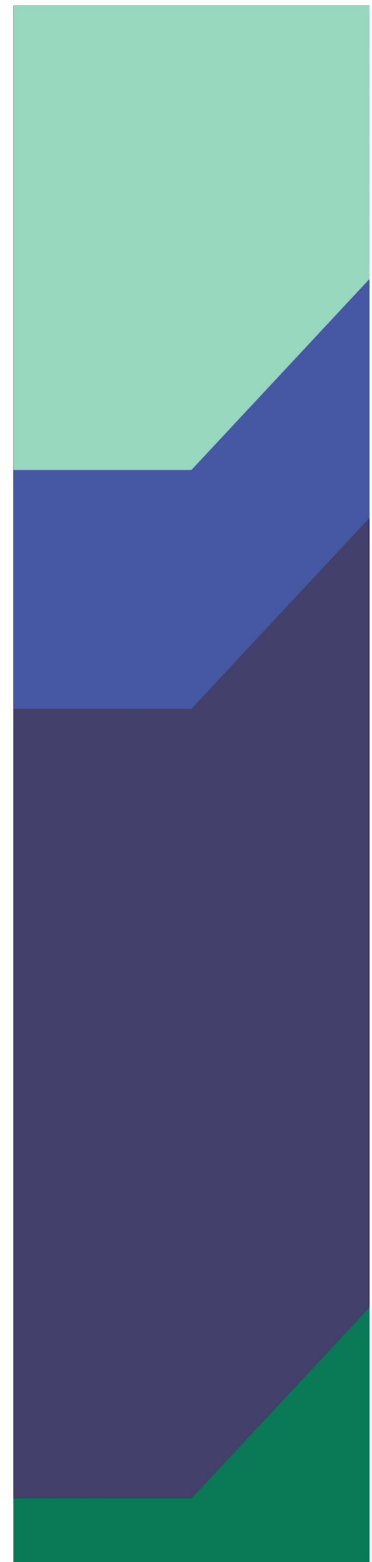




# COMMUNITY PARTNERSHIP FAMILY RESOURCE CENTER CASE STUDY

PREPARED FOR CSHF AND  
CPFRC

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[vantage-eval.com](http://vantage-eval.com)

Community Partnership Family Resource Center (CPFRC), a member of the Colorado Family Resource Center Association (FRCA), delivers programs and services that strengthen families in Teller County. Their vision is that all Teller County families are self-reliant, fully functional, and positive contributors to the community. CPFRC provides tools, skills, and enrichment activities for the whole family, including GED/HSE preparation and testing, parenting education, early childhood programs, healthy living, family support services, and basic needs services.

In 2017, CPFRC received a grant from the Colorado Springs Health Foundation (CSHF) to support their healthy living programs run in partnership with local schools. CSHF contracted with Vantage Evaluation, as part of their ongoing evaluation efforts, to better understand the strengths and opportunities of funded partners around five areas of interest: collaboration, culture of learning, evidence-based services, health equity, and sustainability. As part of these efforts, CPFRC participated in a case study to provide a deeper understanding of how their organization approaches each of these five areas. CPFRC was selected for this case study because of their medium to high level of activity in and commitment to the five CSHF areas of interest. Evaluators from Vantage Evaluation visited CPFRC in September 2018 to conduct detailed interviews about each of the five areas of interest, as well as the 2017 grant process and the high-level context of the organization. The following case study uses data from staff interviews and the 2017 CSHF grant report.

## COLLABORATION

### COLLABORATION MINDSET

CPFRC views collaboration as ***“multiple organizations, perspectives, and disciplines formed in working together.”*** CPFRC distinguishes collaboration from collective impact, which would be the next step up from collaboration. In collaboration, organizational resources are kept separate from each other, and metrics are collected by each partner individually. Whereas in collective impact, resources are shared across organizations and the metrics are consistent.

*“[In] collaboration, you can work together on child abuse prevention, but I have resources separate from my partners. We will probably measure different things and report to different stakeholders. Whereas, [in] collective impact, we’re truly joined. We have the same resources, the same stakeholders.”*

### A COLLABORATION EXAMPLE

CPFRC recently completed a planning grant with other community organizations to develop a Child Maltreatment Prevention Plan for the community. Through this process, they have learned a lot about what is working, what is not working, and how they can all work to achieve the goal or outcome they are seeking through collaboration.

This collaboration opportunity was presented to CPFRC by one of their biggest funders, so they were compelled to engage in the process. CPFRC worked with organizations they had existing relationships with to recruit additional organizations for participation in the collaboration. Identifying these key partners was critical to the success of recruitment. During the collaboration, CPFRC used a mix of communication strategies to make the best use of everyone’s time. For example, they did some pieces over email, then had three in-person half-day working meetings. CPFRC also engaged an external facilitator to manage the collaboration so they could be an equal participant in the process, rather than playing that facilitating role.

CPFRC built a high level of buy-in from the other organizations involved in the collaboration, and together they developed ideas on how they can continue to collaborate for improving health outcomes through the

Child Maltreatment Prevention Plan they created. In the end, this collaborative effort of examining major systemic problems allowed them to see the big picture, highlighting gaps in services and where their services were weak. CPFRC considers this collaboration to be successful, because they achieved their goal: an action plan to prevent child maltreatment in the community. Even after the collaboration was completed, organizations continued to work together on other related projects. **Through this example, we see that well-executed collaboration can be energizing at the end, since it leads to stronger outcomes.**

*“The point of collaborating is together you have a larger impact than you do by yourself.”*

## SUCCESS FACTORS

**CPFRC shares responsibility for collaboration across their leadership team**, rather than just the Executive Director. CPFRC determines who will participate in collaborative efforts based on workload and availability, as well as the peer group of the other organizations: *“A lot of it is workload. We try to fit it to where people are comfortable serving with their peers. If it’s higher-level directors, then [the Executive Director is] that peer. But there are plenty of other opportunities for other leadership staff.”* Being a part of collaborative efforts is also a professional development opportunity for staff. Additionally, having the leadership team share responsibility for collaboration increases the capacity of the organization to engage in these efforts, and ensures that the responsibility does not fall on one staff person. *“[The leadership team] really sees collaboration and community as critical to their work. ...So [they aren’t] working in a silo, just doing [their] child maltreatment prevention work. [They’re] looking at how we can all work together to support entire families with combined prevention efforts.”* It is also critical that the board of directors is engaged in and supportive of these efforts.

*“I think that Teller County is exceptional in the way we collaborate and work together, and I believe that a large reason for that is how small we are. We’re able to move as a group more easily because we’re more nimble. ... There’s so few of us, and we’re on a first-name basis, and we understand each other’s work.”*

One of the factors that make it easier for CPFRC to collaborate is the community in which they work. **CPFRC believes that it is easier to collaborate in a smaller, rural community** because they can move more nimbly as a group and are forced to share resources. A small community makes it easier to meet and communicate with one another. CPFRC is able to use these existing relationships and credibility to engage in effective collaboration.

## CHALLENGES

The biggest collaboration challenges CPFRC faces are **time and funding**. CPFRC and other community organizations face expectations from funders to collaborate because it is a newer trend in nonprofit work. However, the **shift to true collaboration** takes time, as they must get everyone to a place of shared understanding of collaboration and the issue they are trying to address, as well as keep people engaged in the process. In collaboration work, all organizations involved must additionally juggle the multiple hats they wear in the community on top of the collaboration efforts. CPFRC has also found that collaboration is often not funded at the level necessary for the volume of work that it entails.

*“Making that shift across a community takes a long time to get people to understand really what collaboration is. ...It’s actually identifying common goals for our work and contributing resources. It’s a real commitment, so I think the long-term shift to that is probably still happening in all communities.”*

**Collaboration fatigue** is also one of the hurdles that CPFRC faces in engaging in collaboration. *“I just thought, ‘Oh great, another planning grant. How am I going to get, if we do this, these poor people to come around the table again and talk about the same stuff again?’”* To make the best use of time and prevent further collaboration fatigue, CPFRC did some legwork at the beginning to consolidate and summarize all community planning efforts that occurred over the past year as a place to start the conversation, rather than having the same conversation over again. *“Then I just presented it to the group and said, ‘What else?’ So, we didn’t have to start from scratch and their previous work was honored, which I think made them feel their time [was] respected. Time that they had spent on the previous work and current time.”*

One last barrier to collaboration is the **lack of data sharing and inconsistent metrics**. When engaged in collaboration, it is hard to measure progress if organizations cannot share data and/or are tracking different kinds of data. *“You’re measuring the same thing we’re measuring, but you’re using a different tool and you’re entering it somewhere else so that the product ends up being apples and oranges, and then how do you collaborate and combine that?”*

## CULTURE OF LEARNING

### ORGANIZATIONAL CULTURE

CPFRC works hard to cultivate their organizational culture, which centers on learning. CPFRC views having a learning culture as a component of their value of Excellence. **CPFRC supports a “failing forward” mentality, encourages trying something new, even if it might not work, and uses trial and error and creative thinking to find solutions to problems.** CPFRC leadership works to ensure open lines of communication with staff, so the organization can receive feedback on what is working or what is not. Using this approach allows staff to understand why decisions are made, so they can be brought onboard to organizational strategy.

*“One of the goals that we came up with was cultivating [CPFRC’s] culture. How are we developing who we are and what we do and how we do it? ...We’re just going to do whatever we can, the best we can, and have grace with one another to know that we won’t always get it right the first time.”*

### USE OF DATA

CPFRC collects extensive data on their programming and clients, including household information and demographics, program data, Colorado Family Support Assessment (CFSA) on 14 domains for all family development clients, post-program satisfaction surveys, and outcome pre/post tests. This data is stored in the Efforts to Outcomes (ETO) database, where they can easily pull reports. **CPFRC uses this database to understand how many clients have entered services, how CPFRC is doing, and where they can improve**, as well as for grant reporting. CPFRC also gathers informal feedback from families and parents.

### CHALLENGES

CPFRC staff described a number of challenges in implementing and maintaining a culture of learning:

- Staff turnover
- Internal capacity
- Maintaining buy-in from all staff
- Staff are not all in one location
- Apprehension that funders will not allow experimentation and implementation of non-evidence-based programs



- Funding to pay for feedback and evaluation

## FACILITATORS

A robust culture of learning creates an open atmosphere that allows for all staff to come together for thinking as a whole. There are several factors that facilitate this culture of learning at CPFRC:

- **Hiring staff** that share a mentality of wanting to do and be better, and working toward a shared outcome: *“Because we want to be better. We want to have better family outcomes. We want to have better customer service. We want to improve our work and feel like we’re making a difference. That’s the core of it all, is everybody here wants to feel like they’re making a difference.”*
- **Leadership** supports and champions learning
- **A small and nimble organization can be flexible:** *“One of the advantages that we have is that we are small and nimble and we can try things and see how it goes. Instead of this gigantic government entity, maybe [Department of Human Services] or Teller County Public Health where they may have a few more restrictions around what they can do or what they might fund or what they might try. I think that’s where we as a Family Resource Center, have a little advantage.”*
- Dedicated time and resources for **staff development**

*“[We] can think as a whole and be that level of a team. With instituting data reviews, that idea of the culture of learning and the idea of continuous quality improvement, and just how we work, everybody from the ED all the way down to the program delivery staff have an idea of who we are, what we do, and why we do that.”*

## EVIDENCE-BASED SERVICES

CPFRC uses multiple forms of evidence for program development and expansion and strategic planning. In some form, CPFRC engages in all five components of evidence-based services.<sup>1</sup>

### **Ask Your People: Engage the community in assessment and decision making**

CPFRC has conversations with community partners to better understand the holistic needs of the community, not just the CPFRC perspective. CPFRC also talks to their community and clients to help them understand programming needs, language to use for messaging, and so on. For example, they learned that they should not call programming “parenting classes,” because there is a stigma around that terminology—the assumption is that you are not a good enough parent if you attend those classes.

*“Our board of directors is working on their next three-year strategic plan, and that may or may not involve expanding services. ...The needs assessment, as well as the parent survey, found the need for more family support services. And if we do that, we need more funding, we need more space. ... It may lead to other things.”*

### **Secondary Data: Use data and information systems systematically**

CPFRC uses secondary data to understand community context, such as the Teller County Public Health and Environment Community Health Needs Assessment data related to child maltreatment. CPFRC also looked at data from Teller and Park Early Childhood Council, and

<sup>1</sup> The components of evidence-based services were based on the training provided by Vantage Evaluation commissioned by CSHF, in June 2017: “Putting the Evidence to Work.”

attended their meetings to understand the type of data those organizations collected. These efforts were used to prevent duplication and build on existing data: *“Using what’s out there already and not trying to duplicate any of those meetings or recollect the same data.”*

### **Work Works for Others: Make decisions on the basis of the best available evidence from literature**

There are few local organizations doing similar work that CPFRC can turn to. As a result, CPFRC looks at what other organizations are doing nationally and within FRCA for guidance on new programming, as well as how to improve existing services.

### **What’s Working: Conduct sound evaluation**

CPFRC conducts evaluation for every program using pre/post surveys, teacher feedback, and parent feedback. Evaluation is required of them, and it is helpful to “prove” to funders that programs are making a difference. CPFRC also believes in continuous improvement, and they cannot do that if they are not evaluating themselves. *“You can’t continuously improve and get better unless you incrementally check with yourself...how are we doing? And then how is the whole organization doing, and how is each program doing? Then how does that sustain the organization and improve the organization overall?”*

*“We look at our data and we use it to change the way we’re delivering programs. So, it’s used to report to stakeholders, but it’s also used internally to see where we’re addressing things well and where we might not be.”*

### **Share Back: Disseminate what is learned**

CPFRC shares learnings with the community. For example, CPFRC shared all the data from their child maltreatment planning work and community needs assessment. They also share within the FRCA.

CPFRC uses evidence for program development and expansion, because they do not want to recreate the wheel or duplicate efforts. By using evidence, they are making the best use of their time and resources to have the most impact on their clients.

## **CHALLENGES**

CPFRC experiences several barriers to using evidence-based services:

- Using evidence-based services is **time-consuming and requires resources**
- There is **staff fatigue** to collecting and entering data. To combat this, CPFRC hired a staff member responsible for entering data, but they had to figure out how to use general operating dollars to support that position so that it did not interfere with other administrative positions: *“What we recognized we needed to do was have a data entry person, so [staff] could get their information into a format that they could hand off to someone else to enter. And even that takes time ... but they have some support and they have a person who’s watching the data on behalf of the entire organization, not just one person or one program.”*

## **FACILITATORS**

**CPFRC’s membership in FRCA** facilitates their capacity to use and promote evidence-based services. CPFRC has access to databases, research-tested programs, and a network of other organizations to



support their use of evidence-based services. They also use this capacity and available data to inform their programming decisions.

Several additional factors facilitate the use of evidence within CPFRC:

- **Funding** to perform a needs assessment as part of a planning grant.
- **Keeping the mission and vision of the organization at the forefront of programming** and strategic decisions.
- **Looking at what peer organizations are doing** with similar restrictions, funding pools, and target populations, such as other members of the FRCA
- **Understanding the local community context** so that they can adapt others' work to their needs

## HEALTH EQUITY

### ORGANIZATIONAL MINDSET

For CPFRC, health equity is based on *“systemic factors that prevent people from reaching [their health potential].”* For the community that CPFRC works with, those systemic factors are related more to income disparities than race. Both generational and situational poverty affect Teller County and *“knowing how to address both of those is really important. So that’s part of the work we do and the training we provide to all of our staff to understand those different types of situations.”* As a

result, it is important for CPFRC to understand and work to break the cycles of poverty, especially as they relate to health equity. For example, staff at CPFRC are trained in the *Bridges Out of Poverty* model to help them understand the realities of poverty and the circumstances of the community.

*“We aren’t real diverse up here in Teller County, as far as race goes. But our diversity is income levels. So that’s where we see that inequity come into play for health in our area.”*

### UNDERSTANDING NEEDS

CPFRC works to keep a **big picture view of their community**, noticing when and where there are certain populations more in need than others—or that have different needs—then working to address those needs. They work to adapt their services to each family that walks through their doors, depending on their needs and disparities they notice in the community, including providing referrals to partners.

*“We have as a big picture, not on a case-by-case basis of course. But, if for example, we’re seeing... a lot more need in a certain area, we will keep that in our mind and start to look for resources, either through partnerships or potential funding, to address that if it makes sense in our mission and vision and scope of what we do.”*

In order to understand the **needs of each family and adjust services to those needs**, CPFRC completes the CFSA with every family. The goal of this tool is to address the immediate needs of families quickly and work to improve their financial stability. The 14 domains on CFSA are closely related to the social determinants of health. CPFRC then completes the CFSA again with families every six months. CPFRC also focuses on the five protective factors and FRCA’s standards of quality to address health equity among clients. Family Advocates have one-on-one conversations with families about the barriers they face, and use a strength-based approach through Motivational Interviewing to identify inequities in each family.

CPFRC also works to **bring their healthy living programs to the more rural areas** of Teller County and within schools. By providing these programs in a variety of locations, CPFRC is able to serve the hard-to-



reach populations by bringing the programs to them, rather than relying on them to get to the programs. CPFRC also provides childcare and meals to help overcome barriers to services.

## CHALLENGES

However, CPFRC also faces many challenges in addressing health equity, both in the community and within their organization:

**Community Context:** CPFRC works with a rural and isolated population, so it is hard to get families to participate, especially during the winter: *“Getting families to be active, getting them to come out and participate is a challenge during some times of the year because weather can be a factor during the winter months.”* There is a lack of providers in Teller County—especially mental and behavioral health providers. As a result, mental health and substance abuse issues among members of the community go untreated and unaddressed, making it hard for CPFRC to do their work. This also means that CPFRC does not have many organizations they can refer clients to when they are struggling with mental and behavioral health issues. There is no public transportation available in the community to help clients access available services. Teller County is also a food desert; CPFRC teaches their clients about proper nutrition and food preparation, but many clients do not have convenient access to fresh and healthy food options or the ability to apply their learnings.

*“Mental health and substance abuse are untreated and unaddressed in our community, more than many other communities. Just some of that big stuff is really overwhelming, and we often feel like our staff get frustrated, that they’re trying to inch families along. There’s just setbacks that are out of our control, and sometimes our workers will feel helpless in the fact of that.”*

**Organizational Context:** CPFRC does not have enough capacity to address all of the needs in their community. For example, there are not enough Family Advocates to support the number of referrals CPFRC receives. Health equity work also requires funding, which is not always available. Additionally, CPFRC has found that there is a minimal shared understanding of health equity in the community, and a low willingness to work toward health equity, so CPFRC has to work to encourage their partners in this direction.

## FACILITATORS

Several factors facilitate health equity work within CPFRC:

- CPFRC’s health equity work is **well-resourced**. They have support from several foundations to make health equity a priority. This funding specifically supports different healthy living programs for all ages.
- CPFRC ensures that their staff are **well-trained** in the issues surrounding health equity, both in onboarding new staff and through regular staff development opportunities.
- CPFRC has **strong relationships** with community partners, where they can also make suggestions to partners around health equity.
- CPFRC has a **strong reputation** in the community for this work.





# SUSTAINABILITY

## REACHING FINANCIAL STABILITY

CPFRC continues to maintain their financial stability; the organization has never shrunk in its 26-year history. In fact, their budget and staff have tripled in the last five years. Recently, other community organizations have had to decrease their services, which sparked a need for growth within CPFRC.

**CPFRC does not think a nonprofit organization can ever achieve sustainability.** Nonprofits are not structured for sustainability because they are stewards of other people’s money, rather than having their own money. A nonprofit can be financially stable, but they will not be sustainable on their own. It is important for funders to understand that, because of this, it is hard for nonprofits to demonstrate their sustainability plan: *“It’s almost a leap of faith. If the work is important, it’ll get funded one way or another. If you’re struggling to show good outcomes with the work, then maybe it shouldn’t be funded. With good work comes support. If you build it, they will come.”*

*“I don’t understand how someone could argue that you could become sustainable [as a nonprofit] because it just doesn’t make any sense at all.... The more buy-in you have, the more stakeholders, and the more support you have, of course, you’re more sustainable. But you’re just spending more of other people’s money. It’s just more, it’s not different. I guess the only thing would be to have your own money-making source.”*

## SUSTAINABILITY STRATEGIES

There are four main categories of strategies that CPFRC uses to build and maintain their financial stability: financial strategies, relationship building, programming, and organizational structures.

<b>Financial Strategies</b>		
<ul style="list-style-type: none"> <li>• Being good stewards of funding, which <i>“ties a lot to collecting your outcomes and data and reporting those ...You should be able to tell people, ‘That was a valuable investment because, look.’ And we’re making that a priority and we’ve been successful doing that.”</i></li> <li>• Having a large enough cash reserve to support general operating expenses and programming outside of grant funding</li> <li>• Diversifying funding sources, including starting contracts with local agencies to provide services</li> <li>• Managing funding appropriately and accounting for all the funding received and spent</li> </ul>		
<b>Relationship Building</b>	<b>Programming</b>	<b>Organizational Structures</b>
<ul style="list-style-type: none"> <li>• Maintaining long-term relationships with funders and stakeholders</li> <li>• Having credibility and trust within the community</li> <li>• Branding and marketing, which is important for messaging the organization’s purpose</li> </ul>	<ul style="list-style-type: none"> <li>• Staying true to mission and program goals in the face of changing funder priorities: <i>“Foundations are going through their growth, and developing their mission and their areas of focus. And so sometimes they’re a really good fit for</i></li> </ul>	<ul style="list-style-type: none"> <li>• Being a part of a statewide association (FRCA) has supported their capacity</li> <li>• Engaged and supportive board</li> <li>• Having a succession plan in place and a shared leadership model, so not all relationships and all</li> </ul>

<p>and why you are important: <i>“Your community has to understand what you’re doing and why, and why it’s important.”</i></p>	<p><i>your community, but as they change something they’re not. So you have to be really careful.”</i></p> <ul style="list-style-type: none"> <li>• Ensuring your programming meets the community need</li> </ul>	<p>functioning of an organization is held in one position.</p>
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*“Not just your relationships with those funders, but having credibility and trust, and demonstrating your work clearly and honestly, being transparent. Those are all sort of relationships with stakeholders. It seems like branding and marketing are really important also. A lot of nonprofits don’t have that skill or resource.”*

CPFRC used to engage in fundraising events, but found them to be ineffective for their community and context. They found that they would most often break even in their fundraising events after accounting for the expenses and staff time associated with the event, because it was usually the same people attending every year, and there were few local donors in the area. In its place, CPFRC now participates in a local online giving campaign. They like this online campaign because it takes little to set up, so they are able to absorb the majority of the dollars they raise. They are also able to reach new donors using this online platform.

## CHALLENGES

CPFRC continues to face barriers to reaching and maintaining financial stability:

- **Teller County does not have a strong culture of giving** and there is a small pool of local donors. Among the local donors, there is a rugged independence mindset that people should take care of their own families. As a result, the big local donors tend to support law enforcement, veterans, etc., rather than social services.
- **Maintaining the financial stability of individual programs, not just the overall organization.** Some programs still have a single funding source. *“Budgets are really, really tight. Not a penny is wasted, and that can be stressful sometimes. The overall financial health of the organization might not reflect on particular programs. We may have a program that’s totally broke. So reconciling those two things is confusing sometimes, too.”*
- **Leadership change:** relationships with donors and within the community often leave with the Executive Director.

*“In order for an agency to reach a level of maturity or just to evolve to the point where they can truly collaborate with other agencies ... that’s not something you can plop on a brand new organization. ... My point is, you have to have some level of stability in order to have the capacity to even collaborate in the first place.”*

## INTERACTION AND RELATIONSHIP AMONG ALL FOCUS AREAS

For CPFRC, all of the CSHF areas of interest are interrelated. While they have a champion staff member for all areas of interest except for health equity, their work in all of the areas of interest is impacted by one another. These four areas of interest are focused at the managerial level. Their work in health equity lives with the program staff, rather than one champion managerial staff member—it is spread across their programming. But, for CPFRC, all five of these areas are necessary to operate as a highly-effective organization.

*“I think that it’s... you’re incorporating new information into your current work and training your staff, and working with partners, and really measuring that work and reporting it responsibly, then you become sustainable.”*

Collaboration supports the other CSHF areas of interest.

Working in collaborations allows an organization to share resources with other organizations, supporting financial stability. However, this can also become a challenge if organizations become reliant on one another. For collaborations to be successful, organizations have to learn about their collaborators and learn about what is working and what is not. *“Understanding who your collaborators are is really important. A lot of time we work with the same agencies over and over while not having a complete understanding of their role in the community or work.”* For CPFRC, it is important that the other organizations they are collaborating with approach their work through a health equity lens.

Having a culture of learning is especially related to collaboration and sustainability. CPFRC takes lessons learned from their experiences working with other organizations, either to apply to their own work, or to apply to future collaborations. Additionally, in order to reach financial stability, CPFRC has to be willing to change and tweak based on what they are learning.

Evidence-based services are closely connected to a culture of learning. An organization needs to have a culture where staff are always willing to learn and do what is necessary to improve programs. If CPFRC wants to make a difference in the community, they must go beyond their organization to meet diverse community needs.

When working to address health equity, CPFRC needs to have a high level of activity in all the other CSHF areas of interest.

*“I think [health equity] can be incorporated in all of the areas. Culture of learning, because that’s for continuous improvement, and as things can change in your area. Collaboration, of course, too. When you’re trying to achieve something you can’t do on your own, I believe health equity always needs to be part of that conversation. And evidence-based [services] are important to know for your evaluation and what’s working and what’s not working, and sharing. Really all of them.”*

Financial stability supports CPFRC’s activities in the other CSHF’s areas of interest. Financial stability moves an organization to a higher level of function, so that the organization has the capacity and ability to participate in collaboration. Evidence-based services need financial stability to support the time and resources needed for program development. An organization must also be financially stable to address health equity, due to the long-term nature of the problem. A two-year grant-funded project will not have the lasting impact on health equity that a long-term program embedded in the community would.

## CSHF GRANT

CPFRC received funding from CSHF in 2017 to support their already-in-progress healthy living programs held in partnership with local schools. This grant allowed CPFRC to continue their partnership and



facilitate relationship building in the schools, hire a dedicated Healthy Living Educator for the program, and free up other staff resources. Because it was a new relationship, CPFRC had a lot of questions regarding the grant requirements. CSHF was very responsive to all of their questions, and gave clear answers. CPFRC also noted a smooth reporting process for the grant, and that CSHF was again responsive to questions about the report.

Some of the challenges that CPFRC faced in implementing the grant-funded program included:

- Collecting data on students. CPFRC struggled to collect all registration forms from teachers, which meant they could not collect data on all students. *“We sometimes have a hard time getting the forms back. So, then they don’t go into our database and we want to count... every participant that’s impacted by having these programs. ...The teachers are very busy. It’s one more thing for them to do if we can’t get those right away at the beginning of the school year.”* This year, due to this challenge, the Healthy Living Coordinator is meeting with teachers before students arrive to talk about the program.
- Communication issues in launching a pilot healthy living program in southern Teller County to bring a food program into their preschool. For example, there was a lack of communication from the district to the teachers about when they could expect visits. CPFRC used this as a learning opportunity for the importance of communication.
- Logistical challenges in hosting events and managing RSVPs.

CPFRC was able to understand the success and impact of the grant-funded program through teacher feedback, learning about the positive impact that the program had on students’ nutrition and physical activity. Because of this grant, CPFRC was able to increase the number of children receiving healthy living programming in schools, as well as strengthen their partnerships with school districts by participating on the school district’s wellness committees. For example, one preschool implemented regular gym time during their school week, where previously they had none, resulting in 88% of participants increasing vigorous physical activity by 7.5 hours per week or more. Input from parents prompted CPFRC to work with community stakeholders to host a screening of the movie Screenagers about screen time. The grant also supported CPFRC’s collaboration with the school districts.

One of the big lessons learned from the grant-funded program for CPFRC was that, as an organization grows in reputation and visibility in the community, others will approach or refer them for services that they might not have the capacity to take on. As an organization, they have to learn how to address those issues collectively to bring more opportunity to the community.

CPFRC believed that this grant opportunity allowed them to continue to advance their work in CSHF’s areas of interest:<sup>2</sup>

- **Health Equity:** The program provided healthy living programming to all students, regardless of demographics.
- **Culture of Learning:** CPFRC used their experiences during the grant-funded program to cultivate lessons learned and improve programming for next year. *“[We are] always thinking about that year and what could improve and what went well, what maybe didn’t and lessons learned and always trying to get the feedback from the partners we’re working with to drive that culture of learning.”*

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<sup>2</sup> While CPFRC did not explicitly mention sustainability in this portion of the interview, the funding provided through the grant awarded assisted CPFRC in their financial stability.



- **Evidence-Based Services:** Aspects of their programming are informed by different kinds of evidence.
- **Collaboration:** CPFRC worked with school districts to implement programming.

CPFRC appreciates the work of CSHF as one of the only local funders. For instance, they do not have to explain the unique nuances of Teller County to CSHF. CPFRC would like to see CSHF continue to walk the walk they expect of their funded partners. For example, CSHF recently made changes to the way they award funding. With those changes, CSHF notified all funded partners about what changes were made, and why they were making them. This notification and explanation was very important to CPFRC, as it showcased the intentionality and clarity that CSHF expects of their funded partners. CSHF should also continue to think about and address the big picture, and share their evaluation findings and learnings. CPFRC believes it is important for CSHF to continue to build long-term relationships with their funded partners, to build a level of trust and confidence in them. CPFRC would also like for CSHF to promote and showcase the partnership between CPFRC and CSHF, as well as the work and outcomes of CPFRC.

*“[CSHF looks] at this beyond El Paso. They look at El Paso and Teller together as a region, and it’s so good that they do that because Teller is not isolated from El Paso. We’re really like almost a bedroom community and we’re really affected by things that happen there.”*

