Meeting the Moment

In 2025, EHF's partners and communities navigated a rapidly shifting landscape shaped by state and federal policy changes, funding cuts, and ongoing uncertainty. Organizations were forced to adjust priorities, tighten budgets, and, in some cases, reduce or eliminate staff. Across EHF, staff responded with intentional listening, flexibility, and timely action. Throughout the year, there was a consistent emphasis on centering lived experience, responding to urgent needs, and adapting EHF's processes to meet evolving challenges.

Listening First: Centering Lived Experience Across EHF's Work

Lived experience is the firsthand knowledge and perspective people gain by living through a particular situation or challenge. At EHF, it means listening to the people most affected by barriers to health and using their experiences to shape decisions, strategies, and solutions.

One example of EHF's community-centered approach in 2025 came through its work with congregations, where listening to people with lived experience helped shape action. EHF Engagement staff worked with congregational cohorts to improve and sustain community-focused ministries. In one cohort, congregations identified nonprofit management as a need in their efforts to build sustainability and capacity for their community-based ministries. Their purpose was to explore strategies addressing economic instability in the community that would create pathways for greater financial resilience for all. However, as policy and funding changes quickly unfolded, EHF's practice of listening and walking alongside congregations revealed a more immediate crisis growing that put the originally planned trainings on hold. In the cohort conversations, Latino congregations reported discriminatory conditions and heightened stress, compounding and amplifying an increased existing need for mental health support. In response, EHF pivoted planned programming to instead focus on mental health resources and training for all congregations serving in Hispanic communities across the diocese. By listening in the cohort conversations, EHF shifted its offerings and expertise to meet the more immediate need around mental health support, reinforcing the EHF practice of grounding decisions in lived experience.

Listening to partners and communities also reshaped how EHF approached research in 2025. While EHF regularly conducts polls and policy analysis to understand the impact of policy decisions across Texas, 2025 called for a more in-depth approach to learning how communities were experiencing those changes. As impending federal cuts to Affordable Care Act (ACA) health insurance premium discounts placed up to 800,000 Texans at risk of losing coverage, EHF expanded its research to better capture the experiences of those most affected. New poll questions explored how people with ACA health insurance plans expected to respond to higher premium costs. Focus groups then provided a deeper understanding of how those changes could affect access to health care, affordability, and the critical role Federally Qualified Health Centers (FQHCs) play as a safety net.

EHF also partnered with three statewide organizations—the Texas Association of Community Health Centers (TACHC), the Texas Association of City and County Health Officials (TACCHO), and Feeding Texas—to quickly assess how federal policy changes and funding cuts were affecting community health centers, local health departments, and food banks. The findings helped these organizations plan for changing conditions, strengthen support for their members, and inform policy discussions to protect essential services for Texans.

By grounding research activities in lived experience, EHF translated policy uncertainty into actionable insights for partners and decision-makers. This deeper research elevated the perspectives of those most affected and strengthened EHF's positioning as an engaged partner that both tracks policy impacts and supports community-informed responses.

Grants in Motion: Flexibility When Timing Mattered Most

During conversations with grantees applying for funding to provide comprehensive care and connect people to health insurance coverage, EHF program officers started with three questions: What's happening? What are you losing? What do you need?

What emerged from those conversations was a clear and urgent picture: organizations were facing immediate threats to staffing, continuity of care, and their ability to help individuals maintain health coverage and access benefits. As funding and policy changes accelerated, it became clear that waiting until EHF's traditional December grant cycle would delay support when organizations needed it most. In response, EHF accelerated grantmaking, shifted from project-based funding to general operating support, and provided grant funding earlier than planned. This represented more than a procedural change. By providing flexible funding rather than restricting support to predefined projects, EHF allowed organizations to respond in real time to emerging operational and community needs. EHF also supported approaches it had not previously funded, including a clinic-run pharmacy, because they created new revenue streams that helped clinics remain financially stable as federal funding declined.

Collectively, these choices reflected a deliberate decision to reduce process barriers and increase responsiveness when organizations would have been otherwise constrained.

EHF chose to adapt its established procedures in favor of addressing immediate outcomes. This approach resulted in more timely and adaptable support intended to stabilize grantee operations and address identified community needs. The experience reinforced the importance of flexible funding structures, relationship-based grantmaking, and adaptive decision-making during periods of instability. It also demonstrated that responsiveness and trust can be critical components of effective philanthropy when community conditions are changing faster than traditional grantmaking timelines allow.

Looking Forward: What Meeting the Moment Makes Possible

By the end of 2025, EHF had not simply responded to immediate pressures; it had also generated operational learning. Pivoting, experimentation, and accelerated timelines informed further exploration of approaches such as providing general operating support, reflecting a recognition that flexibility can be valuable beyond acute emergencies.

Across these examples, evidence suggests that deeper listening, faster decision-making, and strong mutual trust with partners enhanced EHF's effectiveness in responding to changing conditions. Looking ahead, a key opportunity is to more intentionally institutionalize these practices so that responsiveness, lived experience, and partnership are consistently embedded in EHF's ongoing work.