

COLORADO  
SPRINGS  
HEALTH  
FOUNDATION

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## 2018 Evaluation Key Findings

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# Presentation Outline

Topic	Presenters	Timeframe
Welcome & Introductions	Lynette Crow-Iverson, Trustee Cari Davis, Executive director	9:15 – 9:25 am
Goals, Methods & Findings	Cari Davis Laura Sundstrom	9:25 – 9:55 am
Views from the Field	Noreen Landis Tyson, CPCD Jodi Mijares, CPFRC	9:55 – 10:45 am
Next Steps	Cari Davis Laura Sundstrom	10:45 – 11 am
Q&A	Everyone	11 – 11:15 am

## Overarching Goals for CSHF Evaluation

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- Inform Strategy
- Assess Alignment
- Drive Learning

(Reminder: It is impossible to tie CSHF grantmaking to a change in population health outcomes, like diabetes prevalence or the suicide rate. There are too many confounding variables at work.)

# Evaluation Efforts To Date

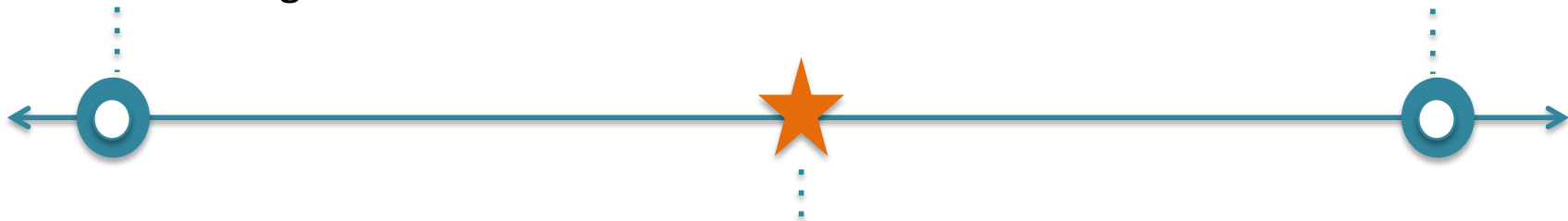
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## 2017

- Used mixed methods
- Gauged community needs vs. CSHF Funding Focus Areas to **inform strategy**
- Identified alignment between community need, funding focus areas and grant activities

## 2019

A Learning Collective



## 2018

- Explored five key areas of interest that influence funded partner effectiveness and CSHF grantmaking
- Used interviews and in-depth case studies
- Assessed understanding and activities to determine strengths and gaps
- Goal is primarily to **drive learning**

# Key Interest Areas Explored

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- Sustainability
- Collaboration
- Evidence-Based Services
- Culture of Learning
- Health Equity

# Key Interest Areas Explored

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## *Why Included?*

- Sustainability
- Collaboration
- Evidence-Based Services

Key elements of CSHF's grant decision-making process

- Culture of Learning

A broad term that indicates some level of continuous quality improvement

- Health Equity

A key goal pursued in medicine, philanthropy + public health...the key to making real change in the public's health

# **METHODS & FINDINGS**

# Interview Methodology

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- 45-minute structured phone interviews were conducted with 25 funded partners that received funding in the 2017 grant year
- Funded partners were asked questions about at least two interest areas – definitions & actions
- The interviews were audio-recorded and transcribed verbatim
- Interview data were analyzed by interest area using a rubric defining high/medium/low understanding and activity levels



## Key Findings: Interviews

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- Sustainability: Diverse funding sources vs. organizational roles and processes that support organizational and financial strength
- Collaboration: An exchange of relational capital vs. a means to solve a larger problem that no one organization can solve alone
- Evidence-Based Services: Scientifically researched and tested approaches vs. learning and improving from their own data-based evaluation efforts
- Culture of Learning: Individual staff training or understanding community needs vs. systematic process(es) to glean insights (good and bad) from their clients and their work and learn/improve through it
- Health Equity: An individual concern, one defined as “equal access to care,” not necessarily one connected to broader systems or root causes

# Transcendent Themes

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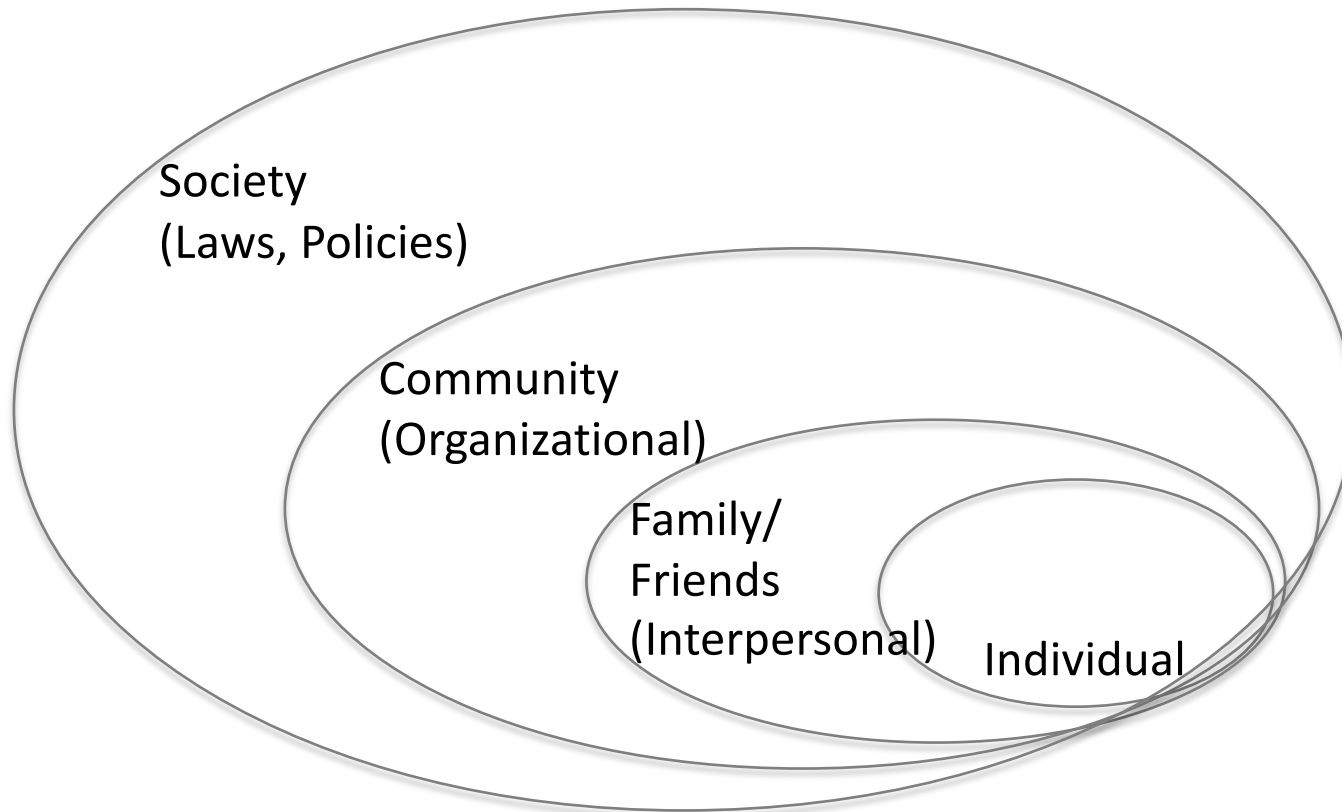
Internal ←————→ External

Individual ←————→ System  
Community

[ Hypothesis: The most impactful organizations are addressing **both** the individual and system levels, both the internal and external. ]

# Social Ecological Framework

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“A theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviors, and for identifying behavioral and organizational leverage points.”

- UNICEF

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**“To address the world’s toughest challenges,  
we will need to move beyond delivering  
individual interventions to transforming  
entire institutions and ecosystems.”**

**- Ann Mei Chang, Lean Impact**

## In Summary...

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- Regarding these five key concepts, there is a moderate imbalance in the individual vs. systems-level focus
- We believe that the ability to understand and apply these concepts at multiple levels is a meaningful differentiator in organizational impact.
- If this is true, how can CSHF help its funded partners and others (including itself) build both understanding and application at all levels, individual, system and everything in between?

# **CASE STUDY METHODS & FINDINGS**

# Key Findings: Case Studies

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- Two in-depth case studies were conducted with Community Partnership for Child Development & Community Partnership Family Resource Center
- Explored the same five concepts
- Key takeaways:
  - Both organizations are part of a larger “superstructure” that helps set performance expectations and provides resources, subject-matter expertise, and guidance
  - Both organizations collect and analyze data to inform practice, both because they are required to but also because they find it valuable
  - Both organizations rely on evidence-based practices to ground their work, and their “parent organization” helps them do this
  - Both organizations understand the value and importance of a holistic approach (full family), and often seek partners to help provide holistic services
  - Both organizations understand that meaningful adoption of key concepts requires investment (time, money, people) and institutionalization (policy, practice)

# **CSHF RELATIONSHIP FINDINGS**



## Key Findings: Relationship with CSHF

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- All 25 funded partners were asked about their relationship with CSHF
- Strengths:
  - Building relationships with funded partners and maintaining open communication with them during the funding cycle (n=14)
  - Understanding the community and focusing resources to address the most important needs (n=6) and participating in learning activities for their own organization (n=4)
  - Providing inclusive funding opportunities that allow for some innovation and alternative approaches (n=5)
- Areas for Improvement
  - Diversify funding opportunities such as offering micro-grants (n=6)
  - Increase transparency around the grant process, funding lifecycles and expectations (n=5)
  - Expand the definition of health to be even more inclusive of services, such as funding to support basic needs (n=3)
  - “Help us come together”: helping funded partners engage in relationship building, collaboration and/or information sharing

# Thoughts? Reflections? Questions?

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# Views from the Field: CPCD & CPFRC

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- Sustainability
- Collaboration
- Evidence-Based Services
- Culture of Learning
- Health Equity

## Next Steps

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- Pilot a “Learning Collective” with an emphasis on building a culture of learning and engaging in evidence-based practice
  - Fact sheet with details is available as you leave today
- Conduct a landscape analysis to better understand where organizations are already collaborating and connecting so we can help our funded partners and others link into these efforts and/or, if needed, help create something anew
- Explore the idea of having a shorter application and process for smaller grant requests
- Include information on the CSHF website regarding how grant decisions are made

# 2019 Learning Collective

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- Focus: Building a Culture of Learning, to include applying evidence-based practices
- Open to 10 health-focused organizations
- Mid-August through December 2019 and will require a total of 84 hours/organization
- Vantage Evaluation will facilitate the Learning Collective
- Organizations must apply to participate. Applications will be available by May 16 and are due June 10. CSHF will notify selected applicants by June 28.
- Participating organization commitment:
  - Two people from the organization participate, and one must be a senior staff person
  - These two people commit to attending two half-days and three full-days of the program, with some homework between meetings
  - Participating organizations agree to send their executive director and development director (or whoever fills the role) to the first and last sessions + a separate 2-hour session for each role.
- Interested? Fact sheet available at the door or contact CSHF staff

# Thoughts? Reflections? Questions?

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Thank You!

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