Toward Health Equity in Colorado

Building Foundations for Change

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SPR SOCIAL POLICY RESEARCH ASSOCIATES

The Health Equity Advocacy Strategy: PHASE 1

The Colorado Trust operates on a clear vision for "all Coloradans to have fair and equal opportunities to lead healthy and productive lives regardless of race, ethnicity, income, or where we live." In line with this vision, in September 2013, the foundation's Board of Trustees approved a two-and-a-half- year, $7.2 million funding strategy to support health equity advocacy through a field-building approach.

This approach was envisioned as a long-term endeavor driven by those on the front lines of health equity in the state. The effort began with a six-month planning phase (Phase 1) where 34 organizations—selected to represent the diversity of stakeholders involved in advancing health equity in Colorado—convened to co-create the Health Equity Advocacy (HEA) Strategy going forward.

This paper summarizes key activities and outcomes from this Phase 1 planning investment.

Phase 1 Overview

Using a grantee-driven approach, Phase 1 of the HEA Strategy leveraged the creativity and innovation of participating organizations. The 34 organizations selected to participate (included in the textbox on the right) collectively included representatives from:

- state-level, local and neighborhood-focused organizations;
- various sectors including the private sector, the public health system, and non-profit organizations;
- research, policy advocacy, community organizing, and direct service organizations; and
- groups representing specific voices that included immigrants and refugees, disabled populations, senior populations, undocumented populations, students and youth, and small businesses.

Each organization sent multiple representatives to a series of six convenings held in locations across Colorado. These full-day meetings were designed to unpack assumptions behind a health equity advocacy field-building approach, foster relationships across diverse stakeholders, identify what capacities and skills were needed to strengthen health equity advocacy work, and consider how best to improve coordination and collaboration to advance shared health equity goals. The Colorado Trust staff, with input

Phase 1 Organizations

Asian Pacific Development Center
ClinicNet
Colorado Association of Local Public Health Officials
Colorado Center on Law and Policy
Colorado Children's Campaign
Colorado Coalition for the Medically Underserved
Colorado Consumer Health Initiative
Colorado Cross-Disability Coalition
Colorado Fiscal Institute
Colorado Foundation for Public Health and the Environment/Aurora Health Access
Colorado Latino Leadership and Research Organization
Colorado Nonprofit Development Center/Boomers Leading Change
Colorado Nonprofit Development Center/Family Voices
Colorado Organization for Latina Opportunity and Reproductive Rights
Colorado Progressive Coalition
Front Range Economic Strategy Center
Full Circle of Lake County
Grand County Rural Health Network
Hunger Free Colorado
Mental Health America of Colorado
Northwest Colorado Visiting Nurse Association
Padres & Jóvenes Unidos
Reach Out and Read Colorado
Re:Vision International
Rural Solutions
San Luis Valley Immigrant Resource Center
Small Business Majority Foundation
Southeast Mental Health Services, La Junta
Stapleton Foundation for Sustainable Urban Communities
Summit Community Care Clinic
Telluride Foundation
The Family Center/La Familia
Together Colorado
Valley Food Partnership

from Phase 1 participants and the support of an external facilitator and strategic learning partner, designed the convening agendas and activities. Each organization was also provided a small general operating grant to support their participation.

The convenings provided valuable opportunities for participants to reflect on advancing health equity within their own organizations and in partnership with others in an emerging field. The diversity of participants engendered rich group discussions, as each was also able to offer insight into the opportunities and challenges of health equity advocacy with their specific region and constituencies, as well as discuss potential challenges of field building with a range of other organizations that span a wide range of sizes and capacity. Each convening was graphically recorded and captured—in "memory packets" (shown below)—highlights of discussions and key decisions. These served the purpose of not only creating an institutional memory that could be built upon from one meeting to the next, but also extending the dialogue beyond those in direct attendance.

Bringing community groups together for the first time around an ambitious agenda was not without its challenges. Not surprisingly, one of the primary challenges was creating a space for meaningful dialogue over a short period of time that addressed complex and sensitive issues. Many participants were unfamiliar with each other before Phase 1; discussing potentially emotionally-charged topics such as equity and engagement of affected populations required attention to group agreements and engagement of neutral facilitators. Engaging in authentic conversations required courage from participants, as sharing stories on behalf of marginalized constituencies they represented required a level of vulnerability from participants, and a willingness to challenge each other on potential biases.

Another challenge that emerged centered on issues of trust. While the grantees expressed enthusiasm about the direction of the HEA Strategy and appreciation for The Colorado Trust's approach, prior experiences with traditional power dynamics between funders and grantees made it challenging for Phase 1 participants to believe that The Colorado Trust truly intended for their voices and perspectives to shape the HEA funding strategy. Finally, a core design characteristic of the HEA Strategy—specifically the reality that of the 34 organizations participating in Phase 1, only half would continue into Phase 2—also posed challenges. Phase 1 participants relayed that this created an underlying sense of competition that at times got in the way of relationship building. Some also shared that the uncertainty of Phase 2 funding decisions made the process of developing a proposal for Phase 2 more complicated, particularly for those who wanted to partner with other grantees.

Phase 1 Outcomes: Multi-Level Growth and Development

Phase 1 participants reported that the Phase 1 investment was not only worthwhile, but also critical for laying the foundation for Phase 2 field-building activities. While Phase 1 did not include a formal evaluation of outcomes, interviews held with Phase 1 participants revealed growth and development at multiple levels:

Individual Development. A sustained focus on unpacking health equity assumptions and values provided a rare opportunity for individual participants to step back from their day-to-day work and deeply engage on the topic. While a small subset of grantees described Phase 1 as "reinforcing" their thinking about health equity, one-third of Phase 1 participants shared that their thinking had evolved. In a couple of cases, they explained that their thinking had *broadened* to encompass a wider range of considerations related to addressing the inequities facing their target populations. Most, however, described gaining a more *refined* framework and language to approach health equity within the context of their work and communities. One individual shared that Phase 1 "has allowed me to rethink and redirect efforts towards setting up systems so that people can self-advocate… this has been transformation for me."

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>
> HEA Phase 1 Organization

Organizational Growth. Most Phase 1 participants generally described that growth that took place within their respective organizations as a result of information and resources provided through Phase 1. A few, however, described specific actions taken over the course of Phase 1 that directly enhanced their organizational capacity. For example, one membership organization provided internal education and training around health equity concepts, another incorporated health equity into ongoing strategic planning processes, and still another began considering how to create a staff position to spearhead advocacy planning. Others formalized a health advisory committee or engaged in a health assessment of under-served populations in Colorado. One person shared that, prior to Phase 1, only one or two people on their staff were doing health equity work. The planning process gave them the opportunity to engage their entire staff in a dialogue about health equity. Reflecting on his organization's growth, one individual shared that Phase 1 was "a good opportunity to take a step back from our daily work and think in a more dedicated fashion about health equity, what it means, and where we fit in that work."

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Expanded Relationships and Networks. Finally, one of the clearest outcomes emerging from Phase 1 was the relationships built across participants. Many appreciated the time and space afforded to meaningfully connect with each other through the convenings. While many participants described the health equity advocacy field as still "siloed" or "fractured" overall, a few shared that their own organizations were less isolated after having connected with a diverse range of partners during Phase 1. As one individual shared, "It's hard to be in relation with others if you don't understand them… [through getting to know others], we are recognizing that we all work on and believe in the same stuff."

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Building Foundations for Change Ahead

Beyond the individual and collective growth of Phase 1 participants, the overarching outcome of Phase 1 was the foundation it set for the design and implementation of the second phase of health equity advocacy field building. Through Phase 1 convenings, a core set of underlying assumptions for health equity advocacy field building were refined and formalized [shared to the right]. Phase 1 partners also generated a list of priorities for capacity building for the next phase of work that included: (1) communications and messaging of health equity to multiple audiences, (2) community outreach and engagement of affected populations, and (3) building organizational cultural competency and linguistic capacity. Finally, the Phase 1 convenings also brought to the fore some key structural considerations that carried forward to Phase 2:

- the adoption of a framework for thinking about the diversity of approaches within the HEA cohort, including a typology of key constituents that include *policy advocates, community organizers, and direct service providers*;
- the value of the convening structure for relationship building and collaboration, and the importance of grantee voice in driving planning and implementation;
- the critical importance of neutral facilitators to guide decision-making processes and ensure that all voices are heard in group conversations;
- the need for an online collaborative space to centralize resources, support onboarding of new partners, and extend conversations between convenings.

HEA Strategy's Underlying Assumptions

- An acknowledgement of the connection between persistent **disparities** in health outcomes and race, ethnicity, income, and other social determinants;
- A belief that consistent and coordinated **advocacy** is a critical lever to influence systems-level changes that address these inequities;
- Prioritization on maintaining a focus on the **role of historical oppression** and **persistent structural racism** facing Colorado's most vulnerable, the power and potential of **diverse partners** coming together to influence change, and the critical role of **affected populations** as partners in driving the changes that affect them; and
- The unique opportunity presented by **field building** to break down silos, promote alignment across various health equity-focused efforts, and ultimately harness power statewide to advance change.

The continuing story of how The Colorado Trust and the Health Equity Advocacy Strategy cohort built upon this foundation in Phase 2 is captured in an evaluation paper, *Toward Health in Colorado: Progress and Lessons Learned in Health Equity Advocacy Field Building*.

The Colorado Trust is a health equity foundation dedicated to ending inequalities that affect racial, ethnic, low-income and other vulnerable populations. The Health Equity Advocacy Strategy aims to build a strong and diverse field of health equity advocates across the state that can impact policy decisions to improve health equity in Colorado for years to come.

For more information about The Colorado Trust or the Health Equity Advocacy Strategy contact Felisa Gonzales, PhD, RESL Manager (303.539.3110) or Noelle Dorward, Advocacy & Policy Partner (303.529.3134).

Social Policy Research Associates (SPR) is a research, evaluation, and technical assistance firm located in Oakland, California with expertise in the areas of philanthropy, youth development, education, health, workforce development, employment training, and other human service programs. SPR's Philanthropy, Equity, Youth Division evaluates the role of philanthropic and public sector investments in policies and programs designed to improve outcomes for diverse populations across the country and support change strategies focused on racial, gender, and place-based equity.

For more information about SPR or this report contact Traci Endo Inouye, Vice President and Director of the Philanthropy, Equity, Youth Division.

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