2018 EVALUATION

REPORT PREPARED FOR THE COLORADO SPRINGS HEALTH FOUNDATION

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INTRODUCTION

The Colorado Springs Health Foundation (CSHF) provides grants that target immediate health care needs and encourage healthy living in the Pikes Peak region (El Paso and Teller counties). CSHF engages in regular evaluation to inform strategy, assess alignment, and drive learning. CSHF contracted with Vantage Evaluation to conduct its annual evaluation in 2018. CSHF identified five areas for interest for the 2018 evaluation, listed to the right.

Collaboration

Culture of Learning

Evidence-Based Services

Health Equity

Sustainability

These five areas represent the underlying values or assumptions of CSHF's work. CSHF was interested in better understanding how their funded partners think about these five areas (inform strategy), what work funded partners are doing in these areas (assess alignment), and how CSHF can advance practice in these areas (drive learning). Across all five of these areas, CSHF identified the following learning questions for each of the key evaluation purpose areas:

Inform Strategy	Assess Alignment	Drive Learning
What are the strengths and opportunities of the funded partners around each of the five areas of interest? What are the implications for strategy?	What strategies are funded partners using in each of the five areas of interest? In what ways do these strategies align with CSHF's efforts?	In what ways can CSHF advance learning and practice among funded partners in the five areas of interest?

Vantage Evaluation answered these questions through interviews with 25 funded partners and two in-depth case studies of highly-effective funded partners.[1] Interviewees were selected to encourage a diverse understanding and activity level among interviewees in the areas of interest, based on input and priority-setting from CSHF. Each interviewee was asked questions about two to three of the areas of interest.

[1] Refer to the Appendix on page 35 for more detail on methodology.

KEY FINDINGS

Overall, interviewees demonstrated a **moderate understanding** of the five areas of interest, not quite aligning with how CSHF thinks about each area. While most interviewees were familiar with the concepts of the five areas of interest, their level of understanding around those concepts varied.

Sustainability: Interviewees expressed their financial stability based on having diverse funding sources, but few discussed requiring organizational procedures and roles that promote sustainability.

Collaboration: Overall, interviewees understood that they need to work with others, rather than in a silo, to achieve their missions. Most thought about collaboration as an exchange of relational capital, and sharing information or resources among multiple stakeholders who are working toward common outcomes, but not necessarily working toward a shared and agreed-upon goal.

Evidence-Based Services: Interviewees primarily understood evidence-based services as scientifically-researched and tested programming, instead of using multiple forms of evidence to inform the program lifecycle.

Culture of Learning: Interviewees valued learning, but viewed learning as staff development or understanding the community, instead of using systematic procedures to improve operational and organizational priorities.

Health Equity: All but one of the interviewees were familiar with the term "health equity." However, majority of interviewees described health equity as equal access to care, rather than examining the systemic factors that are the root cause of health inequity.

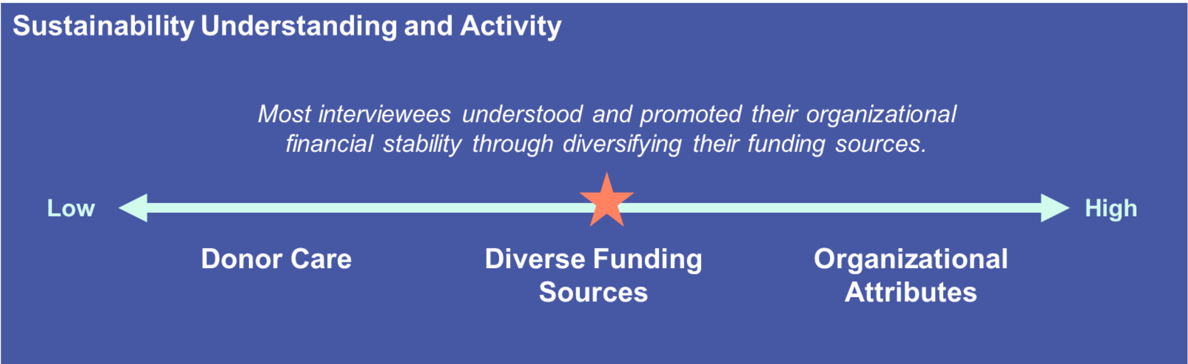
Overall, interviewees used **some strategies** to address each of the five areas of interest, but there was still room for improvement for most interviewees. While interviewees engaged in some strategies around the areas of interest, many did not see how these strategies connected to the concepts promoted by CSHF. For example, almost all interviewees engaged in some strategies of evidence-based services, but most interviewees had a low understanding of what it means to use evidence to inform their program development or expansion. Additionally, most interviewees were confident in the strategies that they used to address the five areas of interest, but few engaged in "high impact" strategies across the areas of interest. For example, many interviewees were confident in their collaborative activities. However, the activities that most interviewees described were partnerships, rather than collaborative relationships.

Interviewees identified barriers and facilitators to their work in the five areas of interest. Common barriers and facilitators across the areas of interest include:

Common Barriers:	Common Facilitators:
• Resources (funding, staff, time, etc.) • Competition for resources • Staff or leadership turnover • Community climate or perception	• Board and leadership support • Existing relationships in the community • High-quality staff

SUSTAINABILITY

Reaching financial stability for a nonprofit requires a diverse set of strategies, being good stewards of financials, and maintaining the mission through funding priorities. Vantage interviewed nine funded partners specifically about their understanding and activities around sustainability and financial stability. In addition, three interviewees mentioned activities related to elements of sustainability and financial stability, though were not specifically asked.



HOW FUNDED PARTNERS THINK ABOUT SUSTAINABILITY[2]

Low[3]

Donor Care

Interviewees highlighted donor care as the main component of financial stability (n = 3). Having good relationships with donors and taking care of donors was important to these interviewees, as it showed funders and donors the importance of their work, created credibility, and opened up opportunities for more funding. While donor care is an important part of a robust financial strategy, it is only one component.

"It's donor care, thanking our donors, contacting our donors, even when they haven't given… You're reminding them that you're still here and what their donation has done for the organization, keeping them up to date...so that they can see the work that we do and the importance, what their money allows us to do for those working poor in the community."

Diverse Funding Sources

Interviewees focused more on the diversification of funding sources (n = 3). For these interviewees, their main understanding of sustainability is to have a diverse set of funding sources.

"For an organization to be sustainable, obviously it's just that they need to have a diversified funding strategy to protect themselves, in case one extreme dries up."

Organizational Attributes

Interviewees saw financial stability as requiring organizational attributes to support sustainability (n = 3), including good internal financial procedures and controls, hiring administrative staff to support organizational functioning, and generally being good stewards of the funds, including being cost-effective. Interviewees also discussed how important it is to be purposeful in the financial support they are seeking (n = 3), whether it is being planful in their growth or making sure to not stray from their mission.

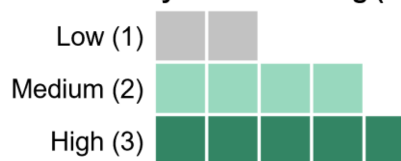
"A really solid awareness of what your needs are. What's your mission, and what are your needs for programming? And then a strategy for getting those resources."

High

[2] Evaluators rated interviewees on their understanding and activity level of each of the areas of interest based on the interview analysis. Refer to the methodology on page 36 for more information on this rating system.
[3] Further rating definitions are available on page 36 in Appendix A: Methodology.

Overall, interviewees' understanding of sustainability and financial stability varied. Additionally, level of understanding of sustainability could vary within the interviewee. For example, one interviewee might express understandings that fell into both medium and high understandings, but their overall expression of sustainability was categorized as high.

Six interviewees discussed their understanding of sustainability as above and beyond the diversification of funding sources. The most interviewees had an overall high understanding of what it takes for their organization to be financially stable (n = 5).



On the low spectrum of understanding, one interviewee also identified the community climate, an external factor, as the main component to financial stability. For this interviewee, the political climate in the community for their work impacts the ongoing financial stability of the organization.

WHAT FUNDED PARTNERS ARE DOING TO REACH SUSTAINABILITY

DIVERSE FUNDING SOURCES

Most interviewees' activities for financial stability centered on seeking diverse sources of funding (n = 7), including in-kind donations (n = 3). These three interviewees sought in-kind donations, such as time from volunteers, physical materials to support programming, and intern support.

For several interviewees with reported low financial stability, they indicated that, in the past, they have not sought out a diverse set of funding sources (n = 3). For the most part, this has meant only relying on one type of funding: *"In my assessment, I found that the organization had been reliant pretty much on grants. We have government and we have private grants. And so, that makes our agency a little bit vulnerable."* One interviewee also mentioned not going after larger grant awards because of the extensive requirements of that process. Two additional interviewees with reported low financial stability indicated that they have limited financial systems in place (n = 1), or that they primarily use donor relationships to promote sustainability (n = 1).

> *"Building other sources of revenue that you need to do since we've been working really, really hard to diversify our financial portfolio, where we don't rely on just grants and foundations and then one event fundraiser. We actually had two different streams of earned revenue every year, and now we're growing this and we do our end-of-the-year individual giving campaign, so we got people working on all of that being a very small organization, small staff, and it's time-consuming. It's hard work."*
> -Medium Sustainability Activity Interviewee

ORGANIZATIONAL ATTRIBUTES

Interviewees with reported high activity for financial stability focused on building organizational attributes to support sustainability (n = 5), in addition to diverse sources of funding. Two interviewees stated the importance of hiring appropriate administrative and/or development staff to promote the functioning, efficiency, and sustainability of the organization. One interviewee highlighted the work they did with an external consultant on fundraising and financial strategies.

EFFECTS OF LOW SUSTAINABILITY

For interviewees with reported low financial stability, their concerns about sustainability spread throughout other parts of their organizations. For example, interviewees that expressed concerns about sustainability

indicated that they were not able to effectively serve clients or meet the growing need in the community (n = 5), and that these concerns about sustainability affect staff morale (n = 2).

BARRIERS TO SUSTAINABILITY

Interviewees identified several barriers to financial stability:

- Competition for funding (n = 2)
- Community perception of services and population served (n = 2)
- Time (n = 1)
- Funder restrictions (n = 1)
- Leadership changes (n = 1)

FACILITATORS OF SUSTAINABILITY

The facilitators of sustainability that interviewees identified matched the strategies that they used to promote their financial stability, such as diverse funding sources and organizational attributes.

Success Story

Community Partnership for Child Development (CPCD) has built and maintained good financial stability over the years. There are three main strategies that CPCD uses to build and maintain their financial stability:

Financial: Diversified funding sources and financial management that tracks how CPCD's spending aligns with their budget.

Relationships: Building relationships allows for in-kind donations or exchanges of services/resources.

Organizational: Departments manage their own budgets, dedicated development staff, staff flexibility to shifting priorities, consistent messaging, and shared responsibility among staff.

The main challenges in sustainability for CPCD include overreliance on foundations and government, building consistent messaging for diverse stakeholders that is true to their mission, and keeping up with changing tax laws and how to talk to donors about them.

For more information on how CPCD promotes sustainability, refer to the CPCD case study.

HOW CSHF CAN BETTER SUPPORT SUSTAINABILITY AMONG FUNDED PARTNERS

Interviewees identified several ways that CSHF could better support organizations in their work to become financially stable, outside of additional funding:

- Highlight the work of funded partners on their website and in the community (n = 2)
- Build community awareness of the uninsured and underinsured in the community, specifically dispelling the myth that everyone has health insurance because of the Affordable Care Act (n = 1)
- Provide support for strategic planning (n = 1)
- Continue to take a holistic view of health (n = 1)
- Conduct site visits with all funded partners to learn more about their work (n = 1)

COLLABORATION

Collaboration involves multiple organizations, perspectives, and disciplines joining together to work toward achieving a common goal that could not be achieved individually. Collaborations are typically used in efforts to change systems.[4] More specifically, CSHF views partnership as intrinsic to anything an organization does, and believes referral relationships have to be in place for anything to get done. However, collaboration requires a common goal that cannot be reached without a broad group of organizations working to address complex, cross-system issues where a partnership is insufficient. Partnership is simpler, less time-limited, and tends to be two organizations, whereas collaboration brings in multiple perspectives and is more time limited.

Vantage interviewed 10 funded partners specifically about their understanding of collaboration and engagement in collaboration efforts in the Pikes Peak Region. In addition, five interviewees mentioned activities related to collaboration, though were not specifically asked.

Collaboration Understanding and Activity

Most interviewees engaged with collaboration as an exchange of relational capital and sharing information or resources among multiple stakeholders who are working towards common outcomes.

[4] Collaboration definition adapted from CSHF's 2018 *Fostering Collaboration Funding Opportunity.*

HOW FUNDED PARTNERS THINK ABOUT COLLABORATION

Low[5]

Referral relationships

Interviewees viewed collaborations as having a clear understanding of the landscape and the ability to make connections or referrals to resources for their clients or peers (n = 2). One interviewee described collaboration as being a good teammate and working to *"improve or develop something,"* but did not describe it in an organized way or including multiple organizations. The other interviewee viewed collaboration as avoiding duplication of services and understood that one organization cannot provide everything the community needs.

"It's [collaboration] being true to what you do, but recognizing the needs of the services that your constituents need and finding where those are in the community and creating those bridges that allow those services to go back and forth."

Relational capital and shared resources

Interviewees saw collaboration as organizations working together to address unmet community needs (n = 4), provide ongoing complimentary services (n = 5), and achieve common outcomes by leveraging strengths of participating organizations (n = 6). These interviewees did not talk about their collaborations as timebound, but instead talked about them as relationships that are built and maintained to help support their organization and community.

"We can't provide all of the services that the people we serve need, and so we collaborated heavily with other agencies in the city to be able to provide that kind of support for the families here."

Organized support and systems change

Interviewees expanded their understanding of collaboration as multiple organizations and perspectives working together toward a common goal beyond providing services, such as systems change or breaking down social barriers (n = 2). For example, one interviewee explained how collaborations can be used to break down social barriers. Even though these interviewees understood that collaborations form to address complex, systems-level issues, only two understood that collaborations end once their agreed-upon goal is achieved.

"To really be a true collaborative, there needed to be a target where there was an end goal that was attainable and reachable, and then concluded."

High

[5] Further rating definitions are available on page 36 in Appendix A: Methodology.

Overall, interviewees understood that their work cannot be done in a silo, and that they need to work with others to achieve their missions. However, the degree of understanding varied by interviewee. Most thought about collaboration as an exchange of relational capital, and sharing information and resources among multiple stakeholders who are working toward common outcomes (n = 6), but not necessarily working toward a shared and agreed-upon goal. Likewise, interviewees talked about collaborations as a means to address gaps in services found in the community (n = 4) through ongoing efforts, such as:

- Coordinating services to decrease the duplication of efforts in the community
- Leveraging resources to increase access to services
- Facilitating connections to services and resources for clients

Interviewees think that partnerships are typically more formal than collaborations (n = 5). Partnerships are commonly driven by the need for resources (e.g., space to provide services) and involve equal distribution of work and exchange of resources (financial or in-kind). Conversely, collaborations are commonly mission-driven and involve a distribution of responsibilities, given the strengths and capacity of participating organizations, without the exchange of resources. Though interviewees provided differences between partnership and collaboration, they used the terms interchangeably when talking about their experiences.

In contrast, one interviewee viewed collaboration as more formal than partnerships, because collaborations included a memo of understanding (MOU) or some sort of contract materializing out of a formalized relationship, in their experience.

> *"A partnership implies maybe equal sharing of responsibilities, and equal sharing of work, where a collaboration can include different members having different tasks, or doing more or less, but supporting each other in a specific, organized way."*
>
> -Medium Collaboration Understanding Interviewee

HOW FUNDED PARTNERS APPROACHED COLLABORATIONS

TRANSACTIONAL COLLABORATION

Eleven interviewees described their engagement in collaboration as transactional in nature (e.g., the exchange of resources between partners), and spoke about them as ongoing activities to provide services to the community. For example, an interviewee described a program where they did not have the skills in-house to respond to the community. Instead of spending resources on training, they collaborated with behavioral health service providers and the police department to provide the services that the interviewee could not. With all three of these agencies working together, they were able to *"respond [to] a common goal."* Another interviewee shared an example of a time when their partners lost funding with the shift to the Regional Accountability Entity, and how the interviewee worked with those partners to ensure that the clients that they both serve could continue being served.

REFERRAL SYSTEMS

Four interviewees described their engagement in collaborations as acting within a referral system, connecting clients to needed services. For example, one interviewee shared how they work primarily with low-income families that need access to health services. While the interviewee does not provide those health care services, they work to provide referrals and connections to clients so that they can access health services, such as immunizations and physicals.

> *"It's being true to what you do but recognizing the needs of the services that your constituents need, and finding where those are in the community and creating those bridges that allow those services to go back and forth."*
>
> -Low Collaboration Interviewee

OVERUSE OF COLLABORATION

Two interviewees cautioned against the overuse of collaboration, saying that there are appropriate times to collaborate, but not all the time. For example, an interviewee shared a story about a collaboration effort with several organizations that got a little too big, complicated, and a drained on the collaborators' time and resources, which led to an unsuccessful collaboration effort. They learned a valuable lesson about the number of players involved in the collaboration, and an understanding of the many hats they already wear. The interviewee went on to say, *"It's really hard to collaborate versus [partner with] the health care committees... It's much more effective [to partner with the health care committees] because we all are a little closer aligned with work, in terms of providing health for this community, and so that's made it easier to collaborate with the committee."*

OTHER ACTIVITIES

Other collaboration activities interviewees mentioned included:

- Participating in collaborations to raise awareness of other organizations and services available in the community (n = 2).
- Participating in collaboration to break down social barriers and build stronger systems (n = 1): *"The only reason Joint Initiatives exists is to really do a good job of developing systems and integrating systems that are user-friendly for families, and also have great outcomes."*

BARRIERS TO COLLABORATION

Interviewees identified several barriers interfering with collaboration efforts, including:

- Resources, including funding, staff, and time (n = 7)
- Ego and competition (n = 4)
- Health of the collaboration, such as poor governance structures, poor communication (n = 3)
- Staff turnover (n = 2)
- Understanding of collaboration (n = 2)
- Awareness of community resources and/or organizations (n = 2)
- Funder awareness of the community (n = 1)
- External context, such as the political climate (n = 1)
- Collaboration fatigue (n = 1)
- Lack of data sharing and inconsistent metrics (n = 1)

One interviewee noted that organizations need to learn how to participate in collaboration efforts where all organizations are connected with each other, not just one centralized entity. *"We were under the lackadaisical impression that collaboration was a group of us getting together all doing the same thing,*

and sharing great ideas, and taking best practices, and leaning on each other when we needed to, and [one organization] was at the center of our collaboration and that's what we thought it was."

FACILITATORS OF COLLABORATION

Interviewees identified several facilitators that made it easier to participate in collaboration efforts:

- Having shared goals or organizational values (n = 5)
- Having existing relationships and credibility (n = 3): *"Every bit of this—partnership, collaboration—is built on relationships."*
- Having cooperation among organizations involved in the effort (n = 3)
- Having access to the right organizations (n = 2)
- Having a diversity of organizations represented (n = 1)
- Being in a small community (n = 1)
- Having shared responsibility across the leadership team for collaboration (n = 1)
- Having board support (n = 1)

Success Story

Community Partnership Family Resource Center (CPFRC) views collaboration as *"multiple organizations, perspectives, and disciplines formed in working together."* CPFRC recently completed a planning grant with other community organizations to develop a local child maltreatment intervention plan. CPFRC received a high level of buy-in from the other organizations involved in the collaboration, and together they developed ideas on how they can continue collaboration for improving health outcomes via the child maltreatment intervention plan. Collaboration is successful at CPFRC because they share responsibility for collaboration across their leadership team, and work in a smaller, rural community with strong existing relationships. The biggest challenges that CPFRC faces in collaboration are the time and resources it takes to engage in it and shift the understanding of collaboration in the community, collaboration fatigue, the lack of data sharing, and inconsistent metrics across collaborators.

For more information on how CPFRC engages in collaboration, refer to the CPFRC case study.

HOW CSHF CAN BETTER SUPPORT COLLABORATION EFFORTS AMONG FUNDED PARTNERS

Interviewees appreciated the support that CSHF already provides in their efforts for collaboration. A handful of interviewees would like to see CSHF act as a convener and facilitate connections with like-minded organizations in the community (n = 5): *"CSHF could not only support connections and relationships among like-minded organizations, but also develop a shared meaning of collaboration in the community, start to break down barriers of collaboration in the community, and identify community needs and the organizations that work to address those needs."* However, one interviewee cautioned against CSHF forcing collaborations or connections. They believe CSHF should convene events where organizations have the chance to build relationships organically.

> *"Sometimes folks come to the table and try to really push that collaboration. But, for whatever reason or another, it doesn't necessarily always organically make sense. So, I think creating a forum where those conversations can occur, but not necessitating it is helpful."*
>
> -Interviewee

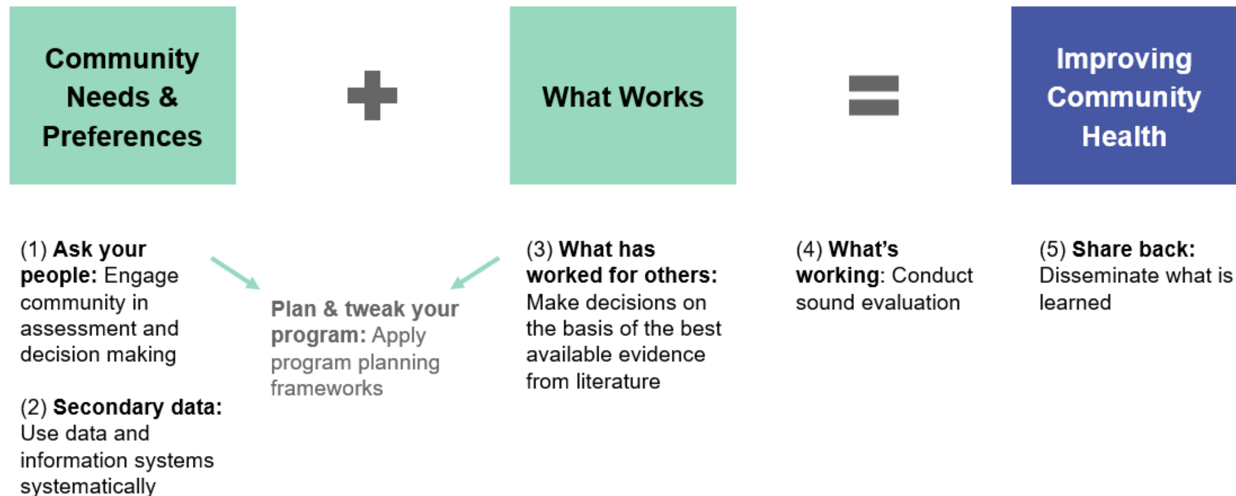
Two interviewees suggested CSHF could further support

collaborative efforts and community education by:

- Hosting a symposium or gathering for organizations working on the same issues to connect, learn from each other, and build relationships.
- Ensuring that all the players understand the role and value of each organization, and that all stakeholders are at the table.
- Finding ways to have discussions with all relevant stakeholder about switching the financial paradigm, so we can stop utilizing the most expensive forms of care all the time.
- Creating professional learning communities.
- Hosting a meet and greet event for providers.

EVIDENCE-BASED SERVICES

Evidence-based services involve using evidence to inform program development and expansion. There are five overarching components to using evidence-based services.[6]



Vantage interviewed 11 funded partners specifically about their understanding and use of evidence-based services. In addition, four interviewees mentioned activities related to elements of evidence-based services, though they were not specifically asked.

[6] 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."

HOW FUNDED PARTNERS THINK ABOUT EVIDENCE-BASED SERVICES

Low[7]

Scientifically Tested

Interviewees understood evidence-based services to be practices that had been scientifically researched or tested (n = 6). For these interviewees, evidence-based services have been proven to be effective and must be implemented with fidelity, with strict reporting requirements.

"I would describe evidence-based practices as scientifically researched and evaluated over time in order to determine best practices. So that anyone and any algorithm could be followed with the critical factors for the best possible outcome."

Demonstrating Success

Interviewees understood evidence-based services as obtaining a level of expertise and success in their programming that they can demonstrate (n = 2). While these interviewees looked at sources of evidence for programming, it was mainly to demonstrate success, rather than to tailor programming to what works for their population or community.

"Utilizing the evidence base means that… [you] have actually obtained a level of expertise and success that increases the chance of success."

Using Evidence in Program Lifecycle

Interviewees understood that evidence-based services required the use of data and evidence to inform programming (n = 2). These interviewees valued the use of evidence in making decisions and developing programming.

"When we talk about how we choose our work, we talk about how we look at all the data and the tools that we have available."

High

Overall, interviewees' understanding of evidence-based services did not match how CSHF thinks about evidence-based services. The majority of interviewees had a low understanding of evidence-based services (n = 9), primarily focused on scientifically researched and tested programming (n = 6). Related to evidence-based services as scientifically-researched practices, two interviewees understood evidence-based services as having quantitative data to support your programming. For these

Evidence-Based Services Understanding (Avg: 1.5)

[7] Further rating definitions are available on page 36 in Appendix A: Methodology.

interviewees, using evidence-based programs means using data and statistical analyses to report to funders and/or identify areas of need. Additionally, one interviewee also described evidence-based services as conducting informal conversations with community members about their programming needs.

HOW FUNDED PARTNERS ARE USING EVIDENCE-BASED SERVICES

While most interviewees did not share the same understanding of evidence-based services as CSHF, almost all interviewees engaged in at least one component of evidence-based services. On average, interviewees engaged in two of the five components of evidence-based services. Only two interviewees engaged in all five components. Of the overarching steps of evidence-based services, the most interviewees engaged in community and stakeholder input (n = 11) and identifying what works for others (n = 10). One interviewee did not engage in any of the components of evidence-based services, but instead used their personal experience to drive programming: *"I relied on a lot of my experience… I basically reverse-engineered what I thought were the issues in the community."*

STEP 1: ASK YOUR PEOPLE

When developing or expanding programming, 11 interviewees sought input from their community or stakeholders about needs and experiences. This process looked different across funded partners, and included:

- Conversations with community members and/or local experts (n = 6)
- Understanding community needs and challenges (n = 4)
- Relationship building with key community partners that intersect with their work (n = 1)
- Hosting community and/or stakeholder meetings (n = 1)
- Seeking out feedback from community partners and program participants (n = 1)

> *"When we're looking at developing programming, we seek a lot of input. I'd say that we communicate with many other community leaders in town. We look at our population. We have access to other professionals throughout the nation. And then we wrestle with what's needed for the city of Colorado Springs."*
> -Interviewee

STEP 2: SECONDARY DATA

Six interviewees used secondary data to inform their program development and/or expansion. Interviewees used secondary data to identify gaps in services, high-need geographic areas, and high-need populations. Using secondary data was also seen as a strategy to avoid the duplication of efforts.

STEP 3: WHAT WORKS FOR OTHERS

Ten interviewees looked at what works for others in developing and expanding programming. For most of these interviewees, this meant looking at research and tested best practices (n = 5): *"We [work] with existing models and looking at the research behind the models or the outcomes."* However, one of these interviewees warned against using these research-based models without ensuring that they have been tested on the target population. For example, they indicated that the majority of these models have only been used with white communities, so they do not know if it is going to work in the same way with different populations.

In addition, five interviewees investigated what similar organizations or programs were doing to serve their clients: *"We traveled around the nation, saw what others have done, and helped cast a vision for other community members so that they could understand how this plan would help."* This helped these organizations adapt their programming to best serve their clients based on the experiences of others.

Two interviewees pointed to standards and regulations implemented by other organizations or accrediting bodies to inform their programming.

STEP 4: CONDUCT SOUND EVALUATION

Six interviewees used evaluation as part of their program development process. However, these interviewees used evaluation in different ways. For example, some used evaluation due to funder requirements at the program level, others worked toward measuring success, others gathered feedback from clients and staff, and one was just starting to undertake evaluation for the first time.

> *"We take that information and that data and we bring it back, and then we look specifically at how our programs are running and whether changes need to be made."*
> -Interviewee

STEP 5: SHARE WITH OTHERS

Only two interviewees discussed sharing what they have learned and experienced with their programs with others to inform the broader field. One interviewee shared their data and lessons learned through a broader association. The other interviewee was at the forefront of their field, and wants to use that opportunity to help others start similar programs.

BARRIERS TO EVIDENCE-BASED SERVICES

Interviewees identified several barriers to using evidence-based services in their organizations, including:

- Using data to inform services (n = 4), including collecting data, limited availability of data, and reporting requirements
- Funding for evidence-based programs (n = 3)
- Staff resistance (n = 2): *"The resistance of the personal perspective. That, 'I want to do it my way.' … It's just kind of resistance to change, and probably some insecurities."*
- Being a small organization (n = 1)
- Funder mandates (n = 1)
- External factors in the community (n = 1)
- Evidence-based programs are too rigid (n = 1): *"Often you need specialized training in it, and/or they're rigid enough to where you can't be creative and address the unique needs. Not every person is going to fit that evidence-based model."*

> *"[Evidence-based services are] cumbersome at times and take a lot of reporting. At times for an organization like ours that is primarily community funded, when you get into more evidence-based work and particularly from a funding standpoint, that requires a higher level of scrutiny and that takes systems and systems take money and they take people."*
> -Interviewee

FACILITATORS OF EVIDENCE-BASED SERVICES

Interviewees identified several facilitators for using evidence in developing and/or expanding their programming:

- Having leadership that is supportive of and encourages the use of evidence (n = 2)

> *"The flexibility that we can model a program to really reflect the place we're working so that … our hands aren't tied to a certain methodology or a certain technique. We're really given the latitude to shape a program that responds to the communities where we work."*
> -Interviewee

- Having a shared understanding of goals across staff, so each client will be handled in the same manner (n = 2)
- Having a small organization made it easier to incorporate evidence (n = 1)
- Having high-quality staff (n = 1) and staff feedback (n = 1)
- Having a culture of innovation (n = 1) and/or a culture of learning (n = 1)
- Embracing flexibility (n = 1)
- Having a TA provider to provide guidance on using evidence and structuring programs (n = 1)

Success Story

Community Partnership Family Resource Center (CPFRC) uses multiple forms of evidence for program development and expansion, including strategic planning.

Ask Your People: Conversations with community partners and stakeholders to better understand the holistic needs of the community.

Secondary Data: Used to understand community context.

What Works for Others: Look at what other organizations are doing nationally and within the Family Resource Center Association for guidance on new programming.

Conduct Sound Evaluation: Conducts evaluation for every program based on funder requirements and for continuous improvement.

Share Back: Shares learnings with the community and Family Resource Center Association.

The main facilitators for using evidence-based services include funding, keeping the mission of the organization at the center, looking at what other organizations are doing, and understanding the local community context. Barriers to using evidence-based services include time, resources, and staff resistance.

For more information on how CPFRC uses evidence-based services, refer to the CPFRC case study.

HOW CSHF CAN BETTER SUPPORT EVIDENCE-BASED SERVICES AMONG FUNDED PARTNERS

Interviewees appreciated the support that CSHF already provides in their use of evidence-based services. Interviewees wanted CSHF to either continue to or start the following to better support funded partners and the community:

- Be a thought partner for funded partners who are starting to use of evidence-based services (n = 2): *"We usually just internally think we know what we want to do but it would be neat to have somebody like [CSHF] to bounce ideas off of and to sit in a room with a bunch of other people, and just talk about the issues that are facing us and have them be a part of those conversations on how we provide better services."*
- Provide additional funding for evidence-based services (n = 2)
- Ease the data requirements on grant reports (n = 1)
- Share their learnings with the community (n = 1)
- Use a broader definition of health (n = 1)

One interviewee commented that CSHF is not a programming expert, so CSHF is not their resource for support in evidence-based services. This interviewee was also concerned that CSHF's attention to evidence-based services detracted from the perceived mission of greater access to care.

> *"I think the only thing I'm going to be concerned with is if [CSHF] over thinks looking at evidence-based and those kinds of things. I fear that they're looking for a greater purpose. ...My recollection was that money was set aside to ensure that people in Teller and El Paso County got access to medical care they usually couldn't."*
> -Interviewee

CULTURE OF LEARNING

An organization that has a culture of learning (CoL) looks beyond staff training alone, and focuses on all aspects of learning and integrating those learnings into operations and organizational priorities. There are four foundational domains to a CoL at an organization, as shown in the table below: use of evidence to drive learning, leadership and governance support, staff buy-in and understanding, and organizational processes.[8]

Use of Evidence to Drive Learning • Collecting data and evidence to inform programming • Formal feedback loops • Internal data transparency	**Leadership and Governance Support** • Leadership support • Board support
Staff Buy-In and Understanding • Understanding of evaluation as learning • Comfort with taking risks • Motivation for learning and evaluation	**Organizational Processes** • Rewards and incentives • Incorporating learning and evaluation into staff responsibilities • Data infrastructure and processes

Vantage interviewed 11 funded partners specifically about the CoL practices they use. One interviewee mentioned activities related to CoL, though they were not specifically asked.

[8] These domains were identified during the Culture of Learning rubric for CSHF by Vantage Evaluation in July 2018.

HOW FUNDED PARTNERS THINK ABOUT CULTURE OF LEARNING

Low[9]

Focus on Community Need

Interviewees talked about CoL as continuously learning about the needs of their community, or the culture of the clients they serve, and understanding the best practices to serve their clients (n = 2). They also talked about CoL as looking at what is needed to grow and move forward (n = 2), and thinking about the implications of their work on funding (n = 1). When asked about approaches to learning, one interviewee talked about how they try to *"be quantifiable and not just emotional,"* and how they are measured and evaluated using data, demonstrating a focus more on accountability than learning.

"We spend hours sifting through, going through, talking through data...It's what we're all measured and evaluated on."

Staff Development

Interviewees valued continuous learning about programming and staff development (n = 7), but placed more emphasis on staff development. Interviewees discussed providing opportunities for staff training and self-reflection to drive change.

"There's always opportunity for improvement, and so we have ongoing professional development. I have a training director. So, we not only do our monthly staff trainings, but we also have what we call Training Academy. That is ongoing; it's every quarter."

Continuous Learning for Continuous Improvement

Interviewees talked about how a CoL needs to be established as an organizational value (either written or informal), and that all staff should have the mindset that everyone is responsible for learning about all programs to support the mission (n = 2).

For example, to ensure their CoL, one interviewee asks each new hire about their adaptability and willingness to change based on learning. For them, it is important to hire people who *"realize change is not a bad thing, and that adopting best practices sometimes means change, and means working together to learn what you need to learn. And to embrace that and say, 'Okay. Our kids don't have a moment to waste, and we have to be the best we can be for them at any given time.'"*

High

[9] Further rating definitions are available on page 36 in Appendix A: Methodology.

Overall, interviewees had a moderate understanding of what a CoL is for an organization. Most interviewees understood the value of continuing to learn, indicating a need to *"stay fresh"* in order to be successful. However, most descriptions of learning either focused on the community and their clients (n = 2) or staff development (n = 7). Interviewees supported traditional professional development, such as staff participation in required trainings and trainings of personal interest (n = 5). One interviewee discussed a non-traditional method of professional development: staff reflection. This interviewee described a CoL as allowing space for staff to reflect on and learn from their experiences and make changes.

Some interviewees expanded their definition of CoL beyond staff development, and discussed domains and critical characteristics of having a CoL (n = 7), such as:

- Being open to taking risks and ok with failure
- Listening to feedback and recognizing that change is not always negative
- Having leadership support and participation
- Learning from and sharing learnings with peers
- Educating their clients and the community
- Collecting and using data to learn about and inform programming
- Being adaptable and open to new ideas and information
- Showing leadership at all positions within the organization

HOW FUNDED PARTNERS ARE APPROACHING CULTURE OF LEARNING IN THEIR ORGANIZATIONS

While most interviewees only moderately understood CoL and largely focused it on staff development, interviewees engaged activities in all four domains of CoL. Of the overarching domains, the most engaged in activities around using data to drive learning (n = 10) and having staff buy-in and understanding of CoL (n = 8).[10]

USE OF DATA TO DRIVE LEARNING

When asked about the approaches interviewees take to support learning in their organization, ten interviewees described using evidence to inform learning and programming.[11] This process looked different across interviewees, and included:

- **Collecting and using data to understand programming (n =9):** Four of these interviewees collect data using various methods (e.g., surveys and focus groups) and systematically run reports for learning. Three interviewees talked about collecting and using only quantitative data, data for accountability and development of treatment plans, or data to identify staff trainings. Two interviewees talked about collecting and using data, but did not talk about using a systematic process for learning.
- **Using formal feedback loops to share learnings with staff (n = 3):** Interviewees integrated their data into regularly-scheduled staff meetings, stating that they allow time to share learnings

[10] Staff development was included under staff buy-in and understanding.

[11] None of the interviewees discussed their practice for internal data transparency.

and talk about future steps. *“Teams meet at least twice a month to talk about what they are doing, what they can change, and any new ideas.”*

STAFF BUY-IN AND UNDERSTANDING

Eight interviewees talked about staff buy-in and understanding of learning as part of having a CoL. For most of these interviewees, this meant buying into and participating in staff development opportunities (n = 6). Interviewees try to make changes in their staff development from year to year based on the learnings of the previous year, outside of trainings that are mandated. Interviewees used staff surveys or staff feedback to identify what training or development opportunities staff would like to participate in. In addition to organization-wide training, interviewees talked about how they allow their staff to pursue professional development that is of interest to them. For example, one organization observes staff on a regular basis, and schedules meetings with them to review their individualized learning plans and reflections on lessons learned from the observation. *"There's always a lot of opportunity for feedback and learning and involvement. We have lots of opportunities for our teachers to be involved in decision making."*

> *“The strategies that [we] use for learning are focusing on staff training and development. There are onboarding trainings, staff cross-train each other in the programs, and there is monthly staff development. At the monthly staff development, they will either have staff present to each other or bring in an outside facilitator. Staff can request topics for these staff development opportunities, which helps to build an excitement for learning, because they have a voice in the process.”*
>
> -Medium CoL Activity Interviewee

In addition, four interviewees investigated what similar organizations or programs were doing to serve their clients: *“We traveled around the nation, saw what others have done, and helped cast a vision for other community members so that they could understand how this plan would help.”* This helped these organizations adapt their programming to best serve their clients, based on the experiences of others. Two interviewees pointed to standards and regulations implemented by other organizations or accrediting bodies to inform their programming.

LEADERSHIP AND GOVERNANCE SUPPORT

Six interviewees talked about leadership and board support for learning as a component of having a CoL. Interviewees shared unique experiences with leadership and board support in a CoL, saying their leadership and board support the use of data for:

- Supporting programmatic changes (n = 2)
- Accountability (n = 2): *“It's what we're all measured and evaluated on.”*
- Supporting staff development (n = 2)
- Their own curiosity and willingness to learn (n = 1)

Two interviewees talked about how the leadership and board use data at varying degrees of sophistication. For example, one interviewee described how they have two external boards, their Board of Directors and a Parent Policy Council, and that these two boards use the data shared with them differently: *“The Policy Council provides a lot of input into what kinds of services we should be providing for kids and families. Whereas, the board flies a little bit higher than that and says, ‘Are you people doing your job? Are we in compliance? Are we making a difference for kids? How are you managing the money?’”*

ORGANIZATIONAL PROCESSES

Five interviewees established organizational processes to support learning as part of their CoL. Interviewees developed data infrastructure and processes to support learning (n = 2), incorporated learning and evaluation into staff responsibilities (n = 3), and offered reward and incentives for learning (n = 1).

> *"It's listed in our job descriptions and evaluations about the trainings that they've done. We actually just developed a document where if somebody goes to a workshop or training, they would fill out this document and ask them what are their takeaways, what are they going to implement now, what are they going to do differently now that they've gone to that training, what are some new ideas that they have, so that it's not just go to a training and check out the box that you've done it, but that there's a little bit more thought process behind it, and that staff know that when they go to a training we're asking them what they're going to take away."*
>
> -High CoL Activity Interviewee

BARRIERS TO HAVING A CULTURE OF LEARNING

Interviewees identified a few barriers to creating a culture of learning, including:

- Resources (n = 6)
- Internal capacity (n = 2)
- Resistance to change (n = 2)
- Time it takes to learn about a culture (n = 1): *"Some individuals think they know about Latinos, they have some assumptions, they have some stereotypes about the culture... the lack of knowledge of the culture gets in the way, so that means that sometimes you can teach them the culture, but it takes a person to be born or to live in the culture to understand the culture."*
- Staff turnover (n = 1)
- Maintaining buy-in (n = 1)
- Remote staff in different locations (n = 1)
- Staff fears that learning will be punitive (n = 1): *"There can be an element that can feel punitive, where that can be a fear for people when you get into learning what's working and not working. You know, people worry that they'll be punished for things not working."*

FACILITATORS OF A CULTURE OF LEARNING

Interviewees identified several facilitators for creating a culture of learning, including:

- Having a healthy organizational culture where staff relationships and open communication are valued (n = 4)
- Enthusiastic and curious staff (n = 4)
- Having an organization that is smaller and prioritizes learning (n = 4)
- Having a good knowledge of external networks to outreach for training (n = 1)
- Dedicated time and resources for staff development (n = 1)
- Supportive leadership that champions learning (n = 1)

Success Story

A culture of learning is one of Community Partnership for Child Development's (CPCD) core behaviors. CPCD specifically hires for their core behaviors, including a culture of learning, to ensure that all staff have a focus on learning and continuous improvement to provide the best services possible. CPCD collects extensive data for learning across the organization, including employee data, child and classroom level data, and parent and family data. They are intentional about using all of the data they collect to inform programming, both at an individual level and organizational level, looking at overarching trends. The staff also have internal communication about data and learning at regular intervals, and have leadership and board who support learning. CPCD's leadership is interested in what they can learn from data across the organization and wants all staff to approach programming through a data lens. The main challenge that CPCD faces when implementing and maintaining a culture of learning is lack of buy-in from longstanding staff.

For more information on how CPCD works to incorporate a culture of learning, refer to the CPCD case study.

HOW CSHF CAN BETTER SUPPORT CULTURE OF LEARNING AMONG FUNDED PARTNERS

Interviewees appreciated the support that CSHF already provides in their pursuit for learning. Interviewees wanted CSHF to either continue to or start the following to better support funded partners and the community:

- Provide education and training opportunities, such as their education series (n = 4)
- Offer innovative funding opportunities that support capacity building (n = 2)
- Convene funded partners to facilitate connections that could support training opportunities (n = 1)

HEALTH EQUITY

Health equity is the idea that all people have the opportunity to lead healthy lives, recognizing that there are systemic factors and inequities that prevent some people from reaching their full health potential.[12] One of the bigger discussions around health equity is the difference between equity and equality.

Equality and equity are not necessarily the same thing. **Equality** means that everyone gets the same (such as everyone gets the same box to stand on, regardless of height, as show in the picture on the right). On the other side, **equity** is about fairness. Everyone gets what they need to reach the same point (such as shorter individuals receive more boxes so that everyone can be the same height).

EQUALITY EQUITY

**This picture was developed by the Interaction Institute for Social Change*

Vantage interviewed 13 funded partners specifically about their understanding and activities around health equity. In addition, one interviewee mentioned activities related to health equity, though they were not specifically asked.

[12] This definition of health equity was adapted from the Robert Wood Johnson Foundation (https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html)

HOW FUNDED PARTNERS THINK ABOUT HEALTH EQUITY

Low[13]

High

Individual Circumstances

Interviewees believed that individuals in the community are not able to reach their full health potential due to individual circumstances (n = 4). Interviewees identified individual circumstances, such as a distrust of the system, stigma around asking for help, mental or behavioral health issues, or isolation and not being socially connected. Additionally, one interviewee was not familiar with the term health equity.

"It's the behavioral health piece that makes it hard for them to reach out for those resources, to stay focused long enough to pursue those resources, and connect with those resources and maintain an ongoing relationship with those resources."

Equality & Access to Care

For these interviewees, individuals in the community are not able to reach their full health potential because they do not have access to care, rather than because of any structural barriers, such as race (n = 11). Interviewees described equal access to care as having access to the same services, including choice of providers and prescriptions, without barriers.

"Everyone has the same access to health benefits across the board regardless of financial ability or financial status."

Systemic Factors & Opportunities

Interviewees identified systemic issues that interfered with communities' ability to reach their full health potential (n = 4). These interviewees identified systemic factors such as poverty, zip code, homelessness, and race as some of the factors that interfered with health potential. Two interviewees also described health equity as having opportunities for healthy living beyond access to health care, such as nutritional food, exercise, community safety, and education.

"I think one of the systemic issues here is the southeast of Colorado is just the lack of access that this community has to different pathways that lead to healthier lifestyles. Health is something that really depends on where you live and where you grow up. ...There are generational issues related to lack of access to education, to health care, to all the things that would improve someone's quality of life."

[13] Further rating definitions are available on page 36 in Appendix A: Methodology.

Interviewees who understood health equity as individual circumstances were not included on the continuum of understanding from low to high. This view demonstrated little understanding of the issues surrounding health equity, and as a result was not included on the scale. Level of understanding of health equity could vary within interviewee. For example, one interviewee might express understandings that fell into both low and high understandings, but their overall expression of health equity was categorized as low. The most interviewees expressed an overall low understanding of health equity (n = 7).

The majority of interviewees (11 of 13) provided a description of health equity that touched on equal access to care. This understanding of health equity is focused on equality of services, rather than equity based on the needs and circumstances of different social groups. Interviewees who focused on access to care in their understanding of health equity highlighted the following reasons that there is currently not equal access to care:[14]

- Barriers with insurance (n = 5), either individuals not having insurance or the reimbursement rates offered to organizations from insurance companies.
- Lack of services available (n = 5), especially specialty services and mental health or substance abuse services
- Cost of health care (n = 4)
- Individuals have trouble navigating the complex health care system (n = 2)
- Not having reliable and affordable transportation to services (n = 2)
- Lack of affordable housing (n = 2)
- Living in a food desert (n = 1)
- Lack of affordable childcare (n = 1)

HEALTH EQUITY IN THE COMMUNITY

Interviewees' understanding of other organization's work in the area of health equity matched their understanding of health equity overall. Interviewees who understood health equity as access to care provided similar examples of other organization's work (n = 2). One interviewee highlighted the importance of doing health equity work together. In a similar vein, one interviewee discussed how they changed their approach depending on the other community organization they are working with. Two interviewees noted that some organizations in the community do not have a high-level understanding of health equity. Finally, one interviewee did not feel that they knew enough about the work of other organizations in the community to comment on their approach to health equity.

WHAT FUNDED PARTNERS ARE DOING ABOUT HEALTH EQUITY

REMOVING INDIVIDUAL BARRIERS

Similar to the medium understanding of health equity as access to care, the majority of interviewees identified their activities around health equity as related to removing individual barriers to care for their clients (n = 9). What these individual barriers were and how the organization worked to remove them

[14] The reasons for unequal access to care identified by interviewees here focus on superficial circumstances, rather than the inequitable root causes of these circumstances. If interviewees identified the inequitable systemic factors that lead to unequal access to are, they were coded as "high" understanding.

varied by the interviewee, the target population they were working with, and the context of their organization. These strategies included:

- Using referrals and partnerships to connect clients with appropriate and needed services available in the community (n = 5)
- Working to understand the needs of the community (n = 2)
- Conducting eligibility screenings (n = 1)
- Case conferencing (n = 1)
- Providing transportation to services (n = 1)
- Providing translation of services and materials (n = 1)
- Providing housing for clients in need (n = 1)
- Helping clients navigate the health care and insurance systems (n = 1)

LOW ACTIVITY STRATEGIES

Interviewees that expressed areas of low activity around health equity (n = 6) within their organization fell into three main categories:

1. The understanding of health equity is concentrated with a handful of individuals at their organization, rather than spread throughout the entire staff (n = 4).
2. They are not doing any work, as described, to address health equity (n = 3).
3. They do not talk about health equity in their work (n = 3).

> *"Equity and access is part of the larger conversation that we're not having that could have an impact and help frame the whole picture for [staff]. We're pretty good about getting specific with the story about a particular youth and some system challenges. But framing it as a broader health care issue is not something that we have tackled very frequently."*
> -Low Health Equity Activity Interviewee

HIGH ACTIVITY STRATEGIES

Interviewees that took a more advanced approach to their activities around health equity (n = 6) incorporated three main strategies:

1. Adjusting their services to address the equity issues of their clients, including using the social determinants of health to determine those equity issues (n = 3)
2. Using a systems or collective impact approach to addressing health equity across the community (n = 3)
3. Teaching clients about health equity and to advocate for themselves (n = 1)

> *"What we recognize is that families in poverty have higher risk for later poor health outcomes. And so our work really addresses building resilience and protective factors in families who by being in poverty are at risk for these."*
> -Interviewee

DIVERSITY AND INCLUSION STRATEGIES

During the interviews on health equity, evaluators specifically asked about the diversity and inclusion practices employed by the organizations. Eight interviewees specifically discussed diversity and inclusion practices they have with clients and staff. To build diversity and inclusion among clients, interviewees used the following strategies:

- Having an “open door” for services (n = 2): *“We have an open door, we have a very strict inclusion policy that we actually have to utilize that ensures that we are able to take anybody regardless of race, creed, color, any type of cultural discrepancies. We have an open-door policy.”*
- Providing low or no cost services and free childcare to reduce the financial burden of services (n = 1)
- Bringing services to where the clients were, rather than relying on clients being able to get to their offices (n = 1)

To build diversity and inclusion among staff, two interviewees reported having formal policies.[15] Both of these interviewees specifically mentioned hiring policies that support diversity and inclusion: *“We have non-discrimination statement policy, but also on the flip side we also have inclusion policies. We encourage diversity in hiring, and as a result, I would say that close to half or the majority are people who would represent underserved populations.”* Relatedly, one interviewee worked hard to ensure that their staff represented their populations served. This interviewee thought it was important that their young clients saw people that looked like them in positions of authority.

Two interviewees have worked to train their staff on biases and the culture of the communities they serve. These trainings have included understanding the language that staff use when talking about their communities, cultural differences, and cultural barriers.

BARRIERS TO ADDRESSING HEALTH EQUITY

Interviewees identified several barriers to adequately addressing health equity within their organization:

- Funding (n = 5), including misunderstanding of donors around their population served and services provided that require re-education (n = 1)
- Lack of cultural knowledge of their populations served, including limited staff training on working with these populations (n = 3)
- Time (n = 2)
- Insurance providers (n = 2)
- Limited availability of services in the community, especially specialty care (n = 1)
- Current cultural and political climate (n = 1)
- External barriers to their work (n = 1)
- Competing priorities (n = 1)
- Having staff reflect the population served when they are a small organization (n = 1)

FACILITATORS OF HEALTH EQUITY WORK

Interviewees identified several factors that make it easier for their organizations to address issues of health equity, including:

- Working with other organizations in the community and building relationships (n = 5)
- Having a diverse staff that represents the community served (n = 2)
- Having leadership support (n = 1)

> *“Everything starts from the Executive Director, from your leader. If your leader wouldn’t explain and support and approach health equity, none of us would understand it at the level that we understand it.”*
> -Interviewee

[15] Evaluators did not specifically ask about formal policies, rather focused on how interviewees build diversity and inclusion in their organizations. Two interviewees offered the information about their policies.

- Spreading the understanding of health equity throughout the entire organization (n = 1)
- Having funding from grantmakers committed to health equity, such as CSHF (n = 1)

Success Story

Community Partnership Family Resource Center (CPFRC) thinks about health equity as *“systemic factors that prevent people from reaching [their health potential.”* In Teller County, these systemic factors are related to the generational and situational poverty that affect the community. CPFRC works to keep a big picture view of their community, noticing when and where there are certain populations in need more than others, or that have different needs, and then working to address those needs. Additionally, CPFRC works to understand the needs of each family they serve and then adjusts their services to meet those needs, usually related to the social determinants of health. Working with a rural and isolated population makes it hard to engage families in services and programs. One of the ways that CPFRC works to address this is by providing services and programming throughout Teller County, rather than just at one central office, so that they can meet people where they are.

For more information on how CPFRC works to address health equity, refer to the CPFRC case study.

HOW CSHF CAN BETTER SUPPORT HEALTH EQUITY AMONG FUNDED PARTNERS

Interviewees identified several ways that CSHF could better support organizations in their work to address health equity:

- Continue funding and supporting programs and organizations committed to health equity (n = 5)
- Raising awareness of the issues surrounding health equity in the community and using their power and clout to bring other organizations on board (n = 3)
- Play the role of “convener” and bring organizations together so that they can work to address issues of health equity together (n = 3): *“We would really appreciate it if [CSHF] can bring all of us together at least once a month to support each other. So when we’re frustrated…[we can] at least support each other’s work and be there for each other.”*
- Broaden their definition of health (n = 1)

RELATIONSHIP WITH CSHF

All 25 funded partners were asked about their relationship with CSHF during the 2017 funding cycle. Most funded partners shared the same positive sentiment toward their work with CSHF, and that CSHF is doing a great job at supporting the services needed in the community.

Key Takeaway: *"I think they're doing a great job, and they're making a difference for a lot of people."*

Interviewees are grateful for CSHF's dedication to:

- Building relationships with their funded partners and maintaining open communication with them during their 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 address indirect health services (n = 5)

Six interviewees would like to see CSHF play a bigger role in the community, convening organizations and making opportunities for relationship and network building among like-minded organizations.

STRENGTHS OF WORKING WITH CSHF

PROVIDES QUALITY SUPPORT AND PARTNERSHIP

Twenty-one interviewees discussed the strengths of CSHF as a funder in El Paso and Teller Counties. Most of the interviewees credited CSHF with providing quality support to funded partners that expand beyond funding into creating relationships with their funded partners, as well as maintaining communication with funded partners throughout their funding cycle (n = 14). For example, one interviewee shared that they had a very open relationship with CSHF. The interviewee could pick up the phone and call CSHF staff, and they cannot do that with all of their funders. They were comfortable exploring new ideas with CSHF, or talking to them when something is not going as planned with a grant. *"I don't question whether our funding will be in jeopardy this year or next year. I don't question that they're going to look at me like I have 10 years...we feel that as long as we keep them up to date we feel it's less of a grantor and a grantee, and more of a partnership and getting something done."*

LISTENS AND RESPONDS TO THE NEEDS OF THE COMMUNITY

Relatedly, six interviewees talked about how CSHF was willing to listen and learn from the community, to dedicate resources to the most needed areas of the community. In the same vein, four interviewees shared that they appreciated CSHF's dedication to learning and evaluation, saying it was nice that a funder participated in the exercises they expected their funded partners to. *"For being the only foundation that's ever gone through this process to have people critique or provide feedback, or go through this process in any way. I don't know of any other foundations who've done that and that's awesome and that's very admirable."*

"I also think it speaks to leadership [at CSHF] being really plugged into the community and bringing the right kind of information to their Board of Directors... At the end of the day, I think it comes down to staff and leadership of Cari that she really gets it, and is willing to receive feedback and input from us."

-Interviewee

OFFERS BROAD AND INCLUSIVE DEFINITION OF HEALTH

Five interviewees applauded CSHF's broad definition of health, stating that it allowed nontraditional organizations to qualify for funding, because CSHF understands the value of alternative services and their relationship to health. For example, one interviewee talked about how CSHF's funding was innovative and supported innovative health care services. *"[CSHF has] definitely been one of the more innovative; when we take a chance on things, that's been really great to have a funder like that on the scene in Colorado Springs."*

One interviewee appreciated CSHF's focus on and understanding of health equity: *"When I say ahead of the game, I think [CSHF] understands health equity. [They] lead by example. Whenever we see [them] in meetings and everything, we understand that [they] support those communities in need, that [they] support initiatives like this."*

AREAS FOR IMPROVEMENT[16]

Seventeen interviewees suggested areas for improvement for CSHF to consider in their future funding cycles. A majority of these interviewees suggested changes related to the CSHF funding processes (n = 11). These interviewees talked about how CSHF should:

- Diversify their funding opportunities, such as offer micro-grants (n = 6)
- Have greater transparency around their grant process, funding lifecycles, and expectations (n = 4)
- Expand their definition of health to be *even more* inclusive of services, such as funding to support basic needs (n = 3): *"I really want to drive home that affordable housing is critical to a community health perspective... And so, I really want them to see that there is an ROI for supporting organizations like ours that is harder to see for a direct return, but in a long-term return there is benefits."*

For example, one interviewee wanted them to consider supporting capacity building in support of organizational needs, in addition to clinical/service needs: *"I mean, they really felt like, based on their definitions and on their board's priorities, that we could only really look at capacity building for clinical, and we really want to do capacity building for our organization. That did feel very limiting in order to not be able to do that. But I also understand you still have to set priorities, so you can't be everything under the sun."*

Other interviewees talked about how CSHF could play a role in strengthening the community, saying CSHF should:

- Convene funded partners and organizations from the community to support relationship building and collaboration (n = 6)
- Support community awareness and policy initiatives (n = 3)
- Spend more time educating and learning from their funded partners (n = 2)

For example, one interviewee shared that CSHF could get more involved in advocacy and awareness-raising. They could use their position to highlight the need and dispel myths about the population: *"There is a need for safety net clinics—there is a need, and it's not people that are just lazy and don't want to get out there and work."* At the legislative level, CSHF could provide more information on local, state, and national legislation that will have an effect on the community.

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[16] CSHF may already engage in some of these activities suggested by interviewees. We are not suggesting CSHF does not do them, we are highlighting that some interviewees are not aware that you do.

APPENDIX A: METHODOLOGY

This report includes data collected through 25 interviews with 2017 funded partners, and two in-depth success case studies with high-performing 2017 funded partners.

FUNDED PARTNER INTERVIEWS

Vantage conducted 45-minute phone interviews with 25 2017 funded partners to capture detail on their understanding and activity in the five areas of interest to CSHF. During each interview, funded partners were asked questions about at least two of the CSHF areas of interest.

IDENTIFYING INTERVIEWEES

At the beginning of this year's evaluation, an evaluator with the Vantage team met with CSHF staff to identify potential interviewees for the funded partner interviews. During this meeting, the evaluator and CSHF staff discussed each of the 47 2017 funded partners to better understand the perceived understanding and activity level of the funded partners in the five areas of interest, as well as the interview priority level. With an eye on diversifying sophistication levels on the five areas of interest, CSHF staff identified 25 funded partners with a high priority for an interview, five with a medium priority, and 17 with a low priority.

With this information from CSHF, Vantage identified the two areas of interest to focus on for each funded partner interview, and one additional area of interest in case there was time for a third set of questions. The goal was to achieve a close-to-even number of interviews about each area of interest, with more emphasis on health equity, evidence-based services, and culture of learning. Within each of the areas of interest, we also wanted to ensure that there was a range in levels of understanding and activity among the funded partners who were interviewed.

Number of interviewees per area of interest	
Collaboration	10
Culture of Learning	11
Evidence-Based Services	11
Health Equity	13
Sustainability	9

CONDUCTING INTERVIEWS

Vantage started by contacting the 25 high priority funded partners via email to schedule interviews. All 25 funded partners initially contacted scheduled and completed an interview (100% response rate). Evaluators used a semi-structured interview protocol[17] with open-ended questions that allowed interviewees to explore their understanding and activity level in the topic areas. Evaluators conducted the 45-minute interviews via phone in July 2018. Interviews were audio recorded and transcribed verbatim.

[17] Refer to Appendix B on page 40 for the funded partner interview protocol.

INTERVIEW ANALYSIS

Evaluators analyzed interview transcripts first by topic area. Using a qualitative analysis software (Dedoose), evaluators created memos summarizing the key points from each interview. Each memo focused on one section of the transcription focused on one general idea related to the understanding and activity of the five areas of interest, as well as general feedback. Memos were coded based on these key themes. Within the memos, evaluators assigned the excerpt as a low/medium/high understanding or activity level.[18] Based on these ratings, evaluators assigned an overall low/medium/high understanding and activity rating for each interviewee. These ratings were then averaged to better understand the range of understanding and activity across interviewees.

Evaluators grouped the memo descriptions into themes to provide the narrative of the strengths and opportunities in funded partners across the five areas of interest.

Understanding Rating Definitions

	Low	**Medium**	**High**
Health Equity	No understanding of health equity or not familiar with the term	Health equity means that all people have equal access to health care and healthy living, but barriers to that equal access are more individual-focused	Health equity means that all people have the opportunity to lead healthy lives and that there are systemic factors and inequities that prevent some people from reaching their full health potential[19]
Sustainability	No clear understanding of the components of sustainability beyond having enough money to keep the doors open	Components of sustainability are mainly focused on the diversification of funding sources	Reaching sustainability requires a diverse set of strategies, being good stewards of their financials, and maintaining their mission through funding priorities
Collaboration	No understanding of collaboration, only sees collaboration or partnership as referral sources, etc.	Collaboration is working with other organizations towards a shared goal, but is used somewhat interchangeably with partnership	Collaboration is working with other organizations towards a shared goal with a specific endpoint in mind. Partnership is more focused on transactional relationships with no specific endpoint or shared goal
Evidence-Based Services	Evidence-based services are only seen narrowly as scientifically-researched protocols (i.e. only thinks	Understand evidence-based services as using different types of evidence in the of designing	Evidence-based services use different types of evidence within the full cycle of programming

[18] See below for the descriptions of what constituted low/medium/high understanding and activity for each of the five areas of interest.

[19] The "high" understanding definition of health equity was adapted from the Robert Wood Johnson Foundation's definition: https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html

	about what the research says, etc.)	programs	(designing, implementing, evaluating, and sharing), not just in designing programs
Culture of Learning	No understanding of a culture of learning	Culture of learning means supporting professional development and staff growth. No mention of using program data for improvement	Having a culture of learning means having a culture that supports continuous learning for continuous improvement. The organization's culture and environment encourages surfacing, noticing, gathering, sharing, and applying new knowledge for the purpose of improving the work

Activity Rating Definitions

	Low	**Medium**	**High**
Health Equity	Does no work to address health equity	Does work with individuals to remove barriers to achieving their health potential	Does work at a community or systems level to remove structural barriers for groups of people to achieve their health potential and/or targets or adapts services based on structural barriers to health potential
Sustainability	Just focused on day-to-day funding for programming	Is confident in day-to-day funding for programming, but does not have long-term sustainability	Has reached a point where confident in their ongoing funding sources and management of financials
Collaboration	No collaboration happening	Participates in one or more partnerships	Participates in one or more highly effective collaborations that align with the definition of collaboration
Evidence-Based Services	Does not practice any components of evidence-based services, programming comes out of someone's brain or personal experiences	Practices some, but not all components of evidence-based services	Practices all six components of evidence-based services
Culture of Learning	Do not have any structures or organizational behaviors in place that promote	Learning as professional development or training	Use multiple sources of information for continuous learning, practices taking risks and "failing forward" as

	learning about their work		long as they are learning and improving

Number of Interviewees at Each Rating Level

		Low (1)	Medium (2)	High (3)	Average
Health Equity	Understanding [20]	7		3	1.6
	Activity	1	8	3	2.2
Sustainability	Understanding	2	4	5	2.3
	Activity	4	4	3	1.9
Collaboration	Understanding	2	7	3	2.1
	Activity	1	9	1	2.0
Evidence-Based Services	Understanding	9	2	2	1.5
	Activity	3	6	4	2.1
Culture of Learning	Understanding	1	9	1	2.0
	Activity	5	5	1	1.6

SUCCESS CASE STUDIES

The purpose of the success case studies was to highlight two highly-effective funded partners and dig deeper into the organizational factors that support or impede their work in the five areas of interest. This was our opportunity to look at how the five areas of interest interact with each other and within the larger organizational context.

IDENTIFYING FUNDED PARTNERS

For the purpose of these success case studies, evaluators defined highly-effective funded partners as:

- Funded partner has a medium-to-high understanding and action around each of the five areas of interest (identified through the funded partner interviews)

[20] Due to the definitions of health equity and how interviewees discussed them, evaluators removed a "medium" level of understanding of health equity and just focused on "low" and "high" understanding of health equity. There were an additional three interviewees that had no understanding of health equity, instead focused on individual circumstances that prevent healthy living.

- Funded partner activities align with CSHF funding areas (if applicable) (identified through 2016 evaluation interviews and grant reports)
- Funded partner implemented activities related to the funding received and achieved the results they intended to see during the funding period (self-reported) (identified through 2016 evaluation interviews and grant reports)
- Funded partner is a local organization; statewide or national organizations with local programs were not appropriate for these case studies

Evaluators provided CSHF with four potential funded partners for the success case studies. CSHF prioritized Community Partnership for Child Development (CPCD) and Community Partnership Family Resource Center (CPFRC). Both organizations agreed to participate in the case studies.

DATA COLLECTION

Data used for the success case studies included: CSHF grant reports (as applicable) and case study interviews. For the case study interviews, evaluators conducted a 3.5-hour site visit with the funded partners. During those visits, evaluators conducted:

- A one-hour interview with the Executive Director to gain a high-level understanding of the ways that the organization addresses the five CSHF areas of interest.
- 30-minute interviews each with staff members who could speak to collaboration, culture of learning, evidence-based services, health equity, sustainability, and the 2017 grant process. Funded partners selected the staff members that participated in these 30-minute interviews based on who they thought would be best able to speak to the areas of interest. In some cases, multiple people participated in one interview to provide a variety of perspectives on the area of interest.

Evaluators used semi-structured interview protocols[21] with open-ended questions that allowed interviewees to explore their understanding and activity level in the topic areas. Confidentiality was not promised for these interviews. All interviews were audio recorded and transcribed verbatim.

ANALYSIS

Using a qualitative analysis software (Dedoose), evaluators created memos summarizing the key points from each interview. Each memo summarized on a section of the transcription and focused on one general idea related to how the funded partners approached their work in the five areas of interest and their relationship with CSHF.

CSHF grant reports were reviewed for relevant information related to the grants received by each of the funded partners.

MEMBER CHECKING

After the case studies were drafted, funded partners had the opportunity to review the case studies for accuracy. This process is called “member checking” and ensures that the data collected, analyzed, and reported is an accurate and complete representation of the work of the funded partner. This process allows for funded partners to verify the validity of the report.

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[21] Refer to Appendix B on page 40 for the case study interview protocols.

APPENDIX B: DATA COLLECTION GUIDES

FUNDED PARTNER INTERVIEW GUIDE

Hi, my name is _____ with Vantage Evaluation. We are third-party evaluators working with the Colorado Springs Health Foundation to help them understand the community strengths and needs in the Pikes Peak region and how the Foundation can structure and channel Foundation resources most effectively.

Your participation is voluntary, and you are free to stop the interview at any time. All the information you share with me will remain confidential, meaning your name, organization, and any identifying characteristics will not be shared in any way. While reporting on the results from the interviews, only anonymous and/or aggregate information will be shared. Neither the information you share not your choice of whether to participate will have any bearing on current or future grant funding.

I plan to record the interview for my own note taking purposes to ensure that I cam capturing what you say accurately. But the recording will not be shared with anyone outside of Vantage. The interview should last about 45 minutes. Do you have any questions for me before we start?

Intro Questions (everyone)

- I'd like to start out learning a little bit more about you. Can you briefly tell me a little bit about your background and the work that your organization does?
- How long have you personally been doing health-related work in El Paso and/or Teller counties?

Intro to these specific lines of questioning (each interview will focus on two of the below sections)
Most of our time today is going to be spent talking about how your organization thinks about and approaches some issues that are important to the Colorado Springs Health Foundation. The purpose of these interviews is to better understand the landscape of the work of funded partners in the Pikes Peak region. We are not here to judge you or your organization. The goal of this evaluation is to help the Foundation better hone their strategies and supports to what is happening out in the field. And to do that, they have to understand what is happening out in the field. So, we want to know the realities of your work. And as a reminder, your name and your organization will not be identified in any reports.

Health Equity

- How would you describe the population(s) that your organization serves?
    - What stands in the way of these populations achieving their full health potential? (becoming the healthiest they can be) *(probe for an understanding of health equity, not things like transportation, not enough providers, etc. - that was covered when we looked at access to care)*
- Is the term "health equity" a familiar one?
    - If yes:
        - How do you define health equity?
        - Does your organization specifically talk about health equity in your work? In what ways?
        - How do you adapt your work to address health equity? Can you provide an example?
        - Has this understanding of health equity spread throughout your organization, or is it concentrated with a handful of individuals at the organization?
        - What barriers, if any, does your organization face in addressing health equity?

- If no:
  - Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.
  - Based on that definition, does your organization do work to address health equity? In what ways?
  - What organizational barriers do you think exist in addressing health equity?
- In your experience, how are other organizations in the area approaching health equity?
- What strategies, if any, does your organization use to cultivate diversity and inclusion?
  - [If has diversity and inclusion strategies] In what ways, if any, have these strategies impacted your work?
- How could CSHF better support your organization in addressing issues of health equity [or whatever their definition or approach to this work is]?
  - *Probe for things beyond funding*

Financial Stability (Sustainability)

- What components do you think go into an organization's financial stability?
- How would you describe your organization's financial stability?
  - What measures does your organization watch to make sure that you are financially stable?
- If low on sustainability:
  - Can you envision a time when your organization will be financially stable?
    - What steps are you taking or planning to take to ensure that your organization is financially stable?
    - What barriers does your organization face in taking those steps?
- If high on sustainability:
  - What strategies did/does your organization use to become financially stable?
  - Which strategies were the most effective? Why?
  - Which strategies were not effective? Why?
- How does your organization's financial stability or instability affect other areas of your organization and programming?
- Outside of funding, how could CSHF better support your organization in achieving or maintaining financial stability?

Collaboration

- How would you describe or define collaboration to a colleague?
  - What does it mean to be in a collaboration as opposed to a partnership?
  - How do you know when you should participate in one or the other?
    - (Probe): What brings a collaboration together?
- Does your organization collaborate with other organizations?
  - If yes: Can you tell me a little bit about your collaboration(s) - like why the collaboration was formed, who you collaborate with, how you collaborate with them, etc.
  - What factors interfere with collaboration?
  - What factors support collaboration?
    - (Probe): Did you attend one or both of the CNE collaboration workshops over the past year? If so, how did those sessions influence your organizations thinking (and/or) process around collaboration?

- How could CSHF better support collaboration efforts at your organization?
    - (Probe): In your experience, how are other organizations in the region approaching collaboration?
    - (Probe): Is there a way CSHF could develop a shared understanding of collaboration among the organizations in the region to facilitate stronger collaborations?

Evidence-Based Services

- Can you describe how you develop programming at your organization?
    - How does your organization engage the community when designing or scaling programming?
    - How does your organization use evidence when designing or scaling programming?
        - *Probe for peer-reviewed evidence*
        - *Probe for application of frameworks*
        - *Probe for program data*
- How would you describe evidence-based practices to a colleague?
    - *Aspects of evidence-based practice to probe on:*
        - *Engaging the community in assessment and decision making;*
        - *Using data and information systems systematically;*
        - *Making decisions on the basis of the best available peer-reviewed evidence (both quantitative and qualitative);*
        - *Using evidence and theories to inform program design, planning, and implementation (e.g., ecological model, health belief model, transtheoretical model, or their own theory of change);*
        - *Conducting sound evaluation; and*
        - *Disseminating what is learned*
- [If they know what EBPs are]: How does your organization use evidence-based practices in your programming?
    - [If use]: What factors support your use of evidence-based practice?
    - [If use]: What are some challenges you encounter when implementing evidence-based practices in your programming?
    - [If they have not used, but understand what EBPs are]: Why don't you use evidence-based practices in your organization?
        - What has helped you overcome those challenges?
- How could CSHF support your organization in its use of evidence-based practices?
    - *Probe for things beyond funding*

Culture of Learning

- In general, what does having a culture of learning at an organization mean to you?
    - *Definition for probing: Having a culture of learning means having a culture that support continuous learning for continuous improvement. The organization's culture and environment encourages surfacing, noticing, gathering, sharing, and applying new knowledge for the purpose to improving the work.*
- How does your organization approach learning?
    - How does your organization use data and evaluation? Can you provide an example?
    - Is your organization's leadership and board supportive of learning and evaluation? How do you know? Can you provide an example?
    - Are your staff supportive of learning and evaluation? How do you know? Can you provide an example?

- [If high on culture of learning] What benefits do you think having a culture of learning has on your organization/programming?
- What facilitates learning within your organization?
- What gets in the way of having a culture of learning at your organization?
- How could CSHF support your organization in developing a culture of learning?
    - *Probe for things beyond funding*

Closing Questions (everyone)

- Based on your experience with CSHF, what one thing could the Foundation do to help you do your work or achieve your mission and vision?
- Of all of the topics we have talked about today, what is the one thing CSHF needs to hear the most?

Those are all of my questions for you today. Is there anything else that you would like to add that we didn't get a chance to talk about?

Thank you for your time! Your insight is critical as CSHF continues to hone its strategy as it continues to support community health efforts in El Paso and Teller counties.

CASE STUDY: EXECUTIVE DIRECTOR INTERVIEW GUIDE

We are working with the Colorado Springs Health Foundation to help them understand the community strengths and needs in the Pikes Peak region and how the Foundation can structure and channel Foundation resources most effectively. As part of this work, we are developing in-depth case studies about a couple of funded partners to dig deeper into the areas of interest for the Foundation, focusing on facilitators and barriers to addressing this areas and highlighting successful strategies for incorporating these areas into your work. The five areas that the Foundation is interested in are: health equity, culture of learning, evidence-based practices, collaboration, and sustainability.

Go over informed consent: Your participation in this interview is completely voluntary and you are free to stop the interview at any time. I do want to make it clear that these interviews are not confidential, meaning that CPCD's name will be associated with the case study that we develop from these interviews. I have this form that goes over all of these details, including what you will get out of participating. I'd like for you to take a minute to read this over and sign it before we get started. And please let me know if you have any questions or concerns about it that we can talk through.

We wanted to meet with you at the beginning to get a better big picture understanding of your organization and how you think about the five areas of interest of the Colorado Springs Health Foundation: health equity, collaboration, culture of learning, evidence-based programs, and sustainability. We are going to ask you some high level questions about each of the areas that will then lead into the focus interviews about these topics that we have coming up. So there might be some repetition, but it is purposeful to try to get different perspectives and different stories.

Start with overview of the five areas and how we think about them

Just as a guide for our conversation, we are going to ask you to rate how you think your organization does in the five areas of interest for CSHF, on a scale of 1 to 5, with 1 being low and 5 being high.
How would you rate your organization in:

- Incorporating health equity into your work?
  - Why did you give that rating? Can you provide an example?
  - What are the challenges in incorporating health equity into your work?
  - What strategies have you used to overcome those challenges?
  - Is there anything we should make sure to ask about in our focus interview on this topic?
- Collaborating with other organizations toward a shared goal/outcome?
  - Why did you give that rating? Can you provide an example?
  - What are the challenges you face in collaboration?
  - What strategies have you used to overcome those challenges?
  - Is there anything we should make sure to ask about in our focus interview on this topic?
- Using evidence to develop and/or expand programming?
  - Why did you give that rating? Can you provide an example?
  - What are the challenges in using evidence to develop and/or expand programming?
  - What strategies have you used to overcome those challenges?
  - Is there anything we should make sure to ask about in our focus interview on this topic?
- Developing and maintaining a culture of learning?
  - Why did you give that rating? Can you provide an example?
  - What are the challenges in developing or maintaining a culture of learning?
  - What strategies have you used to overcome those challenges?
  - Is there anything we should make sure to ask about in our focus interview on this topic?
- Your financial stability and/or sustainability?
  - Why did you give that rating? Can you provide an example?
  - What are the challenges in reaching financial stability?
  - What strategies have you used to overcome those challenges?
  - Is there anything we should make sure to ask about in our focus interview on this topic?

Are there any areas that you work harder to develop and/or maintain than the others? If so, what are they and why?

- Are there any areas that are easier to develop and/or maintain? If so, what are they and why?

When you think of all of these five areas of interest together, do you see any patterns in how you think about or address the work? For example, are there any things that make it easier to have a higher rating in multiple areas of interest?

How would you describe your relationship with the Colorado Springs Health Foundation overall?

- What have been some of the successes of your relationship?
- Is there anything you wish CSHF did differently?
- How could CSHF better or continue support your work? (probe for things outside of funding)

CASE STUDY: HEALTH EQUITY INTERVIEW GUIDE

[If new person]: My name is ______ with Vantage Evaluation. We are working with the Colorado Springs Health Foundation to help them understand the community strengths and needs in the Pikes Peak region and how the Foundation can structure and channel Foundation resources most effectively. As part of this work, we are developing in-depth case studies about a couple of funded partners to dig deeper into the areas of interest for the Foundation, focusing on facilitators and barriers to addressing this areas and highlighting successful strategies for incorporating these areas into your work. The five areas that the

Foundation is interested in are: health equity, culture of learning, evidence-based practices, collaboration, and sustainability.

Go over informed consent: Your participation in this interview is completely voluntary and you are free to stop the interview at any time. I do want to make it clear that these interviews are not confidential, meaning that CPCD's name will be associated with the case study that we develop from these interviews. I have this form that goes over all of these details, including what you will get out of participating. I'd like for you to take a minute to read this over and sign it before we get started. And please let me know if you have any questions or concerns about it that we can talk through.

Can you tell me a little bit about your background and your role at [organization]?

START HERE: For the next 30 minutes, we are going to be talk about how your organization thinks about and incorporates health equity in your work. The definition we are using for health equity is "that all people have the opportunity to lead healthy lives, recognizing that there are systemic factors and inequities that prevent some people from reaching their full health potential." We see access to health care as one component of health equity, but we want to dig a little deeper than that.

What is your reaction to this definition?

- In what ways, if any, does this definition differ from your experience with health equity?

Do you adjust or adapt your services or programming based on client groups based on the fact that not everyone has the same opportunity?

- If yes:
    - In what ways? [probe for things around equity issues - keep asking why!]
    - Why did you decide to adjust these services for this client group?
    - What internal structures need to be in place for you to be able to adapt your programming? (probe for things around tracking data, culture of learning, EBP, etc.)
- If no:
    - Why not?
    - Have you ever tried to adapt services/programming based on client groups? If so, what happened?
    - Have you ever thought about if different clients groups need different services/programming?

Are there any systemic factors that interfere with your clients opportunity to reach their full health potential that you are not able to adjust for?

Why is it important to you as an organization to do this?

Do you have conversations internally about issues around health equity or systemic barriers that your clients face in reaching their health potential?

- Who is involved in these conversations?
- What do these conversations sound like? What do you talk about?
- How are these conversations received by staff?

Do you have conversations with clients about issues around health equity or systemic barriers that they face in reaching their health potential?

- What do these conversations sound like? What do you talk about?
- How are these conversations received by clients?

What challenges do you face as an organization in addressing health equity?
- What strategies have you tried to overcome these barriers? Were any successful?

What makes it easier as an organization to address health equity? Are there any facilitating factors?

Do you work with others in the community to address health equity issues at a more community level?
- If yes, what does this work look like?
- How is health equity talked about among those you work with?

Do you think there is any relationship between your incorporation of health equity into your work and the other areas of interest to the Foundation (program development/expansion, culture of learning, collaboration, and/or sustainability)?
- Does incorporating health equity into your work make it easier or harder to do work in program development/expansion, learning, collaboration, and/or sustainability?
- Does doing work in the other 4 areas make it easier or harder to incorporate health equity into your work?

How could CSHF better support you in addressing issues of health equity?

CASE STUDY: SUSTAINABILITY INTERVIEW GUIDE

[If new person]: My name is ______ with Vantage Evaluation. We are working with the Colorado Springs Health Foundation to help them understand the community strengths and needs in the Pikes Peak region and how the Foundation can structure and channel Foundation resources most effectively. As part of this work, we are developing in-depth case studies about a couple of funded partners to dig deeper into the areas of interest for the Foundation, focusing on facilitators and barriers to addressing this areas and highlighting successful strategies for incorporating these areas into your work. The five areas that the Foundation is interested in are: health equity, culture of learning, evidence-based practices, collaboration, and sustainability.

Go over informed consent: Your participation in this interview is completely voluntary and you are free to stop the interview at any time. I do want to make it clear that these interviews are not confidential, meaning that CPCD's name will be associated with the case study that we develop from these interviews. I have this form that goes over all of these details, including what you will get out of participating. I'd like for you to take a minute to read this over and sign it before we get started. And please let me know if you have any questions or concerns about it that we can talk through.

Can you tell me a little bit about your background and your role at [organization]?

START HERE: For the next 30 minutes, we are going to be talking about the strategies that your organization uses for promoting financial stability and sustainability. We understand that financial stability requires a diversification of funding sources, but we are also interested in other components of sustainability, such as internal structures or practices.

How would you describe your organization's financial stability?

- What measures does your organization watch to make sure that you are financial stable?

When you think about reaching financial stability as an organization, what components go into reaching sustainability?

- *For each component they identify, probe on WHY*
- What strategies did/does your organization use to become financially stable? [make sure to probe about internal structures]
- Which strategies were most effective? Why?
- Which strategies were not effective? Why?
- *Probe for things around overhead, mission creep, administrative costs*

What are the main barriers you face as an organization to reaching financial stability?

What about your organization facilitates reaching financial stability?

Do you think there is any relationship between your financial stability and the other areas of interest to the Foundation (health equity, culture of learning, collaboration, and/or program development/expansion)?

- Does having financial stability make it easier or harder to do work in health equity, learning, collaboration, and/or program development/expansion?
- Does doing work in the other 4 areas make it easier or harder to promote financial stability?

Outside of funding, how could CSHF better support your organization in achieving or maintaining financial stability?

CASE STUDY: COLLABORATION INTERVIEW GUIDE

[If new person]: My name is ______ with Vantage Evaluation. We are working with the Colorado Springs Health Foundation to help them understand the community strengths and needs in the Pikes Peak region and how the Foundation can structure and channel Foundation resources most effectively. As part of this work, we are developing in-depth case studies about a couple of funded partners to dig deeper into the areas of interest for the Foundation, focusing on facilitators and barriers to addressing this areas and highlighting successful strategies for incorporating these areas into your work. The five areas that the Foundation is interested in are: health equity, culture of learning, evidence-based practices, collaboration, and sustainability.

Go over informed consent: Your participation in this interview is completely voluntary and you are free to stop the interview at any time. I do want to make it clear that these interviews are not confidential, meaning that CPCD’s name will be associated with the case study that we develop from these interviews. I have this form that goes over all of these details, including what you will get out of participating. I’d like for you to take a minute to read this over and sign it before we get started. And please let me know if you have any questions or concerns about it that we can talk through.

Can you tell me a little bit about your background and your role at [organization]?

For the next 30 minutes, we are going to be talking about the strategies that your organization uses for establishing collaborations.

[CSHF Definition] *Multiple organizations, perspectives and disciplines formed and working together in pursuit of a common goal that could not be achieved individually.* Generally, these are efforts are designed to change systems.

What is your reaction to this definition?
- In what ways, if anything, does this definition differ from your experience(s) with collaborations?
- When you think about collaborations, do you usually have an end point of a shared goal or outcome in mind?

Based on your experience, what structures need to be in place for a collaboration to be successful?
- What barriers impede the collaborative process?

Describe a collaboration you are currently in or that you have been in the past, with your current organization.
- Why did this collaboration come together?
  - What issue were you trying to address?
  - How did you decide that it was more appropriate to address this issue through collaboration than individually?
  - What was the goal of the collaborative?
- How did you identify the other organizations involved?
  - Were there specific types of organizations that you thought were important to be involved? (i.e. different sectors, different focus areas, different levels of work)
- Who at your organization was involved in the collaborative?
  - How did you decide who at your organization would be involved?
- Was the collaboration successful?
  - If so, what facilitated that success?
  - If not, what hindered the success of the collaboration?
- What challenges did you face in the collaboration?
  - What strategies did you use to overcome those challenges? Were any successful?
- [If collaborative was successful] What happened when the collaborative achieved its goal?
- What did you learn from being part of this collaborative that you would like to share with CSHF and other community organizations?

How has working as part of a collaborative influenced your organization and/or programming?
[Probe] Relationship building, advancing mission or vision

Do you think there is any relationship between your collaborative efforts and the other areas of interest to the Foundation (program development/expansion, culture of learning, health equity, and/or sustainability)?
- Do your collaborative efforts make it easier or harder to do work in program development/expansion, learning, health equity, and/or sustainability?
- Does doing work in the other 4 areas make it easier or harder to collaborate?

How could the CSHF support your involvement in collaboratives?

CASE STUDY: EVIDENCE-BASED SERVICES INTERVIEW GUIDE

[If new person]: My name is ______ with Vantage Evaluation. We are working with the Colorado Springs Health Foundation to help them understand the community strengths and needs in the Pikes Peak region and how the Foundation can structure and channel Foundation resources most effectively. As part of this work, we are developing in-depth case studies about a couple of funded partners to dig deeper into the areas of interest for the Foundation, focusing on facilitators and barriers to addressing this areas and highlighting successful strategies for incorporating these areas into your work. The five areas that the Foundation is interested in are: health equity, culture of learning, evidence-based practices, collaboration, and sustainability.

Go over informed consent: Your participation in this interview is completely voluntary and you are free to stop the interview at any time. I do want to make it clear that these interviews are not confidential, meaning that CPCD's name will be associated with the case study that we develop from these interviews. I have this form that goes over all of these details, including what you will get out of participating. I'd like for you to take a minute to read this over and sign it before we get started. And please let me know if you have any questions or concerns about it that we can talk through.

Can you tell me a little bit about your background and your role at [organization]?

START HERE: For the next 30 minutes, we will be focusing on evidence-based practices, which really just means how you go about using different kinds of evidence in developing and/or expanding your programming. We are not solely interested in research-backed programs or quantitative data as evidence, but also things like feedback from your community, what's working for others, and so on. **(share handout with the 6 steps and talk through it)**

Voice-over for handout: We think about evidence-based programs as encompassing these six steps. While doing all six is ideal, we understand that it is not possible or relevant for all organizations. So we want to understand from you if and how you use these steps when developing or expanding programs.

When you are thinking about developing or expanding programs,

- Do you seek community input?
    - If yes:
        - Can you provide an example?
        - Why did you decide it was important to get community input?
        - What challenges do you face in seeking community input?
        - What strategies have you used to overcome these challenges?
    - If no:
        - Why not?
        - What gets in the way of seeking community input?
- Do you use secondary data or community-level data?
    - If yes:
        - Can you provide an example?
        - Why did you decide it was important to use secondary data?
        - What challenges do you face in using secondary data?
        - What strategies have you used to overcome these challenges?
    - If no:
        - Why not?
        - What gets in the way of using secondary data?
- Do you look for best practices in other similar organizations?

- If yes:
    - Can you provide an example?
    - Why did you decide it was important to look at what other organizations were doing?
    - What challenges do you face in looking for and using best practices?
    - What strategies have you used to overcome these challenges?
- If no:
    - Why not?
    - What gets in the way of looking for and using best practices?

- Do you use evaluation and/or program data?
  - If yes:
    - Can you provide an example?
    - Why did you decide it was important to do evaluation?
    - What challenges do you face in using evaluation and/or program data?
    - What strategies have you used to overcome these challenges?
  - If no:
    - Why not?
    - What gets in the way of using evaluation and/or program data?
- Do you share what you have learned?
  - If yes:
    - Can you provide an example?
    - Why did you decide it was important to share what you learned?
    - Who do you share your learnings with? Why did you choose those groups?
    - What challenges do you face in sharing what you have learned about your programming?
    - What strategies have you used to overcome these challenges?
  - If no:
    - Why not?
    - What gets in the way of sharing what you have learned about your programming?

Thinking of these five areas, which two do you think are the most critical to your program development and/or expansion? Why?

Is there anything else that you do when developing or expanding programming that is not captured in this list?

When you think about going through these steps, what benefit do you think it brings to your programs or the organization overall?

Do you think there is any relationship between your use of evidence-based practices and the other areas of interest to the Foundation (health equity, culture of learning, collaboration, and/or sustainability)?

- Does using evidence-based programs make it easier or harder to do work in health equity, learning, collaboration, and/or sustainability?
- Does doing work in the other 4 areas make it easier or harder to use evidence-based programs?

How could CSHF better support your organization in using evidence-based programs?

CASE STUDY: CULTURE OF LEARNING INTERVIEW GUIDE

[If new person]: My name is ______ with Vantage Evaluation. We are working with the Colorado Springs Health Foundation to help them understand the community strengths and needs in the Pikes Peak region and how the Foundation can structure and channel Foundation resources most effectively. As part of this work, we are developing in-depth case studies about a couple of funded partners to dig deeper into the areas of interest for the Foundation, focusing on facilitators and barriers to addressing this areas and highlighting successful strategies for incorporating these areas into your work. The five areas that the Foundation is interested in are: health equity, culture of learning, evidence-based practices, collaboration, and sustainability.

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Can you tell me a little bit about your background and your role at [organization]?

For the next 30 minutes, we are going to be talking about the processes and structures that your organization uses for learning and evaluation.

Use of Evidence to

What systems do you use to collect data?

- What type of data do you collect?
- How often do you review data and for what purpose?

How do you use the data you collect?

- Who in the organization is responsible for collecting data?
- Who is responsible for using data?

How do you talk about the use of evidence-based practices and how their programs are developed?

How is data incorporated back into the organization?

- Do you share data with staff?
- Do you talk about data at meetings?
- Do you only share "good" data?

Leadership and Governance Support

How does leadership talk about the use of data and evaluation?
Does leadership appear excited when talking about learning and evaluation?
What are the barriers to creating a culture of learning? What could be done to overcome those barriers?
What is the Board's role in learning and evaluation?

Staff Buy-In and Understanding

In what ways do staff talk about learning and evaluation?

- What do staff think of as learning?

How do staff talk about trying new things?

- In what ways are staff encouraged to try new things?

How do staff talk about why they evaluate?

- In what ways are staff trained on how to evaluate, or when to evaluate?

Organizational Structure and Processes

Who is responsible for learning and evaluation at your organization?

- What does this responsibility look like?

Are those not currently responsible for learning and evaluation encouraged to engage in learning activities?

- How are they encouraged?

What are the barriers to learning and evaluation?

- What structures or processes do you have to overcome these barriers?

CASE STUDY: 2017 GRANT INTERVIEW GUIDE

[If new person]: My name is ______ with Vantage Evaluation. We are working with the Colorado Springs Health Foundation to help them understand the community strengths and needs in the Pikes Peak region and how the Foundation can structure and channel Foundation resources most effectively. As part of this work, we are developing in-depth case studies about a couple of funded partners to dig deeper into the areas of interest for the Foundation, focusing on facilitators and barriers to addressing this areas and highlighting successful strategies for incorporating these areas into your work. The five areas that the Foundation is interested in are: health equity, culture of learning, evidence-based practices, collaboration, and sustainability.

Go over informed consent: Your participation in this interview is completely voluntary and you are free to stop the interview at any time. I do want to make it clear that these interviews are not confidential, meaning that CPCD's name will be associated with the case study that we develop from these interviews. I have this form that goes over all of these details, including what you will get out of participating. I'd like for you to take a minute to read this over and sign it before we get started. And please let me know if you have any questions or concerns about it that we can talk through.

For the next 30 minutes, we are going to be talking about your experience with CSHF during the lifetime of your grant (from application through report).

Thinking back to the time when you were preparing your grant application in 2017, how did the grant process go?

Describe any successes in your programming related to your grant.

- What facilitated this success?
- What impeded success?

Describe any challenges you experienced related to your grant.

- What other challenges did you face during the grant implementation process?

- What would have helped you throughout the grant implementation process to overcome roadblocks?

Did the grant activities implemented differ from what was planned?
- If so, how?
- Why?
- What external factors influenced the grant activities and how did your program react to those factors?

Reflecting on your grant activities, to what extent do you feel like you made a difference in the lives of your target population? How do you know?
- What populations did you reach most?
- Were there populations you wanted to reach but weren't able to?
    - If so, what were the major barriers to reaching them?
- What successes or challenges were there in working with various community stakeholders?
- Did the grant make any other major differences in the community? For example, help build partnerships or relationships or identify other community needs or solutions?

What lessons did you learn during the grant that would be important for others in the community to know to improve health in Teller and/or El Paso Counties?

Now thinking about when you were writing and submitting your grant report this year, how did the reporting process go?

Did your CSHF grant have any influence on how you approached your work in CSHF's five areas of interest at your organization?