EVALUATION OF EHF'S IMPACT *2020*

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Introduction

Episcopal Health Foundation (EHF) conducts an annual evaluation of its work 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.

Evaluation System

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 to Transformation. Stewardship summarizes the breadth of EHF's financial and non-financial investments for the year. Assessment of Partnership Achievements encompasses what grantees and recipients of our research, training, and consulting services do because of our work. In our third year of the strategic plan, we are beginning to evaluate Pathways to Transformation. This level of evaluation assesses evidence of sustained changes in policies, practices, and funding that impacts the health or healthcare issues of concern at the organizational, community and policy system levels. Our multi-year initiatives and a few longer-term grant investments are examined through this lens.

Stewardship

The 2020 Evaluation Report analyzes the results of 397 active community health investments, 220 of which we initiated in 2020, and 177 which were made in prior years and remained active during 2020. Foundation investments include grants, research projects, and community and congregational engagement programs. Investments may be financial or non-financial in nature.

In 2020, EHF initiated $23.3 million in new financial investments. This represents a combined total of new grants, research projects, engagement activities, and contracts facilitated by the president's office. In addition to these new investments, there are $62.7 million in financial investments from prior years, which were active during 2020. Our non-financial investments included a total of 31 convenings, trainings, and webinars hosted by EHF with 262 organizations represented and 879 individuals attending. In 2020, EHF directly served 54 of the 57 counties in our service area either through financial or non-financial investments.

Partnership Achievements

Our partners include grantees, consultants, and congregations, and we have devised several ways in which we describe and evaluate their work. For each investment, 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. All of our grantees report on indicators specific to their work, which enables us to assess goal attainment. This

mixed-methods evaluation approach is intended to facilitate a deeper understanding of the impact of our work throughout the Diocese. Partnership Achievements by Outcome are summarized below.

OUTCOME 1: Resource allocation and system reform in the health sector reflect the goal of health, not just healthcare

There were 51 new investments for Outcome 1 work in 2020, including 30 grants and 21 programmatic contracts. The focus of this work is to advance systemic reforms in health delivery and financing that enable our partners in our region to tackle the root causes of poor health (i.e., the social determinants of health). The takeaway for Outcome 1 is the importance of the role of building long-term partnerships, particularly where policy or system-level change is the objective. Shifting mindsets and aligning incentives take time, but intentional and continued engagement can and does pay off. Furthermore, we've learned the importance of providing our safety-net partners with capacity-building support through grants and technical assistance. We cannot expect our clinics to do advanced, upstream community prevention work within our usual short-term funding cycles without allowing them the opportunity to build foundational competencies.

Outcome 2: Low-income and vulnerable populations access comprehensive care in their communities

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. Twenty-four grants and 12 contracts were made under Outcome 2, and funding for this work totaled $6.5 million. Additionally, 62 active grants continued from previous years totaling $27 million. Of note is the fact that far fewer grant dollars were awarded across EHF's Strategic Plan in 2020 as EHF funded many grantees for COVID-19 specific needs. Reflecting on the experiences across Outcome 2 grantees encountered many challenges in 2020, largely due to the pandemic. Clinics learned that to be successful in entering a new site, they must first invest in getting to know the community. In rural communities, there is no one-size-fits-all approach to expanding health care services. Establishing trust continued to be the bedrock for enrollment organizations as they worked to facilitate access to coverage and care for marginalized and vulnerable populations during the pandemic.

Outcome 3: Community and congregation members actively shape healthy communities and influence health systems to improve health equity

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: supporting organizations to raise the voices of community members to influence community health and supporting Episcopal congregations in creating conditions to promote community health. Projects in this

outcome include grants and contracts as well as staff-led community and congregational engagement.

In 2020, EHF's financial investment in Outcome 3 was $2.8 million distributed across 16 grants and five contracts. There was a total of 31 non-financial investments made in 2020 including convenings, trainings, and webinars, most of which were led by the Engagement division.

A critical component of the activating community voice work described in Outcome 3 is supporting the over 150 congregations throughout the EDOT in improving community health. In 2020, EHF's congregational engagement team worked with 88 of those congregations on topics such as mental health, racial reconciliation, civic engagement, and poverty. For purposes of evaluation, each year, EHF assesses the degree to which Episcopal congregations engage with our organization. In 2018, most congregations (54%) were not highly engaged with our work (rated either 1 through 3) and only 46% were highly engaged (rated either 4 through 6). However, in 2020, there was a reversal, with 56% of congregations rated as highly engaged with EHF and only 44% rated as not highly engaged.

Another aspect of measuring EHF's congregational engagement activity is examining the community engagement capacity of our highly engaged congregations. This focus is on supporting congregations to cultivate deep partnerships and moving engaged congregations into transformative work. Our assessment reveals that while there is an increase in the number of congregations doing transformational work in their community, most of our highly engaged congregations are still in the developmental stage.

Outcome 4: Health systems and families implement best practices for early childhood brain development during pregnancy and the first 1,000 days of life

Outcome 4 aims to assist health systems and families in implementing leading practices for early childhood brain development (ECBD) during pregnancy and the first 1,000 days of life. In 2020, EHF made 11 new grants and contracts totaling $2.2 million. Twenty-four active grants funded in previous years total $8.4 million.

The area of ECBD is new in Texas and EHF is contributing to its development – we are supporting innovative interventions, building organizational capacity, and driving advocacy work around ECBD. A valuable insight from the challenges experienced during the pandemic was the importance of the trust and relationships that many of the ECBD organizations have built with the communities they serve. These ECBD organizations are connected intimately with the families in their programs, and during this time of crisis, families leaned into these organizations, effectively making them emergency response resources. In turn, these ECBD organizations served as critical resources for state and public entities that needed to disseminate public health

information at the local level. EHF's traditional and COVID-19 funding were critical in helping these trusted organizations continue to serve their communities.

Pathways to Transformation

EHF sees that transformation occurs when there is evidence of sustained changes in policies, practices and/or funding that impacts the health or healthcare issue of concern at the organizational, community and/or policy system levels. While true transformation takes time, this year we saw early signs of this occurring due to several of EHF's investments. Several grants, one long-term initiative, one congregation, and our systemic work demonstrate characteristics that they are on a trajectory toward transformation. We documented this progress, and as we learn about the transformations taking place, we are also working to refine our method for assessing and evaluating these changes in 2021 and beyond.

COVID-19

As EHF faced COVID-19, we stayed true to our mission, yet we also had to be flexible in this unpredictable and frequently changing environment. We set up two supplemental funding cycles for a total of $6 million, and we offered non-financial support to grantees as well. We are on a journey and will continue to learn and document small wins and inevitable missteps. We learned lessons about communication, relationships and partnership. We recognize that philanthropy cannot meet the needs of our communities alone, but through collaboration, funders can serve to mitigate some of the early challenges.

Conclusion- Key Take Aways

Five overarching themes emerged as key takeaways from our 2020 work. These are:

1. We are the leading voice for the "Health Not Just Healthcare" agenda
2. EHF continues to influence and shape the Early Childhood Brain Development sector in Texas
3. The disparities laid bare during the pandemic reenergized our commitment to addressing health equity more explicitly in our work
4. Trust and relationships matter even more in the virtual work environment
5. We continue to refine our evaluation approach, especially in assessing EHF's Pathways to Transformation

INTRODUCTION

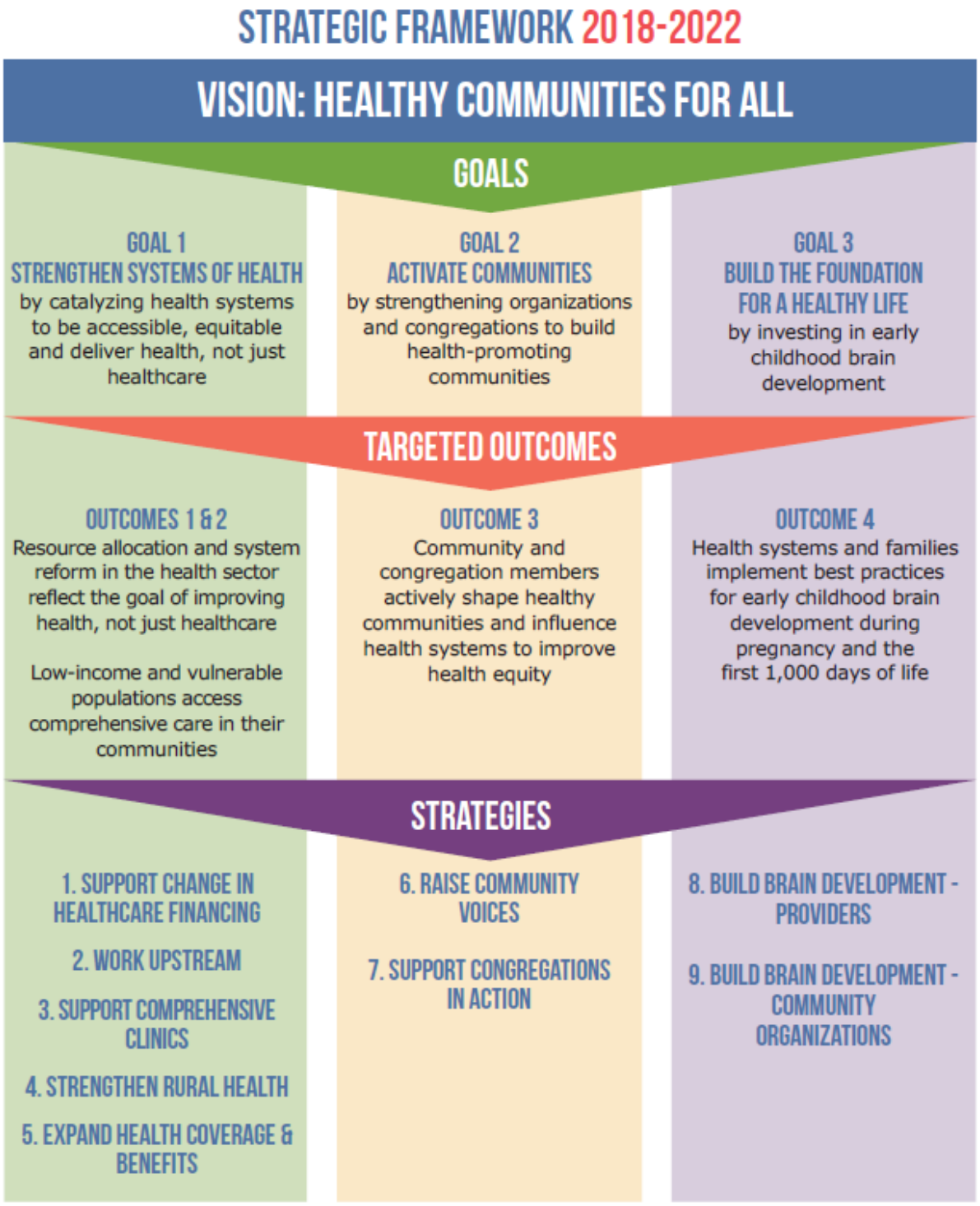
Episcopal Health Foundation conducts an annual evaluation for two primary purposes. First, as an institution of the Episcopal Diocese of Texas (EDOT) and a public charity, EHF strives to be transparent about and accountable for the use of the abundant resources entrusted to us. Second, we want to learn 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 six years, EHF has evaluated our programmatic investment portfolio and presented these results in a yearly evaluation report. The 2020 Evaluation Report analyzes the results of 397 active community health investments, 220 of which were newly initiated in 2020, and the remaining 177 which were made in prior years and remained active during 2020.

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 congregational engagement programs. Notably, 2020 represents the third 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 efforts, the results of our partners' work, as well as early evidence of transformation. 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



EVALUATION SYSTEM

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 to 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 and Partnership Achievements. Now, as we have concluded year three of the Strategic Plan, we have begun to go beyond Stewardship and Partnership Achievements to evaluate Pathways to Transformation. Our multi-year initiatives and a few longer-term grant investments are examined through this lens.

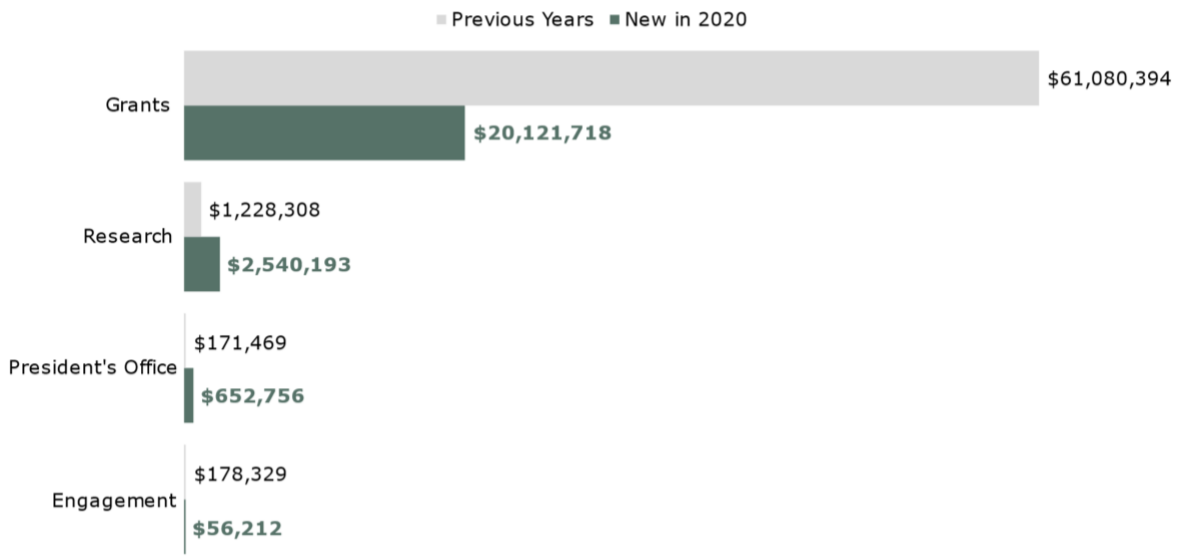
Figure 2. EHF Evaluation System

The report begins with an overview of EHF's investments that were active in 2020; 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 2020 and includes active or ongoing investments from prior years. We examine related successes and challenges, and summarize lessons learned within each 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. This year we also included a special evaluation section on EHF's COVID-19 response. The report concludes with an overall synthesis of lessons learned. Appendix A contains a list of the financial investments included in this report. Appendix B contains a list of co-funded investments made during 2020.

STEWARDSHIP

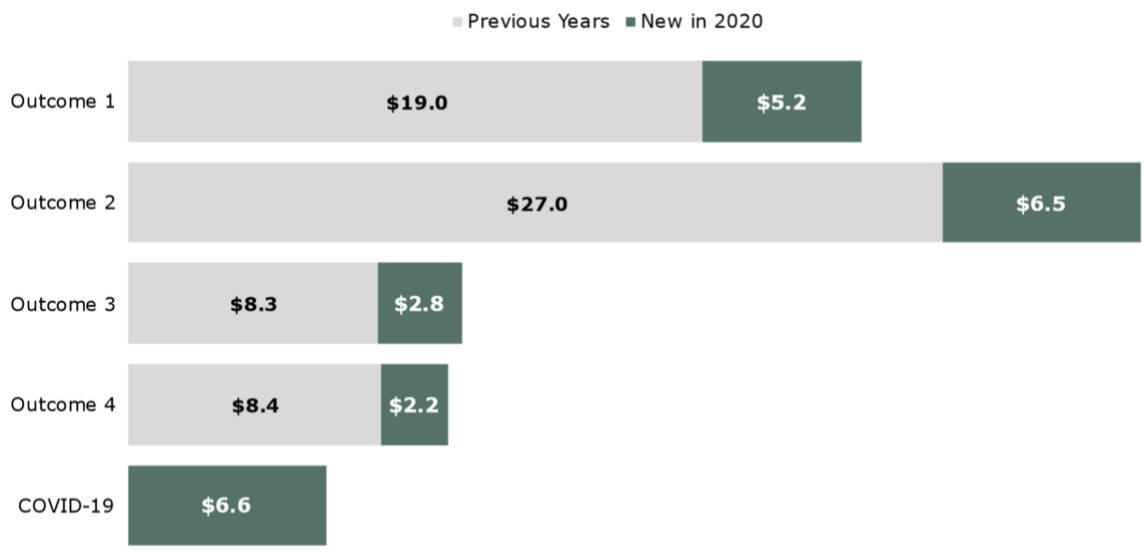
This section summarizes the breadth of EHF's active financial and non-financial investments by Outcome in 2020. In 2020, EHF initiated $23.4 million in new investments to advance its strategies (Figure 3). Most of those investments came in the form of grantmaking, with $20 million in new grants being issued in 2020 as well as $2.5 million in new research projects, $56,000 in support of engagement activities, and $652,000 in contracts facilitated by the president's office. In addition to these new financial investments, there was $62.7 million in investments from prior years, which were active during 2020.

Figure 3. EHF Active 2020 Financial Investments by Division



For all our Outcome areas, total new investments are smaller than in previous years because we postponed new initiatives slated for 2020 and did not issue multi-year grants in light of the pandemic (Figure 4).

Figure 4. EHF Active 2020 Financial Investments by Outcome



Beyond our financial investments, EHF invests a considerable amount of staff time into trainings for and convenings with our grantees, congregations, and other partners. Given the COVID-19 pandemic and the virtual environment we transitioned to, webinars became an essential type of non-financial investment not previously included in past evaluation reports. Overall, in 2020, EHF hosted a total of 31 convenings, trainings, and webinars with 262 total organizations represented and 879 individuals attending (Figure 5).

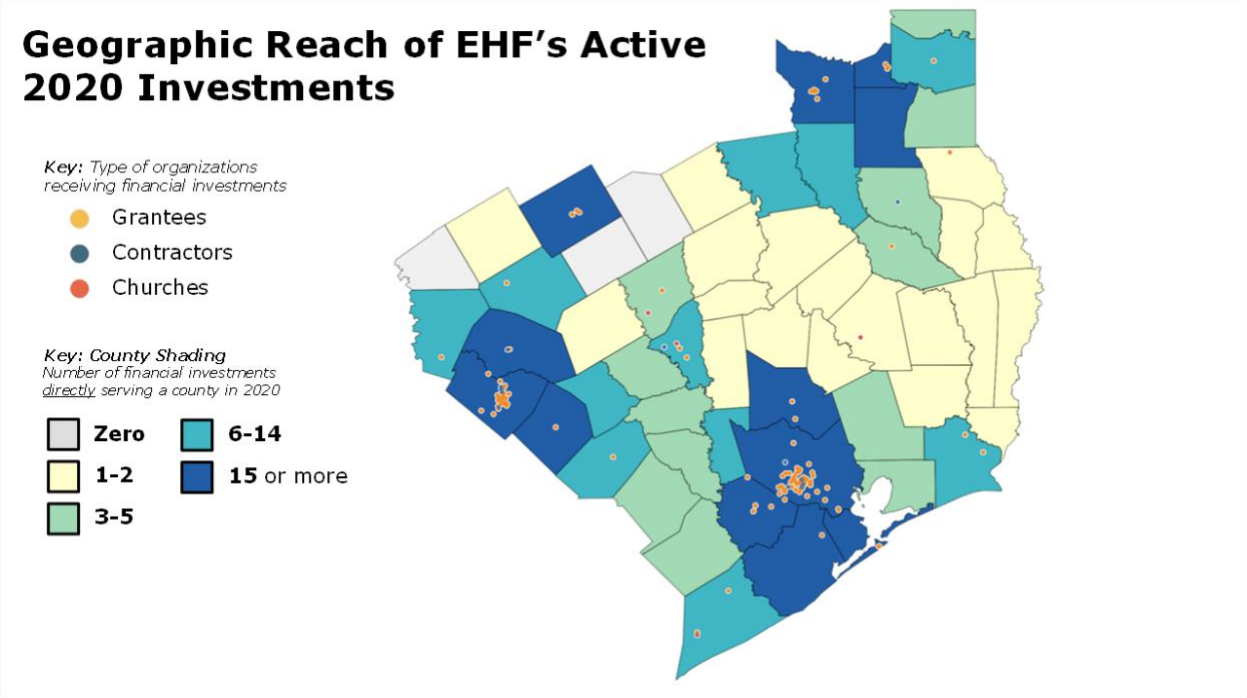
Figure 5. EHF 2020 Non-Financial Investments

Type of Investment	Count of Investments	Number of Organizations Represented	Number of Individuals Attending
Convening	8	81	226
Webinar	7	115	336
Training	16	66	277
Total	**31**	**262**	**879**

Our mission is to serve a population of 11.8 million Texans who are spread across 57 geographically and demographically diverse counties within EDOT. In 2020, we directly served all but three counties in our region, either through financial or non-financial investments. Three years into our strategic plan, a recognizable geographic pattern to our investments has emerged. In 2020, as in previous years, there is a

high concentration of EHF activity and investment in four areas: the Houston metropolitan area, the Austin metropolitan area, the Waco area, and the Tyler/Longview areas of Northeast Texas (Figure 6).

Figure 6. Map of EHF 2020 Active Investments



Of the 54 counties served by an EHF investment, 15 were urban counties, 13 were counties with towns and small cities, and 26 were rural (Figure 7). The bulk of our programmatic work, as in prior years, has been in urban counties, which is where most people live. However, EHF also invested significantly in rural counties and counties with small cities and towns.

Figure 7. EHF 2020 Investments by Type of County

Size	Total Counties Served	Total Investments
Rural	**26** out of 29	80
Town/Small Cities	**13** out of 13	96
Urban	**15** out of 15	313

PARTNERSHIP ACHIEVEMENTS

EHF is 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. All of our grantees report on indicators specific to their work which enables us to assess goal attainment at the conclusion of a grant. 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 detail.

EVALUATION METHODS

We apply the stage and focus framework described below to grants and contracts and to two of the three community engagement initiatives: Healthy Coalitions and Activating Community Voice work. Although each of these grants, contracts, and community engagement activities 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 toward our strategic goals.

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. 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 INDICATORS

EHF uses indicators to assess grantee performance as part of our strategic philanthropy approach. We are interested to learn if the investments we are making are leading to the intended outcomes we have outlined in our current strategic plan. In this effort, EHF has outlined metrics that grantees report on throughout and at the end of the grant funding period. The metrics are specific to the strategies under each Outcome. This process is evolving as we have greater understanding about grantee experiences and learn about how to capture the impacts of our investments.

GRANTEE GOAL ATTAINMENT

One of the initial tasks that grantees and Program Officers work on after an organization is invited to apply for a grant is to develop the grant's goals. Grantees draft these goals based on the work proposed, which is then 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 grant 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 joint assessment between the grantee and the EHF Program Officer.

CONGREGATIONAL ASSESSMENT

EHF tracks how engaged Diocesan congregations 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: Congregations have little to no interaction with EHF.

Level Two: Congregations are exchanging information with EHF.

Level Three: Congregations are hosting presentations or trainings from EHF.

Level Four: Congregations are exploring opportunities for deeper work with EHF.

Level Five: Congregations are actively engaged in EHF's work.

Level Six: 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.

We also assess a congregation's ability to conduct transformative community engagement work outside the walls of the church. This 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

Figure 8. Outcome 1 At A Glance table

At A Glance

New in 2020 = **$5.2 million** (21 contracts & 30 grants)

Continuing in 2020 = **$19 million** (38 grants)

STAGE		FOCUS	
Planning	50	Individual	0
Implementing	35	Organization	51
Evaluating	2	Community	9
Scaling	2	Policy/System	29

- Shifting mindsets and aligning incentives takes time, intentional and continued engagement can and does pay off
- Before our safety-net partners can succeed at advanced, upstream community prevention work, we must provide resources to help build foundational capacities

Outcome 1 emphasizes our mission to advance systemic reforms in health delivery and financing that enable our partners to tackle the root causes of poor health (i.e., the social determinants of health). The investments under this outcome involve two distinct but mutually reinforcing strategies. The first strategy is to support healthcare financing changes to incent investment in improving community health. The second strategy consists of supporting community-based clinics to address social determinants of health.

STAGE AND FOCUS

In 2020, there were 51 investments for Outcome 1 work, including 30 grants and 21 programmatic contracts. The overwhelming majority of investments in Outcome 1 are in the planning and implementation stages. Given how nascent SDOH work is in Texas, we are increasingly learning that more time is needed to affect delivery and financing reform. Moreover, most of these investments focus on impacting system-level transformation or capacity building at the organizational level, which makes sense given the nature of the work (Figure 9).

Figure 9. Evaluation Framework – Outcome 1

Stage of Work	
Planning	50
Implementing	35
Evaluating	2
Scaling	2

Focus of Work	
Individual	0
Organization	51
Community	9
Policy/System	29

SUCCESSES AND CHALLENGES IN ACHIEVING OUTCOME 1 GOALS

Collectively, our SDOH grantees reported serving close to 22,000 low-income patients (Figure 10). Of those, our clinic partners identified 7,585 patients as being at-risk after SDOH screening and referred 4,562 patients to SDOH services. Most importantly, 2,261 patients reported having one or more SDOH issue mitigated due to EHF grant-funded work.

Figure 10. Grantee Indicators – Working Upstream

Indicator	Anticipated Results	Actual Results
1) Number low-income patients served at clinic (required)	19,299	21,907
2) Number of patients whose screens identify them as being at-risk	4,850	7,585
3) Number of patients referred to SDOH services	2,270	4,562
4) Number of patients that have one or more SDOH issues mitigated	0	2,261

**Expected results are specified by grantees and jointly agreed upon with EHF program officers at the start of the grant. Progress achieved are final numbers attained at the grant's end.*

As in previous evaluation reports, it is essential to highlight EHF's challenges regarding Outcome 1 work. The first is the barriers unique to the current political and economic environment in Texas. Texas state government, for example, resisted expanding Medicaid coverage, and consequently, the state has the largest number and highest percent of uninsured in the country. The large and growing uninsured population places financial pressures on safety-net providers, which causes them to be risk-averse and focus mainly on addressing the immediate needs of clients/patients rather than working on longer-term prevention strategies.

In addition to the environmental context, there are challenges inherent to system-level transformation work. One major challenge is that various health system actors have distinct and conflicting priorities and incentives, that are challenging to align. Another relates to the time horizon necessary to see change. Producing tangible results from system-level transformation work takes years, which is a deterrent for stakeholders who want to see short-term wins. Another complicating factor is that many proposed SDOH interventions and financing models are novel and untested in Texas. Hence, there is no guarantee for success and experimentation requires a certain amount of risk-taking to implement a long-term strategy that may not eventually work. Lastly, a challenge that continues to make this work difficult is that our safety-net healthcare providers, notably smaller FQHCs and rural clinics, often lack the infrastructure and capacity to engage in SDOH and payment reform.

EHF and its partners continue to identify and focus on strategies to mitigate and overcome these barriers. Three years into our Strategic Plan, we have begun to refine and embrace the following three-pronged approach to accomplishing the goals described in Outcome 1.

The first approach is engaging with healthcare payors to encourage them to shift resources toward upstream community prevention and incorporate SDOH into their evolving payment models**.** Given the central role of Texas Medicaid and Medicaid Managed Care Organizations (MCOs)in healthcare financing for low-income Texans, EHF has cultivated a relationship with these stakeholders over several years. While this work is slow-moving, in 2020, there were several positive developments. A key example was the engagement with MCOs and Texas Medicaid in a learning collaborative facilitated by an EHF contractor. The MCO learning collaborative led to spinoff projects with individual MCOs. These major healthcare payors continue to view EHF as a critical resource on SDOH.

CAPACITY BUILDING

We increasingly realize that building core capacities and infrastructure is an undervalued first step to strategically advancing into sustainable community prevention work.

The second approach is building and strengthening community health clinics' organizational capacity to address the underlying causes of poor health in the broader communities they serve. EHF achieves this through individual grants to clinic partners and our Community-Centered Health Homes (CCHH) initiative that formally concluded in 2020.

In addition to these findings, an external evaluation of our CCHH initiative revealed that participating clinics reported deepening their understanding of and commitment to community prevention. Clinics also reported developing the ability to build relationships with partners in their community and using data for community action. Despite these early successes, we recognize that sustaining this work beyond the grant cycle remains challenging for clinics. We learned from CCHH and our clinic based SDOH work that explicit and intentional focus on financial sustainability is often missing.

Another theme across the clinic learnings was the importance of collecting, analyzing, and sharing data to understand patients' SDOH needs to inform patient care. One successful grant that demonstrated this was a two-year grant to invest in building a billing and data reporting infrastructure to assist with chronic disease management. Clinic staff leveraged the clinic systems changes made possible by this grant to support broader population health projects related to SDOH. The accumulated learning from these various investments was the impetus for launching the Clinics Pathway Approach (CPA) initiative, which launched in early 2021. We designed CPA to offer our clinic partners the resources necessary to strengthen their capacity to engage in population health management, analyze data, and build other critical operational and financial capabilities to address SDOH.

Our third approach is to support the implementation and testing of novel financing models that use cross-sector approaches designed to sustain SDOH interventions. Given that our non-profit partners are risk-averse, EHF invests heavily in assuming the financial risk of testing novel models for financing SDOH interventions. Two significant investments of this type are the Texas Accountable Communities for

Health Initiative (TACHI) and the Collaborative Approach to Public Good Investment (CAPGI) project. While both initiatives are in their early stages, key lessons can already be drawn, including the value of providing sufficient time for planning, the importance of a robust and effective backbone organization, and the necessity of intentional focus on financial sustainability from the outset. The earlier experiences of these initiatives also demonstrated how the impact of COVID-19 varies. Whereas the pandemic delayed the launch of TACHI and has made it difficult for collaboratives to meet effectively, the CAPGI project has been able to move from planning to implementation with minimal interruption. This difference is due primarily to the lead organization's extensive experience as an effective and trusted backbone in the Waco community.

To summarize, the key takeaway to draw from EHF's Outcome 1 work in 2020 is to appreciate the role of building long-term partnerships. Shifting mindsets and aligning incentives take time, but intentional and continued engagement can and does pay off. Furthermore, we have learned the importance of providing our safety-net partners with capacity building support through grants and technical assistance. We cannot expect our clinics to do advanced, upstream community prevention work within our usual short-term funding cycles without allowing them the opportunity to build foundational competencies.

OUTCOME 2

Figure 11. Outcome 2 At A Glance table

At A Glance

New in 2020 = **$6.5 million** (12 contracts & 24 grants)

Continuing in 2020 = **$27 million** (62 grants)

STAGE		FOCUS	
Planning	21	Individual	36
Implementing	74	Organization	43
Evaluating	1	Community	0
Scaling	2	Policy/System	19

- All Outcome 2 grantee work was impacted by COVID-19; established relationships and trust were key facilitators for the continuity of work
- Leveraging cross-sectoral relationships is key to extending coverage and care to vulnerable populations across the health system

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. Twenty-four grants and 12 contracts were made under Outcome 2, and funding for this work totaled $6.5 million. Additionally, 62 active grants in Outcome 2 continued from previous years totaling $27 million. Of note is the fact that far fewer grant dollars were awarded across EHF's Strategic Plan in 2020 as EHF funded many grantees for COVID-19 specific needs.

Specifically, new funds for comprehensive clinic care in 2020 advanced the integration of behavioral health services into primary care settings. Our 2020 investments in rural health continued to go deeper with existing grantees to increase the availability of mental health services in rural communities. New grants to increase health coverage enrollment focused on underserved populations and immigrants. Of the grants that ended in 2020, community clinics replicated successful clinic practices in new sites, rural-serving organizations expanded mental health services, and enrollment organizations were strengthened through organizational capacity funds. All the grantee work in Outcome 2, whether newly funded, continuing, or concluding, was heavily overshadowed by COVID-19 as grantees pivoted from prior goals to operate in the pandemic environment.

EHF also commissioned several research reports to generate data about access to health coverage and care. We doubled down on our policy and advocacy efforts around Medicaid expansion, recognizing the unique opportunity presented to us in the protracted pandemic environment and the 2021 legislative session.

STAGE AND FOCUS

Regarding stage and focus of each grant or project, Outcome 2 work is primarily implementing services, and although the services are being delivered to patients, the focus of the funding is on the organization – capacity building, training, and staff, to be able to provide those services. Additionally, funding for enrollment services impacts individuals, so much of the work fell in that category as well. Our advocacy work represents a policy/system focus. (Figure 12).

Figure 12. Evaluation Framework – Outcome 2

Stage of Work	
Planning	21
Implementing	74
Evaluating	1
Scaling	2

Focus of Work	
Individual	36
Organization	43
Community	0
Policy/System	19

GOAL ATTAINMENT BY GRANTEES

It is notable that clinic services in urban and rural areas were disproportionately affected by the pandemic. They saw a decrease in patient visits and revenue because of COVID-19; clinics delayed or cancelled the implementation of new programs; and school clinics were forced to close completely. As such, more than half of those grantees that only partially met goals were clinics (Figure 13). Two grantees exceeded their goals, one by demonstrating cost effectiveness of a behavioral health model in pediatric practices and the other by strengthening enrollment services through trust built in the community.

Figure 13. Grantee Goal Attainment – Outcome 2

Rating	Number of Grants
Exceeded Goals	2
Met Goals	15
Partially Met Goals	11
Struggled to Meet Goals	0
Not Rated	3

SUCCESSES AND CHALLENGES IN ACHIEVING OUTCOME 2 GOALS

Comprehensive Care

Cumulatively grantees met close to 75% of their goal to serve patients once an infrastructure was built (Figure 14), clinics realized that there are many external administrative and environmental factors beyond their control that can impact even the best planning. Several clinics noted that they plan to be more conservative in making future projections on grantee reports.

Figure 14. Grantee Indicators – Comprehensive Care

Indicator	Anticipated Results	Actual Results
1) Number of low-income patients to benefit once infrastructure built (required)	68,100	48,684
2) Number of new appointment times available (Required)	250	283

**Expected results are specified by grantees and jointly agreed upon with EHF program officers at the start of the grant. Progress achieved are final numbers attained at grants' end.*

The greatest influence on clinics in 2020 was the crippling impact of COVID-19. The onset of the pandemic required that clinics had to shift their focus away from any efforts that did not pertain to COVID-19. This meant both attending to and accommodating internal staff care and clinic modifications while also meeting COVID patient needs. Many of the clinic grants were one-year grants that were scheduled to end two months after the onset of the pandemic. The timing of COVID-19 was such that clinics had spent the first part of their grant term expanding into new locations or building a clinic capacity and then when they were ready to offer services, their efforts were delayed or cancelled because of COVID-19. Clinics also faced challenges specific to their program work that was unrelated to COVID-19. An ongoing challenge, although not new this year, was recruiting staff, and the time it takes to credential new providers. The grantees encountering these challenges received no cost extensions of their grants and are now set to complete their work in 2021.

Notably in this difficult year, clinics realized successful lessons as well. The clinics that were expanding into new communities found that local relationships were key. Engaging local non-profit and civic partners early to learn about resident needs, especially around social determinants, was critical to inform the clinic's initial approach and acceptance in a community. Clinics found that the investments they made to truly integrate, not just locate, in a community were worthwhile.

Rural Health

The two rural grantees collectively surpassed their anticipated results to expand the number of new appointment slots by 200% (Figure 15). While there was a drop in demand for in-person services during the pandemic, the transition to telehealth visits greatly expanded access and availability of care in rural areas. Grantees acknowledge that the challenge will be keeping up with the demand for mental health services.

Figure 15. Grantee Indicators – Rural Health

Indicator	Anticipated Results	Actual Results
1) Number of low-income patients to benefit once infrastructure built (required)	846	613
2) Number of new appointment times available (Required)	1,270	2,582

**Expected results are specified by grantees and jointly agreed upon with EHF program officers at the start of the grant. Progress achieved are final numbers attained at grants' end.*

RURAL HEALTH

EHF investments in 2020 advanced efforts to improve access to care in rural communities. Notably, we recognize that there is not a one-size-fits-all approach to rural health, as each community has its own set of unique challenges, needs, and resources.

Successes have also surfaced this year from EHF's focus on rural health. Two of our grantees have continued to advance their mental health work in the communities they serve. The first grantee piloted a mental health and SDOH screening program with three high schools. This work strengthened school partnerships and leveraged relationships to spark a new focus on mental health throughout the community. Similarly, the second grantee achieved great success engaging community members in individual and group counseling services through virtual platforms. They exemplify the unique challenge facing rural health, that every community has different resources and needs and there is no one-size-fits-all approach to this work. These mental health grantees are key partners for health care in rural areas where opportunities for integrated behavioral health are more limited.

Findings from an EHF-funded research project designed to assess and enhance partnership opportunities among non-urban community health centers also elicited insights. Clinic providers indicated that, although they were already involved in federally supported, health center-controlled networks, they would benefit from more one on one provider-to-provider partnerships. Their most pressing needs were around data management and health information technology resources, and they

were also concerned about lack of patient access to specialty care. These lessons will inform future EHF efforts to strengthen primary care collaborations in the EDOT.

In 2020, we supported a peer-to-peer learning community and process evaluation of three grantees that were awarded funds in 2019 to establish Health Resource Centers (HRCs) in their respective communities. Since the nature of this work is largely dependent on community outreach and engagement, both our HRC grantees and the project leads encountered challenges upholding the original project work scope and timeline due to COVID-19. Key takeaways from the joint learning cohort and evaluation underscore the need for continued support in rural Texas communities, in addition to the need for building trust, cultivating shared leadership, and engaging informal networks in our efforts to improve community health.

Health Benefits Coverage and Enrollment

The indicators that health coverage grantees strive towards essentially build upon each other with the ultimate goal to ensure that individuals who get enrolled in coverage actually use the benefits to receive care. A review of the indicators in Figure 16 shows that grantees exceeded their expectations related to the first touch with clients – screening and informing clients about health coverage options. They fell short, but not by much, in getting individuals to submit applications. Then, of those who did submit applications, fewer than anticipated were accepted. This is an area for further investigation so we can understand why more individuals aren't being accepted for benefits. Explanations for this could include that an agency is not appropriately identifying those individuals who are eligible for coverage or there could be problems related to assisting an individual with correctly completing the application. While enrolling in coverage is a first step, the goal of this work is ultimately focused on helping individuals get the care they need, and grantees were successful in this area.

Figure 16. Grantee Indicators – Health Benefits Coverage and Enrollment

Indicator	Anticipated Results	Actual Results
1) Number of individuals screened for health enrollment eligibility*	2,800	4,691
2) Number of eligible individuals that are informed about health benefit program options	16,235	40,527
3) Number of eligible individuals that submitted application to health or other benefits program	13,290	11,135
4) Number of individuals that are accepted by health benefit program	12,595	7,842
5) Number of individuals covered who reported being connected to a regular source of primary care	725	879
6) Number of individuals who used health benefit for themselves or their families	1,035	2,327

**Expected results are specified by grantees and jointly agreed upon with EHF program officers at the start of the grant. Progress achieved are final numbers attained at grants' end.*

One of the focuses of the work under Outcome 2 is supporting organizations that enroll individuals in health coverage programs such as Medicaid, Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA) Marketplace plans. We also fund enrollment into health-related programs such as the Supplemental Nutrition Assistance Program (SNAP) and SSI/SSDI Outreach, Access and Recovery (SOAR) and to local health coverage programs through county hospital districts.

Although the onset of COVID-19 brought disruption and instability, enrollment grantees transitioned relatively successfully to a virtual format early in the pandemic. This transition brought to light the burdensome and inefficient manual processes that these organizations had engaged in to conduct in-person enrollment. As part of this experience, and with knowledge gained through EHF's organizational effectiveness funding, these organizations realized the need to shift more processes online and train employees to utilize technology to facilitate enrollment. The use of technology is still new in the enrollment sector. Further understanding of this innovation is warranted as this could be an area for EHF to support with funding or technical assistance to advance and strengthen this work.

In addition to COVID, another ongoing challenge enrollment organizations faced in 2020 was the negative political climate. Many of the clients that enrollment organizations serve are immigrants, refugees, and disenfranchised individuals and families. Anti-immigrant sentiment and rhetoric coupled with the impending threat of the Public Charge Rule[1], many clients were fearful to seek enrollment services. Because several of these enrollment organizations also offer food pantry and other

[1] A "public charge" rule is an element of immigration law. Public charge is one of the grounds of inadmissibility for new immigrants. The U.S. government defines a public charge as a person who is "primarily dependent on the government for subsistence," as demonstrated by either (1) the receipt of public cash assistance for income maintenance or (2) institutionalization for long-term care at government expense. From approximately February 24, 2020 through March 8, 2021, a stricter, more onerous version of the public charge rule was in effect. Criticized as a "wealth test" for immigrants, this version of the rule forced intending immigrants to qualify on several income and/or wealth-based criteria. After March 9, 2021, the public charge rule reverted back to the previous public charge rule.

social services, the organizations were able to reach clients through these programs to facilitate enrollment and they met or exceeded their goals. These challenges were uplifted in an EHF-funded research study looking at Houston-area efforts to reduce the chilling effects among immigrant families due to the Public Charge Rule. This research revealed key lessons for maximizing the impact of on-the-ground advocacy and education efforts, including the need for increased training for frontline staff; expanded collaboration and partnerships; and a centralized approach to communicate simple, consistent, and rapid messaging around these issues.

Much of EHF's work around advocacy and influencing policy happens in Outcome 2. As part of this effort, EHF funded several research studies to learn more about the potential financial and economic impacts of expanding Medicaid. The findings of these reports were used as factual evidence to support EHF's advocacy efforts around the benefits of expanding Medicaid in Texas.

Reflecting on the experiences across Outcome 2, EHF grantees encountered many challenges in 2020. Through these adversities, they made difficult, but necessary changes. They learned while doing the work, and these experiences bolstered them to meet the needs of the vulnerable populations they serve. Clinics realized that to be successful in entering a new site, they must first invest in getting to know the community by building cross-sectoral relationships with local organizations and participating in local civic events. In rural communities, there is no one-size-fits-all approach to expanding health care services, as this work is highly dependent on the relationships, resources, and needs within the community. Establishing trust continued to be the bedrock for enrollment organizations as they worked to facilitate access to coverage and care for marginalized and vulnerable populations. The insights gleaned this year will only serve to strengthen these grantees and inform future work in the EDOT.

OUTCOME 3

Figure 17. Outcome 3 At A Glance table

At A Glance

New in 2020 = **$2.8 million** (5 contracts & 16 grants)*

Continuing in 2020 = **$8.3 million** (25 grants)

STAGE		FOCUS	
Planning	17	Individual	5
Implementing	31	Organization	17
Evaluating	1	Community	19
Scaling	0	Policy/System	8

- COVID-19 reaffirmed that our work is timely and resonates with congregation and community partners
- Advocacy and community organizing efforts advance health, not just healthcare

**The number of grants and contacts contributing to the total financial amount here will not add up to the total number of activities rated under stage and focus. This is because congregational engagement contracts are counted as part of the financial investments but are not rated for stage and focus.*

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: supporting organizations to raise the voices of community members to influence community health and supporting Episcopal congregations in creating conditions to promote community health. After completing three years of the strategic plan, EHF's work is centered around forging deeper, more strategic connections with our partners to drive transformational change within community health.

Projects in this outcome include grants and contracts as well as staff-led community and congregational engagement. Our primary mechanisms for accomplishing this work are through technical assistance and financial support of communities and organizations.

In 2020, EHF's financial investment in Outcome 3 was $2.8 million distributed across 16 grants and five contracts. A large portion of our financial investments were grants awarded to community organizations. While the total dollar amount does include congregational engagement contracts, we did not apply the stage and focus framework to any congregational activities because that work has a separate evaluation framework outlined below.

There was a total of 31 non-financial investments made in 2020 including convenings, trainings, and webinars, most of which were led by the Engagement division staff 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 (Figure 18). Since the

goal of Outcome 3 is to activate communities and congregations to improve community health, this finding is consistent with the work we are accomplishing in this area. We have continued to make investments in planning, training, and other types of capacity building with congregations and community organizations which they are now able to implement. Similarly, the primary focus of most projects is to strengthen the capacity of our partner organizations to improve community health.

Figure 18. Evaluation Framework – Outcome 3

Stage of Work	
Planning	17
Implementing	31
Evaluating	1
Scaling	0

Focus of Work	
Individual	5
Organization	17
Community	19
Policy/System	8

GOAL ATTAINMENT BY GRANTEES

EHF awarded 11 Outcome 3 grants in 2020 totaling $2.8 million. Many of these grantees focus on aspects of community organizing, including leadership development, advocacy, and/or capacity building. Most operate in primarily urban communities, although a few include rural communities in their work. There were 18 Outcome 3 grants that concluded in 2020 and were evaluated for goal attainment by the Program Officers. In looking at Figure 19 below, most grantees met or partially met their goals. The single grantee that struggled to meet its goals was significantly impacted by COVID-19. The nature of this grantee's work involved bringing together acute care and outpatient clinic representatives, a task made nearly impossible due to the pandemic. The unused funds were returned to EHF. Only one grantee received a no-cost extension due to COVID-19.

Figure 19. Grantee Goal Attainment – Outcome 3

Rating	Number of Grants

Exceeded Goals	0
Met Goals	13
Partially Met Goals	3
Struggled to Meet Goals	1
Not Rated	1

SUCCESSES AND CHALLENGES OF ACHIEVING OUTCOME 3 GOALS

Grants and Contracts

Outcome 3 grantees have achieved or exceeded their anticipated results. They achieved 120% of their original goal for numbers of organizations engaged to learn about a campaign to change policy or practice in the sector (Figure 20).

Figure 20. Grantee Indicators – Raise Community Voices

Indicator	Anticipated Results	Actual Results
# of community leaders in low-income communities to be engaged as a result of new capacity	20	123
# of low-income communities to be engaged as a result of new capacity	3	3
# of organizations engaged to learn about the campaign to change policy or practice in the sector	26	32
# of organizations that actively advocated for the campaign for policy or practice change	20	26
# of policy changes achieved	6	7

**Expected results are specified by grantees and jointly agreed upon with EHF program officers at the start of the grant. Progress achieved are final numbers attained at grants' end.*

As a result of previous EHF funding, a grantee was doing widespread community engagement/development work in an East Texas county with goals to broaden their work to additional communities. In 2020, EHF funded the grantee to expand intotwo neighboring counties, however, the grantee did not have the same close ties within those two communities. Since they did not have the support of local leaders, the grantee encountered challenges engaging community members and was unable to replicate the success from the original county.

With EHF funding support, another grantee advanced their organizational capacity for advocacy. Their approach to advocacy was two-fold and included educating HHSC

staff and legislators, while also inviting those individuals to coalition meetings to receive information. As a result, this grantee successfully advocated at the legislature for a budget increase for women's health programs. This was largely due to their long-standing relationships and proactive communication with leadership at Texas Health and Human Services Commission (HHSC).

EHF also awarded nearly $500,000 in contracts to 5 organizations to support the work in Outcome 3. This included a contract to perform a financial analysis of six small, grassroots-oriented grantees that are heavily dependent upon philanthropic funding. Findings from this study show that these organizations demonstrate relatively stable business models in comparison to the larger non-profit sector. One major takeaway from the study is that community organizing work is long-term and slow moving in nature, so measuring short-term outputs and managing single year grants can be challenging for these grantees.

Community Engagement

In 2020, the Community Engagement team entered year two of their realignment to EHF's overall five-year Strategic Plan. By narrowing the focus to be more strategic, we are beginning to develop deeper relationships with our community partners for a greater impact. 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. This work is facilitated through three programs, the Activating Community Health Leaders program (ACHL), the Activating Community Voices (ACV) program, and the Healthy Coalitions Initiative (HCI). The ACHL program was placed on hold for the majority of 2020 due to COVID-19. Evaluation of the ACV and HCI programs follows.

The purpose of the ACV program is to equip partner organizations to engage effectively with the communities they serve. EHF assesses our partners' level of community engagement across a continuum of five levels. Of the six participating grantees in 2020, five grantees were at the beginning stages while one grantee was more involved. As a result of the ACV workshops, the grantees were able to test new community engagement activities or strengthen existing community engagement work. COVID-19 greatly influenced the direction of this program in 2020, as we pivoted to offer the workshop in an online format via Zoom.

One key learning from our second year of the ACV program is that this work requires a high level of commitment from participants to change the way they operate, both organizationally and culturally, to engage staff members across the organization. In 2020, it became clear that we must continue beyond the initial workshop and offer technical assistance and coaching to all participants for a period of time following completion of the ACV program.

In 2020, the Community Engagement team launched the first-year pilot of the Healthy Coalitions Initiative to support high functioning health-oriented coalitions to take action to improve health. Following a planning phase in 2019 that laid the foundation for the work, we identified three coalitions to pilot the initiative. However, due to the pandemic, only two coalitions were able to fully participate in this year's pilot.

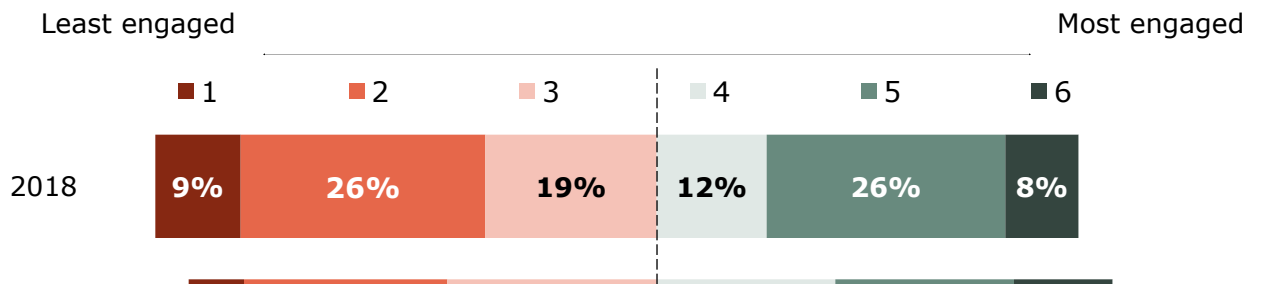
Since the pilot was launched at the onset of COVID-19, our early learnings have been largely influenced by the pandemic experience. For example, although the virtual environment enabled the work to progress at a faster pace in some instances, it took longer to gain a full understanding of the leadership dynamics within each coalition. Other learnings we have gleaned from the initial pilot phase center around culture and power dynamics within coalitions. We've learned that the coalitions' decision-making process is collaborative, not top-down, and different organizations have different understandings and participate at different levels, so it is important to share information with all organizational members so that they are all in agreement. It is also important to understand where coalitions are in their life cycle. Coalitions that have recently formed and are early in their lifecycle, may not have the capacity to receive engagement from EHF. Ultimately, our experience in 2020 shows us that building bridges and collaborative efforts are important, especially during COVID-19.

Congregational Engagement

A critical component of the activating community voice work described in Outcome 3 is supporting the over 150 congregations throughout the EDOT in improving community health. In 2020, EHF's congregational engagement team worked with 88 of those congregations on topics such as mental health, racial reconciliation, civic engagement, and poverty. While the congregational engagement team originally planned to host in-person training, convenings, and gatherings, the COVID-19 pandemic required them to transition to a solely virtual environment.

For purposes of evaluation, each year, EHF assesses the degree to which Episcopal congregations are engaging with our organization. As the chart in Figure 21 shows, at the beginning of our Strategic Plan in 2018, most congregations (54%) were not highly engaged with our work (rated either 1 through 3) and only 46% were highly engaged (rated either 4 through 6). However, in 2020, there was a reversal, with 56% of congregations rated as highly engaged with EHF and only 44% rated as not highly engaged. This finding is particularly striking given how difficult engagement work continues to be during the COVID-19 pandemic.

Figure 21. Percent of Congregations by Level of Engagement



Although we track the level of engagement we have with our congregational partners, we acknowledge that our strategic goal is not to have all 150+ congregations be highly engaged with us at any one time. Instead, the focus is cultivating deep rather than more partnerships and moving engaged congregations into transformative work. Therefore, another aspect of measuring EHF's congregational engagement activity is examining the community engagement capacity of our highly engaged congregations. The data reveals that while there is an increase in the number of congregations doing transformational work in their community, most of our highly engaged congregations are still in the developmental stage (Figure 22).

As previously mentioned, one major success we saw in 2020 was the number of congregations that engaged with EHF even in the face of the COVID-19 pandemic and the restrictions on in-person gatherings. It was partly because the COVID-19

Figure 22. Number of Congregations per Community Engagement Capacity

	2020	2019	2018
Developmental	55	49	46
Transitional	27	24	20
Transformational	6	5	3

pandemic and the national conversations on racial inequality affirmed the importance of EHF's congregational engagement team's work on mental health, racial reconciliation, and civic engagement. Despite the difficulty of translating dynamic in-person trainings and meetings to a virtual environment, the congregations committed to engaging with EHF. Many congregations found innovative ways to support their communities during the pandemic. For example, one of our congregational partners in the Austin area played a key leadership role in working with a social service organization to secure rent and food support to residents during the pandemic.

One high-priority area of EHF's congregational engagement in 2020 was strengthening engagement with Spanish-speaking Episcopal congregations. EHF hired a native Spanish-speaking EDOT lay leader to help us build relationships with Spanish-speaking congregations and parishioners. While EHF was intentional about engaging with and translating material for Spanish-speaking communities, we learned more work is needed to tailor our programming (for example, racial reconciliation) to Hispanic communities' unique cultural experiences.

A central area of congregational engagement work that EHF paused was the Holy Currencies program which is a model for "stewardship and vitality moving beyond 'time, talent and treasure' to create missional and sustainable ministries."[2] There was no new Holy Currencies cohort in 2020 due to the pandemic. Nevertheless, the pause did allow EHF the opportunity to reassess Holy Currencies. One major lesson was that the Holy Currencies program had reached a saturation point where we have already engaged the congregations who are most ready and eager to participate. Now EHF is identifying strategies to retool the program to reach congregations that are harder to engage and learn from our previous cohorts to identify strategies for overcoming common challenges to sustaining successful ministries.

Looking back on the work in Outcome 3, there are recurring themes of note from the year. First, the COVID-19 pandemic, and other events of 2020, reaffirmed that the focus of this work is resonating with our congregations and community-based partners. The work we supported to engage communities in conversations, specifically around mental health, racial justice, poverty, and organizing, was timely and relevant to current events happening in Texas and nationally. Second, Outcome 3 efforts around advocacy and community organizing offer opportunities to advance EHF's work in health, not just healthcare. As we enter our fourth year of the Strategic Plan, EHF is well-positioned to leverage mature relationships in these efforts.

OUTCOME 4

Figure 23. Outcome 4 At A Glance table

[2] https://www.kscopeinstitute.org/holy-currencies-1

At A Glance

New in 2020 = **$2.2 million** (3 contracts & 11 grants)

Continuing in 2020 = **$8.4 million** (24 grants)

STAGE		FOCUS	
Planning	12	Individual	16
Implementing	20	Organization	15
Evaluating	0	Community	1
Scaling	6	Policy/System	6

- EHF is advancing the growth of the ECBD field by funding innovative, promising practices as well as evidence-based interventions that are new to Texas
- Authentic partnerships with families and stakeholders are the key to success in building the ECBD field locally

Outcome 4 aims to assist health systems and families in implementing leading practices for early childhood brain development (ECBD) 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 beginning at or before birth. We award grants to healthcare providers to strengthen screening and referral systems for maternal depression and child development, and fund organizations to provide education and related resources to expecting parents, caregivers, and families with young children.

In 2020, EHF awarded 11 new grants and three new contracts totaling $2.2 million. Twenty-four active grants funded in previous years total to $8.4 million. Some of these grants are rooted in evidence-based research and others are new and innovative pilots. They are taking place throughout the EDOT in small communities and large urban areas. Early childhood work is not new in Texas, but the work around early childhood *brain development* is not widespread, and through our research and funding experiences, we are learning multiple lessons about how to support and grow this work equitably in diverse populations and geographies throughout the EDOT.

STAGE AND FOCUS

As the field of ECBD is still new and growing, much of what EHF is funding is in the early stages of planning and implementation. A few projects fall in the category of being scaled. Those are evidence-based models that have been proven in other communities or specific populations and are new in the EDOT (Figure 24).

Regarding the focus of impact, much of the ECBD work is aimed at influencing behavior with individuals, including parents and caregivers. A great deal of the work is also geared towards organizational change in clinics and/or community-based non-profits. Also, because public programs and policies play a critical role in supporting the growth and development of a child, some effort in 2020 was focused on the policy and/or system level.

Figure 24. Evaluation Framework – Outcome 4

Stage of Work	
Planning	12
Implementing	20
Evaluating	0
Scaling	6

Focus of Work	
Individual	16
Organization	15
Community	1
Policy/System	6

GOAL ATTAINMENT BY GRANTEES

The majority of grants that ended in 2020 met or exceeded their goals (Figure 25). It is notable that the only grantee that exceeded its goals worked on capacity building through an EHF organizational effectiveness (OE) grant. This grantee has received funding from EHF in previous years. Over time they have grown, established a positive reputation in the community they serve, and deepened organizational partnerships. EHF's multi-year program investments have contributed to this and the OE grant has helped them build capacity for organizational resiliency and sustainability.

Figure 25. Grantee Goal Attainment – Outcome 4

Rating	Number of Grants
Exceeded Goals	1
Met Goals	5
Partially Met Goals	3
Struggled to Meet Goals	0
Not Rated	0

SUCCESSES AND CHALLENGES IN ACHIEVING OUTCOME 4 GOALS

The work we fund with providers happens in clinics; some examples include piloting a new attachment screening tool and setting up a peer parent support network based in the clinic. The work in community organizations includes home visiting programs, group-based education, and advocacy work. In both areas, grantees anticipate program results and report their achievements. Some of the indicators track program participation, but in the area of ECBD, our real goal is to see changes in knowledge, awareness, and skills around attachment and brain development. There are indicators that monitor these outcomes as well. This year, across both areas, many of the actual results fell short of the anticipated results (Figures 26 and 27). As has been noted, the impact of COVID-19 on ECBD programs was significant, and these shortcomings are most likely the result of the pandemic.

Figure 26. Grantee Indicators – Building Brain Development (Providers)

Indicator	Anticipated Results	Actual Results
# of children 0-3 to benefit from parent/caregiver participation in program	750	308
# of parents/caregivers of children 0-3 that increased awareness about early childhood brain development needs	750	26
# of parents/caregivers of children 0-3 that increased serve-and-return skills	750	24
Connecting Parents to Resources (CPTR): # of expecting parents and/or parents of young children (0-3) participating in the program building healthy young brains	4,000	3,599
CPTR: # of parents/caregivers of children 0-3 that increased serve-and-return skills	130	62
Maternal Screening (MS): # of expecting mothers and/or mothers of young children (0-3) referred to resources and supports to address maternal depression or another mental health condition	225	60
MS: # of expecting mothers and/or mothers of young children (0-3) that were administered a maternal depression screening at least once using a validated tool	5,000	3,977
MS: # of expecting mothers and/or mothers of young children (0-3) whose screens identify them as being at risk of maternal depression or another mental health condition	250	203

**Expected results are specified by grantees and jointly agreed upon with EHF program officers at the start of the grant. Progress achieved are final numbers attained at grants' end.*

Figure 27. Grantee Indicators – Building Brain Development (Community Organizations)

Indicator	Anticipated Results	Actual Results
# of children 0-3 to benefit from parent/caregiver participation in program	10,167	9,552
# of parents/caregivers of children 0-3 participating in the program	10,452	9,289
# of parents/caregivers of children 0-3 that increased awareness about early childhood brain development needs	8,618	9,622
# of parents/caregivers of children 0-3 that increased serve-and-return skills	7,175	551
# of parents/caregivers of children 0-3 that increased understanding of the impact of primary caregiver-child interactions on early childhood brain development	7,481	6,539
# of parents/caregivers of children 0-3 that reported improved emotional connection with a child following program completion	7,126	177

**Expected results are specified by grantees and jointly agreed upon with EHF program officers at the start of the grant. Progress achieved are final numbers attained at grants' end.*

As much of this work relies on in-person support with parents and caregivers, the impact of COVID-19 and the need for organizations to swiftly shift to virtual experiences was difficult for many ECBD grantees, especially smaller organizations. The time and effort it took organizations to pivot to a virtual platform revealed organizational disparities. Programs located in urban areas and/or affiliated with larger institutions such as hospitals and universities transitioned more easily. Smaller, community-based organizations struggled more. Nine grantees across Outcome 4 requested no-cost extensions, some extending to 2021, to allow them more time to complete the work.

A valuable insight from the challenges experienced during the pandemic was the importance of the trust and relationships that many of the ECBD organizations have built with the communities they serve. These ECBD organizations are connected intimately with the families in their programs, and during this time of crisis, families leaned into these organizations, effectively making them emergency response resources. In turn, these ECBD organizations served as critical resources for state and public entities that needed to disseminate public health information at the local level. EHF's traditional and COVID-19 funding were critical in helping these trusted organizations continue to serve their communities.

Another lesson we are seeing emerge this year concerns one-year ECBD grants. We are learning that one year is not enough in this area of work where the interventions are original and innovative—even when the grantee requests only single year funding. Grantees need time to pilot and learn from the work. Also, populations served in ECBD programs are in a more fragile time of their lives. They would benefit from consistent relationships with program providers. For programs to be successful,

this work requires continuity. Consistent multi-year funding is beneficial to ECBD programs and their work with families. Although this came to our attention concerning ECBD grants, we are increasingly seeing that this is true across all of our investments.

FAMILY ENGAGEMENT IN ECBD

Family partnerships are needed in the planning stages to inform culturally appropriate program development and implementation.

A review of program outcomes over the last few years has surfaced a trend among some of the ECBD projects that we have funded: they are struggling to recruit families for participation and there is lower than desired uptake in these ECBD programs. Further examination into these experiences has shown that organizations have not been engaging families in the early stages of program development. Best practices in early childhood literature identify the critical role of partnerships with parents and/or caregivers around input in the development of programs. This is especially true of programs intended to serve low-income families and families of color that have experienced historical inequities and have mistrust of institutions.[3] Centering families in the work can promote equity. Authentic engagement with families that are reflective of local culture and language can increase chances for program participation, opportunities for learning, and improved outcomes. EHF is learning from these experiences and is prioritizing family engagement in our funding to build equitable ECBD programs going forward.

Active and newly funded research projects in 2020 are also helping to advance knowledge and practice in Texas' ECBD sector. Since policymakers are key to bringing best practices and policies for children to local communities in Texas, EHF commissioned a research study to inform messaging about ECBD. The research findings are outlined in a messaging guide intended to be used as a tool for stakeholders while communicating with policymakers about ECBD related policies.

As has been reiterated, the area of ECBD is new in Texas and EHF is contributing to its development – we are supporting innovative interventions, building organizational capacity, and driving advocacy work around ECBD. Although EHF is taking risks, these efforts are based on trusting relationships that we have built through funding and collaborating with organizations and providers across this field in recent years. EHF was an early investor in ECBD, we are influencing the growth of this field, and as we look ahead, we want to continue taking risks while investing where our contributions are needed and where they have the greatest impact.

PATHWAYS TO TRANSFORMATION

[3] https://www.newamerica.org/education-policy/edcentral/centering-equity-authentic-family-engagement-bi-directional-engaging-meaningful-family-partnerships/

EHF sees that transformation is occurring when there is evidence of sustained changes in policies, practices and/or funding that impacts the health or healthcare issue of concern at the organizational, community and/or policy system levels. We recognize that transformational change can sometimes be slow, and evidence of sustained change only becomes clear over several years.

ORGANIZATIONAL LEVEL TRANSFORMATION occurs when there have been long term and sustained changes in an organization's internal policies or practices, and/or in related financing that will continue when EHF's funding ends.

COMMUNITY LEVEL TRANSFORMATION occurs when there has been sustained community level changes in policy, practice or financing driven by collaboration and results in improvement to community conditions or access to community health assets.

POLICY SYSTEM-LEVEL TRANSFORMATION occurs when there have been sustained changes in health, healthcare or intersectoral policy and/or in related financing that will continue when EHF's funding ends. Policy changes can be discerned through changes in problem definition, agenda setting, policy development, policy implementation, and policy evaluation.[4]

EHF's investments over the current Strategic Plan are intended to create change. Sometimes this change is episodic or transactional, other times, there is intentional investment over several years that lays the groundwork for transformational change.

A review of EHF's investments over the first three years of our strategic plan are showing early signs that EHF may be facilitating transformation. Several grants, one long-term initiative, one congregation, and our systemic work are demonstrating characteristics that they are on a trajectory toward transformation at the organizational, community and policy system levels. [5]

Early Signs of Organizational Level Transformation

At the organizational level, EHF funding has facilitated significant changes for three grantees over multiple funding cycles. These organizations have received funding for programmatic work and organizational effectiveness (OE) capacity. The areas of focus and circumstances for these grantees are unique, however, each was recognized as in process of transformation because they are experiencing positive development that represents early change. They are implementing new policies and procedures for board recruitment and retention, leadership and governance, internal communication, and programming. They are also diversifying, leveraging, and

[4] Kingdon, John (2003). Agendas, Alternatives, and Public Policies (2nd ed.). New York, NY: Pearson.
[5] https://journals.sagepub.com/doi/pdf/10.1177/1098214020933689

increasing funding. These changes demonstrate internal and external organizational growth and lay a foundation for longer term stability and sustainability.

A common thread among these grantees is the capacity building or organizational effectiveness funding that EHF has provided to each of them. There is much to learn about the factors that influence and sustain a transformation, and we specifically need to assess the role that organizational effectiveness funding plays in transformation. We will consider and evaluate these factors as we monitor these and other grantees that are affecting transformational level change.

As we document our progress this year and learn about the transformations taking place, we are also working to refine our method for assessing and evaluating these changes in 2021 and beyond.

Early Pathways of Community Level Transformation: Case Study #1

At the community level, one congregational partner is facilitating early change in community systems. This congregation has built trusting relationships with local service providers including law enforcement, the housing authority, and the local Community Resource Coordination Group. Through these relationships and a local need, the congregation has established a program to deliver Mental Health First Aid (MHFA) programming for adult probationers across three county systems. Success of working through this system has led to the creation of a church-run support group for additional marginalized populations.

Several early insights lead us to believe this church is on the pathway to transforming mental health service delivery at the community level. The church has built internal capacity to provide the MHFA services, and they are developing a network with community resources to reach at-risk populations. The approach this church is taking to meet the mental health needs in the community by embedding these services in established community systems has potential for sustainability. Although it is unclear if and how this work can continue, working through established systems to deliver needed services is promising, as is the receptivity of these community systems to incorporating mental health services into their existing programming. The groundwork is in place for these services to consistently reach populations in need. Although it is still too early to declare if this work is truly transformative, we will continue to monitor and capture lessons.

Early Pathways of Community Level Transformation: Case Study #2

EHF's earliest multi-year investment, CCHH, was implemented to facilitate community level transformation. The purpose of the initiative was to support community clinics to improve population health and address the social determinants of health. Twelve clinics in the EDOT joined with their community partners to address

the root causes of poor health in their communities. Although the formal initiative has ended, the work is embedded in clinic and community processes, and we see early signs for greater transformation.

This clinic-community initiative was intended to create lasting clinic and community change, and early external evaluation findings show that this work has the potential to be transformative. Clinics have revised internal processes to focus on community prevention, including utilizing tools and establishing relationships for community-level referrals. Some clinics are even taking system and policy level action to improve population health. The clinics are changing the way they operate internally and in their external relationships. There is evidence that they are on a pathway to community level transformation, and as these clinics develop and grow beyond the formal initiative, we will continue to monitor their work in the coming year.

Some Small Wins in State Policy System Transformation: Texas Medicaid and Health Plans

Our multi-year partnership with Texas Medicaid is paying off in 2020. Building upon existing work, Texas Medicaid approached EHF in April 2020 seeking assistance to develop SDOH strategies as part of Texas DSRIP Transition Plan to the federal government. The report, which drew on an EHF-supported SDOH strategy report, has become an important policy document that demonstrates Texas' commitment to addressing the SDOH needs of Medicaid beneficiaries.

Additionally, our work on SDOH has informed and influenced the SDOH agenda of major Medicaid stakeholders in the state. In January 2021, one of the statewide health plan associations created a 2-page SDOH legislative position paper entitled "Addressing Social Barriers to Care During COVID-19 and Beyond" for the current legislative session, based on our work. More recently, both health plan associations advocated for a budget rider to direct HHSC to explore rate setting strategies that would incorporate SDOH into the Medicaid payment structure. It remains to be seen what will happen, however, it is encouraging to see the two health plan associations being active in the legislative arena to advance an SDOH agenda.

AN EVALUATION OF EHF'S RESPONSE TO COVID-19

In March 2020, the COVID-19 pandemic struck quickly and dealt an immediate blow to individuals, organizations, and communities. Many of EHF's grantees were on the front lines, providing clinical services and meeting health-related community needs. To survive and continue functioning in this new COVID-19 environment, these non-profits had to change the way they were operating and do so quickly. EHF recognized that our grantee partners needed support and that although EHF's traditional giving processes could not meet this unforeseen need, we were in a position to help our partners. EHF's leadership decided that our response efforts should offer assistance in the short-term, but also consider implications for the long term. We continued supporting existing partners and stayed true to our strategic plan aimed at improving the health of people in our 57-county service area.

Although we will not be able to evaluate the full impacts of our efforts for some time, EHF's leadership met to reflect on EHF's COVID-19 responses in 2020 and capture early insights to inform our efforts going forward. Additionally, we conducted a review of COVID-19 and disaster philanthropy literature and identified five themes: timely communication, partnerships, rapid response grantmaking, flexibility and strategies for sustainability.[6,7,8,9,10,11] These ideas are the framework through which we discuss EHF's COVID-19 response and early lessons learned.

TIMELY COMMUNICATION WITH STAKEHOLDERS

EHF's approach to communicating about the ongoing pandemic was guided by three key tenets: 1) develop a long-term, strategic response in addition to a short-term, reactive response; 2) use the entirety of EHF's resources, not just financial resources, including convenings, trainings, and workshops; and 3) remain aligned with the four outcome areas of the Strategic Plan.

Our communications response included informing our grantees and other stakeholders about health and healthcare policy issues at the forefront of the pandemic. We streamlined and coordinated communication efforts to focus our messaging around SDOH and health equity. EHF produced timely research reports to underscore the importance of these issues during COVID-19 and beyond. We commissioned research to estimate the economic impacts of health disparities in Texas during COVID-19. Staff also wrote several issue briefs and blogs relating to current issues in the evolving pandemic environment, including one estimating the initial impact of COVID-19 job losses on health coverage in Texas.

---

[6] https://philanthropynewyork.org/sites/default/files/resources/Best%20Practices%20in%20Disaster%20Grantmaking.PDF
[7] https://www.mckinsey.com/industries/public-and-social-sector/our-insights/a-transformative-moment-for-philanthropy
[8] https://www.gih.org/publication/no-time-for-business-as-usual-health-philanthropy-responds-to-the-covid-19-pandemic/
[9] https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.01137#:~:text=The%20Health%20Resources%20and%20Services,Relief%2C%20and%20Economic%20Security%20Act
[10] https://www.urban.org/urban-wire/health-philanthropy-will-play-critical-role-responding-covid-19
[11] https://philanthropynewyork.org/sites/default/files/resources/Best%20Practices%20in%20Disaster%20Grantmaking.PDF

PARTNERING TO MAXIMIZE IMPACT

As we planned to launch the first statewide public opinion poll on Texans' experiences during COVID-19, EHF built upon existing relationships to partner with Arnold Ventures, St. David's Foundation, and Methodist Healthcare Ministries. EHF's $258,000 was supplemented by additional funding of $198,000 from these foundations. This enabled an oversampling in three urban areas which permitted greater insight into the impact of COVID-19 in Texas. The statewide and three regional reports generated attention from media and key stakeholders across the EDOT and Texas.

Peer funders are recognizing EHF as a thought partner and potential collaborator. For example, the OneStar Foundation, a statewide fund affiliated with the Governor, requested EHF's assistance to develop a COVID-19 dashboard to inform internal grantmaking decisions for their Texas COVID-19 Relief Fund efforts. Research staff also assisted OneStar in calculating a composite score to identify the most vulnerable populations/regions of high priority in Texas.

RAPID RESPONSE GRANTMAKING AND FLEXIBILITY

EHF set up two supplemental funding cycles for a total of $6 million to meet the needs of existing grantees. The funds were set up to help EHF grantees maintain continuity of operations in the face of increased demand and/or decreased revenue and to support organizations with new and different service challenges resulting from the pandemic. The application and decision-making process timeline was shorter than a traditional cycle. Applications were reviewed on a rolling basis and funds were made available within 15 business days of the decision date. Organizations could apply for funding in both cycles and their only administrative requirement was a brief final report due within 30 days after the end of the grant.

Through this effort, EHF provided 101 grants to 66 grantees for individual amounts ranging from $10,000 to $100,000 for a total of $6 million. These dollars supported new and emerging needs required by the pandemic. EHF also contributed $2 million to the EDOT's COVID-19 relief fund which was used for similar purposes by EDOT institutions.

SUSTAINABILITY STRATEGIES

In developing our strategic approach to the pandemic, the intent was to allocate our dollars and resources in a manner that would build the capacity of our partners to remain sustainable and adaptable in the pandemic environment. By listening and responding to the needs of our partners, EHF launched a loan fund for grantees and offered a virtual workshop series for navigating online platforms.

In consideration of FQHC's long term financial needs, EHF set up the Texas Clinic Emergency Loan Fund (TXCELF) to make additional discretionary dollars available to

FQHC grantees for ongoing COVID-19 related emergency needs. As additional support for this impact investing effort, EHF also engaged a consultant to provide technical assistance around debt and financial management to the grantee borrowers. EHF's TXCELF loan fund provided six loans ranging from $500,000 to $1 million for a total of $4.8 million. Two other peer funders provided grants to cover the fund's operating costs and partial loan loss reserves.

LEARNING AND MOVING FORWARD

EHF's responses to COVID-19 are catalogued here so that we can learn from these early lessons and apply them in our work going forward. In our communication response to the emerging public health crisis, we positioned ourselves as a trusted and reliable information source for the communities we serve. By partnering with peer funders we were able to leverage our financial investments and amplify the impact of our response to COVID-19. We changed grantmaking processes to make it easier to receive money faster. In the new COVID-19 funding opportunities that we created, we built in flexibility and tried to reduce grantee burden. Regarding our internal initiatives, we pivoted our programmatic work which meant either delaying the start of major initiatives or transitioning work to fit the current context. Overall, EHF's COVID grantmaking actions in 2020 demonstrate that our work was aligned with many of the recommendations mentioned in the literature. EHF acted early and with a plan. We worked within our established infrastructure to understand local need.

A key learning from this work is that while most of our partners had to pivot quickly in response to the pandemic, our financial and non-financial resources supported the sustainability of our grantees and community partners. Furthermore, our focus on building the operational and engagement capacity of these organizations enabled our partners to implement sustainable strategies that may eventually be integrated into their work beyond COVID-19.

As EHF faced COVID-19, our efforts were anchored in and guided by our Strategic Plan, but we also pivoted, adapted, and tried new approaches. The role of partnerships was key. Philanthropy cannot meet the needs of our communities alone, but through collaboration, funders can serve to mitigate some of the early challenges. Throughout the COVID-19 experience, we have found that above all, established relationships are critical in times of disaster. Ongoing communication with partners can help understand local need, while collaboration is a way to leverage dollars and maximize impact. Staying true to our mission kept us focused, yet we also had to be flexible in this unpredictable and frequently changing environment. We are on a journey and will continue to learn and document small wins and inevitable missteps. The immediate path forward is focused on sustaining the work, and we will be able to draw on lessons learned during the COVID-19 pandemic to inform our efforts and our responses to remaining and future public health challenges.

CO-FUNDING

In 2020, EHF continued to pursue opportunities to maximize impact by co-investing in projects with other funders. EHF invested $6,182,456 in 6 co-funded grants in 2020, to which 13 other foundations collectively contributed $3.8 million. EHF also invested $360,000 in 4 co-funded research projects, to which seven other foundations contributed $732,620. Three co-funded projects were sponsored out of the President's Office where EHF allocated $360,250, and at least three other donors contributed $349,750. A complete list of 2020's co-funded investments can be found in Appendix B.

CONCLUSION – KEY TAKEAWAYS

Five overarching themes emerged as key takeaways from our 2020 work. These are:

1. We are the leading voice for the "Health Not Just Healthcare" agenda
2. EHF continues to influence and shape the Early Childhood Brain Development sector in Texas
3. The disparities laid bare during the pandemic reenergized our commitment to addressing health equity more explicitly in our work
4. Trust and relationships matter even more in the virtual work environment
5. We continue to refine our evaluation approach, especially in assessing EHF's Pathways to Transformation

We are the Leader in Advancing the "Health Not Just Health Care" Policy Agenda

The protracted COVID-19 pandemic has generated unprecedented attention and new urgency to address social determinants of health or causes of poor health in Texas and nationally. By drawing on our multi-disciplinary approaches and resources, including grantmaking, research, and engagement, we framed news stories, research reports, and other communications to highlight the importance of addressing SDOH at the policy, system, community, and organizational levels over the past year. Our leadership on this important topic expands beyond providing an SDOH grant to organizations or funding an SDOH poll. As documented in this report, EHF has become the leader and go-to resource for many state agencies, health plans, healthcare providers, universities, and policy organizations in shaping the Health Not Just Health Care agenda in the state.

EHF continues to influence and shape the Early Childhood Brain Development sector in Texas

EHF continues to influence the growth and development of the early childhood brain development (ECBD) sector. While a well-developed sector focused on early childhood issues has existed within the state, EHF's contribution and influence has been focused on bringing attention to early childhood *brain development* in the first three years of a child's life. This is a change from the long-standing focus on literacy and school readiness. EHF is contributing to and advancing this sector through our grantmaking, research investments, and advocacy efforts. To further reinforce progress in the ECBD sector, EHF is also networking and leveraging connections to create opportunities for shared learning in this flourishing field.

Addressing Health Equity is an Important Priority of EHF Work

As we learn from painful racial tension and the disproportionate impact of the pandemic on minority communities, health equity is even more important and will become more intentionally integrated into all of EHF's work as we refresh our strategic plan during 2021. We brought attention to this important issue by providing grants to organizations serving minority communities, supported a racial justice

program with our congregations, and funded a research project examining the economic impact of COVID-19 related health disparities in Texas. We are undertaking an equity audit which will give us more clarity about how to align and integrate health equity across our Strategic Plan.

Trust and Relationships Matter Even More In the "Virtual" Work Environment

The pandemic has caused a major shift in how we communicate, interact, and conduct our business with peer funders, government agencies, grantees, congregations, and partners. We have had some successes in convening grantees, congregations, and stakeholders in the virtual work environment. But we also understand that it is very challenging to develop and deepen relationships in the Zoom environment. Much of EHF's success in 2020 was built upon our existing relationships and trust with our partners.

We Continue Refining Our Evaluation Approach, Especially in Assessing EHF's Pathways to Transformation

In the first two years of the strategic plan, the focus of our evaluation was on stewardship and partnership achievements. As 2020 marks the third year of our plan, we are now sharing additional aggregate level data on grantee indicators to provide an enterprise-level perspective. We are also conducting portfolio reviews across various areas of work. As we just launched the ACH and CPA initiatives, we expect to have more in-depth evaluation findings on what works and what does not. We expect to clarify and deepen our Pathways to Transformation evaluation approach next year.

APPENDIX A: FINANCIAL INVESTMENTS INCLUDED IN THE 2020 EVALUATION REPORT

This report includes analyses of EHF's new 2020 investments as well as ongoing or completed investments, which were initiated in prior years. These different groups of investments are listed separately. Investments such as grants to the EDOT, grants to Episcopal Relief and Development, small grants and step-down grants are excluded from evaluation. Investments are listed in alphabetical order.

New Financial Investments in 2020: $23.2 Million

Type	Organization	Amount	Outcome
Grant	Asian American Health Coalition of the Greater Houston Area, Inc. (HOPE Clinic)	$10,000	O1
Grant	Avenue Community Development Corporation	$210,000	O1
Grant	Bastrop County Cares	$210,000	O1
Grant	CommUnityCare	$10,000	O1
Grant	East Texas Border Health Clinic dba Genesis PrimeCare	$155,000	O1
Grant	El Centro de Corazon	$10,000	O1
Grant	Fort Bend Family Health Center, Inc., d/b/a AccessHealth	$150,000	O1
Grant	Fort Bend Family Health Center, Inc., d/b/a AccessHealth	$10,000	O1
Grant	Healthy Women Houston	$280,000	O1
Grant	Heart of Texas Community Health Center, Inc.	$150,000	O1
Grant	Heart of Texas Community Health Center, Inc.	$10,000	O1
Grant	Lone Star Circle of Care	$150,000	O1
Grant	Lone Star Circle of Care	$210,000	O1
Grant	Lone Star Circle of Care	$10,000	O1
Grant	Lone Star Family Health Center	$150,000	O1
Grant	Lone Star Family Health Center	$10,000	O1
Grant	Matagorda Episcopal Health Outreach Program (MEHOP)	$10,000	O1
Grant	Memorial Hermann Community Benefit Corporation	$178,983	O1
Grant	Northeast Texas Public Health District	$120,000	O1
Grant	Northwest Assistance Ministries	$500,000	O1
Grant	People's Community Clinic	$152,675	O1
Grant	People's Community Clinic	$10,000	O1
Grant	Project HOPE The People To People Health Foundation, Inc.	$75,000	O1

Grant	Sabine Valley Regional MHMR Center DBA Community Healthcore	$210,000	O1
Grant	Special Health Resources for Texas, Inc.	$10,000	O1
Grant	Stephen F. Austin Community Health Network	$10,000	O1
Grant	Texas 2036	$100,000	O1
Grant	The George Washington University	$75,000	O1
Grant	The Texas A&M University System Health Science Center	$210,000	O1
Grant	Williamson County and Cities Health District	$210,000	O1
Contract	Baumgartner LLC	$7,005	O1
Contract	Center for Health Care Strategies	$87,336	O1
Contract	Center for Health Care Strategies	$141,126	O1
Contract	Georgia Health Policy Center	$172,646	O1
Contract	John Snow, Inc. Research and Training Inst	$49,450	O1
Contract	Johns Hopkins Carey Business School	$45,000	O1
Contract	Johns Hopkins Carey Business School	$45,000	O1
Contract	Leavitt Partners	$48,000	O1
Contract	Masters Policy Consulting	$10,450	O1
Contract	Open Referral	$13,000	O1
Contract	Parkland Center for Clinical Innovation	$15,000	O1
Contract	Parkland Center for Clinical Innovation	$499,888	O1
Contract	Parkland Center for Clinical Innovation	$32,500	O1
Contract	Sellers Dorsey & Associates LLC	$6,600	O1
Contract	Starling Advisors	$100,080	O1
Contract	Texas Council of Community Centers	$60,000	O1
Contract	The George Washington University-Milken Inst	$149,954	O1
Contract	The University of Texas at Austin	$10,000	O1
Contract	University of Houston	$90,25	O1
Contract	Urban Institute	$30,964	O1
Grant	Andrews Center	$75,000	O2
Grant	Baylor College of Medicine - Teen Health Clinic	$100,000	O2
Grant	Boat People S.O.S., Inc.	$130,000	O2
Grant	Children's Defense Fund	$212,500	O2
Grant	Epiphany Community Health Outreach Services-(ECHOS)	$255,000	O2
Grant	Every Texan formerly Center for Public Policy Priorities	$150,000	O2
Grant	Healthcare for the Homeless - Houston	$180,000	O2
Grant	Houston Immigration Legal Services Collaborative	$250,000	O2
Grant	Light & Salt Association	$89,216	O2
Grant	Lone Star Circle of Care	$600,000	O2

Grant	Mama Sana Vibrant Woman	$100,000	O2
Grant	Mental Health America of Greater Houston	$600,000	O2
Grant	Planned Parenthood Gulf Coast, Inc.	$450,000	O2
Grant	Planned Parenthood of Greater Texas	$450,000	O2
Grant	Samaritan Counseling Center of East Texas	$150,000	O2
Grant	Samaritan Counseling Center Of Southeast Texas	$83,500	O2
Grant	SEARCH Homeless Services	$193,226	O2
Grant	Tejas Health Care	$309,050	O2
Grant	The Beacon of Downtown Houston	$83,519	O2
Grant	The Council on Recovery	$150,000	O2
Grant	The Harris Center for Mental Health and IDD	$250,000	O2
Grant	The Texas Campaign to Prevent Teen Pregnancy	$225,000	O2
Grant	The Rose	$400,000	O2
Grant	Vecino Health Centers	$281,500	O2
Contract	Constance Hughes	$9,600	O2
Contract	John Snow, Inc. Research and Training Inst	$48,637	O2
Contract	Manatt, Phelps & Phillips, LLP	$30,000	O2
Contract	SSRS	$258,750	O2
Contract	Stephen F. Austin School of Social Work	$92,000	O2
Contract	Texas A&M University - The Bush School of Government	$15,400	O2
Contract	Texas Rural Leadership Program	$38,000	O2
Contract	Texas Star Alliance	$30,000	O2
Contract	Texas Star Alliance	$105,000	O2
Contract	The Perryman Group	$108,400	O2
Contract	UT Health Science Center at Tyler	$12,500	O2
Grant	Austin Interfaith Sponsoring Committee, Inc.	$300,000	O3
Grant	BakerRipley	$250,000	O3
Grant	Bluebonnet Trails Community Services	$135,000	O3
Grant	Children's Defense Fund	$150,000	O3
Grant	Communities for Better Health	$115,400	O3
Grant	Communities Foundation of Texas, Inc.	$150,000	O3
Grant	Communities Foundation of Texas, Inc.	$60,000	O3
Grant	Equidad ATX, Inc.	$250,000	O3
Grant	Fifth Ward Community Redevelopment Corporation	$150,000	O3
Grant	Gulf Coast Leadership Council	$300,000	O3
Grant	Healthy Futures of Texas	$75,000	O3
Grant	Texas Organizing Project Education Fund	$250,000	O3
Grant	The Immunization Partnership	$125,000	O3

Grant	United Way for Greater Austin	$45,000	O3
Grant	United Way for Greater Austin	$11,700	O3
Grant	Young Invincibles	$200,000	O3
Contract	Amanda Timm Consulting	$44,975	O3
Contract	Claire Soard Consulting	$1,737	O3
Contract	Dain & Constance Perry	$9,500	O3
Contract	Mission Capital aka Greenlights	$19,000	O3
Contract	Nonprofit Finance Fund	$80,500	O3
Contract	Urban Institute	$75,000	O3
Grant	Angelina County & Cities Health District	$170,000.00	O4
Grant	AVANCE Austin	$200,000	O4
Grant	Heart of Texas Community Health Center, Inc.	$108,300	O4
Grant	Partners in Parenting	$50,000	O4
Grant	People's Community Clinic	$330,638	O4
Grant	Rupani Foundation	$200,000	O4
Grant	Santa Maria Hostel, Inc.	$175,000	O4
Grant	Texas Children's Hospital	$395,000	O4
Grant	Texas Pediatric Society	$88,000	O4
Grant	TexProtects (The Texas Chapter of Prevent Child Abuse America)	$125,000	O4
Grant	The University of Texas Health Science Center at Houston	$250,000	O4
Contract	MAYA Consulting	$75,000	O4
Contract	UNT Health Science Center	$26,967	O4
Contract	UT Health Science Center at Tyler	$40,000	O4
Grant	Andrews Center	$50,000	COVID-19
Grant	Andrews Center	$50,000	COVID-19
Grant	Angelina County & Cities Health District	$90,000	COVID-19
Grant	Asian American Health Coalition of the Greater Houston Area, Inc. (HOPE Clinic)	$85,000	COVID-19
Grant	Asian American Health Coalition of the Greater Houston Area, Inc. (HOPE Clinic)	$85,000	COVID-19
Grant	Austin Interfaith Sponsoring Committee, Inc.	$60,600	COVID-19
Grant	Austin Travis County Mental Health and Mental Retardation Center dba Integral Care	$30,000	COVID-19
Grant	Austin Travis County Mental Health and Mental Retardation Center dba Integral Care	$70,000	COVID-19
Grant	AVANCE Austin	$30,000	COVID-19
Grant	Avenue 360 Health & Wellness	$100,000	COVID-19
Grant	Avenue Community Development Corporation	$25,500	COVID-19
Grant	BakerRipley	$32,000	COVID-19

Grant	BakerRipley	$65,325	COVID-19
Grant	Baylor College of Medicine - Teen Health Clinic	$50,000	COVID-19
Grant	Baylor College of Medicine - Teen Health Clinic	$50,000	COVID-19
Grant	Boat People S.O.S., Inc.	$10,000	COVID-19
Grant	Casa Marianella	$70,000	COVID-19
Grant	Casa Marianella	$20,000	COVID-19
Grant	Children's Defense Fund	$25,000	COVID-19
Grant	Communities for Better Health	$30,580	COVID-19
Grant	CommUnityCare	$100,000	COVID-19
Grant	East Texas Border Health Clinic dba Genesis PrimeCare	$100,000	COVID-19
Grant	El Centro de Corazon	$85,000	COVID-19
Grant	El Centro de Corazon	$85,000	COVID-19
Grant	Epiphany Community Health Outreach Services-(ECHOS)	$70,000	COVID-19
Grant	Epiphany Community Health Outreach Services-(ECHOS)	$60,000	COVID-19
Grant	Every Texan formerly Center for Public Policy Priorities	$15,000	COVID-19
Grant	Every Texan formerly Center for Public Policy Priorities	$62,810	COVID-19
Grant	Family Service Center Of Galveston County Texas	$25,000	COVID-19
Grant	Family Service Center Of Galveston County Texas	$25,000	COVID-19
Grant	Fort Bend Family Health Center, Inc., d/b/a AccessHealth	$100,000	COVID-19
Grant	Fort Bend Family Health Center, Inc., d/b/a AccessHealth	$85,000	COVID-19
Grant	Foundation Communities	$70,000	COVID-19
Grant	GAVA Go! Austin/Vamos! Austin	$70,000	COVID-19
Grant	Gulf Coast Leadership Council	$61,300	COVID-19
Grant	Heart of Texas Community Health Center, Inc.	$100,000	COVID-19
Grant	Heart of Texas Community Health Center, Inc.	$85,000	COVID-19
Grant	Legacy Community Health	$100,000	COVID-19
Grant	Legacy Community Health	$85,000	COVID-19
Grant	Lone Star Circle of Care	$100,000	COVID-19
Grant	Lone Star Circle of Care	$85,000	COVID-19
Grant	Lone Star Family Health Center	$85,846	COVID-19
Grant	Memorial Assistance Ministries	$70,000	COVID-19
Grant	Memorial Assistance Ministries	$60,000	COVID-19
Grant	Mama Sana Vibrant Woman	$25,000	COVID-19

Grant	Matagorda Episcopal Health Outreach Program (MEHOP)	$100,000	COVID-19
Grant	Matagorda Episcopal Health Outreach Program (MEHOP)	$85,000	COVID-19
Grant	Mental Health America of Greater Houston	$25,000	COVID-19
Grant	Mental Health America of Greater Houston	$50,000	COVID-19
Grant	Neighborhood Recovery CDC	$18,000	COVID-19
Grant	Network Of Behavioral Health Providers Inc	$25,000	COVID-19
Grant	North Pasadena Community Outreach	$56,062	COVID-19
Grant	Northeast Texas Public Health District	$40,000	COVID-19
Grant	Northeast Texas Public Health District	$52,300	COVID-19
Grant	Northwest Assistance Ministries	$50,000	COVID-19
Grant	Northwest Assistance Ministries	$50,000	COVID-19
Grant	Nurse Family Partnership	$24,000	COVID-19
Grant	Nurse Family Partnership	$68,800	COVID-19
Grant	Palacios Community Medical Center	$25,000	COVID-19
Grant	Partners in Parenting	$22,320	COVID-19
Grant	People's Community Clinic	$85,000	COVID-19
Grant	People's Community Clinic	$85,000	COVID-19
Grant	Planned Parenthood Gulf Coast, Inc.	$75,000	COVID-19
Grant	Planned Parenthood Gulf Coast, Inc.	$29,800	COVID-19
Grant	Planned Parenthood of Greater Texas	$15,000	COVID-19
Grant	Planned Parenthood of Greater Texas	$50,000	COVID-19
Grant	Rupani Foundation	$12,000	COVID-19
Grant	Rupani Foundation	$20,000	COVID-19
Grant	Sabine Valley Regional MHMR Center DBA Community Healthcore	$100,000	COVID-19
Grant	Sabine Valley Regional MHMR Center DBA Community Healthcore	$44,027	COVID-19
Grant	Samaritan Counseling Center of East Texas	$45,000	COVID-19
Grant	Samaritan Counseling Center of East Texas	$50,000	COVID-19
Grant	Samaritan Counseling Center Of Southeast Texas	$48,850	COVID-19
Grant	Samaritan Counseling Center Of Southeast Texas	$44,050	COVID-19
Grant	Santa Maria Hostel, Inc.	$70,000	COVID-19
Grant	Santa Maria Hostel, Inc.	$70,000	COVID-19
Grant	SEARCH Homeless Services	$70,000	COVID-19
Grant	SEARCH Homeless Services	$63,383	COVID-19
Grant	Spindletop Center (MHMR)	$100,000	COVID-19
Grant	Spring Branch Community Health Center	$100,000	COVID-19
Grant	Spring Branch Community Health Center	$85,000	COVID-19

Grant	St. Paul Children's Foundation	$50,000	COVID-19
Grant	Stephen F. Austin Community Health Network	$100,000	COVID-19
Grant	Stephen F. Austin Community Health Network	$85,000	COVID-19
Grant	Tejas Health Care	$50,000	COVID-19
Grant	Texana Center	$25,000	COVID-19
Grant	Texana Center	$50,000	COVID-19
Grant	Texas Organizing Project Education Fund	$20,000	COVID-19
Grant	The Beacon of Downtown Houston	$70,000	COVID-19
Grant	The Beacon of Downtown Houston	$75,187	COVID-19
Grant	The Council on Recovery	$100,000	COVID-19
Grant	The Immunization Partnership	$30,000	COVID-19
Grant	The Rose	$50,000	COVID-19
Grant	The Rose	$50,000	COVID-19
Grant	The Texas Campaign to Prevent Teen Pregnancy	$40,000	COVID-19
Grant	The Texas Campaign to Prevent Teen Pregnancy	$60,000	COVID-19
Grant	Vecino Health Centers	$100,000	COVID-19
Grant	Vecino Health Centers	$85,000	COVID-19
Grant	Young Invincibles	$50,000	COVID-19
Grant	Young Invincibles	$67,260	COVID-19
Contract	Altarum Institute	$40,000	COVID-19
Contract	Amanda Timm Consulting	$13,081	COVID-19
Contract	Amanda Timm Consulting[12]	$49,000	COVID-19
Contract	Bridget Samuel Consulting-Sub. of VESTEDin Cons	$4,725	COVID-19
Contract	Grant-AID Consulting, LLC	$5,825	COVID-19
Contract	Lynfro Consulting	$18,450	COVID-19
Contract	SSRS	$378,025	COVID-19

Financial Investments from Previous Years Still Active in 2020: $62.6 Million

Type	Organization	Amount	Outcome
Grant	Asian American Health Coalition of the Greater Houston Area, Inc. (HOPE Clinic)	$448,246	O1
Grant	Austin Travis County Mental Health and Mental Retardation Center dba Integral Care	$1,500,000	O1
Grant	Christ Clinic	$150,000	O1

[12] This contract is active and does not end until 2021. As an "up to amount" contract that is not final, the total "up to" amount is reported.

Grant	City of Houston	$500,000	O1
Grant	CommUnityCare	$479,740	O1
Grant	Dell Medical School, The University of Texas at Austin	$1,000,000	O1
Grant	Dell Medical School, The University of Texas at Austin	$500,000	O1
Grant	Dell Medical School, The University of Texas at Austin	$2,657,462	O1
Grant	El Centro de Corazon	$400,000	O1
Grant	Fannie E. Rippel Foundation	$300,00	O1
Grant	Fort Bend Family Health Center, Inc., d/b/a AccessHealth	$700,000	O1
Grant	Green & Healthy Homes Initiative	$224,733	O1
Grant	Health Care For Special Populations dba Patient Care Intervention Center	$250,000	O1
Grant	Healthy Women Houston, a component fund of the Greater Houston Community Foundation	$300,000	O1
Grant	Heart of Texas Community Health Center, Inc.	$450,000	O1
Grant	Legacy Community Health	$200,000	O1
Grant	Lone Star Circle of Care	$165,000	O1
Grant	Lone Star Circle of Care	$150,000	O1
Grant	Lone Star Circle of Care	$1,000,000	O1
Grant	Lone Star Family Health Center	$450,000	O1
Grant	Meadows Mental Health Policy Institute	$500,000	O1
Grant	Memorial Hermann Community Benefit Corporation	$433,295	O1
Grant	Network Of Behavioral Health Providers Inc	$500,000	O1
Grant	Northwest Assistance Ministries	$500,000	O1
Grant	People's Community Clinic	$500,890	O1
Grant	People's Community Clinic	$618,500	O1
Grant	Project HOPE The People To People Health Foundation, Inc.	$75,000	O1
Grant	Prosper Waco	$225,000	O1
Grant	ProUnitas, Inc.	$300,000	O1
Grant	Sabine Valley Regional MHMR Center DBA Community Healthcore	$850,000	O1
Grant	St. Paul Children's Foundation	$310,000	O1
Grant	Texas 2036	$125,000	O1
Grant	Texas Health Institute	$199,995	O1
Grant	Texas Organization of Rural & Community Hospitals	$160,000	O1
Grant	The George Washington University	$100,000	O1

Grant	The Texas Campaign to Prevent Teen Pregnancy	$200,000	O1
Grant	The University of Texas Health Science Center at Tyler	$109,165	O1
Grant	UT Austin School of Nursing	$250,000	O1
Contract	Asakura Robinson	$21,800	O1
Contract	Center for Health Care Strategies	$50,000	O1
Contract	Fitch & Associates	$171,468	O1
Contract	George Mason University	$50,000	O1
Contract	Georgia Health Policy Center	$178,631	O1
Contract	Sellers Dorsey & Associates LLC	$7,881	O1
Contract	Stephen F. Austin School of Social Work	$25,903	O1
Contract	Texas Council of Community Centers	$95,000	O1
Contract	Texas Health Institute	$97,940	O1
Contract	Texas Health Institute	$30,000	O1
Contract	University of California, San Francisco	$337,602	O1
Contract	UTHealth School of Public Health	$75,000	O1
Contract	Working Partner	$10,200	O1
Grant	Andrews Center	$440,000	O2
Grant	Asian American Health Coalition of the Greater Houston Area, Inc. (HOPE Clinic)	$350,000	O2
Grant	Avenue 360 Health & Wellness	$350,000	O2
Grant	Baylor College of Medicine - Teen Health Clinic	$100,000	O2
Grant	Boat People S.O.S., Inc.	$260,000	O2
Grant	Boat People S.O.S., Inc.	$50,000	O2
Grant	Brazos Valley Community Action Agency, Inc.	$241,985	O2
Grant	Brazos Valley Community Action Agency, Inc.	$551,650	O2
Grant	Brazos Valley Community Action Agency, Inc. acting as fiscal agent for Robertson County Coalition	$289,580	O2
Grant	Burke Center (MHMR)	$750,000	O2
Grant	Casa Marianella	$405,000	O2
Grant	Children's Defense Fund	$296,000	O2
Grant	Children's Defense Fund	$195,821	O2
Grant	Children's Defense Fund	$397,500	O2
Grant	CommUnityCare	$892,217	O2
Grant	East Texas Border Health Clinic dba Genesis PrimeCare	$125,00	O2
Grant	El Buen Samaritano Episcopal Mission	$600,000	O2
Grant	El Buen Samaritano Episcopal Mission	$152,48	O2
Grant	El Buen Samaritano Episcopal Mission	$347,440	O2

Grant	Epiphany Community Health Outreach Services-(ECHOS)	$350,000	O2
Grant	Epiphany Community Health Outreach Services-(ECHOS)	$50,000	O2
Grant	Every Body Texas formerly Women's Health and Family Planning Association of Texas	$600,000	O2
Grant	Every Texan formerly Center for Public Policy Priorities	$300,000	O2
Grant	Family Service Center Of Galveston County Texas	$333,272	O2
Grant	Foundation Communities	$400,000	O2
Grant	Healthcare for the Homeless - Houston	$180,000	O2
Grant	Healthy Futures of Texas	$150,000	O2
Grant	Heart of Texas Community Health Center, Inc.	$347,731	O2
Grant	HOPE Project	$300,000	O2
Grant	Light & Salt Association	$150,000	O2
Grant	Lone Star Circle of Care	$250,000	O2
Grant	Lone Star Circle of Care	$990,000	O2
Grant	Longview Wellness Center dba Wellness Pointe	$75,000	O2
Grant	Memorial Assistance Ministries	$354,042	O2
Grant	Mama Sana Vibrant Woman	$76,900	O2
Grant	Mental Health America of Greater Houston	$1,080,000	O2
Grant	North Pasadena Community Outreach	$325,000	O2
Grant	Northeast Texas Public Health District	$120,500	O2
Grant	Planned Parenthood Gulf Coast, Inc.	$600,000	O2
Grant	Planned Parenthood of Greater Texas	$355,000	O2
Grant	Project HOPE The People To People Health Foundation, Inc.	$75,000	O2
Grant	Prosper Waco	$670,000	O2
Grant	Sabine Valley Regional MHMR Center DBA Community Healthcore	$742,843	O2
Grant	Samaritan Counseling Center of East Texas	$150,000	O2
Grant	Samaritan Counseling Center Of Southeast Texas	$87,344	O2
Grant	SEARCH Homeless Services	$175,754	O2
Grant	Seminary of the Southwest	$3,000,000	O2
Grant	Seminary of the Southwest	$670,000	O2
Grant	Special Health Resources for Texas, Inc.	$250,000	O2
Grant	Spindletop Center (MHMR)	$750,000	O2
Grant	Spring Branch Community Health Center	$508,803	O2
Grant	Spring Branch Community Health Center	$150,000	O2

Grant	Stephen F. Austin Community Health Network	$400,000	O2
Grant	Texana Center	$600,000	O2
Grant	Texas Alliance For Health Care c/o Wye River Group	$48,000	O2
Grant	Texas Children's Hospital	$174,400	O2
Grant	The Beacon of Downtown Houston	$143,676	O2
Grant	The Council on Recovery	$450,000	O2
Grant	The Rose	$400,000	O2
Grant	The Texas Campaign to Prevent Teen Pregnancy	$750,000	O2
Grant	The University of Texas Health Science Center at Houston	$1,000,000	O2
Grant	University of Houston College of Medicine	$1,000,000	O2
Grant	Vecino Health Centers	$520,000	O2
Contract	Texas A&M University College of Medicine	$18,750	O2
Contract	Texas A&M University College of Medicine	$62,500	O2
Grant	Austin Interfaith Sponsoring Committee, Inc.	$600,000	O3
Grant	Avenue Community Development Corporation	$675,000	O3
Grant	BakerRipley	$400,000	O3
Grant	Bastrop County Cares	$199,915	O3
Grant	Communities for Better Health	$124,700	O3
Grant	Communities Foundation of Texas, Inc.	$400,000	O3
Grant	de Beaumont Foundation for the BUILD Health Challenge	$350,000	O3
Grant	East Texas Human Needs Network	$125,00	O3
Grant	GAVA Go! Austin/Vamos! Austin	$450,000	O3
Grant	Gulf Coast Leadership Council	$600,000	O3
Grant	Houston Health Foundation	$272,775	O3
Grant	Houston in Action	$250,000	O3
Grant	Local Initiatives Support Corporation - LISC	$400,000	O3
Grant	Memorial Assistance Ministries	$177,200	O3
Grant	Mi Familia Vota	$190,000	O3
Grant	Mi Familia Vota	$249,300	O3
Grant	Neighborhood Recovery CDC	$717,200	O3
Grant	Northeast Texas Public Health District	$65,000	O3
Grant	Rockefeller Philanthropy Advisors - Fund for Shared Insight's	$15,000	O3
Grant	Texas Interfaith Center for Public Policy	$60,000	O3
Grant	Texas Organizing Project Education Fund	$500,000	O3
Grant	The Immunization Partnership	$200,000	O3

Grant	United Way for Greater Austin	$150,000	O3
Grant	Waco Foundation	$586,735	O3
Grant	Young Invincibles	$250,700	O3
Contract	Alliance for Justice	$80,000	O3
Contract	Amanda Timm Consulting	$20,000	O3
Contract	Bob Flick Consulting	$903	O3
Contract	Lynfro Consulting	$40,000	O3
Contract	Pat Wareing Consulting	$752	O3
Contract	Project Curate	$50,000	O3
Contract	Rigoberto Ojeda Consulting	$33,672	O3
Grant	Alliance for Strong Families and Communities	$727,456	O4
Grant	Angelina County & Cities Health District	$338,150	O4
Grant	AVANCE Austin	$200,000	O4
Grant	Children's Museum of Houston	$513,730	O4
Grant	First3Years	$117,06	O4
Grant	First3Years	$465,000	O4
Grant	Heart of Texas Community Health Center, Inc.	$52,230	O4
Grant	Houston Health Foundation	$250,000	O4
Grant	Nurse Family Partnership	$299,430	O4
Grant	Parents as Teachers National Center	$221,179	O4
Grant	Partners in Parenting	$50,000	O4
Grant	People's Community Clinic	$626,466	O4
Grant	Rice University	$1,117,876	O4
Grant	Rupani Foundation	$150,000	O4
Grant	Santa Maria Hostel, Inc.	$406,971	O4
Grant	Santa Maria Hostel, Inc.	$140,000	O4
Grant	Spring Branch Community Health Center	$115,000	O4
Grant	Texans Care For Children, Inc.	$520,000	O4
Grant	Texas Children's Hospital	$367,600	O4
Grant	Texas Children's Hospital	$395,000	O4
Grant	Texas Health and Human Services Commission	$300,000	O4
Grant	TexProtects (The Texas Chapter of Prevent Child Abuse America)	$100,000	O4
Grant	The College of Education, The University of Texas at Austin	$256,944	O4
Grant	United Way for Greater Austin	$300,000	O4
Contract	Kaleidoscope Institute	$33,000	O4
Contract	Social Finance, Inc.-Austin	$260,000	O4
Contract	TexProtects (The Texas Chapter of Prevent Child-Abuse America)	$88,900	O4

APPENDIX B: Co-Funding Investments

Below is complete list of EHF's co-funding investments made in 2020.

Type	Grantee/Contractor	EHF Investment	Co-Funder	Co-Funder Contribution	Total
Grant	Alliance for Strong Families in Communities	$727,456	The Powell Foundation	$700,000	$1,427,456
Contract	CAPGI	$25,000	Missouri Foundation for Health	$75,000	$475,000
			California Health Care Foundation	$25,000	
			Commonwealth Fund	$350,000	
Grant	Children's Defense Fund	$150,000	Methodist Healthcare Ministries	$100,000	$250,000
Grant	Health Care for Special Populations dba Patient Care Intervention Center	$125,000	Cullen Trust for Healthcare	$100,000	$225,000
Grant	Healthy Women Houston, a component fund of the Greater Houston Community	$280,000	Houston Endowment	$150,000	$530,000
			Cullen Trust for Healthcare	$100,000	
Contract	Johns Hopkins Carey Business School	$45,000	Commonwealth Fund	$45,000	$90,000
Contract	PCCI	$40,000	Michael & Susan Dell Foundation	$40,000	$80,000
Contract	The Perryman Group	$150,000	St. David's Foundation	$20,000	$170,000
Contract	SSRS	$250,000	St. David's Foundation	$65,140	$447,620
			Methodist Healthcare Ministries	$54,140	
			Arnold Ventures	$78,340	
Grant	Texas Clinic Emergency Loan Fund	$4,800,000	Arnold Ventures	$1,000,000 $150,000	$5,055,000
			Meadows Foundation	$105,000	

Contract	Texas Star Alliance	$120,000	Methodist Healthcare Ministries	$150,000	$270,000
Grant	The George Washington University	$100,000	Robert Wood Johnson Foundation	$636,203	$1,452,578
			Blue Shield of California Foundation	$150,000	
			Kellogg Foundation	$299,975	
			Kresge Foundation	$100,000	
			The California Endowment	$76,400	
			Commonwealth Fund	$65,000	
			RCHN Community Foundation	$25,000	
Contract	University of Houston	$90,250	Other local funders	$179,750	$270,000