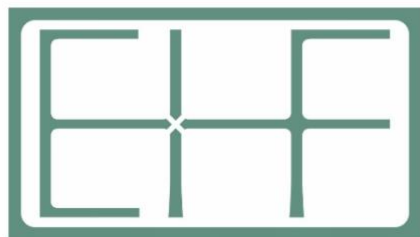


EVALUATION OF EHF'S IMPACT *2021*



EPISCOPAL HEALTH
FOUNDATION

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EXECUTIVE SUMMARY

Introduction to EHF's Evaluation System

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](#).

To consistently evaluate our work over the years, EHF developed a system for evaluation that examines our work to achieve our strategic plan's four Outcomes 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 and aggregates data across all Outcomes. Partnership Achievements encompasses what grantees and recipients of our research, training, and consulting services do because of our work and is assessed separately for each of our four Outcomes. Pathways to Transformation assesses evidence of sustained change in policies and practice that impacts each of the four outcomes of our strategic plan, at the organizational, community, and policy and system levels.

STEWARDSHIP

The 2021 Evaluation Report analyzes the results of 325 active community health investments, 181 of which we initiated in 2021, and 144 which were made in prior years and remained active during 2021. Foundation investments include grants, research projects, and community and congregational engagement programs. Investments may be financial or non-financial in nature.

In 2021, EHF initiated \$37.3 million in new financial investments. This represents a combined total of new grants, research projects, and engagement activities. In addition to these new investments, there are \$39.3 million in financial investments from prior years, which were active during 2021. Our non-financial investments include a total of 34 convenings, trainings, and webinars hosted by EHF with 367 organizations represented and 900 individuals attending. In 2021, EHF directly served 50 of the 57 counties in our service area either through financial or non-financial investments.

PARTNERSHIP ACHIEVEMENTS

Our partners include grantees, contractors, and congregations, and we have devised several ways in which we describe and evaluate their work. For all financial investments, we consider the stage and focus of the work we fund; for grantees, we look at outcome-specific indicators and grant goal attainment. For our congregational work, we examine the depth of our relationships with congregations as well as their capacity to undertake transformative work. We assess partners' achievements for each of our four Outcomes.

OUTCOME 1

RESOURCE ALLOCATION AND SYSTEM REFORM IN THE HEALTH SECTOR REFLECT THE GOAL OF HEALTH, NOT JUST HEALTHCARE

In 2021, EHF made 68 new investments in Outcome 1 work, including 32 grants and 36 programmatic contracts for a total of \$10.8 million. Key take-aways from the work this year include the following: (1) Changing complex and entrenched healthcare systems takes years, if not decades. Change is incremental, and it is important to document small wins and lessons learned along the way; and (2) Systems change requires many philanthropic tools. Grantmaking often takes center stage, but other tools, such as research, communication, convening, and engagement, are needed to truly realize change.

OUTCOME 2

LOW-INCOME AND VULNERABLE POPULATIONS ACCESS COMPREHENSIVE CARE IN THEIR COMMUNITIES

In 2021, EHF made 58 new investments in Outcome 2 work, including 47 grants and 11 programmatic contracts for a total of \$16.7 million. Key take-aways from the work this year include the following: (1) EHF's pathway to facilitating access to comprehensive care is paved with trust and relationships; and (2) Capacity building, strategy, and stakeholder alignment all play necessary and equal parts in facilitating access to comprehensive care.

OUTCOME 3

COMMUNITY AND CONGREGATION MEMBERS ACTIVELY SHAPE HEALTHY COMMUNITIES AND INFLUENCE HEALTH SYSTEMS TO IMPROVE HEALTH EQUITY

EHF's financial investment for Outcome 3 in 2021 was \$6.1 million distributed across 21 grants and 19 contracts. Majority of our financial investments were grants awarded to community organizations. There was a total of 34 non-financial investments made in 2021 for work in Outcome 3, including convenings and trainings, most of which were led by our Community and Congregational Engagement teams. Key take-aways from the work this year include the following: (1) Relationships matter, and peer cohorts are valued opportunities for shared learning; and (2) Flexibility and responsiveness to the needs of the community are key to this work.

OUTCOME 4

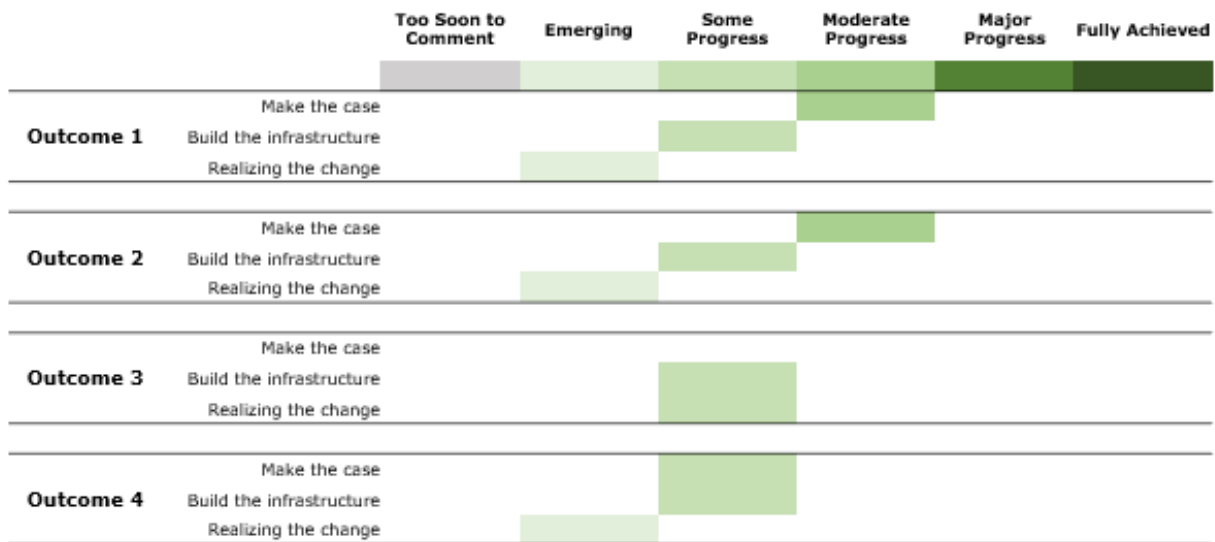
HEALTH SYSTEMS AND FAMILIES IMPLEMENT BEST PRACTICES FOR EARLY CHILDHOOD BRAIN DEVELOPMENT DURING PREGNANCY AND THE FIRST 1,000 DAYS OF LIFE

In 2021, EHF made 20 new investments in Outcome 4, including 17 grants and 3 contracts for a total of \$5.3 million. Since 2016, change has been occurring within the early childhood sector in Texas. EHF has been contributing to and advancing the work around early childhood brain development (ECBD) through our grantmaking, research, and advocacy. Now, in the final years of our strategic plan, EHF will embark on a journey to improve and customize the measurement of our ECBD investments. In this effort, we hope to strengthen our understanding of the outcomes and the ultimate impact of our investments. To drive progress for our ECBD goals, EHF continues to generate attention, change practices, and increase funding.

PATHWAYS TO TRANSFORMATION

EHF is working to create sustained transformational change in the four Outcomes outlined in our strategic plan. Each of EHF's investments (grants, contracts, and engagement activities) contributes to this transformational change. The Pathway to Transformation (PtT) framework is a mechanism for capturing this change and documents how EHF's work, cumulatively over the first four years of the strategic plan, contributes to: 1) making the case for change, 2) building the infrastructure to support change and 3) realizing the change at the organizational, community and, policy and/or system levels in four target Outcomes. For each of type of change, for each Outcome, we assess the progress we have made on a scale from (1) Too soon to comment; (2) Emergent progress; (3) Some progress; (4) Moderate progress; (5) Major progress; or (6) Fully achieved. The chart below summarizes our progress after four years of work under the strategic plan.

Pathway to Transformation Dashboard



Conclusion- Key Take-Aways

Four overarching themes emerged as key takeaways:

1. We are seeing some early wins in our effort to advance "Health Not Just Health Care" in Texas
2. EHF's ECBD investments are evolving and informing the sector
3. Trust and relationships matter even more as we transition from working in a virtual environment to an in-person environment
4. The Pathways to Transformation evaluation framework, used for the first time this year, shows how far we have come and how far we must go to realize the transformative change envisioned in our strategic plan

INTRODUCTION TO EHF'S EVALUATION SYSTEM

Episcopal Health Foundation conducts an annual evaluation for two primary purposes. First, as an institution of the Episcopal Diocese of Texas 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.

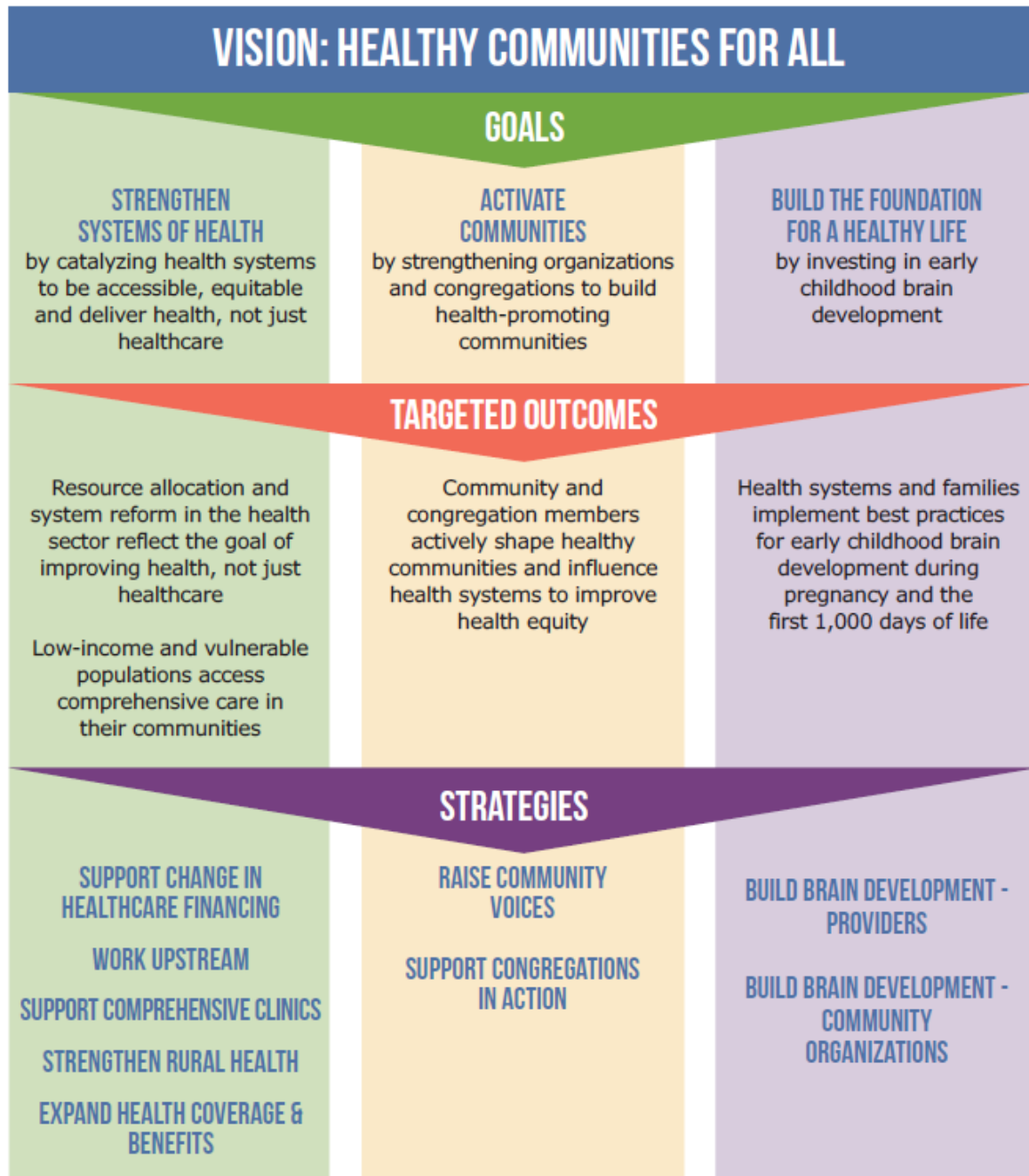
For the past seven years, EHF has evaluated our programmatic investment portfolio and presented these results in a yearly evaluation report. The 2021 Evaluation Report analyzes the results of 325 active community health investments, 181 of which were newly initiated in 2021, and the remaining 144 which were made in prior years and remained active during 2021.

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. This report will highlight our Foundation's stewardship efforts, the results of our partners' work, as well as some evidence of pathways to transformation. While we will discuss stewardship and partnership achievement findings based on 2021 data, we will highlight successes, challenges and lessons learned in the pathways to transformation section based on our first four years' experience in implementing the current strategic plan.

The report reflects on our evolving evaluation needs, particularly in the areas of measuring organizational, community and system level impact, expanding learning through in-depth independent evaluations, and tracking our progress against baseline data.

STRATEGIC FRAMEWORK 2018-2023



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 1). 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 four of the Strategic Plan, we have introduced a Pathways to Transformation framework to assess evidence of sustained changes across policies and systems, communities, and organizations as a result of EHF investment during the first four years of the current strategic plan.

Figure 1. EHF Evaluation System

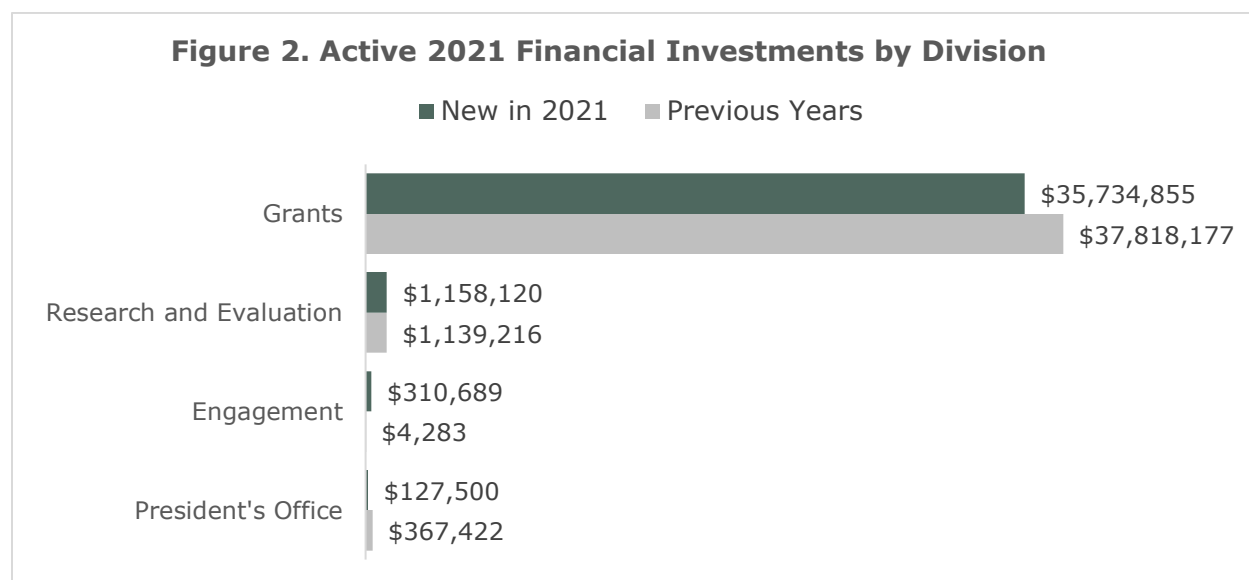


The report begins with an overview of EHF's investments that were active in 2021; these are the details related to our Stewardship. Next, we examine our Partnership Achievements according to the Outcomes in our Strategic Plan. Each section describes work initiated in 2021 and includes active or ongoing investments from prior years. Also, we look at how we are paving the way for some early evidence of lasting transformation. The report concludes with an overall synthesis of lessons learned as we look forward to completing the remaining two years of the strategic plan. Appendix A contains a list of the financial investments included in this report. Appendix B contains a list of co-funded investments made during 2021. Appendix C offers more detail about the Evaluation System's methodology.

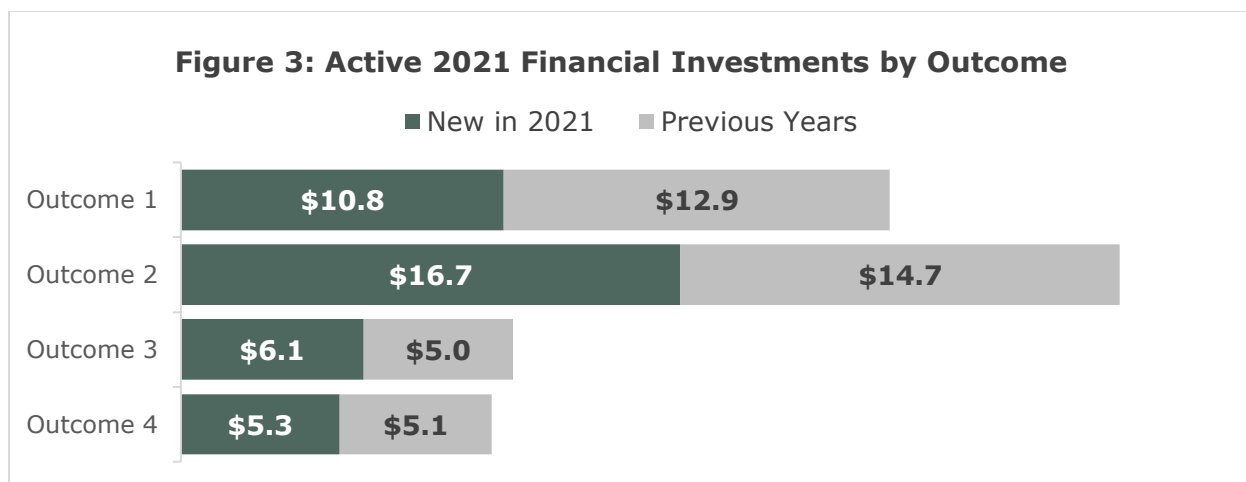
STEWARDSHIP

The stewardship part of the evaluation system examines the breadth of EHF's active financial and non-financial investments for the current year across all Outcomes. Sometimes described as “counts and amounts” or “outputs,” this information gives a high-level overview of where and how EHF deploys its resources.

In 2021, EHF initiated \$37.3 million in new investments to advance its strategies (Figure 2). Most of those investments came in the form of grantmaking, with \$35.7 million in new grants being issued in 2021 as well as \$1.2 million in new research projects, \$311,000 in support of engagement activities, and \$127,500 in new contracts facilitated by the president's office. In addition to these new financial investments, there were \$39.3 million in investments from prior years, which were active during 2021.



In 2021, our largest financial investments occurred in Outcome 2 with \$31.4 million in active investments devoted to expanding access to comprehensive care in low-income communities who face long-standing barriers to care (Figure 3). Outcome 1 received the second largest amount of investment while Outcomes 3 and 4 had comparatively smaller financial investments.



NON-FINANCIAL INVESTMENTS

Beyond our financial investments, EHF invests a considerable amount of staff time into trainings for and convenings with our grantees, congregations, and other partners. Overall, in 2021, EHF hosted 34 convenings and trainings with 367 organizations represented and 900 individuals attending (Figure 4).

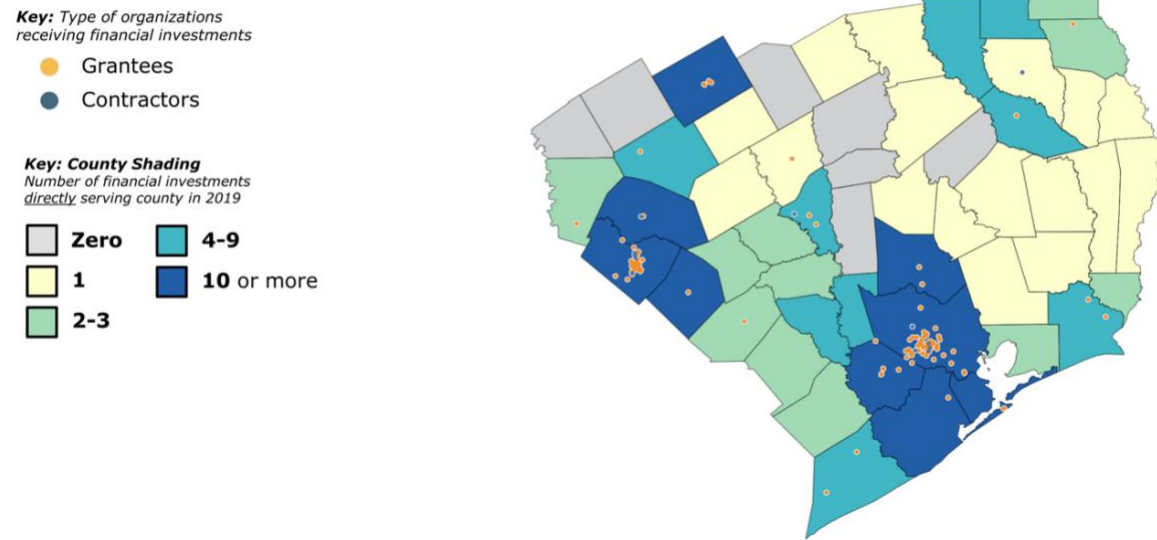
Figure 4. EHF 2021 Non-Financial Investments

Type of Investment	Count of Investments	Number of Individuals Attending	Number of Organizations Represented
Convening	13	473	172
Training	21	427	195
Total	34	900	367

GEOGRAPHIC REACH

Our mission is to serve a population of 12 million Texans who live in the 57 diverse counties within EDOT. In 2021, we directly served all but seven counties in our region, either through financial or non-financial investments. Four years into our strategic plan, a recognizable geographic pattern to our investments has emerged. In 2021, as in previous years, there was 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 5).

Figure 5. Geographic Reach of EHF's Active 2021 Investments



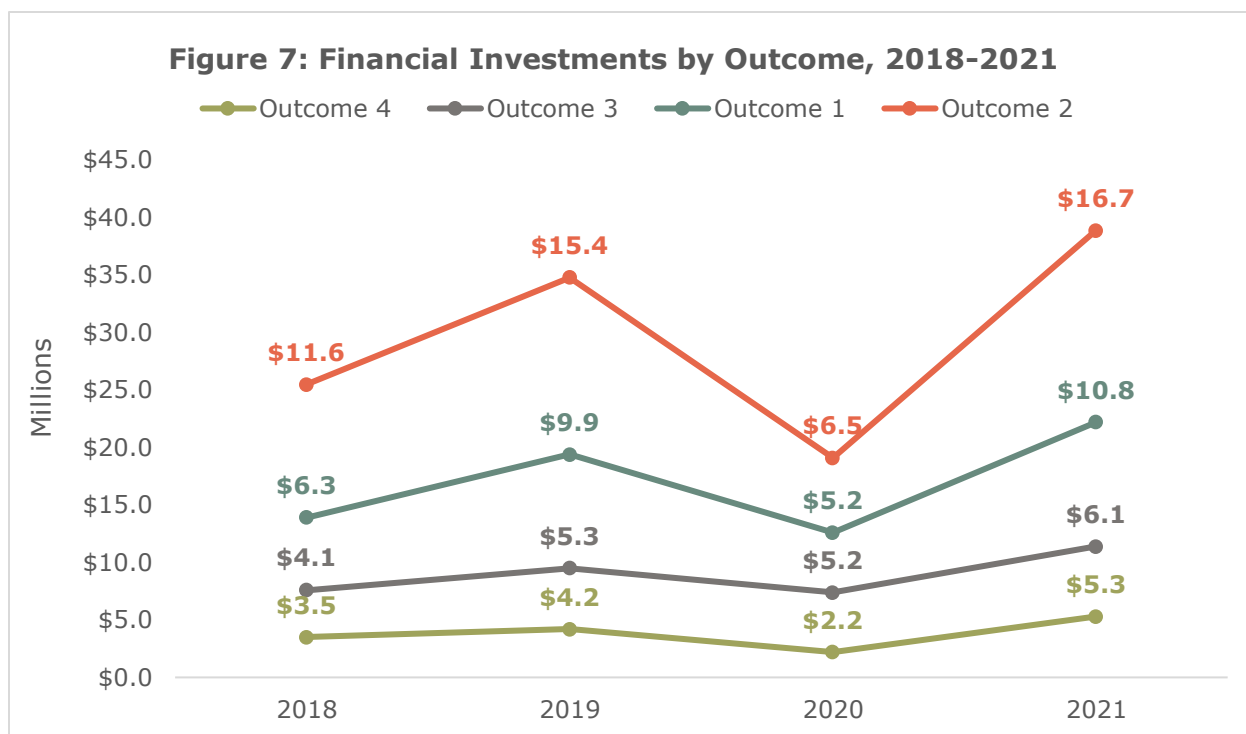
The bulk of our programmatic work, as in prior years, has been in urban counties, which is where most people live, including those with the lowest incomes and greatest health disparities. However, EHF also invested significantly in rural counties and counties with small cities and towns. Of the 50 counties *directly* served by an EHF investment, 15 were urban counties, 12 were counties with towns and small cities, and 23 were rural (Figure 6).

Figure 6. EHF 2021 Investments by Type of County

Size	Total Counties Served	Total Investments
Rural	23 out of 29	66
Towns/Small Cities	12 out of 13	73
Urban	15 out of 15	364

TRENDS IN EHF'S FINANCIAL AND NON-FINANCIAL INVESTMENTS

EHF's current strategic plan commenced in 2018. Since then, investments by Outcome have steadily increased each year, except for 2020, in which investments across all Outcomes declined sharply (Figure 7). This decline was due to the COVID-19 pandemic and EHF's decision to reallocate funds to supporting pandemic relief efforts. Another trend worth noting is that Outcome 2 has always been the largest area of EHF's financial investments followed by Outcome 1, Outcome 3, and then Outcome 4.



While EHF's financial investments have increased over time, the number of non-financial investments (convenings, trainings, and other events) has declined since 2018 (Figure 8). There are two reasons for this decline. First, the COVID-19 pandemic limited EHF's ability to hold gatherings in 2020 and 2021. Second, as the engagement work has matured, the engagement team made a strategic pivot in 2020. Rather than expanding the breadth of engagement with external partners, the engagement team began to strategically focus on developing deeper relationships with our current grantees and community partners. This change in approach reflects EHF's continued commitment to "going deep, not wide" in its work to maximize impact.

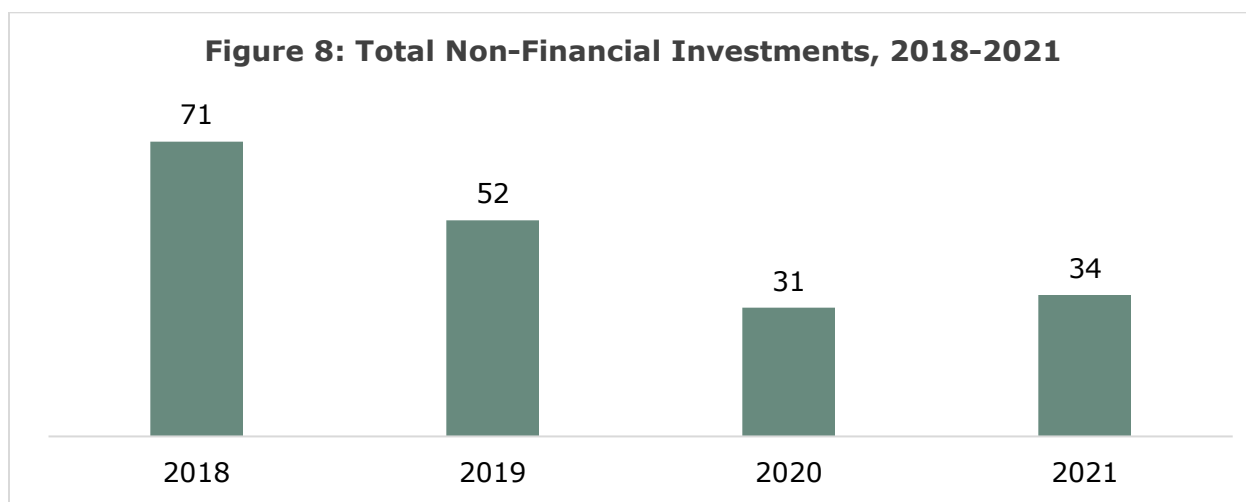
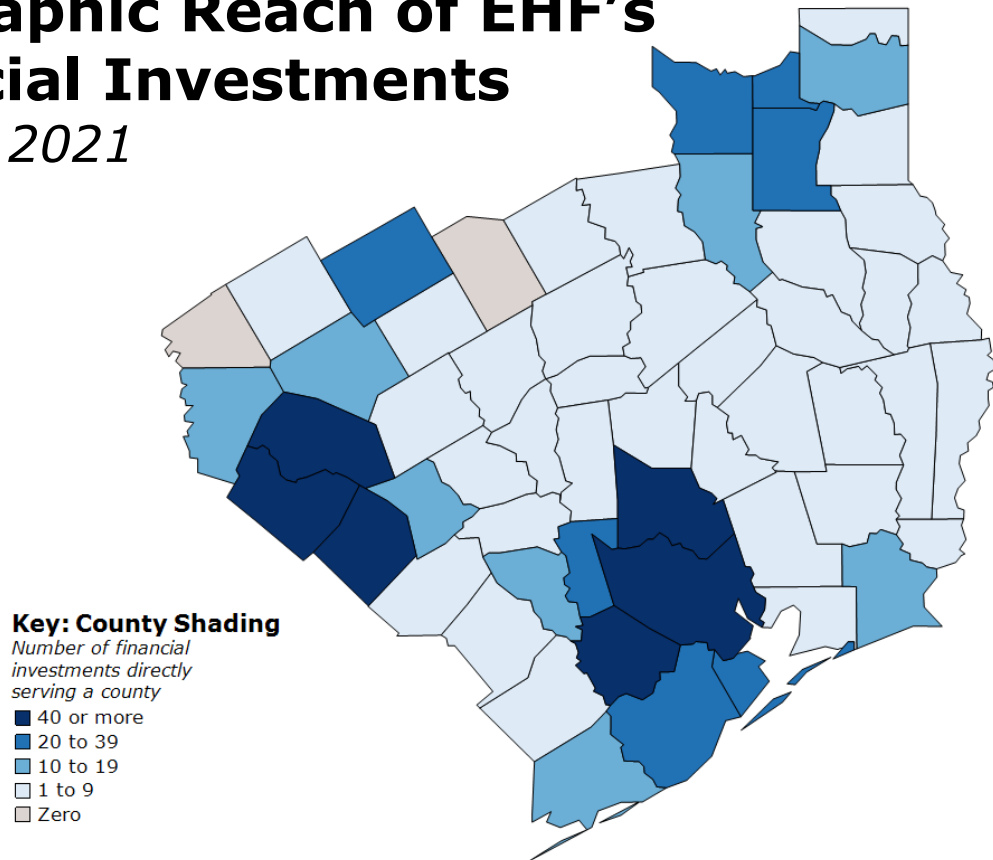


Figure 9. Map of EHF's Cumulative Investments (2018-2021)

Geographic Reach of EHF's Financial Investments *2018 to 2021*



When looking at EHF's financial investments cumulatively, the same pattern indicated in the earlier section remains (Figure 9). EHF's investments are mostly concentrated in the Houston metropolitan area and the Austin metropolitan area followed by the Waco area and the Tyler/Longview areas of Northeast Texas.

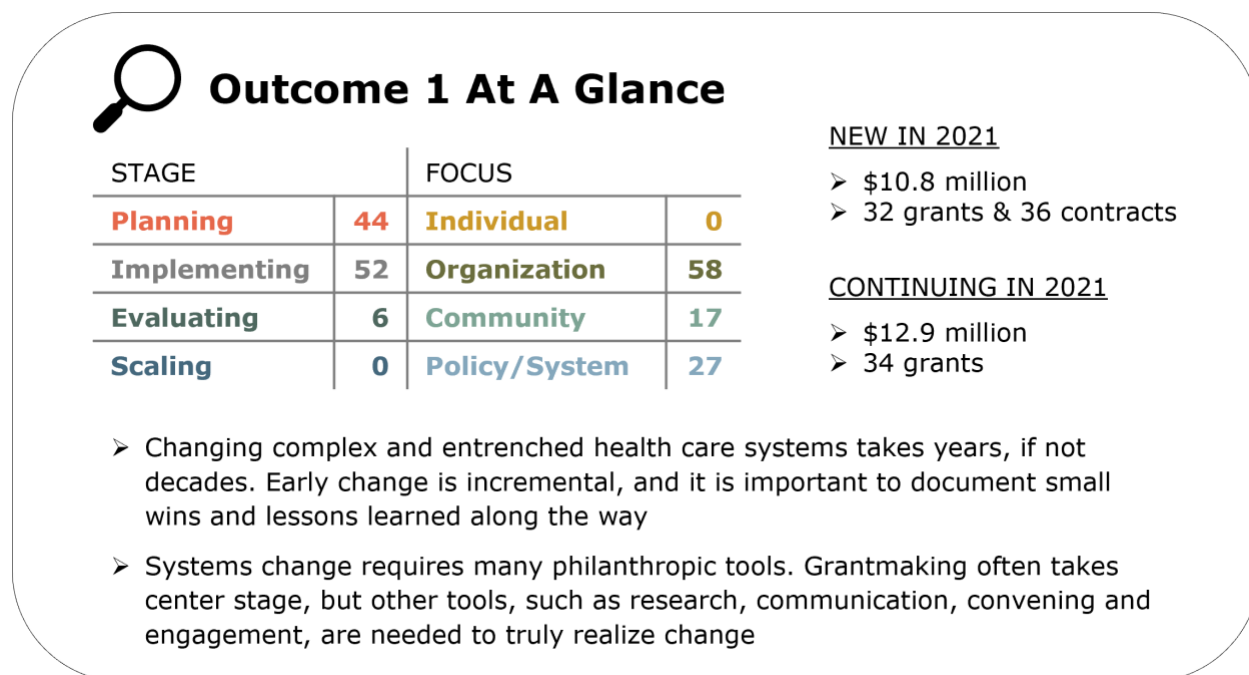
PARTNERSHIP ACHIEVEMENTS

The impacts of EHF's work are realized primarily through the actions of others, those that we partner with in various ways and those that we simply fund. We have devised several ways in which we describe and evaluate the work of our partners, which include grantees, community organizations, congregations, and contractors. For our contracts, grants, and some community engagement activities, we consider the stage of the work and the focus of the work. For our congregational work (Outcome 3), we examine the depth of our relationships with congregations as well as their capacity to undertake transformative work. All 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. The data shared under Partnership Achievements is separated out by Outcome below.

OUTCOME 1

Outcome 1 Findings

Figure 10. Outcome 1 At A Glance



In 2021, investments in Outcome 1 totaled \$23.7 million. There were 102 investments for Outcome 1 work, including 66 grants and 36 programmatic contracts. Outcome 1 supports EHF's goal to advance health system delivery and financing reforms that enable our partners to tackle the root causes of poor health (i.e., the social determinants of health (SDOH)). The investments under this outcome involve two distinct but mutually reinforcing strategies. The first strategy supports healthcare financing changes to incent investment in improving community health; the second supports community-based clinics to develop programming and practices to address patients' SDOH.

STAGE AND FOCUS

All but six of the Outcome 1 investments were in the planning and implementation stages, which is expected given that health system reform and SDOH innovation in the Texas environment are not well developed (Figure 10). Most of the Outcome 1 investments focused on building organizations' capacity around SDOH, with the rest focused on either system-level or community-level transformation.

GRANTEE GOAL ATTAINMENT

Of the 66 active grants under Outcome 1, only eight concluded in 2021. Several more were scheduled to end in 2021, however, because of circumstances related to COVID-19, many grantees extended their grants to complete the work in 2022. Among those eight grantees, half met their goals, with the other half partially meeting or struggling to meet their goals (Figure 11). The most common factors cited for challenges with meeting goals included COVID-19 diverting their attention to crisis mode and restricting their ability to engage patients. Moreover, burnout and turnover among clinic staff were barriers to advancing the work, which is a perennial issue for safety-net providers and non-profits that was exacerbated by the pandemic. The successful grantees were organizations with strong leadership commitment to SDOH and a proven track record for work addressing patients' broader social needs.

Figure 11. Grantee Goal Attainment – Outcome 1

Rating	Number of Grants
Exceeded Goals	0
Met Goals	4
Partially Met Goals	2
Struggled to Meet Goals	1
Not Rated*	1

*Grants may not be rated because the final report was received after the evaluation report was finalized or because they are organizational effectiveness grants and are not rated for goal attainment

GRANTEE INDICATORS

In 2021, EHF's grantees working to address patients' SDOH needs reported serving 248,285 low-income patients (Figure 12). Among those patients, 17,853 were screened for SDOH and identified as at-risk, and 16,578 were referred to SDOH services. Lastly, grantees reported that 6,035 patients had one or more SDOH issues mitigated because of EHF-funded grant activities. To further understand the reasons for the discrepancy between anticipated and final results for indicator two, further consultation with grantees is necessary.

Figure 12. Grantee Indicators – Working Upstream

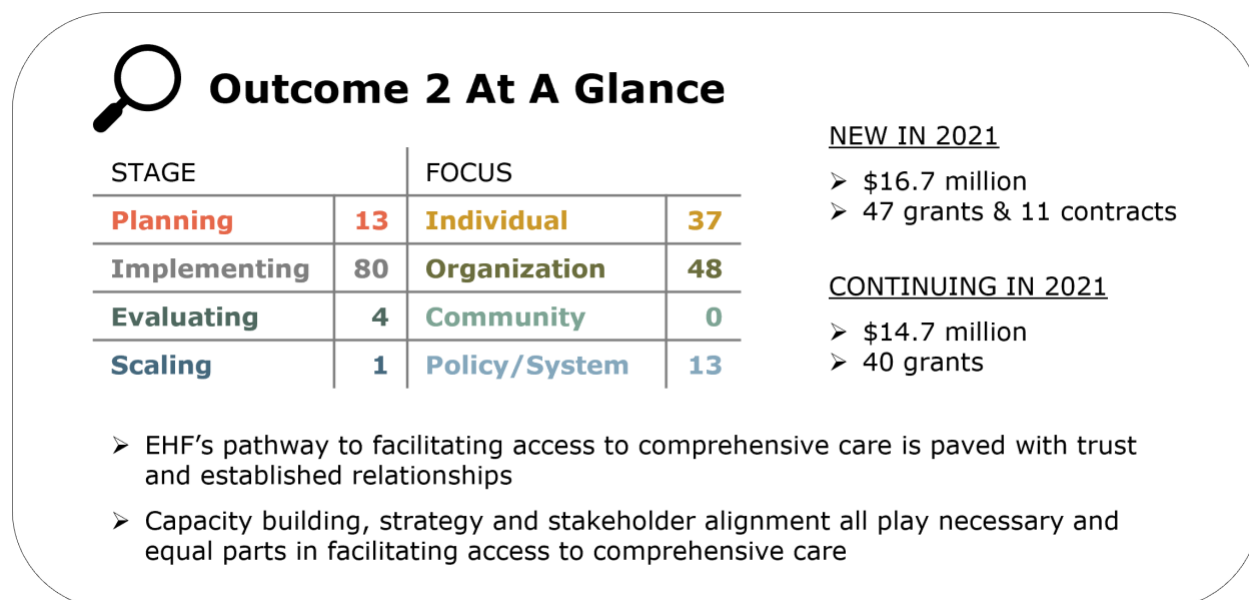
Indicator	Expected Results*	Final Results
1) # of low-income patients served at clinic (required)	260,965	248,285
2) # of patients whose screens identify them as being at-risk	28,211	17,853
3) # of patients referred to SDOH services	19,901	16,578
4) # of patients that have one or more SDOH issues mitigated	5,025	6,035

*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.

OUTCOME 2

Outcome 2 Findings

Figure 13. Outcome 2 At A Glance



Outcome 2 covers three strategies: 1) providing comprehensive care to low-income populations; 2) expanding and strengthening community-based clinics in rural areas; and 3) improving health coverage for low-income and vulnerable populations. In 2021, 47 grants and 11 contracts were made under Outcome 2, totaling \$16.7 million. An additional 40 active grants continued from previous years, totaling \$14.7 million.

Through Outcome 2, we are seeing a strengthening of health-supporting systems, based upon several years of EHF's investments. Since 2018, EHF has been intentionally supporting comprehensive clinic-based care, helping clinics improve and expand care that includes primary, reproductive, and integrated behavioral health care. In 2021, EHF launched the multi-year Clinics Pathways Approach (CPA) initiative, which supports a clinics' financial capacity to provide comprehensive health services. Rural health continued to go deeper with existing grantees to increase the availability of mental health services to young adults.

EHF also commissioned several research and evaluation reports to support access to health coverage and care. We funded an evaluation of the multi-year CPA and finalized an evaluation on our Health Resource Center investments. We sponsored five research projects, which included a review of our health coverage/enrollment

strategy and a scan of “bright spots” in rural healthcare delivery, as well as several statewide polls to better understand Texans’ opinions about health care policy.

STAGE AND FOCUS

Outcome 2 work is primarily in the Implementing stage (Figure 13). Grantees focused on bolstering their internal organizational infrastructure (such as capacity building, training, and staff) to provide high quality services. Additionally, much of the work included funding for clinical care and enrollment services, which impacts individuals. Our advocacy work represents a policy/system focus.

GRANTEE GOAL ATTAINMENT

Forty percent of Outcome 2 grantees partially met their goals (Figure 14). Two consistent themes emerged as a challenge to goal completion: the lingering impacts of COVID-19 and its variants, and the ongoing challenge to attract and retain a qualified workforce at all levels. The latter was made worse by the former. As a result, we should be cautious in quickly drawing a conclusion about “success” or “failure” in goal attainment. Rather we should acknowledge that despite exceptionally difficult circumstances all grantees made noticeable progress toward their goals with 60% meeting or exceeding them.

Figure 14. Grantee Goal Attainment – Outcome 2

Rating	Number of Grants
Exceeded Goals	5
Met Goals	17
Partially Met Goals	15
Struggled to Meet Goals	0
Not Rated	0

*Grants may not be rated because the final report was received after the evaluation report was finalized or because they are organizational effectiveness grants and are not rated for attainment.

GRANTEE INDICATORS

COMPREHENSIVE CARE

Despite the many external and contextual factors outside of their control (such as the continuation of the pandemic and extreme climate events), grantees met close to 94 percent of their goal for indicator one (Figure 15). Additionally, clinics outpaced their estimates to increase the number of appointment offerings by providing 42,767 appointments.

Figure 15. Grantee Indicators – Comprehensive Care

Indicator	Expected Results*	Final Results
1) # of low-income patients to benefit once infrastructure is built (required)	67,337	63,262
2) # of new appointment times available (required)	39,545	42,767

*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

Overall, COVID-19 continues to be a hurdle for grantees. Although clinics modified how they interacted with patients, the depth and duration of the pandemic impacted and continues to impact their services and clients. The lingering impacts of COVID-19 added to an existing staff shortage.

RURAL HEALTH

The two rural grantees fell short of their goals to increase their patient base and to increase the number of new appointments (Figure 16).

The challenges rural organizations encountered at the start of the pandemic continued through 2021. Staffing challenges (turn-over and illness) tested the ability to deliver services, while client illnesses, a polarizing vaccination environment, and safety concerns posed barriers to clients seeking services. The pandemic and its ripple effects were the primary challenge to achieving their goals.

Figure 16. Grantee Indicators – Rural Health

Indicator	Expected Results*	Final Results
1) # of low-income patients to benefit once infrastructure is built (required)	1,664	297
2) # of new appointment times available (required)	2,780	647

*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

HEALTH BENEFITS COVERAGE AND ENROLLMENT

The health benefits coverage and enrollment indicators build upon each other, starting with screening individuals for eligibility and ending with those same individuals actively using these benefits to receive care. Indicators (Figure 17) show that grantees exceeded their expectations related to the first touch with clients—screening clients about health coverage options—yet fell short with benefit usage. An internal assessment, which included interviews with grantees, underscores this data: even if clients are covered by health insurance, it does not mean the client will seek care. One explanation is that enrollment organizations do not typically deliver health services, thus requiring them to link clients to clinical care/healthcare navigator. This relationship transference—from trusted enrollment organization to care navigator—can be challenging for some clients, resulting in not using their benefits.

Figure 17. Grantee Indicators – Health Benefits Coverage and Enrollment

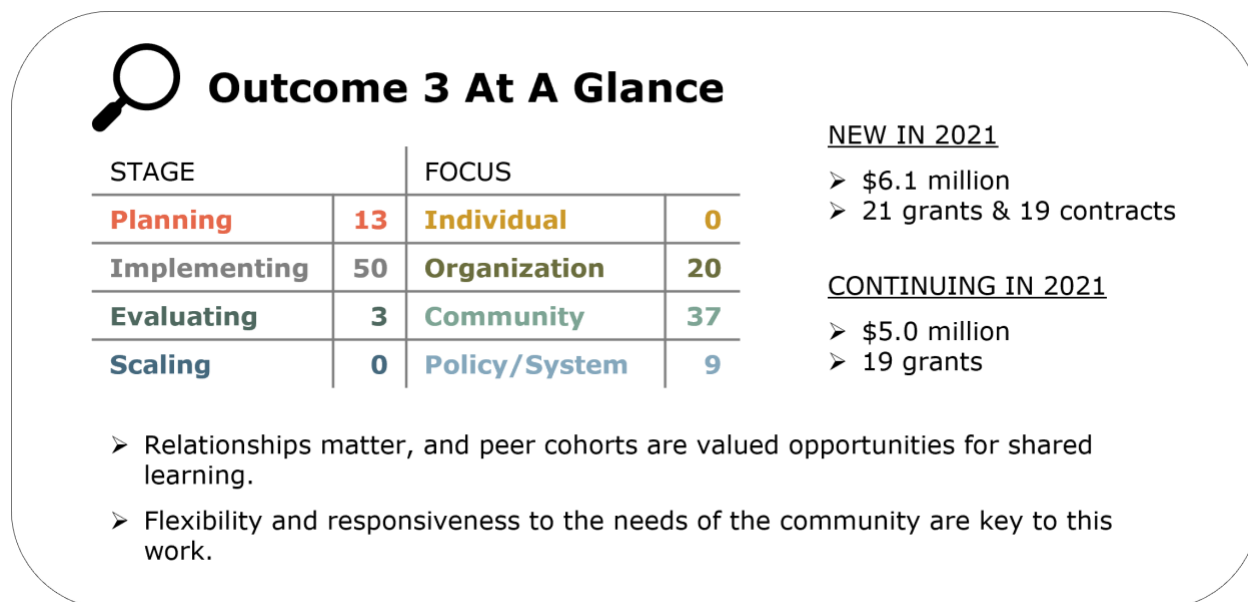
Indicator	Expected Results*	Final Results
1) # of individuals screened for health enrollment eligibility	60,769	63,434
2) # of eligible individuals that are informed about health benefit program options	92,569	77,183
3) # of eligible individuals that submitted application to health or other benefits programs	29,682	13,296
4) # of individuals that are accepted by health benefit program	24,062	19,299
5) # of individuals who used health benefit for themselves or families (required)	18,507	14,327

*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 the grant's end

OUTCOME 3

Outcome 3 Findings

Figure 18. Outcome 3 At A Glance



In Outcome 3, EHF works to empower community and congregation members to actively shape healthy communities and influence health systems, particularly among low-income and historically disenfranchised populations. This work encompasses two strategies, 1) supporting organizations through grants and technical assistance to raise the voices of community members to influence community health, and 2) supporting Episcopal congregations through technical assistance in creating conditions to promote community health.

EHF's financial investment for Outcome 3 in 2021 was \$6.1 million distributed across 21 grants and 19 contracts (Figure 18). Majority of our financial investments were grants awarded to community organizations. While Congregational Engagement contracts included in the total dollar amount were rated for stage and focus, the non-financial Congregational Engagement activities have a separate evaluation framework outlined later in this section. The 34 non-financial investments made in 2021 including convenings and trainings were mostly led by EHF staff.

STAGE AND FOCUS

A summary level assessment of the evaluation framework for Outcome 3 indicates that most of these projects are in the “implementing” stage (Figure 18). In 2021, EHF continued to support congregations and community organizations through investments in planning, training, and other capacity building efforts which positioned them to implement health-focused programs. This finding is consistent with prior evaluation reports and is in alignment with our goal to activate communities and congregations to advance community health. Similarly, the primary focus of most Outcome 3 projects is to strengthen the capacity of our partner organizations to promote healthy communities.

GRANTEE GOAL ATTAINMENT

EHF awarded 21 Outcome 3 grants in 2021 totaling \$5.6 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 15 Outcome 3 grants that concluded in 2021 and were evaluated for goal attainment by the Program Officers. Figure 19 below reveals that a majority of grantees met or exceeded their goals. Of the three grantees that partially met their goals, the most cited challenge was the COVID-19 pandemic and the requisite shift in operations that ensued. Other challenges included identifying and tracking individuals engaged in the work, coordinating schedules of participants and elected officials, and creating a strong methodology for data collection.

Figure 19. Grantee Goal Attainment – Outcome 3

Rating	Number of Grants
Exceeded Goals	2
Met Goals	8
Partially Met Goals	3
Struggled to Meet Goals	0
Not Rated*	2

*Grants may not be rated because the final report was received after the evaluation report was finalized or because they are organizational effectiveness grants and are not rated for attainment

GRANTEE INDICATORS

Outcome 3 grantees have largely achieved and or exceeded their expected results (Figure 20). They engaged more low-income communities and community leaders than expected. And, although grantees slightly overestimated the number of organizations that they were able to engage to learn about a campaign (ind. 3), more organizations than anticipated engaged in advocacy, and more policy changes were achieved (ind. 4 & 5). Much of this success was due to an increased use of social media outreach and virtual trainings, as a result of the pandemic. Even among these successes, grantees continued to struggle with staffing shortages and reduced levels of in-person engagement, also a consequence of the pandemic.

Figure 20. Grantee Indicators – Raise Community Voices

Indicator	Expected Results*	Final Results
1) # of low-income communities to be engaged	171	177
2) # of community leaders in low-income communities to be engaged	558	562
3) # of organizations engaged to learn about the campaign to change policy or practice in the sector	107	92
4) # of organizations that actively advocated for the campaign for policy or practice change	29	46
5) # of policy changes achieved	4	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 the grant's end

Three research contracts were either ongoing or launched in 2021, with the primary focus of informing our grants and engagement work. Two projects designed to evaluate the Congregational Engagement team's Holy Currencies work and the Community Engagement team's Activating Community Voice program, respectively, were initiated in the latter half of 2021. The final project was a contract that started in 2020 to analyze the financial health of EHF's Strategy 6 grantees.

COMMUNITY ENGAGEMENT

In 2021, the Community Engagement team continued to deepen relationships and provide support to grantees and community partners using a three-pronged approach targeting emerging community health leaders, community-based organizations, and community health coalitions. This work is facilitated currently through two programs, the Activating Community Voices program (ACV) and the Collaborating for Healthy Communities Initiative (CHCI). A description of the ACV and CHCI programs follows.

The purpose of the ACV program is to build the capacity of partner organizations to engage effectively with the communities they serve. EHF assesses our partners' level of community engagement using the Centers for Disease Control and Prevention (CDC)'s continuum across five levels. Of the four grantees who participated in 2021, one was in the early "outreach" stage, another was in the "consult" stage, and two were further along in the "involve" stage. Through their participation in the ACV initiative, each group developed a community engagement plan tailored to their community that moves them farther along the engagement continuum.

2021 also saw the completion of the CHCI pilot phase that was launched in 2020. Through the CHCI pilot, EHF offered capacity building around leadership, strategy, and organizational capacity to two high-functioning coalitions. An internal evaluation of the pilot found that as a result of the capacity building, one coalition's leadership was equipped to lead its group members in productive community change work and the other coalition re-branded, engaged in strategy alignment and received a grant from EHF. Both coalitions strengthened their infrastructure and were better positioned for sustainability. Early learnings from the pilot experience informed planning for the launch of the CHCI learning cohort in 2022.

CONGREGATIONAL ENGAGEMENT

In 2021, EHF's Congregational Engagement team worked with 86 of the 150+ congregations on topics such as racial justice, mental health, civic engagement, and poverty. Due to persisting COVID-19 restrictions, these events were held both in-person and virtually.

Figure 21. Percent of Congregations by Level of Engagement

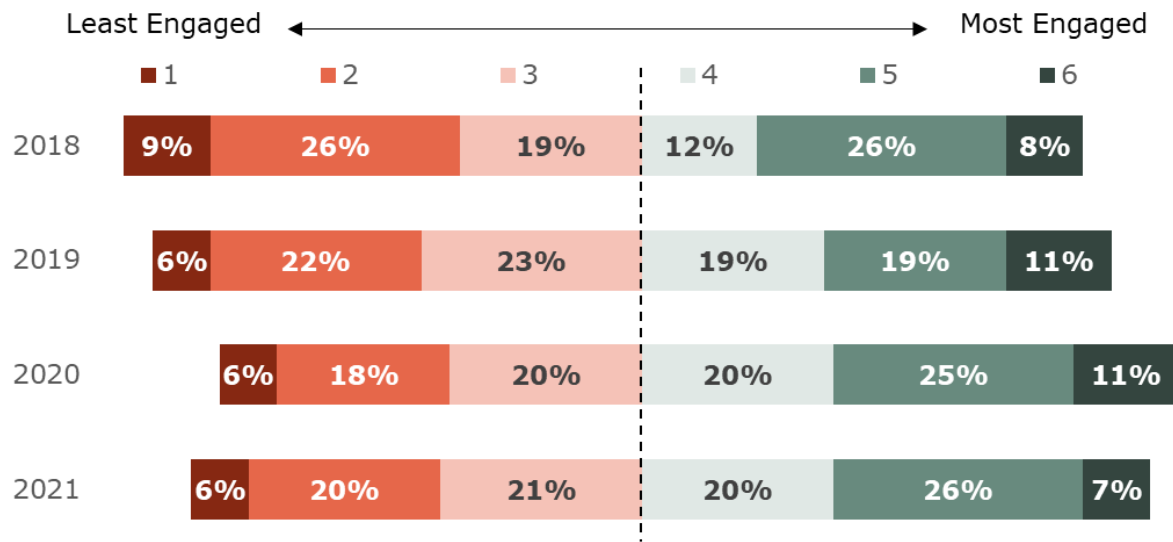


Figure 21 shows how congregations' levels of engagement with EHF have changed since the beginning of the Strategic Plan in 2018. Congregation engagement with EHF is at an all-time high, with over 50 percent falling into the more engaged categories since 2020.

While we track the level of engagement EHF has with our congregational partners, it is important to acknowledge that our goal is not to have all 150+ congregations highly engaged with us at any one time. In fact, congregations move in and out of higher levels of engagement with EHF based on their need for support. EHF's strategic focus is on cultivating deeper relationships rather than more, moving congregations from transactional to transformational bodies of work. Thus, it is important to examine the capacity of our highly engaged congregations to engage with their communities. Between 2020 and 2021, there was a 50 percent increase in the number of congregations engaging in transformational work within their community, however, most of our highly engaged congregations are still in the developmental stage (Figure 22).

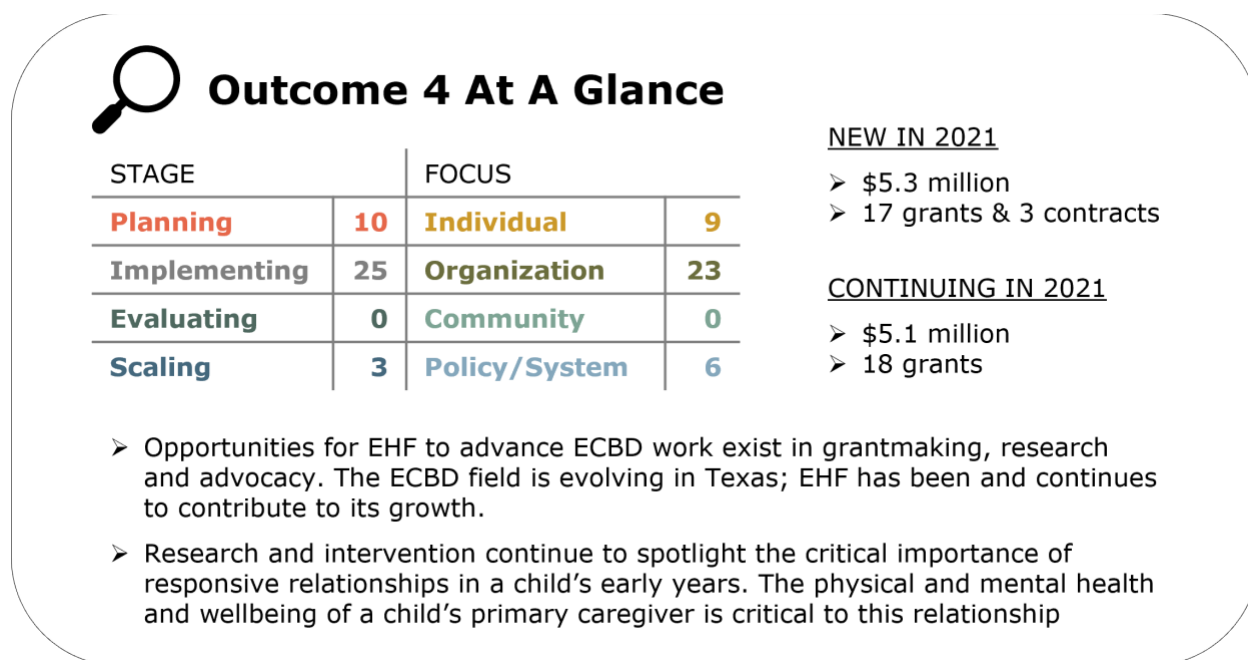
Figure 22. Number of Congregations per Community Engagement Capacity

	2021	2020	2019	2018
Developmental	57	55	49	46
Transitional	20	27	24	20
Transformational	9	6	5	3

OUTCOME 4

Outcome 4 Findings

Figure 23. Outcome 4 At A Glance



The goal of Outcome 4 is to build the foundation for a healthy life through investment in ECBD. In service of this goal, we invest in health systems and community organizations to implement leading ECBD practices during pregnancy and the first 1,000 days of life. We do this work through clinics and community-based organizations. 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 2021, EHF awarded 17 new grants and three contracts totaling \$5.3 million (Figure 23). Eighteen active grants funded in previous years total \$5.1 million. These grants characterize the trends and new science shaping the future of early childhood brain development, including fatherhood programs, embedding responsive care practices ("serve and return") into existing parental programs, and making perinatal support available to new parents. We are also building sustainability for ECBD practices by elevating pediatricians as advocates and incenting payers such as managed care organizations to fund home visiting.

STAGE AND FOCUS

Still in 2021, ECBD remains a relatively new and growing field and much of what EHF is funding is in the stages of planning and implementation. A few grants represent work that is being scaled. Those are evidence-based models that have been proven in other communities or specific populations and are new in the EDOT (Figure 23). Regarding the focus of impact, much of the ECBD work is aimed at influencing behavior of individuals, including parents and caregivers. A great deal of the work is also geared towards organizational change or building capacity in clinics and/or community-based nonprofits to offer ECBD programs. Also, because public policies and programs play a critical role in supporting the growth and development of a child, some effort in 2021 was focused on the policy and/or system level.

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 designate anticipated program results at the beginning of the grant and report their achievements at grants' end. 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. EHF's indicators monitor progress.

GRANTEE GOAL ATTAINMENT

The majority of grants that ended in 2021 met or exceeded their goals (Figure 24). The one grantee that exceeded goals was a clinic offering robust, comprehensive ECBD services as part of a national cohort. This grantee piloted and evaluated innovative programs, and also worked to ensure that these programs included a support system, a way to connect patients to resources and a safe place to address their concerns about parenting, health, and equity.

All grantees faced challenges with COVID-19, however, the defining barrier for the one grantee that struggled to meet goals was poor internal management, which led to program delays and incompletions. This complication was not specific to the ECBD services being offered.

Figure 24. Grantee Goal Attainment – Outcome 4

Rating	Number of Grants
Exceeded Goals	1
Met Goals	6
Partially Met Goals	2
Struggled to Meet Goals	1
Not Rated*	0

*Grants may not be rated because the final report was received after the evaluation report was finalized or because they are organizational effectiveness grants and are not rated for goal attainment

GRANTEE INDICATORS

As shown in Figure 25, clinics met their expected targets for program participation with caregivers. However, they fell short in increasing knowledge and skills, the desired higher-level outcome. One grantee was the primary contributor to the shortcoming of indicator three, to increase serve-and-return skills. This grantee reported that “COVID-related issues reduced numbers expected to be served” and that “isolation driven by COVID-19,” was another challenge for parents/caregivers.

Another area where grantees’ anticipated goals were not achieved was related to maternal screening for depression and other mood disorders. Similarly, a recent study commissioned by EHF corroborated the reality, finding that primary care and pediatric providers need training for and capacity building around screening and the management of perinatal mood disorders.

Similar to clinic grantees, the community grants ending this year also exceeded expectations for engaging program participants but fell short of the larger objective to elevate caregivers’ knowledge and skills related to relational health and early childhood brain development (Figure 26). Although these numbers represent the total from multiple grantees, one grantee’s increases and shortfalls are responsible for the drastic differences. This grantee had a 120% increase over the expected numbers of program participants, yet they missed the mark in numbers of parents/caregivers increasing serve and return skills and improving emotional connection with a child following program completion. When reporting on challenges, this organization acknowledged their clients’ difficulties staying focused because of adverse mental health conditions related to the pandemic. Two grantees are responsible for not reaching their goals for the number of parents/caregivers of children 0-3 that increased their serve-and-return skills. These grantees cited COVID-related challenges.

Figure 25. Grantee Indicators – Building Brain Development (Providers)

Indicator	Expected Results*	Final Results
1) # of children 0-3 to benefit from parent/caregiver participating in program	545	785
2) # of parents/caregivers of children 0-3 that increased awareness about early childhood brain development needs	556	446
3) # of parents/caregivers of children 0-3 that increased serve-and-return skills	409	41
4) # of expecting parents and/or parents of young children (0-3) participating in the program building healthy young brains	3,920	4,087
5) # of expecting women of young children (0-3) referred to resources and supports to address maternal depression or another mental health condition	0	0
6) # of expecting women and/or parents of young children (0-3) that were administered a maternal depression screening at least once using a validated tool	3,300	2,161
7) # of expecting women and/or parents of young children (0-3) whose screens identify them as being at risk of maternal depression or another mental health condition	0	0

*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

**Figure 26. Grantee Indicators – Building Brain Development
(Community Organizations)**

Indicator	Expected Results*	Final Results
1) # of children 0-3 to benefit from parent/caregiver participating in program	1,908	2,591
2) # of parents/caregivers of children 0-3 participating in program	1,830	2,995
3) # of parents/caregivers of children 0-3 that increased awareness about early childhood brain development needs	403	95
4) # of parents/caregivers of children 0-3 that increased serve-and-return skills	309	95
5) # of parents/caregivers of children 0-3 that increased understanding of the impact of primary caregiver-child interactions on early childhood brain development	317	95
6) # of parents/caregivers of children 0-3 that reported improved emotional connection with a child following program completion	1,084	475

*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

PATHWAYS TO TRANSFORMATION

EHF is working to create sustained transformational change in the four Outcomes outlined in our strategic plan. Each of EHF's investments (grants, contracts, and engagement activities) contribute to this cumulative, transformational change by either making the case for change or building the infrastructure for change. Ultimately, change is realized at the organizational, community, and policy and system levels (Figure 27).

Figure 27. Pathways to Transformation framework



Since 2018 EHF has dedicated numerous philanthropic tools towards realizing change in our 57 counties. The table below offers a high-level snapshot of EHF's financial and non-financial investments (Figure 28). In total, EHF has invested \$124 million in financial investments and engaged 1,421 organizations and 4,366 individuals in 188 webinars, trainings and convenings. Below we review our overall progress by Outcome and provide examples of how we are making the case, building the infrastructure, and realizing the change under each Outcome.

Figure 28. Cumulative Financial and Non-Financial Investments

		2018	2019	2020	2021	Totals
Financial Investments	Across All Outcomes	\$27.3 million	\$34.8 million	\$23.4 million	\$38.9 million	\$124.4 million
Non-Financial Investments	Organizations	435	357	262	367	1,421*
	Individuals	1,271	1,316	879	900	4,366
	Activities**	71	52	31	34	188

*The cumulative organization total may contain duplicated organizations that received funding across more than one year. **Webinars, trainings and convenings

Outcome 1 Pathway to Transformation Progress

Figure 29. Outcome 1 Pathway to Transformation Progress

Outcome 1 Progress	Overall
Make the Case	Moderate Progress
Build the Change Infrastructure	Some progress
Realize the Change	Emerging

Overall, the efforts to Make the Case to strengthen systems to support health, not just healthcare, are rated as “Moderate Progress” (Figure 29). This rating reflects the fact that there is both a robust literature around the role of SDOH and the innovative community approaches to address them. Furthermore, it reflects the fact that EHF is conducting ongoing research and evaluation to document successes and lessons learned around clinics incorporating SDOH. There has only been “Some Progress” to Build the Infrastructure for this work as the needed changes require shifting long-held mindsets and aligning established systems of health, including funding streams, which will take time. For this reason, Realize the Change is “Emerging.”

EHF’s investments in support of Outcome 1 include advancing SDOH in Texas Medicaid, supporting clinics in addressing community health, and supporting innovative financing mechanisms to improve community health. Below we discuss our progress toward making the case, building the change infrastructure, and realizing the change for each of these types of investment.

EXAMPLE: ADVANCING SDOH IN TEXAS MEDICAID

MAKE THE CASE

Decades of accumulating evidence on the outsized impact of non-medical factors on health continue to drive a growing national consensus that healthcare systems must shift away from solely providing medical services and toward addressing the social drivers of health. Building off the seminal research from national figures, EHF has contributed to making the case, specifically for Texas Medicaid to make this shift. We have authored, commissioned, or published dozens of reports, polls, op-eds, and blog posts and presented research at conferences, in media interviews, and to state agencies and committees. EHF conducted surveys of Texas Medicaid plans’ SDOH investments, the results of which were used to inform policy discussions at the Medicaid agency and the legislature. We have been the strongest institutional voice

in Texas on this topic, and as such we have influenced others to work toward inclusion of SDOH in Texas Medicaid.

BUILD THE CHANGE INFRASTRUCTURE

Since its inception, EHF has actively worked to reshape health policy and financing environments to reflect a commitment to funding upstream SDOH and community prevention work. An example of this is our work with the Texas Medicaid Office. At the request of Texas Medicaid, EHF has provided ongoing financial, research, and planning support around SDOH strategy development through technical assistance from organizations such as UT Dell Medical School and Center for Health Care Strategies.

EHF partnered with Texas Medicaid to launch a SDOH learning collaborative in 2019. The purpose of the collaborative was to help the Medicaid office understand the opportunities for incorporating SDOH into the program. The learning collaborative has continued to mature and deepen its influence. In 2021, the learning collaborative gained national attention when it was featured as a Spotlight Series article by the National MCO Learning Hub at the University of Chicago as a best practice for other state Medicaid agencies.

REALIZE THE CHANGE

An important early indicator of change for EHF is the tangible shift in the state agency's interest in and commitment to incorporating SDOH into the Medicaid program. As a result of EHF's support for SDOH strategy planning work at Texas Medicaid, the agency has made commitments to Center for Medicare and Medicaid Services (CMS), the federal overseer of Medicaid, to address the social needs of Medicaid members. More recently, Texas Medicaid began requiring insurance companies that want to win Medicaid contracts to demonstrate a commitment to addressing SDOH as part of the procurement process.

In addition to growing interest in Texas Medicaid, EHF's work fostered an increased interest in SDOH investment among Medicaid MCOs, evidenced by new partnerships developed with MCOs to pilot new SDOH projects. For example, EHF is supporting the first-ever partnership between Feeding Texas, the state association of food banks, and the MCO associations to develop payment mechanisms within Medicaid to address food-related health conditions.

Another early sign of the shifting health policy focus around SDOH is the advocacy for legislative changes to address SDOH in Medicaid. During the 2021 Texas legislative session, numerous SDOH related bills were proposed by bipartisan sponsors. While the bills did not pass, they opened a dialogue that EHF and others will build upon in the next session.

CASE STUDY: SUPPORTING CLINICS TO ADDRESS COMMUNITY HEALTH

MAKE THE CASE

A pillar of EHF's strategic plan is the premise that community-based health clinics, particularly federally qualified health centers (FQHCs), are the critical bridge between the healthcare system and the communities in which they operate. Therefore, EHF invested heavily in producing research that provide community-based clinics with practical, actionable insights. The projects include piloting a standardized social risk screening tool in Texas-based FQHCs and conducting key informant interviews from early adopters of community resource referral platforms to provide recommendations to healthcare organizations. EHF has also published cases studies on medical-legal partnerships, and the integration of social care and healthcare to continue making the case that supporting clinics to address SDOH is a necessary step for advancing health in Texas.

BUILD THE CHANGE INFRASTRUCTURE

While community-based clinics should play a critical role in advancing EHF's SDOH agenda, many do not have the capacity to address community prevention. Many of EHF's investments support clinics to build the necessary infrastructure to drive healthcare financing and delivery system changes. Our goal is to help clinics develop their ability to collect and analyze information related to their patients' unmet social needs and to develop the capacity to engage with MCOs in exploring novel value-based payment models. EHF has made considerable financial and non-financial investments in this area. Our largest investments are through the Community-Centered Health Homes (CCHH) initiative. Throughout 2021 EHF invested over \$12 million in CCHH, which supports clinics to address community prevention. EHF's funding increased the capacity of clinics to adopt the CCHH model, expand their traditional role to go outside clinic walls, and engage in community-level partnerships to prevent illness and enhance health.

REALIZE THE CHANGE

Several EHF-funded clinics have made progress toward advancing their organizational commitment and programming around SDOH. For example, through participation in the CCHH initiative, twelve clinics have successfully adopted the CCHH model and incorporated the core CCHH interventions, including leadership buy-in, improved use of data, increased organizational capacity, and partnership development in their work.

System level change is also occurring because of the Texas CCHH experience. At the end of the CCHH initiative, a national scholar wrote an issue brief documenting CCHH findings, specifically tying them to policy options. This issue brief became the formative spark for what has resulted in discussions by senior leaders at the federal

FQHC funding agency, about policy changes to include community health prevention work as part of federal funding streams for FQHCs. Outside of cohort-based initiatives, EHF's individual financial investments in clinics have helped clinic providers build the capacity to screen all patients for unmet social needs and develop strategies to refer and connect patients to health-related social services. One EHF-funded clinic, for example, was able to administer SDOH screenings on a trimester basis for 100% of prenatal patients through the operational and workflow changes made possible through grant funding. The clinic leveraged their care team model and outside partnerships from those screenings to connect patients with unmet needs to assistance. Through efforts to transform clinic work through our multi-site, multi-year initiatives, and by supporting individual clinics to do this work independently, EHF is making "some progress" towards transformation.

CASE STUDY: INNOVATIONS IN SUPPORTING COMMUNITIES AND ORGANIZATIONS TO ADDRESS COMMUNITY HEALTH

MAKE THE CASE

Financing for community health is not well-established because funds are siloed and focus on specific sectors, each of which have a contribution to make to community health. EHF is attempting to make the case for changing the way community health is financed by piloting novel financing mechanisms emerging across the country. Our hope is that our pilot projects are successful and support others to appreciate the need to reconsider health system financing.

To make the case to multiple audiences, EHF staff regularly share insights from major peer-reviewed publications, attend national conferences, and develop partnerships with funders nationwide.

Our co-creation with Dell Med of Factor Health is intended to make the case to payers of medical services that they can improve their outcomes by investing in SDOH. Factor Health is a health innovation incubator platform that can vet, support, and sustain novel approaches to better health outcomes by emphasizing non-traditional interventions that can be developed as an evidence base for widespread adoption by payors.

BUILD THE CHANGE INFRASTRUCTURE

For communities to sustainably fund community health improvement, the infrastructure to collaborate on planning, execution, and financing must be built. Using three national models, EHF has funded 10 communities to engage in this infrastructure building: the Texas Accountable Communities for Health Initiative (TACHI), Collaborative Approach to Public Goods Investment (CAPGI), and the Pathways Community Hub (PCH). TACHI is a collaborative partnership formed across sectors (healthcare, public health, community development, housing, social services,

etc.) to execute a shared vision and develop shared accountability for addressing health needs in specific communities. CAPGI is a financial model through which multiple stakeholders can collectively allocate the costs associated with improving complex community health issues. PCH is a model used as a strategy to identify and address risk factors at the individual and community levels through collected data and allocate the costs of addressing those factors across multiple payers.

Through EHF's investments, organizations and collaboratives are learning how to develop competencies such as building their business, defining their value proposition, and engaging in high-level negotiations with healthcare payors. This is essential to ensuring that EHF is building the necessary capacity and infrastructure to incent multiple stakeholders to invest long-term in these innovations.

REALIZE THE CHANGE

EHF's initiatives and projects piloting new financing models are in their early stages. Change has yet to be realized.

Outcome 2 Pathway to Transformation Progress

Figure 30. Outcome 2 Pathway to Transformation Progress

Outcome 2 Progress	Overall
Making the Case	Moderate Progress
Build the Change Infrastructure	Some progress
Realize the Change	Emerging

Overall, the efforts to Make the Case to facilitate access to comprehensive care, are rated as reaching “moderate progress” (Figure 30). This level reflects the well-established research around the benefits of comprehensive care and EHF’s notable investments in conducting or supporting research to demonstrate the importance of Medicaid expansion as a means for access. Additionally, some of EHF’s most widely recognized research has been the seminal reports on the rural healthcare infrastructure. The Build the Change Infrastructure is still early at “some progress.” Although EHF is investing in the necessary groundwork and actively fostering key relationships, building supports for access to and the development of comprehensive care takes time. This area has also been affected by the negative consequences of COVID-19. Community and system level changes are “emerging,” and still yet to come before we can Realize the Change in this area.

EXAMPLE: COMPREHENSIVE CARE

MAKE THE CASE

Sometimes EHF doesn't have to "make the case." In the case of comprehensive healthcare, [Healthy People 2020](#) laid the foundation for the current push for comprehensive integrative care by drawing on an [Institute of Medicine's](#) report, which defines the definition of primary care as "integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs ...and practice in the context of family and community" including reproductive and behavioral health. In 2012, the [Texas Council of Community Centers](#) provided a Texas context for this argument in their report on integrated behavioral and physical health care. Then, in [2015](#) and [2019](#) EHF's analyses of Harris County community health care clinics found that there was movement toward adopting a comprehensive care approach. The Texas experience [mirrored other states](#) in that comprehensive health services is a trend that is innovative and holistic, regardless of the FQHC size. However, a [Commonwealth Fund study](#) found that typical primary care systems fail to meet the reproductive and women's health needs. Additionally, an EHF-funded analysis found that reproductive health is separated from primary care because of siloed funding, further substantiating the need for integrated comprehensive care.

BUILD THE CHANGE INFRASTRUCTURE

In the eight years since its inception, EHF has invested significantly in community-based clinics because of their unique role in providing comprehensive care in urban and rural medically underserved areas, creating access to healthcare, and addressing SDOH. A notable portion of our grantmaking has helped clinics improve and expand care, integrate behavioral health models, and provide reproductive health services.

To support the development of primary care and behavioral health integration, early in the strategic plan, a program officer saw the promise of Certified Community Behavioral Health Clinic (CCBHC) as a way to bring some level of primary care services to rural areas by leveraging local mental health authorities (LMHAs) that existed in counties with a dearth of primary care clinics. The CCBHC model is a sustainably financed model for care delivery that includes primary care, care coordination, substance use services and behavioral health care. EHF gave grants to five rural and one urban LMHA to qualify for CCBHC certification. Alongside the grant funding, EHF funded the state association of LMHAs, to offer technical assistance and training to LMHAs to become CCBHC certified.

EHF also builds capacity for comprehensive care to include reproductive care in the EDOT. Specifically, EHF provides grant funding to the state organization that provides resources and technical assistance for providers of reproductive care in Texas. Providing client-centered contraception training for providers ultimately results in

increasing the number of clients who receive reproductive health services. Given the Texas regulatory environment around reproductive services and the uncertainty around federally funded Title X Family Planning Programs, EHF's philanthropic support provides much needed stability to this critical health infrastructure.

In addition to supporting clinics' provision of comprehensive services, EHF supports clinics to build the capacity for long-term financial sustainability. EHF launched the multi-year Clinics Pathways Approach (CPA) initiative in 2020 to support clinics' financial capacity to provide comprehensive health services and do upstream work with better health outcomes at the patient and community levels. Through funding, technical assistance, and peer collaboration, CPA is building 11 clinics' fundamental capacities for population health work and value-based payment system design as part of a pathway to clinical transformation.

REALIZE THE CHANGE

EHF's most significant impact on realizing the change to comprehensive care is in supporting behavioral health providers in their quest to integrate primary care—reverse-engineering the traditional pattern of primary care providers that incorporate behavioral health. In part due to our partnership with Texas Council of Community Centers, all 14 of the local mental health centers in the EDOT have been certified by the state as CCBHCs.

CASE STUDY: INCREASING HEALTH COVERAGE

MAKE THE CASE

Texas has the highest uninsured rate in the country, in part because the state has failed to expand access to Medicaid, and it results in Texans struggling to get access to and afford quality healthcare. Notwithstanding this long-standing fact, EHF continues to make the case that coverage expansion is essential. Our annual statewide public opinion survey repeatedly shows that a majority of Texans want Medicaid expansion.

Because some of the early opposition to Medicaid expansion related to its affordability, we have invested in multiple research reports that demonstrate the positive fiscal impact that Medicaid expansion can have in Texas. The report findings were widely disseminated and have been used by other advocates to make the case for expansion. By 2021, conservative-leaning grantee, Texas 2036, published its own data also making the case for Medicaid expansion.

In addition to making the case for policymakers, EHF helped make the case for Medicaid expansion at the community level. We provided education and outreach materials based on the Medicaid expansion research. These materials have been used

in trainings and workshops and have been shared broadly with community and congregational partners.

BUILD THE CHANGE INFRASTRUCTURE

EHF's efforts to improve healthcare access focus on funding organizations and efforts around Medicaid expansion as well as building the capacity of agencies to undertake and maintain enrollment in health coverage and social service programs such as CHIP, ACA and traditional Medicaid, as well as SNAP, WIC and others. The comprehensiveness of these services goes beyond enrollment, ultimately supporting clients to develop the skills and agency to utilize their coverage for access to a regular source of care.

EHF builds the capacity of grantees to act individually and through coalition efforts to advocate for increased health coverage. We provide grant funding to organizations to increase their capacity to advocate and we provide technical assistance to encourage grantees to use their voices to lobby for change, including Medicaid expansion. Our philanthropic dollars also support grantees' downstream efforts such as grassroots level outreach. Alongside this work, EHF builds the infrastructure to get people and keep people enrolled in health coverage by funding enrollment agencies.

Additionally, during the most recent legislative session, Health and Justice Advocacy Network (HJAN)—a network of Episcopalians and community members—put forth a powerful effort to influence state policy makers to pass Medicaid expansion. Our support of HJAN contributes to their capacity to do this work. Simultaneously, several of EHF's grantees were also part of a broad advocacy coalition that communicated the message about health coverage to policy makers through a campaign called #SickOfItTX. Alongside the advocacy, these organizations supported local outreach and education through the Cover Texas Now network.

REALIZE THECHANGE

During the last Texas legislative session, efforts around Medicaid expansion went further than they ever have before but fell short. Because of advocacy efforts of HJAN and EHF grantees, the House Bill to expand coverage had bi-partisan support. Ultimately, even with reports from trusted sources and-evidence based data, the bill died in committee because of long-standing political opposition.

While not realizing legislative changes, HJAN's advocacy efforts have inspired a new set of leaders. As a result of what was learned through HJAN, one participant was inspired to run for State Comptroller. Through HJAN, she learned about the funding that Texas loses out on because it has not expanded Medicaid.

CASE STUDY: RIGHTSIZING HEALTH CARE IN RURAL COMMUNITIES

MAKE THE CASE

For many years, the conversation about rural health revolved around hospitals, particularly the closure of rural hospitals. EHF believed that the focus on hospital closures obscured the real questions regarding access to care in rural communities. Beginning in 2017 and continuing today, EHF-sponsored research highlighted the fact that the current rural health care infrastructure does not fit the changing demographic needs or economic conditions in rural Texas. Instead, the research posited, we should support paths to “right-size” health care in rural communities.

BUILD THE CHANGE INFRASTRUCTURE

As a result of EHF’s research investment to address rural hospital closures, our research partner, a Texas-based educational institution, was awarded a \$4 million federal grant to create the Center for Optimizing Rural Health, which provides technical assistance to vulnerable rural hospitals across the country. TAMU has received additional funding, and the “right-sizing” approach through the TAMU Center is a national institution. In all, EHF’s initial investment of \$70,000 brought an additional \$14.9 million to Texas.

REALIZE THE CHANGE

EHF made the case and set the stage for others to build the infrastructure. Other public and private funders and communities are moving the work forward. EHF doesn’t always have a hand in each stage of transformation.

Outcome 3 Pathway to Transformation Progress

Figure 31. Outcome 3 Pathway to Transformation Progress

Outcome 3 Progress	Overall
Make the Case	N/A
Build the Change Infrastructure	Some progress
Realize the Change	Some progress

EHF does not need to make the case for community engagement. The literature about the positive impacts of community engagement has been well established in recent decades. Knowledge in this field is growing, and late in the last century, the CDC established a definition for, and the many health benefits of, community engagement on health. We are rooted in this orientation, and it drives our community engagement work. In the case of congregational engagement, we are supporting the congregations in fulfilling Bishop Doyle’s call to engage in meaningful, transformative

relationships in their communities. As EHF staff partners with communities/congregations to Build the Change Infrastructure, we are learning and refining our approach in response to local need (Figure 31). In this area we have made “some progress. On the path to Realize the Change, evaluations show that we are making Some Progress.

EXAMPLE: ACTIVATING COMMUNITY VOICES

BUILD THE CHANGE INFRASTRUCTURE

EHF is raising the voices of communities by building the capacity of grantee organizations and coalitions through financial support and technical assistance. In Outcome 3, EHF provides funding to health-oriented community collaboratives to undertake leadership development, advocacy, and other capacity building activities. In addition to EHF’s grantmaking, the Community Engagement’s Activating Community Voice (ACV) program builds the capacity of partner organizations to engage effectively with the communities they serve.

REALIZE THE CHANGE

The goal of Outcome 3 is to advance systemic change by building sustainable ecosystems of grassroots organizations and empowering community residents to advocate for change. Several years of funding support has stabilized and strengthened our grantee partners in the community organizing sector. In one example, EHF has positioned a grantee to deepen their impact by scaling their proven models to other communities. Another grantee is engaging and recruiting Community Engineers to participate in structured leadership trainings, carry out community action plans, and integrate evidence-based health and wellness programs in local communities.

In addition to local impacts, EHF is driving community-level progress across the nation. EHF funds a local collaborative founded on a national model to bring together community-based organizations, health departments, and hospitals/health systems to address local public health issues. As part of this work, EHF initiated a pilot that included an MCO. EHF’s innovative approach opened the door for five other communities to develop similar projects that also included an MCO.

EXAMPLE: CONGREGATIONAL ENGAGEMENT

BUILD THE CHANGE INFRASTRUCTURE

Our work with congregations is explicitly for the purpose of building their capacity, or their infrastructure, to engage meaningfully in their communities. We provide programming in a variety of content areas in addition to skills-based training regarding organizing and strategic planning. The focus of our work has shifted and

evolved over the years, as EHF listens and responds to the needs of the congregations and communities engaging in the work.

REALIZE THE CHANGE

EHF recognizes that the change within effective community engagement by congregations, is being realized in several congregations across the diocese. One example is Christ Episcopal Church in Temple. Leaders of Christ Episcopal together with their partner, The Un-Included Club, participated in the Holy Currencies Ministry Incubator as part of the 2019/2020 cohort and received additional coaching throughout 2021. Applying their learning of the 6 “currencies”, they leaned into the four Currencies of “relationship,” “truth,” “wellness” and “time and place,” to deepen their partnership with The Un-Included Club and to develop a new one with their neighbor The Kyle, operated by the Temple Housing Authority. Together they are working to affect positive change around food insecurity and race relations within the Temple community. Property on the Christ Church campus has been designated by the vestry for use as the site of a community garden tended in part by the Unincluded Club. Residents at The Kyle offer input into the design and produce planted in the garden, and also reap the benefits of what is grown there. These deep and meaningful relationships happened because of the church’s participation in Holy Currencies.

Outcome 4 Pathway to Transformation Progress

Figure 32. Outcome 4 Pathway to Transformation Progress

Outcome 4 Progress	Overall
Make the Case	Some progress
Build the Change Infrastructure	Some progress
Realize the Change	Emerging

The lifelong benefits of early childhood experiences are well-documented in the literature. EHF’s contributions include the two early research articles that inform our strategic and funding approach around ECBD. These articles represent “some progress,” as we continue for to look for opportunities to conduct research and evaluation to Make the Case in Texas (Figure 32). EHF’s efforts to Build the Change Infrastructure are broad, spanning investments in clinics, community-based organizations, and advocacy organizations. We are also partnering to shape the agendas of peer funders. Through these combined efforts, we are making “some progress.” The idea of focusing public dollars on ECBD is new and requires mind shifts as well as funding changes. Progress in this area is only “emerging.”

ADVANCING EARLY CHILDHOOD BRAIN DEVELOPMENT IN TEXAS

MAKE THE CASE

At the inception of EHF, the board charged the foundation to address early childhood development. Based on research conducted nationally and commissioned by EHF locally, evidence supported the critical importance of responsive relationships in a child's early years, often called "serve and return." We learned that by fostering serve and return interactions, a baby's brain architecture is shaped when an infant or young child babbles, gestures, or cries, and an adult responds appropriately with eye contact, words, or a hug, neural connections are built and strengthened in the child's brain that support the development of communication and social skills. Doing so builds up the foundation for the child's lifelong learning, behavior, and health—and their skills for facing life's challenges.

When EHF initially sought to invest in early childhood, the majority of the sector in Texas was focused on early literacy, school readiness, and the quality of childcare centers. The intended outcomes of these interventions were related to educational attainment. Therefore, EHF had to make the case to other funders, community-based organizations, and policymakers that the investment in early childhood *brain* development—serve and return—was critical and deserving of greater investment. We began pointing out that while the benefits of serve and return experiences were well-documented, what was missing was a framework for investment to effect change in Texas.

BUILD THE CHANGE INFRASTRUCTURE

Since 2018, EHF awarded capacity building dollars to clinics and community organizations in the EDOT as well as to statewide advocacy organizations to support brain development in children, ages 0-3. These grants build organizational capacity and support evidence based, as well as innovative, early childhood brain development programs and policies.

EHF's grant funding to clinics supports the incorporation of brain science into existing maternal and pediatric care services. These grants build clinic provider knowledge and skills to integrate early childhood brain development and responsive parenting supports into the well-child visit structure. EHF is building similar capacity in community-based organizations by funding parenting interventions based in brain science. These established public and private programs for parents and children now provide programs grounded in brain science.

In rural areas, EHF funds are a part of the initial grants to build the infrastructure for ECBD services. EHF's program officers are going beyond funding to build capacity and are convening with rural practitioners from across the EDOT to share and learn about challenges and opportunities that are specific in their communities.

Through grant funding and research partnership, EHF has supported advocacy organizations to integrate brain development into their work. Early childhood advocacy groups such as TexProtects and Texans Care for Children, which have historically focused on addressing child maltreatment and developmental delays, are more prominently emphasizing the role of brain development in children's health and well-being.

In addition to our direct funding, EHF's efforts have also had a role in shaping the agendas of other funders. In 2019, EHF was a strong voice contributing to the scope and results of the Harris County 0-3 landscape scan, which shaped a public investment of \$10 million. Also, EHF co-created the Houston Early Childhood Funders group of 12 family, private, and corporate foundations who are focused on the importance of brain development as a key component of early childhood funding. Finally, EHF provided funding to support the state agency that oversees early childhood programs as it seeks to incentivize high quality performance by the contractors to whom they distribute \$60 million annually.

REALIZE THE CHANGE

Programs based in brain science are now available to infants and caregivers across the EDOT where they didn't exist before. EHF's grant funding to support a new programmatic focus in clinical and community settings has enabled a cultural shift for these organizations. Caregivers are being empowered and educated about their child's brain and what they can do to maximize development while children are engaging in brain building interactions with their caregivers.

Advocacy organizations are now giving attention to brain development. For example, an April 2020 press release and related advocacy press materials highlighted the critical role of brain development in a child's first three years.

Public and private philanthropies have increased funding opportunities focused on early childhood brain development in the EDOT. Through the Houston Early Childhood Funders group, EHF and another philanthropy co-funded a \$1.4 million statewide pilot to support 10 organizations in developing their capacity to translate neuroscience concepts in early brain development into real world application. And peer philanthropist St. David's Foundation, has prioritized funding programs for families and children, prenatal to age 5, based on the brain development that occurs during this time. Both funders' prioritizations and investments are serving to mutually substantiate and reinforce the early childhood brain development movement in Texas.

CO-FUNDING

In 2021, EHF continued to pursue opportunities to maximize impact by co-investing in projects with other funders. EHF invested close to \$2 million in four co-funded grants, to which 17 other foundations collectively contributed \$2.6 million. EHF also invested \$244,042 in three co-funded research projects, to which four other funders contributed \$278,656. EHF's President's office partnered with another donor to sponsor a project to which EHF gave \$10,000, and the other donor contributed \$16,400.

CONCLUSION – KEY TAKEAWAYS

Four overarching themes emerged as key takeaways from our 2021 work. We discuss each below.

WE ARE SEEING SOME EARLY WINS IN OUR EFFORT TO ADVANCE “HEALTH NOT JUST HEALTHCARE” IN TEXAS

EHF is widely recognized as an influential voice in advancing the “Health Not Just Health Care” agenda in the state. We are beginning to see some early wins as a result of our ongoing effort to educate and influence state agencies, health plans, community-based clinics and other stakeholders about the importance of SDOH. For example, two important SDOH policy guidance reports were released by Texas Medicaid in 2021 as a result of EHF’s support. The two health plan associations publicly advocated for the passage of SDOH bills during the last legislative session, one of which was filed by a Republican physician lawmaker from the Houston area. And many health plans have been intentional in assigning senior staff with the role of developing SDOH strategies. In response to the growing willingness of others to embrace SDOH, we developed two major initiatives, CPA and TACHI, focusing on strengthening both clinic and community capacity to address SDOH needs. Staff have been invited to write blog articles and conduct presentations at professional conferences. Increasingly, EHF has become the leading voice of SDOH issues for state agencies, health plans, healthcare providers, universities, and policy organizations in Texas.

EHF’S ECBD INVESTMENTS ARE EVOLVING AND INFORMING THE GROWING ECBD SECTOR

As the knowledge and science around early childhood brain development grows and evolves, so does EHF’s approaches and investments. In early 2017, EHF’s investments were aimed at shifting the early childhood conversation to brain development and its lifelong, foundational impact on health and well-being. Since embarking on this journey, we have learned important lessons from the field and are incorporating them in our approach. We continue to fund clinic and community work to support the development of responsive relationships in a child’s early years. We are also widening our focus to include caregiver mental health and integrated behavioral health approaches that pay particular attention to the perinatal period – the time including pregnancy and the post-partum period. Mindful of the inability of philanthropic support to sustain ECBD projects in perpetuity, we are working to foster and explore alternative sources of public and private funding. For example, EHF is actively working together to seek more sustainable funding opportunities with managed care organizations and the Texas’ Health and Human Services Commission.

Additionally, in the final year of our strategic plan, EHF is interested in better understanding and strengthening the impact of our investments in early brain development. We want to use measurement and evaluation as a way to continue to learn and inform the larger early childhood sector in Texas.

EHF's Outcome 4 work continues to evolve and deepen. Emerging trends and opportunities only seek to confirm our investments in this space and invite us to use integrated strategies that attend to the unique opportunity for prevention and impact in a child's first three years of life.

TRUST AND RELATIONSHIPS MATTER EVEN MORE AS WE TRANSITION FROM THE "VIRTUAL" ENVIRONMENT BACK TO AN IN-PERSON ENVIRONMENT

As documented in this report, some of our grantees' efforts continued to be hampered by the pandemic, especially due to their inability to carry out activities in an "in-person" setting. While we had some successes in convening grantees, congregations, and stakeholders in the virtual work environment, we also understand that it is very challenging to develop and deepen relationships in a virtual environment. As we look forward to our work in 2022 and 2023, there is much to do in strengthening trust and relationship with our partners. As discussed in previous evaluation reports, much of EHF's success was built upon our existing relationships and trusted partnerships.

WE HAVE DEVELOPED A PATHWAYS TO TRANSFORMATION FRAMEWORK TO DISCUSS CUMULATIVE IMPACT OF OUR WORK

In this report, we are taking a first attempt at assessing progress associated with our Pathways to Transformation framework during the first four years of our strategic plan. As the Bishop has often reminded us, our work at EHF is about fostering transformative changes in our region, which takes time. The Pathways framework is our first rigorous attempt at framing and explaining our progress, challenges and lessons learned across the four outcome areas of our strategic plan. This is by no means the perfect evaluation framework. In future evaluation reports, we hope to strengthen the analysis of the Pathway to Transformation framework as we will have more evidence from two major initiatives that we have launched in 2021: CPA and TACHI. We will continue to take an adaptive, mixed methods and continuous learning approach in our evaluation work.

APPENDIX A: FINANCIAL INVESTMENTS INCLUDED IN THE 2021 EVALUATION REPORT

This report includes analyses of EHF’s new 2021 investments as well as ongoing or completed investments, which may have been initiated in prior years. These different groups of investments are listed separately. Investments are sorted by Outcome, then strategy, and then by name.

Figure A1. NEW FINANCIAL INVESTMENTS IN 2021: \$37.3 MILLION

Type	Grantee Name	Amount Recommended	Outcome	Strategy
Grants	Avenue Community Development Corporation	\$400,000.00	Outcome 1	Strategy 1
Grants	Bastrop County Cares	\$400,000.00	Outcome 1	Strategy 1
Contracts	Center for Health Care Strategies	\$31,000.00	Outcome 1	Strategy 1
Contracts	Center for Health Care Strategies	\$78,595.00	Outcome 1	Strategy 1
Contracts	Center for Health Care Strategies	\$22,500.00	Outcome 1	Strategy 1
Contracts	Center of Health Care Strategies	\$10,000.00	Outcome 1	Strategy 1
Grants	City of Longview	\$400,000.00	Outcome 1	Strategy 1
Grants	Coalition of Texans with Disabilities	\$145,875.00	Outcome 1	Strategy 1
Grants	Dell Medical School, The University of Texas at Austin	\$250,000.00	Outcome 1	Strategy 1
Contracts	Eileen Nehme	\$2,500.00	Outcome 1	Strategy 1
Contracts	Feeding Texas	\$47,587.50	Outcome 1	Strategy 1
Grants	Georgetown Health Foundation	\$400,000.00	Outcome 1	Strategy 1
Contracts	Georgia Health Policy Center	\$147,646.00	Outcome 1	Strategy 1

Contracts	Institute for Medicaid Innovation	\$27,269.75	Outcome 1	Strategy 1
Contracts	John Snow, Inc. (JSI) Research and Training Institute	\$37,500.00	Outcome 1	Strategy 1
Grants	Lone Star Circle of Care	\$400,000.00	Outcome 1	Strategy 1
Grants	Network Of Behavioral Health Providers Inc	\$68,500.00	Outcome 1	Strategy 1
Contracts	NS Ideas, LLC	\$37,904.00	Outcome 1	Strategy 1
Contracts	Parkland Center for Clinical Innovation	\$44,664.00	Outcome 1	Strategy 1
Contracts	Parkland Center for Clinical Innovation	\$37,500.00	Outcome 1	Strategy 1
Grants	Project HOPE The People To People Health Foundation, Inc.	\$200,000.00	Outcome 1	Strategy 1
Grants	Prosper Waco	\$274,000.00	Outcome 1	Strategy 1
Contracts	Sellers Dorsey	\$17,062.50	Outcome 1	Strategy 1
Contracts	Sellers Dorsey	\$7,700.00	Outcome 1	Strategy 1
Grants	Texas 2036	\$100,000.00	Outcome 1	Strategy 1
Contracts	Texas A&M University - The Bush School of Government	\$38,823.00	Outcome 1	Strategy 1
Grants	Texas Health Institute	\$74,894.00	Outcome 1	Strategy 1
Grants	Texas Health Institute	\$50,000.00	Outcome 1	Strategy 1
Grants	The George Washington University	\$150,000.00	Outcome 1	Strategy 1
Grants	The Texas A&M University System Health Science Center	\$400,000.00	Outcome 1	Strategy 1
Grants	The University of Texas at Austin - Dell Medical School's Value Institute for Health and Care	\$250,000.00	Outcome 1	Strategy 1

Contracts	The University of Texas Health Science Center at Houston	\$95,732.00	Outcome 1	Strategy 1
Contracts	Wild Blue Health Solutions	\$37,800.00	Outcome 1	Strategy 1
Grants	CommUnityCare	\$500,000.00	Outcome 1	Strategy 2
Grants	East Texas Border Health Clinic dba Genesis PrimeCare	\$175,000.00	Outcome 1	Strategy 2
Grants	Fort Bend Family Health Center, Inc., d/b/a AccessHealth	\$500,000.00	Outcome 1	Strategy 2
Grants	Fort Bend Family Health Center, Inc., d/b/a AccessHealth	\$350,000.00	Outcome 1	Strategy 2
Grants	Harris Health System	\$200,000.00	Outcome 1	Strategy 2
Grants	Legacy Community Health	\$212,500.00	Outcome 1	Strategy 2
Grants	Lone Star Circle of Care	\$425,000.00	Outcome 1	Strategy 2
Grants	Lone Star Circle of Care	\$300,000.00	Outcome 1	Strategy 2
Grants	Northwest Assistance Ministries	\$500,000.00	Outcome 1	Strategy 2
Grants	People's Community Clinic	\$351,090.00	Outcome 1	Strategy 2
Grants	Special Health Resources for Texas, Inc.	\$175,000.00	Outcome 1	Strategy 2
Grants	St. Paul Children's Foundation	\$350,000.00	Outcome 1	Strategy 2
Contracts	Starling Advisors	\$187,500.00	Outcome 1	Strategy 2
Contracts	The George Washington University - Milken Institute	\$37,500.00	Outcome 1	Strategy 2
Grants	The University of Texas Health Science Center at Houston	\$76,000.00	Outcome 1	Strategy 2
Grants	United Way for Greater Austin	\$200,000.00	Outcome 1	Strategy 2

Grants	United Way of Brazoria County	\$85,000.00	Outcome 1	Strategy 2
Grants	Waco Family Medicine	\$340,000.00	Outcome 1	Strategy 2
Grants	Andrews Center	\$100,000.00	Outcome 2	Strategy 3
Grants	Asian American Health Coalition (AAHC) of the Greater Houston Area, Inc. (HOPE Clinic)	\$450,000.00	Outcome 2	Strategy 3
Grants	Asian American Health Coalition (AAHC) of the Greater Houston Area, Inc. (HOPE Clinic)	\$150,000.00	Outcome 2	Strategy 3
Grants	Avenue 360 Health & Wellness	\$300,000.00	Outcome 2	Strategy 3
Grants	Baylor College of Medicine - Teen Health Clinic	\$140,000.00	Outcome 2	Strategy 3
Grants	Central Health	\$600,000.00	Outcome 2	Strategy 3
Grants	El Centro de Corazon	\$500,000.00	Outcome 2	Strategy 3
Grants	Family Service Center Of Galveston County Texas	\$185,990.00	Outcome 2	Strategy 3
Grants	Giving Austin Labor Support (GALS)	\$192,630.00	Outcome 2	Strategy 3
Grants	Healthcare for the Homeless - Houston	\$360,000.00	Outcome 2	Strategy 3
Contracts	John Snow Inc. (JSI) Research and Training Institute	\$82,233.60	Outcome 2	Strategy 3
Grants	Lone Star Circle of Care	\$400,000.00	Outcome 2	Strategy 3
Grants	Lone Star Family Health Center	\$500,000.00	Outcome 2	Strategy 3
Grants	Mama Sana Vibrant Woman	\$132,578.00	Outcome 2	Strategy 3
Grants	Matagorda Episcopal Health Outreach Program (MEHOP)	\$500,000.00	Outcome 2	Strategy 3

Grants	Meadows Mental Health Policy Institute (MMHPI)	\$450,000.00	Outcome 2	Strategy 3
Grants	Montrose Counseling Center dba The Montrose Center	\$250,000.00	Outcome 2	Strategy 3
Grants	People's Community Clinic	\$218,250.00	Outcome 2	Strategy 3
Grants	Planned Parenthood Gulf Coast, Inc.	\$525,000.00	Outcome 2	Strategy 3
Grants	Planned Parenthood of Greater Texas	\$525,000.00	Outcome 2	Strategy 3
Grants	Sabine Valley Regional MHMR Center DBA Community Healthcore	\$350,000.00	Outcome 2	Strategy 3
Grants	Special Health Resources for Texas, Inc.	\$250,000.00	Outcome 2	Strategy 3
Grants	Stephen F. Austin Community Health Network	\$500,000.00	Outcome 2	Strategy 3
Grants	Stephen F. Austin Community Health Network	\$250,000.00	Outcome 2	Strategy 3
Grants	Tejas Health Care	\$291,286.00	Outcome 2	Strategy 3
Grants	Texana Center	\$200,000.00	Outcome 2	Strategy 3
Grants	Texas Association of Community Health Centers, Inc	\$110,000.00	Outcome 2	Strategy 3
Grants	The Council on Recovery	\$412,500.00	Outcome 2	Strategy 3
Grants	The Harris Center for Mental Health and IDD	\$400,000.00	Outcome 2	Strategy 3
Grants	The Rose	\$400,000.00	Outcome 2	Strategy 3
Grants	The Texas Campaign to Prevent Teen Pregnancy	\$850,000.00	Outcome 2	Strategy 3
Grants	Vecino Health Centers	\$300,000.00	Outcome 2	Strategy 3
Grants	Waco Family Medicine	\$500,000.00	Outcome 2	Strategy 3

Grants	Waco Family Medicine	\$30,000.00	Outcome 2	Strategy 3
Contracts	Working Partner	\$10,000.00	Outcome 2	Strategy 3
Grants	Boat People S.O.S., Inc.	\$280,000.00	Outcome 2	Strategy 5
Grants	Casa Marianella	\$280,000.00	Outcome 2	Strategy 5
Grants	Center for Public Policy Priorities (CPPP) DBA Every Texan	\$356,000.00	Outcome 2	Strategy 5
Grants	Children's Defense Fund	\$175,000.00	Outcome 2	Strategy 5
Grants	Children's Defense Fund	\$600,000.00	Outcome 2	Strategy 5
Grants	Epiphany Community Health Outreach Services-(ECHOS)	\$310,000.00	Outcome 2	Strategy 5
Grants	Foundation Communities	\$400,000.00	Outcome 2	Strategy 5
Grants	Houston Immigration Legal Services Collaborative	\$870,000.00	Outcome 2	Strategy 5
Grants	Katy Christian Ministries	\$50,000.00	Outcome 2	Strategy 5
Grants	Light & Salt Association	\$141,969.00	Outcome 2	Strategy 5
Grants	MAM (Memorial Assistance Ministries)	\$360,000.00	Outcome 2	Strategy 5
Contracts	Manatt, Phelps & Phillips, LLP	\$25,000.00	Outcome 2	Strategy 5
Grants	North Pasadena Community Outreach	\$208,000.00	Outcome 2	Strategy 5
Grants	SEARCH Homeless Services	\$380,000.00	Outcome 2	Strategy 5
Contracts	SSRS	\$262,790.00	Outcome 2	Strategy 5
Grants	The Beacon of Downtown Houston	\$212,188.00	Outcome 2	Strategy 5
Contracts	Alliance for Justice	\$100,000.00	Outcome 3	Strategy 6
Contracts	Amanda Timm Consulting	\$12,129.07	Outcome 3	Strategy 6
Contracts	Amanda Timm Consulting	\$15,618.75	Outcome 3	Strategy 6
Contracts	Arabella Advisors	\$65,500.00	Outcome 3	Strategy 6

Grants	BakerRipley	\$250,000.00	Outcome 3	Strategy 6
Grants	Bastrop County Cares	\$300,000.00	Outcome 3	Strategy 6
Grants	Center for Urban Transformation	\$150,000.00	Outcome 3	Strategy 6
Grants	Central Texas Interfaith	\$630,000.00	Outcome 3	Strategy 6
Grants	Children's Defense Fund	\$225,000.00	Outcome 3	Strategy 6
Grants	Community Coalition for Health (C2H)	\$75,000.00	Outcome 3	Strategy 6
Grants	Dallas Area Interfaith	\$125,000.00	Outcome 3	Strategy 6
Grants	East Harris County Empowerment Council	\$175,000.00	Outcome 3	Strategy 6
Grants	GAVA Go! Austin/Vamos! Austin	\$400,000.00	Outcome 3	Strategy 6
Contracts	Georgia State University	\$45,060.63	Outcome 3	Strategy 6
Grants	Gulf Coast Leadership Council (GCLC)	\$630,000.00	Outcome 3	Strategy 6
Grants	Healthy Futures of Texas	\$200,000.00	Outcome 3	Strategy 6
Grants	Houston Health Foundation	\$201,640.00	Outcome 3	Strategy 6
Grants	Houston in Action	\$150,000.00	Outcome 3	Strategy 6
Grants	Local Initiatives Support Corporation - LISC	\$216,400.00	Outcome 3	Strategy 6
Grants	Mi Familia Vota Education Fund	\$250,000.00	Outcome 3	Strategy 6
Grants	Rockefeller Philanthropy Advisors - Fund for Shared Insight	\$30,000.00	Outcome 3	Strategy 6
Contracts	Smith Research & Consulting, LLC	\$24,062.50	Outcome 3	Strategy 6
Grants	Texas Network of Youth Services	\$150,000.00	Outcome 3	Strategy 6
Grants	Texas Organizing Project Education Fund (TOPEF)	\$500,000.00	Outcome 3	Strategy 6

Grants	The Immunization Partnership (TIP)	\$175,000.00	Outcome 3	Strategy 6
Grants	United Way of Waco-McLennan County	\$200,000.00	Outcome 3	Strategy 6
Grants	Young Invincibles	\$520,000.00	Outcome 3	Strategy 6
Contracts	Central Texas Interfaith	\$5,000.00	Outcome 3	Strategy 7
Contracts	Collective Experience Group	\$50,500.00	Outcome 3	Strategy 7
Contracts	Dain & Constance Perry	\$4,500.00	Outcome 3	Strategy 7
Contracts	East Texas Human Needs Network	\$500.00	Outcome 3	Strategy 7
Contracts	Elite Research	\$29,750.00	Outcome 3	Strategy 7
Contracts	Kaleidoscope Institute	\$30,000.00	Outcome 3	Strategy 7
Contracts	Lou Weaver Consulting	\$6,761.00	Outcome 3	Strategy 7
Contracts	Lynfro Consulting	\$50,000.00	Outcome 3	Strategy 7
Contracts	Project Curate	\$10,000.00	Outcome 3	Strategy 7
Contracts	Rigoberto Ojeda Consulting	\$15,120.00	Outcome 3	Strategy 7
Grants	People's Community Clinic	\$343,838.00	Outcome 4	Strategy 8
Grants	Texans Care for Children	\$950,000.00	Outcome 4	Strategy 8
Grants	Texas Pediatric Society	\$180,720.00	Outcome 4	Strategy 8
Grants	Waco Family Medicine	\$310,000.00	Outcome 4	Strategy 8
Grants	Angelina County & Cities Health District	\$300,000.00	Outcome 4	Strategy 9
Grants	AVANCE Austin	\$400,000.00	Outcome 4	Strategy 9
Contracts	Hollier Health Solutions, LLC	\$1,600.00	Outcome 4	Strategy 9
Grants	Houston Health Foundation	\$22,480.00	Outcome 4	Strategy 9
Grants	Nia Cultural Center, Incorporated	\$150,000.00	Outcome 4	Strategy 9

Grants	Parents as Teachers National Center	\$178,927.00	Outcome 4	Strategy 9
Grants	Partners in Parenting	\$200,000.00	Outcome 4	Strategy 9
Grants	Rupani Foundation	\$250,000.00	Outcome 4	Strategy 9
Grants	Smith County Champions for Children	\$262,500.00	Outcome 4	Strategy 9
Grants	Talitha Koum Institute	\$100,000.00	Outcome 4	Strategy 9
Grants	Texas Children's Hospital	\$395,000.00	Outcome 4	Strategy 9
Grants	The Georgetown Project	\$100,000.00	Outcome 4	Strategy 9
Grants	The University of Texas Health Science Center at Houston	\$500,000.00	Outcome 4	Strategy 9
Grants	United Way for Greater Austin	\$600,000.00	Outcome 4	Strategy 9
Contracts	Avivar Capital	\$42,500.00	No Outcome	No Strategy
Contracts	Notley Health	\$50,000.00	No Outcome	No Strategy

**Figure A2. FINANCIAL INVESTMENTS FROM PREVIOUS YEARS
STILL ACTIVE IN 2021: \$39.3 MILLION**

Type	Grantee Name	Amount Recommended	Outcome	Strategy
Grants	Austin Travis County Mental Health and Mental Retardation Center dba Integral Care	\$1,500,000.00	Outcome 1	Strategy 1
Grants	Avenue Community Development Corporation	\$210,000.00	Outcome 1	Strategy 1
Grants	Bastrop County Cares	\$210,000.00	Outcome 1	Strategy 1
Contracts	Center for Health Care Strategies	\$70,563.00	Outcome 1	Strategy 1
Grants	Dell Medical School, The University of Texas at Austin	\$2,657,462.00	Outcome 1	Strategy 1

Grants	Fannie E. Rippel Foundation	\$300,000.00	Outcome 1	Strategy 1
Grants	Health Care For Special Populations dba Patient Care Intervention Center	\$125,000.00	Outcome 1	Strategy 1
Contracts	John Snow, Inc. (JSI) Research and Training Institute	\$12,362.50	Outcome 1	Strategy 1
Contracts	Johns Hopkins Carey Business School	\$22,500.00	Outcome 1	Strategy 1
Contracts	Johns Hopkins Carey Business School	\$0.00	Outcome 1	Strategy 1
Contracts	Leavitt Partners an HMA Company	\$48,000.00	Outcome 1	Strategy 1
Grants	Lone Star Circle of Care	\$210,000.00	Outcome 1	Strategy 1
Grants	Meadows Mental Health Policy Institute (MMHPI)	\$500,000.00	Outcome 1	Strategy 1
Contracts	Parkland Center for Clinical Innovation	\$32,500.00	Outcome 1	Strategy 1
Contracts	Parkland Center for Clinical Innovation	\$416,573.33	Outcome 1	Strategy 1
Grants	People's Community Clinic	\$618,500.00	Outcome 1	Strategy 1
Grants	Project HOPE The People To People Health Foundation, Inc.	\$75,000.00	Outcome 1	Strategy 1
Grants	Prosper Waco	\$225,000.00	Outcome 1	Strategy 1
Grants	Sabine Valley Regional MHMR Center DBA Community Healthcore	\$210,000.00	Outcome 1	Strategy 1
Grants	Texas 2036	\$100,000.00	Outcome 1	Strategy 1
Contracts	Texas Council of Community Centers	\$30,000.00	Outcome 1	Strategy 1
Grants	Texas Health Institute	\$199,995.00	Outcome 1	Strategy 1
Grants	The George Washington University	\$75,000.00	Outcome 1	Strategy 1

Grants	The Texas A&M University System Health Science Center	\$210,000.00	Outcome 1	Strategy 1
Contracts	The University of Texas at Austin	\$5,000.00	Outcome 1	Strategy 1
Contracts	University of Houston	\$61,125.00	Outcome 1	Strategy 1
Contracts	Urban Institute	\$15,482.00	Outcome 1	Strategy 1
Contracts	UTHealth School of Public Health	\$37,500.00	Outcome 1	Strategy 1
Grants	Williamson County and Cities Health District (WCCHD)	\$210,000.00	Outcome 1	Strategy 1
Grants	CommUnityCare	\$479,740.00	Outcome 1	Strategy 2
Grants	de Beaumont Foundation for the BUILD Health Challenge	\$350,000.00	Outcome 1	Strategy 2
Grants	East Texas Border Health Clinic dba Genesis PrimeCare	\$155,000.00	Outcome 1	Strategy 2
Grants	El Centro de Corazon	\$400,000.00	Outcome 1	Strategy 2
Grants	Fort Bend Family Health Center, Inc., d/b/a AccessHealth	\$150,000.00	Outcome 1	Strategy 2
Contracts	Georgia Health Policy Center	\$45,907.59	Outcome 1	Strategy 2
Grants	Healthy Women Houston, a component fund of the Greater Houston Community Foundation	\$280,000.00	Outcome 1	Strategy 2
Grants	Legacy Community Health	\$200,000.00	Outcome 1	Strategy 2
Grants	Lone Star Circle of Care	\$150,000.00	Outcome 1	Strategy 2
Grants	Lone Star Circle of Care	\$1,000,000.00	Outcome 1	Strategy 2
Grants	Lone Star Family Health Center	\$150,000.00	Outcome 1	Strategy 2

Grants	Memorial Hermann Community Benefit Corporation	\$178,983.00	Outcome 1	Strategy 2
Grants	Network Of Behavioral Health Providers Inc	\$500,000.00	Outcome 1	Strategy 2
Grants	Northeast Texas Public Health District	\$120,000.00	Outcome 1	Strategy 2
Grants	Northwest Assistance Ministries	\$500,000.00	Outcome 1	Strategy 2
Grants	People's Community Clinic	\$152,675.00	Outcome 1	Strategy 2
Grants	St. Paul Children's Foundation	\$310,000.00	Outcome 1	Strategy 2
Contracts	Starling Advisors	\$21,835.66	Outcome 1	Strategy 2
Contracts	The George Washington University - Milken Institute	\$74,977.00	Outcome 1	Strategy 2
Contracts	University of California, San Francisco	\$126,600.75	Outcome 1	Strategy 2
Grants	Waco Family Medicine	\$150,000.00	Outcome 1	Strategy 2
Contracts	Social Finance, Inc.- Austin	\$130,000.00	Outcome 1	Strategy 9
Grants	Andrews Center	\$75,000.00	Outcome 2	Strategy 3
Grants	Avenue 360 Health & Wellness	\$350,000.00	Outcome 2	Strategy 3
Grants	Baylor College of Medicine - Teen Health Clinic	\$100,000.00	Outcome 2	Strategy 3
Grants	Brazos Valley Community Action Agency, Inc.	\$551,650.00	Outcome 2	Strategy 3
Grants	Burke Center (MHMR)	\$750,000.00	Outcome 2	Strategy 3
Grants	Every Body Texas formerly Women's Health and Family Planning Association of Texas (WHFPT)	\$600,000.00	Outcome 2	Strategy 3

Grants	Family Service Center Of Galveston County Texas	\$333,272.00	Outcome 2	Strategy 3
Grants	Healthcare for the Homeless - Houston	\$180,000.00	Outcome 2	Strategy 3
Grants	HOPE Project	\$300,000.00	Outcome 2	Strategy 3
Grants	Lone Star Circle of Care	\$600,000.00	Outcome 2	Strategy 3
Grants	Mama Sana Vibrant Woman	\$100,000.00	Outcome 2	Strategy 3
Grants	Mental Health America of Greater Houston	\$600,000.00	Outcome 2	Strategy 3
Grants	Planned Parenthood Gulf Coast, Inc.	\$450,000.00	Outcome 2	Strategy 3
Grants	Planned Parenthood of Greater Texas	\$450,000.00	Outcome 2	Strategy 3
Grants	Prosper Waco	\$670,000.00	Outcome 2	Strategy 3
Grants	Sabine Valley Regional MHMR Center DBA Community Healthcore	\$742,843.00	Outcome 2	Strategy 3
Grants	Spindletop Center (MHMR)	\$750,000.00	Outcome 2	Strategy 3
Grants	Stephen F. Austin Community Health Network	\$400,000.00	Outcome 2	Strategy 3
Grants	Tejas Health Care	\$309,050.00	Outcome 2	Strategy 3
Grants	Texana Center	\$600,000.00	Outcome 2	Strategy 3
Grants	The Council on Recovery	\$150,000.00	Outcome 2	Strategy 3
Grants	The Harris Center for Mental Health and IDD	\$250,000.00	Outcome 2	Strategy 3
Grants	The Rose	\$400,000.00	Outcome 2	Strategy 3
Grants	The Texas Campaign to Prevent Teen Pregnancy	\$225,000.00	Outcome 2	Strategy 3
Grants	The University of Texas Health Science Center at Houston	\$1,000,000.00	Outcome 2	Strategy 3

Grants	Vecino Health Centers	\$281,500.00	Outcome 2	Strategy 3
Contracts	Stephen F. Austin School of Social Work	\$46,000.00	Outcome 2	Strategy 4
Contracts	Texas A&M University College of Medicine	\$31,250.00	Outcome 2	Strategy 4
Contracts	Texas Rural Leadership Program	\$19,000.00	Outcome 2	Strategy 4
Grants	Boat People S.O.S., Inc.	\$130,000.00	Outcome 2	Strategy 5
Grants	Casa Marianella	\$405,000.00	Outcome 2	Strategy 5
Grants	Center for Public Policy Priorities (CPPP) DBA Every Texan	\$150,000.00	Outcome 2	Strategy 5
Grants	Children's Defense Fund	\$195,821.00	Outcome 2	Strategy 5
Grants	Children's Defense Fund	\$397,500.00	Outcome 2	Strategy 5
Grants	Children's Defense Fund	\$212,500.00	Outcome 2	Strategy 5
Grants	Epiphany Community Health Outreach Services- (ECHOS)	\$255,000.00	Outcome 2	Strategy 5
Grants	Foundation Communities	\$400,000.00	Outcome 2	Strategy 5
Grants	Houston Immigration Legal Services Collaborative	\$250,000.00	Outcome 2	Strategy 5
Grants	Light & Salt Association	\$89,216.00	Outcome 2	Strategy 5
Grants	MAM (Memorial Assistance Ministries)	\$354,042.00	Outcome 2	Strategy 5
Contracts	Manatt, Phelps & Phillips, LLP	\$55,000.00	Outcome 2	Strategy 5
Grants	North Pasadena Community Outreach	\$325,000.00	Outcome 2	Strategy 5
Grants	SEARCH Homeless Services	\$193,226.00	Outcome 2	Strategy 5
Contracts	Shared Purpose Partners LLC	\$65,000.00	Outcome 2	Strategy 5
Contracts	Texas Star Alliance	\$105,000.00	Outcome 2	Strategy 5

Grants	The Beacon of Downtown Houston	\$83,519.00	Outcome 2	Strategy 5
Contracts	UT Health Science Center at Tyler	\$25,000.00	Outcome 2	Strategy 5
Grants	Avenue Community Development Corporation	\$675,000.00	Outcome 3	Strategy 6
Grants	BakerRipley	\$250,000.00	Outcome 3	Strategy 6
Grants	Bluebonnet Trails Community Services	\$135,000.00	Outcome 3	Strategy 6
Grants	Center for Urban Transformation	\$150,000.00	Outcome 3	Strategy 6
Grants	Central Texas Interfaith	\$300,000.00	Outcome 3	Strategy 6
Grants	Children's Defense Fund	\$150,000.00	Outcome 3	Strategy 6
Grants	Communities for Better Health	\$115,400.00	Outcome 3	Strategy 6
Grants	Equidad ATX, Inc.	\$250,000.00	Outcome 3	Strategy 6
Grants	GAVA Go! Austin/Vamos! Austin	\$450,000.00	Outcome 3	Strategy 6
Grants	Gulf Coast Leadership Council (GCLC)	\$300,000.00	Outcome 3	Strategy 6
Grants	Healthy Futures of Texas	\$75,000.00	Outcome 3	Strategy 6
Grants	Local Initiatives Support Corporation - LISC	\$400,000.00	Outcome 3	Strategy 6
Grants	MAM (Memorial Assistance Ministries)	\$177,200.00	Outcome 3	Strategy 6
Grants	Mi Familia Vota Education Fund	\$249,300.00	Outcome 3	Strategy 6
Grants	Neighborhood Recovery CDC	\$717,200.00	Outcome 3	Strategy 6
Contracts	Nonprofit Finance Fund	\$30,500.00	Outcome 3	Strategy 6
Grants	Texas Impact	\$60,000.00	Outcome 3	Strategy 6
Grants	Texas Organizing Project Education Fund (TOPEF)	\$250,000.00	Outcome 3	Strategy 6

Grants	The Immunization Partnership (TIP)	\$125,000.00	Outcome 3	Strategy 6
Grants	Young Invincibles	\$200,000.00	Outcome 3	Strategy 6
Contracts	Bob Flick	\$2,615.99	Outcome 3	Strategy 7
Contracts	Pat Wareing Consulting	\$1,667.21	Outcome 3	Strategy 7
Grants	People's Community Clinic	\$330,638.00	Outcome 4	Strategy 8
Grants	Texans Care for Children	\$520,000.00	Outcome 4	Strategy 8
Grants	Texas Pediatric Society	\$88,000.00	Outcome 4	Strategy 8
Grants	The College of Education, The University of Texas at Austin	\$256,944.00	Outcome 4	Strategy 8
Contracts	UTHealth Science Center at Tyler (UTHSCT)	\$20,000.00	Outcome 4	Strategy 8
Grants	Waco Family Medicine	\$108,300.00	Outcome 4	Strategy 8
Grants	Angelina County & Cities Health District	\$170,000.00	Outcome 4	Strategy 9
Grants	AVANCE Austin	\$200,000.00	Outcome 4	Strategy 9
Grants	Children's Museum of Houston	\$513,730.00	Outcome 4	Strategy 9
Grants	First3Years	\$465,000.00	Outcome 4	Strategy 9
Contracts	MAYA Consulting	\$37,500.00	Outcome 4	Strategy 9
Grants	Parents as Teachers National Center	\$221,179.00	Outcome 4	Strategy 9
Grants	Partners in Parenting	\$50,000.00	Outcome 4	Strategy 9
Grants	Rupani Foundation	\$200,000.00	Outcome 4	Strategy 9
Grants	Santa Maria Hostel, Inc.	\$175,000.00	Outcome 4	Strategy 9
Grants	Social Current	\$727,456.00	Outcome 4	Strategy 9
Grants	Texas Children's Hospital	\$395,000.00	Outcome 4	Strategy 9
Grants	Texas Health and Human Services Commission	\$300,000.00	Outcome 4	Strategy 9

Grants	TexProtects (The Texas Chapter of Prevent Child Abuse America)	\$125,000.00	Outcome 4	Strategy 9
Grants	The University of Texas Health Science Center at Houston	\$250,000.00	Outcome 4	Strategy 9
Contracts	Avivar Capital	\$0.00	No Outcome	No Strategy
Contracts	Avivar Capital	\$73,297.00	No Outcome	No Strategy
Contracts	Mission Capital	\$19,500.00	No Outcome	No Strategy

APPENDIX B: CO-FUNDING INVESTMENTS

Below is complete list of EHF's co-funding investments made in 2021.

Type	Grantee/ Contractor	EHF Investment	Co-funder	Co-funder Contribution	Total
Grants	Children's Defense Fund	\$600,000.00	Methodist Healthcare Ministries of South Texas	\$100,000.00	\$700,000.00
Grants	Coalition of Texans with Disabilities	\$145,875.00	St. David's Foundation	\$145,875.00	\$291,750.00
Contracts	Feeding Texas	\$95,175.00	Aetna	\$100,000.00	\$195,175.00
Grants	Greater Houston Community Foundation	\$1,200,000.00	Methodist Healthcare Ministries of South Texas	\$500,000.00	\$3,549,038.00
			Houston Endowment	\$500,000.00	
			Meadows Foundation	\$250,000.00	
			Arnold Ventures	\$200,000.00	
			The Cullen Foundation	\$200,000.00	
			The Cullen Trust for Health Care	\$125,000.00	
			Rockwell Fund	\$120,000.00	
			Hogg Foundation for Mental Health	\$100,000.00	
			Lyda Hill Philanthropies	\$100,000.00	

			Robert Wood Johnson Foundation	\$100,000.00	
			St. David's Foundation	\$100,000.00	
			Carl B. & Florence E. King Foundation	\$25,000.00	
			The Cynthia and George Mitchell Foundation	\$18,500.00	
			Manne McGregor Charitable Fund	\$5,000.00	
			Southwestern Medical Foundation	\$5,000.00	
			Individual Donors	\$538.00	
Contracts	Institute for Medicaid Innovation	\$59,539.50	Robert Wood Johnson Foundation	\$59,539.00	\$119,078.50
Contracts	Parkland Center for Clinical Innovation	\$89,328.00	Michael & Susan Dell Foundation	\$89,328.00	\$267,984.00
			St. David's Foundation	\$89,328.00	
Grants	Texas Health Institute	\$50,000.00	St. David's Foundation	\$50,000.00	\$100,000.00
Contracts	Working Partner	\$10,000.00	The Cullen Trust for Health Care	\$16,400.00	\$26,400.00

APPENDIX C: EVALUATION SYSTEM METHODOLOGY

Stewardship	Partnership Achievements	Pathways to Transformation
What, how much, and where?	Results of partners' work	Evidence of sustained impact

Stewardship

The stewardship part of the evaluation system examines the breadth of EHF's active financial and non-financial investments for the current year across all Outcomes. Sometimes described as "counts and amounts" or "outputs," this information gives a high-level overview of where and how EHF deploys its resources, setting the stage for the remainder of the evaluation system that looks at what others have done with our resources and the impact our resources have had toward achieving our Outcomes. Stewardship metrics include the following:

- Financial Investments by EHF Division
- Financial Investments by Outcome
- Non-Financial Investments by Type
- Geographic Dispersion of Investments
- Investments by County
- Trends in Financial Investments
- Trends in Non-Financial Investments

Partnership Achievements

In this part of the evaluation system, we assess the work others have accomplished on account of our investment of financial and non-financial resources. Because of the many different kinds of investments, we use a variety of measurements to assess progress.

STAGE OF WORK

We use the Stage of Work assessment for grants, contracts, and some of the community engagement 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 and policy discussion. 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.



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 and have been modified over time in response to grantee feedback and input. 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

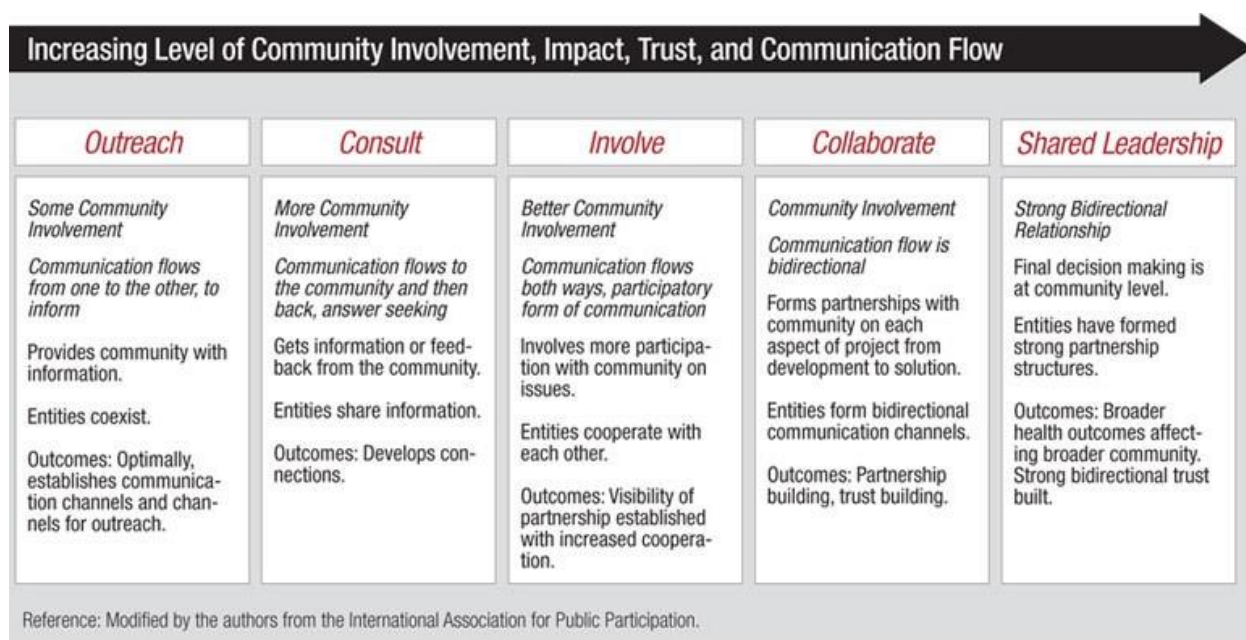
One of the initial tasks that grantees and Program Officers work on after an organization has been invited to apply for a grant is to develop the goals of the grant. Grantees draft these goals based on the work proposed, which is then mutually agreed upon with their EHF Program Officer. The goals are 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. The scale for goal attainment is "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.

COMMUNITY ENGAGEMENT CONTINUUM

We use this assessment for community coalitions supported through our community engagement work and grantees that are funded to effectively engage with their communities. EHF's community engagement work is guided by the Centers for Disease Control's (CDCs) Principles of Community Engagement framework (Figure C1). Each phase represents an increasingly deeper relationship with the community. EHF community engagement staff assesses grantee and coalition progress according to indicators and outcomes outlined in the continuum.

Figure C1. CDC's Principles of Community Engagement Framework



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 participating in 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.

Pathways to Transformation

EHF is working to create sustained transformational change in the four Outcomes outlined in our strategic plan. Each of EHF’s investments (grants, contracts, and engagement activities) contributes to this transformational change. The Pathways to Transformation (PtT) framework is a mechanism for capturing this change. Specifically, this framework documents how EHF’s work cumulatively, has contributed to making the case for change, building the infrastructure for change, and realizing the change at the organizational, community, and policy and system levels in four target Outcomes (Figure C2).

Figure C2. Pathways to Transformation framework



TRANSFORMATION IN PROGRESS

As outlined in the PtT framework, EHF's discrete investments facilitate progress towards the goals outlined in the strategic plan. In a first step towards driving progress, EHF "makes a case" for change by generating research, knowledge and an evidence base for the issues we are working on. These data and findings increase clarity and contribute to evidence around problems and opportunities that need to be addressed. In addition to creating knowledge, EHF also "builds the change infrastructure," by increasing the capacity of institutions at the organizational, community and systems levels. EHF strengthens organizational and institutional capacity by supporting programs and organizations or convening partners to facilitate alignment and cooperation around an issue. Through these efforts over time, new policies and practices are adopted and change is realized.

At the beginning of each Outcome section, a graph illustrates outcome level progress on the pathway to transformation. This graph is a summary representation of the narrative detailed for each outcome. The levels of progress advance from: too soon to comment, emerging, some progress, moderate progress, major progress, to fully achieved. We will continue to track change using these levels over time (Figure C3).

Figure C3. Pathway to Transformation Legend

1	2	3	4	5	6
Too Soon to Comment	Emerging	Some Progress	Moderate Progress	Major Progress	Fully Achieved

Source:

https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_Chapter_1_SH_EF.pdf