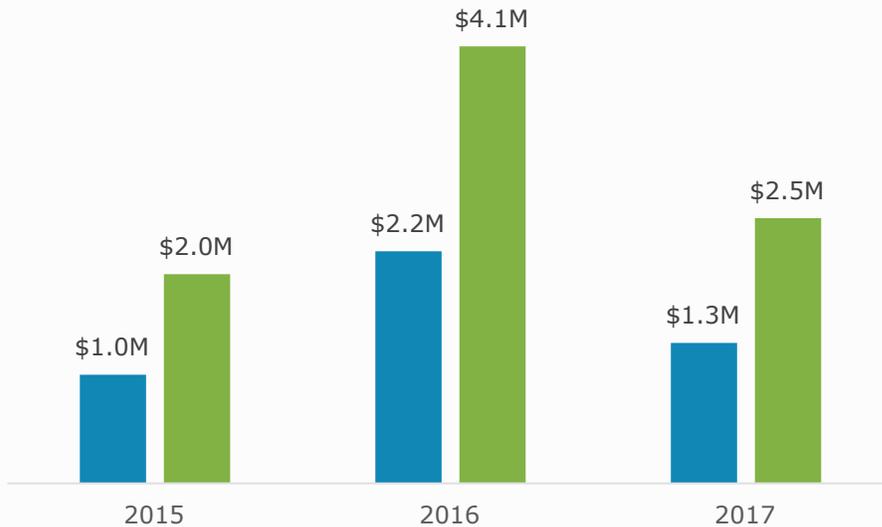
Although non-grant investments represent a relatively small proportion of EHF’s external financial investment in communities, they tend to involve significant staff time and are responsible for many the relationships the foundation forms in any given year. For example, through EHF’s training initiatives alone, the foundation reached 223 organizations in 2017.

Leveraging Foundation Resources through Collaborative Funding

Under the 2014-17 Strategic Plan, EHF regularly sought opportunities for co-investment with other funders. Co-investment proved a useful tactic for funding ambitious work and maximizing the impact of EHF’s financial investments. Since 2015, \$4.5 million of EHF’s dollars have gone to co-funded projects, with known contributions from other funders totaling over \$8 million (see Figure 4). In 2017, EHF devoted \$1.3 million to co-funding opportunities, while other funders contributed \$2.5 million.

Figure 4

EHF has consistently leveraged its dollars through co-funding opportunities with **other funders**.



Evaluation of EHF's Technical Assistance, Trainings, and Convenings

EHF invests human and financial resources in providing capacity-building support to community organizations, congregations, and coalitions. This support consists of consulting, technical assistance, trainings, and convenings. Five employees work exclusively in the engagement space in support of external groups. Their work has been supplemented by EHF-retained consultants who provide capacity-building support on our behalf. This section of the 2017 Evaluation Report examines the feedback we received, through structured surveys, from those who participated in these efforts.

Since 2016, EHF has surveyed participants about the effectiveness of its engagement work. As EHF has expanded the number of offerings, the number of survey responses has grown. In 2016, EHF received 166 survey responses, compared to over 600 survey responses in 2017. While survey response rates have varied across programs, participants consistently describe EHF offerings as high quality and report positive changes in attitude, increased knowledge, improved skills, and action-taking.

As shown in Figure 5 below, survey respondents consistently rated EHF activities as being a good use of their time. EHF also scores well on measures related to facilitation and participant experience, with a large majority of respondents indicating that they felt respected, had time to ask questions, and shared their perspective during EHF activities.

Figure 5

Survey responses about the quality of EHF activities are **consistently positive.**

The percentage of responses which are positive is computed using responses indicating agreement or strong agreement on five-point scale (e.g. "Agree" and "Strongly Agree").

Question	% Positive, 2016	% Positive, 2017
Was the event a productive use of your time?	95% (151 responses)	95% (534)
Did EHF show respect for the knowledge and experience of participants?	95% (40)	96% (430)
Did you have opportunities to share your perspective?	93% (39)	93% (264)
Did the event convey relevant information?	93% (39)	91% (166)

The surveys also measure effectiveness based on the extent to which participants improve knowledge, mindset, skills and practice. Survey results from both 2016 and 2017 indicate positive change in all four categories, as shown in Figure 6.

Figure 6

Survey responses indicate **positive changes** in knowledge, attitude, skill, and practice.

The percentage of responses which are positive is computed using responses indicating agreement or strong agreement on five-point scale (e.g. "Agree" and "Strongly Agree").

Topic	% Positive, 2016	% Positive, 2017
Attitude Questions	93% (187 answers)	93% (859)
Knowledge Questions	87% (109)	90% (915)
Skill Questions	87% (248)	89% (478)
Practice Questions	88% (285)	85% (632)

Surveys administered by third parties provide an additional source of feedback on EHF's activities. For example, participants in EHF's Mental Health First Aid trainings complete a standardized evaluation form, and respondents consistently provide positive feedback on facilitation, relevance of content, and participant outcomes.

Grant Investments

Grants are the largest type of investment that EHF makes. There are nine staff members on the grants team, and most of the foundation's annual budget is devoted to grant awards. With work under the Strategic Plan for 2015-17 concluding, data from three years of grantmaking was available to inform the evaluation of this work.

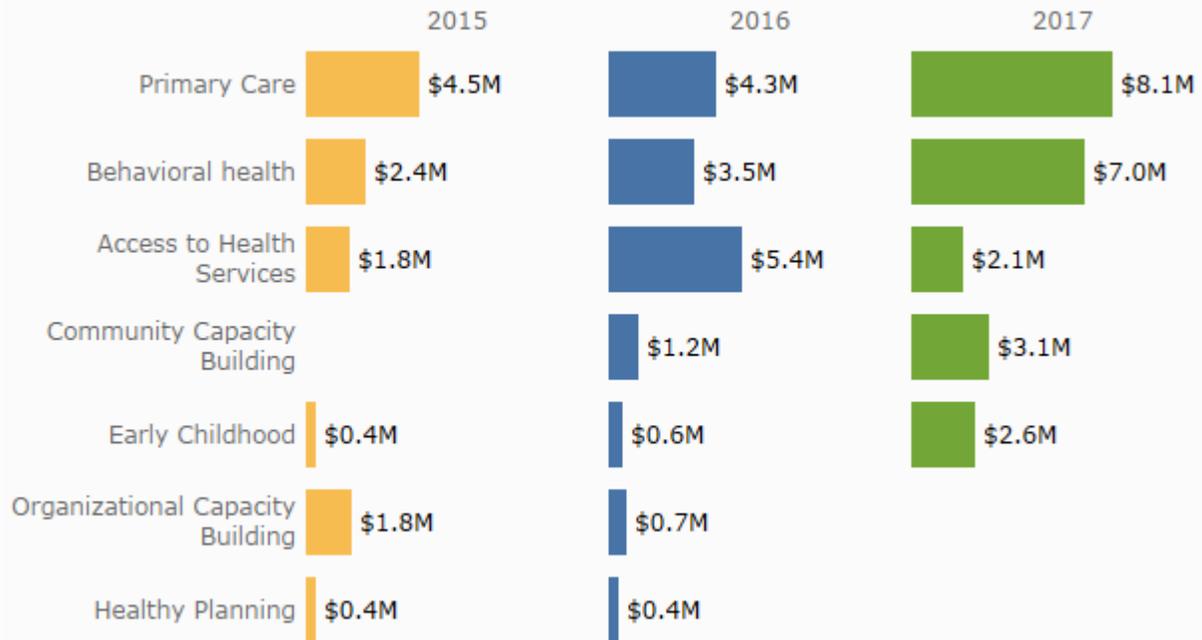
Grants by Area of Investment

The 2015-17 Strategic Plan identified seven strategic areas for investment. As Figure 7 shows, Primary Care and Behavioral Health represented the most substantial and enduring areas of grant investment.

Figure 7

EHF's funding priorities have **evolved** over time.

The charts show trends in funding (from 309 grants) across EHF's interest areas from 2015-2017.



Other areas of grant investment fluctuated or grew more slowly over time. Access to Health Services, the largest investment area in 2016, offered a smaller investment opportunity in 2015 and 2017, due to external factors. EHF took a longer time to define grantmaking parameters and solicit applications in both Community Capacity Building and Early Childhood. Although these areas were slower to reach significant levels of investment, both have realized significant gains and occupy a prominent role within EHF's 2018-22 plan. In contrast, Healthy Planning and Organizational Capacity Building no longer represent stand-alone interest areas for grant investment.

Mental Health Grant Investment Evaluation

The Meadows Mental Health Policy Institute evaluated 22 mental health grants funded in 2015 and 2016. The evaluation reviewed applications and reports, surveyed grantees, and interviewed a diverse, small sample of grantees. EHF commissioned this external evaluation to help refine its strategies regarding mental health. This work led EHF to conclude that its priority for funding mental health should be to support community-based clinics in adopting and strengthening integrated behavioral health, as reflected in the 2018-2022 Strategic Plan.

At the same time the foundation narrowed the range of investment areas, EHF sharpened its investment in opportunities designed to be more transformational than transactional. In 2016, EHF developed a transformation spectrum, depicted in Figure 8, to support discernment between transactional investments, on the one end, and transformational investments, on the other end. Transactional investments represent those made “downstream” in the system, perhaps to provide more services. These are contrasted with more transformational investments made “upstream,” such as changing a practice or policy within the health system at-large.

Figure 8

EHF’s **Spectrum of Transformation**



EHF began assigning a transformation level to grants in 2016. Analysis shows that transactional grants made up the largest number of grant investments in both 2016 and 2017. However, as shown in Figures 9 and 10, the number of transactional grant investments declined in 2017, while the number of transitional and transformational investments increased. Further, there was a significant increase in the total dollar value and proportion of allocated dollars invested in transitional and transformational investments. Transactional investments, conversely, decreased in number and dollar value.

Figure 9

In 2017, EHF made **slightly more** transformational grants than in the previous year.

106 grants were rated in 2016, and 118 were rated in 2017.

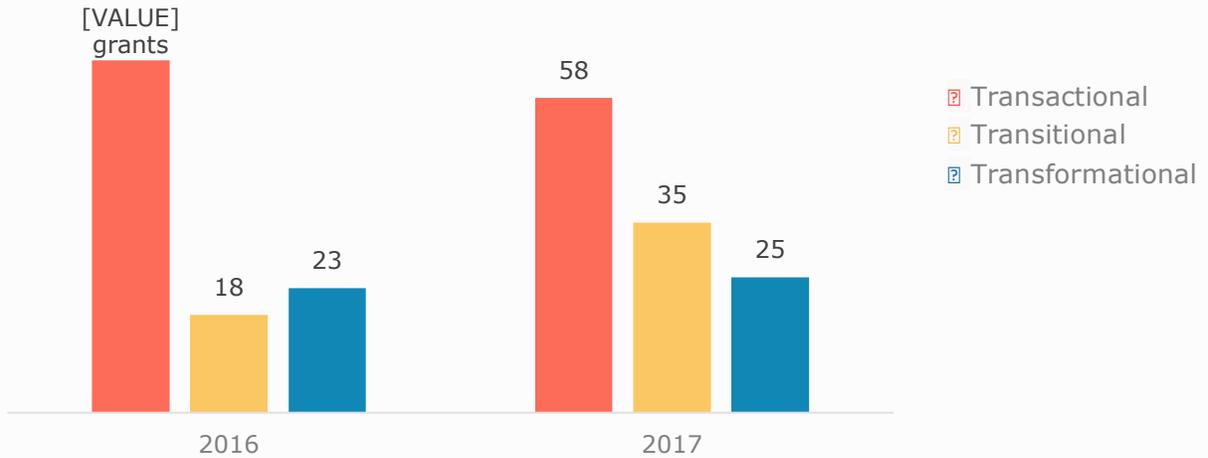
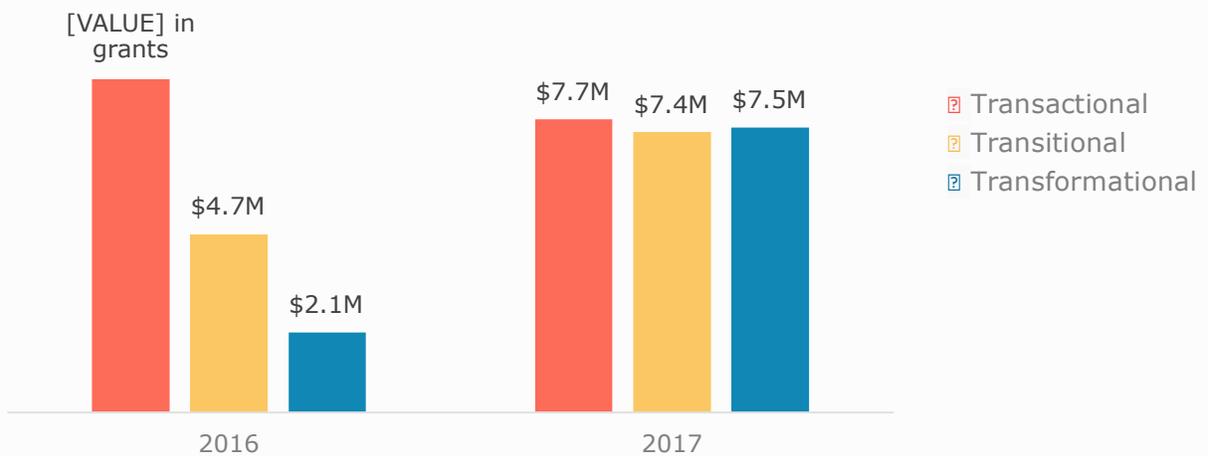


Figure 10

The number of dollars invested in transformational work **more than tripled** between 2016 and 2017.

106 grants were rated in 2016, and 118 were rated in 2017.



Congregational Engagement Investments

Another major type of investment made by the foundation is in congregational engagement. Like with grantmaking, evaluation of congregational engagement began in 2015. Results indicated that congregational engagement investments have contributed to an increasing number of churches being more involved with EHF over time, as well as advancement of the community engagement work undertaken together.

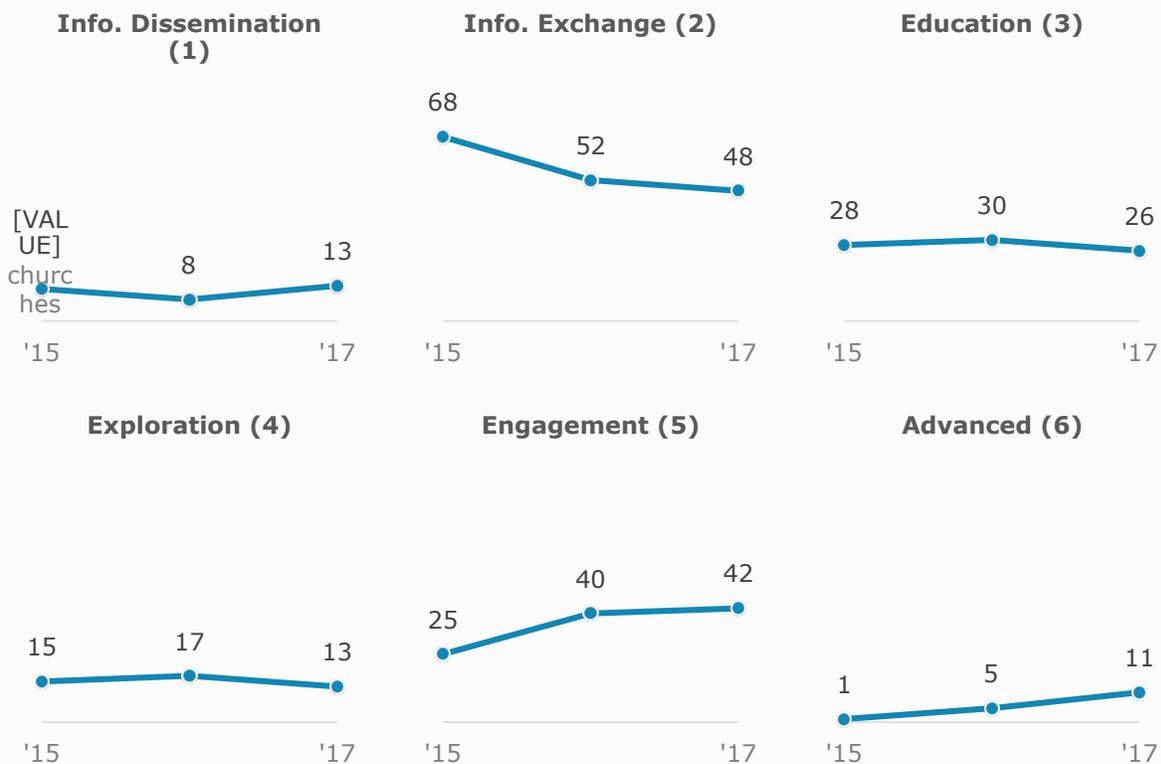
EHF monitors congregational engagement by rating the level of interaction its staff has with congregations. This scale starts at level 1, indicating that EHF has disseminated information to the church and had no further engagement. At level 6, advanced engagement, a congregation has worked extensively with EHF to establish and maintain a community health improvement project.

These data reveal that EHF has consistently engaged (at an engagement level of 2 or greater) more than 90% of congregations in the diocese. In addition, the number of congregations actively engaged with EHF at a level 5 or 6 has grown over the last three years. Figure 11 shows these trends.

Figure 11

Congregations are **more engaged with EHF.**

The number of congregations engaged with EHF at levels 5 and 6 has steadily risen since 2015. Each chart shows the number of congregations working with EHF at the indicated level over time. There were 153 congregations in EHF's region in 2017.



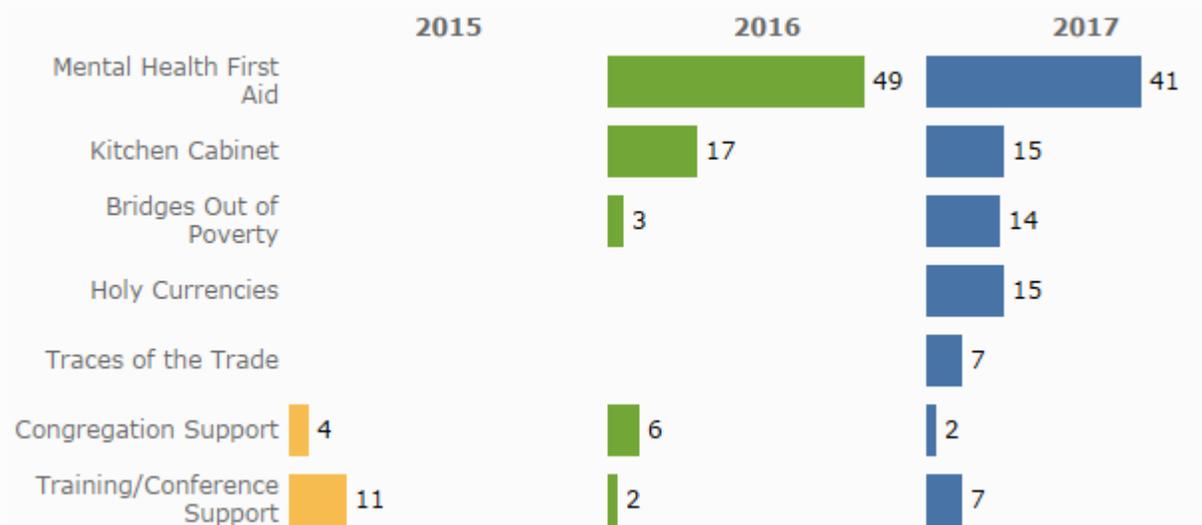
Looking at the two highest levels of engagement in 2015, there were 26 churches significantly engaged in work with EHF; by 2017, the number increased to 53. The overall trend shows that EHF has significant ongoing work with over a third of the churches in the diocese.

EHF's investments in congregational engagement has grown more strategic and diverse over time. EHF sponsors several programs for congregations including civic engagement and community organizing, mental health and wellness, racial reconciliation, poverty relief, and Holy Currencies. EHF also engages a Kitchen Cabinet, a 17-member group of clergy and lay leaders, who serve as advisors to and liaisons with the EDOT community. Figure 12 shows the number of churches involved in these programs.

Figure 12

EHF has engaged churches through an **increasingly diverse** range of initiatives.

Bars represent the number of the Diocese's 153 Episcopal Churches engaged in EHF congregational engagement programs each year.



By the close of 2017, 44% (68) of the 153 churches in the Diocese were engaged in one or more of these programs. Twenty-eight churches were engaged in two or more programs.

II. Partnership Achievements | Investment Partner Results

In 2017, for the first time, there were a sufficiently large number of grants that had concluded or otherwise completed sufficient work to enable EHF to assess investment results. The evaluation measured *reach*, to describe the extent to which programs engage intended populations and geographic areas, and *goal achievement*, to examine whether original goals of investment were achieved. Altogether there were 128 grants with sufficient information to evaluate reach, and 69 of those were completed and provided information about the grantee's goal achievement.

Grantee Reach

Populations Reached

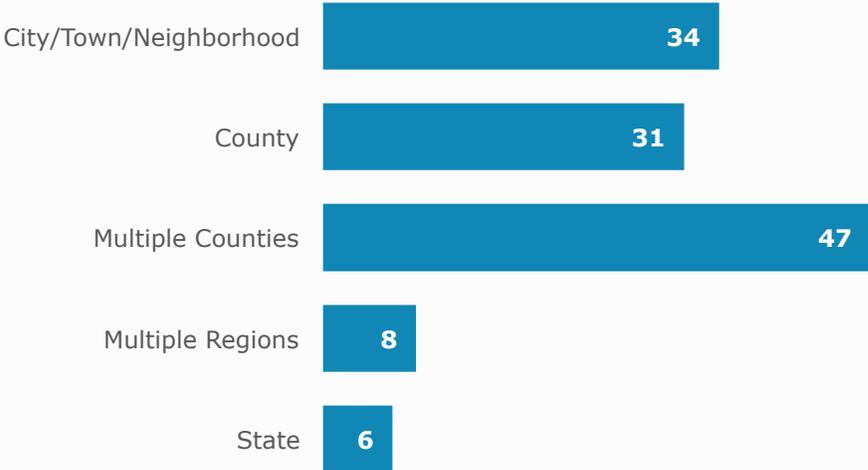
Grantees that provide clinical services, community-based programs, or community capacity building typically reported the number of individuals served or reached through their work. Eighty-nine grants met one of these grant categories: the 46 that concluded in 2017 reported serving 517,092 unduplicated individuals, while the 43 grants still in progress had served 332,966 unduplicated individuals to date.

For grants focused on community-based programs or policy/practice change strategies, the number of organizations served is a more useful metric than individuals served. Thirteen grants reported organizations served: eight that ended in 2017 reached 197 organizations, and the five continuing their funding had served 114 organizations to date.

Geographies Reached

In addition to information about population reach, grantees report on geographic reach. As shown in Figure 13, grant investments reached intended geographic scale, with nearly half impacting two counties or a larger geographic area.

Figure 13
61 of the 126 grants awarded in 2017 impacted more than one county.



Grantee Goal Achievement

Ninety-six EHF grants concluded in 2017, including two that ultimately returned most of their funding. Of these, 69 had submitted a final report by the time EHF conducted the 2017 evaluation. Using grantees' final reports and Program Officer input, we assessed whether grantees *struggled to meet goals*, *partially met goals*, *met goals*, or *exceeded goals*. EHF's interest was to understand any patterns in the successes and challenges experienced by EHF grantees that might influence future grantmaking. An overview of these ratings is shown in Figure 14.

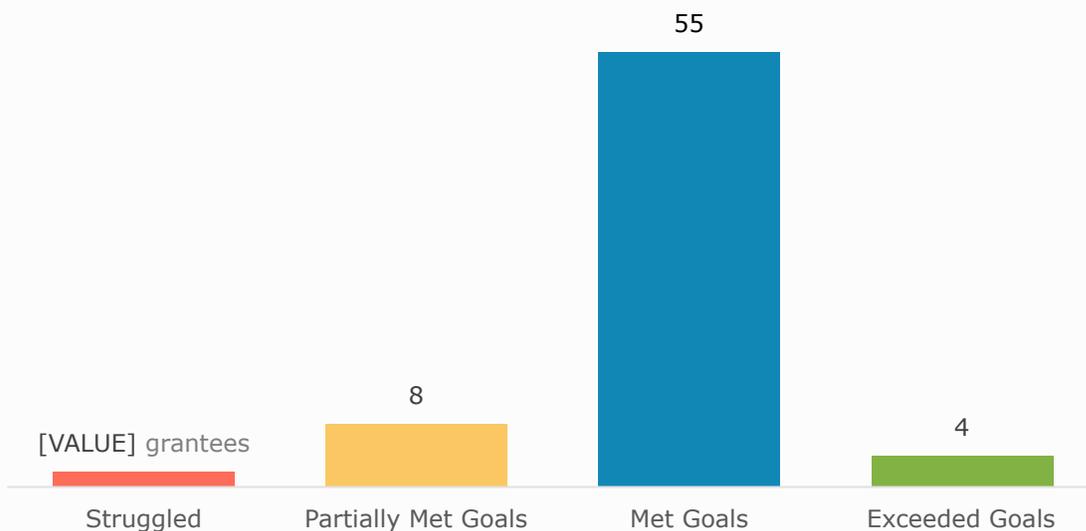
Clinic-to-School Telemedicine Program Evaluation

Early on, EHF was excited by the opportunity to support a rural community's clinic-to-school telemedicine program. We retained Rice University's Baker Institute to evaluate the work. Despite technological expertise, the grantee was largely unsuccessful in implementing the program and returned most of the grant award to EHF. The evaluation, in combination with a research project conducted by the University of Texas Medical Branch, has informed our decision-making about how to assess future telemedicine investment.

Figure 14

Most grantees are **achieving their goals**.

N=69



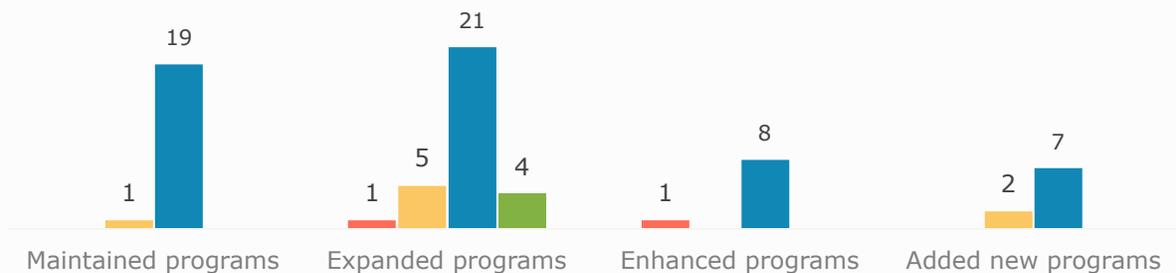
The evaluation explored grantee achievement across two dimensions. The first was the *primary effect of the grant*, which we categorized as maintaining existing work, expanding programs, enhancing overall capacity, or adding new programs. Figure 15 shows the grantees' level of goal achievement across the 'primary effect' dimension.

Figure 15

Goal achievement varies more among grantees who are **expanding** or **adding** programs.

Struggled Partially Met Met Exceeded

Grantee goal achievement by **effect of the grant on the grantee's work**
n=69

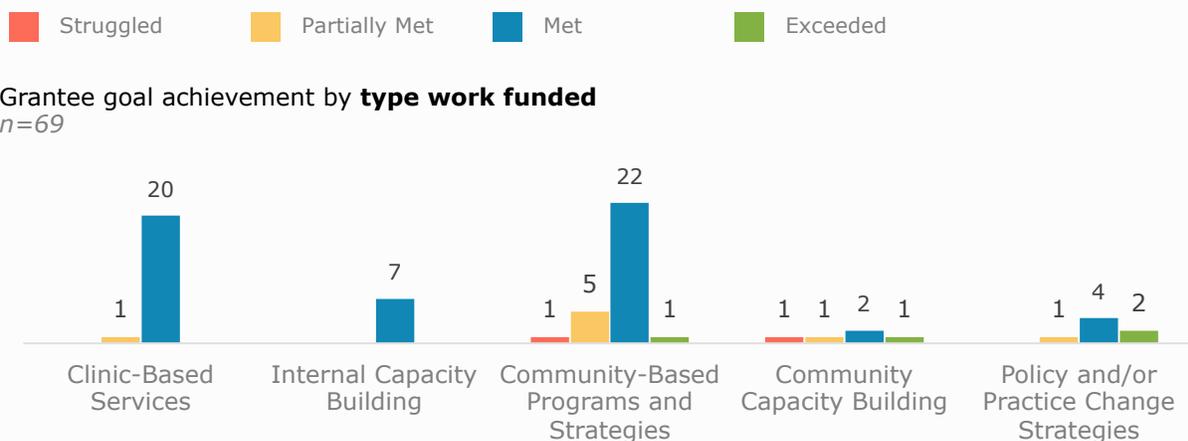


The second dimension we explored was the *type of work funded by the grant*. Grants were categorized as supporting clinic-based services, internal capacity building, community-based programs, community capacity building, or changing policy or organizational practices within a sector. These categories are ordered from least to most complex for the grantee to achieve. In most cases, providing clinical services or building internal capacity involves comparatively few factors which are beyond the control of the grantee. The success of community-based work or policy change efforts, on the other hand, often hinges on strategic engagement of many stakeholders and decision-makers. Figure 16 shows the grantees' level of goal achievement across the 'type of work' dimension.

It was not surprising to see that variability in goal achievement increases along this dimension. All but one of the grantees providing clinical services or building internal capacity uniformly achieved their goals. Of the 29 grantees providing community-based programs, 22 met goals, 5 partially met goals, and one struggled while one exceeded goals. In contrast, the results of the five community capacity building

grants varied widely, and the seven policy and practice change grantees saw a range of outcomes as well.

Figure 16
Goal achievement varies more among grantees doing **complex work**.



These data suggest that grantees undertaking more complex work may face both greater challenges and greater opportunities.

III. Pathways to Transformation | Efficacy of Foundation Strategies for Enduring Community Health

EHF’s mission to transform the health of the communities in its region has led the foundation to consider what a truly transformational agenda might look like and how EHF can impact the systems of health and healthcare to participate in this transformation. Last year, EHF began to implement Pathways to Transformation to support the foundation in answering these questions.

Staff conducted a formal, internal evaluation of the Texas Pathway to Pacesetter project, which supported four communities to build capacity for health improvement. These communities included the City of Waco, two neighborhoods in Houston, and Nacogdoches County. The evaluation confirmed that capacity building

work is resource-intensive and difficult to sustain. The four communities were not equally successful in reaching the goal of developing a community partnership with a healthcare organization to improve community health. This evaluation reminded EHF that community-wide change is difficult to achieve and that building the capacity of communities and organizations to do this type of work is critical, complex, and takes time.

EHF also reviewed its work with community coalitions and obtained advice from a consultant regarding options for working with coalitions. Based on this work, EHF concluded that the foundation can be most effective by working with existing coalitions that seek capacity building support, rather than establishing new coalitions. Sustainability of coalitions requires community ownership and leadership, which may be absent when EHF is the driving force behind establishing a coalition.

IV. Bridge from 2017 to the 2018-22 Strategic Plan

2018 will mark the first year of EHF's new outcomes-focused strategic plan. EHF's plan identifies four outcomes that the foundation will aim to change in its efforts to transform the region's communities into healthy places for all:

1. Health system reform, including resource allocation, driven by the goal of achieving health, not just healthcare
2. More comprehensive, equitable, and accessible community-based primary care systems
3. Activated community and congregation members involved in shaping healthy communities and influencing health systems to improve health equity
4. Health systems and families that implement best practices for healthy brain development during the first 1,000 days of life.

The 2017 evaluation addressed key questions relevant to the implementation of this new plan and the achievement of these four outcomes:

- ❖ How **aligned** were the foundation's investment decisions in 2017 with the strategic priorities defined in the 2018-2022 plan? What changes may be required to strengthen the outcome-focus of these investments?
- ❖ What is the **baseline investment** in the plan's new strategies and outcomes?

Alignment of Decision Making During 2017

Although there was no expectation that investment practices established under an older strategic plan were necessarily aligned with those of the new plan, EHF did view the new strategic plan as a natural extension as well as a clarification of its earlier work. Given this, the foundation evaluation assessed the extent to which investment making practices could remain largely the same, or, might need to shift to achieve the outcomes of the new strategic plan. To examine this question, EHF reviewed the 150 new community investments made in 2017 as well as eight ongoing investments which received additional support in 2017. EHF then determined whether each was aligned with an outcome and strategy under the new plan. The determination was made by considering whether the foundation was likely to fund similar work under the new plan, or whether the investment represented work outside the scope of the new plan.

Although the new strategic plan was not finalized until September of 2017, a large majority (84%) of investment decisions made in 2017 were in alignment with the new strategic directions being articulated. Almost all the investments that proved not aligned with the new plan represented 'step-down' grants, designed to support agencies funded under EHF's last strategic plan with a transition period of foundation investment.

While the foundation intends to make investments in accordance with the new plan, unexpected opportunities are likely to present themselves, as in the case of the Hurricane Harvey research. EHF may identify investments that support our articulated outcomes but fall outside defined strategies. Opportunities may also arise that allow EHF to fulfill its mission in ways unanticipated by the current plan. In these cases, the foundation expects to adjust investment outcomes as necessary.

Baseline investments in the new plan's outcomes and strategies

As EHF launches its work under a new strategic plan in 2018, it is helpful to understand the investment base the foundation is building upon to achieve its five-year outcomes. In 2017, EHF made \$28.5 million in new investments aligned with the new plan's outcomes and strategies. Pre-2017 investments of \$2.7 million that were still active in 2017 are also aligned with the new plan. This investment base represents a significant head start on achieving the outcomes of the new plan.

Figure 17 identifies each of EHF's four outcomes and nine strategies for achieving them. The bars within the chart display the starting investment for each of these outcomes and strategies.

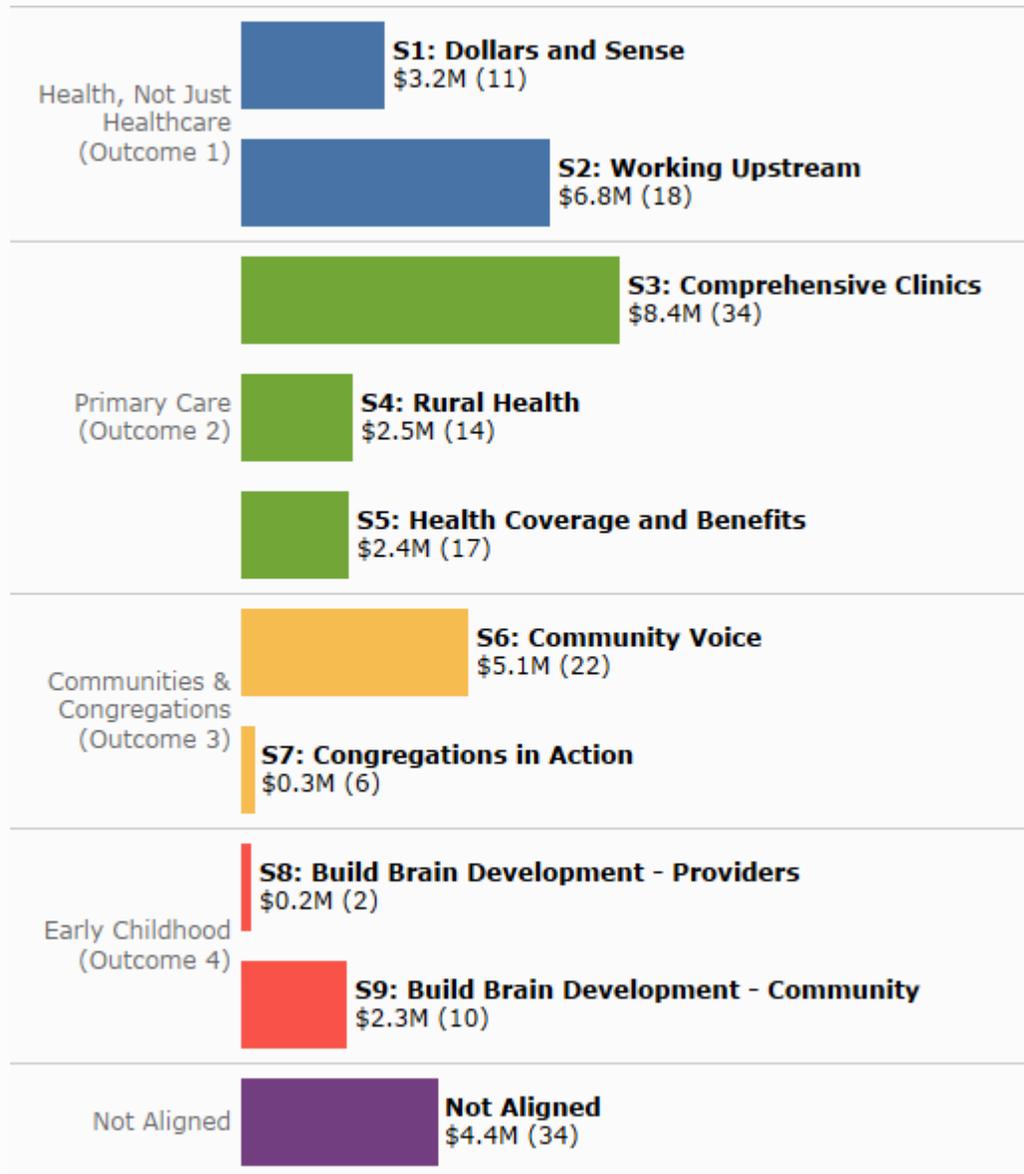
EHF has a significant investment base with which to jump-start Outcome 2 (Primary Care). The foundation's second largest investment base is in Outcome 1 (Health Not Just Healthcare, including the EHF's Community Centered Health Homes (CCHH) Initiative).

While there is significant alignment between the investment decisions made in 2017 and EHF's newly-launched strategic plan, it is notable that some Outcomes have realized a larger investment opportunity to date than others. For example, the largest area of 2017 investment in Outcome 2, Primary Care, dwarfs that of investments in Outcome 4, Early Childhood, as EHF did not articulate or actively seek grant opportunities in this area until 2017. Given this investment gap, the foundation may consider how to cultivate sufficient investment opportunity to ensure large-scale investment in changing this outcome.

Figure 17

Most of EHF’s investments carrying into 2018 are **already aligned** with the foundation’s new strategic plan.

Dollar figures cited in the figure reflect external financial investments only and do not include the value of staff time, which is significant in congregational and community engagement work. Parentheses indicate the total number of investments in the outcome and strategy, excluding those without a financial component. A total of 168 investments, funded in 2017 or earlier, and valued at \$31.2 million has been invested towards EHF outcomes at baseline.



V. Conclusion

Based on both this evaluation and foundation staff experience working under the old plan, EHF begins work on the 2018-2022 Strategic Plan having tested and adopted new ways to go about its work. There are five themes that resonate as the foundation starts its new plan. The final section of this report expands on these themes and their implication for future work.

- ❖ The case for change still rings true
- ❖ We know what our work is, and is not
- ❖ Our holistic approach can accelerate impact
- ❖ We must focus on outcomes
- ❖ Going deep not wide requires discipline

The Case for Change Still Rings True

Compared to other industrially advanced nations, the United States, including EHF's region has poor health outcomes. Unlike many other social sectors, however, poor health outcomes are not a result of paying too little for healthcare: the U.S. healthcare system is well-resourced, and costs continue to rise. EHF makes the case for expecting – even demanding - better health outcomes for the money and works to accomplish this by directing a portion of its healthcare spending to known health-producing determinants in communities. Simply put, EHF invests in health, not just healthcare.

Moving forward, evaluation is one way the foundation holds itself accountable for staying this course. Under the new plan, foundation evaluation will continue to assess stewardship, including investment levels in and alignment with foundation outcomes.

We Know What Our Work Is, and Is Not

As EHF has become clearer about its message, the foundation also has sharpened its line of sight -- specifically about where and how to stimulate change. The 2018-2022 Strategic Plan reflects that sharpened line of sight, focused on the reallocation of system resources from healthcare to health, the strengthening of clinics to serve both health and healthcare interests within the community, and the capacity of community institutions to engage residents in creating healthful environments. Further, EHF has grown in its awareness of the investment opportunities it needs to cultivate to accomplish this work. EHF needs to actively seek out opportunities for transformational investment and, at the same time, needs to make investments

that support clinics and community organizations in moving across the “transformation spectrum.”

Our Holistic Approach Can Accelerate Impact

EHF takes seriously its responsibility to use an array of tools, not just grantmaking, to do its work. The foundation brings research and community and congregational engagement programs to the field to amplify impact and support the change it wants to see in its region.

Changing the health and healthcare systems will require use of several different, but strategic, levers. Pulling those levers thoughtfully and sequentially will yield better access to and quality of primary care, including behavioral health, oral health, preventive services, and reproductive and child health services. EHF also is committed to reforms that will lead to a more responsive system, accountable to community health, not just healthcare. Finally, the foundation needs to continue to work with organizations to raise the voice of community members to influence systems, and with congregations to engage in community health work outside church walls.

EHF recognizes that this change work is hard (otherwise, it would already be done), and that those organizations positioned in the health and healthcare system require investments that result in skills, knowledge, and mindset changes that equip system entities to participate. EHF has to right-size its support, so that investments can have cumulative impact and so that the momentum for change is accelerated across the system. The foundation has implemented several evaluation tools to assess how well it is doing this work and anticipates that there will be an ongoing role for feedback from those whom it engages.

We Must Focus on Outcomes

While working under the last plan, EHF came to the realization that its interest areas weren’t sufficiently focused to change the system and transform community health. The foundation needed to stake out clear outcomes that it wanted to achieve and could measure. It also needed a set of strategies defined, so that it knew what to adjust when it wasn’t having the desired impact on its priority outcomes.

Embracing what is often called “outcome-focused philanthropy,” the foundation named four ambitious outcomes in the 2018-2022 Strategic Plan. How to measure these outcomes is a focus of foundation evaluation work underway. As these outcomes increasingly drive EHF’s work, the foundation anticipates that interest will

grow in understanding the effectiveness of its strategies and the role of foundation investment programs in supporting those strategies. Future evaluation reports will benchmark EHF outcomes and provide data and insights about how the strategies are unfolding in the field. Deep-dive evaluations will also yield actionable insights about how the system context (e.g., community and organizational characteristics) affects the foundation's strategies and outcomes.

Going Deep Not Wide Requires Discipline

EHF is also learning about what it takes to effect truly transformational work. It requires a relentless focus on the foundation's outcomes and a disciplined approach to strategy. Simply put, it means that there are going to be many good opportunities in which EHF will not invest -- not because the work isn't exciting or very promising, but because it isn't *EHF's* work. The foundation cannot expect to transform community health in its region unless it commits fully, invests deeply, and truly takes the opportunity that it has been given to pursue change.

To date, foundation evaluation has focused on examining the scope of its own work. As EHF invests with a stronger vision for system change, the evaluation will follow. The foundation anticipates sharing future evaluations of its work that not only continue to provide accountability and transparency for its investment decisions, but also that share what EHF is learning about how to do this work well and how to improve its impact.