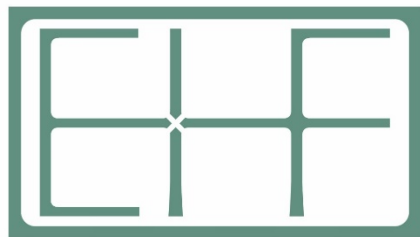


EVALUATION OF EHF'S IMPACT

2019



EPISCOPAL HEALTH
FOUNDATION

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INTRODUCTION

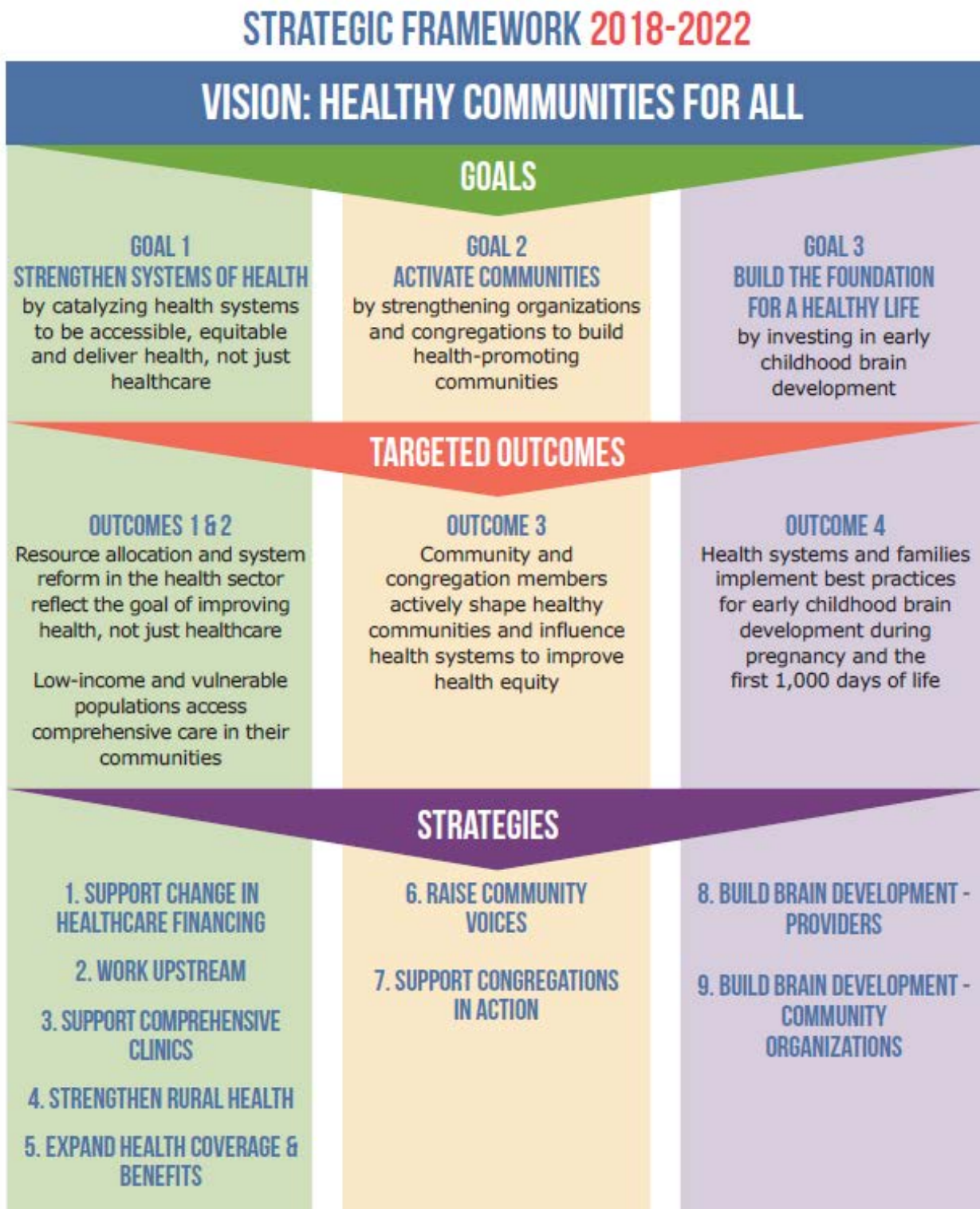
Episcopal Health Foundation (EHF) conducts an annual evaluation for two primary purposes. First, as an institution of the Episcopal Diocese of Texas (EDOT) and a public charity, EHF strives to be transparent about and accountable for the use of the abundant resources entrusted to us. Second, we want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

For the past five years, EHF has evaluated our programmatic investment portfolio and presented these results in a yearly evaluation report. The 2019 Evaluation Report analyzes the results of 340 active community health investments, 183 of which were newly initiated in 2019, and the remaining 157 which were made in prior years and were still active during 2019.

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 in support of our Strategic Plan.

Foundation investments include grants, research projects, and community and congregation engagement programs. Notably, 2019 represents the second full year of EHF's 2018-2022 Strategic Plan as summarized in the Strategic Framework (Figure 1). This report will highlight both our Foundation's stewardship effort as well as the results of our partners' work. To meaningfully assess our partners' work, we have introduced the concepts of "stages" and "focus" of work as two additional lenses through which to evaluate our work. The report reflects on our evolving evaluation needs, particularly in the areas of measuring community and system impact, expanding learning through in-depth evaluations, and tracking our progress against baseline data.

Figure 1. EHF's Strategic Framework



To consistently evaluate our work over the years, EHF developed a system for evaluation that examines our work through three different lenses: Stewardship, Partnership Achievements, and Pathways for Transformation (Figure 2). As stewards, we monitor what, how much, and where we invest our resources. Next, we report on what grantees and recipients of our research, training, and consulting services do because of our work. Finally, we collect evidence of sustained impact and learn how to optimize this work. In our earliest years, most of our evaluation work centered around Stewardship. Now, as we have concluded year two of the new Strategic Plan, we have begun to go beyond Stewardship to evaluate Partnership Achievements and Pathways for Transformation.

Figure 2. Evaluation System



The report begins with an overview of EHF’s investments that were active in 2019; these are the details related to our Stewardship. Next, we examine our Partnership Achievements according to the Outcomes in our Strategic Plan. Each section describes work initiated in 2019, active, or ongoing investments from prior years, and related successes and challenges, and summarizes lessons learned within that outcome. Also, we look at how we are paving the way for lasting transformation, including the role of co-funding and influence in EHF’s work. The report concludes with an overall synthesis of lessons learned. Appendix A contains a list of the financial investments covered in this report. Appendix B contains a list of co-funded investments made during 2019.

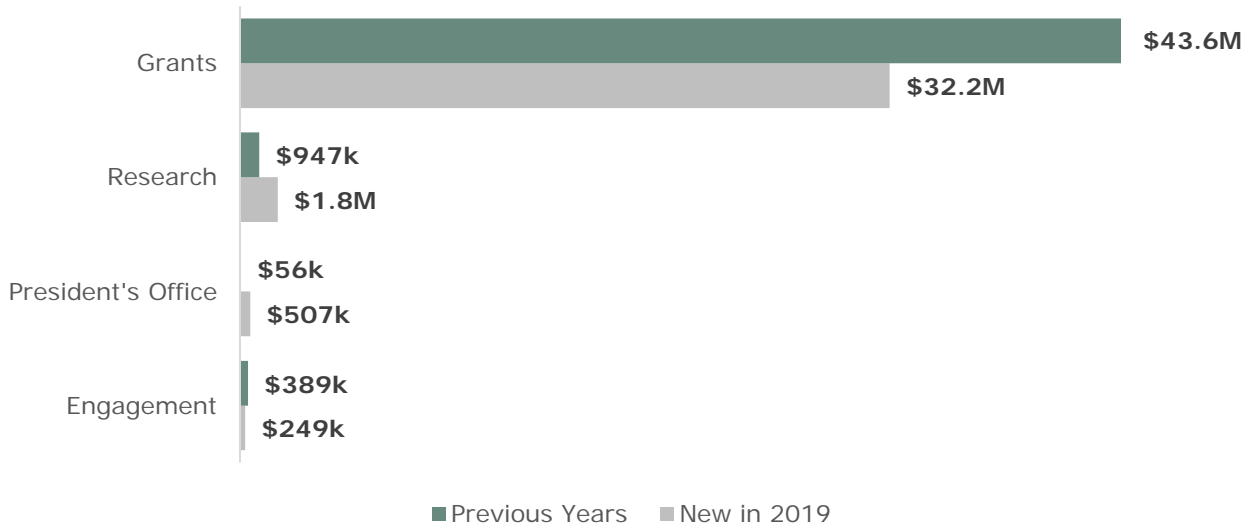
STEWARDSHIP

In this section, we discuss EHF’s funding allocation and non-financial investments tabulated by Outcome. These tabulations include work that was initiated in 2019, as well as work from previous years that was still active in 2019 (e.g., multi-year grants and contracts). Furthermore, we classify the number of investments based on their urban or rural locale.

OVERVIEW

EHF invested \$34.8 million in new work to advance its strategies in 2019. The bulk of this was \$32.2 million invested through grants. Other financial investments included \$1.87 million in research projects, \$249,000 in support of engagement activities, and \$507,945 in support of contracts, grants and convenings facilitated by the president’s office. Additionally, ongoing investments from previous years totaled \$45 million (Figure 3).

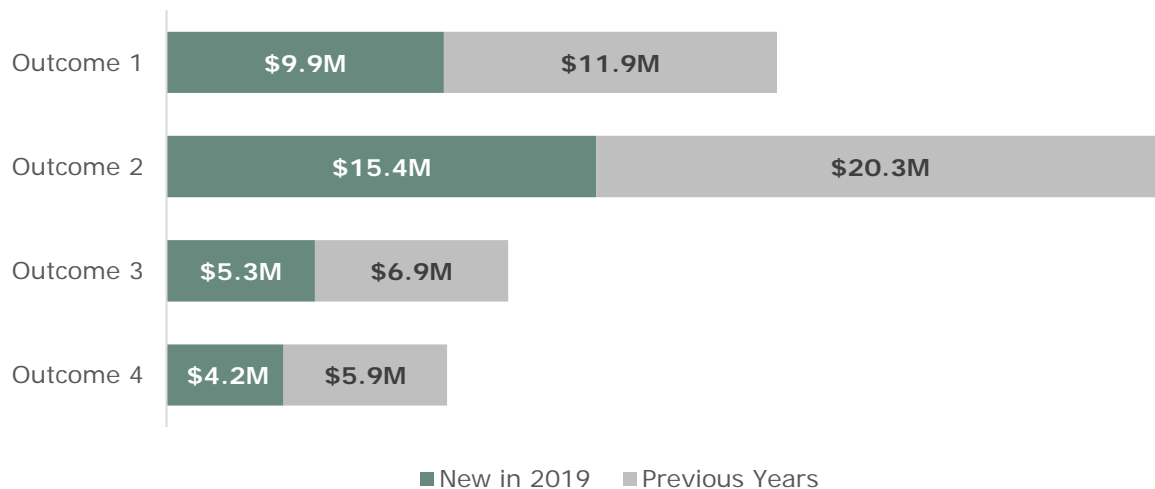
Figure 3. EHF Active 2019 Investments by Division



EHF’s largest new investment in 2019 was in its clinics work, with \$15.4 million going into Outcome 2. This was followed by EHF’s financing reform and systems change work in Outcome 1, in which \$9.9 million was invested (Figure 4).

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 generating valuable data for health policy advocacy and system changes. EHF invested \$1.98 million in work of this nature in 2019.

Figure 4. EHF Active 2019 Financial Investments by Outcome



EHF’s non-financial investments are considerable (Figure 5). Non-financial investments include work such as trainings and workshops offered to community organizations and

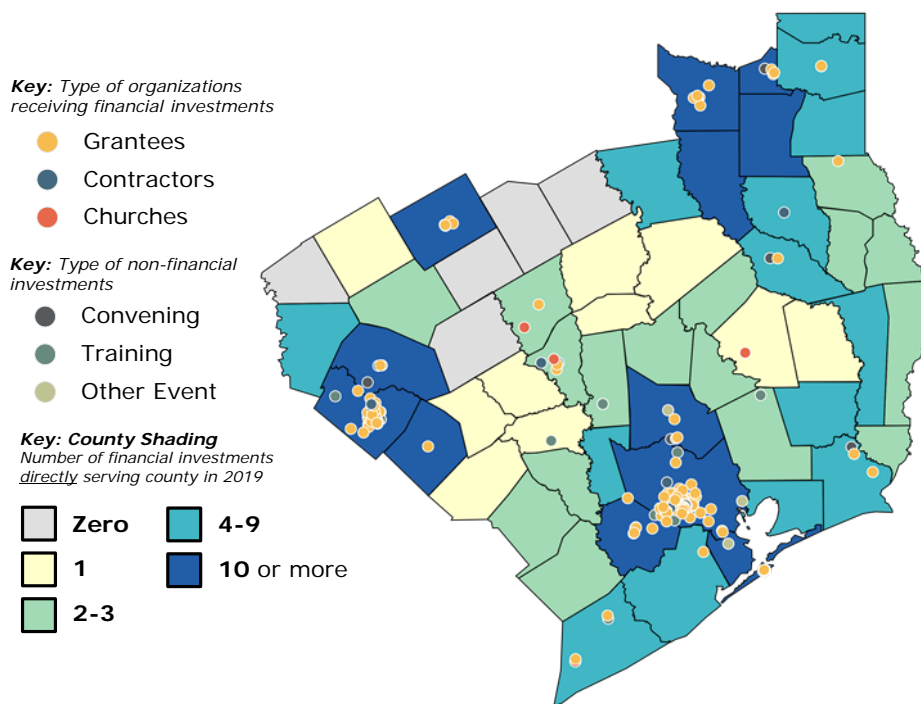
congregations, convenings we facilitate or sponsor, and other in-person events we organize. As Figure 5 shows, EHF engaged 1,316 individuals from 357 organizations.

Figure 5. EHF 2019 Non-Financial Investments

Type of Investment	Count of Investments	Number of Organizations Represented	Number of Individuals Attending
<i>Convening</i>	18	204	501
<i>Event</i>	6	24	187
<i>Training</i>	28	129	628
Total	52	357	1,316

The Foundation’s work encompassed considerable geographic breadth as well. The map below estimates EHF’s reach in 2019. Of the 57 counties in the EDOT, all but five were directly served through one of the Foundation’s active 2019 investments. Of those 52 counties, all were reached by financial and non-financial investments.

Figure 6. Geographic Reach of EHF’s Active 2019 Investments



Additionally, 15 of the 52 counties were urban, 24 were rural (having no towns larger than 10,000 people), and 13 were counties with 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 265 investments in total, compared with 57 investments serving the 24 rural counties (Figure 7).

Figure 7. EHF 2019 Investments by Type of County

Size	Total Counties Served	Total Investments
<i>Rural</i>	24	57
<i>Town/Small Cities</i>	13	70
<i>Urban</i>	15	265

PARTNERSHIP ACHIEVEMENTS

In the second year of our five-year Strategic Plan, we have received more complete data from our partners about their activities and achievements. We are currently at a point where the impact of our work is realized primarily through the actions of others, those that we partner with in various ways or simply fund. Our partners include grantees, consultants, and congregations, and we have devised several ways in which we describe and evaluate their work. For each of these investments, we consider the stage of the work and the focus of the work. In addition, for our congregational work, we examine the depth of our relationships with congregations as well as their capacity to undertake transformative work. For the grants that have concluded, we assess grantee goal attainment. This mixed-methods evaluation approach is intended to facilitate a deeper understanding of the impact of our work throughout the Diocese. Below we explain these methodologies in greater depth.

EVALUATION METHODS

In 2019, two new approaches were developed to assess the stage and focus or primary level of impact of each grant and external contract funded by EHF. Although grants and contracts are individually evaluated, we look at the work in aggregate to understand at an enterprise level how EHF's efforts are impacting the individuals, populations, and health systems in the Diocese, as well as how we are progressing towards our strategic goals. This includes projects that were started in 2019 as well as projects that were from previous years that continued in 2019.

Stage of Work

EHF's work and progress towards reaching the goals in the Strategic Plan occur in one of the following four stages, and all work is assigned to only one stage. Projects are assigned to one of the following categories based on the stage of work being conducted during the period being evaluated.



Planning – Activities taking place in this stage are exploratory and formative in nature and are used to inform strategy development. Activities might include convening stakeholders, examining external factors that would facilitate or impede success, assessing tradeoffs in approaches, identifying promising practices, models, and thought leaders, or outlining the work to be conducted.



Implementing – In this stage, steps are being taken, either as a pilot or through utilization of promising practices, to conduct work towards fulfillment of the objectives outlined in the Strategic Plan.



Evaluating – In this stage, the process, outcomes or impacts of specific work is being assessed and/or measured to determine if, and to what degree, the work conducted achieved progress towards the objective(s) outlined in the Strategic Plan.



Scaling – Work in this stage has been implemented outside of or in one area of the EDOT, evaluated, and identified as effective, and is now being replicated intact or with slight modifications with larger populations or in other geographic areas.

Focus of Work

EHF's work conducted in support of the Strategic Plan affects multiple levels of people, structures, and processes throughout the EDOT. The conceptual framework through which we are examining this work considers the impacts on the various levels organized by one of the four following categories:



Individuals – The primary purpose of this work is directly serving low income and vulnerable individuals residing in the EDOT.



Organizations – The primary focus of this work is to strengthen the capacity of our partners, such as safety-net clinics, congregations, not-for-profits, health plans and government agencies.



Communities – Projects are assigned to this category when the primary focus of the work is intended to strengthen or improve the community. The term community refers to a group of people who share a common place, experience, or interest.



Policy/Systems – Refers to those entities and processes that directly and/or indirectly influence individual and population health, including financial resources, policies, professions, programs, technology, and networks of organizations.

Grantee Goal Attainment

One of the initial tasks that grantees and Program Officers work on after an organization is selected for funding is to write the project goals. Grantees draft these goals based on the work proposed in the application, which is then ultimately mutually agreed upon with their EHF Program Officer. The goals are outlined for the grant-funded period and guide the grantee's work during that time.

At the end of the funded period, grantees submit a final report to EHF, which includes details on the extent to which they met the originally outlined goals. Grantees rate themselves on a scale, indicating whether they, "Exceeded Goals," "Met Goals," "Partially Met Goals," or "Struggled to Meet Goals." The final grantee goal attainment rating reported here is the result of a mutual agreement between the grantee and the EHF Program Officer.

Congregation Assessment

EHF tracks how engaged congregations in the Diocese are with the Foundation and its priorities. The Congregational Engagement team gives each congregation a "level of engagement" rating that ranges from one to six:

Level One – These congregations have little to no interaction with EHF.

Level Two – These congregations are exchanging information with EHF.

Level Three – These congregations are hosting presentations or trainings from EHF.

Level Four – These congregations are exploring opportunities for deeper work with EHF.

Level Five – These congregations are actively engaged in EHF's work.

Level Six – These congregations 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 congregations are most and least involved in the Foundation's programs. In real-time, this data can be used to prioritize congregations for different types of outreach; retrospectively, they help us understand trends in congregations' involvement in our work over time. It is important to note that these ratings do not measure capacity; rather, they measure the depth of EHF's relationship with each congregation.

In 2018, the Congregational Engagement team's relationships with congregations were deepening; several congregations were engaged, at various levels, and there was an opportunity to evaluate congregational relationships with their communities. A new measure, *Community Engagement Capacity*, was developed. This measure is an assessment of a congregation's ability to conduct transformative community engagement work outside the walls of the church. It helps us identify opportunities for growth and impact among the congregations who actively work with us, and applies only to "engaged" congregations

(engagement levels 4+). Using a rubric, the Congregational Engagement team assigns each of these congregations to one of three groups:

Developmental Engagement – These congregations are well-prepared for work focused on education or awareness-raising.

Transitional Engagement – These congregations are working to strengthen their capacity to address community needs.

Transformational Engagement – These congregations are doing upstream work in multiple sectors, with the support of strong internal leadership.

PARTNERSHIP ACHIEVEMENT RESULTS IN 2020

OUTCOME 1

AT A GLANCE:		New in 2019 = \$9.9 million (26 contracts & 25 grants) Continuing in 2019 = \$11.9 million (20 grants)	
Stage		Focus	
Planning	32	Individual	0
Implementing	32	Organization	47
Evaluating	4	Community	3
Scaling	3	Policy/System	21

- Systems change is complex and slow moving, involving multiple players with influences frequently beyond our control.
- EHF is finding early success by building strategic relationships with various key influencers of health system.

To summarize EHF’s strategic focus, we often use the phrase “improving health, not just healthcare.” This phrase is most clearly articulated in our first outcome, which focuses on reallocating resources and reforming systems to deliver improvement in health, rather than just providing healthcare services. In 2019, EHF invested in 25 new grants and contracts, totaling \$9.9 million, related to this outcome. This amount is in addition to the \$11.9 million of grant investments from previous years that continued under this outcome in 2019. Two years into the implementation of the Strategic Plan, EHF’s approach toward achieving Outcome 1 has primarily involved the following: repositioning community-based, primary care clinics to be critical bridges between the healthcare system and the broader social services sector; experimenting with novel mechanisms to finance upstream, community prevention activities; engaging payors to facilitate attention to and investment in the social determinants of health;

and supporting multi-sector collaboratives designed to develop sustainable investments in community health improvement.

As a philanthropy, our unique contribution is our ability to take risks and experiment with innovative ways of funding population health.¹ In this vein, we are piloting new approaches with clinics, communities, and public systems. We are working with safety net clinics through investments such as the Community Centered Health Homes Initiative (CCHH) and the development of the Clinics Pathway Approach (CPA) to test our belief that if clinics provide comprehensive services, address patients’ social determinants of health, use population health approaches, and engage in community prevention, then they will become attractive partners for efforts to redeploy resources towards upstream work. We recognize the role of community-based organizations and social service providers in this work and are committed to helping strengthen the ability of these cross-sector partnerships to become more strategic, financially sustainable, and community-oriented. We are working with payors to help shift their focus to social determinants of health and upstream community prevention. And finally, we are partnering with experts and researchers across the country who are developing financial models such as “Pay-For-Success” and the Collaborative Approach to Public Goods Investments (CAPGI). In this effort, we are working to bring opportunities to local partners to implement these innovations in their EDOT communities.

STAGE AND FOCUS

EHF recognizes that reforming health systems and changing financing requires an incremental approach that cannot be completed within a year. As a result, much of the work in this outcome tends to involve large, multi-year investments. Thus, when assessing the stage of work for our various Outcome 1 investments, the vast majority are in the nascent “planning” or “implementation” stages (Figure 8).

Furthermore, unlike our other work, the focus of the projects in Outcome 1 is not to provide direct services to individuals, but instead to either affect policy and systems-level change or support organization-level capacity building for our health system partners.

Figure 8. Evaluation Framework - Outcome 1

<i>Stage of Work</i>		<i>Project Focus</i>	
Planning	32	Individual	0
Implementing	32	Organization	47
Evaluating	4	Community	3
Scaling	3	Policy/System	21

¹ Population Health is defined by the Institute for Healthcare Improvement as “the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group.”

SUCCESSSES AND CHALLENGES

As mentioned previously, the multi-year, complex nature of the work under Outcome 1 signifies that two years into the Strategic Plan, we will not likely see results of whether the investments we made are successful or not. Nevertheless, we still rely on intermediate lessons to help guide our strategic direction along the way. One of the biggest challenges EHF faces with Outcome 1 work is the current policy environment in Texas. The state government's decision not to expand Medicaid, the high uninsured rate, uncertainty around the future of the 1115 waiver,² inadequate spending on public health and social services, limited health policy research and consulting bench in Texas, and minimal experience with social determinants of health (SDOH) activity all continue to present significant roadblocks for success in this outcome. All these challenges existed before the arrival of COVID-19 which poses even more barriers to health system change.

To overcome these challenges, EHF focused on developing relationships with key stakeholders to build the momentum for SDOH and value-based purchasing in the state. We turned a small survey partnership with two Texas-based health plan associations into a statewide Managed Care Organization (MCO) SDOH learning collaborative that includes all the major health plans and the Texas Medicaid office. The relationships fostered through the collaborative have paved the way for EHF to engage two health plans that serve Medicaid populations in Central Texas in another EHF-led initiative in the Waco area that is experimenting with a novel funding mechanism for SDOH. Equally important, we have now developed a trusted relationship with the Texas Medicaid agency as the MCO SDOH learning collaborative is being considered an important project to inform their work with the Delivery System Reform Incentive Payment (DSRIP) transition plan, MCO Value-Based Purchasing Roadmap and quality improvement strategies.

In another project, we contracted a management consulting firm to facilitate a planning process with two MCOs and a handful of selected FQHCs in developing an Alternative Payment Methodology (APM) pilot project. The work came to a standstill due to changes in the award of Medicaid contracts made by new leadership at the state level. This is another reminder that our work in this Outcome area is often hindered by the larger policy environment that we have little or no control over.

In addition to building relationships, EHF also realized the importance of taking incremental, strategic approaches regarding the implementation of significant initiatives. Despite the promising nature of the Accountable Communities for Health (ACH) model being implemented in other parts of the country, EHF recognized that before investing in the ACH model, we needed to understand the feasibility of implementing the model in Texas. With the support of consultants, we conducted a year-long feasibility study including an educational component for our community partners. Then, we solicited information from Texas communities about their knowledge of and interest in the ACH model. All this pre-work took time and money but allowed us to be thoughtful about the initiative so that we can implement with a greater likelihood of success.

² The Medicaid 1115 Waiver is approval granted to Texas Health and Human Services (HHSC) "that allows the state to expand Medicaid managed care while preserving hospital funding, provides incentive payments for health care improvements and directs more funding to hospitals that serve large numbers of uninsured patients.

At the clinic-level, the most important lessons we learned arose from our ongoing investment in the CCHH initiative. Three years into the initiative, our independent evaluation showed that the clinics that participated in CCHH were able to develop the knowledge and capacity to build partnerships and utilize data to act on critical community health issues. The most successful clinics were those that integrated community prevention into their organizational culture and mindset, that had strong local partners, and that had greater community capacity. Some CCHH grantees have made strides in influencing policy, environment, and system changes in their local communities.

Even with its successes, we realized that one significant gap with the CCHH initiative was the lack of focus on financial sustainability for population health and community prevention initiatives. With that in mind, we developed the Clinic Pathway Approach (CPA) to focus on strengthening clinics’ capacity to provide comprehensive services, address patients’ SDOH needs, and engage population health and community prevention efforts with a focus on financial sustainability. Prior to COVID-19, we expected to implement the CPA with a \$5 million investment in grants and technical assistance in 2020.

A major takeaway from our work in this outcome area is our understanding that this work is intricate, slow-moving and often shaped by larger policy environments and factors that are beyond our control. Yet, we are continuing to adapt and adjust our strategies and approaches when partnering with the Texas Medicaid agency, health plans, community collaboratives and community clinics. Despite the formidable nature of trying to reform the health system in a state like Texas, we continue to be excited by the shifts in the conversations happening with our partners who are increasingly focusing on health, not just healthcare.

OUTCOME 2

AT A GLANCE:		New in 2019 = \$15.4 million (7 contracts & 44 grants)	
		Continuing in 2019 = \$20.3 million (56 grants)	
Stage		Focus	
Planning	16	Individual	46
Implementing	88	Organization	44
Evaluating	1	Community	0
Scaling	2	Policy/System	17

- Partnerships within EHF divisions, and between EHF and the communities and organizations we serve are critical to progress.
- EHF continues to go “deep, not wide” with our grantees and partners.

Outcome 2 covers three strategies: providing comprehensive care to low-income populations; expanding and strengthening community-based clinics in rural areas; and improving health coverage for low-income and vulnerable populations. In 2019, as in previous years, Outcome 2 was EHF’s largest area of grantmaking, both in terms of dollars and number of grants. Forty-four grants were made under Outcome 2, whereas we awarded 25 or fewer grants under any

other outcome. Grant funding under Outcome 2 in 2019 totaled \$14.7 million, comprising roughly half of all EHF grant funds expended. Additionally, 56 active grants in Outcome 2 continued from previous years totaling \$20.3 million.

In contrast with 2018, funding to clinics in 2019 supported more diverse work. Fewer than one-third of the grants made to FQHCs were for basic primary care services. This year, we went deeper with existing grantees, in urban and rural areas, building their capacity with organizational effectiveness and enhanced services including reproductive care and behavioral health services/integrated behavioral health. EHF commissioned research around issues affecting health coverage. We published research analyzing the ACA enrollment data in Texas. We also released a statewide opinion poll that shed light on Texans' views on state and national health policy priorities. In collaboration with health sector stakeholders, EHF engaged in and financed planning and convenings to generate data that could be used by policymakers in considering opportunities to expand health coverage during the 2019 legislative session.

Leveraging on previous investments, EHF supports technical assistance and research projects to optimize rural health in communities with vulnerable hospitals. To inform best practices in board governance, financial strategy, clinical practice, and data infrastructure, EHF funded the Rural and Community Health Institute of Texas A&M University to implement a learning cohort of four rural hospitals in the EDOT to access national subject matter experts. Additionally, to further support best practices in rural areas in Texas and nationally, EHF continues to partner with Robert Wood Johnson Foundation (RWJF) and TLL Temple Foundation (TLLTF) to spotlight "bright spot" rural communities and hospitals and share successful approaches taken by at-risk rural hospitals to adapt and thrive under challenging conditions.

STAGE AND FOCUS

A summary level assessment of the research contracts and the grants funded in this area indicates that most of the projects fall into the category "implementing" (Figure 9). Since the focus of Outcome 2 is on delivering clinical care, which is inherently implementation, this finding is more representative of the type of work funded in Outcome 2 than it is related to the fact that we are in the second year of our Strategic Plan, and probably won't change much over time. However, because Outcome 2 includes rural health as well as coverage and enrollment work, some of these projects fall in the planning, evaluating, and scaling stages.

Regarding the project focus, and the primary entities that the research projects, grants, and community engagement work act on, this work primarily impacts individuals and organizations. The funding that supports clinics for continued delivery of existing services impacts individuals, as does the funding made for enrollment services. Expansion of services at a clinic, organizational effectiveness and capacity building at the clinic level is work that impacts the organization. Examples of policy or system-level focused work are advocacy activities and the implementation of work protocols to facilitate access to care across multiple organizations.

Figure 9. Evaluation Framework - Outcome 2

<i>Stage of Work</i>		<i>Project Focus</i>	
Planning	16	Individual	46
Implementing	88	Organization	44
Evaluating	1	Community	0
Scaling	2	Policy/System	17

SUCCESSSES AND CHALLENGES

Looking at the grants that concluded in 2019, most grantees met or exceeded their goals. The factors that contributed to these successes were strong leadership, staff training and commitment to organizational goals. The clinic grantees that struggled to meet or partially meet their goals reported challenges due to staff recruitment related to workforce shortages. The other commonly cited challenge reported by enrollment organizations was around the impact of the negative political environment. These organizations experienced significant system-level challenges, such as the proposed public charge rule, challenges to the legality of the ACA, and policy changes such as the elimination of the individual mandate penalty. These issues, as well as anti-immigrant sentiment, led to confusion and fear among eligible populations and resulted in fewer individuals seeking coverage and becoming harder to reach.

We are learning from the organizations we fund about the communities they serve. For these organizations, community trust is critical, especially in this challenging political environment. In addition to the direct support we provide these organizations, EHF’s published health policy public opinion survey reports to inform the advocacy agenda and the policy conversation, and indirectly support these enrollment organizations on the ground.

Figure 10. Evaluation Framework - Outcome 2

<i>Rating</i>	<i>Number of Grants</i>
Exceeded Goals	7
Met Goals	15
Partially Met Goals	8
Struggled to Meet Goals	2

Since our inception, and even into the first year of the Strategic Plan, EHF has been committed to fostering relationships with and building the capacity of clinics in the EDOT that serve vulnerable populations. Now as relationships with these clinics have matured, EHF has had the opportunity to go deeper with these grantees, supporting them to offer comprehensive services beyond primary care and serve larger populations. In 2019, we funded existing grantees such as the HOPE Clinic and Lone Star Circle of Care to expand services to new clinic sites. At these new locations, they offer integrated primary with behavioral healthcare services and co-locate with local non-profits to provide services that address social determinants of health.

The Baylor College of Medicine's Teen Clinic is another example of how EHF helped safety net clinics grow their services and reach new populations. In 2019, EHF funded this long-time grantee to expand its services to include reproductive, specialty and behavioral healthcare services in a new clinic on a high school campus in Houston's Gulfton community. This clinic provides comprehensive services to local adolescents in the area, ages 13-25, whether they are enrolled at the school or not. The takeaway here is that because of the early investments EHF made in developing relationships with and building the capacity of clinics, EHF has facilitated the availability of healthcare services for additional populations.

Successes have surfaced this year from EHF's work in rural areas as well. In 2019, we were able to leverage our investments to benefit rural communities in the EDOT and nationally. Building upon the initial research investment EHF made to the Rural and Community Health Institute at Texas A&M University in 2016-2017 to study the rural hospital closure in Texas, EHF has had the opportunity to collaborate with local and national funders to scale this work and share the findings to help rural communities dealing with similar issues across America. Now, in a third project initiated this year, EHF continues to partner with RWJF and TLLTF in supporting a research project to highlight nine "Bright Spot" communities in Texas and across the nation to identify and share the best practices that were critical to helping those communities survive the threat of hospital closure.

The tenet of all these projects is about "right-sizing health and healthcare services" in rural communities. We were able to convince local and national funders to adopt this principle because the local issue of rural hospital closure has national relevance. Partnering with national funders has given this work a national platform and allowed us to share our learnings broadly, continuing to multiply the impact of our initial investments.

This year, by examining the evolution of rural community health work, insight was gained around the valuable resources and capabilities EHF offers to support community work through investment across our divisions. A project that originated with community engagement outreach to address access to health and social services led to a research study and ultimately the creation of a toolkit for communities to use in developing a health resource center (HRC). In 2019, as a result of the promotion and dissemination of the HRC toolkit, organizations in Bastrop, Trinity, and Robertson counties received grant funds for the development of HRCs in their communities. Going forward in 2020, we are supporting a peer-to-peer learning cohort of the three HRCs and an evaluation project to learn about the implementation of the HRCs. This experience tells us that there is a role to leverage investments across our Engagement, Research and Grants divisions to be mutually informing and supportive. EHF has unique capabilities to address rural health challenges in a multi-disciplinary fashion.

In summary, the focus in Outcome 2, helping vulnerable populations access comprehensive care is broad, including direct service clinic care, rural health issues and health coverage enrollment. Two major takeaways have emerged. First, a unifying concept across these areas that makes this work possible is partnership. This is true across EHF divisions, and between EHF and the communities and organizations we serve. Policies and systems greatly influence healthcare access and comprehensiveness at the state and national levels, but the work occurs at the community level between individuals and organizations. Strong partnerships are the reason that comprehensive healthcare options and access to coverage are growing in the EDOT. Second, our work in 2019 reflects our broader principle of “going deep, not wide.” Whether we are referring to grants supporting safety-net clinics and health resource centers, projects supporting “right-sizing healthcare” in rural communities, or grants supporting health enrollment efforts, much of our work built upon previous relationships and success with partners.

OUTCOME 3

AT A GLANCE:		New in 2019 = \$5.3 million (1 contract & 18 grants)		Continuing in 2019 = \$6.9 million (23 grants)	
Stage		Focus			
Planning	8	Individual	6		
Implementing	40	Organization	17		
Evaluating	2	Community	21		
Scaling	0	Policy/System	6		

- Internal strategic alignment and focus is strengthening our work with communities in the EDOT.
- We are engaging in transformative work with congregations in four key areas: mental health, racial reconciliation, poverty, and civic engagement.

Outcome 3 articulates EHF’s desire to empower community and congregation members to actively shape healthy communities and influence health systems to improve health equity, particularly among low-income and vulnerable populations. Outcome 3 covers two strategies in our five-year Strategic Plan: supporting organizations to raise the voices of community members to influence community health and supporting congregations to address community health. After completing two years of the Strategic Plan, EHF’s work in this area has shifted toward forging deeper, more in-depth strategic connections with our partners to drive overarching change within community health.

Projects in this outcome focus on three different areas including grants and contracts, community engagement, and congregational engagement. Our primary mechanism for accomplishing this work is through technical assistance and financial support of communities and organizations.

In 2019, EHF’s financial investment in Outcome 3 was \$5.3 million distributed across 18 grants and one research contract. A large portion of our financial investments were grants awarded to community and congregational partners. However, it is important to note that we did not apply the 2019 Evaluation Framework examining the stage and focus of projects to congregational engagement grants and contracts because Congregational Engagement has a separate evaluation framework outlined below.

There was a total of 52 non-financial investments made in 2019 including convenings, trainings, and other events, most of which were led by the Engagement division for work in Outcome 3.

STAGE AND FOCUS

A summary level assessment of the evaluation framework for Outcome 3 indicates that many of these projects are in the “implementing” stage. Since the goal of Outcome 3 is to activate communities and congregations to influence community health, this finding is consistent with the work we are accomplishing in this area. We have made investments in planning, training and other types of capacity building with congregations and community organizations which they are now able to implement. Likewise, the primary focus of most projects is to strengthen the capacity of our partner organizations to improve community health.

Figure 11. Evaluation Framework - Outcome 3

<i>Stage of Work</i>		<i>Project Focus</i>	
Planning	8	Individual	6
Implementing	40	Organization	17
Evaluating	2	Community	21
Scaling	0	Policy/System	6

SUCSESSES AND CHALLENGES

Grants and Contracts

Outcome 3 grantees focus on one of the following target areas: leadership development, advocacy, and capacity building. Most operate in primarily urban communities, although some include rural communities in their work. There were 18 Outcome 3 grantee projects that concluded in 2019 and were evaluated for goal attainment by the Program Officers. In looking at Figure 12 below, most grantees met or exceeded their goals. The single grantee that struggled to meet its goals was impacted by low levels of community engagement. Insight that we have gleaned from their struggle is that community conversations are difficult to initiate and strong leadership is hard to identify and takes longer than expected.

Figure 12. Grantee Goal Attainment – Outcome 3

<i>Rating</i>	<i>Number of Grants</i>
Exceeded Goals	3
Met Goals	14
Struggled to Meet Goals	1

One of the best uses of our grant dollars is in building organizational capacity. A few of our grantees have been exceedingly successful at strengthening their ability to engage their communities. For example, our funding for Austin Interfaith spanned a non-election year, so instead of organizing and conducting outreach around voting, they used our dollars for building capacity. They spent time building their leadership and collaborating with new institutions with a focus on sustainability and stability for the future. Another grant recipient, GAVA Go! Austin/Vamos! Austin, attributed many of its successes during their one-year grant funding to the focus on leadership development, sustainability, and building relationships within the community. They invest in “people before programs,” including high-level expertise and stakeholders with the intent of laying the groundwork for robust long-range community engagement plans.

EHF also awarded nearly \$500,000 in contracts to 12 organizations to support the work in Outcome 3. This included the evaluation of the Congregational Engagement team’s Holy Currencies program where our contractor conducted in-depth interviews with members from two congregations who had previously participated in the Holy Currencies program. The evaluation found that most respondents considered the Holy Currencies program valuable and helped the ministries team focus their efforts. The congregation members reported the orientation and coaching to be the most critical elements of the program but had mixed reactions regarding the Holy Currencies webinars. One significant takeaway for EHF that we want to further explore in a second phase of the evaluation is the need to develop strategies for how to sustain the Holy Currencies work in congregations long-term.

Community Engagement

In 2019, the Community Engagement team refined the focus of their work to better align with EHF’s overall five-year Strategic Plan. The team supports grantees and communities engaged with us through a three-pronged approach that targets emerging community health leaders, community-based organizations, and community health coalitions. By narrowing the focus to be more strategic, we hope to leverage community work for a greater impact, going beyond training to cultivate deeper relationships with our community partners.

As a result of this shift, the Community Engagement team developed the Activating Community Voices pilot program. The team collaborated with the Program Officers to identify a list of 33 organizations potentially interested in strengthening their capacity for community engagement. This led to seven new organizations implementing community engagement initiatives, with an additional four that are in the process of developing their initiatives. Overall, findings from the workshop evaluation surveys reflect that the content is resonating

with our audiences. Most respondents feel that the information presented in the workshops is useful, with a large portion reporting that they have gathered information to leverage in future work with community partners.

Our early learnings from the division's shift in strategic focus primarily center around their approach to conducting the work. The Community Engagement team has found that instead of working with groups of CBOs or grantees, it is best to work with one grantee or organization at a time. However, just because it is most effective to work with a single grantee or organization at a time, they also see the value in inviting partners to be included in the conversation so as to allow the work to go "deeper" in the community. As this was the first year to pilot the new community engagement approach, we expect to gain more insight into the full impact of these changes in 2020.

In 2019 we also saw the completion of the initial planning phase for Healthy Coalitions, an initiative created to support high functioning health-oriented coalitions to take action to improve health. The team has employed a consultant to help them articulate their strategy for prioritizing specific coalitions. The initial planning phase laid the foundation for work in 2020, when we will identify three to five coalitions to pilot the initiative. The pilot will target regions outside of major urban areas of the EDOT. The Healthy Coalitions initiative developed from investments EHF made in prior years to support coalition work, including a partnership with UTHSC Tyler.

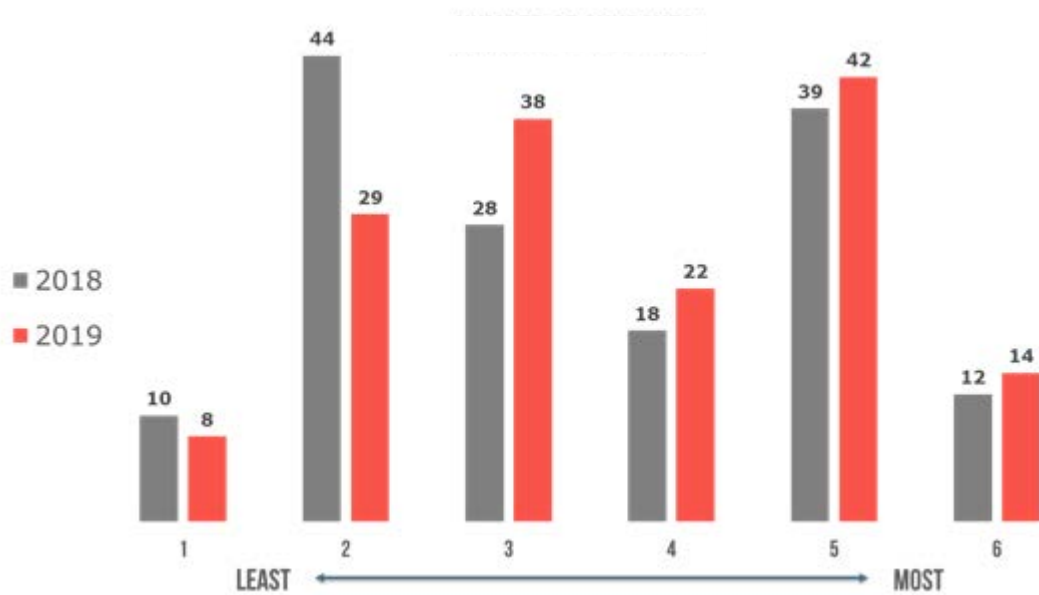
Finally, in addition to restructuring their strategy for engaging community partners, the Community Engagement team has been more deliberate in aligning their work with both the Grants and Research and Evaluation teams. Several cross-divisional meetings were held in 2019 to help them prioritize their work in accordance with other ongoing EHF projects. By strengthening the synergy among divisions, there will be increased opportunities for robust evaluation with significant insights.

Congregational Engagement

EHF's Congregational Engagement team worked with 78 of the 155 congregations (50%) in the EDOT by offering a broad range of programs in 2019. The Congregational Engagement team shifted the focus of their In Common conference-style events to reach beyond the Clergy and other church leaders to engage all congregation members. They hosted three regional In Common events in Houston, Austin, and Tyler and attracted 159 participants from 63 congregations and 11 community partners. The workshops at these events included Racial Reconciliation, Mental Health, Bridges Out of Poverty, Holy Currencies, and Organizing Communities.

Each year, EHF assesses the degree to which congregations are engaging with our organization. The rating scale used for this assessment was outlined in the previous section *Partnership Achievements*. This past year, we observed a slight increase in the number of congregations connected with our staff across all levels of engagement. Additionally, there was a notable 13% increase in the number of congregations collaborating with EHF at higher, more engaged levels (ratings of 4-6).

Figure 13. Number of Congregations per Level of Engagement



These findings reflect that our connections within congregations are deepening, supporting congregations to move beyond charity work and engage in community-wide collaborative

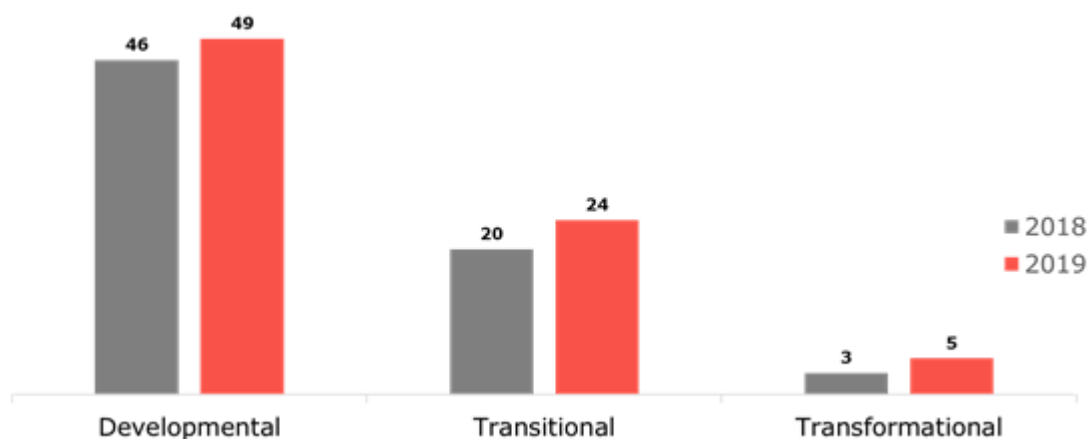
Transformative Work: St. Luke’s Episcopal Church, Livingston

A shining example of this transformative approach is our work with St. Luke’s Episcopal Church. Members from the congregation participated in the Holy Currencies workshop and wanted to apply the ideas they learned to address an issue within their community. Initially, they hoped to act on mental health issues by welcoming individuals suffering from mental health illnesses into the church. By obtaining guidance in the form of staff coaching and peer mentorship offered through the Holy Currencies program, congregational leaders were encouraged to be patient and present within their community. The church began hosting meetings for a local community collaborative, and through that role they identified an opportunity to share their Mental Health First Aid training with local first responders. Now, interest is growing, and St. Luke’s is receiving additional training requests throughout Polk County and the surrounding tri-county area. Through partnership with EHF, St. Luke’s has become a mental health ministry and resource for the community, with whom they have deepened their relationships.

initiatives. This transformative work is occurring within four key areas that EHF facilitates training on including mental health, racial reconciliation, poverty, and civic engagement. For congregations participating in this transformative approach to community engagement, we categorize them as doing developmental, transitional, or transformational engagement. The data from 2018 to 2019

shows an increase in the number of congregations becoming more engaged with their communities.

Figure 14. Number of Congregations per Community Engagement Capacity



A challenge the Congregational Engagement team faced was increasing our engagement with predominantly Spanish-speaking congregations in EHF’s service area. To address this, EHF launched an outreach effort that involved attending the Hispanic Ministry Conference and translating more of our materials into Spanish. Furthermore, EHF hired a leader from one of the Spanish ministries to help us engage and promote our work within this specific subset of congregations.

One of the key learnings from 2019 is that although EHF is currently engaged with 50% of congregations in the EDOT, reaching all 155 congregations would be unrealistic and is not the intended goal of our work. EHF hopes to partner strategically with congregations who are interested and ready to pursue transformative work, going deeper within their communities. The congregations engaged in our transformative work are beginning to examine the root causes of community issues. While a handful of congregations have achieved success in initiating these conversations, it is essential to integrate other local partners and congregations into the dialogue to shape change within a community.

While we have learned many lessons from the work conducted in Outcome 3, one key takeaway from 2019 is the importance of internal strategic alignment and focus. By restructuring the Community Engagement team to better align with the Grants and Research and Evaluation teams, and by sharpening the focus of the Congregational Engagement team, EHF developed stronger relationships with grantees, community members, and congregational partners. Looking toward 2020 and beyond, we can continue to build upon and leverage these partnerships to improve community health and influence health systems to tackle health equity.

OUTCOME 4

AT A GLANCE:		New in 2019 = \$4.2 million (3 contracts & 25 grants) Continuing in 2019 = \$5.9 million (6 grants)	
Stage		Focus	
Planning	11	Individual	12
Implementing	22	Organization	14
Evaluating	0	Community	1
Scaling	1	Policy/System	7

- EHF is a key leader in the nascent field of early childhood brain development in Texas.
- EHF is promoting promising practices by spotlighting EHF investments in clinics, community non-profits, advocacy work, and state agencies.

Outcome 4 aims to assist health systems and families in implementing leading practices for early childhood brain development during pregnancy and the first 1,000 days of life. In EHF's Strategic Plan, Outcome 4 covers two strategies: 1) supporting healthcare providers to strengthen early childhood brain development and 2) supporting community-based organizations to provide training to families for early childhood brain development (ECBD) beginning at or before birth. We award grants to healthcare providers to strengthen screening and referral systems for maternal depression and child development, as well as to serve as an educational resource to expecting patients and families with young children

In 2019, EHF made a total of 25 grants in Outcome 4, totaling \$3.6 million. Although this was our smallest investment area in terms of dollars, what is remarkable about this year is that six of the grantees were new applicants that never previously received funding from EHF. These new grantee partnerships resulted from building the ECBD field in Texas and educating organizations about partnership opportunities with EHF in this emerging area. Our research and grants investments this year and in previous years have all contributed to this.

In 2019, EHF research and grant funding supported the piloting and implementation of evidence-based models in a variety of settings. Grant funding enabled a cultural shift for clinics, bringing programmatic work to clinical settings. EHF funded community-based organizations in urban and rural areas to implement evidence-based models that translate brain science into practice for use with parents and caregivers. EHF also contributed to the field through our research efforts. This year EHF published two research products, a guide with information and a policy brief with recommendations based on identified early childhood needs in the EDOT.

STAGE AND FOCUS

As mentioned earlier, a great deal of the work on early childhood brain development is new. The field is growing, which is reflected in the types of projects we are funding. Some projects are still in the planning stages, while most of the work is in the implementation stage, and only one model is being scaled (Figure 15).

The focus of the work is on organizations, like clinics and community-based non-profits, but it is also happening at the individual level affecting parents and caregivers. Public programs and policies play a critical role in supporting the growth and development of a child. For this reason, some effort in 2019 was focused on change at the policy and/or system level.

Figure 15. Evaluation Framework - Outcome 4

<i>Stage of Work</i>		<i>Project Focus</i>	
Planning	11	Individual	12
Implementing	22	Organization	14
Evaluating	0	Community	1
Scaling	1	Policy/System	7

SUCCESSSES AND CHALLENGES

A summary of the assessment of the grants that concluded in 2019 shows that most grantees, five of the six, met their goals. Only one grantee partially met their goals (Figure 16).

The five organizations that met their goals still cited challenges such as getting a slower start than expected and administrative barriers related to data collection, management and sharing. The issues they mentioned did not prevent them from reaching their goals, instead they were opportunities from which they could learn and address moving forward. These organizations recognize this and somewhat attribute the complications to the work being nascent. In contrast, the organization that partially met its goals struggled because the primary issue, organizational financial stability, was prohibitive of attaining success. Although there were program implementation-related successes, the organization was unable to achieve all proposed objectives because of internal financing constraints. Through shared recognition of the problem, EHF has funded this promising non-profit for organizational effectiveness support specifically around board governance, organization structure and operations, revenue diversification, and evaluation going forward. The goal is to facilitate sustainability for an organization with proven ability to reach disenfranchised populations.

Figure 16. Grantee Goal Attainment – Outcome 4

<i>Rating</i>	<i>Number of Grants</i>
Met Goals	5
Partially Met Goals	2

At the systems level, there are various public policies and programs that impact parents and caregivers, children, and the environments in which they grow. While state and local leaders have long been responsible for policies related to issues such as child protection and school readiness, early childhood brain development is newer and less familiar to them. EHF is leading the effort to advance public policy education and opportunities that promote positive early childhood brain development. In 2019, through grantmaking and research, EHF funded organizations dedicated to advancing supportive policy options for children and their families. In addition to supporting advocacy work, EHF funded a research survey to identify what state and local policymakers know and how they think about early childhood brain development. Study findings, due in 2020, will highlight opportunities for messaging, education, and advocacy to inform policy and program development leading into the 2021 state legislative session.

The opportunity around early childhood development is abundant at multiple levels, and EHF is positioned and working to shape the field. We are driving advances at the system level through policy, and in practice by researching and funding the delivery of evidence-based and proven community and clinical services. In addition to our research and grantmaking efforts, EHF is also convening and collaborating with public and private funders for greater, more sustainable impacts.

PATHWAYS FOR TRANSFORMATION

As described at the outset, Pathways for Transformation is the third major pillar of the EHF evaluation system. In this work, we are looking to collect evidence of sustained impact. While we have been able to make progress in elaborating on our partners' achievements, we do not have any meaningful data yet of sustained transformation in individuals, organizations, communities, and systems. As we are still in the early years of implementing our Strategic Plan, we simply cannot know whether there has been sustained change because of our work.

The only project that comes close to evidencing sustained transformation is our CCHH initiative – a multi-year effort. Based on our externally commissioned evaluation reports as well as staff observations, most of the participating clinics are now operating under a new philosophy and culture that focuses on upstream activities and community prevention. Clinic leaders have taken ownership of CCHH principles and have expanded the work on their own without EHF funding influence. We hope to see these changes persist over time.

In future evaluation reports, we will devise new evaluation and learning approaches to begin collecting early evidence of transformative changes in individuals, organizations, communities, and systems. As was highlighted earlier, many of EHF's strategies and projects are inherently

long-term, complex, and slow-moving. We will develop new ways of capturing the data that offers honest and realistic feedback to inform the implementation of EHF's Strategic Plan.

CO-FUNDING

In 2019, EHF continued to pursue opportunities to maximize impact by co-investing in projects with other funders. EHF invested \$6.16 million in 14 co-funded grants in 2019, to which 18 other foundations collectively contributed at least \$6.63 million (through 25 contributions in total). EHF also invested \$632,161 in 11 co-funded research projects, to which 11 other foundations contributed \$1.53 million, and \$150,000 in a co-funded President's Office project, to which two other foundations contributed \$650,000. The Houston Endowment is EHF's largest partner (by contributions) in this work, followed by the Michael & Susan Dell Foundation, St. David's Foundation, Commonwealth Fund, Robert Wood Johnson Foundation, and Arnold Ventures. A complete list of 2019's co-funded investments can be found in Appendix B.

Also, of note is the \$2,657,462 grant made to the Dell Medical School of the University of Texas at Austin for Factor Health—an innovation designed to identify and pay for interventions to address the social determinants of health which, as stated earlier, can be adopted by community clinics. EHF made the award in 2018 and during 2019, the Dell Foundation awarded \$987,000 to the initiative, thereby expanding its scope and resources.

EHF's investment of \$582,161 in ten co-funded projects has netted \$1.53 million of additional funding from national and state funders. Building on our past collaborations, RWJF continues to be a key funding partner of various projects with EHF. In 2019, we forged new funding partnerships with Commonwealth Fund and The Kresge Foundation, two national funders. While in the past we relied on other funders to lead the development of these projects, EHF staff have increasingly taken a leadership role in conceiving several co-funded projects and inviting the other funders to participate.

CONCLUSION – KEY TAKEAWAYS

Five overarching themes emerged as key takeaways from our 2019 work. These takeaways will shape how we organize and prioritize our work in 2020. These are:

1. We must be strategic, patient, and adaptable in tackling complex issues
2. Across all work, relationships are key to our success
3. Our work continues to reflect the “going deep, not wide” principle
4. EHF is building an evidence base across all four outcome areas
5. Telling the story of “Pathways for Transformation” is a work in progress

We must be Strategic, Patient and Adaptable in Tackling Complex Issues

As reflected in our Strategic Plan, we have chosen to tackle system and policy changes in addressing the root causes of poor health in Texas. The current health financing system does not incent providers or social service agencies to address patients’ non-medical health needs. Since the broader federal and state health policy environment significantly shapes the financing system, our efforts to reform that system will take years to accomplish.

Recognizing that we are not payors of health services, we have taken a strategic and nimble approach to influence their behavior. We are continuing to strengthen our relationships with Texas Medicaid, managed care organizations, and county and city governments to influence their thinking on policy and resource allocation with a Health Not Just Healthcare lens. We offer research and policy expertise, technical assistance, planning and convening to support these partners. As documented earlier, we have had some early successes working with the Texas Medicaid agency. We have also started to build relationships with several Medicaid health plans that serve EDOT communities. Some of these strategies may not generate the anticipated results, but we remain committed, patient, and agile in tackling these issues to drive gradual progress.

Relationships Matter in our Work

Whether we work with peer funders, government agencies, universities, community-based clinics, non-profit organizations, or congregations, we increasingly recognize the importance of developing and strengthening relationships with our partners. Our staff is using “soft skills” to build and navigate relationships. As we enter year three of our five-year Strategic Plan, it is even more apparent that we can attribute many of the successes we reported in 2019 to relationships we developed with peer funders, thought leaders, grantee organizations and congregation members in previous years. For instance, the development of the Clinics Pathway Approach and Accountable Communities of Care initiatives developed from our understanding of and relationships with the clinic grantees and communities. Likewise, many of our congregational engagement initiatives were built from deep relationships forged between Congregational Engagement staff and congregation members across the EDOT.

Our Work Continues to Reflect the “Going Deep, Not Wide” Principle

Two years 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 concentrate resources accordingly. In 2019, we saw evidence of efforts to “go deep not wide,” reflected in the fact that 76% of our grantees were organizations we had funded in a previous year. We know these organizations and we have a continued relationship with them.

Two major initiatives planned in 2019, Clinics Pathway Approach and Accountable Communities for Health, were based on the lessons we learned in implementing other projects. Prior to launching both efforts, we devoted time and resources to conducting feasibility analyses, readiness assessment surveys, and educational workshops/webinars to inform potential applicants of both models. Earlier work is leading to more in-depth work.

The value of depth not breadth is embodied across the Foundation. The refocusing of the approach taken by the Community Engagement team is another example of this. In 2019, the Community Engagement team delivered more in-depth technical assistance with a smaller number of grantees rather than providing workshops to a larger group of sometimes disconnected individuals. Going deep with congregational partners continues to be a focus of this team as well.

EHF Builds an Evidence Base Across All Four Outcome Areas

While we continue to support programs and services in the EDOT, we are using a multi-faceted approach to develop the evidence base across all four outcome areas. We have funded or conducted a variety of research and evaluation activities (i.e. literature reviews, feasibility analyses, readiness assessment surveys, research studies, public opinion surveys, case study evaluations, etc.) to inform our Foundation's programmatic activities, our partners' practices and state and local policy discussions. The findings of the ACH feasibility study led to a multi-phase approach to educate and solicit interest from stakeholders about the ACH model. The Health Resource Center (HRC) toolkit, supported by EHF has contributed to three HRC grants in our communities. Dr. Nancy Dickey's cutting-edge research in advocating for “right-sizing healthcare” in rural communities led to the creation of a national technical assistance center called the National Center to Optimize Rural Health funded by the federal government.

More than just supporting the creation of a research report or a toolkit, we have increasingly found peer-to-peer learning cohorts to be an effective way to facilitate the sharing of knowledge, challenges, and best practices. Over the past year, we developed a learning collaborative between the Texas Medicaid agency and Medicaid health plans to share best practices of SDOH strategies. We also supported a learning cohort of executive leaders and program managers of CCHH grantees. With our support, the Texas Council of Community Centers implemented a learning cohort for local mental health authorities to learn about best practices in implementing a Community Centered Behavioral Health Center model. Our Congregational Engagement team also uses a learning cohort format to facilitate the information sharing among several Holy Currencies participants. To advance early childhood brain development locally and at the state level, we have convened or participated in peer collaboratives and task forces.

Telling the Story of “Pathways for Transformation” is a Work in Progress

As noted earlier in the report, we continue to rely on a three-pillar approach to evaluate EHF’s work: Stewardship, Partnership Achievement and Pathways for Transformation. As we are in year three of our Strategic Plan, we have been able to make progress in explaining our partners’ achievements across all four outcome areas. However, we have not been able to assess “pathways for transformation” because we are still early in our work and young as an organization. Therefore, it is not realistic to expect to have evidence of sustained transformation at this early stage. Going forward, we will devise a new approach to begin collecting early evidence of transformative change.

APPENDIX A: FINANCIAL INVESTMENTS INCLUDED IN THE 2019 EVALUATION REPORT

This report includes analyses of EHF's new 2019 investments as well as ongoing or completed investments, which may have been initiated in prior years. These different groups of investments are listed separately. Investments are sorted by strategy and then by name.

New Financial Investments in 2019: \$34.8 Million

Type	Organization	Amount	Outcomes	Strategy
Grant	Austin Travis County Integral Care	\$1,500,000.00	O1	S1
Contract	Center for Health Care Strategies	\$50,000.00	O1	S1
Grant	City of Houston	\$500,000.00	O1	S1
Contract	Fitch & Associates	\$297,945.00	O1	S1
Contract	George Mason University	\$50,000.00	O1	S1
Grant	Health Care for Special Populations dba Patient Care Intervention Center	\$250,000.00	O1	S1
Contract	Health Resources in Action, Inc.-HriA	\$18,619.00	O1	S1
Contract	Health Resources in Action, Inc.-HRiA	\$10,000.00	O1	S1
Grant	Meadows Mental Health Policy Institute (MMHPI)	\$500,000.00	O1	S1
Grant	People's Community Clinic	\$618,500.00	O1	S1
Grant	Prosper Waco	\$225,000.00	O1	S1
Contract	Sellers Dorsey & Associates LLC	\$85,000.00	O1	S1
Contract	Starling Advisors	\$65,000.00	O1	S1
Contract	Stephen F. Austin School of Social Work	\$25,903.64	O1	S1
Contract	Texas Council of Community Centers	\$95,000.00	O1	S1
Contract	Texas Health Institute	\$97,940.00	O1	S1
Contract	Texas Health Institute	\$30,000.00	O1	S1
Grant	The George Washington University	\$100,000.00	O1	S1
Grant	The University of Texas Health Science Center at Tyler (UTHSCT)	\$109,165.00	O1	S1
Contract	Thomas Valentine Consulting	\$23,000.00	O1	S1
Contract	Asakura Robinson	\$54,000.00	O1	S2
Contract	Baumgartner LLC	\$60,000.00	O1	S2
Grant	CommUnityCare	\$479,740.00	O1	S2
Grant	El Centro de Corazon	\$400,000.00	O1	S2
Grant	Fort Bend Family Health Center, Inc., d/b/a AccessHealth	\$700,000.00	O1	S2
Contract	Georgia Health Policy Center	\$178,631.04	O1	S2
Grant	Legacy Community Health	\$200,000.00	O1	S2
Grant	Lone Star Circle of Care	\$150,000.00	O1	S2

Grant	Lone Star Circle of Care	\$1,000,000.00	O1	S2
Grant	Network of Behavioral Health Providers Inc	\$500,000.00	O1	S2
Grant	Northwest Assistance Ministries	\$500,000.00	O1	S2
Contract	Prevention Institute	\$50,000.00	O1	S2
Grant	St. Paul Children's Foundation	\$310,000.00	O1	S2
Contract	University of California, San Francisco	\$337,602.00	O1	S2
Grant	UT Austin School of Nursing	\$250,000.00	O1	S2
Contract	Working Partner	\$110,200.00	O1	S2
Grant	Asian American Health Coalition of Greater Houston (dba HOPE Clinic)	\$350,000.00	O2	S3
Grant	Avenue 360 Health & Wellness	\$350,000.00	O2	S3
Grant	Baylor College of Medicine - Teen Health Clinic	\$100,000.00	O2	S3
Grant	Brazos Valley Community Action Agency, Inc.	\$551,650.00	O2	S3
Grant	Burke Center (MHMR)	\$750,000.00	O2	S3
Grant	East Texas Border Health Clinic dba Genesis PrimeCare	\$125,000.00	O2	S3
Grant	El Buen Samaritano Episcopal Mission	\$600,000.00	O2	S3
Grant	El Buen Samaritano Episcopal Mission	\$152,489.00	O2	S3
Grant	El Buen Samaritano Episcopal Mission	\$347,440.00	O2	S3
Grant	Family Service Center of Galveston County Texas	\$333,272.00	O2	S3
Grant	Healthcare for the Homeless - Houston	\$180,000.00	O2	S3
Grant	HOPE Project	\$300,000.00	O2	S3
Grant	Lone Star Circle of Care	\$990,000.00	O2	S3
Grant	Mama Sana Vibrant Woman	\$76,900.00	O2	S3
Grant	Northeast Texas Public Health District	\$120,500.00	O2	S3
Grant	Planned Parenthood Gulf Coast, Inc.	\$600,000.00	O2	S3
Grant	Planned Parenthood of Greater Texas	\$355,000.00	O2	S3
Grant	Prosper Waco	\$670,000.00	O2	S3
Grant	Sabine Valley Regional MHMR Center DBA Community Healthcore	\$742,843.00	O2	S3
Grant	Special Health Resources for Texas, Inc.	\$250,000.00	O2	S3
Grant	Spindletop Center (MHMR)	\$750,000.00	O2	S3
Grant	Spring Branch Community Health Center	\$508,803.00	O2	S3
Grant	Spring Branch Community Health Center	\$150,000.00	O2	S3
Grant	Texana Center	\$600,000.00	O2	S3
Grant	The Rose	\$400,000.00	O2	S3
Grant	The Texas Campaign to Prevent Teen Pregnancy	\$200,000.00	O2	S3
Grant	University of Houston College of Medicine	\$1,000,000.00	O2	S3

Grant	Women's Health and Family Planning Association of Texas (WHFPT)	\$600,000.00	O2	S3
Contract	Working Partner	\$10,000.00	O2	S3
Contract	Working Partner	\$20,000.00	O2	S3
Grant	Robertson County	\$289,580.00	O2	S4
Grant	Samaritan Counseling Center of East Texas	\$150,000.00	O2	S4
Grant	Samaritan Counseling Center of Southeast Texas	\$87,344.00	O2	S4
Contract	Texas A&M University College of Medicine	\$50,000.00	O2	S4
Contract	Texas A&M University College of Medicine	\$62,500.00	O2	S4
Grant	Children's Defense Fund	\$195,821.00	O2	S5
Grant	Children's Defense Fund	\$397,500.00	O2	S5
Grant	Foundation Communities	\$400,000.00	O2	S5
Grant	Light & Salt Association	\$150,000.00	O2	S5
Grant	MAM (Memorial Assistance Ministries)	\$354,042.00	O2	S5
Grant	North Pasadena Community Outreach	\$325,000.00	O2	S5
Grant	SEARCH Homeless Services	\$175,754.00	O2	S5
Contract	SSRS	\$215,340.00	O2	S5
Contract	SSRS	\$260,000.00	O2	S5
Grant	Texas Alliance For Health Care c/o Wye River Group	\$48,000.00	O2	S5
Contract	Texas Star Alliance	\$50,000.00	O2	S5
Contract	Alliance for Justice	\$80,000.00	O3	S6
Contract	Amanda Timm Consulting	\$25,000.00	O3	S6
Contract	AMJ Enterprises, LLC	\$15,000.00	O3	S6
Grant	Avenue Community Development Corporation	\$675,000.00	O3	S6
Grant	Bastrop County Cares	\$199,915.00	O3	S6
Grant	Communities for Better Health	\$124,700.00	O3	S6
Grant	Communities Foundation of Texas, Inc.	\$400,000.00	O3	S6
Grant	de Beaumont Foundation for the BUILD Health Challenge	\$310,000.00	O3	S6
Grant	East Texas Human Needs Network	\$125,000.00	O3	S6
Grant	GAVA Go! Austin/Vamos! Austin	\$450,000.00	O3	S6
Grant	Harris County	\$200,000.00	O3	S6
Grant	Houston in Action	\$250,000.00	O3	S6
Contract	HR&A Advisors, Inc.	\$150,000.00	O3	S6
Grant	Local Initiatives Support Corporation - LISC	\$400,000.00	O3	S6
Grant	MAM (Memorial Assistance Ministries)	\$177,200.00	O3	S6
Grant	Mi Familia Vota	\$249,300.00	O3	S6
Grant	Neighborhood Recovery CDC	\$717,200.00	O3	S6

Grant	Northeast Texas Public Health District	\$65,000.00	O3	S6
Grant	Rockefeller Philanthropy Advisors - Fund for Shared Insight's	\$15,000.00	O3	S6
Grant	Texas Interfaith Center for Public Policy	\$60,000.00	O3	S6
Grant	United Way for Greater Austin	\$150,000.00	O3	S6
Grant	Young Invincibles	\$250,700.00	O3	S6
Contract	Alpinista Consulting-Austin	\$6,000.00	O3	S7
Contract	Don't Push the River, LLC	\$20,000.00	O3	S7
Contract	Kaleidoscope Institute	\$55,000.00	O3	S7
Contract	Lynfro Consulting	\$50,000.00	O3	S7
Contract	Pipes Research and Consulting	\$15,000.00	O3	S7
Contract	Project Curate	\$3,000.00	O3	S7
Contract	Project Curate	\$60,000.00	O3	S7
Contract	Rigoberto Ojeda Consulting	\$15,000.00	O3	S7
Grant	Heart of Texas Community Health Center, Inc.	\$52,230.00	O4	S8
Grant	Houston Health Foundation	\$250,000.00	O4	S8
Grant	Texans Care for Children, Inc.	\$520,000.00	O4	S8
Grant	The College of Education, The University of Texas at Austin	\$256,944.00	O4	S8
Grant	Alliance for Strong Families and Communities	\$727,456.00	O4	S9
Grant	AVANCE Austin	\$200,000.00	O4	S9
Grant	First3Years	\$465,000.00	O4	S9
Grant	Parents as Teachers National Center	\$221,179.00	O4	S9
Grant	Partners in Parenting	\$50,000.00	O4	S9
Grant	Rupani Foundation	\$150,000.00	O4	S9
Contract	Social Finance, Inc.-Austin	\$510,000.00	O4	S9
Contract	Texans Care for Children, Inc.	\$7,500.00	O4	S9
Grant	Texas Children's Hospital	\$395,000.00	O4	S9
Grant	Texas Health and Human Services Commission	\$300,000.00	O4	S9
Contract	TexProtects (The Texas Chapter of Prevent Child-Abuse America)	\$84,400.00	O4	S9

Financial Investments from Previous Years Still Active in 2019: \$45.1 Million

Type	Organization	Amount	Outcomes	Strategy
Contract	Arizona State University	\$96,333.00	O1	S1
Grant	Dell Medical School, The University of Texas at Austin	\$1,000,000.00	O1	S1
Grant	Dell Medical School, The University of Texas at Austin	\$500,000.00	O1	S1
Grant	Dell Medical School, The University of Texas at Austin	\$2,657,462.00	O1	S1
Grant	Fannie E. Rippel Foundation	\$300,000.00	O1	S1
Grant	Green & Healthy Homes Initiative	\$224,733.00	O1	S1
Grant	Health Care for Special Populations dba Patient Care Intervention Center	\$875,000.00	O1	S1
Contract	Health Resources in Action, Inc.-HRIA	\$53,980.00	O1	S1
Grant	Healthy Women Houston	\$300,000.00	O1	S1
Contract	Leavitt Partners	\$56,000.00	O1	S1
Contract	Leavitt Partners	\$81,055.00	O1	S1
Grant	Lone Star Circle of Care	\$165,000.00	O1	S1
Contract	Masters Policy Consulting	\$90,000.00	O1	S1
Grant	Sabine Valley Regional MHMR Center DBA Community Healthcore	\$850,000.00	O1	S1
Contract	Texas Council of Community Centers	\$81,000.00	O1	S1
Contract	Texas Health Institute	\$35,000.00	O1	S1
Grant	The George Washington University	\$100,000.00	O1	S1
Contract	The George Washington University-Milken Inst	\$99,663.00	O1	S1
Grant	Asian American Health Coalition of Greater Houston (HOPE Clinic)	\$448,246.00	O1	S2
Grant	Christ Clinic	\$185,051.00	O1	S2
Grant	El Centro de Corazon	\$185,213.00	O1	S2
Grant	Fort Bend Family Health Center, Inc., d/b/a AccessHealth	\$187,500.00	O1	S2
Grant	Fort Bend Family Health Center, Inc., d/b/a AccessHealth	\$31,250.00	O1	S2
Grant	Harris Health System	\$187,500.00	O1	S2
Contract	Health Outreach Partners	\$51,250.00	O1	S2
Grant	Heart of Texas Community Health Center, Inc.	\$450,000.00	O1	S2
Grant	Lone Star Circle of Care	\$187,500.00	O1	S2
Grant	Lone Star Circle of Care	\$10,417.00	O1	S2
Grant	Lone Star Family Health Center	\$450,000.00	O1	S2
Grant	Memorial Hermann Community Benefit Corporation	\$433,295.00	O1	S2
Grant	Northwest Assistance Ministries	\$187,500.00	O1	S2

Grant	Northwest Assistance Ministries	\$10,348.00	O1	S2
Grant	People's Community Clinic	\$500,890.00	O1	S2
Grant	ProUnitas, Inc.	\$300,000.00	O1	S2
Grant	Spring Branch Community Health Center	\$172,560.00	O1	S2
Grant	St. Paul Children's Foundation	\$163,500.00	O1	S2
Contract	University of California, San Francisco	\$38,998.40	O1	S2
Contract	Working Partner	\$187,500.00	O1	S2
Grant	Asian American Health Coalition of Greater Houston (HOPE Clinic)	\$349,501.00	O2	S3
Grant	Baylor College of Medicine - Teen Health Clinic	\$100,000.00	O2	S3
Grant	Brazos Valley Community Action Agency, Inc.	\$241,985.00	O2	S3
Grant	CommUnityCare	\$892,217.00	O2	S3
Grant	East Texas Border Health Clinic dba Genesis PrimeCare	\$150,000.00	O2	S3
Grant	El Buen Samaritano Episcopal Mission	\$856,104.00	O2	S3
Grant	El Centro de Corazon	\$160,050.00	O2	S3
Grant	Family Service Center of Galveston County Texas	\$179,825.00	O2	S3
Grant	Family Service Center of Galveston County Texas	\$92,480.00	O2	S3
Grant	Healthcare for the Homeless - Houston	\$180,000.00	O2	S3
Grant	Heart of Texas Community Health Center, Inc.	\$347,731.00	O2	S3
Grant	Legacy Community Health	\$370,760.00	O2	S3
Grant	Lone Star Circle of Care	\$250,000.00	O2	S3
Grant	Longview Wellness Center dba Wellness Pointe	\$75,000.00	O2	S3
Grant	Matagorda Episcopal Health Outreach Program (MEHOP)	\$300,000.00	O2	S3
Grant	Mental Health America of Greater Houston	\$1,080,000.00	O2	S3
Grant	Montrose Counseling Center dba The Montrose Center	\$384,436.00	O2	S3
Grant	Northwest Assistance Ministries	\$300,000.00	O2	S3
Grant	Palacios Community Medical Center	\$100,000.00	O2	S3
Grant	People's Community Clinic	\$350,000.00	O2	S3
Grant	Planned Parenthood Gulf Coast, Inc.	\$300,000.00	O2	S3
Grant	Planned Parenthood of Greater Texas	\$300,000.00	O2	S3
Grant	Sabine Valley Regional MHMR Center DBA Community Healthcore	\$252,622.00	O2	S3
Grant	Special Health Resources for Texas, Inc.	\$250,000.00	O2	S3
Grant	Stephen F. Austin Community Health Network	\$400,000.00	O2	S3
Grant	Texas Children's Hospital	\$174,400.00	O2	S3
Grant	The Council on Recovery	\$450,000.00	O2	S3
Grant	The Rose	\$350,000.00	O2	S3
Grant	The Texas Campaign to Prevent Teen Pregnancy	\$750,000.00	O2	S3

Grant	The Texas International Institute of Health Professions (dba) Vcare Clinics	\$100,000.00	O2	S3
Grant	The University of Texas Health Science Center at Houston	\$1,000,000.00	O2	S3
Grant	Tyler Family Circle of Care	\$183,328.00	O2	S3
Grant	Vecino Health Centers	\$33,250.00	O2	S3
Grant	Vecino Health Centers	\$520,000.00	O2	S3
Grant	Women's Health and Family Planning Association of Texas (WHFPT)	\$300,000.00	O2	S3
Contract	AMJ Enterprises, LLC	\$33,000.00	O2	S4
Grant	Andrews Center	\$440,000.00	O2	S4
Grant	Project HOPE The People to People Health Foundation, Inc.	\$75,000.00	O2	S4
Grant	Samaritan Counseling Center of East Texas	\$165,231.00	O2	S4
Grant	Samaritan Counseling Center of Southeast Texas	\$100,000.00	O2	S4
Grant	Seminary of the Southwest	\$3,000,000.00	O2	S4
Grant	Seminary of the Southwest	\$670,000.00	O2	S4
Contract	Texas A&M University Health Science Center	\$25,000.00	O2	S4
Grant	Texas Organization of Rural & Community Hospitals (TORCH)	\$160,000.00	O2	S4
Contract	AMJ Enterprises, LLC	\$33,000.00	O2	S4
Grant	Andrews Center	\$440,000.00	O2	S4
Grant	Project HOPE The People to People Health Foundation, Inc.	\$75,000.00	O2	S4
Grant	Samaritan Counseling Center of East Texas	\$165,231.00	O2	S4
Grant	Samaritan Counseling Center of Southeast Texas	\$100,000.00	O2	S4
Grant	Seminary of the Southwest	\$3,000,000.00	O2	S4
Grant	Seminary of the Southwest	\$670,000.00	O2	S4
Contract	Texas A&M University Health Science Center	\$25,000.00	O2	S4
Grant	Texas Organization of Rural & Community Hospitals (TORCH)	\$160,000.00	O2	S4
Grant	Austin Travis County Integral Care	\$100,000.00	O2	S5
Grant	Boat People S.O.S., Inc.	\$260,000.00	O2	S5
Grant	Boat People S.O.S., Inc.	\$50,000.00	O2	S5
Grant	Casa Marianella	\$405,000.00	O2	S5
Grant	Center for Public Policy Priorities (CPPP)	\$300,000.00	O2	S5
Grant	Change Happens	\$75,000.00	O2	S5
Grant	Children's Defense Fund	\$308,666.00	O2	S5
Grant	Children's Defense Fund	\$296,000.00	O2	S5
Grant	Children's Defense Fund	\$265,000.00	O2	S5
Grant	Epiphany Community Health Outreach Services-(ECHOS)	\$350,000.00	O2	S5

Grant	Epiphany Community Health Outreach Services-(ECHOS)	\$50,000.00	O2	S5
Grant	Foundation Communities	\$150,000.00	O2	S5
Grant	Healthy Futures of Texas	\$150,000.00	O2	S5
Grant	Light & Salt Association	\$100,000.00	O2	S5
Grant	MAM (Memorial Assistance Ministries)	\$153,627.00	O2	S5
Grant	North Pasadena Community Outreach	\$100,000.00	O2	S5
Grant	North Pasadena Community Outreach	\$31,000.00	O2	S5
Grant	SEARCH Homeless Services	\$186,540.00	O2	S5
Grant	Texas Alliance For Health Care c/o Wye River Group	\$80,000.00	O2	S5
Grant	The Beacon of Downtown Houston	\$143,676.00	O2	S5
Grant	Austin Interfaith Sponsoring Committee, Inc.	\$600,000.00	O3	S6
Grant	Avenue Community Development Corporation	\$200,000.00	O3	S6
Grant	BakerRipley	\$400,000.00	O3	S6
Grant	de Beaumont Foundation for the BUILD Health Challenge	\$310,000.00	O3	S6
Grant	East Texas Human Needs Network	\$308,863.00	O3	S6
Grant	East Texas Human Needs Network	\$145,579.00	O3	S6
Grant	Faith in Texas	\$217,500.00	O3	S6
Grant	GAVA Go! Austin/Vamos! Austin	\$219,512.00	O3	S6
Grant	Gulf Coast Leadership Council (GCLC)	\$600,000.00	O3	S6
Grant	Houston Health Foundation	\$272,775.00	O3	S6
Grant	Local Initiatives Support Corporation - LISC	\$146,800.00	O3	S6
Grant	Local Initiatives Support Corporation - LISC	\$184,500.00	O3	S6
Grant	MAM (Memorial Assistance Ministries)	\$59,000.00	O3	S6
Grant	Mi Familia Vota	\$100,000.00	O3	S6
Grant	Mi Familia Vota	\$190,000.00	O3	S6
Grant	Neighborhood Recovery CDC	\$324,706.00	O3	S6
Grant	Network of Behavioral Health Providers Inc	\$150,000.00	O3	S6
Grant	Northeast Texas Public Health District	\$150,000.00	O3	S6
Grant	Rockefeller Philanthropy Advisors - Fund for Shared Insight's	\$105,000.00	O3	S6
Grant	Texas Organizing Project Education Fund-(TOP)	\$500,000.00	O3	S6
Grant	Texas Rural Leadership Program	\$315,000.00	O3	S6
Grant	The Immunization Partnership	\$200,000.00	O3	S6
Contract	UT Health Science Center at Tyler (UTHSCT)	\$49,301.45	O3	S6
Grant	Waco Foundation	\$586,735.00	O3	S6
Grant	Young Invincibles	\$250,000.00	O3	S6
Contract	Alpinista Consulting-Austin	\$57,000.00	O3	S7
Contract	Austin Interfaith Sponsoring Committee, Inc.	\$60,000.00	O3	S7
Contract	Dain & Constance Perry	\$23,000.00	O3	S7
Contract	Don't Push the River, LLC	\$40,500.00	O3	S7

Contract	Houston: reVision	\$60,000.00	O3	S7
Contract	Kaleidoscope Institute	\$55,000.00	O3	S7
Contract	Project Curate	\$40,000.00	O3	S7
Contract	St. John's Episcopal Church-Palacios	\$5,000.00	O3	S7
Grant	First3Years	\$117,064.00	O4	S8
Grant	People's Community Clinic	\$626,466.00	O4	S8
Grant	Santa Maria Hostel, Inc.	\$406,971.00	O4	S8
Grant	Santa Maria Hostel, Inc.	\$140,000.00	O4	S8
Grant	Spring Branch Community Health Center	\$100,000.00	O4	S8
Grant	Spring Branch Community Health Center	\$115,000.00	O4	S8
Grant	Texas Children's Hospital	\$300,000.00	O4	S8
Grant	Angelina County & Cities Health District	\$338,150.00	O4	S9
Grant	Child and Family Research Partnership, LBJ School of Public Affairs	\$110,000.00	O4	S9
Grant	Children's Museum of Houston	\$513,730.00	O4	S9
Grant	Nurse Family Partnership	\$299,430.00	O4	S9
Grant	Palacios Community Hub	\$36,000.00	O4	S9
Grant	Rice University	\$1,117,876.00	O4	S9
Grant	Rupani Foundation	\$60,000.00	O4	S9
Contract	Social Finance, Inc.-Austin	\$200,000.00	O4	S9
Grant	Texans Care for Children, Inc.	\$400,000.00	O4	S9
Contract	Texans Care for Children, Inc.	\$75,000.00	O4	S9
Grant	Texas Children's Hospital	\$133,400.00	O4	S9
Grant	Texas Children's Hospital	\$367,600.00	O4	S9
Grant	TexProtects (The Texas Chapter of Prevent Child Abuse America)	\$100,000.00	O4	S9
Grant	United Way for Greater Austin	\$300,000.00	O4	S9

Appendix B: Co-Funding Investments

Below is complete list of EHF's co-funding investments made in 2019.

Type	Grantee/Contractor	EHF Investment	Co-Funder	Co-Funder Contribution	Total
Grant	Alliance for Strong Families and Communities	\$727,456.00	St. David's Foundation	\$727,457.00	\$1,454,913.00
Contract	Center for Health Care Strategies	\$50,000.00	RWJF	\$50,000.00	\$100,000.00
Grant	City of Houston	\$500,000.00	Arnold Ventures	\$500,000.00	\$1,000,000.00
Grant	Dell Medical School, The University of Texas at Austin	\$2,657,462.00	Michael & Susan Dell Foundation	\$980,000.00	\$3,637,462.00
Grant	Funders Forum	\$100,000.00	Blue Shield of California Foundation	\$15,000.00	\$1,228,380.00
			California Endowment	\$76,400.00	
			Kresge Foundation	\$100,802.00	
			Robert Wood Johnson Foundation	\$636,203.00	
			WK Kellogg Foundation	\$299,975.00	
Contract	George Mason University	\$50,000.00	California Health Care Foundation	\$25,000.00	\$500,000.00
			Commonwealth Fund	\$350,000.00	
			Missouri Foundation for Health	\$75,000.00	
Grant	Health Care for Special Populations dba Patient Care Intervention Center	\$250,000.00	Cullen Trust for Health Care	\$100,000.00	\$350,000.00

Grant	Healthy Women Houston, a component fund of the Greater Houston Community Foundation	\$300,000.00	The Meadows Foundation	\$80,000.00	\$380,000.00
Meeting	HR&A	\$150,000.00	Ford Foundation Houston Endowment	\$200,000.00 \$450,000.00	\$800,000.00
Grant	Palacios Community Hub	\$36,000.00	Siebens Foundation	\$36,000.00	\$72,000.00
Grant	Rockefeller Philanthropy Advisors -	\$105,000.00	Fund for Shared Insight	\$210,000.00	\$315,000.00
Grant	Rockefeller Philanthropy Advisors - Fund for Shared Insight's	\$15,000.00	Rockefeller Philanthropy Advisors	\$15,000.00	\$30,000.00
Contract	SIREN	\$38,998.40	St. David's Foundation Methodist Healthcare Ministries	\$19,499.20 \$38,998.40	\$97,496.00
Contract	Texas A&M University College of Medicine	\$62,500.00	TLL Temple Foundation RWJF	\$62,000.00 \$100,000.00	\$224,500.00
Grant	Texas Alliance For Health Care c/o Wye River Group	\$80,000.00	Houston Endowment	\$80,000.00	\$160,000.00
Contract	Texas Council of Community Centers	\$95,000.00	RWJF	\$120,000.00	\$215,000.00
Contract	Texas Council of Community Centers	\$81,000.00	RWJF	\$120,000.00	\$201,000.00
Grant	Texas Health Institute	\$199,995.00	St. David's Foundation Michael & Susan Dell Foundation	\$200,000.00 \$200,000.00	\$599,995.00

Grant	Texas Organization of Rural & Community Hospitals (TORCH)	\$160,000.00	TLL Temple Foundation	\$380,000.00	\$840,000.00
			TORCH	\$300,000.00	
Contract	Texas Star Alliance	\$50,000.00	Houston Endowment	\$50,000.00	\$100,000.00
Contract	The George Washington University - Milken Institute	\$99,663.00	Commonwealth Fund	\$360,000.00	\$459,663.00
Grant	The University of Texas Health Science Center at Houston	\$1,000,000.00	Cullen Trust for Health Care	\$250,000.00	\$2,450,000.00
			Houston Endowment	\$1,000,000.00	
			Rockwell Fund	\$200,000.00	
Contract	UT School of Public Health	\$75,000.00	Kresge Foundation	\$90,000.00	\$165,000.00
Grant	Vecino Health Centers	\$33,250.00	Cullen Trust for Health Care	\$87,650.00	\$284,535.00
			Houston Endowment	\$66,500.00	
			Rockwell Fund	\$63,135.00	
			Simmons	\$34,000.00	
Contract	Working Partner	\$20,000.00	Cullen Trust for Health Care	\$46,950.00	\$81,950.00
			Houston Endowment	\$10,000.00	
			Rockwell Fund	\$5,000.00	
Contract	Working Partner	\$10,000.00	Cullen Trust for Health Care	\$7,000.00	\$22,000.00
			Houston Endowment	\$5,000.00	