

# **Evaluation Of EHF's Impact**

**2018**

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## 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.

For the past four years, EHF has evaluated its investment portfolio and presented these results in a yearly evaluation report. The 2018 Evaluation Report analyzes the results of 330 active community health investments, 145 of which were newly initiated in 2018. 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.

Notably, 2018 represents the first full year of EHF's 2018-2022 strategic plan. Considering this fact, many of the learnings in this report emphasize evaluation of the Foundation's processes rather than outcomes. This also marks our first year of collecting indicator data from grantees, a practice that will continue to evolve as we learn which metrics most meaningfully capture the impact of our grant investments. The report also reflects on our evolving evaluation needs, particularly in the areas of measuring community impact, expanding learning through in-depth evaluations, and tracking our progress against baseline data.

### *Structure of this Report*

This report is structured around EHF's 2018-2022 strategic plan (described in detail in Figure 1), with a focus on describing results from each of our nine strategies.

**Figure 1: EHF’s Strategic Plan**

Goal	Outcome	Strategy
Strengthen Systems of Health	1 Resource allocation and system reform in the health sector reflect the goal of health, not just healthcare	1 <b>Dollars &amp; Sense:</b> Support change in healthcare financing to incent investment in improving community health
		2 <b>Working Upstream:</b> Support community-based clinics in addressing the social determinants of health
	2 Low-income and vulnerable populations access comprehensive care in their communities	3 <b>Comprehensive Clinics:</b> Support community-based clinics to provide comprehensive services, continuity of care, inclusivity, and efficiency in delivery of care
		4 <b>Rural Health:</b> Expand and strengthen community-based clinics in rural areas
		5 <b>Health Coverage and Benefits:</b> Improve health coverage for low income and vulnerable populations
Activate Communities	3 Community and congregation members actively shape healthy communities and influence health systems to improve health equity	6 <b>Community Voice:</b> Support organizations to raise the voices of community members to influence community health
		7 <b>Congregations in Action:</b> Support congregations to address community health
Build the Foundation for a Healthy Life	4 Health systems and families implement best practices for early childhood brain development during pregnancy and the first 1,000 days of life	8 <b>Building Brain Development-Healthcare Providers:</b> Providers support early childhood brain development
		9 <b>Building Brain Development-Community Organizations:</b> Community-based organizations provide training to families for early childhood brain development beginning at or before birth

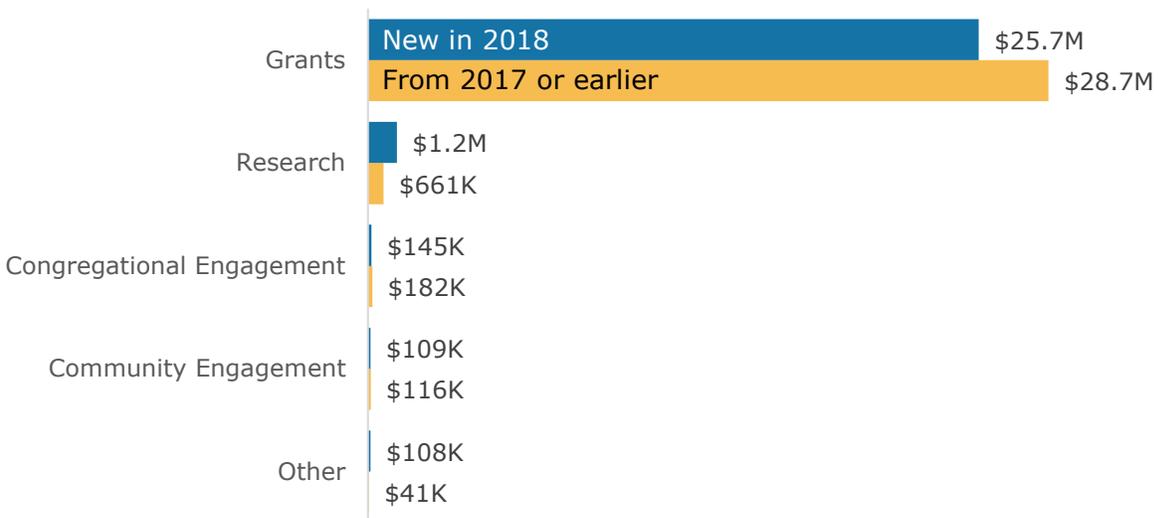
The report begins with an overview of EHF’s investments made in 2018, followed by a section addressing each strategy. Each section describes work newly initiated in 2018, discusses early results of work completed in 2018, and summarizes lessons learned within that strategy. These are followed by an additional section discussing

the role of leverage and influence in EHF’s work. The report concludes with an overall synthesis of lessons learned.

**Overview**

EHF invested \$27.3 million in new work to advance its strategies in 2018. The bulk of this was \$25.7 million invested through grants. Other financial investments include \$1.2 million in research projects, and \$254,000 in support of engagement activities. Additionally, ongoing investments from previous years totaled \$29.7 million (See Figure 2 below).

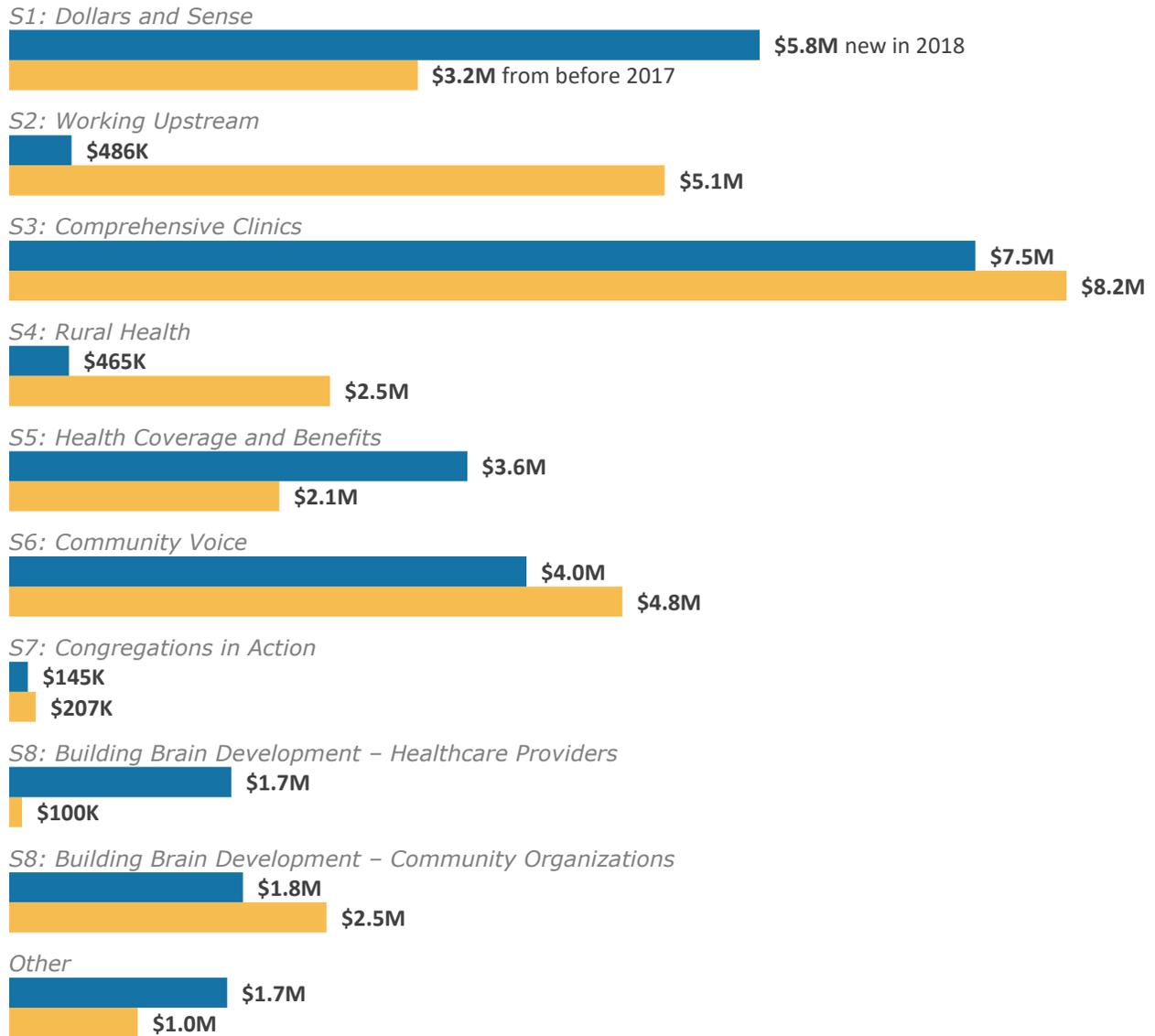
**Figure 2: Active 2018 Financial Investments by Area of Work**



*Work in the "other" category supported development of EHF’s impact investing strategy*

EHF’s most significant investment was in its clinics work, with \$7.5 million going into Strategy 3. This was followed by EHF’s financing reform and systems change work in Strategy 1, in which \$5.8 million was invested (Figure 3).

### Figure 3: Active 2018 Financial Investments by Strategy



Most of the 2018 investments with no strategy were devoted to Hurricane Harvey Relief. Older investments with no assigned strategy predate EHF’s current strategic plan.

While most of EHF’s financial investments directly serve communities, the Foundation continues to make investments in the development of its strategies as our work evolves. For example, many research investments do not have an immediate impact on communities, but they play a critical role in guiding the Foundation’s work and can generate valuable data for health advocacy. EHF invested \$396,000 in work of this nature in 2018.

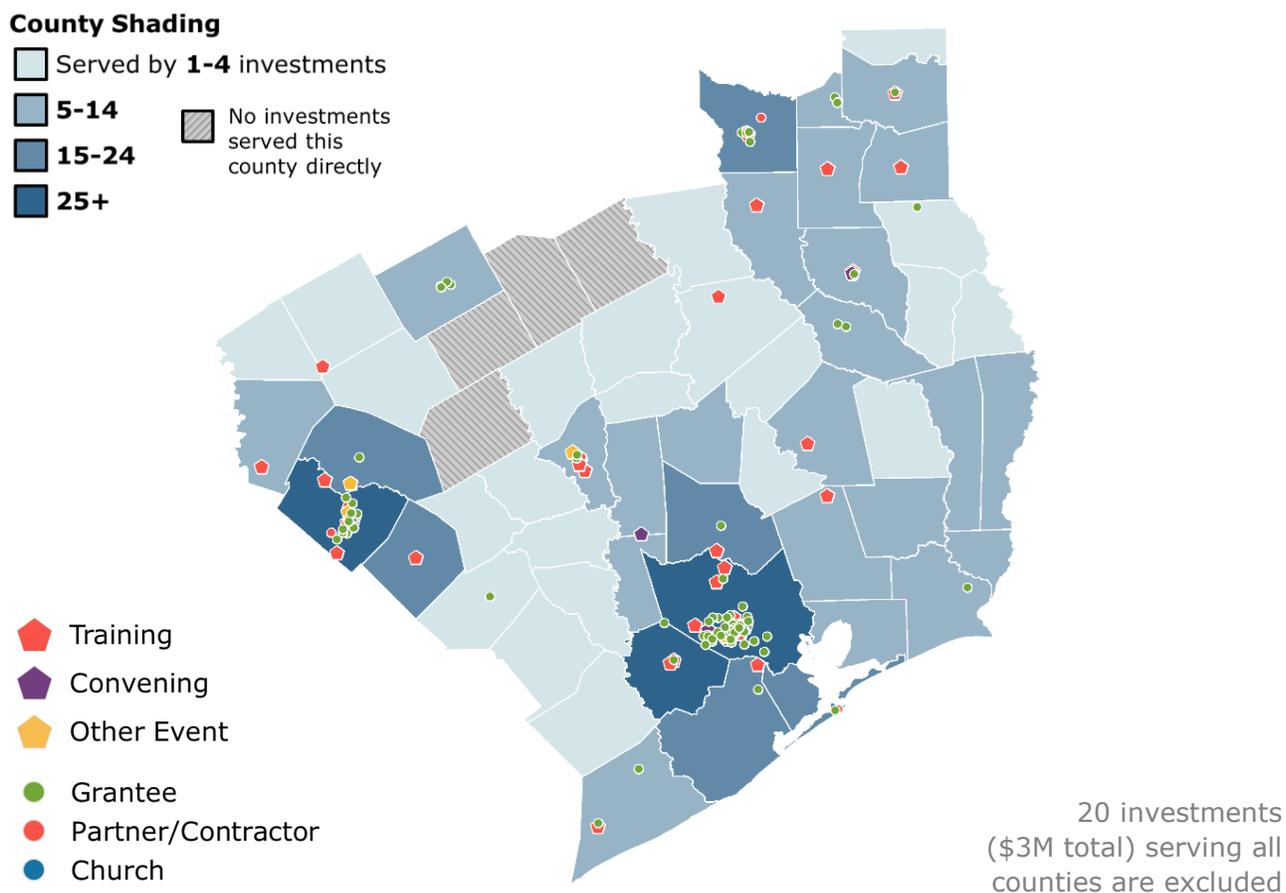
EHF non-financial investments are considerable (see Figure 4). Non-financial investments include work such as trainings and workshops offered to community organizations and congregations, convenings we facilitate or sponsor, and other in-person events we organize. As Figure 4 shows, EHF engaged 1,271 individuals from 435 organizations.

**Figure 4: EHF Non-Financial Investments**

Event Type	Total	Organizations Represented	Individuals Attending
Training	43	216	731
Presentation	13	43	69
Convening	10	160	342
Event	5	16	129
<b>Total</b>	<b>71</b>	<b>435</b>	<b>1,271</b>

The Foundation’s work encompassed considerable geographic breadth as well. The map below estimates EHF’s reach in 2018.

**Figure 5: Geographic Reach of EHF’s Active 2018 Investments**



Of the 57 counties in the EDOT, all but four were directly served through one of the Foundation’s active 2018 investments. However, only 41 counties were served by new 2018 investments. The lower overall number of counties served directly is in keeping with our intention to go “deep and not wide.” A coalition support project in Northeast Texas provides an example: after starting work in 11 northeast Texas counties in 2017, the second phase of the project narrowed to two counties in 2018.

Of the 53 counties served by 2018’s active investments, all were reached by financial investments, while non-financial investments reached 22 counties. Additionally, 15 of the 53 were urban counties, 25 were rural (having no towns larger than 10,000 people), and 13 were comprised of towns and small cities (having no metropolitan centers greater than 50,000 people). Urban counties were served by far more investments overall. The 15 urban counties were served by 232 investments in total, compared with just 38 investments serving the 25 rural counties (see Figure 6).

**Figure 6: EHF Investments by Size of Community Served**

<b>Size</b>	<b>Total Counties Served</b>	<b>Total Investments</b>
Rural	25	38
Towns/Small Cities	13	52
Urban	15	232

## Strategy 1: Dollars and Sense

*Support change in healthcare financing to incent investment in improving community health*

### **The Work**

Accumulating evidence on the outsized impact of non-medical factors on health is driving a growing national consensus that healthcare systems must shift away from solely providing medical services and toward developing holistic strategies aimed at tackling the underlying causes of poor health. Within our region, EHF is invested in helping shift the focus on improving *health*, not just healthcare through a strategy of encouraging reforms in healthcare financing that incentivize community-level health improvement.

EHF allocated \$5.8 million in 2018 to support changes in health financing through multiple approaches including encouraging value-based payment reform efforts that focus on prevention and incorporate social determinants of health (SDOH); helping local governments learn how shifting public financing can optimize their communities' health; and exploring new and innovative mechanisms for funding community-level prevention work.

### **Early Results**

#### *Value-based payment reform*

With the growing federal interest in advancing both value-based purchasing and addressing SDOH within healthcare, EHF remains committed to ensuring the health system in our region is also attuned to this national trend. However, we have learned that moving from a volume-based to value-based payment system is a complex process involving multiple and often competing interests, which requires an incremental approach of building consensus among key state-level stakeholders. For example, when EHF convened Medicaid managed care organizations and federally qualified health centers (FQHCs) to discuss advancing value-based purchasing or investments in addressing SDOH, it was clear that, with absent federal or state policy directives and funding, healthcare actors have fewer incentives to proactively engage in these efforts.

Given this need to foster a conducive policy environment for this work, through a 2017 grant still active in 2018, EHF funded policy experts to provide consultation and technical assistance to Texas Health and Human Services Commission (HHSC) on the topic of advancing value-based payments in Texas. The experts contributed to the development of recommendations contained within a 2018 report by the Texas Value-Based Payment and Quality Improvement Advisory Committee to HHSC and the Texas legislature titled "Opportunities to Advance Value-Based Payment in Texas." Additionally, EHF sponsored a full-day symposium in December 2018 to educate HHSC and Texas legislative staff on strategies for maximizing value-based healthcare in Texas.

While it is too early to know what the future looks like for value-based payment in Texas, we believe that sustained engagement with key stakeholders will build momentum for these reforms. An exciting example of this is the development of an additional partnership funded by a 2018 grant for “Factor Health.” Factor Health is a multi-year project designed to fund, evaluate, and sustain innovative interventions that improve health by confronting the non-medical drivers of poor health with financial sustainability as a key factor. The impetus for the new grant was lessons learned around the need to establish cost-effective, proven initiatives that improve health with the intention of ultimately having payors adopt them as covered interventions.

#### *Local government financing*

Local government policies and programs can shape community health outcomes making county and city officials critical actors for population health improvement efforts. Building off national and international research identifying the positive association of social service and public health spending and health outcomes, EHF engaged health economists to explore this relationship at the county level in Texas. Their research findings were consistent with national research, indicating that local government investments in specific public health and social service categories can improve county health outcomes. EHF used the findings to educate and engage county and city officials throughout our 57-county service area. Our engagement efforts led to a partnership with the City of Houston and Harris County to examine their public expenditures and help both government entities make research-informed budgetary decisions to optimize their constituents’ health. Analyses for additional cities and counties is underway in 2019.

#### *Innovative funding mechanisms*

In addition to pursuing reforms within current public and healthcare financing structures, EHF is exploring new funding mechanisms for community-level prevention. Two such examples of this work include Accountable Communities for Health (ACH) and Pay-For-Success (PFS). ACH is a term for collaborations between healthcare, public health, social services, housing, and other sectors targeted at developing a sustainable mechanism for collectively financing community health improvement efforts. EHF is exploring whether there are opportunities to support or develop ACHs in our region and have engaged a team of consultants to conduct a feasibility study. PFS is an innovative contracting model, gaining attention nationally, that utilizes private sector capital to fund and scale proven social programs. In 2018, EHF’s board of directors authorized a grant of up to \$2 million to support an Austin-based PFS initiative providing permanent supportive housing to chronically homeless individuals whose unmet needs lead to frequent interactions with county jails and hospital emergency departments. EHF’s large investments to investigate the potential of either type of initiative in Texas demonstrates a willingness to take measured risks to improve community health.

#### **Early Learnings**

Across our different investments under this strategy, we are reminded that the movement to shift health financing upstream in Texas is nascent and faces several challenges. The state’s decision not to expand Medicaid, as well as the limited

government spending on public health and social services, hampers innovation in Texas. So, while experiments with various innovative financing models are happening across the country, the restrictive funding and policy environment in Texas leads many in the healthcare, nonprofit, and government sectors to be risk-averse and focus on addressing immediate health crises rather than having the flexibility to think about upstream, systems-level changes. As a funder, EHF's unique contribution is the ability to invest in novel ideas, document what works and what does not, and ultimately develop the evidence base for scaling promising ideas.

Besides being a nascent field, we are learning that reforming healthcare and public financing requires a long-term commitment for two reasons. The first is that this work requires developing deep, focused partnerships among organizations with varied interests and perspectives. Given that we have no financial stake in healthcare financing reform and that our commitment to reshaping health financing is entirely rooted in improving health, EHF often serves as a neutral convener. Thus, we continue to cultivate relationships at the state and local level with policymakers, academic researchers, and healthcare system actors to develop a synergy of interest around this work. The second reason is that successfully transitioning to an outcomes-focused reimbursement system requires a level of technical expertise that many non-profit healthcare organizations within our region may currently lack. Hence, over the past couple of years, EHF invested significantly in bringing nationally-recognized expertise and resources together to help build the capacity of organizations in our region. Realizing that we cannot rely on national experts in the long-term, EHF made concerted efforts in 2018 to both identify local expertise and resources, as well as build the capacity of local organizations to provide high-quality research, evaluation, and technical assistance to our community partners interested in payment reform.

Overall, we expect to produce additional important insights about our investments under this strategy in the coming year. The pursuit of many different approaches gives us reason to remain optimistic that one or more opportunities will yield positive change. Further, we are heartened by the national relationships that we are leveraging for the state and the willingness of many local entities to join us in these experimental and uncharted endeavors.

## Strategy 2: Working Upstream

*Support community-based clinics in addressing the social determinants of health (SDOH)*

### **The Work**

EHF incents change in the healthcare system by supporting community clinics in addressing SDOH in and outside the clinic walls as well as by engaging in community-level prevention. These investments reflect our belief that community clinics are uniquely positioned to help identify and address SDOH impacting both patient and community health. They also reflect our recognition that clinical settings lack important infrastructure needed to identify and monitor social factors impacting health and to connect patients to non-medical services as a part of healthcare delivery.

As we reflected on this strategy during 2018, we engaged a consultant to serve as a thought partner with EHF staff to help refine our approach to working with clinics. Over the course of several months, we developed a framework for categorizing the work with clinics into three “buckets.” Bucket 1 contains the basics of building and operating a sustainable, comprehensive community-based clinic, including physical and behavioral health. Bucket 2 contains the work we do with clinics to support them in collecting data on and addressing the SDOH of their patients. Bucket 3 contains the CCHH initiative and similar work in which the clinic is involved in community-level prevention. The work we do with clinics under Strategy 2 falls into Buckets 2 and 3.

While engaging in work around SDOH, EHF can learn from and lead in a field that is nascent, developing and changing. To date, EHF has supported community clinics in working upstream in two main ways: 1) by funding the Texas Community-Centered Health Homes (CCHH) Initiative in which 13 clinics participate, and 2) by supporting research and pilot projects addressing the resources, technology platforms and tools that support clinics’ SDOH work.

In 2018, a total of \$486,222 was invested by EHF in its strategy to support community clinics in addressing SDOH. This included a grant to support referrals between clinics and social service agencies, and research projects and funding for coaching and technical assistance to CCHH clinics.

### **Early Results**

Early evaluation of the CCHH initiative by an external consultant shows mixed results. Overall, participating clinics have made progress in changing clinic culture and work practices to support community prevention. Many community clinics have been successful in building new and strengthening existing community partnerships. Eleven of the 13 participating clinics have also made progress in translating CCHH work into community action. However, only five clinics had made significant progress towards prevention-informed actions by the fall of 2018.

The evaluation also suggests that more technical support is needed to help community clinics transition from innovative clinical practices outside clinic walls to fuller engagement in community level prevention, particularly in the area of community partnerships. Moreover, many community clinics face significant barriers in collecting and using clinical data that can help communities make informed decisions about community health improvement priorities and strategies. This has presented barriers to making the shift from isolated prevention-oriented work in the community to full-scale community prevention.

### **Early Learnings**

Over the last year, as EHF has engaged clinics around upstream and novel work such as SDOH or as part of our CCHH initiative, it has been clear that the clinics have varying capacities to incorporate and/or advance this new work within their current structures. Technical assistance is needed and must be tailored to each clinic's specific circumstances in order to be effective. In terms of EHF's "bucket framework," it will be important to meet the clinics where they are and offer targeted technical assistance to help clinics make the necessary changes to move upstream into Buckets 2 or 3.

The early CCHH evaluation findings have informed 2019 technical assistance work for CCHH clinics, including a peer learning approach among senior leaders and a specific focus on data inquiry and analysis. We will continue engaging an outside evaluator to monitor CCHH clinic processes and outcomes. Additionally, a more in-depth examination of the CCHH project will be conducted to understand why the clinics are able to achieve certain outcomes, related facilitators and barriers, and lessons to be drawn for future multi-sector community collaborative strategies.

We've also learned that there is insufficient expertise among Texas-based organizations to provide the kinds of support our clinics need to undertake transformative work. EHF works with top experts around the country and has made those experts available to Texas clinics. Most of these experts have been from outside Texas, whether based in universities, think tanks, or consulting firms. While travel and technology facilitate the work, we have learned that we need to build a stronger base in Texas to support this work. The Texas context is different than many other states and having experts with a Texas orientation would be helpful. We began building a Texas bench in 2018 and are continuing to do so.

## Strategy 3: Comprehensive Clinics

*Support community-based clinics to provide comprehensive services, continuity of care, inclusivity, and efficiency in delivery of care*

### **The Work**

EHF believes that our investments in community-based, primary care clinics can catalyze change in the healthcare system. These clinics – FQHCs, rural health clinics, and charitable health clinics – are backbone healthcare providers that either serve patients regardless of ability to pay or serve a disproportionately large share of the uninsured, Medicaid enrollees, and low-income Texans. In 2018, EHF invested \$7.5 million – more than any other strategy – in Strategy 3. This work falls into Bucket 1 of the clinics approach described above.

While the majority of grantees under this strategy were FQHCs, EHF also awarded grants to five charity clinics, one school-based clinic, one rural health clinic, and four nonprofit organizations whose work is designed to strengthen community clinics. Overall in 2018, grants under this strategy largely centered around three primary areas of work by community-based clinics: continuing or expanding comprehensive services; integrating behavioral health and primary care; and improving quality of care and capacity building.

Most of these grants were awarded to fund the continuation or expansion of comprehensive services, which included patient navigation, care management, and new service lines (e.g. dental care, reproductive care, social services, specialty care, etc.). Five Strategy 3 grants focused on expanding quality improvement initiatives, as well as building the operational capacity of community-based clinics to provide more client-centered care or deliver equitable reproductive healthcare services. Four Strategy 3 grants supported the integration of behavioral health and primary care in community-clinics, including one pilot study to demonstrate financial sustainability of an integrated behavioral health model.

Lastly, inclusivity and outreach to under-served clients is emphasized throughout these investments, particularly for the promotion of women’s health and providing comprehensive care for low-income women. While women’s health is not specifically articulated in EHF’s strategic plan, it is important and under-resourced work that is woven into our various strategies.

### **Early Results**

For grant-funded projects that ended in 2018, most grantees under the comprehensive clinics strategy either exceeded goals or met goals established at the outset of the grant (see Figure 7). For the grantees that either partially met goals or struggled to meet goals, the reported barriers to goal achievement included external factors such as the impact of Hurricane Harvey as well as internal factors such as turnover among staff and leadership or challenges with financial sustainability. For the two grantees that exceeded their goals, internal capacity to support staff, strong leadership, a client-focused and inclusive care delivery

approach, and established relationships with community partners were contributing factors to their success.

**Figure 7: Strategy 3 Grantee Goal Achievement Ratings for Grants Concluding in 2018**

Rating	Number of Grants
Exceeded Goals	2
Met Goals	10
Partially Met Goals	4
Struggled to Meet Goals	1

For the grants that were newly awarded in 2018, we have preliminary process indicators. Grantees awarded under this strategy set targets around serving new low-income patients or developing new appointment times. Collectively, the grantees reported, at the six-month mark, using EHF funds to serve 37,077 new low-income patients and provide 17,753 new appointment times (see Figure 8).

**Figure 8: Strategy 3 Grantee Indicator Data for Grants Awarded in 2018**

Indicator	Number of grantees reporting	Reported (6-months)	Expected (12 months)
Number of low-income patients to benefit	18	37,077	72,411
Number of new appointment times available	12	17,753	31,967

As EHF transitioned its approach to grantmaking to align with the 2018-2022 Strategic Plan, we have sharpened our focus by investing more deeply with a select few organizations to foster their capacity to do more advanced, inventive work needed to become more high-quality, efficient, comprehensive, and inclusive providers. Currently, these outputs do not necessarily capture the level of sophistication of the work we are funding in this area.

## **Early Learnings**

Many of the grants funded under this strategy are multi-faceted. They may have components that are transactional and components that are transformational. For example, an investment may focus on improving data infrastructure for routine care as well as for care management for high-risk patients, monitoring population health, and sharing data with local partners for community-level health improvement efforts. EHF continues to seek avenues to help clinics develop more transformational work, but we recognize the need to building core capacity (Bucket 1 work). Effective capacity building and organizational development for the backbone clinics we partner with will involve longer-term engagement, which underscores why EHF is recognizing again and again the need to go deep, not wide in terms of our grantmaking strategy.

Another early learning stems from the reality that this strategy encompasses a great diversity of work. Projects range from expanding integrated behavioral health services, to providing comprehensive pediatric care, to team-based care coordination. These investments are also diverse in the populations they serve which includes reproductive health services for teens, navigation services for non-English speaking clients, affordable comprehensive primary care for uninsured clients in semi-rural communities, and social health services for the homeless. As a result, our current indicators are insufficient for determining the impact of this work and we recognize that we must evolve how we measure and capture our investments in this strategy.

## Strategy 4: Rural Health

*Expand and Strengthen community-based clinics in rural areas*

### **The Work**

Rural communities and rural community clinics, like their urban counterparts, receive investment through any number of strategies outlined in EHF's plan. When we categorize grants to community clinics by strategy, we first consider whether the grant aligns with Strategies 1 through 3 and if so, it is assigned to one of those strategies. We do this because those strategies capture the higher-level, more transformative work we seek to accomplish under the Strategic Plan. As a result, there are many rural community clinic grants that are included in Strategies 1-3 rather than in Strategy 4. We assign to Strategy 4 grants to clinics in rural areas that do not meet the requirements of Strategies 1-3 and other investments that specifically address rural health issues. The most common clinic grants assigned to Strategy 4 are those made to stand-alone behavioral health providers that are not engaged in integrated care—something that would not be funded in an urban area.

In total, EHF invested \$465,000 in Strategy 4 in 2018, including new grants, multi-year projects that span 2018, and research contracts completed in 2018. Most of this investment reflects projects awarded in 2016-2017 primarily to support operations of rural health centers. The grants in this strategy focus on building mental health provider capacity for providers who are the sole, or one of few, health providers in an area. Rural research projects include investments in East Texas communities that faced rural hospital closure and the development of a Health Resource Center (HRC) toolkit. Following an initial 2016 examination into Texas rural hospital closures, EHF contracted with a consultant in 2018 to produce a roadmap to guide other rural communities facing hospital closures in "right-sizing" care delivery. Another research project resulted in a case study and the creation of a tool kit to guide communities in developing Community Health Resource Centers to improve navigation to health and social service providers.

### **Early Results**

The dissemination of the HRC research case study and toolkit is continuing to foster new interest in community health and to build collaborations in small cities and non-urban counties around the concept. The examples and guidance offered in these two documents are helping other communities realize the potential of HRCs, and as a result, there have been two grant applications submitted to EHF for the creation of new HRCs in the EDOT. This work and the resources developed serve as valuable guidance for communities working to implement a sustainable model to address residents' social and health-related needs.

## Strategy 5: Health Coverage and Benefits

### *Improve health coverage for low income and vulnerable populations*

EHF recognizes that true access to health services requires a system of coverage, ideally through a comprehensive health insurance plan. People who are insured have greater access to care and have better health outcomes. Access to comprehensive, quality healthcare services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Texans. Low-income and vulnerable populations are less likely to have health insurance, leaving them at greater risk. This is especially true in Texas where we have the highest percentage and largest number of uninsured residents of any state.

Moving the needle on this strategy requires a dual approach to both expanding coverage policy options and increasing enrollment among eligible individuals. In funding this strategy, we continue our research and support of advocacy efforts around opportunities to increase health insurance coverage in Texas. EHF's support for this approach also includes funding clinics or community-based organizations to help low-income and vulnerable populations gain access to care through insurance and other health-related programs, including those offered by federal, state, and local governments.

### **The Work**

In 2018, EHF devoted just over \$3 million to 13 grantees (16 grants total) working on health coverage and benefits. Six of these grantees were focused primarily on directly supporting clients with enrolling in health insurance coverage (e.g. Affordable Care Act (ACA) enrollment), three were focused on other benefits enrollment strategies (two being homelessness-specific), and four were advancing state-level advocacy strategies for expanding and improving the quality of low-income Texans' healthcare coverage. These different arenas are synergistic; for example, the Center for Public Policy Priorities' research and advocacy efforts are frequently leveraged by organizations working on coverage and benefits enrollment at the grassroots level. Additionally, two of the 13 grantees received \$50,000 in supplemental funding for organizational effectiveness support, with emphases on strengthening their internal structure and refining the value proposition presented to clients.

EHF also devoted \$463,325 to research studies and other projects addressing health coverage and benefits. More than half of this was for a statewide public opinion survey of Texan's views about federal and state health policy conducted in partnership with the Kaiser Family Foundation (KFF). Other work included our collaboration with the Urban Institute to conduct a microsimulation analysis of uninsured rates in Texas to provide detailed characteristics of the Texas uninsured population and the variations in the demographics of the uninsured population across different areas of Texas. EHF also devoted \$123,500 to supporting organizations addressing the policy environment for coverage expansion in Texas.

Aside from contracted work, EHF’s research team also published two issue briefs and a Health Affairs blog post analyzing key ACA enrollment trends in Texas.

**Early Results**

Fourteen grants ended in 2018, and 10 grantees had submitted a final report by the time data collection for this report concluded. Of these, six grantees were described as partially meeting goals; all were performing enrollment services directly and the reason for the rating was due to falling short of an anticipated target. Two grantees who exceeded expected goals overshot targets for enrollment in benefits by 120% and 150%, respectively. The other two grantees reached the targets they set at the beginning of their grant periods.

EHF rolled out a system to track grantee-level outcome indicators for benefits enrollment grantees at the beginning of 2018, with a goal of establishing a common set of measurements that could be aggregated across different segments of EHF’s grant portfolio. This system includes a set of 10 indicators related to health coverage and benefits, and six grantees had provided reports with preliminary data by early 2019. The data summarized below is from grantee interim reports, and in aggregate all grantees served 19,865 low-income individuals and successfully enrolled 4,677 in benefits.

**Figure 9: Strategy 5 Direct Enrollment Grantee Indicator Data**

Indicator	Grantees Reporting	6-month total	End-of-grant targets
Number of low-income individuals served or reached (required)	6	19,865	35,220
Number of eligible individuals that are informed about health benefit program options (required)	6	17,326	29,265
Number of individuals screened for benefit enrollment eligibility	6	8,974	21,110
Number of eligible individuals that submitted application to health or other benefits program	6	7,809	20,235
Number of individuals that are accepted by health benefit program	6	4,677	15,657
Number of individuals who used new health benefit for themselves or their families	6	1,387	10,999
Number of individuals who increased understanding of how to use new benefits	4	3,993	4,115

**Early Learnings**

Our efforts to support health coverage and benefits work is not only about enrollment; our objective is to connect low-income and vulnerable populations to the healthcare system. Helping clients to this first appointment has essentially become the focal point of our social service funding in this strategy. Once this

happens, we expect the health system to manage the relationship and ensure that patients are using their benefits to get the care they need.

As it is unlikely that health coverage and benefits work will have a funding source outside of philanthropy, we will continue to take a multi-pronged approach to supporting this work by providing operating grants, offering capacity building support, and generating resources for advocates (through both grants to advocacy organizations and research studies).

## Strategy 6: Community Voice

*Support organizations to raise the voices of community members to influence community health*

### **The Work**

Strategy 6 articulates how EHF envisions activating communities to address health-related opportunities and challenges affecting their neighborhoods. Our primary mechanisms for advancing this strategy include technical assistance to help organizations learn how to do meaningful community engagement work and financial support to organizations that work actively and effectively with community members. Our grantmaking supports community organizations that are capable of engaging community members, particularly low-income and vulnerable populations, to become advocates for health and to support communities in adopting new ways of problem solving.

In 2018, EHF awarded 13 community voice grants totaling \$3.9 million to 12 organizations. Most of these grantees focus on one of the following tactics: community leadership development, neighborhood organizing (e.g. to build power in communities), and non-partisan voter registration and mobilization. Most are working primarily in urban communities, although two include rural communities in their work. This total included almost \$200K in organizational effectiveness support.

EHF supported coalitions in Robertson, Madison, Grimes, Fort Bend, Rusk, and Panola counties in 2018. EHF staff provided direct support in Fort Bend while university partners were funded to provide support to the coalitions in the other counties. While these represent relatively small financial investments, they included extensive staff involvement and offer rich opportunities for learning. The community engagement team also continued to offer skill-building workshops, often in coordination with coalition support efforts. In addition to offering our core community engagement workshops, two new workshop modules – “Essentials of Facilitation” and “Navigating Differences” – were piloted with stakeholders from two of the coalition support projects.

EHF also sponsored convening events in Houston and Austin for community health leaders, with the purpose of facilitating collaboration across organizations. EHF awarded a small contract for the design and facilitation of these events, but numerous staff hours from both EHF’s Community Engagement and Congregational Engagement teams were invested as well.

### **Early Results**

Six community voice grants were completed and evaluated in 2018. Two grantees exceeded their intended goals, mainly by engaging more community members than anticipated. One partially met their goals (which related to gathering community signatures in support of a campaign funded through the grant) after staff efforts had to be diverted towards emerging issues related to Texas Senate Bill 4, which effectively banned sanctuary cities in Texas. The remaining three achieved their stated objectives. These grantees are using a variety of methods and approaches, and future deep-dive evaluation work may seek to measure the utility and

effectiveness of these various tactics. Notably, EHF saw a shift in grantees' work toward a clearer health focus, in some part due to increased penetration of language around social determinants of health messaging.

EHF's three coalition projects used contrasting approaches and produced a range of results. The first project, which focused on creating community health coalitions, produced mixed results. Only one coalition, which began planning the creation of a Health Resource Center, was successful. By the end of the project, county government had agreed to allocate funding to support the center, and the group was offered office space and equipment by a local clinic, their city government, and a state agency. Our second project was different, as we were supporting an established coalition. Efforts to improve data sharing and strategic planning processes were more incremental than we hoped, but we did witness growth in membership, increased collaboration, and the creation of a permanent staff position to help sustain the work. Our third project took yet another approach, in which our contracted partners sought out coalitions that were willing and able to work with us. Our efforts to measure capacity and provide appropriate technical assistance were well-received, but the impact of this approach remains unclear, and the question of whether support of this nature can lead a coalition to more transformative community engagement work remains unanswered.

EHF's community health leader convenings were well-received in both Houston and Austin. Through feedback surveys, many participants wrote comments expressing appreciation for the opportunity to network with other activists, organizers, and agency representatives. Respondents were pleasantly surprised to find opportunity for collaboration in their own back yards.

Community engagement workshop surveys continue to provide positive feedback, with over 90% of those surveyed responding positively regarding the usefulness of content and quality of experience. Participants in EHF's second community engagement workshop, which is oriented toward action planning (as opposed to building knowledge and changing attitudes), do express some uncertainty around next steps. For example, only 73% of respondents in 2018 were confident that they could execute the plans they crafted during the workshop. This is consistent with findings from a retrospective analysis we conducted using two years of open-ended survey responses from the first workshop, which found that the workshop experience and content is overwhelmingly well-received, but noted that most participants express needs or concerns about moving toward application of the skills and concepts they learn.

### **Early Learnings**

EHF's community engagement work continues to be formative. Our coalition support work has been a rich source of learning as the Foundation continues to refine its community engagement strategy. By early 2018, it was clear that EHF is best positioned to support existing coalitions rather than create new ones. Therefore, most of our questions about this work are centered on strengthening coalitions; this entails both building essential capacities (such as engaging community members or sharing data) as well as helping coalitions set their sights on more transformative work.

We are still learning how to identify appropriate strategies for strengthening coalitions as well as ways to track their outcomes. Due to the nascent and evolving nature of this work, deliverables for these projects have been difficult to craft as we attempt to strike a balance between learning and achieving results. While more flexible objectives have facilitated our learning, lacking a clear framework for results has in some cases made a coalition's work more difficult or left a project partially complete. Additionally, supported coalitions have found limited utility in the social network analysis and assessment tools we made available to them. While community engagement workshops (when integrated with coalition work) continue to be well-received, a deep dive into our survey data also indicated a need to help coalitions and organizations apply and leverage these skills.

Future EHF work may shift toward coalitions who are explicitly asking for help in order to yield greater benefit. In some cases, support to coalitions was imbalanced; one of the three coalitions in one project ultimately chose not to focus on health, and a higher-functioning coalition participating in another project had limited room to grow from the technical assistance provided under the contract.

In two of these three projects, we partnered with an academic institution to conduct the work. In another, the work was managed directly by a government agency, and a member of the community engagement staff was also more involved in the coalition's activities. Both arrangements have advantages. Working with universities, particularly in rural areas, has provided a foothold in communities where EHF's work is largely unknown and helped the Foundation form unexpected connections. However, EHF staff were a step removed in these arrangements and also provided substantial technical assistance to both coalitions and the consultants themselves. There are clear advantages of participating directly. For example, this approach has afforded richer learning and allowed foundation staff to support the work more effectively.

EHF's organizational effectiveness investments in this area will continue to be important. Many organizations in this space are organizer-driven and may lack a robust financial structure or other infrastructure critical for sustainability. This is critical, as these organizations benefit from "playing the long game" and their work frequently takes longer than a year to complete. EHF needs strong organizations to achieve our goals in this area, and organizational effectiveness funding is one of our important instruments for achieving this.

EHF's strategy in this area will continue to evolve and become increasingly integrated with the rest of the Foundation's work. The coming year may yield further insights and clarification about the depth at which EHF supports coalitions as well as the audiences we target for community engagement capacity building.

## Strategy 7: Congregations in Action

*Support congregations to address community health*

We recognize the important role the faith community can play in creating conditions to promote community health. EHF has continued to carve out a niche in supporting the 153 congregations in the EDOT in deepening the impact their ministries have on communities. Our congregational engagement team helps congregations establish sustainable, effective ministries to advance community health by supporting them through intensive training, coaching, conference tuition, trainings, and occasional seed funding. We also facilitate the development of connections between our congregations and health sector institutions in their communities.

### **The Work**

EHF's congregational engagement team continued to offer a broad range of programs in 2018. This included 20 mental health first aid trainings, five Traces of the Trade events (a film screening and dialogue addressing racial reconciliation), and four Bridges Out of Poverty events. The team also launched a third Holy Currencies program cohort and continued facilitating meetings of EHF's Kitchen Cabinet group. We also launched our first *In Common* conference, a daylong event designed to bring together churches and community partners and help churches take action to transform their communities. Additionally, the team collaborated with the EDOT Missional Team to create community engagement learning cohorts for churches in Austin and Houston.

Sixty-five churches participated in at least one of these programs, and 32 participated in two or more. This is a substantial increase over last year, when less than a third of the churches (64 in total who participated in at least one initiative) were active in two or more programs.

### **Early Results**

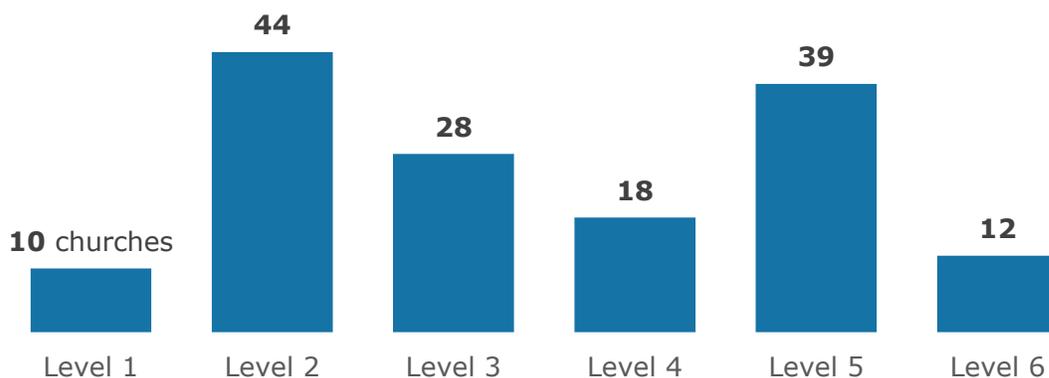
Although participation across initiatives has deepened among churches involved in the Foundation's work, church engagement overall has remained steady. For the past four years, EHF has tracked the degree to which churches in the Diocese are engaged in the Foundation's work. Our congregational engagement team gives each church a "level of engagement" rating that ranges from one to six:

- **Level One** churches have little to no interaction with EHF
- **Level Two** churches are exchanging information with EHF
- **Level Three** churches are hosting presentations or trainings from EHF
- **Level Four** churches are exploring opportunities for deeper work with EHF
- **Level Five** churches are actively engaged in EHF's work
- **Level Six** churches are doing advanced work across multiple EHF programs

The ratings are reassessed in December of every year and provide a high-level perspective on which churches are most and least involved in the Foundation's programs. In real-time, these data can be used to prioritize churches for different types of outreach; retrospectively, they help us understand trends in churches'

involvement in our work over time. It is important to note that these ratings do not measure capacity. The 2018 distribution of ratings among the 153 churches is described in Figure 10.

**Figure 10: Church Engagement Ratings**



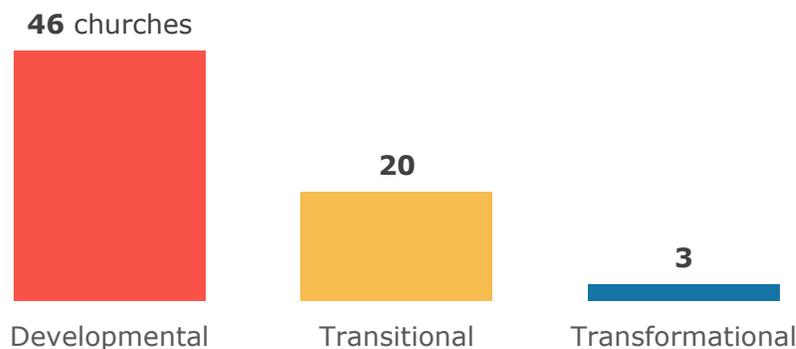
Compared to previous years, in which ratings continued to gradually increase, our 2018 ratings are similar to those from 2017. In some ways, this is not surprising. While our early congregational work emphasized ramping up the Foundation’s programs, our focus now is shifting towards deepening churches’ work and impact on communities. This shift led us to develop a new evaluation measure for congregations, which we refer to as *community engagement capacity*. This is essentially an assessment of a church’s ability to conduct transformative community engagement work outside the walls of the church. It is intended to help us identify opportunities for growth and impact among the congregations who actively work with us, and it is only applied to “engaged” churches (engagement levels 4+). Using a rubric, the congregational engagement team assigns each of these churches to one of three groups:

- **Developmental Engagement:** these churches are well-prepared for work focused on education or awareness raising
- **Transitional Engagement:** these churches are working to strengthen their capacity to address community needs.
- **Transformational Engagement:** these churches are doing upstream work in multiple sectors, with the support of strong internal leadership

The distribution of ratings is shown in Figure 11. Most churches fall within the developmental category, while 20 were working toward greater capacity in the transitional category. Just three were ready for (or doing) transformational community engagement work. In some ways, EHF’s greatest opportunity for impact is with these transitional churches, who have many of the ingredients for effective community engagement already. One such church has a number of growing ministries and committees but lacks focus; another has conducted community assessment activities but needs assistance leveraging the information for outreach.

Through the intensive coaching available through a program like Holy Currencies, for example, these churches can bring their ministries – and community impact – to the next level.

**Figure 11: Church Community Engagement Capacity Ratings**



EHF’s first *In Common* conference left many attendees ready to deepen their community outreach work and further their ministries. Respondents commented enthusiastically about taking next steps in racial reconciliation, mental health, and community organizing work. Out of 117 attendees responding, 99% (all but one) described the event as a good use of their time, and more than 90% indicated that the conference was a meaningful opportunity to engage with EHF and broaden their thinking about community work.

We also saw the completion of an external evaluation of the Mental Health First Aid trainings. The study found that while churches appreciate the opportunity to build their skills through training, many are interested in more strategic approaches to address mental health in their communities. As a result, we hired consultants to refine our approach; currently, work is underway with three congregations to identify how this work can be focused for greater impact on communities.

Preliminary data – only 17 respondents – from EHF’s Bridges Out of Poverty workshops indicate positive reactions to the program. This is a nationally-recognized and well-established program, and our survey primarily addressed participants’ reactions and quality of experience. In open-ended responses, which most participants took the time to include, many participants expressed increased awareness and understanding of concepts such as class and privilege.

### **Early Learnings**

One interesting learning from congregational engagement work in 2018 is about process – by using approaches such as *In Common* and peer learning cohorts, we were able to engage a greater number of churches more deeply than in previous years. *In Common* allows many congregations to quickly become familiar with the Foundation’s programs, and peer learning offers many advantages over 1-on-1 coaching. In addition to being efficient processes for the team, these methods may

have the added effect of creating a larger pipeline of churches that are increasingly ready to engage in deeper, more transformative work.

Traces of the Trade screenings have confirmed that racial reconciliation work is long and slow. It is challenging for many congregations to understand and even more difficult to broach. Congregations involved are still in the early stages of normalizing conversations about race and cultivating cultures of safety around the issue. Bridges Out of Poverty has been a somewhat more natural fit for some congregations. The workshop provides an introduction to the issue, and some churches have been able to leverage existing connections with schools to begin this work. Additionally, the Kitchen Cabinet is working on actionable next steps for congregations.

For future work, the congregational engagement team has identified a growing need to tell stories about the work the congregations are undertaking. As churches increasingly take the lead on health issues in their communities, these stories will become an important piece of how the Foundation understands the impact it has through congregations. For example, St. Philip's Episcopal Church in Hearne has begun championing efforts to create a Health Resource Center in Robertson County. Remarkably, it was a tiny investment in building community leadership that planted the seed for this potentially transformative work. Capturing these stories systematically will deepen our understanding of the impact churches are having on communities and help us document and replicate successes. We plan to deepen our evaluation support of congregational engagement work in the coming year.

## Strategy 8: Building Brain Development – Healthcare Providers

*Providers support early childhood brain development*

### **The Work**

Healthcare providers are an integral part of pregnancy and the early childhood experience for families, and consequently have a unique opportunity to influence healthy brain development. They are well-placed to provide parents with the latest information, effective techniques, and respectful encouragement to optimize development for their infants and toddlers. Providers treating pregnant women and young children can support their patients in having healthy pregnancies, and they can screen for and treat maternal depression. Providers treating babies can conduct developmental screenings as recommended by the American Academy of Pediatrics and can treat or make referrals for treatment when needed. Providers can also refer pregnant women and new parents to community-based programs that support early childhood brain development

EHF's strategy is to strengthen the role of healthcare agencies in early brain building. The critical period between the ages of 0 and 3 is a peak time of opportunity where the experiences and exposures a child has can foster healthy brain development and set the stage for lifelong mental, physical, and emotional health. Engaging providers who can have a unique, consistent relationship with parents/caregivers as partners in this health and public health approach is ideal.

We provide grants to healthcare providers to strengthen screening and referral systems for maternal depression and child developmental delays, as well as to serve as an educational resource to expecting patients and patients with young children. If we are successful in this strategy, we will see a significant increase in the number of clinics actively engaged in screening and treating pregnant women and new mothers for depression; routinely conducting developmental screenings on young children and ensuring treatment where required; and educating and connecting pregnant women and new parents to supportive programs and resources.

In December 2018, EHF awarded six grants to organizations under this strategy to support providers in doing brain-building work. The majority of the grants focused on supporting clinic capacity, the ability to screen for child development and incorporating brain-building education in the clinic process. A few of the investments focused on supporting caregivers, a critical lever for promoting healthy child development. Specifically, these grants are focused on improving the clinic's ability to screen for maternal depression and how to best support mothers in recovery from substance use.

The total investment for grants and research in this strategy in 2018 was \$1.7 million. Through these investments in research and grants, all three priority areas under this strategy, maternal screening, developmental screening and connecting parents to resources, were addressed.

## **Early Results**

In order to support future grantmaking and strategic decisions about how to advance early childhood development work, the EHF Research Division commissioned a scan of healthcare provider developmental screening practices. Learnings from this research with FQHCs showed that while over 95% of clinics self-reported use of validated developmental screening tools, they also reported challenges providing the screenings routinely on the recommended periodicity schedule. A further finding from this research showed that the screening disparity was geographically based, indicating that providers in the Northeast region of the EDOT faced the most challenges and were least likely to say that they were screening children on schedule. Generally, specific policy-related barriers that make timely, consistent screening difficult were also identified. These findings provide valuable insights as EHF considers how to support providers as resources in promoting early childhood development.

As a result of our initial research around developmental screening, more than 15 providers expressed interest in continuing the conversation around clinic practices and early childhood brain development. We plan to engage these providers in future research and learning activities.

## **Early Learnings**

One early learning has been that while providers are in a great position to have consistent contact with infants and mothers over the first three years of life, they haven't always recognized their critical role around promoting lifelong brain development. The findings from our research studies, as well as the limited initial engagement from clinics and providers to apply for grants, demonstrate that EHF is leading this work and building the field to create opportunities for providers to support caregivers and children in optimizing brain development.

Going forward, EHF will continue to deepen relationships with stakeholders in this field and conduct further investigation, piloting, and research in the area of early childhood brain development. The role of evaluation will be to monitor and track grant activities and learn from the work along the way.

## **Strategy 9: Building Brain Development – Community Organizations**

*Community-based organizations provide training to families for early childhood brain development beginning at or before birth*

### **The Work**

While there are many programs addressing the important topics of school readiness, parenting techniques, and early literacy, EHF is specifically focused on physiological brain development prenatally through age three. Through grantmaking to community organizations, EHF supports community services that integrate early brain building practice in their offerings to expecting parents and parents with young children. Like the previous strategy, this work builds the field of early brain building providers and equips low-income and vulnerable parents with the specific knowledge, skills and practices to foster early childhood brain development; however, this strategy works through community organizations that have trusted relationships with families. Persuaded by data that the majority of low-income infants and toddlers are primarily cared for by their parents, we are interested in strategies that optimize brain development in the context of that relationship.

Research uses the term “serve and return” to capture the essence of positive interactions. When parents are responsive to a child’s needs, a positive “serve and return” interaction occurs. Successful serve and return interactions maximize a child’s communication and social skills and strengthen his/her ability to deal with adverse childhood experiences such as poverty, parental conflict, abuse, or exposure to violence. Within this strategy, EHF is engaging in innovative approaches to support the growth of programs and organizations in the field driven by evidence-based, brain-building science.

### **Early Results**

In 2018, EHF began one research study, funded four grantees, and invested in an in-depth assessment and cost-benefit analysis of an early childhood state agency for a total of \$1.8 million dollars. In this emerging field of brain-building, the themes of EHF’s investments have been investigation and innovation. Early findings from one of our research projects has identified six models for further investigation as a potential investment opportunity for EHF to build local capacity and improve children’s health.

Just as EHF research is searching for new models to bring to our region, EHF’s grantmaking is testing modified forms of evidence-based programs to identify versions that can be scaled to larger populations. The goal is to find approaches that retain effective elements but are not cost prohibitive for broad dissemination. EHF is working to identify replicable approaches or frameworks for early brain building that stand to influence this developing sector.

Through grantmaking, EHF is attempting to influence and strengthen the early childhood field by building capacity at the state level. EHF is funding a consultant to assess and inform a state agency that is engaged in upstream primary prevention to support at-risk families of children between the ages of 0-3. The results of this work will likely inform EHF's approaches in early brain development and identify additional stakeholders, provider agencies and opportunities to leverage our investments in this area.

### **Early Learnings**

EHF is very early in our work to support brain-building and we are investing at local and state-levels to identify the optimum approach for impact. Early learnings confirm an initial intuition around brain building work: it is rewarding for all stakeholders to witness positive child development and encourages continued investment at the community level.

As grantees implement their work, we will monitor this process in order to look for opportunities to initiate externally commissioned program evaluations. Ongoing evaluation will continue to inform and refine EHF's approach to this work. The field is new and developing in Texas as well, and the time is right for EHF to serve as a leader in identifying and evaluating those programs that are most effective in order to positively influence the state's work, and the health of the smallest Texans.

## Conclusion - Key Takeaways

As we developed this evaluation report, six overarching themes emerged as key takeaways from our 2018 work. These takeaways will shape how we organize and prioritize our work in 2019. These are:

1. We are a leader in “Health Not Just Healthcare” work
2. Going deep, not wide to maximize our impact
3. System-level change effort is long-term and slow-moving
4. Proactive grant-making is hard work and takes time
5. Building the research and technical capacity locally is a priority
6. We always have room to learn, grow and improve

### **EHF Leadership in Advancing the Health Not Just Healthcare Agenda**

EHF leadership continues to emerge as forerunners in spreading the message about the importance of improving Health, Not Just Healthcare in Texas. From keynote addresses to panel presentations to small group speeches, EHF’s effort to change the conversation to improving health is reaching different audiences and spurring interest in this work. That often leads groups to request EHF’s participation with social determinants work with different organizations in different ways.

Increasingly, EHF’s work in supporting community clinics to address SDOH needs at both the patient and community level has attracted attention and interest from community clinics, social service organizations as well as public and private funders. Likewise, our continued work with the state Medicaid office and local governments to prioritize health as the outcome represents a new voice in those quarters. While we usually work in the healthcare space, we always approach conversations from the perspective of health, and we are seeing conversations change to accommodate that perspective. In the coming years, we will be able to learn from some of our pilot efforts in supporting the shift of healthcare financing to support upstream work via multi-sectoral collaborations. These efforts will continue to position EHF as an innovator and thought leader in advancing the Health Not Just Healthcare agenda in Texas and nationally.

### **Going deep, not wide to maximize our impact**

A major driver for the development of our new five-year strategic plan was the need to sharpen our foundation’s strategies. We recognize that we simply do not have the financial resources or the staffing capacity to meaningfully work on every issue in every community across our 57 Texas counties. This requires us to make thoughtful and tough decisions about investing in work that we believe will have the greatest potential for making tangible community health improvements.

Accordingly, we decided with the launch of our strategic plan to focus on a narrower set of goals, outcomes, and strategies for our work. One year into our strategic plan, we are learning that within these strategies, our impact is greater when we focus on depth rather than breadth. Over time, we expect to identify those communities and organizations best positioned for transformation and to increasingly concentrate resources accordingly.

### **System-level Change Effort is Long-Term and Slow-Moving**

Given the fluid and uncertain nature of the federal and state health policy environments, as well as limited public health funding resources, healthcare providers and community organizations tend to address immediate health issues rather than think about system change or tackling the root causes of poor health. Similarly, in our previous efforts to engage FQHCs in advancing value-based purchasing or investments in addressing SDOH, there was a general reluctance to participate in these novel efforts due to a “risk averse” mentality and comfort with existing payment structures. Therefore, we recognize the importance of working with governmental entities to achieve system level change. We are finding increasing opportunities to work with governmental entities at all levels, including the large public university systems, by offering to provide thought partnership, information, and funding on issues of common interest. We hope to influence their thinking on policy and resource allocation with a Health Not Just Healthcare lens. This is long-term and slow-moving work, but if we are successful the payoff will be significant.

### **Proactive Grantmaking is Hard Work and Takes Time**

As we enter the second year of our five-year strategic plan, the grants division is committed to changing the way we identify and develop grant opportunities. Rather than only being responsive to the external requests, staff have been intentional and proactive in seeking out investment opportunities across the EDOT. This proactive grantmaking is hard work and takes time as it is premised on a relationship of trust, knowledge of the strengths of the grantee in order to negotiate various opportunities, and the ability of the grantee to start viewing grant resources as an investment and not simply a transaction. Working with grantees in this way builds trust and fosters authentic and forthright conversations over time that positions the grantee to leverage its work and grant funding to build capacity, incite creativity, and potentially enables EHF to make more transformative grants.

### **Building the Research and Technical Assistance Bench in Texas is a Priority**

Over the past couple of years, EHF has invested in bringing nationally-recognized research and technical assistance expertise and resources to help shape our work

under the current strategic plan. These relationships have deepened our understanding of the evidence base and best practices. However, we also realize there is limited research and technical assistance capacity within the state on many of these topics. Realizing that we cannot rely only on national experts in the long-term, we have begun making concerted efforts to both identify local expertise and resources and build the capacity of local organizations to provide high-quality research and technical assistance to our community partners. Also, we have been more intentional in linking national thought leaders and experts to local researchers and consultants in carrying out research and technical assistance projects.

### **We Always Have Room to Learn, Grow and Improve**

While we are only in year two of our five-year strategic plan, we remain very committed in implementing our strategies. In this report, we have synthesized results from our grants, research and engagement work and identified early lessons and insights across all of our work. While the data and insights we have shared are by no means definitive, we look forward to continuing to learn, improve, and refine our work in real time. As an organization, we continue to rely on an enterprise-level evaluation approach that focuses on being flexible, using mixed-methods, and facilitating timely feedback to inform and increase the impact of our strategies. We will also invest in strategic in-depth evaluation opportunities to inform future work of the Foundation as well as to build the evidence base for Health Not Just Healthcare in Texas and nationally.