

COLORADO
SPRINGS
HEALTH
FOUNDATION

City Council Presentation
Work Session

February 24, 2020

Cari Davis, Executive Director
Jon Medved, Trustee

Questions Raised at Jan. 13 Work Session

How does the Foundation make decisions on its focus areas?

What are the top priority community health needs?

How does the Foundation decide to allocate resources?

[Parameters]

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Process



[Parameters]

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Process



Legal Structure

Colorado Springs Health Foundation is a nonprofit organization.

Specifically, it is a 501(C)3 organization, 509 (A)3 Type 1 supporting organization to the City of Colorado Springs.

Per the IRS, CSHF is a public charity.
It has no minimum payout requirement.

Original Purpose Statement

CSHF's Purpose, as described in the Bylaws*:

“make grants or distributions from income of the corpus of funds and monies received for the purpose of **addressing health issues** in the City and Memorial Health System service area”

Mission, Vision, Values and Geographic Scope

MISSION

To target immediate healthcare needs and encourage healthy living

VISION

El Paso & Teller Counties are the healthiest in Colorado

VALUES

- Integrity
- Stewardship
- Collaboration
- Innovation
- Leadership

GEOGRAPHIC SCOPE

El Paso & Teller Counties

* Mission, vision, values and the geographic scope are approved by City Council.

Grantmaking Policy*

Colorado Springs Health Foundation's **grantmaking must align with and support the organization's founding purpose** ("addressing health issues in the City and Memorial Health System service area") **and the organization's mission, vision and values.**

The Foundation's **grantmaking must align with community need and opportunity.** Community need and opportunity are discovered and defined through tapping community experience and insight as well as by monitoring and analyzing health-related data and trends.

The Foundation limits its grantmaking to a specific geographic scope. **Founding documents defined the Foundation's geographic focus as Memorial Health System's service area.** Memorial's primary service area has been and continues to be El Paso and Teller Counties. As such, the Foundation will only make grants to organizations that serve El Paso and/or Teller Counties, Colorado.

Grants will only be used to address a wide variety of health-related needs. As such, grant type may include, but is not limited to, general operating, program or project, capacity building and/or capital. The Foundation retains discretion as to any limitations it puts on grant type, such as dollar limits on any one grant or type of grant, or restricting/allowing a particular grant type from time to time. In addition, The Foundation does not have the resources to provide ongoing or sole funding for a request. This means that grantees are expected to address sustainability beyond the end of Foundation funding.

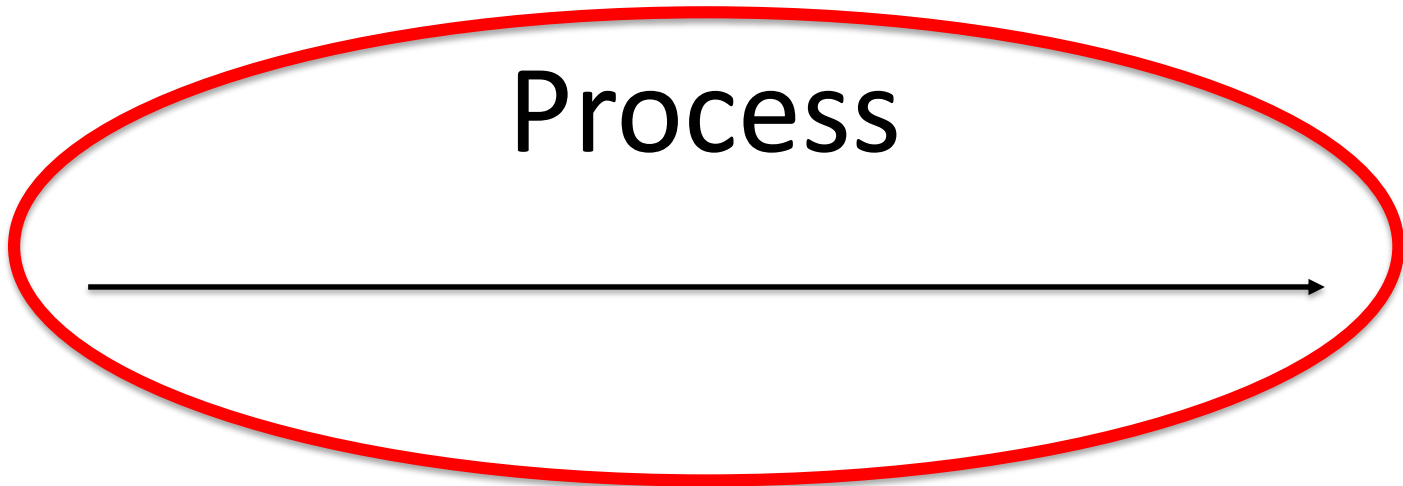
The Foundation's grantmaking strategy aims to yield a positive impact on community health. This means the Foundation will determine appropriate metrics with which to gauge impact, and to track, analyze and report them on an ongoing basis. Impact will also be assessed at the individual grant level. Each grantee will be expected to define how it will measure success and then to report progress on those metrics. In addition to outcome measurement, the Foundation will also structure ways to maximize the learnings from its grantmaking. This may take a variety of forms, including convening grantee and/or broader community to share their lessons learned."

* The grantmaking and investment policies are approved by City Council.

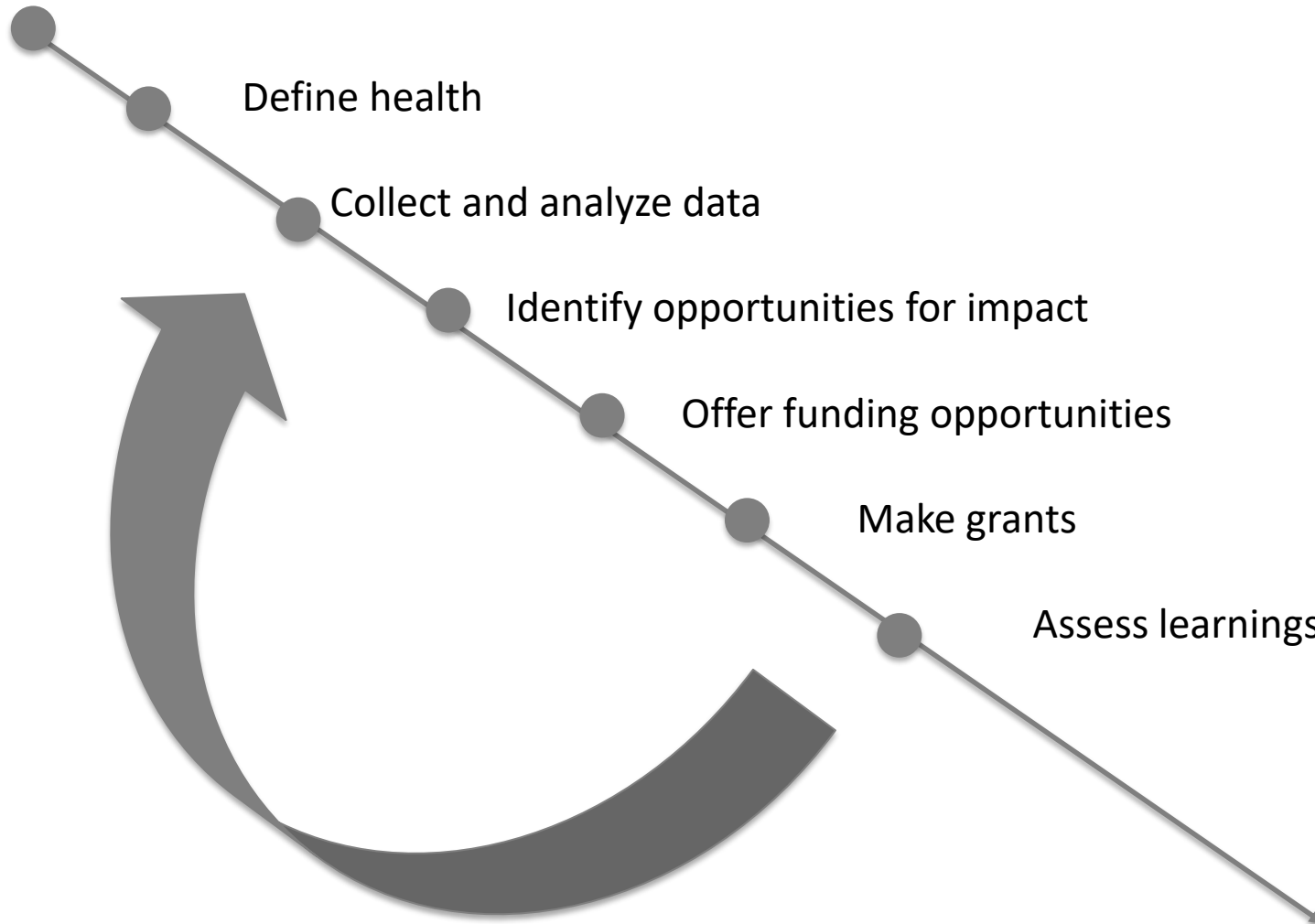
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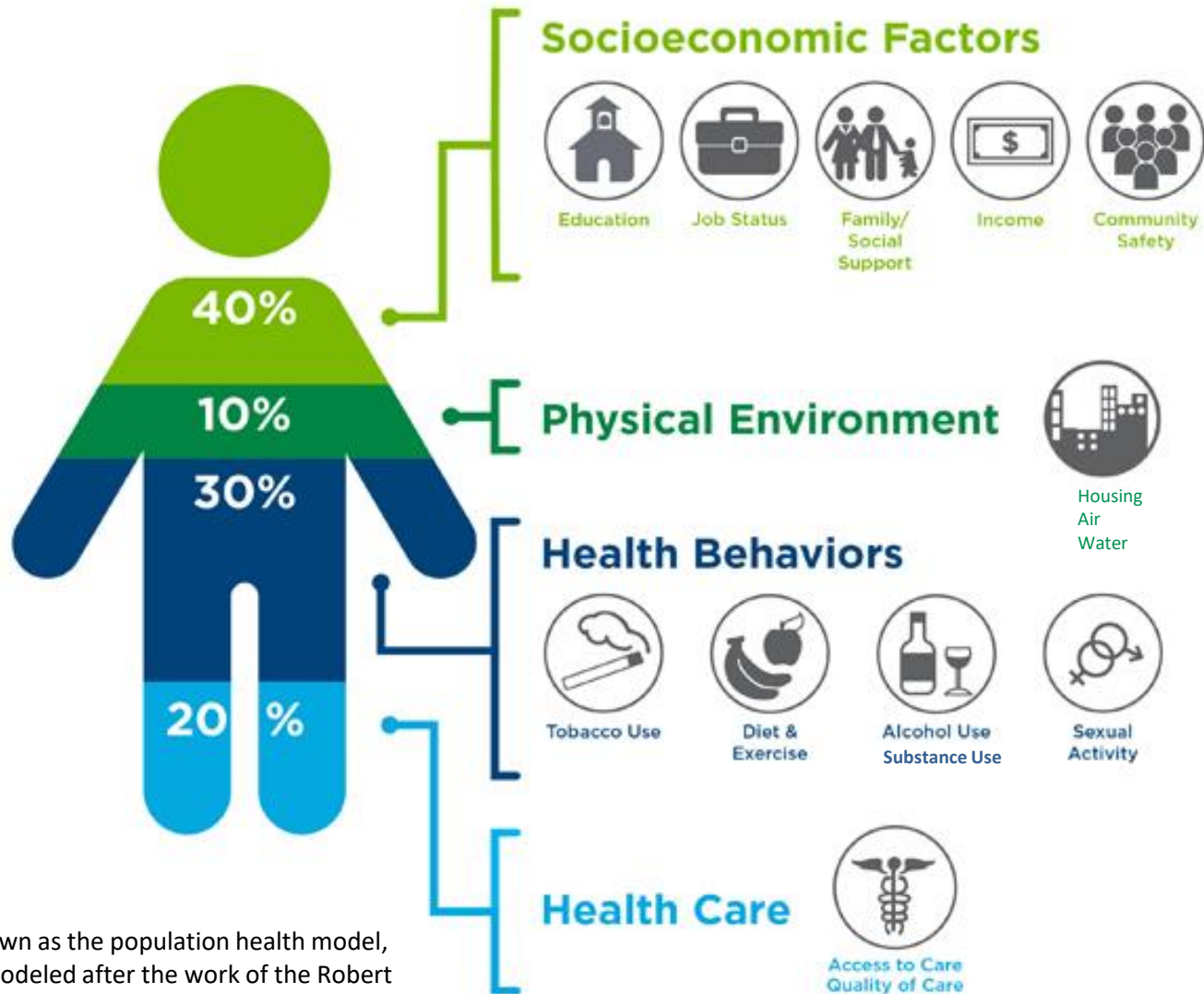
Process



Process



Defining Health: Many Factors Drive Length & Quality of Life

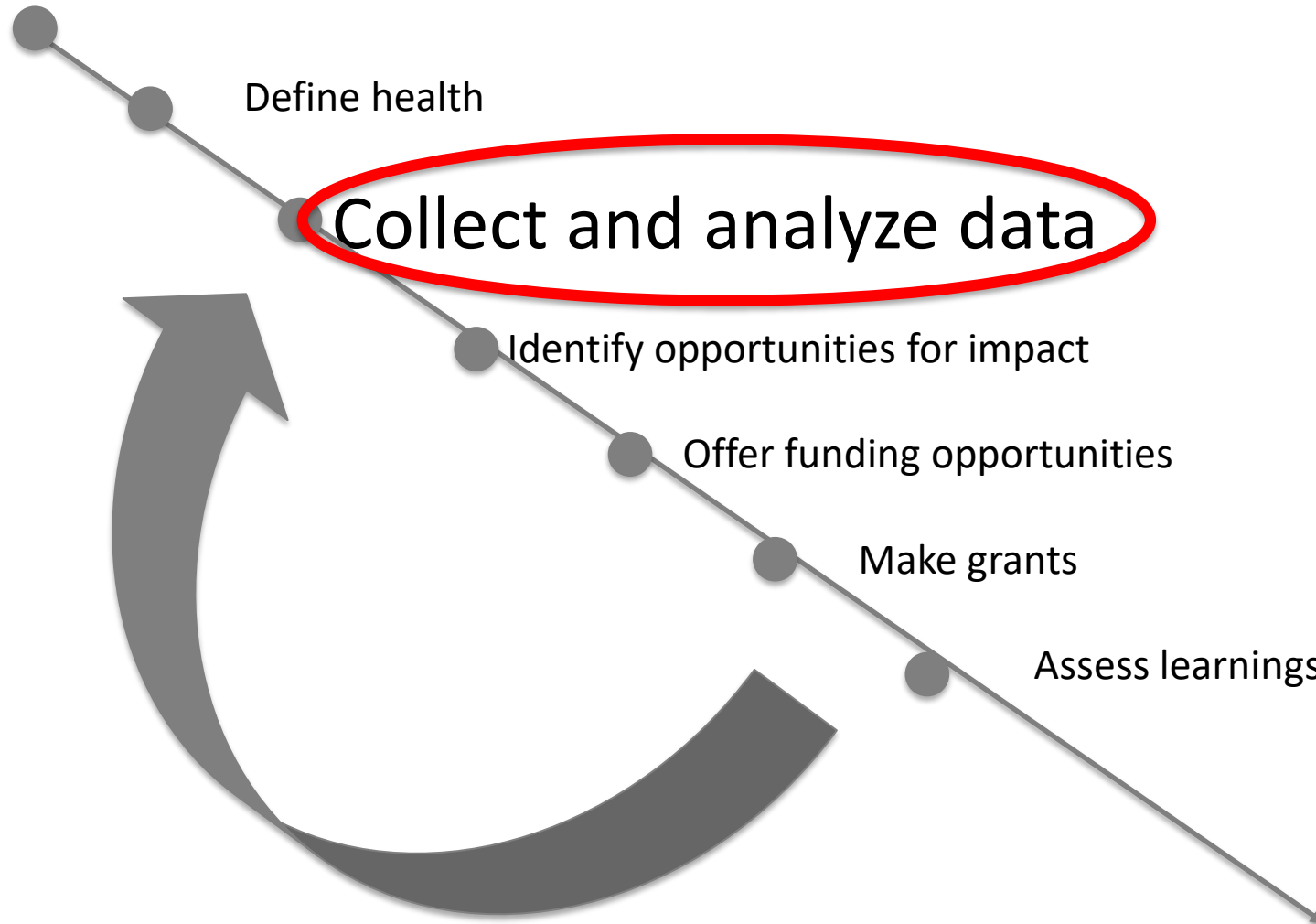


*This is commonly known as the population health model, and this graphic was modeled after the work of the Robert Wood Johnson Foundation. To learn more about RWJF and what drives health, see: <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>



- Social determinants of health are the conditions in which people live, including where they're born, what they do for work, and how they age.
- These determinants range from economic risk, food insecurity, and unstable housing, to lack of access to transportation and unsafe neighborhoods – and they all impact the overall health of our population.
- A person's ZIP code is a stronger predictor of their potential health outcomes than their genetic code.

Process



Sources of Data and Insight

- Public Health Department Data (El Paso County, State)
- Community Health Needs Assessments
- Validated Surveys: Colorado Health Access Survey, Healthy Kids Survey, etc.
- Reports: Quality of Life Indicators, Coroner's Annual Report, etc.
- Focus Groups
- Interviews
- Site Visits
- The Literature
- Expert Presenters
- Trainings / Conferences
- Board expertise

El Paso County Top Leading Causes of Death

Leading Causes of Death By Age, El Paso County 2018						
Rank	< 1 year	1-14 years	15-24 years	25-44 years	45-64 years	65+ years
1	Perinatal Period Conditions	Unintentional Injuries*	Suicide	Unintentional Injuries*	Malignant Neoplasms (Cancers)	Cardiovascular Disease
2	Congenital Anomalies	Suicide	Unintentional Injuries*	Suicide	Cardiovascular Disease	Malignant Neoplasms (Cancers)
3	Unintentional Injuries*	Homicide	Homicide	Cardiovascular Disease	Unintentional Injuries*	Chronic Lower Respiratory Diseases
4				Malignant Neoplasms (Cancers)	Suicide	Alzheimer's Disease
5				Homicide	Chronic Lower Respiratory Diseases	Unintentional Injuries*

*Unintentional injuries include motor vehicle accidents, falls, drownings, etc.

Life Expectancy

CO PHE Community Health Equity Map (2013-2017 Data)

A platform for visualizing geographic disparities for selected social determinants of health, life expectancy estimates, and key health conditions/outcomes across Colorado.

Population Density

Life Expectancy

Age

Disability

Education

Employment

Income/Poverty

Language

Race/Ethnicity

Asthma

Dialysis

Prevention.

<https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>

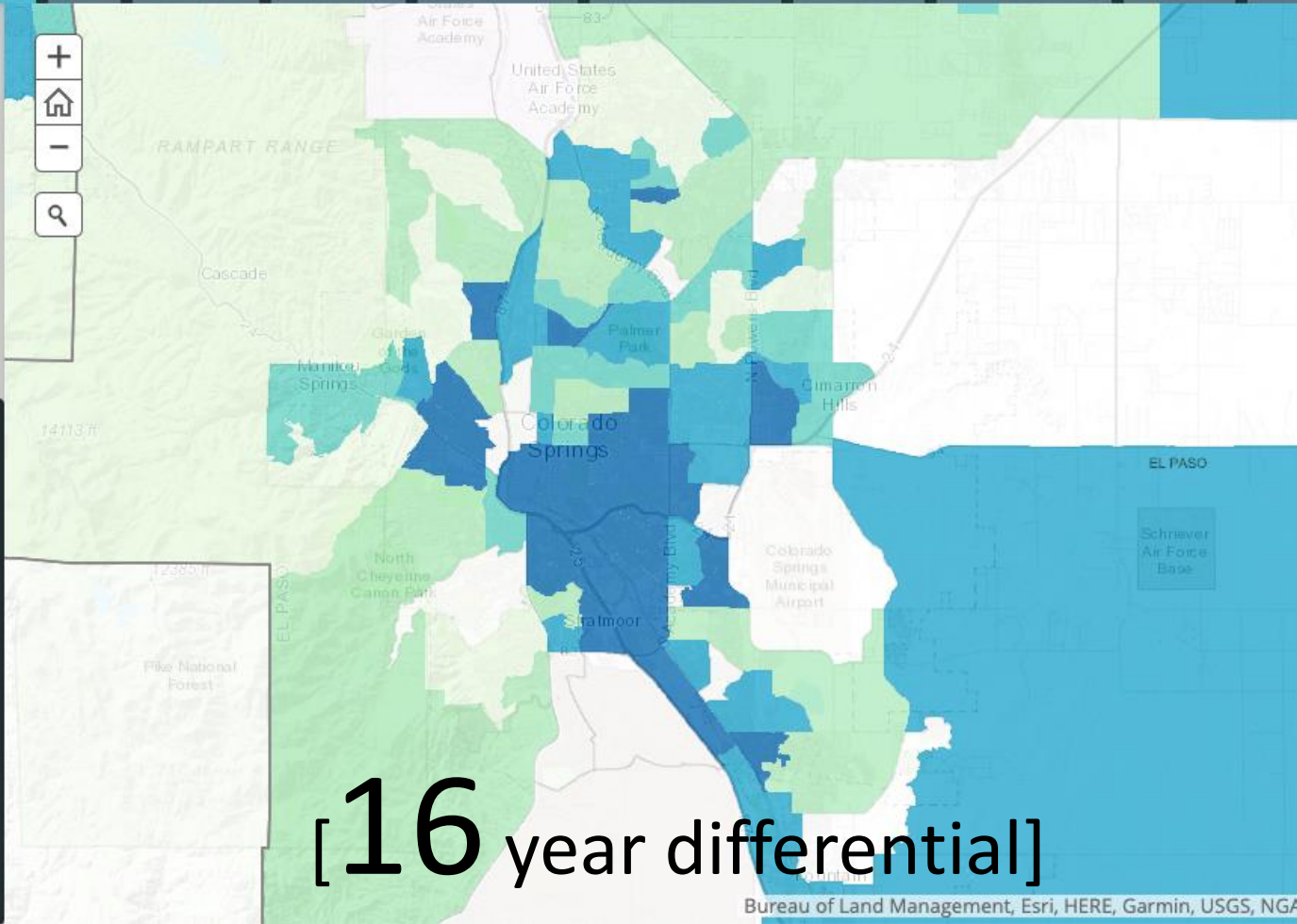
Data used in creating these estimates was provided by the Vital Statistics Program, Center for Health and Environmental Data, Colorado Department of Public Health and Environment.

Data Download

Colorado Life Expectancy, Published by NAPHSIS-USALEEP (2010-2015)
Census Tract Life Expectancy (2010-2015)

- 82.3 - 89.5 Years
- 80.7 - 82.2
- 78.9 - 80.6
- 76.8 - 78.8
- 67.3 - 76.7 Years

Estimate Not Available Due to Small Number of Deaths



[16 year differential]

Bureau of Land Management, Esri, HERE, Garmin, USGS, NGA

Mental Health

Coloradans Increasingly Report Poor Mental Health

Percentage who had eight or more days of poor mental health in the past month

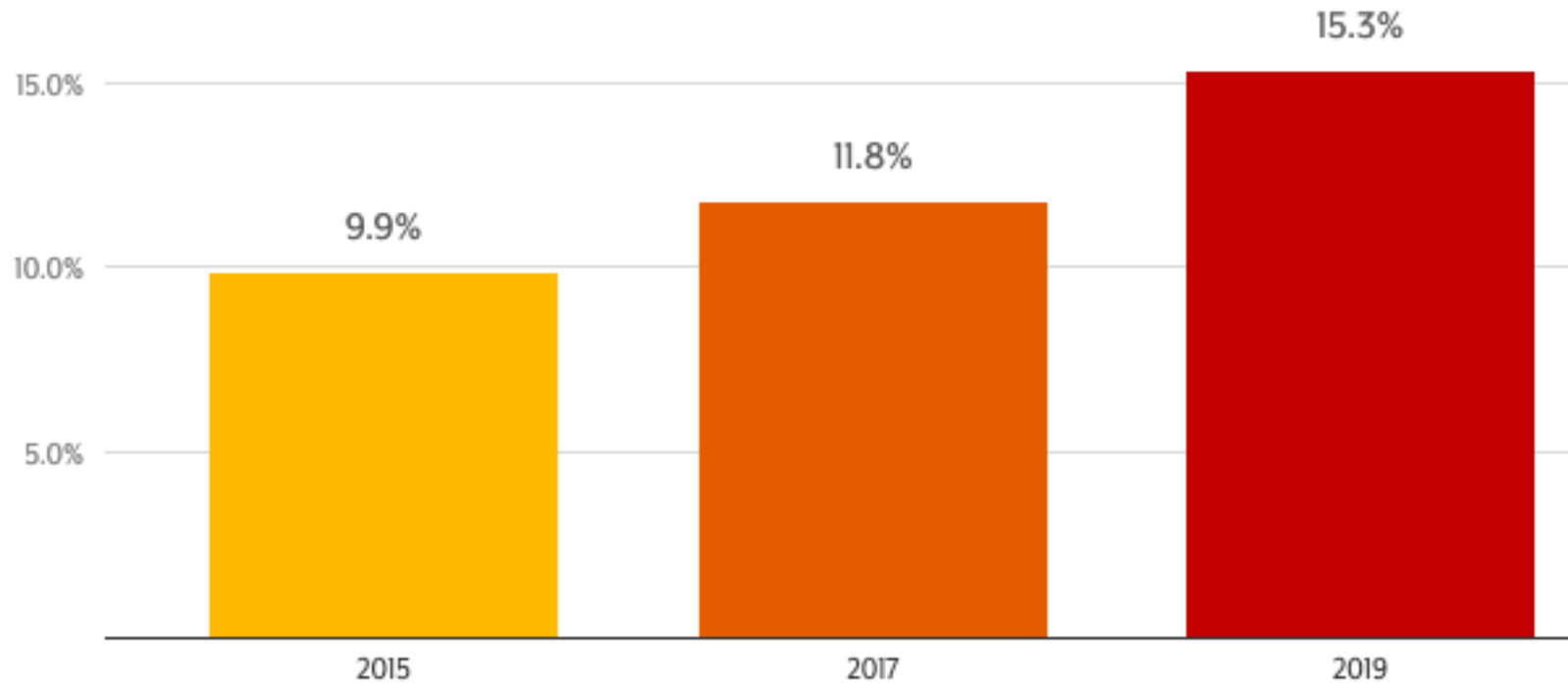
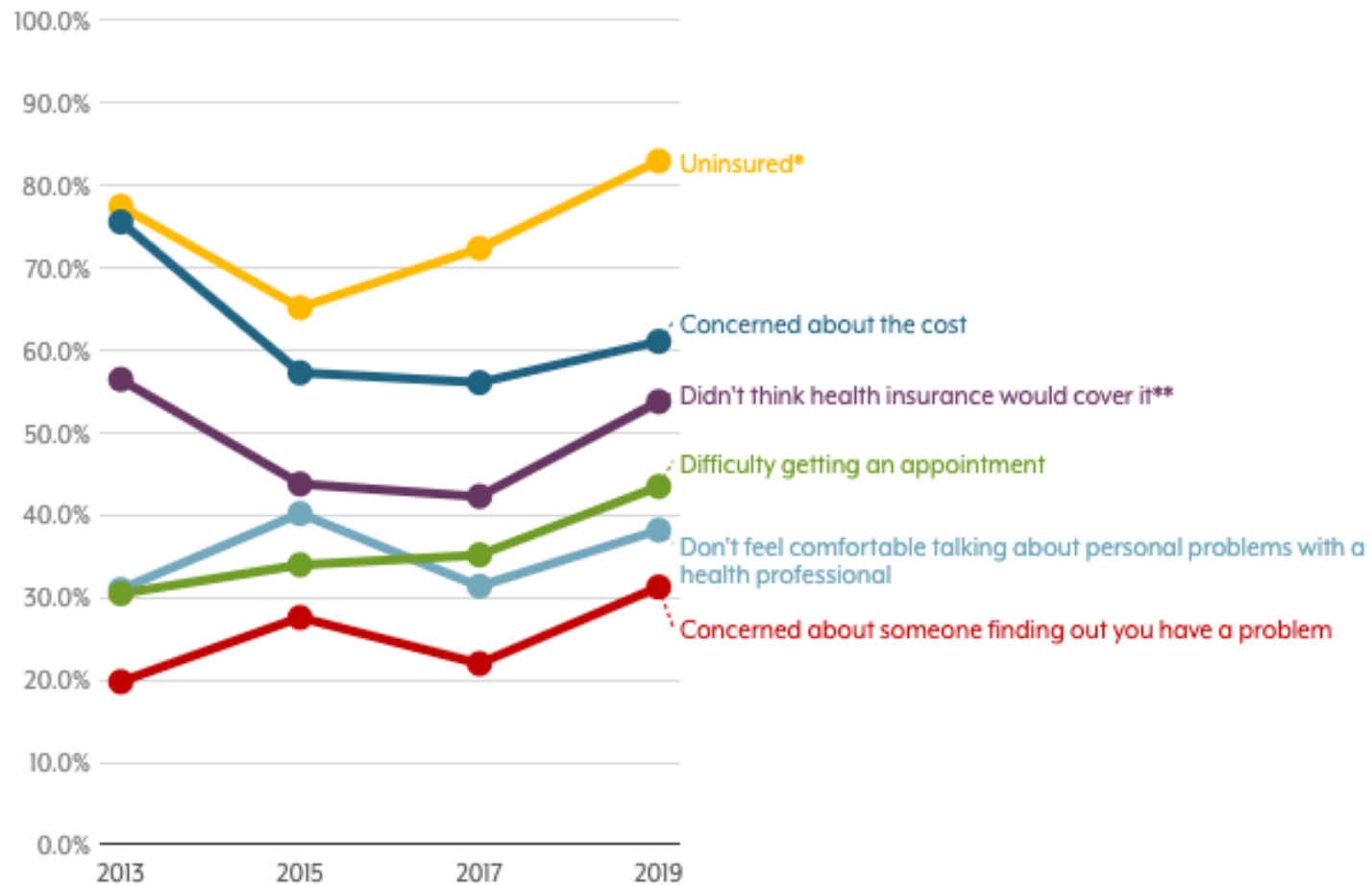


Chart: Colorado Health Institute - Source: [2019 Colorado Health Access Survey](#)

Mental Health

Cost and Coverage Are Largest Barriers for Those Who Didn't Get Needed Mental Health Care



*Asked of those uninsured in past year, **Asked of currently insured

Chart: Colorado Health Institute • Source: 2019 Colorado Health Access Survey

Substance Use Disorder

Have You, a Loved One, or a Close Friend Ever ...

Asked of Colorado Adults Ages 18+

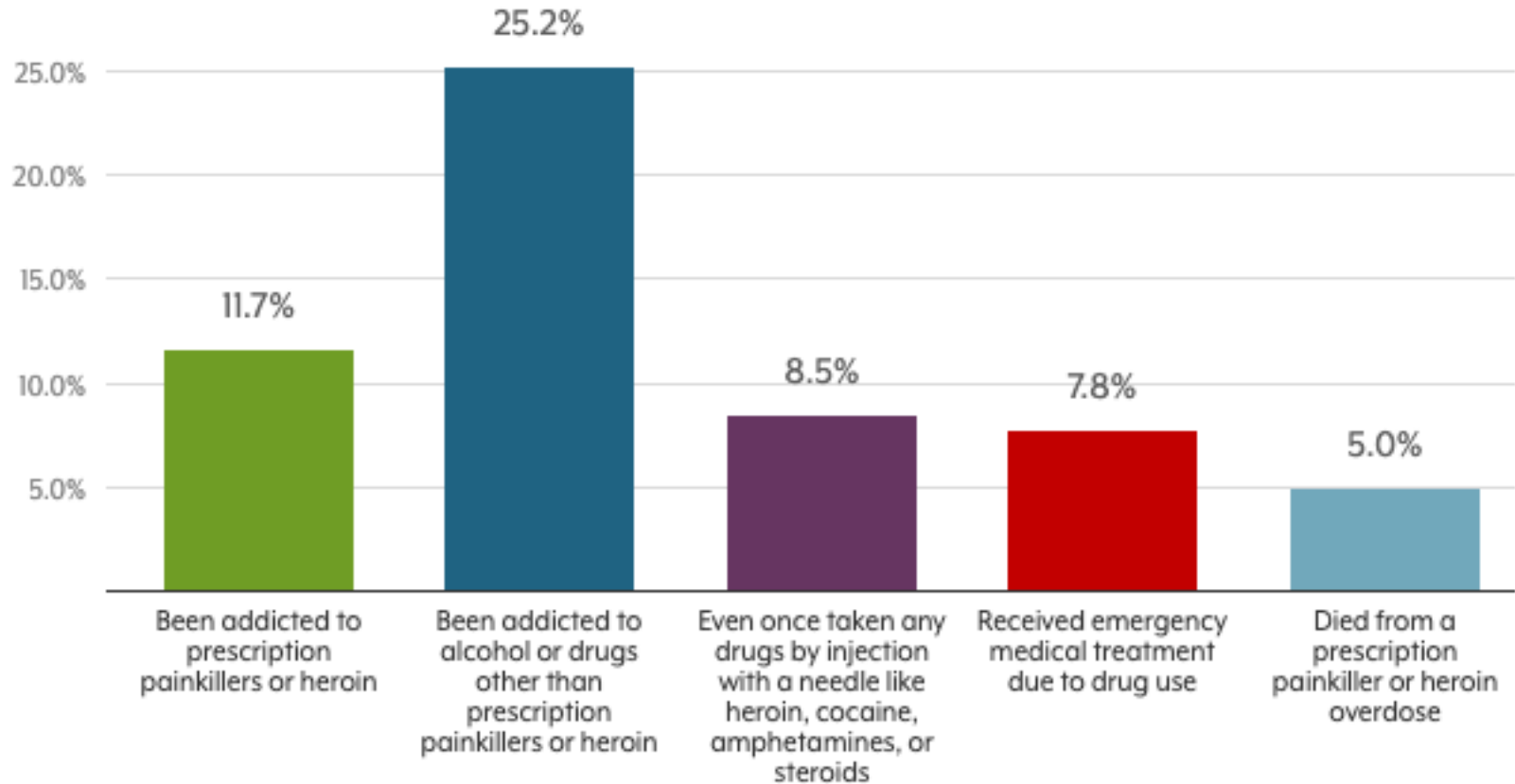
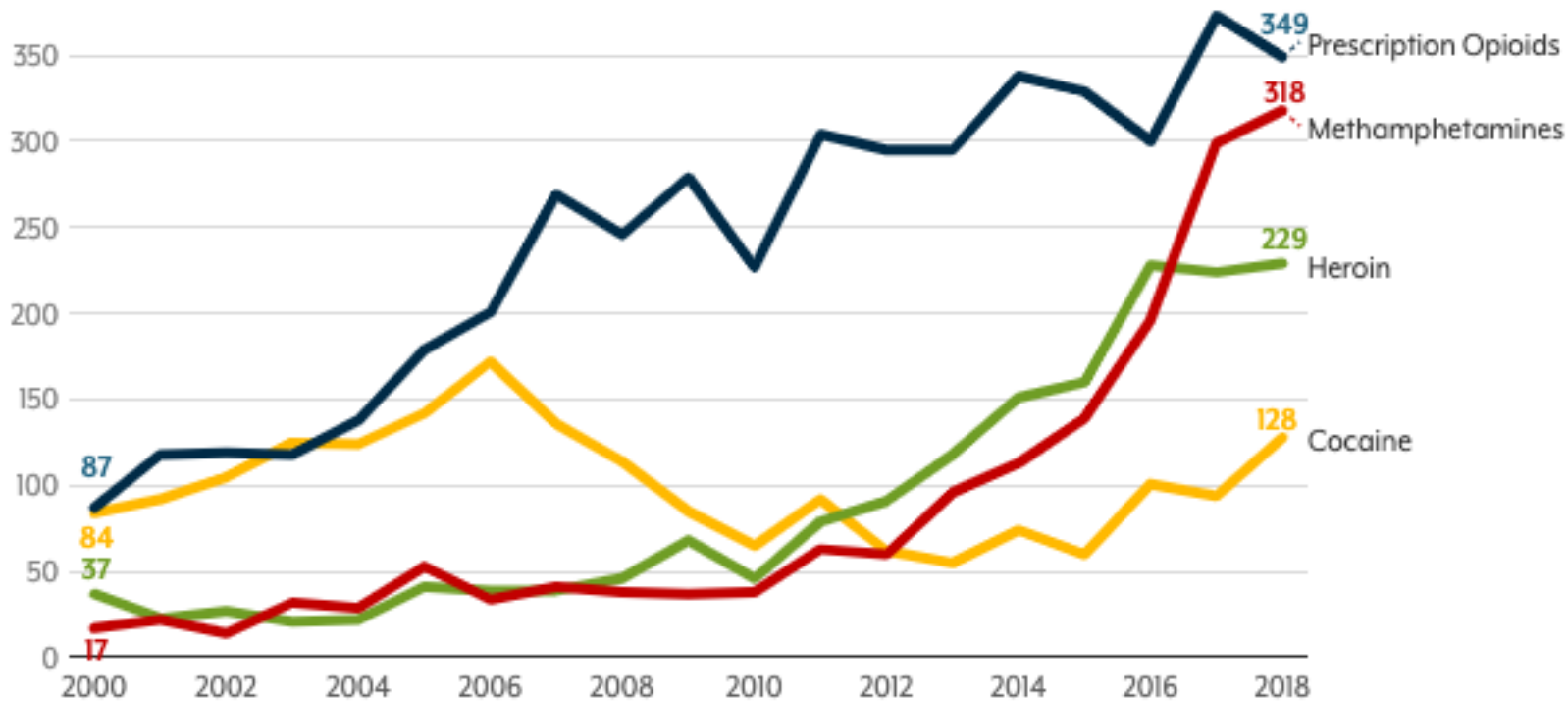


Chart: Colorado Health Institute - Source: [2019 Colorado Health Access Survey](#)

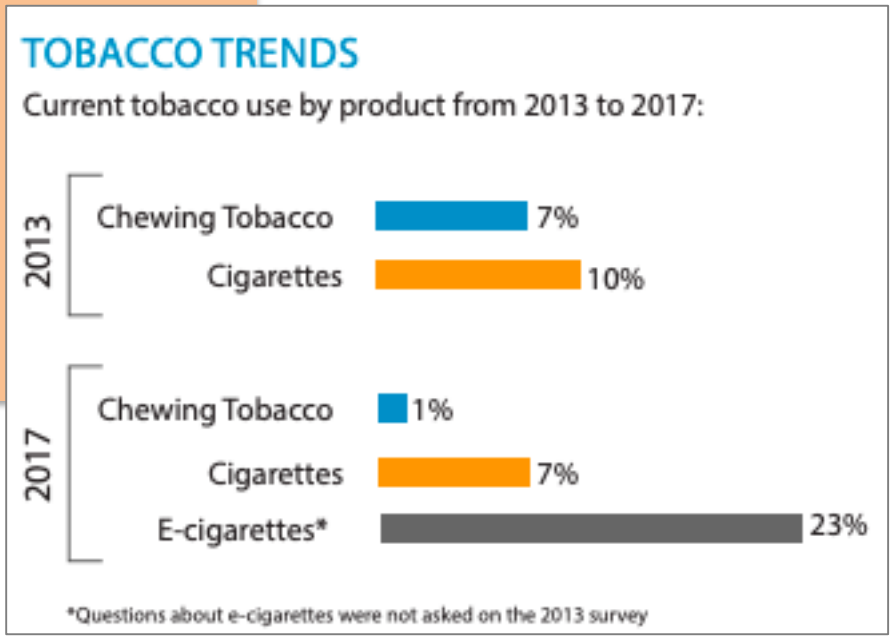
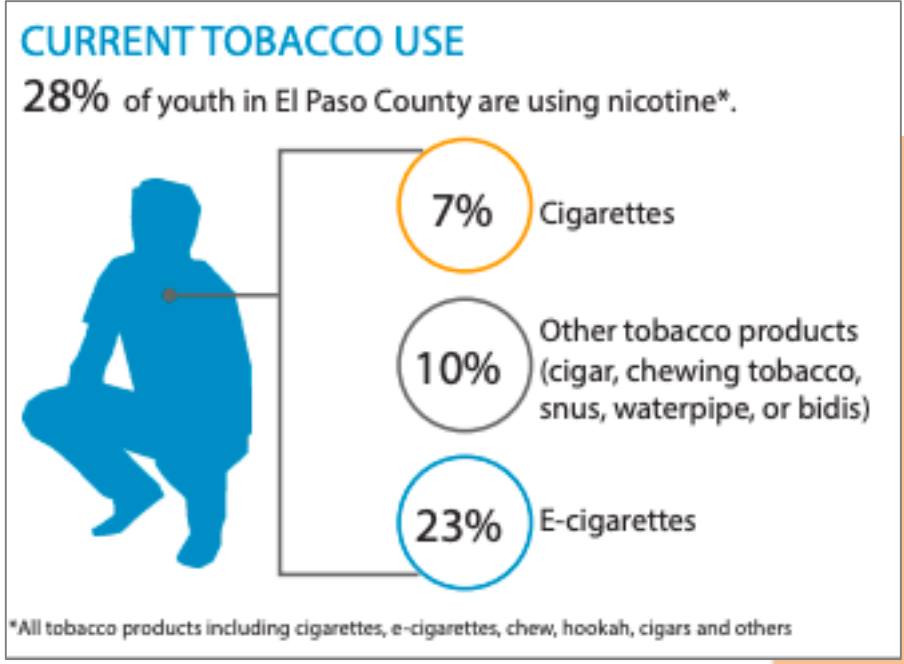
Substance Use Disorder

Number of Drug Poisoning Deaths in Colorado by Drug Type, 2000-2018



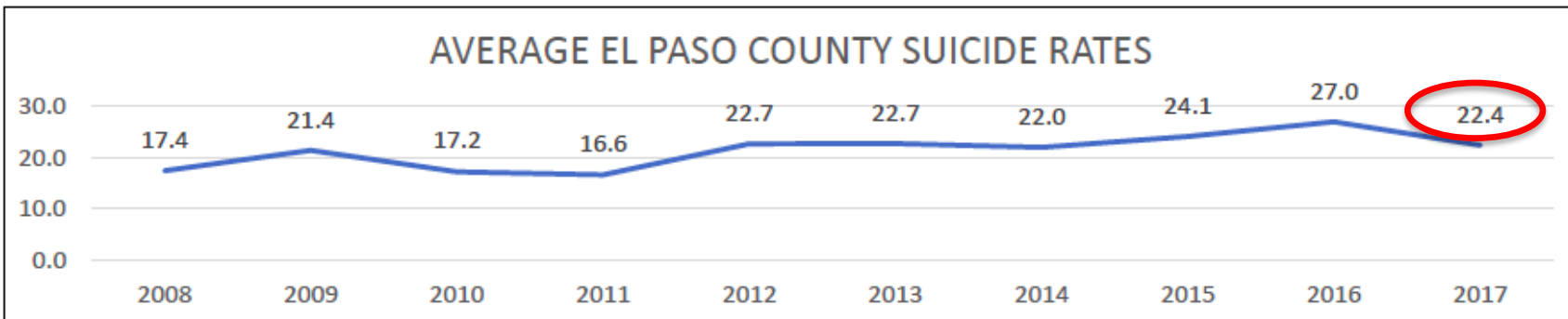
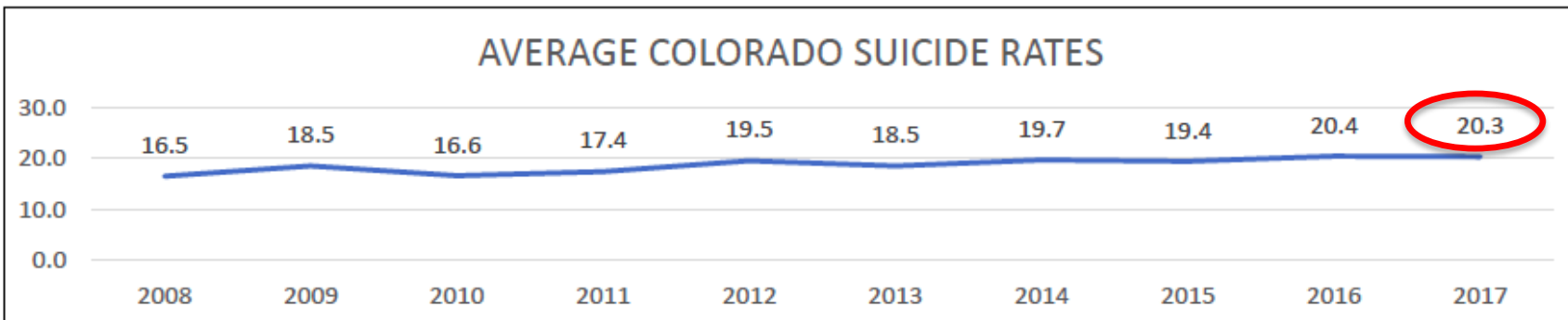
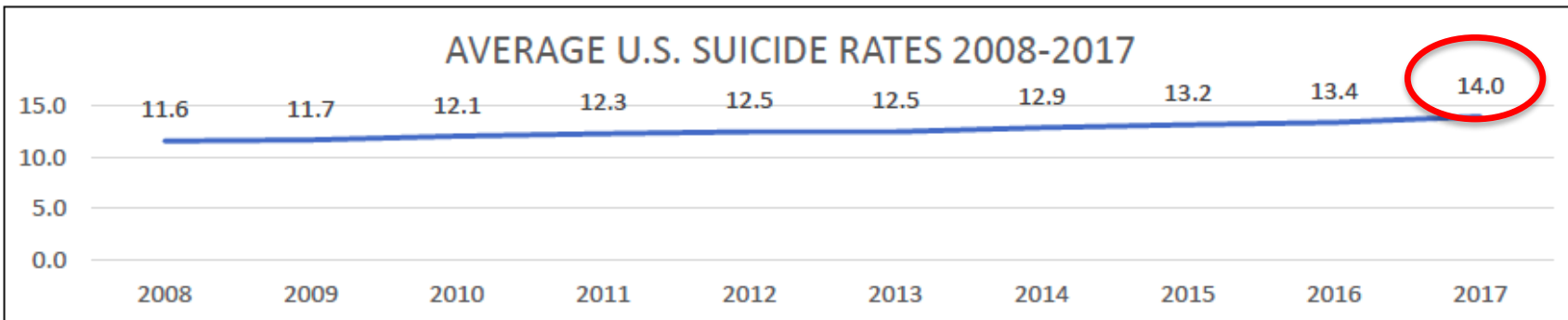
Categories are not mutually exclusive (may total to more than 100% of total drug overdoses) or comprehensive (other drugs not listed).

Tobacco Use (including Vaping)



Suicide

DEFINING THE PROBLEM: National – State – Local Suicide Rates



One in three adults in El Paso County is overweight

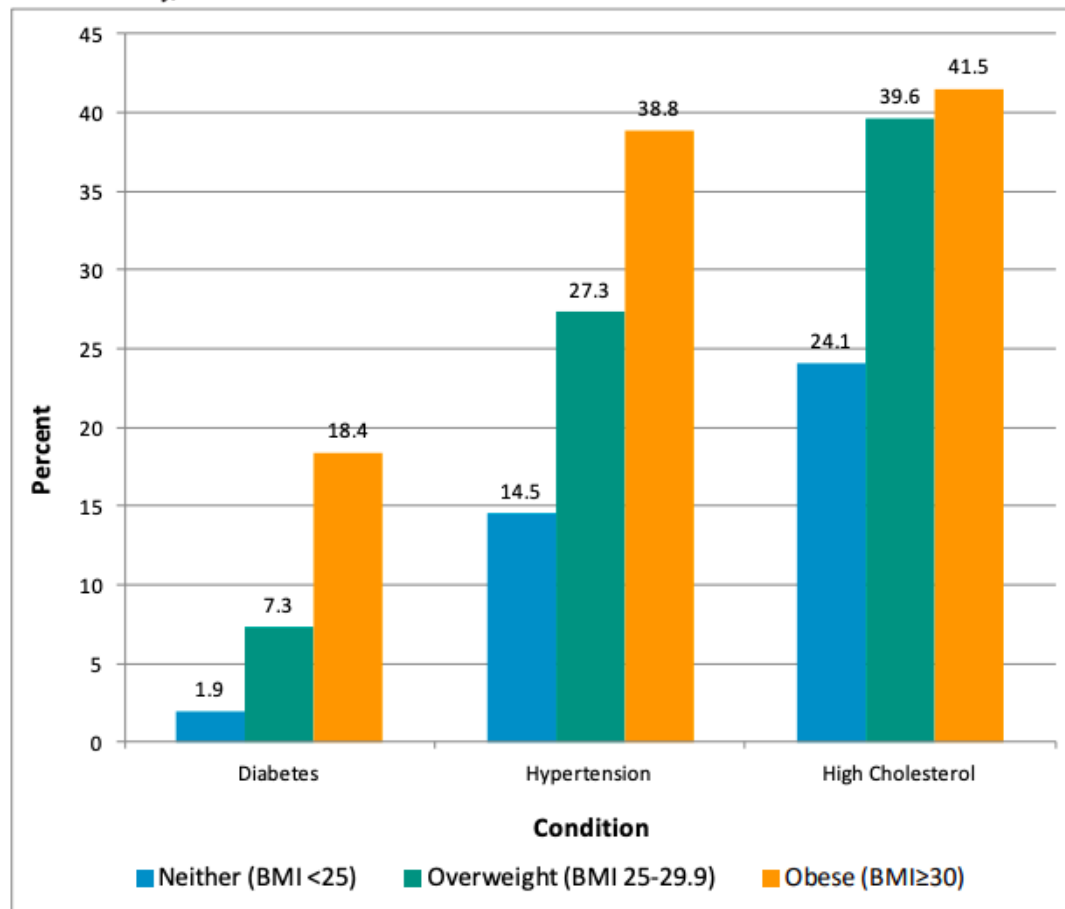


One in five adults in El Paso County is obese



Obesity

Figure 3: Prevalence of Co-Existing Conditions by Weight Status, Adults Aged 18+ Years, El Paso County, 2015



Trauma during Childhood

“Child adversity makes us sick.”



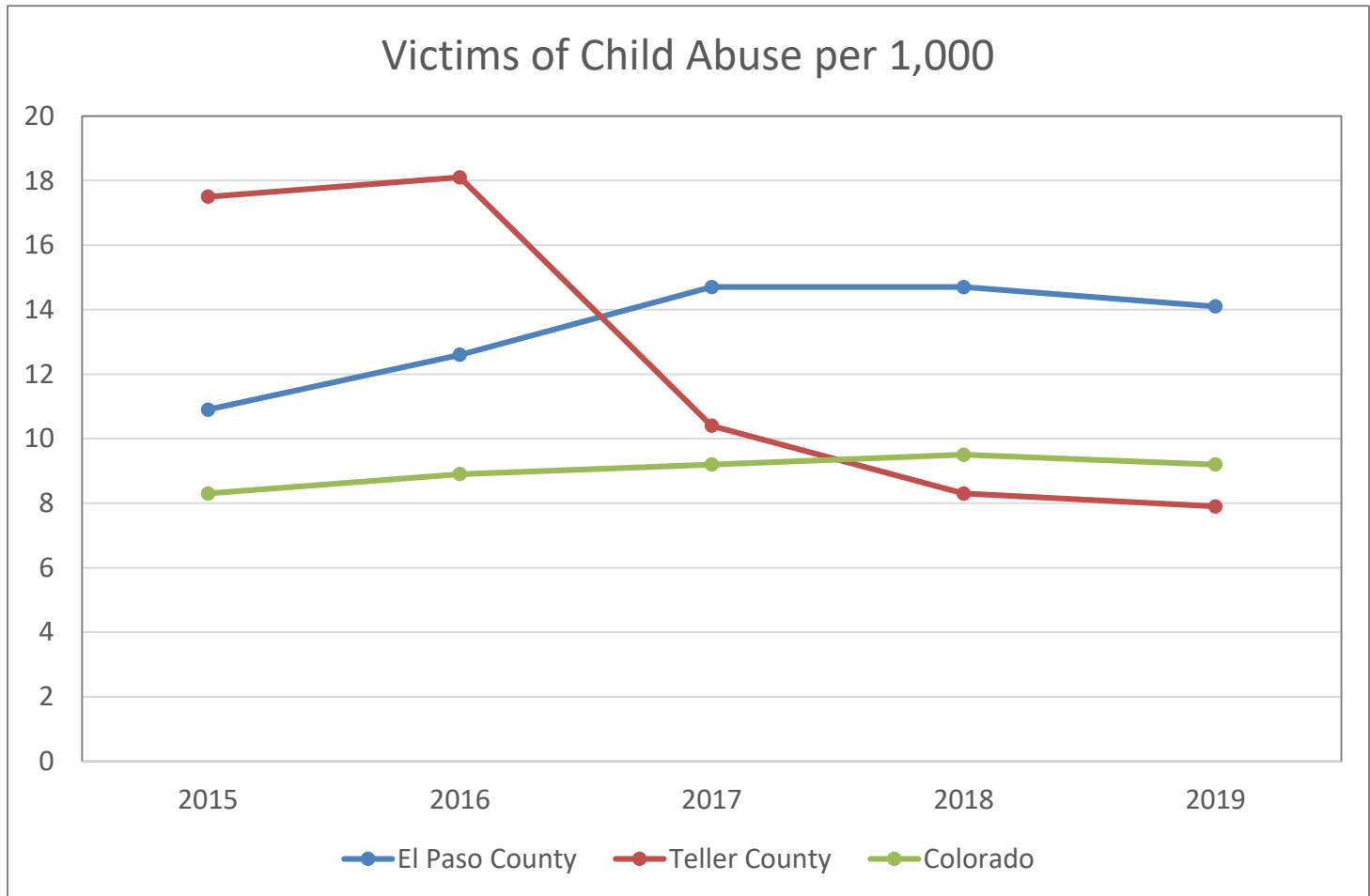
“[Research] findings strongly support the hypothesis that not only are ACEs associated with myriad negative outcomes, they are their root cause and therefore a powerful determinant of our most pressing and expensive health and social problems.”

“Primary prevention of childhood adversity offers significant benefits across the lifespan and likely, into the next generation.”

“Childhood Adversity & Lifelong Health: From Research to Action”

Audrey Stillerman, MD,
Journal of Family Practice,
November 2018, Vol. 67, No. 11

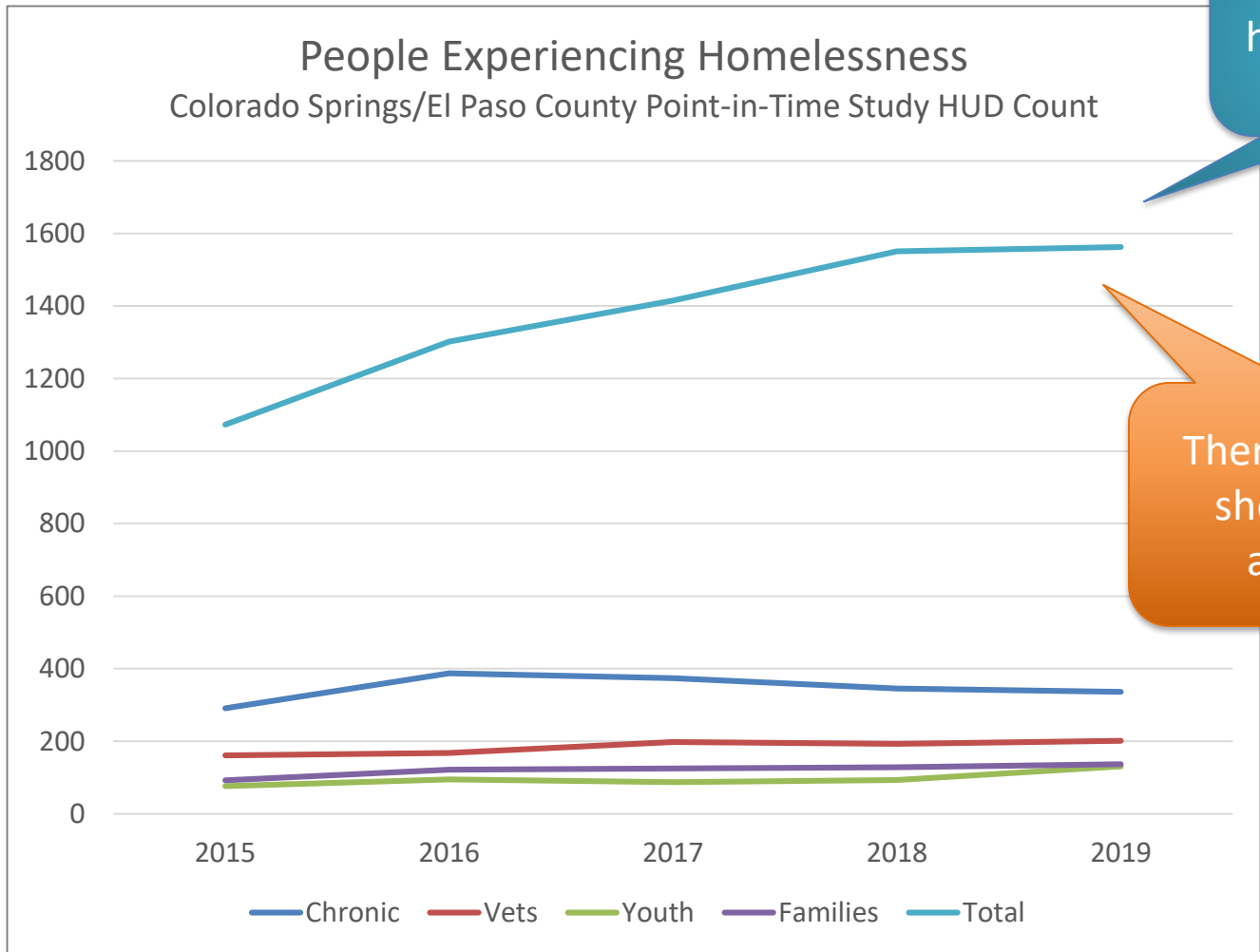
Child Abuse & Neglect



Definitions: Incidence of maltreatment of children younger than 18 (including physical abuse, sexual abuse, emotional abuse and/or neglect). The value is the number of unique substantiated cases per 1,000 children/youth .

Data Source: Erik Weitzel, Data and Financial Program Manager, El Paso County Department of Human Services, Feb. 6 2020

People Experiencing Homelessness



28% of the 1,562 homeless are unsheltered

There are 1,291 shelter beds available

...but, the Continuum of Care reports that there are 3,300 people in El Paso County experiencing homelessness in any given month.

Affordable Housing

Figure 99: Current and Projected Deficit in Affordable Rental Units, El Paso County

		Total Deficit in Affordable Units	Total Deficit in Available Units at Affordable Price Ranges
2012	Deficit, El Paso County	19,311	24,513
	ELI Households	3,057	4,352
	VLI Households	-173	3,741
	LI Households	6,712	7,418
	Mod Households	9,715	9,001
	Deficit, Colorado Springs	15,612	19,817
	ELI Households	2,471	3,518
	VLI Households	-140	3,025
	LI Households	5,426	5,997
	Mod Households	7,854	7,277
	Deficit, Balance of County	3,699	4,695
	ELI Households	586	834
	VLI Households	-33	717
LI Households	1,286	1,421	
Mod Households	1,861	1,724	
Projected, 2019	Deficit, El Paso County	20,835	26,447
	ELI Households	3,298	4,695
	VLI Households	-186	4,037
	LI Households	7,241	8,004
	Mod Households	10,482	9,711
	Deficit, Colorado Springs	16,844	21,381
	ELI Households	2,713	3,863
	VLI Households	-153	3,321
	LI Households	5,957	6,584
	Mod Households	8,622	7,988
	Deficit, Balance of County	3,991	5,066
	ELI Households	632	899
	VLI Households	-36	773
LI Households	1,387	1,533	
Mod Households	2,008	1,860	



EXAMPLE: DATA

Water Quality

The New York Times

Toxic 'Forever Chemicals' in Drinking Water Leave Military Families Reeling



A water tank in Fountain, Colo., where the drinking water system was contaminated by military. Ryan David Brown for The New York Times

By Julie Turkewitz

Feb. 22, 2019

FOUNTAIN, Colo. — When Army Staff Sgt. Samu... from Iraq, his body battered by war, he assumed...

NEWS COLORADO NEWS

"Our families need answers": Feds commit to test people for toxic "forever chemicals" near military bases in Colorado, 7 other states

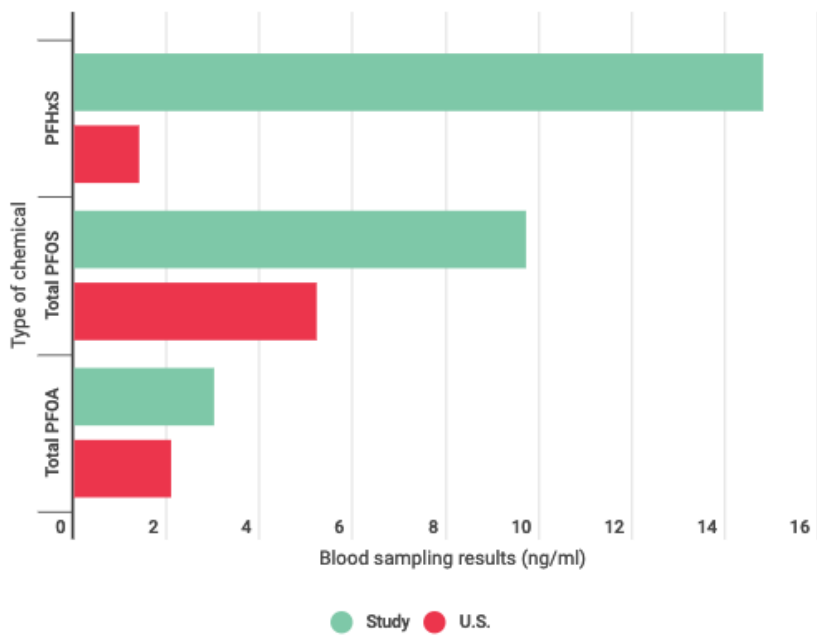
Three years ago, news reports of contaminated municipal water supplies raised concerns



- SIGN UP FOR NEWSLETTERS AND ALERTS
- SUBMIT YOUR NEWS TIPS OR PHOTOS

MOST POPULAR

- Denver just made a big change on social-use cannabis: It will be permanent
- After only a month, Denver's second social marijuana business is "temporarily closed" and up for sale
- Chambers: Avalanche trade for Derick Brassard didn't help playoff chances much, but Colorado was smart at the deadline
- A Colorado Springs wrestler made history when he knocked himself out of the state tournament rather than wrestle a girl — and he'd do it again



PFAS median blood levels

Source: Colorado School of Public Health and Colorado School of Mines

Community Health Needs Assessments: A Meta-Analysis



Sources: Memorial Health System Community Needs Assessment 2019; Penrose-St. Francis Community Health Needs Assessment 2019; El Paso County Public Health’s priorities (2017); Colorado’s 10 Winnable Health Battles; Peak Vista’s Service Area Assessment; Healthy Community Collaborative’s priorities; Pikes Peak United Way’s Quality of Life Indicators (2016-17, health section)

Community Health Priorities

- Mental Health (linked to suicide and trauma)
- Suicide (linked to mental health, substance use and trauma)
- Substance Use (linked to mental health, trauma)
- Overweight & Obesity (linked to healthy eating and physical activity and associated chronic diseases like heart disease and diabetes)
- Trauma, esp. child maltreatment (linked to mental health, substance use, homelessness, heart disease, diabetes, etc.)
- Homelessness (linked to affordable housing, mental health, substance use, trauma)
- Affordable Housing (linked to homelessness)
- Chronic Disease (heart disease, diabetes) (linked to healthy environments, access to healthcare)
- Cancer (linked to access to healthcare)
- Clean air & water

Process



Deciding on Funding Priorities

Review and analysis of local health needs assessments, public health data, reports, the literature, best practices, trainings/conference learnings etc.



Board strategic assessment and planning, done annually



Funding Focus Areas

Funding Focus Areas should...

- Reflect **community need**
- Offer opportunities to **make a difference**
- Reflect both intervention (**downstream**) and prevention (**upstream**) investment opportunities
- Address the **many factors that influence health**, not just clinical care but also health behaviors, social and economic factors, the physical environment
- Be “**right sized**” for the projected annual payout and beyond
- Other?

Current Funding Focus Areas

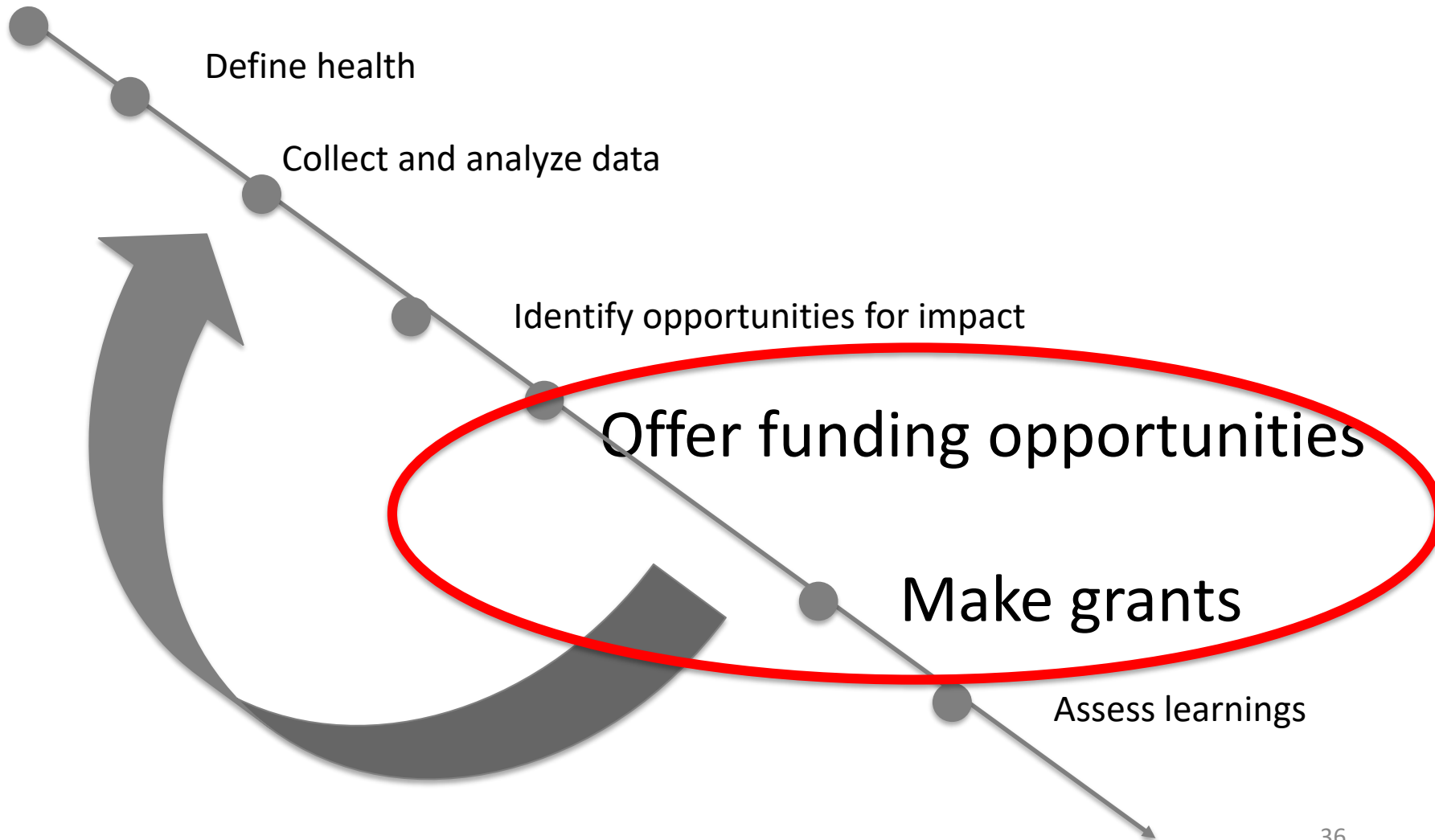
- Expand access to healthcare for those in greatest need
- Address the healthcare workforce shortage
- Prevent suicide
- Cultivate healthy environments in high need or underserved communities:
 - Built environments that encourage physical activity
 - Environments that increase access to healthy, affordable food and beverages
- Prevent or heal trauma; Strengthen resilience

Health Priorities vs. Funding Focus Area: Degree of Alignment?

CSHF Funding Focus Area	Community Health Priority
Access to health care, including addressing the healthcare workforce shortage	Mental Health Substance use Cancer Heart disease
Suicide Prevention	Suicide
Healthy Environments	Overweight & Obesity
Trauma & Resilience	Trauma, esp. child maltreatment Homelessness Mental Health Substance Use Heart Disease

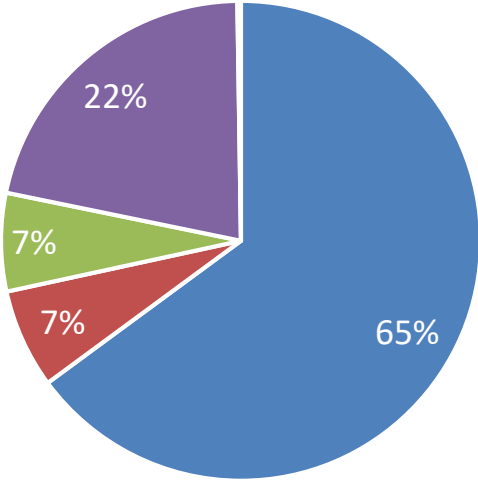
What's not addressed by current funding focus areas?
affordable housing; clean water; clean air

Process



2019 Grants Paid Out (\$) by Funding Focus Area

2019 Grants Paid Out by Funding Focus Area (\$)



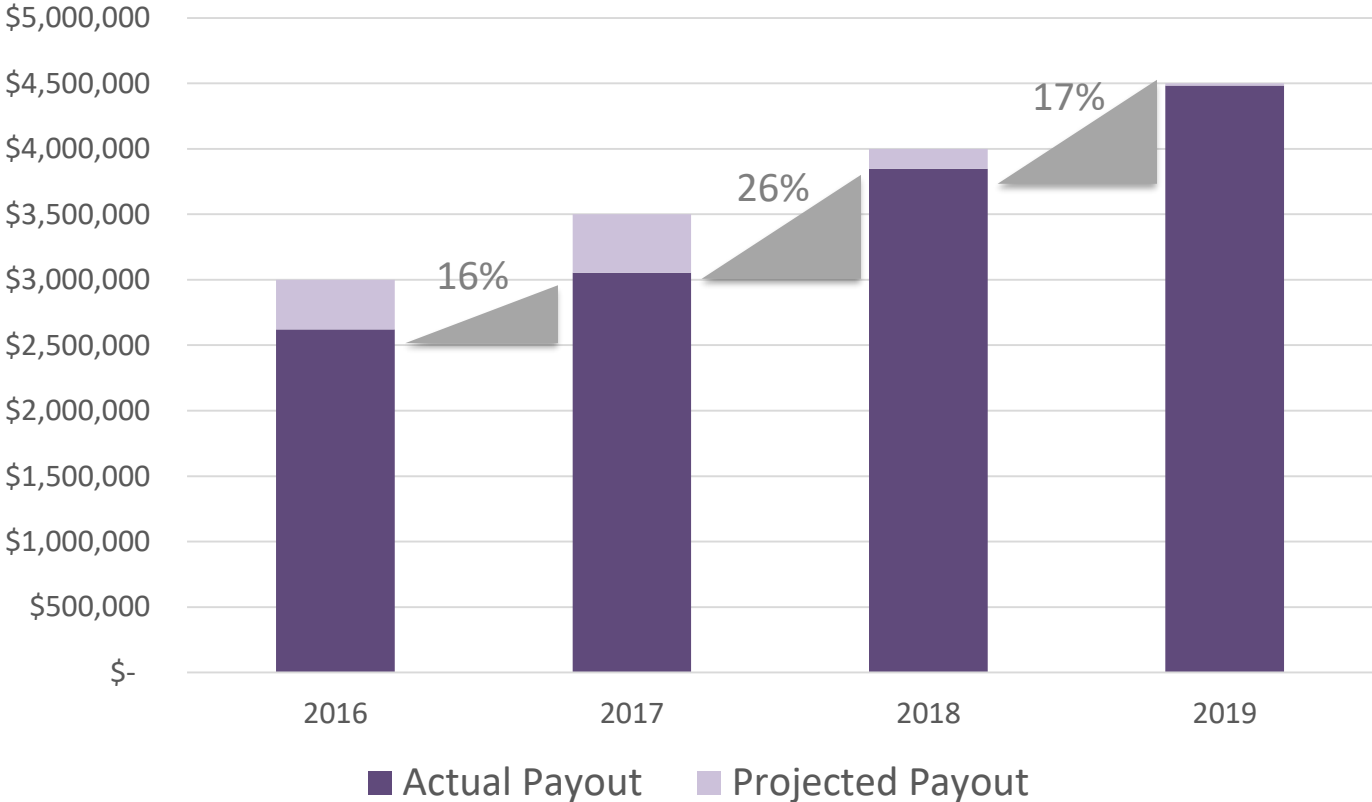
■ Access to Care ■ Workforce ■ Suicide Prev ■ Healthy Env

- Almost 2/3 of 2019 grant funds went to fund access to health care (immediate needs associated with mental health, substance use disorder, and physical health challenges)
- 22% went to healthy environments => helps residents achieve a healthy weight through nutritious food and exercise => leads to lower rates of chronic diseases like heart disease, diabetes
- The remaining funds went to healthcare workforce (a dimension of access to healthcare) and suicide prevention

Total Grants Paid Out (\$) (2016-2019)



Total Grants Paid Out Since Inception (\$)
(2016-2019)



Quantifying our Investments in a Different Way...



Mental Health, Substance Use Disorder or Suicide Prevention: \$4.2 M (30%)



Preventing Overweight/Obesity: \$3.5 M (25%)



Southeast Colorado Springs: \$2.1 M (15%)

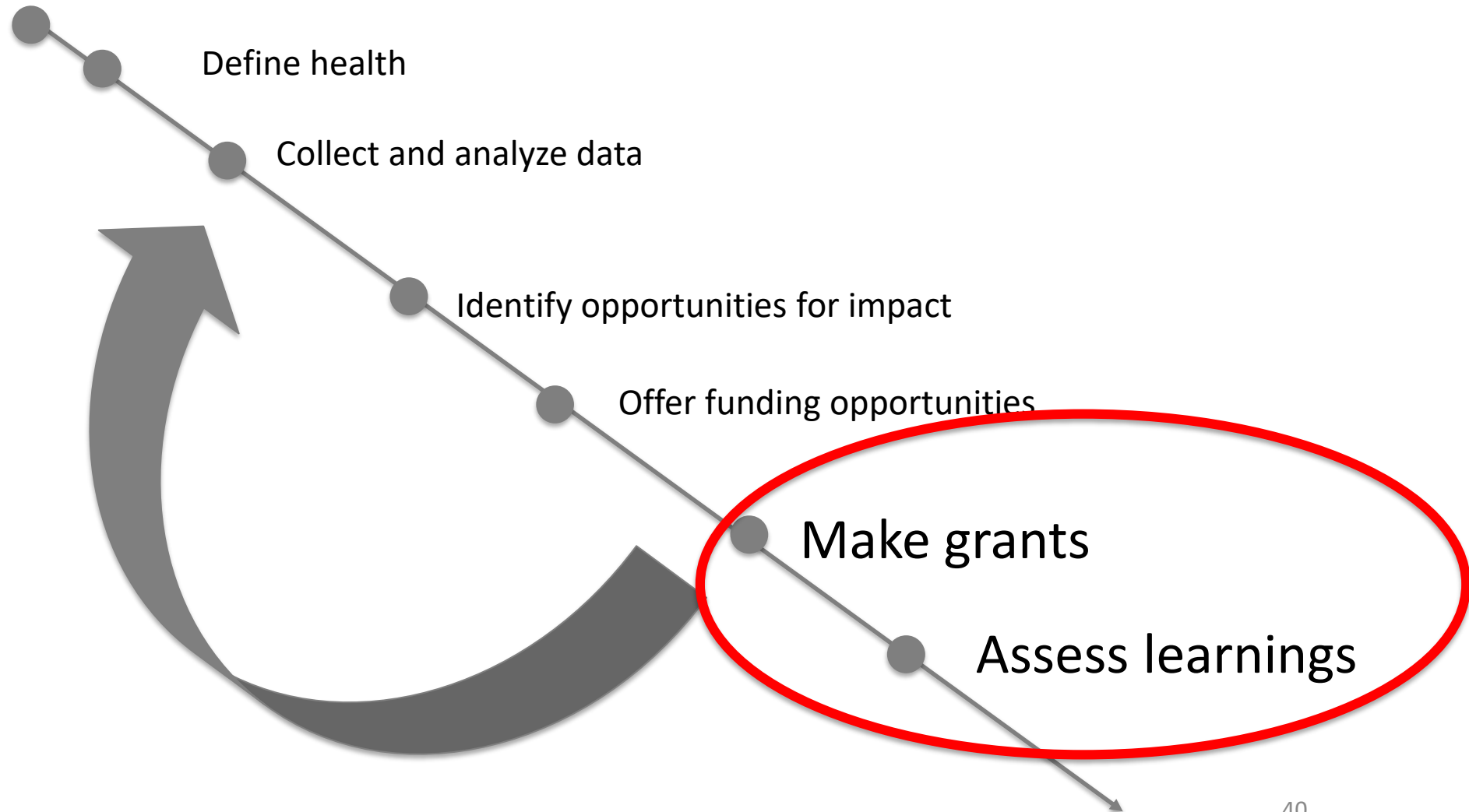


Homelessness: \$1.2 M (8%)



Immediate needs: ~75% of grants made (in \$) go to immediate needs (access to healthcare, healthcare workforce shortage, suicide prevention).

Process



Allocating Resources & Assessing Results

1. Board defines annual grant payout based on Investment Policy requirement (“no greater than 5% of 12-quarter trailing asset value”). This defines how much we can make in grants for the year.
2. CSHF issues funding opportunities to the community
3. Grant applications are received and reviewed. Considerations:
 - Tightness of fit with funding focus area
 - Organizational strength
 - Community need for proposed intervention
 - Use of evidence-based practice, if it exists
 - Evaluation approach
 - Potential for impact
4. The full board makes decisions on any and all grants.
5. Any organization awarded a grant is required to provide a grant report at the end of the grant period. If the award is multiyear, interim reports are due as well.
6. Staff and Board reflect on results by analyzing grants made, final reports, lessons learned, and this informs future planning and implementation.

Questions?