

Chapter One

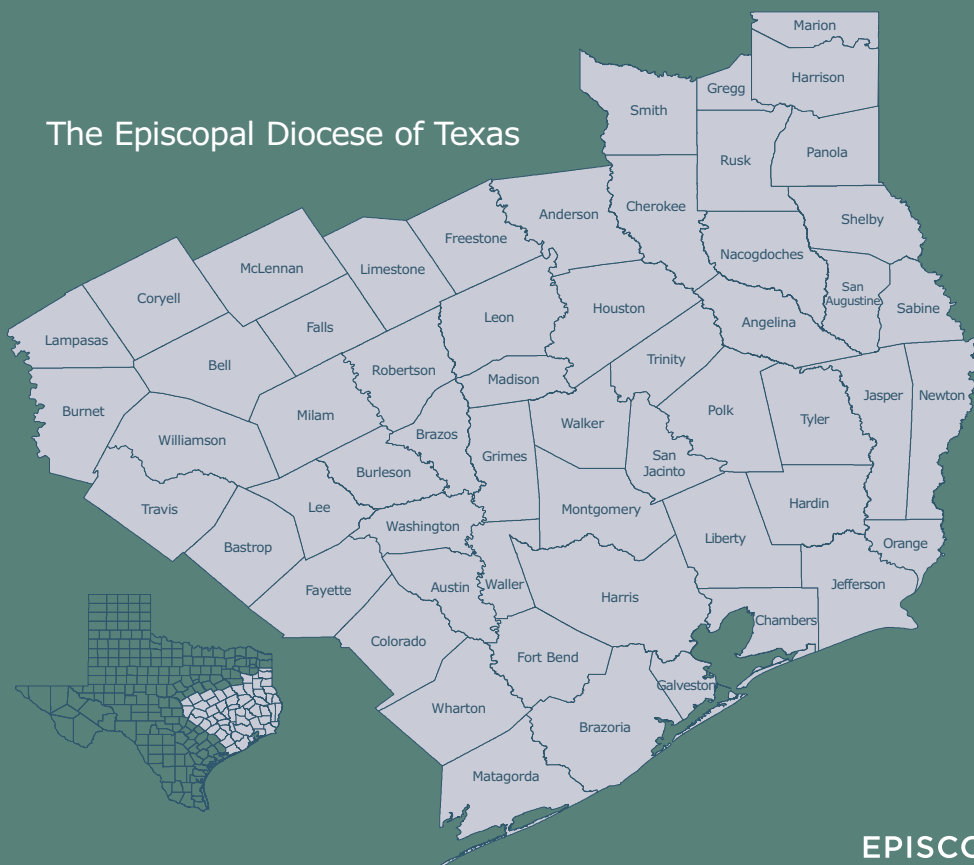
2015 Annual Report



EPISCOPAL HEALTH FOUNDATION

Contents

The Episcopal Diocese of Texas



EPISCOPAL HEALTH FOUNDATION

Health has a new voice in Texas

We created our vision for the Episcopal Health Foundation in 2013 for one reason – Texans and their health and wellness are in desperate need of transformation.

The health numbers in Texas tell part of the story. Our state has the most people without health insurance. We're near the bottom of the nation in child immunizations. Texans have high rates of diabetes, obesity and child poverty. We have an enormous disparity in health status depending on a family's income.

We knew the health need was urgent and that it went far beyond hospital care. We knew the health need was critically important to the 10 million people living throughout the 57 counties of the Episcopal Diocese of Texas. We knew the health need was at the very core of each one of our lives.

The need is Raymond - a 45-year-old man who is schizophrenic and doesn't know how to get help. It is Maria - a senior living in a rural area who can't drive to a health clinic. It is Mark - an inner-city third grader who still struggles to read. It is the Casey family of six who lives without health insurance.

In order to begin to address these critical needs and to improve community health in Texas, the Episcopal Health Foundation had to be a new voice of change – a voice advocating for sustainable transformation for our population and our communities. In **Chapter One** of EHF's story, we're proud to say we made bold choices and big decisions to begin building that needed change.

In 2015, EHF invested in organizations, programs and projects that hope to change the fundamental way we address community health. Our research team began to drive change using data coming directly from those we hope to serve. We've made new connections to communities by bringing people and providers together to tackle key health issues. We led engagement projects to hear directly from those we aim to serve. We began to establish and expand outreach partnerships with Episcopal congregations that go far beyond the walls of churches across the Diocese.

Jesus calls on us to care for our neighbors, especially the least among us. Our communities should be better places in which to live because the Episcopal Church and EHF are here. We are to be agents of transformation, however different that may look from one community to the next, addressing the needs of our local community. That means immersing ourselves in our communities. That means dedicating ourselves to making positive, long-lasting change to community health.

In the following pages, you'll read stories of change coming from all aspects of our work. These stories show how we started the process to create a transformative culture to address the health crisis in Texas. They are the first steps in demonstrating how the Episcopal Health Foundation is committed to the transformation of lives through community health.

While we have started our mission, we know true transformation doesn't come quickly or easily. You won't see dramatic stories of instant transformation just because we decided to get involved. Big challenges first require bold voices of change.

In **Chapter One** of the Episcopal Health Foundation's story, we found our voice. And we're just getting started.



*The Rt. Rev. C. Andrew Doyle, IX Bishop of Texas
Chairman of the Board*



Chapter One

I'm delighted to be sharing **Chapter One**, our first annual report with our colleagues, friends and Diocesan family. Thanks to the support of a talented staff, committed board and amazing community partners, 2015 was an outstanding year for the Episcopal Health Foundation.

When I look back over our short history, I see that our first year, 2014, was a year of aspirational planning. We met with leaders across the 57 counties of our Diocese to learn about opportunities for improving community health.

On October 1, 2014, we announced our inaugural Strategic Plan reflecting our vision, goals and strategies to create healthy communities for all. We developed an organizational structure to deliver high-quality research, grant-making and congregational engagement that would deliver on our vision. And we designed an online grant-making system to help us find partners to carry our work forward across the region. By the end of 2014, we were ready to go.

With great excitement, in January of 2015, we launched our grant-making system, ultimately awarding \$11.5 million in competitive grants to 73 partners over the course of the year. In partnership with Rice University's Baker Institute, we produced research on the impact of the Affordable Care Act in Texas which was cited in dozens of publications. We worked with many congregations large and small to support meaningful community outreach. And throughout the year, we engaged with hundreds of community leaders from Beaumont to Baytown to Waco to Tyler.

As the year drew to a close and we reflected on our work, we knew we'd accomplished a lot, but we also knew we would need to do more in the future. The poor health outcomes we see

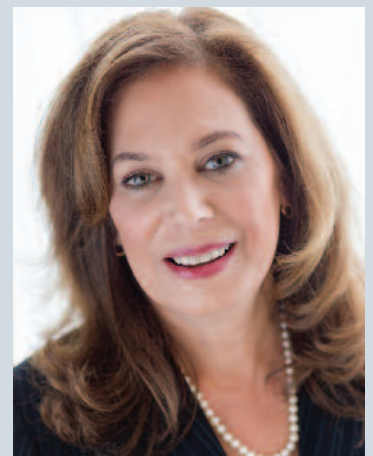
throughout the Diocese are the product of long-standing systems and structures that influence whether we have healthy or unhealthy communities. Unless and until we make fundamental changes in the way we approach community health, we will keep getting the same outcomes that the current systems and structures produce. Doing more of the same—providing more medical services, building a bigger safety net—is not enough. We recognize that the kind of change we're talking about is hard to achieve and that real transformation takes a long time. Our bountiful endowment provides the rare opportunity to take a big picture, long-term view and to make investments in system change. This is our work going forward.

Throughout 2015, we've made a deliberate effort to give a voice to communities—the ultimate people we serve. We've engaged cities and neighborhoods to better understand their specific health needs and then use that information to inform all aspects of our work. We believe these voices must be heard in order to make long-lasting, positive change to the health of their communities.

I hope you will share our joy about **Chapter One** as you read this report. In 2016, we look forward to working with community partners and our congregations who are ready to roll up their sleeves alongside the Episcopal Health Foundation to achieve transformation together.

Elena Marks

Elena Marks
President and CEO





EHF's Thē·o·ry of Chānge

definition: An overarching statement of how EHF believes transformative change can happen across the Diocese to reach the vision of healthy communities for all.

Healthy communities are created when diverse people join together to develop community-driven, people-centered, health-oriented systems.



Connecting Communities

On a Tuesday night inside a multi-purpose community center in East Waco, groups of residents huddled together writing ideas on brightly-colored sticky notes.

Each sticky note represented the group's dreams of a better, healthier Waco. In just minutes, a plain white board at the front of the room lit up with colorful rows of ideas that neighbors believed could improve health across the city. They included wishes that doctors and nurses could make home visits, more accessible options for childcare and better health resources available for parents.

These dreams were collected by Prosper Waco, a collective impact organization working to consolidate and strengthen efforts by non-profit groups and others to improve the health, education and financial security of everyone in greater Waco.

"We realized we have to ask the folks who have the need," said Matthew Polk, Prosper Waco's executive director. "We have to remove the roadblocks to talk to the people to really understand what's needed to maximize his or her potential, especially when it comes to health. EHF's leadership helped us do that."



EHF is leading, organizing and funding community engagement efforts for Prosper Waco. It's part of EHF's commitment to involve the *entire* community



in planning and implementing ways to improve the health of communities across Texas.

"We were intrigued by EHF's successful experience in community engagement," Polk said. "We're now learning practical ways to start ground-level conversations about health. It's absolutely necessary for those living the experience of low health outcomes to be involved."

EHF's work with Prosper Waco is one example of EHF's commitment to engage different groups inside communities across the Diocese. From community meetings to group convening, we worked to include residents and groups at a grassroots level. These efforts are designed to produce better ways to understand the true health needs of an area and then find more relevant and effective ways that begin to positively change the overall health of a community.

During 2015, many communities asked EHF to bring groups together to start tackling specific health needs. In Bastrop, the Foundation brought a group together to ensure underserved residents would use a new federally qualified health center in the area. Through the effort, the group determined that a dedicated outreach employee was essential to making sure people who needed the clinic knew about it and could access it. EHF was then able to provide grant funding to the clinic to enable it to hire the outreach employee.

In addition, more than 200 leaders from public, private, academic and religious organizations attended nine EHF community meetings held across the Diocese in November and December. Foundation leaders were able to talk about the work we've done so far and open a discussion about how best to partner with local organizations to do our work in each region in the future. These meetings led to many new connections. Following our meeting in Beaumont, community leaders asked EHF to convene a group to help local agencies work collaboratively on a new community health project.

Connecting communities is one element needed at the ground level to build healthy communities. In **Chapter One**, EHF's community engagement work helped to build connections and trust within different groups, neighborhoods and even entire cities. It's an important effort that allowed people a new choice in identifying and solving their own health problems.

Parishioner Power



One element that makes EHF unique is our fortunate ability to partner with more than 150 Episcopal churches across the Diocese. We have the opportunity to use the power of 75,000 parishioners to reach beyond church walls to help improve community health in big cities, small towns and everywhere in between. EHF is dedicated to helping congregations establish, improve and expand health outreach efforts in many different ways.

EHF's Congregational Engagement team spent 2015 building relationships with congregations and church leaders to help them understand how we can work together to promote community health. We completed an extensive survey of congregations to discover the health concerns facing their communities and to find out which current church programs were successful in serving their neighbors. Congregations also shared which resources they needed to begin to improve health outreach ministries.



We quickly discovered congregations viewed critical health issues like mental health, poverty and access to health services as top problems impacting their surrounding communities. Congregations requested specific examples of how other churches are working in community health to help them develop their own outreach efforts.

With those issues in mind, EHF developed an online resource center providing churches with tools, information and examples of how congregations are connecting to their communities with a focus on health. The resource center features stories of church mental health support groups, mentoring programs and community gardens.

The resource center also helps congregations learn how to develop the skills and know-how needed to address health priorities such as access to care and mental health.

EHF also worked with churches to build out Episcopal Relief and Development's Asset Map. This searchable map and database allows congregations to learn more about programs underway at churches across the Diocese. The goal is for churches to be able to get advice on how to start projects in their own church or partner with other churches and organizations with similar ideas.

In 2015, we provided technical support to churches that needed specific help with organizing community groups, increasing counseling resources and finding ways to help church members who are facing a mental health crisis. We provided financial assistance for church members to attend conferences related to community health outreach. EHF also provided funding to several congregations to support their community outreach programs and projects.

Because of these initial conversations and EHF's involvement, several churches have now started to work together with other congregations to deepen their community outreach work focused on specific health needs. In **Chapter One**, EHF's work shows the potential power of church partnerships across the Diocese. They are the kind of partnerships needed for congregations to move outside of church buildings and into their communities. They are the kind of varied programs and projects needed to address diverse critical health needs facing local communities across 57 Texas counties.



By the Numbers

8 We worked with all 10 Diocesan convocations, participating in 8 clericus meetings.

40+ One-on-one meetings with congregations

Number of congregations with whom EHF worked during 2015

135

105

Helped 105 churches become involved with the Episcopal Relief and Development Asset Map and Database

Provided technical support for health outreach efforts to 21 congregations.

21

30

Congregations involved in multi-church initiatives with EHF support

Beyond the Exam Room

Investing in Root Causes and Prevention

In 2015, we put EHF's inaugural online grant application and review process to work. We aimed to approve grants for projects focused on addressing the root causes of poor health and programs that begin to make long-lasting, sustainable improvements to health systems in communities across Texas.

During our first year, EHF heavily supported integrated, comprehensive primary care. Our investments helped increase access to health services and provided support for mental health and wellness. We helped build the ability and infrastructure of nonprofit groups working everywhere from rural East Texas to Downtown Houston.

Our investments include supporting a Travis County clinic's diabetes prevention program to work with 5,000 at-risk patients from low-income, vulnerable populations. We helped expand a program to empower first-time mothers living in poverty in rural areas to improve their health and have better pregnancy outcomes. We made a \$1 million investment in Dell

Medical School at the University of Texas at Austin to develop and integrate a training curriculum that focuses physicians on overall patient health—not just providing medical services.

In 2015, EHF also participated in a number of collaborative funding projects with Houston Endowment, The Pew Charitable Trusts, Robert Wood Johnson Foundation, Packard Foundation and others. We have formed close working relationships with other health philanthropies to enhance collaboration and leverage our support to increase funding for critical issues like early childhood development, healthy planning within communities and mental health innovations.

We see each investment in **Chapter One** as a unique feature in EHF's story of change. EHF believes these grants are the kind of initial investments needed to heal a broken health system. They are investments in change that EHF will build upon in years to come.



Mosquito bites. They're not usually considered a serious medical issue, but when a toddler named Dee walked into a clinic in Austin covered with them, it ended up being a sign of much more.

Dee's story begins in an exam room at People's Community Clinic. After doctors and nurses treated her repeat mosquito bites, they made

the effort to ask a simple question – why does she keep getting the bug bites?

Turns out, Dee's family said mosquitos were getting into their apartment because a broken air conditioner forced them to open the windows. However, the landlord had refused to install screens. Dee's family was undocumented, so they didn't want to complain.

Hope for Dee and her family came through a program called the Austin Medical-Legal Partnership. It's a group that places lawyers inside People's Community Clinic and

is funded in part by an EHF grant. The lawyers work with patients' legal issues like housing and employment problems that end up having a dramatic effect on their health.

After an intervention by Partnership attorneys, the landlord allowed Dee's family to break their apartment lease and find a healthier place to live.

"No amount of creams or steroids were going to remedy the health issues, and Dee's treatment wasn't going to be effective until we took care of the root cause," said attorney Keegan Warren-Clem, legal champion for the Partnership.

Dee's story is a prime example of our broken health system and how EHF is working with grant partners to address the root causes of poor health.





PARTNER SPOTLIGHT

Children's Defense Fund-Texas

Meredith was much quieter than the other toddlers in her Austin preschool. She hardly said a word. On the playground, Meredith didn't run around like her friends. She seemed to have trouble walking.

That's when Meredith's preschool teachers suggested her parents contact an Early Childhood Intervention (ECI) provider. The state's ECI program provides families of young children with screening to determine if a child has a disability or a developmental delay.

Meredith's screening confirmed she had speech and gross motor delays. The ECI team then worked with Meredith and her parents during 18 months of at-home therapy to promote her language skills and muscle development. The results were life changing for the entire family.

"One day, she started to run," said Carrie, Meredith's mom. "Not walk. Run. Meredith has transformed into a running, jumping, chatty girl that lets you know exactly what she wants."

The important screening and therapy that helped Meredith is supported by EHF's \$170,000 grant to Children's Defense Fund - Texas (CDF). With EHF's support, CDF and its partner organizations are working to increase awareness, enrollment and access to Early Childhood Intervention screening and services across the state.

Strengthening Texas' ECI system is preventive at its core. By identifying developmental delays early, families

get an invaluable head start on addressing problems long before they lead to academic, social, and emotional difficulties in elementary school and beyond.

This effort is especially important for low income, uninsured families in Texas. But too many of these families are not accessing these services.

"A recent study showed 76 percent of Texas children receiving Medicaid didn't receive one or more required medical, vision or hearing screenings," said Patrick Bresette, CEO of CDF in Texas. "Improving screening and referral rates requires Texas to create a strong, sustainable system where children can get easy access to screening and referrals for immediate help."

There's an extra benefit to CDF through the EHF grant because of EHF's partnership with the Packard Foundation. Because EHF is working with Packard, CDF and its partners will be able to interact with counterparts in five other states, sharing technical assistance from national experts. This level of support would not have been available to the Texas group without the EHF-Packard partnership.

"It's a great opportunity for EHF to work in collaboration with a national foundation like Packard that has extensive experience in early childhood intervention," said Jo Carcedo, EHF's Vice President for Grants. "Our plan is to build upon this collaboration through this project and find other opportunities to bring important resources to Texas."



PARTNER SPOTLIGHT



Northwest Assistance Ministries

About twice a week an ambulance pulls up to the children's clinic at Northwest Assistance Ministries (NAM) in Northwest Houston, but it's not dropping off a patient. Instead, emergency crews are picking up a child who is having such a severe asthma attack that he or she needs to go to the ER.

It's a troublesome pattern that NAM's medical staff sees week after week.

"We're not just seeing high rates of children with asthma, we're seeing an increase in recurring cases of asthma," said Carole Little, NAM's president and CEO.

In an average 20-minute visit to the clinic, doctors and nurses say they can usually treat the symptoms of an child's asthma attack, but they aren't able to really explore what may be causing asthma attacks once the children go back home.

So when kids kept coming back to the clinic worse than when they first visited, NAM's leadership and staff decided something had to change.

"We need the opportunity to explore things deeper," Little said. "We need to really survey children where they live."

EHF's \$120,000 grant to NAM will support a new comprehensive case management and home visitation program for its children's clinic. Medical and social service case managers will go to patients' homes to help determine the root causes of the children's recurring asthma attacks and other medical problems. The case managers will then work with the families to find long-term solutions for living in healthy home environments.

"It's an opportunity for us to find out what's really causing the problems," Little said. "They're the kind of things we'd likely never discover in the clinic. The grant allows us to employ a holistic, evidence-based, outcomes approach to the children we serve."

Case managers will also be able to provide humidifiers, air purifiers or other equipment to help make the home healthier for the young patients.

"Once again, this program highlights the importance of addressing the real causes of health problems outside of a medical clinic," said Elena Marks, EHF's president and CEO. "Many times these are the kinds of services clinics don't get paid for, so we can do that. If we don't discover and tackle the true reason these children are getting sick again and again, then we're just treating a symptom and not improving their health."

Competitive Grant-making By the Numbers

107 applications were received
requesting a total of
\$23.2 million

73 applications were funded for a total of
\$11.5 million

Grants funded by strategy

Primary care

25 grants funded for \$4.6 million

Access to care

15 grants funded for \$1.9 million

Healthy planning

2 grants funded for \$400,000

Early childhood development

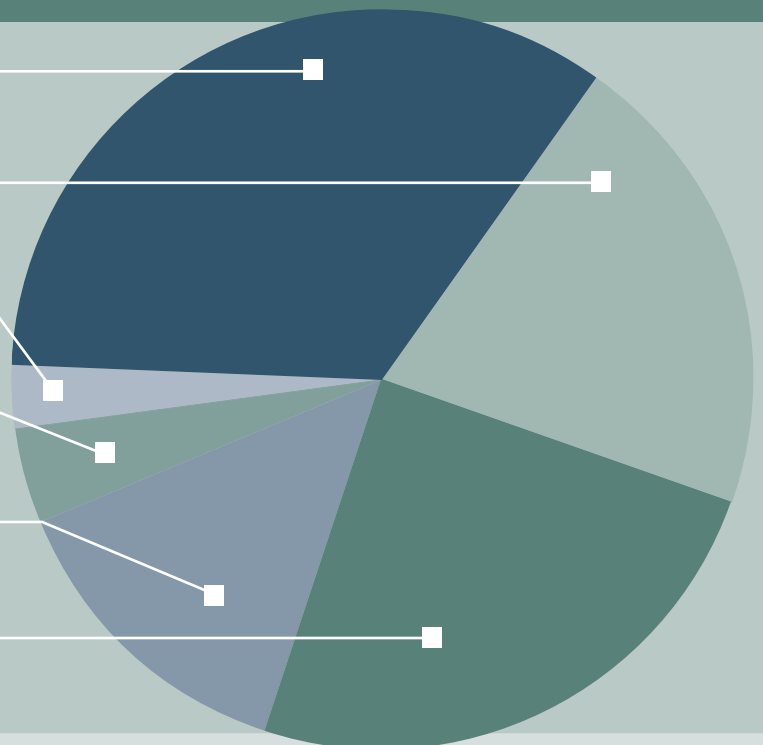
3 grants funded for \$400,000

Capacity building

10 grants funded for \$1.8 million

Mental health

18 grants funded for \$2.4 million



Episcopal Health Foundation Grant Partners for 2015

Access Health	\$100,000
AIDS Foundation Houston	\$ 77,000
AIDS Services of Austin, Inc.	\$279,452
Alliance of Community Assistance Ministries, Inc.	\$241,000
Austin Child Guidance Center	\$ 50,000
Austin Harm Reduction Coalition	\$251,400
Bastrop County Long Term Recovery Team	\$ 18,420
Baylor College of Medicine Transitional Medicine Program	\$ 10,000
Bethesda Health Clinic	\$ 50,000
Boat People S.O.S., Inc.	\$ 75,000
Capital Idea	\$100,000
Casa Marianella	\$100,100
The Center	\$191,958
Center for Public Policy Priorities	\$ 50,000
Child Advocates of Fort Bend	\$100,000
ChildBuilders	\$100,000
Children's Defense Fund-Texas	\$170,000
Christ Clinic	\$129,000
CommUnity Care	\$145,086
Communities in Schools, Greater Central Texas	\$140,010
Communities in Schools, Houston	\$100,000
Dell Medical School at the University of Texas at Austin	\$1,000,000
DePelchin Children's Center	\$ 10,000
Early Matters	\$100,000
El Buen Samaritano Episcopal Mission	\$928,301
El Centro de Corazón	\$100,000
Enroll America	\$100,000
Epiphany Community Health Outreach Services	\$100,000
Family Service Center of Galveston County	\$ 85,000
Grantmakers in Health	\$ 5,000
Greater Killeen Free Clinic	\$230,620
Harris County Public Health & Environmental Services (through a collaborative project with The Pew Charitable Trusts)	\$194,000
Healthcare for the Homeless-Houston	\$215,000
HOPE Clinic Houston	\$145,000
Houston Galveston Institute, Inc.	\$183,816
Ibn Sina Foundation	\$500,000
Interfaith Community Clinic	\$100,000

Lone Star Circle of Care	\$200,000
Meadows Mental Health Policy Institute	\$110,115
Manos de Cristo	\$ 40,000
Matagorda Episcopal Health Outreach Program	\$300,000
Memorial Assistance Ministries	\$ 50,000
Mental Health America of Greater Houston	\$150,071
MHMRA of Harris County	\$411,240
National Alliance on Mental Illness- Greater Houston	\$ 25,000
Northeast Texas Public Health District	\$100,000
Northwest Assistance Ministries	\$120,000
Nurse-Family Partnership	\$ 98,642
People's Community Clinic	\$257,500
Phoenix Center	\$100,000
Primary Care Innovation Center	\$150,000
Rice Medical Center	\$120,500
The Rose	\$250,000
Samaritan Center for Counseling and Pastoral Care	\$ 75,000
San José Clinic	\$ 75,000
S.E.A.R.C.H. Homeless Services	\$225,661
Seminary of the Southwest	\$670,000
Small Steps Nurturing Center	\$ 50,000
Spindletop Center	\$ 10,000
Spring Branch Community Health Center	\$100,000
St. Vincent's House - Galveston	\$187,000
Teen Health Clinic at Baylor College of Medicine	\$100,000
TexHealth Harris County 3-Share Program	\$100,000
TOMAGWA Ministries, Inc.	\$150,000
Trinity Center	\$ 25,000
The University of Texas UT Health Medical School-Houston	\$232,289
The University of Texas-Houston School of Public Health	\$200,000
Vecino Health Centers	\$100,000
Vecino Health Centers collaboration project with Spring Branch Community Health Center, Houston Area Community Services and El Centro de Corazón	\$125,200
The Women's Home	\$125,000

*"The
community
needs
help to
change."*



Driving Change with Data

Armed with a camera, Karina Canales took picture after picture of what she saw during her walk in the Sharpstown neighborhood of Southwest Houston. The area is packed with large apartment complexes, busy streets and some of the largest, most diverse populations in Houston.

But for Karina, it's the trash that kept getting her attention.

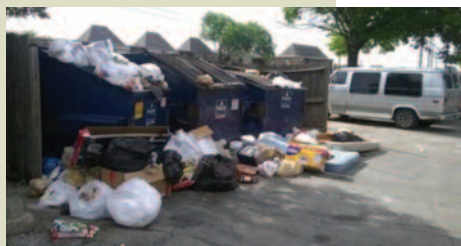
"I want people to know about the community," she said. "We love to go to the park, but sometimes the park is too dirty."

Karina was one of dozens of residents living in Southwest Houston, Baytown and Beaumont who participated in three EHF-led research studies looking at the health needs and resources in those neighborhoods. Along with answering key questions about their individual health and access to health services where they live, residents took pictures of things *they saw* as healthy and unhealthy in their communities.

Some pictures told a healthy story—volunteer bike repair programs, neighborhood basketball games and outdoor tea parties for children. However, there were also pictures of streets with no sidewalks, broken-down buildings and gang graffiti. In Southwest Houston, several photos showed loads of trash bags piled up outside garbage dumpsters in parking lots.

"The community needs help to change," said Karina.

In 2015, these research projects helped EHF gather important data to help identify health needs in communities. The goal of this work was to find out what really needs to change to improve the health of families who live in the neighborhoods. EHF used the research in Southwest Houston, Baytown and Beaumont to make informed recommendations to the state's largest federally qualified health center that works in those neighborhoods.



The goal was to find out what really needs to change to improve the health of families who live in the neighborhoods—a much more complete picture of community health.



During 2015, EHF also partnered with Rice University's Baker Institute to publish six research studies examining the true impact of the Affordable Care Act across the state. News outlets across Texas and the nation reported on these studies more than 60 times in 2015, making EHF a valued expert on the ACA and the plight of Texas' uninsured. This research is essential to discovering what's needed for more Texans to gain access to quality health services.

Also in 2015, EHF added *Children's Health Snapshots* for each of the 57 counties within the Diocese to its web-based county health data maps. These interactive snapshots tell the county-by-county story of the state's youngest residents and highlight the critical need for change when it comes to childhood development.

EHF research continues to be an important tool used by communities, organizations and grant partners to inform their work and priorities focused on community health.

In **Chapter One** of EHF's story, these research projects and contributions show EHF's potential to drive important changes to community health with data.



Bringing it All Together - The Tyler Story

The meetings started in a small room inside Christ Church, Episcopal in Tyler. In anticipation of EHF's creation, church members had formed a committee to identify health issues facing the area and look for ways the Foundation might get involved to improve the community's health.

Committee members soon found a mission – helping the community figure out how uninsured and low-income residents can access primary care outside of the emergency room. Drs. Tom Lowery and Paul Wick, who served on the church committee, presented the idea to EHF, and we agreed it was an opportunity to bring a group together to look for solutions.

During 2015, EHF convened leaders of 10 major health care organizations in Tyler (three hospitals, three clinics, two mental health providers, the regional public health department and the county's medical society). The group had not previously worked together on this problem but recognized the need to do so. EHF was able to assist the group by providing professional facilitation services and research support. The group quickly became committed to developing a formal system to coordinate with each other to make sure vulnerable residents can access community-based primary care in an efficient and cost-effective way.

During the course of the year-long convening, EHF organized two research studies to help guide the group's search for solutions. The first research project was designed to find out if the Tyler area needed more community clinics to satisfy the need of uninsured, low-income residents. The data showed there were enough primary care providers, but the services weren't being accessed and allocated effectively. Those results led the group to look at the problem differently and rethink potential solutions. The second research study surveyed low-income residents across Smith County about their experiences with primary care clinics and what barriers prevented them from getting primary care. The survey's results will inform the group's decisions in 2016.

As the group's work continued, members realized that it would take a paid coordinator to keep the project moving forward. To make that happen, EHF awarded a grant to fund a project coordinator to oversee the community initiative.

For EHF, the project in Tyler is a great example of the potential of bringing together all areas of the Foundation's work – congregational engagement, convening, community engagement, research and grant-making. In **Chapter One**, our work in Tyler shows that a combined, coordinated effort from EHF is effective and can begin to help a community make key advancements toward improving critical health issues.



Measuring Impact

From the very beginning, the Episcopal Health Foundation has been dedicated to measuring the true impact of our work on community health throughout the Diocese.

In **Chapter One**, we began the important mission of creating an effective system to evaluate the various areas of our work. Without this kind of assessment, it's hard to know whether our work is leading to transformation.

After extensive research with prominent foundations and industry experts, we developed the framework for EHF's Strategic Learning and Evaluation System. The system will be fully developed and implemented during 2016 and 2017.



The system looks at three key areas:

Stewardship

How did we use our financial and human resources?

Program Impacts

What is the impact created by the work we and our partners have undertaken through grants, community and congregational engagement, research and convening?

Pathways for Systems Change

How transformative is the work?

Once fully up and running, EHF's Strategic Learning and Evaluation System will enable us to look critically at the work we've done so that we can increase our most effective work and eliminate or make changes to work that is least effective.

We look forward to sharing our findings in future reports.

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As of March 2016



EPISCOPAL HEALTH FOUNDATION

500 Fannin Street
Suite 300
Houston, Texas 77002
713.225.0900
EpiscopalHealth.org