

EPISCOPAL HEALTH
FOUNDATION



Impact Evaluation Report

2016

Executive Summary

2016 represented the second year of the Episcopal Health Foundation's (EHF) investment in building healthier communities in its region, the 57-county area of the Episcopal Diocese of Texas. In this report, the foundation presents findings from the evaluation of these investments. The evaluation assesses foundation investments in terms of mission alignment and effectiveness in advancing the know-how and skills of partners to promote health and well-being. In addition, the evaluation examines the foundation's impact on the community based organizations in which it invests and the communities served by them. As the work of the foundation and its partners matures, EHF looks forward to sharing more about our impact in the community.

The evaluation reveals significant expansion in the geographic area reached by EHF's investments in 2016, compared to 2015, as well as in the types of investment made. In all, nine foundation investments benefitted the region as a whole; 40 counties received two or more targeted investments; and all but 7 counties received at least one targeted investment. Altogether, through its grant investments and those made in community convenings, training initiatives, research, and congregational engagement, EHF staff interacted with over 750 organizations in carrying out the work of the foundation in 2016.

The evaluation report presents feedback from the foundation's investment partners about how EHF's work is being perceived. EHF outperformed other foundations nationally in grantee ratings of fairness of treatment, comfort approaching the foundation if a problem arises, and overall transparency. The foundation also achieved high satisfaction ratings on other offerings (i.e. trainings, convenings). Participants reported that time invested in these offerings was worthwhile, that the foundation demonstrated respect for the knowledge and experience of participants, and that they attributed positive changes in mindsets, knowledge, and skills to these offerings. Areas for foundation improvement included faster response times to applicant and grantee questions, more contact with grantees, and, strengthening institutional knowledge of the local contexts of community-based organizations.

In addition, the 2016 evaluation report presents emerging evidence of the impacts of the foundation's investments on communities and identifies key issues that the foundation can address in order to deepen its impact: how to navigate the trade-offs between "going wide" and "going deep"; balance support for the healthcare safety net with moving upstream to address social determinants of health; and, establish partnerships that are as productive and transformational as possible over time. EHF's responses to these issues promise greater impact in the region.

Table of Contents

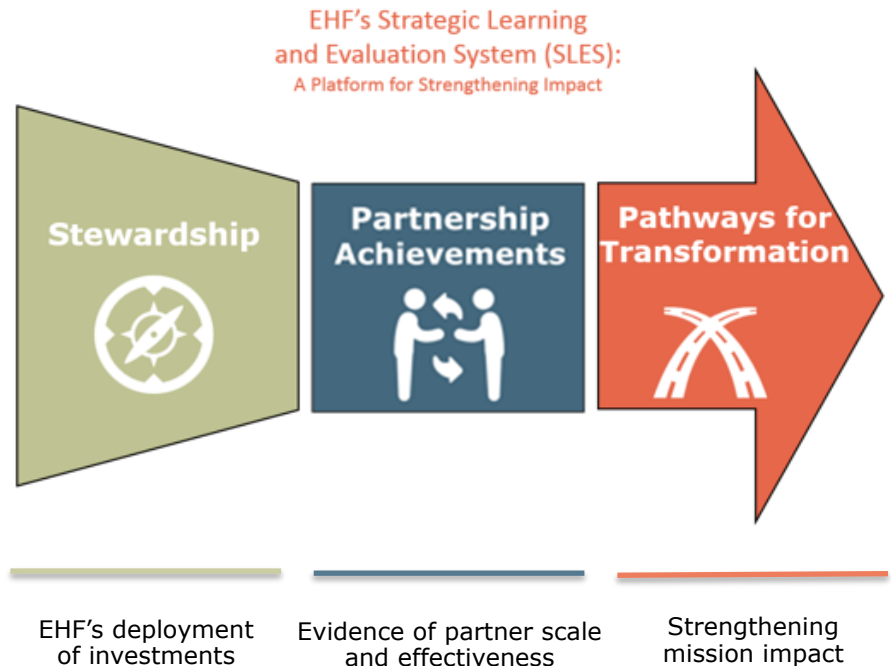
Introduction	3
Foundation-wide findings	5
Research findings	13
Congregational Engagement findings	16
Community Engagement findings	21
Grantmaking findings	25
Key Takeaways	34

Introduction

The Episcopal Health Foundation (EHF) aims to make investments that result in *impact* – a transformative and enduring change in the health of the communities comprising the 57 counties of the Episcopal Diocese of Texas. The foundation’s commitment to community transformation drives EHF to not just promote more of the same solutions that have been tried before, but rather to work differently with partners to bring about new and systemic changes that benefit all, especially those most vulnerable and marginalized.

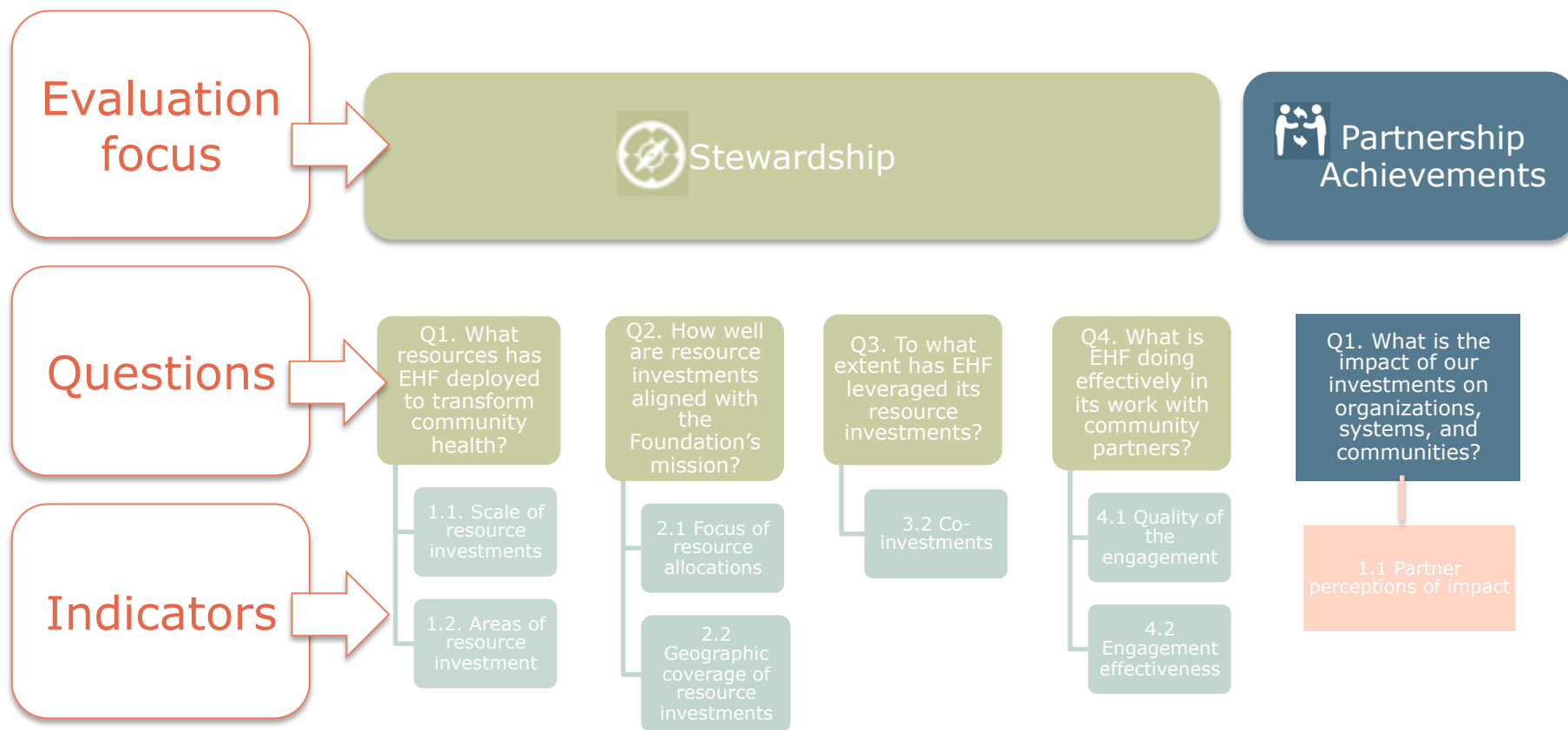
Evaluation of EHF’s impact begins by examining **Stewardship** of EHF resource investments - how well resources have been deployed and optimized to yield impact. Through evaluation of **Partnership Achievements**, the foundation assesses the outcomes of its investments, including evidence of community impacts. In the future, **Pathways for Transformation** will evaluate the foundation’s strategic directions for achieving impact.

This report represents the 2016 evaluation of EHF’s Research, Congregational Engagement, Community Engagement and Grantmaking work. It reflects a comprehensive assessment of the foundation’s Stewardship and initial data available on its Partnership Achievements.



Report Organization

The report is divided into five major sections: foundation-wide, research, congregational engagement, community engagement, and grantmaking. Each section is subdivided as shown below by the evaluation focus (Stewardship, then Partnership Achievement), the questions examined within each focus area, and the indicators used to evaluate progress and impacts.



Foundation-Wide

From the smallest towns to the largest cities of its 57-county region, EHF aims to transform people, institutions, and places to create healthy communities for everyone. The foundation envisions a future where communities and residents are thriving and resilient. To this end, EHF has established several different investment-making arms: research, congregational engagement, community engagement, and grantmaking. Collectively, these areas of the foundation invest financial resources, staffing, as well as programmatic resources to catalyze community change.

Foundation-Wide

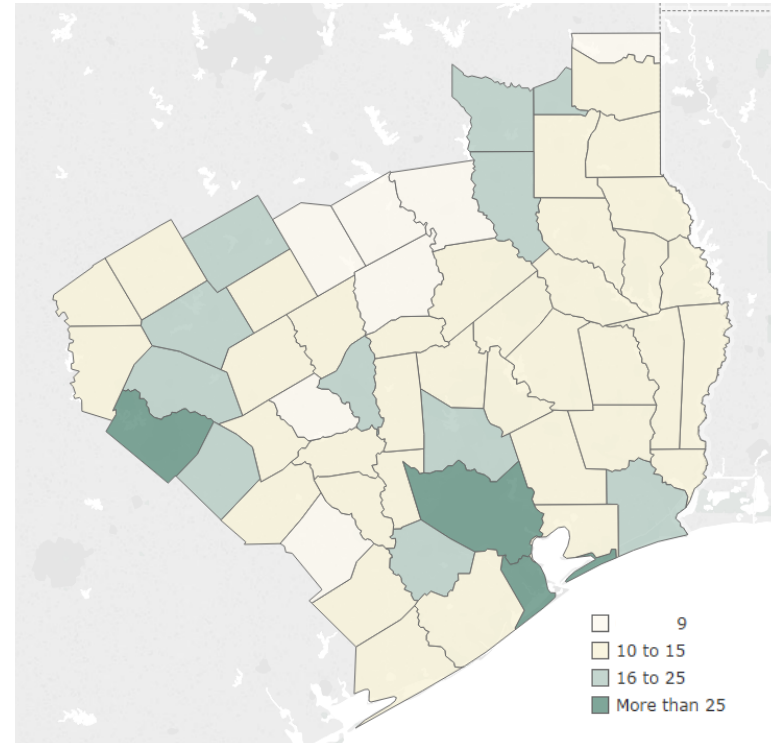
Stewardship • What resources has EHF deployed to transform community health?

The map of EHF's region (to the right) displays the geographic scale of new foundation investments in 2016. Altogether, EHF invested \$17.9 million in community grants, technical contracts, and other funding that supported community projects in 2016.

EHF also made staffing investments, such as staff time to support convenings and training initiatives in communities in its region. This included work with 138 Episcopal churches, 126 active grantees, and many others who informed the work of the foundation. Nine investments were made benefitting the region as a whole; and, all but seven counties (Marion, Anderson, Freestone, Limestone, Leon, Burleson, and Colorado) were the recipients of county-specific investments.

Scale and Area of Resource Investment

Figure 1: The geographic scale of EHF's resource investments (N = 198)



Note: An investment is defined as (a) an individual grant award, contract, or other financial investment; (b) a convening or research project; or, (c) a training initiative, such as Mental Health First Aid or Community Engagement Workshops.

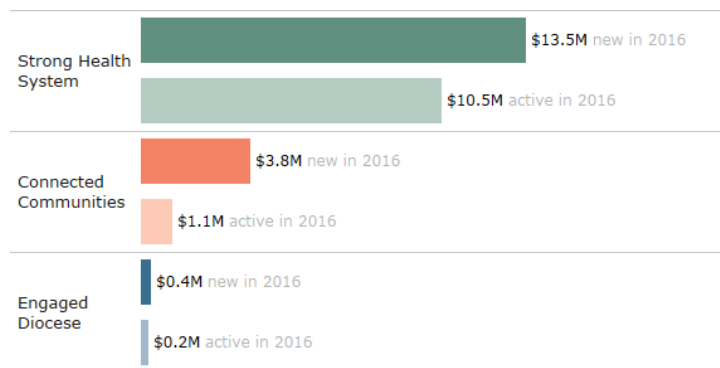
Foundation-Wide

Stewardship • How well are resource investments aligned with the Foundation’s mission?

Focus of Resource Investments

Figure 2: Resource investments by goal and priority

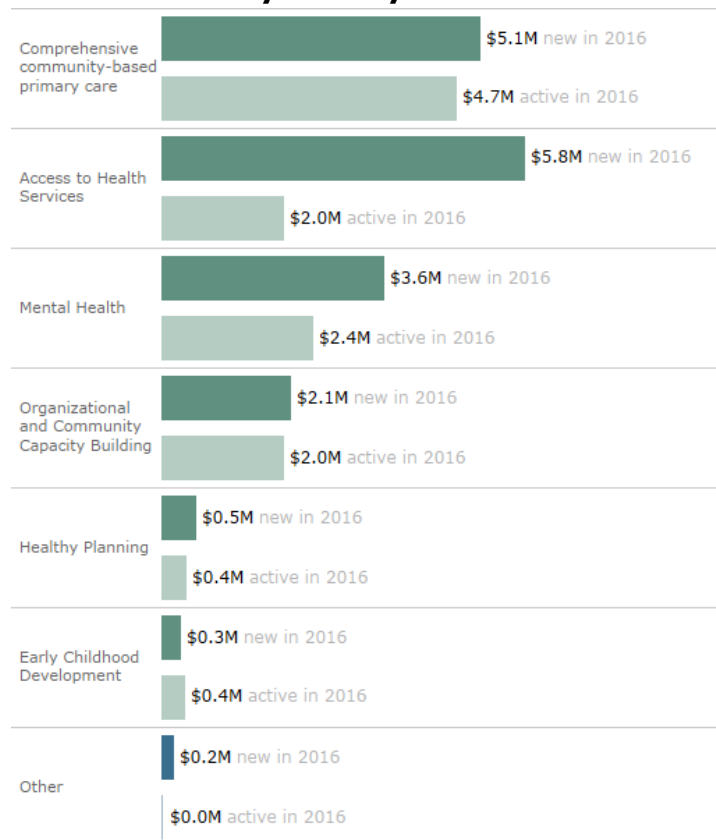
Investments by Goal



Note: Total dollars represented in goals and priorities for 2016 vary due to rounding.

Each of EHF’s community investments are categorized by the primary goal and health priority that the investment supports. This helps ensure that individual investments are aligned with the foundation’s mission and strategic plan. In 2016, 75% of the foundation’s total dollar investment targeted its goal of a strong health system. In addition, EHF investments prioritized comprehensive community-based primary care, access to health services, and mental health. The next largest investment priority of the foundation was capacity building.

Investments by Priority



Note: Total dollars represented in goals and priorities for 2016 vary due to rounding.

Foundation-Wide

Stewardship • How well are resource investments aligned with the Foundation's mission?

Reaching underserved and low-income communities is a central part of EHF's mission. Nearly 60% of individuals living in poverty in EHF's region reside in the greater Houston metropolitan statistical area (MSA), a nine-county area defined by the U.S. Census.

Although the Houston MSA received significant investments in 2016, the proportion of this investment (47% of grant dollars) was smaller than the MSA's proportion (59%) of the low-income population in the region. In contrast, the Austin MSA received a larger proportion (32% of grant dollars) of the foundation's resources relative to its proportion (13%) of the region's poor.

Note: Grant investments awarded shows the location of the organization receiving the grant. In contrast, grants shown under the total EHF investments show the number of investments benefiting a MSA (e.g., a grant that serves multiple MSAs).

Focus of Resource Investments

Figure 3: Foundation investments by regional distribution of poverty, 2016

		Area		
		Houston MSA	Austin MSA	Outside Houston/ Austin
Population Demographics	Total population (% of total in EHF's region)	6,346,653 (59%)	1,672,185 (16%)	2,708,631 (25%)
	Population at or below 200% of the federal poverty level (% of total residing in poverty in EHF's region)	2,202,308 (59%)	494,394 (13%)	1,056,242 (28%)
Grant Investments Awarded	Grants	\$7,072,554 (47%) (66 awards)	\$4,830,507 (32%) (34 awards)	\$3,131,751 (21%) (22 awards)
Total EHF Investments	Grants	74	36	31
	Convening Initiatives	5	3	5
	Training Initiatives	6	2	4
	Congregation Funding Awards	5	2	4
	Research Contracts	7	5	7
	Congregational Engagement Contracts	8	1	1

Foundation-Wide

Stewardship • How well are resource investments aligned with the Foundation's mission?

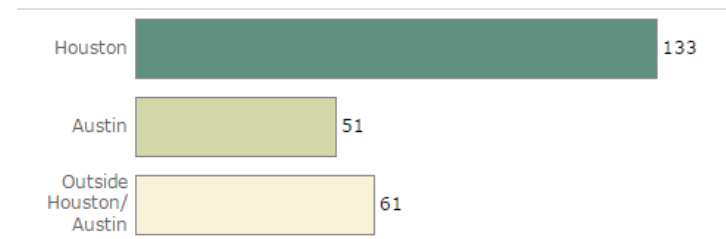
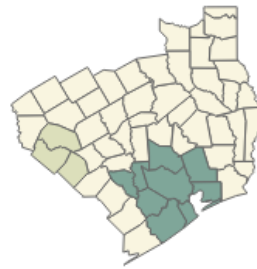
The geographic coverage of the foundation's investments is an important indicator of mission alignment, given the foundation's mission to transform community health within the 57-county region.

A large majority (133) of EHF investments targeted the greater Houston area. Because Houston is located in the Upper Gulf region, this sub-region received a larger proportion of EHF investment than Central and East Texas sub-regions. However, there were only four investments made outside the Houston MSA in the Upper Gulf sub-region.

Approximately one in five investments made by EHF benefitted the East Texas sub-region.

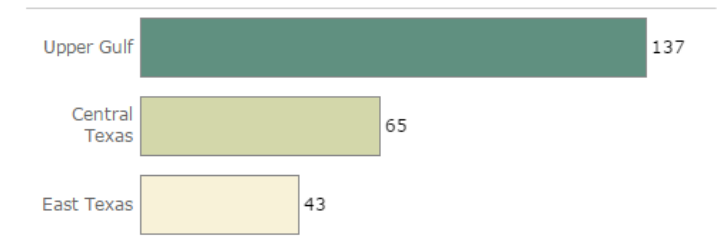
Geographic Coverage of Investments

Figure 4: EHF investments by metropolitan status, 2016
N = 198



Note: Counts by MSA reflect a total greater than 198, as some individual investments benefitted more than one MSA.

Figure 5: EHF investments by subregion of the Episcopal Diocese of Texas, 2016
N = 198



Note: Counts by region reflect a total greater than 198, as some individual investments benefitted more than one region.

Foundation-Wide

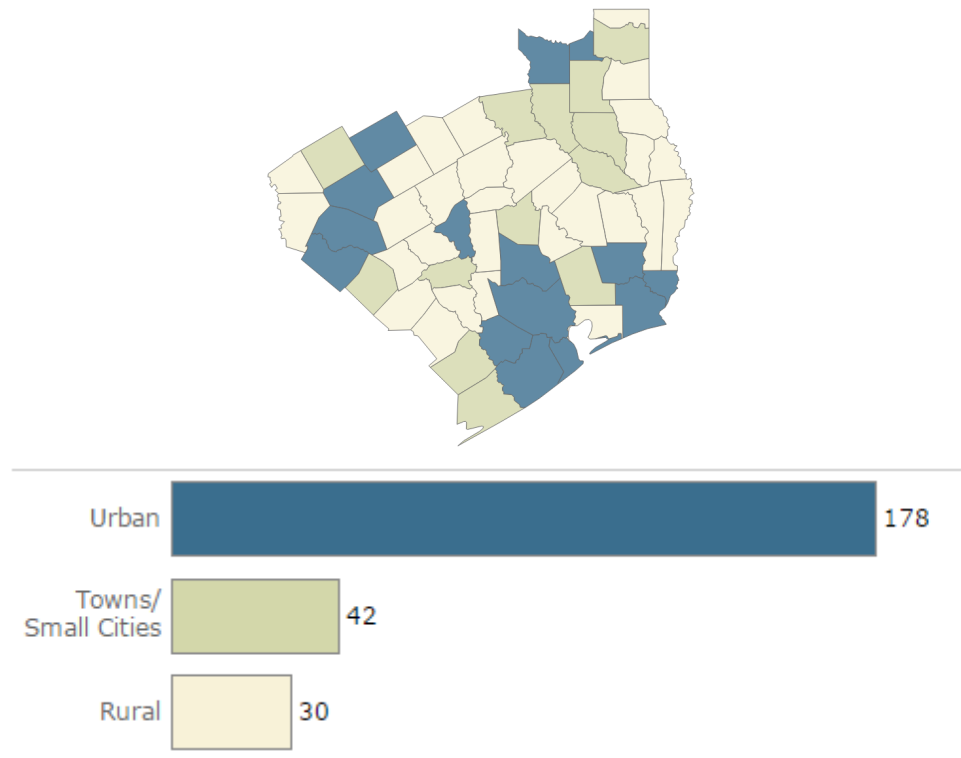
Stewardship • How well are resource investments aligned with the Foundation's mission?

Geographic Coverage of Investments

EHF also monitors the proportion of resource investments benefitting urban and rural counties in its region. Specifically, EHF monitors three county population categories: urban (a county with at least one metropolitan area, a population cluster over 50,000), counties with small cities and towns (counties with at least one population cluster of 10-49,000 people), and rural (counties containing population clusters of fewer than 10,000).

In 2016, one in three resource investments made by the foundation targeted non-urban counties in EHF's region.

Figure 6: EHF investments by county population designation, 2016
N = 198



Note: Counts by county population designation reflect a total greater than 198, as some individual investments benefitted more than population designation.

Foundation-Wide

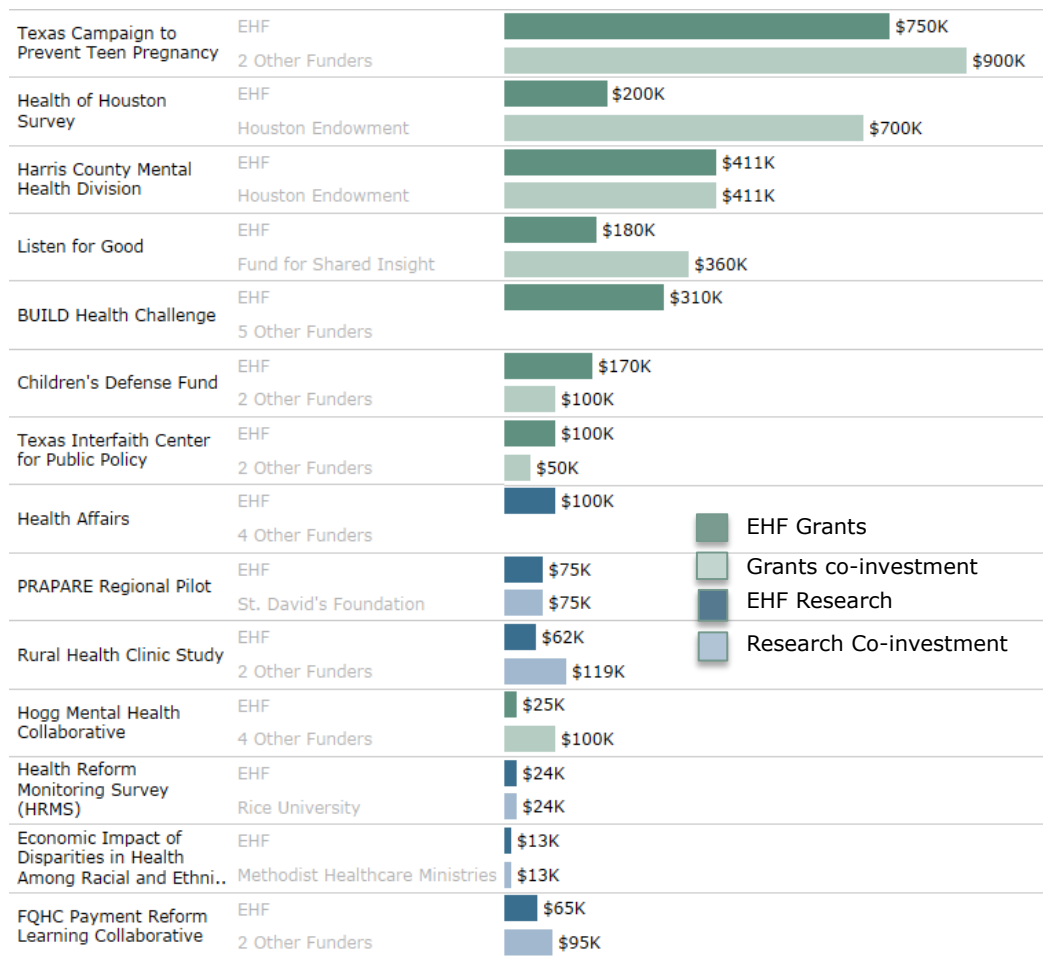
Co-Investments

Stewardship • To what extent has EHF leveraged its resource investments?

EHF aims to leverage additional funder resources in support of the transformation of community health. EHF defines leverage as a financial investment made by the foundation that results in co-investment by one or more additional funders.

Leverage is an important mechanism for increasing the dollars and resources invested in EHF's region and mission. In 2016, EHF leveraged \$2.5 million in 14 investments, yielding additional co-investments of more than \$2.9 million.

Figure 7: EHF's leveraging of co-investments



Note: Co-investment totals for Health Affairs and the BUILD Health Challenge are not displayed due to missing data. Thus, the co-investment total undercounts the investments made by other funders in EHF region and issues.

Foundation-Wide

Stewardship • What is EHF doing effectively in its work with community partners?

Two surveys were deployed in late 2016 to assess the quality of EHF's work with partners. The first was the Center for Effective Philanthropy's Grantee Perception Report (GPR), which asks grantees for feedback on their experience of EHF's grantmaking practices. Second, EHF implemented the Partner Engagement Survey to gather feedback from other partner organizations, such as Episcopal churches and community partners engaged in research or training projects of the foundation.

The table to the right presents results from the GPR and Partner Engagement Survey. Where the measure applies only to the Partner Engagement Survey, or the GPR, this is indicated. Overall, data show that a sizeable sample informed the response ratings of most items and that EHF scored a 87% or better on each of these quality measures.

Deepening staff understanding of the local community could support even stronger ratings of EHF's engagement quality.

Quality of the Engagement

Figure 8: Selected quality measures of EHF's grantees and partner engagements

Survey Items	% Positive
Sufficient expertise supporting the engagement (N = 47 partners)	98%
Respect for the knowledge and experience of participants (N = 91 partners)	96%
Fairness of treatment by the foundation (N = 53 grantees)	98%
Understanding of local community context (N = 53 grantees) (N = 53 other partners)	90% (grantees) 87% (other partners)
Overall, productive use of time (N = 238 questions asked of 185 partners)	95%

Research

In mid-2016, EHF's research program was re-established to advance four goals: 1. serving as a data and technical resource to grantees, congregations and communities; 2. informing the foundation's own work with timely and relevant research; 3. strengthening the foundation's position as a Texas health policy expert; and, 4. contributing to national conversations and strategic philanthropy working in the areas of health policy, health services research, and community-based research. Research efforts in 2016 prioritized: i. development of regional, accessible health datasets; ii. proliferation of regionally relevant health research; iii. promotion of rural health research and stakeholder engagement; iv. development of national and regional research partnerships; and v. advancement of state health policy research.

This section examines the research investments made in EHF's region in 2016. In addition to the community investments presented in this section, EHF research staff invested significant time in developing internal foundation resources as well as website-based datasets and research briefs for public access.

Research

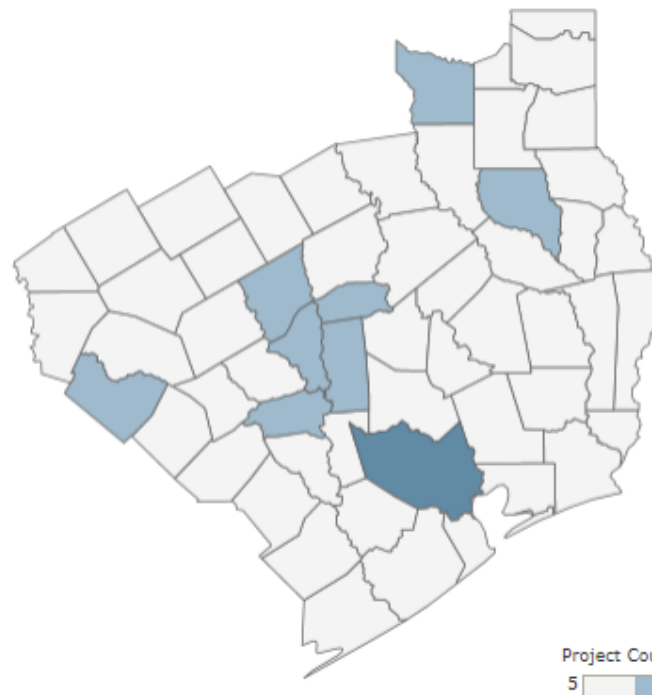
Stewardship • What resources has EHF deployed through its research program to transform community health?

Scale of Investments

Figure 9: Geographic scale of EHF research investments, 2016

Independently, and through research partnerships, EHF initiated 11 new research investments during the 2016 calendar year. A list of these projects is shown to the right, as well as the geographic areas in which these research investments were active.

As the figure illustrates, five research investments focused on the region as a whole. In addition, there were nine counties targeted through more focused research investments.



Community Clinic Research Project	<i>(Targeted Initiative)</i>
Economic Impact of Disparities in Health Among Racial and Ethnic Groups	<i>(Region-Wide)</i>
Educational Sessions for Rural Health Clinics and Safety Net Providers	<i>(Targeted Initiative)</i>
Harris County Primary Care Study	<i>(Targeted Initiative)</i>
Health Reform Monitoring Survey (HRMS)	<i>(Region-Wide)</i>
Nail Salon Workers' Health Study	<i>(Targeted Initiative)</i>
Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) Regional Pilot	<i>(Region-Wide)</i>
Rural Health Clinic Study	<i>(Region-Wide)</i>
Rural Hospital Environmental Impact Study	<i>(Region-Wide)</i>
Tri-County Convening and Planning Project	<i>(Targeted Initiative)</i>
Tyler Convening Project	<i>(Targeted Initiative)</i>

Research

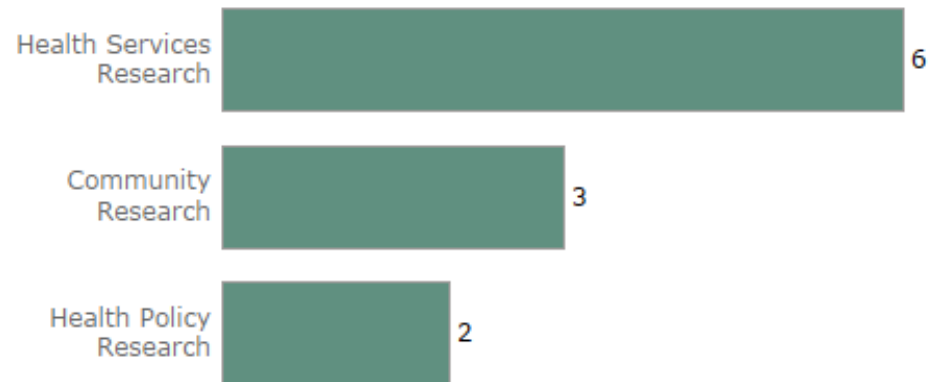
Stewardship • What resources has EHF deployed through its research program to transform community health?

EHF's research program invested in three types of research to promote the foundation's mission: health services research, community research, and health policy research. Over half of these investments were made by way of health services research projects.

EHF's work with the Texas Organization of Rural and Community Hospitals (TORCH) to conduct a rural hospital environmental impact study is one example of a health services research project conducted in 2016.

Areas of Resource Investment

Figure 10: Research investments by type, 2016



Congregational Engagement

EHF recognizes that churches and congregations have a long, deep commitment and history of making communities healthy places to live, work, and pray. The foundation's goal of engaging the 152 Episcopal churches in the Episcopal Diocese of Texas is central to EHF's work to transform communities into healthy people and places. Through its congregational engagement program, EHF dedicates staff and financial resources to support churches and congregations in this work.

EHF's congregational engagement program offered: 1. churches financial and technical support to develop or expand transformational community health projects; and, 2. congregants training events designed to build the skills needed to transform the health of communities. By the conclusion of 2016, the congregational engagement program had developed eight subprogram areas to support churches and congregations in moving from charity-based ministries to transformational community change:

- **Poverty relief**
- **Children & youth**
- **Access to care**
- **Mental & behavioral health**
- **Community development**
- **Holy Currencies**
- **Civic engagement & community organizing**
- **Racial reconciliation & health**

In addition, EHF's congregational engagement program initiated a Kitchen Cabinet of Episcopal clergy and lay leaders to serve as ambassadors of the program and churches in their region.

Congregational Engagement

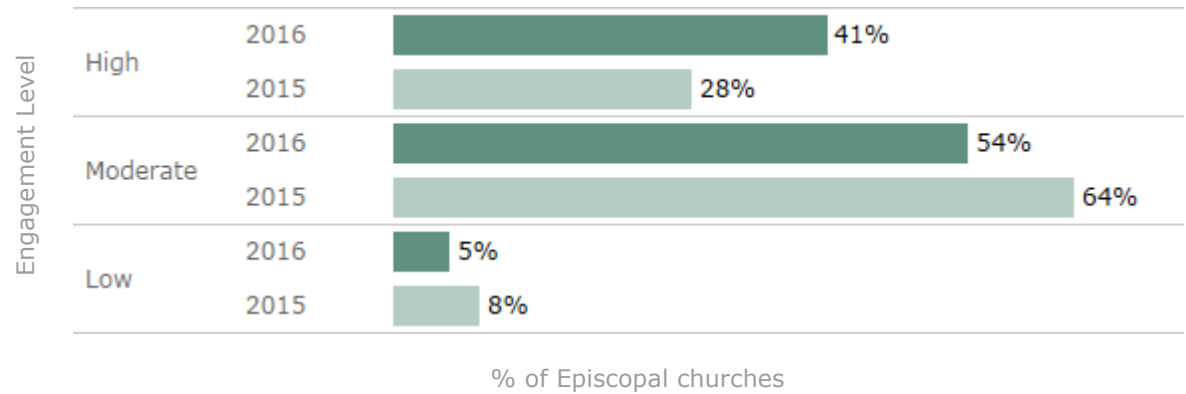
Scale of Investments

Stewardship • What resources has EHF deployed through congregational engagement to transform community health?

The level of church engagement represents an important measure of congregational engagement program investments. It describes the number of churches working intently (high engagement) or positioning themselves to work (moderate engagement) with EHF to strengthen community health.

In 2016, there was a significant increase in the percentage of churches highly engaged in EHF’s congregational engagement program.

Figure 11: Level of engagement between EHF and Episcopal churches (N = 152)



Engagement Level

- High Church is actively exploring options or implementing community health improvement projects
- Moderate Church has exchanged information with EHF and demonstrated interest in EHF’s work with churches
- Low Church has not yet indicated interest

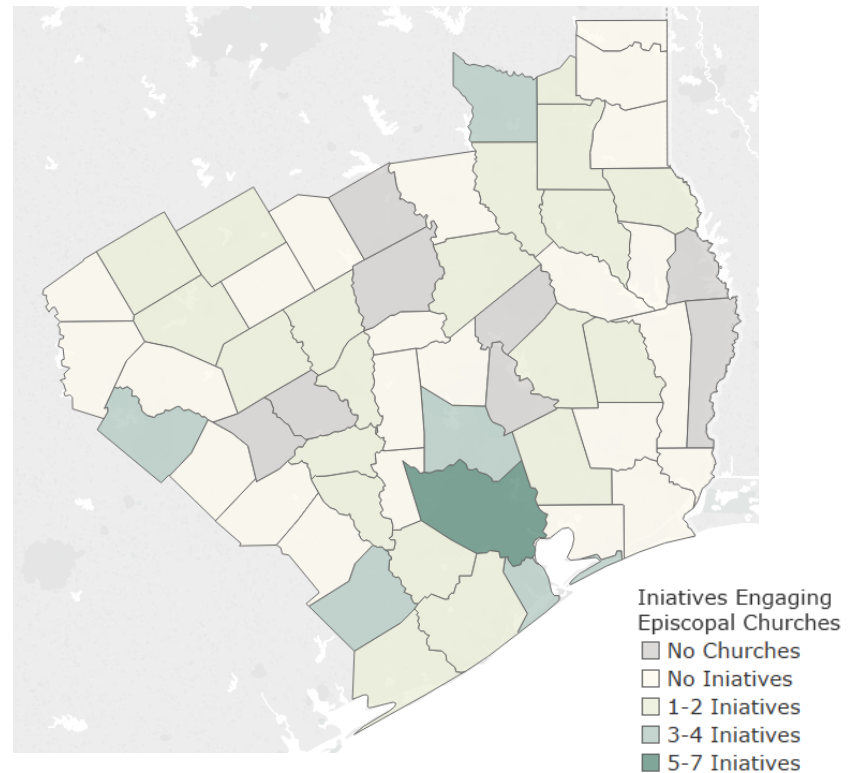
Congregational Engagement

Scale of Investments

Stewardship • What resources has EHF deployed through congregational engagement to transform community health?

Congregational engagement initiatives engaged churches from 26 counties within EHF's region. Fifty percent of these counties had churches engaged in more than one initiative. Altogether, 47 churches were engaged in two or more congregational engagement initiatives, and 20 were engaged in three or more. Harris County churches were engaged in seven of the eight congregational engagement initiatives.

Figure 12: Geographic scale of congregational engagement initiatives, 2016



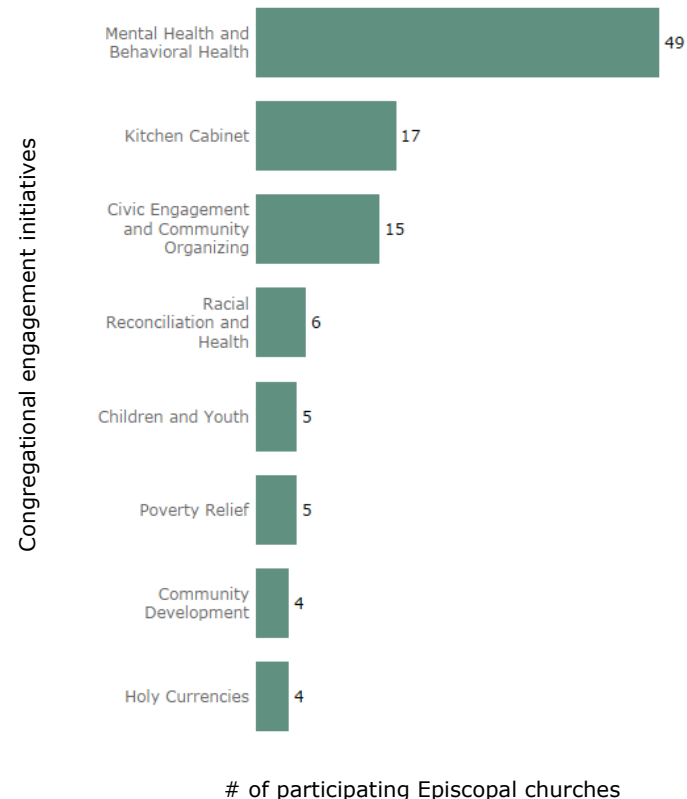
Congregational Engagement

Areas of Resource Investment

Stewardship • What resources has EHF deployed through congregational engagement to transform community health?

Seventy Episcopal churches took part in one or more of EHF's congregational engagement initiatives in 2016. Most were engaged through Mental Health First Aid certification (49), planning the Kitchen Cabinet (17), or the civic engagement/community organizing (15) subprogram area. In addition, several other initiatives were under development, including Holy Currencies, an anti-poverty effort, and racial reconciliation and health.

Figure 13: Churches engaged by initiative, 2016



Congregational Engagement

Mental Health First Aid (MHFA) certification is one of EHF's largest, consistently offered trainings. During 2016, over 400 participants completed an end-of-program survey, and EHF conducted an additional follow-up survey with 83 participants to learn more about the impact of the training.

MHFA participants indicated high satisfaction across all measures of training quality. Nonetheless, results suggest that participants may benefit from additional time to practice new skills.

Survey measures addressing changes in mindset and gains in skills indicated that even up to six month post-training participants attributed positive changes to MHFA training. Moreover, 61% of participants reported having supported a distressed person or corrected a misconception about mental health in their communities.

Stewardship • What is EHF doing effectively in its work with church and other community partners?

Partnership Achievements • What is the impact of EHF investments on organizations, systems, and communities?

Figure 14: Mental Health First Aid Training Results

Topic	Survey Measure	% Positive
Quality	The Instructor demonstrated knowledge of the material presented.* (n=436)	99%
	The instructor's presentations skills were engaging.* (n=436)	98%
	Overall, was the MHFA training worth your time? (n=83)	96%
	There was adequate opportunity to practice the skills learned.* (n=436)	92%
Mindset Change	As a result of the training, I have greater empathy towards someone experiencing mental health symptoms (n=83)	92%
	The MHFA training increased my confidence in using MHFA (n=83)	90%
Skills Improved	As a result of the training, I am better able to recognize the signs that someone may be dealing with a mental health problem or crisis (n=83)	92%
	As a result of the training, I feel more comfortable talking to someone about mental health related signs and symptoms that I observe (n=83)	87%
Intended Use	As a result of the MHFA training, I am more likely to ask someone if they are 'okay' if I see them showing signs or symptoms of distress (n=83)	87%
Reported Use	Since taking the MHFA training, I have reached out to someone who may have been dealing with a mental health problem or crisis (n=83)	61%
	Since taking the MHFA training, I have corrected a misconception about mental health in an interaction I had with someone (n=83)	61%

Items marked with (*) were rated immediately following the training. All other items were rated at follow-up, typically 6 months post-training.

Community Engagement

EHF believes that every community has assets and resources that can be leveraged in transforming the health of its residents. EHF works with communities to support community-wide planning efforts and to build the skills and practices of local organizations for successful engagement of their constituents.

In 2016, EHF formally introduced a community engagement program, with the intention of further development and expansion in 2017 and 2018. Efforts in 2016 focused on establishing a three-part workshop series, designed to support community-based organizations in engaging beneficiaries and community residents in organizational planning and programming (i.e., development, implementation, and evaluation). In addition, the growing community engagement program supported several convening projects in response to community requests.

Community Engagement

Scale & Areas of Resource Investment

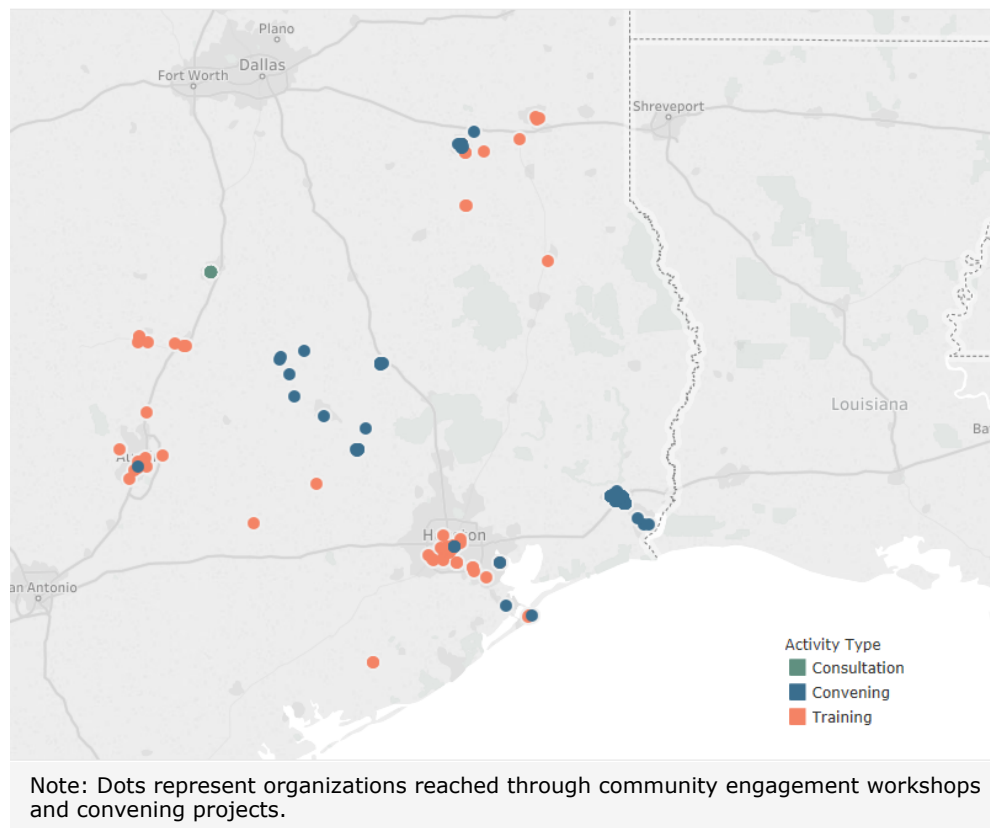
Stewardship • What resources has EHF deployed through community engagement to transform community health?

In 2016, EHF primarily invested staffing and programmatic resources in its community engagement program. The foundation formally established a community engagement team, launched a workshop series, and supported community convenings for the purposes of action planning.

Altogether, 163 organizations connected with the community engagement team during the year. Sixty-six percent (107) were organizations that EHF had not targeted through its grantmaking or congregational engagement programs. This suggests that community engagement presented a significant medium of work for extending EHF's engagement of regional communities.

The map to the right shows the locations of 135 organizations involved in community engagement trainings, convenings and other community engagement projects. EHF's community engagement work reached organizations in 19 counties in the region.

Figure 15: Location of Community Partners by Type of Engagement, 2016



Community Engagement

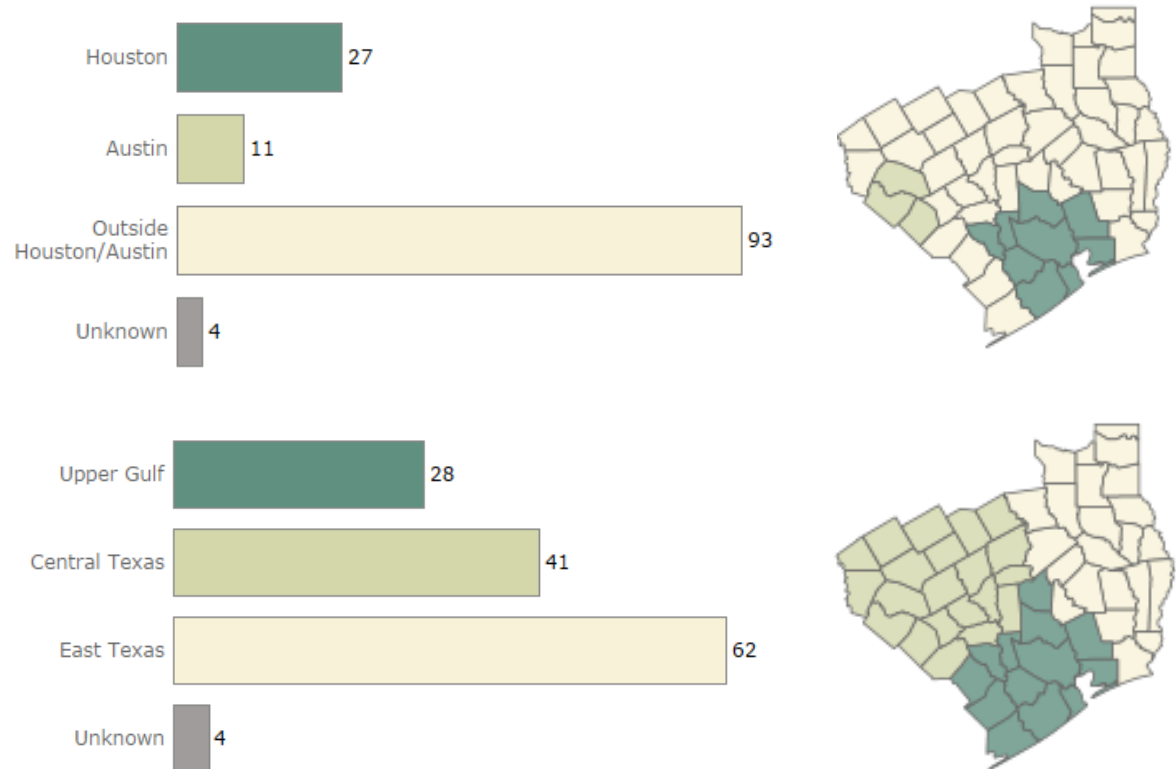
Geographic Coverage of Investments

Stewardship • How well are community engagement investments aligned with the Foundation's mission?

Of the 135 organizations that EHF engaged through a convening or workshop, a large majority (93, 69%) were located outside of the greater Houston and Austin metropolitan areas.

Moreover, 62 (46%) of these organizations were located in the East Texas sub-region.

Figure 16: Community engagement partners by metro area and region, 2016 (N = 135 organizations)



Community Engagement

Stewardship • What is EHF doing effectively in its work with church and other community partners?

Partnership Achievements • What is the impact of EHF investments on organizations, systems, and communities?

In 2016, EHF administered its Partner Engagement Survey to organizations included in a convening project and participants from nine community engagement workshops, respectively. Altogether, 47 participants provided feedback about EHF’s community engagement work.

Overall, respondents indicated that EHF’s community engagement work was of high quality. In addition, large majorities reported positive changes in mindset and knowledge. Ninety percent of workshop participants reported an intention to apply new skills in the future.

Figure 17: Community engagement partners by metro area and region, 2016 (N = 135 organizations)

Topic	Survey Question/Measure	% Positive
Quality	How well did the facilitator demonstrate an appropriate level of expertise in community engagement? (n = 47)	98%
	How well did the facilitator demonstrate respect for the knowledge and experience of participants? (n = 47)	96%
	Overall, was the engagement worth your time? (n = 42)	93%
Mindset and Knowledge	Mindset Change (n = 47)	96%
	Knowledge Gains (n = 47)	89%
Practices/ Behaviors	Intention of applying new behaviors/practices in the future (n = 42)	90%

Grantmaking

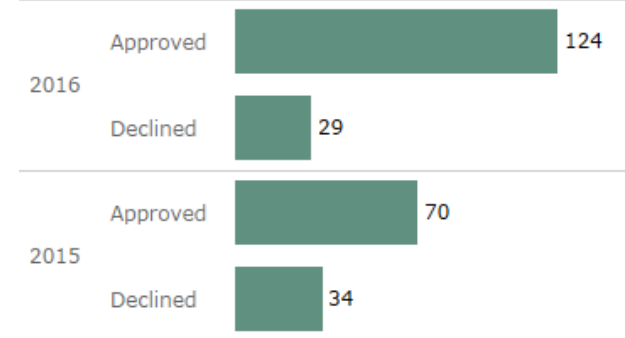
Grantmaking entails the most significant financial investment that EHF makes to transform its region. 2016 represented the foundation's second year of grantmaking, which remained focused on comprehensive primary care, mental health, and access to care. As it had in 2015, EHF continued to seek out and co-develop grant opportunities with community partners. Most grant awards in 2016, however, responded to the grant requests of nonprofit organizations working in EHF's priority areas.

Stewardship • What resources has EHF deployed through grantmaking to transform community health?

EHF invested nearly \$16 million in community grants in 2016, a 30% increase in the funds awarded to communities in 2015. In addition, many of the awards made in 2015 remained active in 2016. Altogether, EHF had a total of \$27.2 in community grant investments active in 2016.

In 2016 alone, EHF made 124 funding awards to 105 unique grantee organizations. This represented a 77% increase in the number of grant awards made over the prior year. Notably, there was an overall increase in the number of applications received by the foundation in 2016, as compared to 2015, as well as a marked increase in the percentage of grant requests that were approved in 2016 (81%), compared to the prior year (67%).

Figure 18: EHF grant award rate, 2015 to 2016



Grantmaking

Areas of Resource Investment

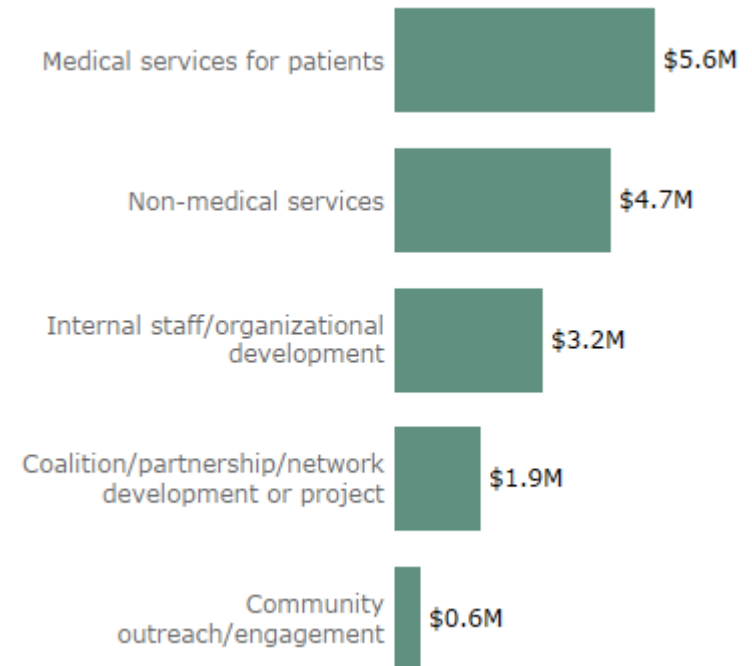
Stewardship • What resources has EHF deployed through grantmaking to transform community health?

Another significant change in 2016 grantmaking was a lower proportion of funding awarded to cover medical services for patients (35%) and other types of direct services (29%) provided by organizations. By comparison, in 2015, more than 75% of grant funds were awarded for one of these two purposes (see 2015 evaluation report published to EHF's website:

<http://www.episcopalhealth.org/en/strengthening-impact/evaluation/>).

This shift was part of an intentional effort on the part of the foundation to increase its focus on systems change and to reduce funding directed to business-as-usual healthcare.

Figure 19: Grant dollars awarded by primary area of investment in 2016



Grantmaking

Investment Goals and Priorities

Stewardship • How well are grant investments aligned with the Foundation’s mission?

Investment in a strong health system remained the focus of grantmaking in 2016. In comparison to the prior year, however, a significantly larger proportion of grant funds (31% versus 11%) were invested with the primary aim of promoting connected communities.

Comprehensive primary care, access to care, and mental health remained the three top areas for EHF grant investments. Investments in access to care grew three-fold in 2016, as the foundation concentrated efforts to increase healthcare coverage among the uninsured in the region.

Figure 20: EHF grantmaking by goal, 2015-2016

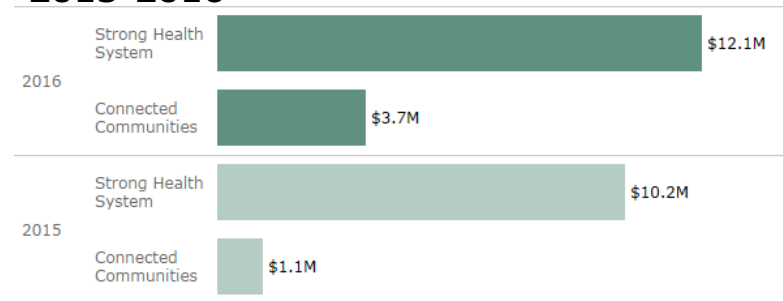
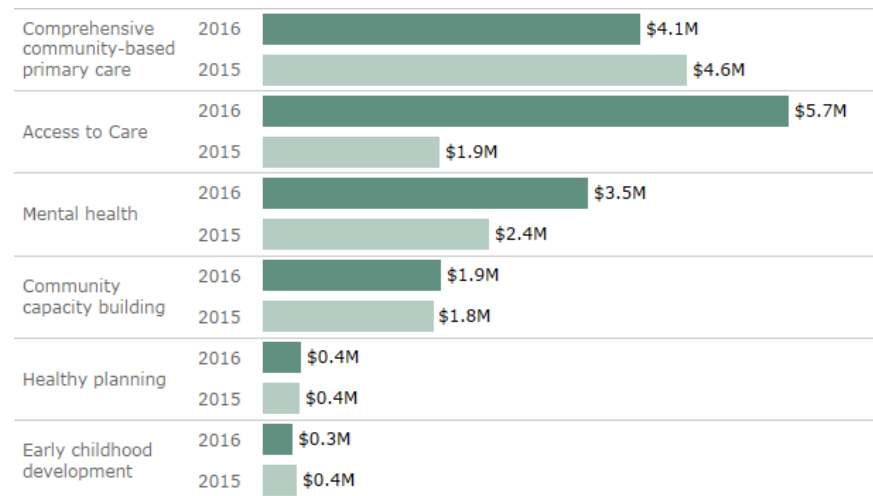


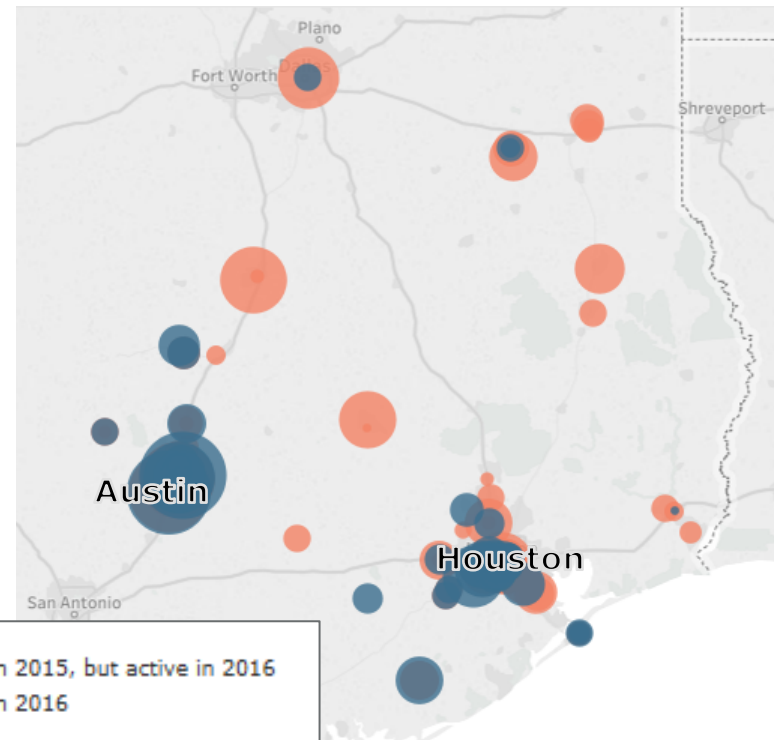
Figure 21: EHF grantmaking by priority, 2015-2016



Stewardship • How well are grant investments aligned with the Foundation’s mission?

The geographic coverage of the foundation’s grant investments is an important indicator of mission alignment, given EHF’s mission to transform community health within its 57-county region. As the map to the right shows, EHF increased its grantmaking footprint in the region between 2015 and 2016. Each of the dots on the map represents a grant award made to an organization in the indicated location; the size of dots varies based on the dollar size of the award. As the map shows, 2016 grant awards (orange dots) were more geographically dispersed than those in 2015 (blue dots).

Figure 22: Location of grant recipients with active grants in 2016



Note: Although the Dallas-Fort Worth area falls outside of EHF’s investment, an organization based in this location was awarded a grant in 2015 and 2016 to serve residents within EHF’s region.

Grantmaking

Geographic Coverage of Investments

Stewardship • How well are grant investments aligned with the Foundation’s mission?

In 2016, EHF made four region-wide grants, with the majority targeting a subset of counties in the region. Altogether, 43 of the 57 counties were reached through more targeted grant investments.

There was significantly larger grant investments outside of the Houston and Austin metropolitan areas in 2016 (\$3.1 million compared to \$1.1 million in 2015; and, 20% of 2016 funds compared to 10% of 2015 funds). Thirty-nine grants invested in counties outside of the Houston and Austin metropolitan areas.

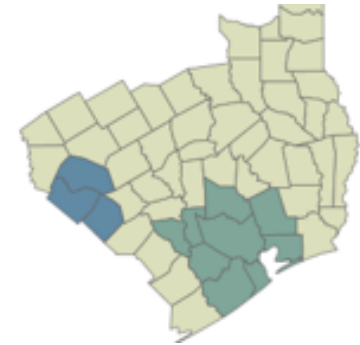
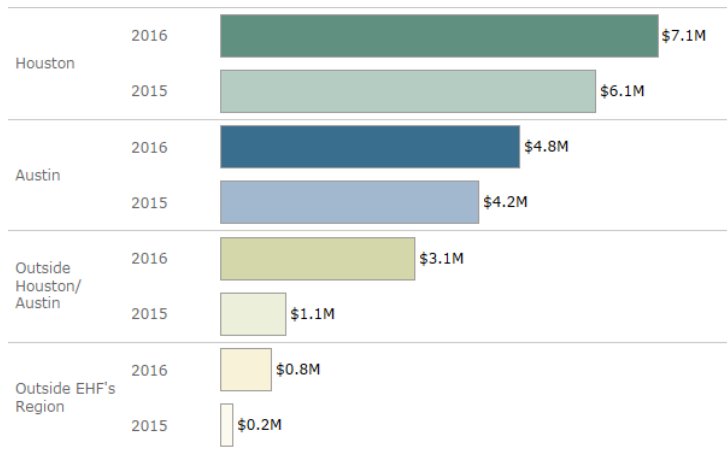
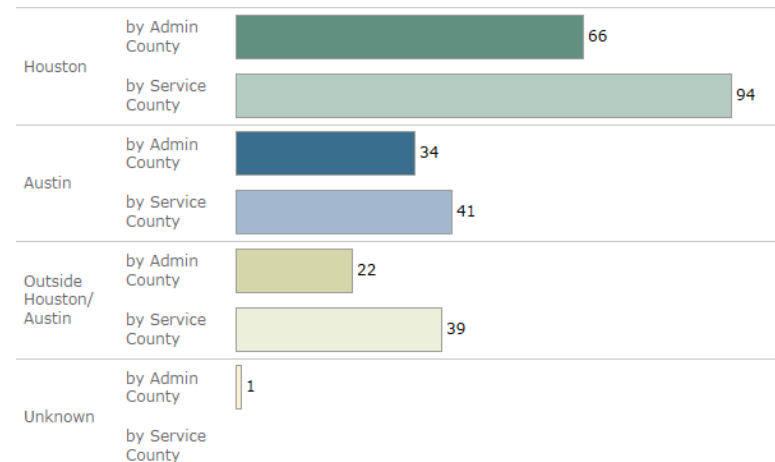


Figure 23: Grant investments by metropolitan location of principal grantee organization, 2015-2016



Note: EHF awards some grants to agencies outside of its region to work with its regional organizations and communities.

Figure 24: Grant investments by metropolitan location of principal grantee organization and other counties to be served, 2016



Note: One grant investment was designated for the BUILD Health Challenge, but its grantee was not yet selected and, therefore, the administrative county was “unknown” and the MSAs served by the award is not reflected in the MSA counts.

Grantmaking

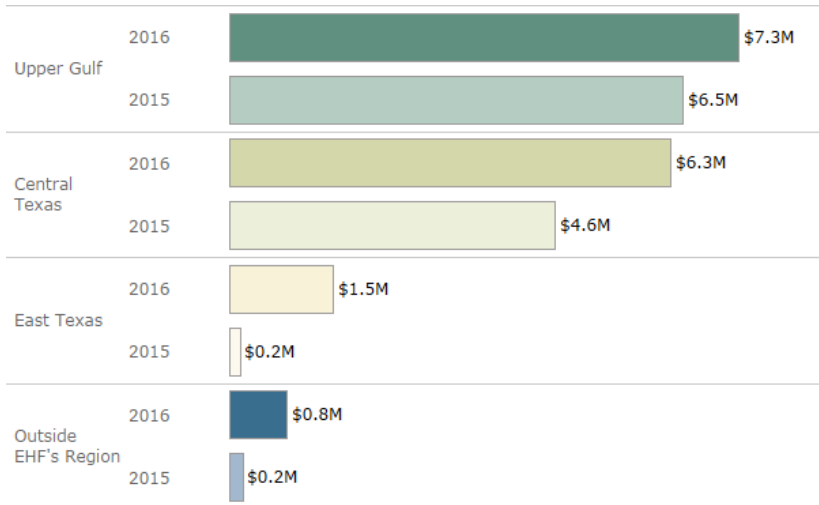
Geographic Coverage of Investments

Stewardship • How well are grant investments aligned with the Foundation’s mission?

In 2016, grantmaking increased the total dollar value of community investments in the East Texas region (\$1.5 million in 2016 compared to \$.2 million in 2015). It also increased the relative proportion of total funds allocated (10% of 2016 funds compared to 2% of 2015 funds) to the East Texas region. Additionally, there were 12 more grants awarded to Central Texas or Upper Gulf counties to serve one or more counties in East Texas.

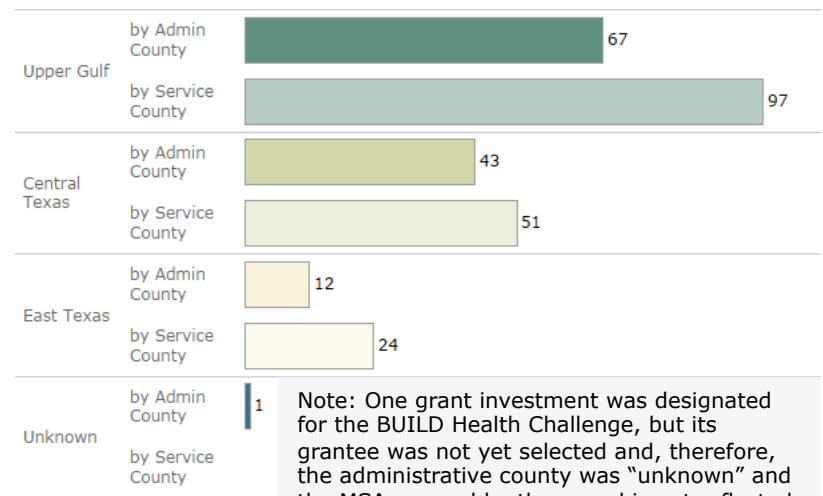


Figure 25: Grant investments by regional location of principal grantee organization, 2015-2016



Note: EHF awards some grants to agencies outside of its region to work with its regional organizations and communities.

Figure 26: Grant investments by regional location of principal grantee location and other counties served, 2016



Note: One grant investment was designated for the BUILD Health Challenge, but its grantee was not yet selected and, therefore, the administrative county was “unknown” and the MSAs served by the award is not reflected in the MSA counts.

Grantmaking

Geographic Coverage of Investments

Stewardship • How well are grant investments aligned with the Foundation’s mission?

EHF’s evaluation monitors the proportion of grant investments reaching rural counties in its region, as there is a relatively small geographic area within its region that is urban and because philanthropy typically underinvests in nonurban areas (Economic Research Services, 2015). At the same time, EHF recognizes that only 14% of its region’s population resides in these nonurban counties.

In 2016, EHF made 35 grant investments that wholly or partially targeted nonurban counties in its region. This represented a significant increase from 2015.

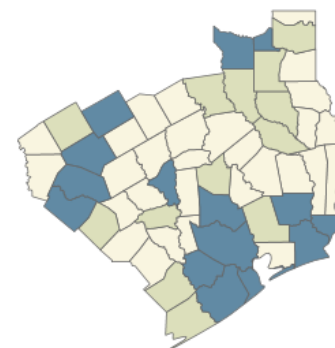


Figure 27: Grant investments by county designation of principal grantee organization, 2015-2016

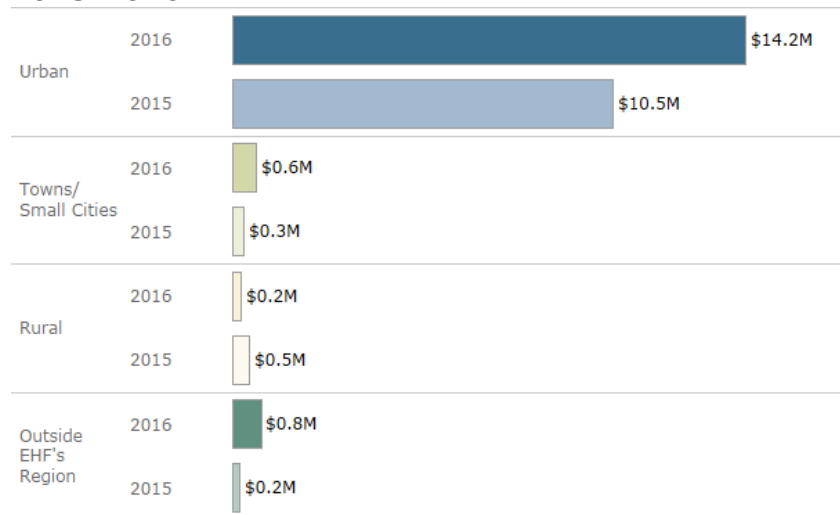
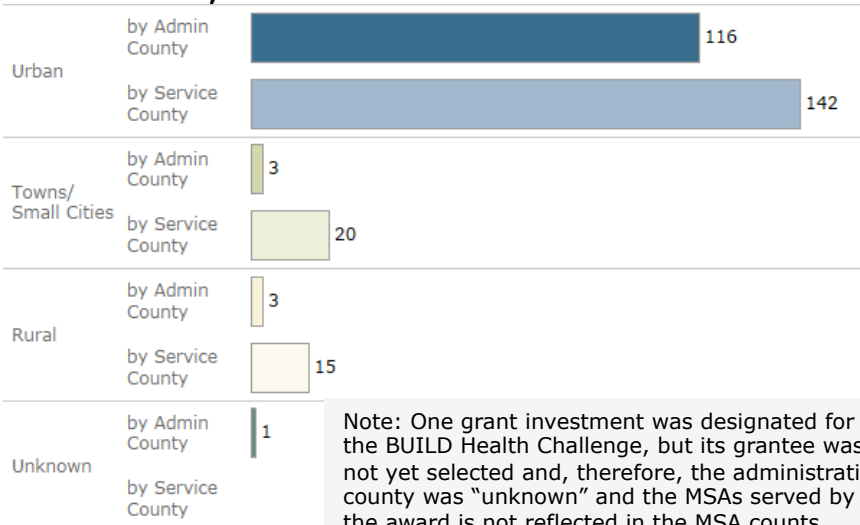


Figure 28: Grant investments by county designation of principal grantee organization and other counties to be served, 2016



Note: One grant investment was designated for the BUILD Health Challenge, but its grantee was not yet selected and, therefore, the administrative county was “unknown” and the MSAs served by the award is not reflected in the MSA counts.

Grantmaking

Stewardship • What is EHF doing effectively in its work with church and other community partners?

Partnership Achievements • What is the impact of EHF investments on organizations, systems, and communities?

EHF utilizes a national survey administered by the Center for Effective Philanthropy (CEP) to collect feedback regarding the quality of its grantmaking processes. Overall, EHF scored higher than many other funders in its class. CEP noted that this was striking, given the relatively young age of the foundation and its grant investments.

At the same time, CEP also pointed to a few areas that it suggested that EHF continue to monitor due to their importance to future impact. This included the responsiveness of foundation staff as well as their proactive initiation of contacts with grantees.

Figure 29: Selected Items from the Center for Effective Philanthropy’s Grantee Perception Report
(N = 53; 72% response rate)

Survey Measure	% Positive
Fairness of treatment by the foundation	98%
Comfort approaching the foundation if a problem arises	96%
Positive organizational impact	94%
Responsiveness of foundation staff	91%
Consistency of information	91%
How well does the Foundation understand the local community in which you work?	90%
How much, if at all, did the Foundation improve your ability to sustain the work funded by this grant in the future?	75%

Key Takeaway 1

What resources has EHF deployed to transform community health?

Over the last two years, EHF has made significant investments in its region, financially as well as through convenings; as a source of research, technical training, and consultation; and as a thought partner to Episcopal churches and other regional partners ready to move from charity and downstream care to community wellness and prevention.

In 2016, EHF staff shepherded nearly \$30 million dollars in community investments. Of these investments, over 60% (\$17.6 million) were newly initiated in 2016. EHF also made considerable investments in the region through its programmatic work. Throughout its region, EHF engaged many organizations in its initiatives and projects:

- 138 Episcopal churches
- 174 organizations participating in community convening projects
- 61 organizations taking part in community engagement trainings
- 35 organizations participating in community research projects.

By the close of 2016, the foundation had demonstrated capacity to scale its work within its 57-county region. Beyond the grants and research investments made to benefit the region as whole, EHF made more targeted investments in its region, reaching 50 of the 57 counties. Many counties received multiple investments through congregational engagement, research, community engagement and grantmaking.

EHF's mission commits the foundation to both broad geographic reach as well as deep and transformative investment. As the 2016 calendar year was concluding, and the foundation had proven its ability to successfully deliver on the breadth of its mission, EHF began to focus on what is required to more deeply invest in the transformation of communities. With this growing focus, new questions have surfaced for the foundation including how the foundation's efforts might be consolidated in order to make deeper investments; and, how to prioritize investment opportunities.

Key Takeaway 2

How well are resource investments aligned with the Foundation's mission?

The evaluation found that EHF investments were aligned with its mission in a number of ways:

- The foundation's investments focus on comprehensive primary care, access to care, mental health, and a range of related health-oriented priorities (e.g., health policy research).
- Moreover, almost all (50 of 57) counties in EHF's region benefitted from geographically-targeted investments.
- The foundation's largest investments were made in the population centers of the region, where 60% of the families living in poverty reside.

In addition, the deepening of investment in East Texas and rural counties represented an exciting outcome of 2016. EHF recognizes that much of its region is rural and under resourced in terms of access to primary care services. Since its inception, the foundation has monitored the balance of its investment-making across the region. In 2016, the evaluation observed a significant increase in the foundation's investments in East Texas and rural counties compared to 2015. Research and community engagement joined congregational engagement's substantial focus in these areas; and, grantmaking increased its proportional and total investment there as well.

At the same time, the foundation has increasingly recognized that these measures of mission alignment oversimplify EHF's work and its vision for healthy communities for all. As 2016 came to a close, the foundation was increasingly asking itself questions about additional, related priorities in its region:

- What is the right balance to strike between being present in communities throughout the region and consolidating resource investments for deeper transformational change within targeted communities?
- How can the foundation continue to work to improve the healthcare safety net, while moving upstream to address social determinants of health?
- How can EHF best develop partnerships in communities that are as productive and transformational as possible?
- How can EHF cross-pollinate its various programmatic efforts to accelerate transformation of health systems and community health?

Key Takeaway 3

To what extent has EHF leveraged its investments?

Leverage is a concept used within philanthropy to refer to the financial and social capital that a foundation can use to influence others and, in doing so, amplify the impact of its investments. The 2016 evaluation found that EHF made strides in attracting new investors to the foundation's region and to the priority of healthy communities. There were significantly more funders, investments and dollars leveraged by EHF in 2016 than in 2015.

However, this early success also raised questions for the foundation about how it might more systematically create and pursue leveraging opportunities for its region. It also raised questions about how volunteerism, or other non-financial measures, might be used to measure the success of some of EHF's programmatic work, such as congregational and community engagement, which might not lend themselves to financial leveraging by the foundation.

Key Takeaway 4

What is EHF doing effectively in its work with community partners?

EHF depends on partners to achieve its vision of transforming community health. In 2016, the foundation deployed several surveys to collect feedback on the quality and effectiveness of its work with partners. EHF also collected feedback on how well its offerings honored partner efforts, expertise, and untapped resources.

Partners overall expressed appreciation for the foundation's investments. EHF was rated more positively than 75% of funders nationally for quality of funder-grantee relationships and more positively than 90% of funders for clarity of communication. In addition, almost all participants taking part in convenings or trainings indicated that their time was well invested, that EHF had brought appropriate expertise to support the work, and that EHF had demonstrated respect for participants' knowledge and experience. Respondents also indicated that EHF was effective in supporting partners in accessing new information and skills. However, grantees reported less frequent interactions with EHF staff than is typical of funder relationships, and other results indicated that staff may need to deepen their understanding of partner's organizational challenges and local community contexts, particularly outside of Houston and Austin.

Notwithstanding the relative youth of the foundation and its investments, the evaluation was able to document emerging evidence of the positive impacts of EHF investments on organizations, systems, and communities in its region:

- Participants in Mental Health First Aid trainings organized by Episcopal congregations reported that they had used their new skills to correct misconceptions about mental health and had supported individuals experiencing a mental health crises.
- Following their training, most community engagement workshop participants planned to review their organization's community engagement practices.
- Grantees rated EHF more positively than 70 percent of funders for its impact on their organizations.

While positive, these impacts represented disparate areas of EHF's work. In the future, growing consensus within the foundation about what constitutes transformational change will make it easier to assess overall impact.