

ACKNOWLEDGMENTS

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» **LETTER FROM THE COLORADO TRUST**

The Colorado Trust is a health equity foundation that aims to advance the health and well-being of all Coloradans. We believe that advocacy for policy change is essential to achieving health equity. Through the grantee-driven **Health Equity Advocacy** (HEA) strategy, we have funded a cohort of 18 direct service, community organizing and policy advocacy organizations to nurture and grow a new health equity advocacy field capable of promoting health equity policy solutions in changing political environments.

Early in their work together, HEA Cohort members recognized that health inequities are greatest in communities of color. They examined how the social determinants of health, including structural racism, contributed to differential health outcomes among racial/ethnic populations. After many emotional conversations and reflections, the Cohort came to the conclusion that the pursuit of racial equity was essential to the attainment of health equity. Through a process described in this paper, Cohort members decided to center race in their health equity advocacy work, and codified this commitment in their collective vision:

“Diverse Colorado leaders, united by common values and empowered communities, dismantle structural and racial inequities and build equitable systems so that all Coloradans can achieve their highest possible level of health.”

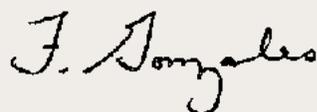
While focusing on racial equity was not initially imagined by The Colorado Trust as a cornerstone of the Cohort’s work, we fully support the allocation of time, resources and head and heart space to focus on racial equity, which the Cohort believes is necessary to fully achieve health equity. This learning paper details the efforts of the HEA Cohort to build individual, organizational and collective capacity to recognize and combat the role that structural racism plays in health inequities. Capacity-building strategies utilized include race-based caucusing sessions for Cohort members; consulting for organizational transformation for racial equity; and community gatherings to build capacity to communicate across difference.

As a result of these investments, HEA Cohort members have grown in their own understandings of race and racism, begun exploring how to change policies and practices within their own organizations, and learned how to have difficult but important conversations about race in communities across the state. The Cohort has much wisdom to offer in terms of how to build racial equity capacity of individuals and organizations promoting health equity in both rural and urban contexts.

The Colorado Trust has also grown in our own understanding of race and racism. The way the Cohort has done its work has contributed to this growth at The Colorado Trust—how we see ourselves as a thought partner to the Cohort, how we participate in the health equity advocacy field and how we understand racial equity. We at The Colorado Trust are so grateful to the HEA Cohort members for the leadership they have provided and risks they have taken—individually, as organizations, and with colleagues in the field—in this vital work.



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» EXECUTIVE SUMMARY

Launched in 2014, the Health Equity Advocacy (HEA) strategy is a multi-year investment of The Colorado Trust (The Trust), designed to build a robust field of organizations that advance policy solutions to address health equity and improve the health and well-being of all Coloradans. Given this focus, from the beginning of this grantee-driven initiative, the cohort of 18 HEA grantee organizations (the Cohort) recognized the significance of understanding and addressing the root causes that lead to persistent, disparate health outcomes for underserved populations. After wrestling with how best to advance health equity for all communities in Colorado—particularly those that face the greatest barriers to achieving optimal health—the Cohort made an explicit commitment to center race as a primary social determinant in its health equity advocacy field-building work.

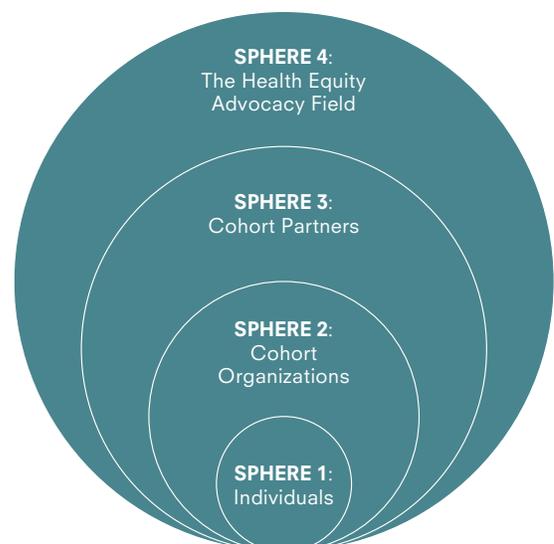
This paper shares the story of the HEA Cohort's efforts to live into its commitment to put race at the center of its health equity advocacy field-building work. It describes the rationale for centering race in health equity, the vision for the Cohort's efforts on this front, the multi-level strategies the Cohort employed, Cohort progress within these levels, and the challenges and emerging lessons learned.

Articulating and Stewarding a Vision and Framework

Soon after formally voting to center race in their work together, the Cohort created the Racial Equity Team, a Cohort body empowered to support the Cohort in its racial equity capacity-building efforts. After gathering feedback about what was needed to build the racial equity capacity of Cohort members and the field, the team articulated a vision and framework to guide its work. The framework included four “spheres of influence” where investments in capacity building could foster a field of health equity advocates that could work towards a truly equitable Colorado.

- **Sphere 1** is made up of individuals from Cohort organizations that consistently participate in the leadership and engagement work of the HEA Cohort.
- **Sphere 2** is made up of the individuals and the policies, practices and procedures at each Cohort organization.
- **Sphere 3** is made up of the individuals and organizations that Cohort organizations partner with in their health equity work.
- **Sphere 4** is the health equity advocacy field in Colorado.

Vision: The Racial Equity Team will work to lay the foundation of an anti-racist movement for equity in which white communities and communities of color have a shared sense of belonging and understand racism to be a common enemy and actively work to dismantle it and build an equitable Colorado.



Not only was building the racial equity capacity of an emerging health equity advocacy field an enormous undertaking, it was also uncharted territory. To implement its vision, the Racial Equity Team partnered with experienced consultants to design and implement capacity-building strategies across all four spheres of influence. Core strategies included racial caucusing, tailored organizational development support and facilitated community conversations about health equity and race.

Implementation Progress and Challenges

Now just a year into implementation of the Racial Equity Team's capacity-building strategies, there is evidence of progress at multiple levels. Specifically, survey results of individuals who participated in racial caucusing indicated that, as a result of their experience, caucus participants gained deeper understandings of (and felt somewhat better equipped to address) the complex ways in which racism permeates systems, institutions and their own subconscious. At the organization level, as a result of capacity-building investments, several organizations reported a number of milestones that indicate increased racial equity capacity within their organizations—e.g., dedicated resources for racial equity-focused capacity building, institutionalization of racial equity-focused activities, and revamped organizational processes around hiring, board recruitment and board engagement. Finally, at the community level, racial equity-focused community conversations resulted in the inclusion of previously marginalized voices in challenging conversations about health equity. Results from participant evaluation forms and interviews with Cohort organizations that helped host these community conversations indicated a desire to have more opportunities to deepen the conversations, broaden access to these conversations to other communities, and train community members to lead community conversations about equity.

There were a variety of challenges that emerged over the course of implementation. Some were logistical in nature and were capably managed, due in large part to the flexibility and adaptability of the capacity-building consultants. Other challenges, such as the rigid requirements of a particular capacity-building model, or the lack of individual and organizational bandwidth or readiness to engage in capacity building, limited the ability of some Cohort members to fully engage in opportunities available to them. Members of the Racial Equity Team have been taking these challenges into consideration as they continue to refine their strategies moving forward.

Learnings for the Field

While the story of the HEA Cohort's efforts to center race in health equity advocacy field building is still unfolding, their efforts to build the racial equity capacity of individuals, organizations, partners and community members has contributed to the strengthening of the field by equipping individuals and organizations to be leaders in the work, and by being intentional about the inclusion of voices that had previously been marginalized or excluded. The Racial Equity Team gained valuable knowledge from its successes and challenges, which the team has been applying to its efforts to develop future strategies. The evaluation has also surfaced some overarching learnings that may be instructive for others similarly engaged in centering race in social change endeavors, namely:

- Explicitly naming and centering race in health equity advocacy is important to assuring that race and racism do not get pushed aside in equity-focused efforts.

- Given the sensitivity and emotional charge associated with confronting race and racism, it is critical to allow adequate time and space for developing a vision for the work, providing educational support, attending to readiness for this challenging work, and supporting hard conversations in order to achieve collective buy-in.
- Attending to multiple levels of mutually reinforcing growth and transformation better assures field-level benefits and the sustainability of change efforts.
- Balancing the intensive but important work of racial equity-focused capacity building while also doing health equity advocacy work is difficult. Having flexible and adaptive consultants helps.
- Having centralized stewardship of resources and strategies and thoughtfully engaging consultants can facilitate effective implementation and equitable participation in capacity-building efforts.
- Attention to individual journeys and healing is a necessary component of racial equity efforts.

Finally, the unspoken backdrop behind these points of emerging learning is the critical and facilitative role of The Trust as a partner in this work. The foundation's willingness to hold true to its value for authentic grantee partnership has allowed for uncensored expression of the HEA Cohort's articulation of what is actually required to advance health equity in the state. The partnership model embodied in the HEA strategy's grantee-driven approach has eliminated grantees having to "make the case" to their funder, which can often be a barrier to meaningful engagement in race equity work within initiatives like this, as well as allowed the HEA Cohort to have traction in the areas where they have chosen to focus.

Conclusion

Looking backward reveals the growth of the Cohort's racial equity capacity—and looking forward, the challenges and opportunities to come. Multiple members of the HEA Cohort, recognizing the value of what has been built thus far, aim to increasingly leverage their collective capacity toward specific actions that can (for example) meaningfully build a pipeline of diverse health equity advocates; lift up narratives of communities of color more prominently in health equity policy discussions; or, ultimately, leverage the collective power of cross-racial coalitions to influence policies that serve to address the inequities facing communities of color and other marginalized communities in Colorado. Many, too, recognize the fragility of the capacity that has been built, and the importance of continuously investing in strengthening and sustaining the individual, organizational and community-level growth, even with the eventual absence of Trust support. Regardless of what is to come, interviewed Cohort members emphasized a sense of pride for the bold steps that they have taken thus far, facing head-on the seemingly intractable challenge of structural racism on behalf of the communities they represent and serve.

» INTRODUCTION & BACKGROUND

Launched in 2014, the **Health Equity Advocacy (HEA) strategy** is a multi-year investment of The Colorado Trust (The Trust), designed to build a robust field of organizations that advance policy solutions to address health equity and improve the health and well-being of all Coloradans. Eighteen core grantees comprise a cohort (the Cohort) of anchor organizations charged with building and nurturing this emerging field (see Appendix A for a list of Cohort organizations).

Building a Health Equity Advocacy Field

A field is an identifiable group of actors who are comprised of a multiplicity of organizations in relationship with each other and who have a shared identity, knowledge base, vocabulary and an array of skills and knowledge to support progress on shared goals. Unlike with coalition building, which focuses on collective actions, field building focuses on connecting actors around aligned missions. It is a type of advocacy approach that focuses specifically on building the stability and long-term adaptive capacity of a field of organizations that can effectively engage in advocacy and shape and respond to shifting political environments. Intrigued by its potential for supporting long-term, sustainable change, The Trust adopted field building as its advocacy approach for the HEA strategy.

Given that field building often refers to efforts to strengthen existing fields, The Trust faced a key challenge: the absence of a health equity advocacy field. A 2013 study commissioned by The Trust showed that a health equity advocacy field did not yet exist in Colorado. Instead, the scan revealed the existence of two separate fields—a health advocacy field (focused primarily on access to health insurance and health care) and an equity field (focused on achieving more equitable outcomes for marginalized communities across a number of social determinants of health).¹ Thus, the HEA field-building strategy was designed to bring together and build upon the power of key actors in both fields (state-level advocates, community organizers and direct-service providers) who represent diverse constituencies and geographies across the state, to ultimately foster a new field focused specifically on health equity advocacy.

The HEA strategy's grantee-driven approachⁱ to field building focuses on creating a shared understanding of and vision around health equity; increasing diversity of the fieldⁱⁱ; increasing the field's collective capacity for changeⁱⁱⁱ; promoting a paradigm shift in advocacy toward community-led change; and supporting stronger, more intentional coordination, collaboration and alignment within the field. Under the HEA Cohort's strong leadership as anchor organizations in this field-building effort, the hope is that this emerging field will be able to capitalize on health equity policy opportunities to bring to fruition the Cohort's vision that all Coloradans are able to achieve their highest possible level of health.

Given the focus on advancing health equity for all Coloradans, from the beginning of this grantee-driven initiative, the HEA Cohort recognized the significance of understanding and addressing the root causes that lead to persistent, disparate health outcomes for underserved populations. While recognizing the role of race and structural racism in health inequities, Cohort members observed that because they are difficult and sensitive topics to discuss,

issues of race and structural racism often get pushed to the side in favor of less controversial (or less emotionally charged) social determinants of health, such as income level. Further, in the policy advocacy realm, there was a notable absence of language and will to frame the challenges facing populations that experience disproportionate health inequities through a lens of race.

Therefore, in the Cohort's formative years,^{iv} the effort to integrate issues of race in health equity advocacy field-building conversations was organic in nature and driven by passionate Cohort members. The Cohort designed and engaged in a number of activities together at regularly occurring Cohort convenings to build their racial equity capacity (see Appendix B for a description of these activities) and attended equity-focused conferences, such as PolicyLink's Equity Summit, Race Forward's Facing Race conference and the Haas Institute for a Fair and Inclusive Society's Othering and Belonging Conference. Cohort members also participated in Undoing Racism trainings developed by The People's Institute for Survival and Beyond and attended The Colorado Trust's **Health Equity Learning Series** lectures featuring racial equity thought leaders, such as Professor John A. Powell. The Cohort's early intention was to foster a shared understanding and language within the Cohort (versus implementing an overarching plan to prioritize race in health equity advocacy field building).

Still, participation in these activities led to a growing collective consciousness in the Cohort about the role of structural racism in creating and perpetuating inequities that lead to disproportionately poor outcomes for communities of color. During this same time, issues of race and racism became more visible across the nation. For example, the Black Lives Matter movement was growing, as was visibility about the ways in which young, unarmed black men were dying at the hands of police and white vigilantes. As the 2016 election campaigns got heated, there was also a rise in anti-immigrant rhetoric and threats by a presidential candidate to ban Muslims from entering the country and build a wall between Mexico and the United States. White nationalism was also on the rise, with the Southern Poverty Law Center reporting a spike in the number of active hate groups in 2016.² Several Cohort members expressed a mounting sense of urgency around addressing racial justice and a desire to more explicitly focus on racial equity within their health equity advocacy field-building efforts. In convenings and subcommittee meetings, they engaged in honest and, at times, emotionally charged discussions about the ways in which all Cohort members had experienced multiple forms of oppression.

A turning point came during the April 2016 Cohort convening, where a sobering presentation about race-based disparities across a number of social determinants of health (e.g., poverty, infant mortality rates, education, chronic disease, exposure to environmental hazards, etc.) led to deeply personal and painful discussions about racism, racist structures and privilege—and a challenge to all Cohort members by members of a Cohort subcommittee to reflect upon and name their struggles around focusing on racial equity.

By the end of this convening, the Cohort voted unanimously to press forward with its focus on health equity, but with race at its center. To that end Cohort members agreed that they would (1) move together in applying a racial lens to their health equity advocacy work; (2) engage in hard conversations around race; and (3) create a space of inclusion so everyone can be part of the solution.

This paper shares the story of the HEA Cohort's efforts to live into its commitment to put race at the center of its health equity advocacy field-building work. It describes the rationale

for centering race in health equity, the vision for the Cohort’s efforts on this front, the multi-level strategies the Cohort employed, Cohort progress within these levels, and the challenges and emerging lessons learned. The paper draws primarily from the following data sources: (1) interviews with members of the Cohort’s Racial Equity Team; (2) interviews with racial equity consultants; (3) surveys of Cohort organization leads; (4) surveys of racial caucusing participants; (5) document review (e.g., requests for proposals, consultant proposals, consultant reports); (6) grantee reports; and (7) observations from a grantee strategic-learning session focused on what it means to center race in health equity advocacy. The paper also draws from the documentation, observations and knowledge base of the evaluators who have been a part of the initiative since its launch and who have served as the initiative’s institutional memory.

» WHY CENTER RACE?

In interviews, when sharing their reasons around the importance of centering race in health equity advocacy, Cohort members were emphatic about what the decision did *not* mean. For example, the decision to center race was not to the exclusion of other social determinants of health and did not mean that they would not focus on other types of inequities. Rather, focusing on race was seen as a vehicle to also bring those other inequities to light due to the ways in which race intersects with other social determinants of health. One Cohort member also emphasized that the decision to focus on race did not mean that they were choosing to “benefit people of color at the expense of white people”; rather, it meant “benefiting all people while holding the truth that the current structures and systems benefit white people more than people of color.” The Cohort member added to that end: “A racial equity lens will require us to invite people in the conversation—white, or people of color—and our racial equity lens will impel us to invite all of those people to the table.”

Many saw the decision to center race reflecting an active effort by the Cohort to step into a brave space and confront an issue that is still considered “taboo” and actively resist the urge to continue to “push it under the rug.” As one Cohort member shared, centering race “means that you’re acknowledging and accepting that race plays a big role in any type of equity conversation that you are having, whether that’s health equity or economic equity. It’s the foundation where you need to start because when you recognize that race is at the forefront of that, it centers the rest of your work and how to go about changing systems and connecting with community.”

» ARTICULATING A VISION FOR THE WORK

Soon after formally voting to center race in health equity advocacy field building, the Cohort recognized that in order to live into their commitment, they needed a dedicated Cohort body that was empowered to support them in doing so. Thus, the Racial Equity Team was created. This team—made up of Cohort members who volunteered to serve and who represented the diversity of the Cohort^v—defined its charge as “maintain[ing] the Cohort’s commitment to racial equity and to engage in strategic planning around the capacity and skills building necessary to advance racial equity through the work of the Cohort.”^{vi} The team immediately went to work, taking input from Cohort members on what was needed to support their collective and organizational racial equity journeys, and from lessons provided by the evaluation team about the Cohort’s previous racial equity efforts. The Racial Equity Team then worked to define its purpose and articulate a vision for its work.

Why Center Race?: A Review of the Literature

The grantees' instinct to center race in their work is supported by decades of research illustrating chronic disparities between whites and people of color in mortality and overall well-being.³⁻⁶ These disparities cut across a broad spectrum of health conditions at all stages of development, and persist even when socioeconomic differences are taken into account.⁷ One study found that African Americans' total health risk is higher than whites even after adjusting for income, education, gender and age.⁸ Another study showed that racial disparities in health increase with socioeconomic status: the disparity between upwardly mobile African Americans/Hispanics and whites is higher as incomes of both groups increase.⁹ There are a number of studies that report significantly poorer health outcomes for Native Americans relative to whites—including suicide rates for Native Americans that are 50 percent higher than those of whites, and an infant mortality rate for Native Americans that is 1.5 times higher than the rate of whites.¹⁰⁻¹² Asian Americans have a high prevalence of chronic obstructive pulmonary disease, hepatitis B, HIV/AIDS, liver disease, and tuberculosis. In 2015, tuberculosis was 30 times more common among Asian Americans than whites.¹³ Much of the research points to childhood and chronic life-stressors, such as structural and interpersonal racism and discrimination, as key factors in differential outcomes.^{14,15}

These racial disparities in health are found in many states, including Colorado. For instance, the 2018-20 Colorado Chronic Disease State Plan indicates that African American and Hispanic Coloradans have higher rates of obesity, are more likely to smoke, and are less likely to meet physical activity recommendations than are white Coloradans.¹⁶ They are also much more likely to have multiple risk factors for chronic disease and have higher overall cancer mortality.¹⁷ Similarly, in the area of oral health, African American children are two times more likely than white children to have untreated cavities and are less likely to get regular dental care, something which contributes to challenges in school.¹⁶

There is strong evidence that racial disparities in health exist due to differences in access to health services and the effects of differences across broader determinants of health, such as housing, exposure to violence, food security and education.¹⁸ The American Academy of Family Physicians argues that the social determinants of health include the conditions under which people are "born, grow, live, work, and age," and that racism and discrimination are key factors contributing to health disparities.¹⁹ Centering race in health equity advocacy, and putting the perspectives of people of color at the center of those efforts, ensures that the effects of structural racism and the influence of the social determinants of health are made visible, without ignoring the inter-related influences of economic class, immigrant status, gender, sexuality and geography (e.g., urban or rural).

As an analytic and programmatic frame, centering race is reinforced by the growing literature on targeted universalism, which illustrates how a focus on the particular situated needs of people of color can improve services and outreach to all groups. Progress towards a universal goal such as the promotion of health cannot be furthered without an understanding of how distinct groups of people are positioned differently with regard to the institutions, systems and infrastructure that are designed to promote health. Targeted universalism seeks to identify those differences and make the structural changes necessary to make paths to the goal smoother for all individuals.²⁰ The focus on reducing systems-level barriers is key, as much research points to the role that systems reform can play in reducing or closing health disparities.²¹⁻²³

This process ultimately resulted in the development of a guiding document titled “Vision and Growing Edges” (see Appendix C). This document not only articulated the team’s vision,^{vii} but laid out a multi-level framework designed to serve as the “North Star” for the team’s field-building work. A team member instrumental to developing this document described the process:

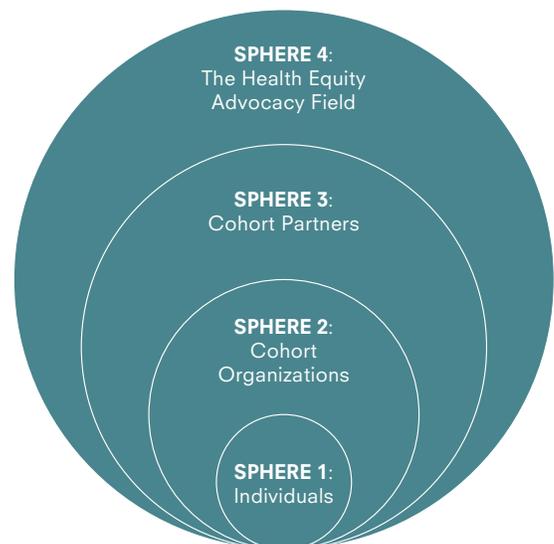
We wanted to make sure we were being really transparent in the way that we were holding the intention to put race at the center of our work, and then moving the intention into strategic action around how we were going to build a field that centers racial equity or racial justice. It’s about holding this commitment to racial equity, making sure that it has a place to land, that there is a group of Cohort representatives charged with holding the intention to live into a racial justice purpose. And we thought about field building and how we want to move this intention outwards and be intentional about how we’re creating learning opportunities and collective growth opportunities around racial equity.

Vision: The Racial Equity Team will work to lay the foundation of an anti-racist movement for equity in which white communities and communities of color have a shared sense of belonging and understand racism to be a common enemy and actively work to dismantle it and build an equitable Colorado.

» STEWARDING THE VISION

For the Racial Equity Team, it was clear that in order to grow a field of health equity advocates that could work towards a truly equitable Colorado, they needed to build the field’s understanding of, and ability to address, the role that race and racism play in creating inequitable policies and structures that lead to persistent disparities in health outcomes. This seemed an enormous undertaking, not only because the idea of building the capacity of an entire field seemed daunting, but because building the knowledge, skills and courage to address racism is something for which many people need support. The team recognized that they needed to take a multi-level approach to the work, and identified their levels according to what they called “spheres of influence,” defined in the Vision and Growing Edges document as the following:

- **Sphere 1** is made up of individuals from Cohort organizations that consistently participate in the leadership and engagement work of the HEA Cohort.
- **Sphere 2** is made up of the individuals and the policies, practices and procedures at each Cohort organization.
- **Sphere 3** is made up of the individuals and organizations that Cohort organizations partner with in their health equity work.
- **Sphere 4** is the health equity advocacy field in Colorado.



While the team named its fourth sphere as focusing on the health equity advocacy field, team members also recognized that the actors in this field include those encompassed in the first three spheres. Thus, they saw the collective effort of working across all spheres together as field-building work. Moreover, they envisioned each sphere as nested inside each other, with the strengthening of the racial equity capacity of each sphere ultimately having an impact on the spheres beyond it. In other words, building the capacity of individuals would result in stronger leaders around racial equity in those individuals' own organizations and in their organizational networks. Building the racial equity capacity of Cohort organizations would help them to be stronger anchor organizations that could not only serve as leaders and go-to resources for others, but who could serve as models for other organizations working in the field and on their own equity journeys. Working with partner organizations and others working in the field would better ensure the sustainability and expansion of the Cohort's efforts, so that the knowledge and skills gained are shared with the broader field.

Not only was building the racial equity capacity of an emerging health equity advocacy field an enormous undertaking, it was also uncharted territory. Identifying specific spheres of influence that the Racial Equity Team wanted to focus on created a clearer and more manageable path for them to develop racial equity capacity-building strategies. Moreover, the Racial Equity Team recognized that in order to do this work well, they needed to seek support from experienced consultants.

By seeking external consultant support, the Cohort would not only benefit from outside expertise, but it would enable all Cohort members to have the opportunity to benefit more equitably from capacity building. Previous efforts to build racial equity capacity for Cohort members, such as the racial equity activities in the Cohort convenings, placed a disproportionately heavy burden on Cohort members of color to develop and implement the activities, which hampered the ability of these members to also benefit from the activities in equal measure. They also inadvertently reinforced oppressive practices whereby the responsibility and burden of dismantling inequities are often placed on members of the communities experiencing those inequities. In describing that burden, one team member shared that at times she felt "overwhelmed with the stories that I was sharing, or sometimes feeling like either I or my other colleagues of color were really carrying a lot." She indicated concerns that the people of color in the Cohort were "putting a lot out there for the good of the Cohort learning" but that those things were also "potentially emotionally damaging" for those who were exposing vulnerabilities in service of that learning.

While the team's effort to design and implement their capacity-building strategies and seek consultant support was thoughtful, strategic and intentional, it was also intense and laborious. (See textbox on page 14 for more details on the consultant selection process.) Still, all interviewees from the Racial Equity Team felt that the time and energy involved in developing their vision and capacity-building strategies that reflected their values and intentions were a good investment. The next sections of this paper will provide a more detailed look at the strategies designed for each sphere, including a description of the strategy, participant progress, and challenges associated with the work.

Selecting Racial Equity Capacity-Building Consultants

The Racial Equity Team devoted a significant amount of time, care and thought into the process of choosing their racial equity capacity-building consultants. It included the development of three requests for proposals (RFPs) to hire consultants to support work in each sphere^{viii} as well as the development and implementation of a manageable and equitable strategy for proposal review and decision making. While the Racial Equity Team drove the process, The Trust served as a key partner in supporting their efforts—bringing in staff to help with budget planning, finding and moving resources to ensure adequate funding for this effort, and advising the team on the process for developing a RFP. All Cohort members were invited to participate in the process and the Racial Equity Team took care to provide the Cohort with regular updates.

Given the high volume of RFP responses, the Racial Equity Team divided up into sub-teams to review the proposals, with shared criteria to consider during their review. These included having an understanding of health equity that was aligned with the Cohort's understanding and values; prioritizing organizations that were led by people of color; having the ability and willingness to be flexible and adapt strategies according to Cohort needs; and demonstrating a clear sense for whether and how they could work effectively to support the needs of a statewide Cohort that represented a diversity of organization types, geographies and constituencies. Finally, team members were also looking for consultants who had a balanced approach to their work, which one team member described as “folks with experience and the academic vocabulary to help with the brain space, but folks that also really connected with and understood the importance of the heart space.”

» SPHERE 1: BUILDING THE RACIAL EQUITY CAPACITY OF INDIVIDUALS

“ I think it's been powerful to think about the ways that we can foster healing and restoration for people of color (POC) and what my role is in that. I've learned that there is no such thing as too much support for people of color in understanding their history and exploring their experiences. The ability to have the time and space to think about this has been incredibly profound.”

~POC Caucus Participant

The Racial Equity Team chose racial caucusing as the primary strategy for building the racial equity capacity of individuals and hired Transformative Alliances, a Denver-based organization that uses an anti-oppression framework and has extensive experience with identity caucusing, to serve as the consultant for this strategy. Racial identity caucusing (caucusing) has been described as a vehicle for creating “a foundation upon which to build concrete organizing strategies for people of color and whites to work together as anti-racist allies.”²⁴ It does this by supporting people of color and white people to understand how identity dynamics operate in different contexts (and particularly in institutional settings) so that they can devise strategies to overcome barriers of oppression caused or reinforced by those same contexts.

The Racial Equity Team chose caucusing as a strategy for several reasons. The team appreciated the focus on building the skills to critically examine power, privilege and the ways in which racism permeates systems and structures, so that they can be better equipped to tackle these issues in their health equity advocacy work. Moreover, the team was especially drawn to the caucusing strategy because of its emphasis on racial identity exploration and its power to support participants in better understanding, naming and confronting the ways in which racism has affected them personally. As one team member shared, the hope was that by providing Cohort members with safe space to explore these issues, it would serve as “an important healing and growing space” that would “help us unpack some of the things that had come up previously [in the Cohort], and give folks a space that makes them feel like they were being taken care of and that we were really valuing the persons doing this work.”

Over the course of a year, Transformative Alliances facilitated monthly meetings with three different types of caucuses: a people of color (POC) caucus, which focused primarily on examining the impact of racism and internalized racism; a white caucus, which focused on examining racism and internalized white privilege/dominance; and a “third space” caucus for people of color who are perceived as white, which focused on examining the impact of racism and internalized racism while also examining the structural, interpersonal and personal significance of being “white-passing.”^{ix} Transformative Alliances emphasized that having separate spaces for caucusing was essential because people of color are “frequently marginalized and silenced in mixed-race spaces—even those defined as progressive.” Caucusing provides a safer space for people of color to be vulnerable and openly reflect on the impact of their experiences of racism and internalized racism. It also provides white people with a safe space to examine white privilege and internalized privilege and dominance, which also requires significant personal and emotional engagement and vulnerability. Ultimately, a total of 31 staff from 13 Cohort organizations completed caucusing.

Individual-level Progress

As the Cohort approached the end of the caucusing period, SPR launched a survey to learn more about what participants gained from the experience.^x Developed in collaboration with the Racial Equity Team, The Trust and Transformative Alliances, the survey focused primarily on three learning domains: participants’ understanding of race and racism; reflections on resistance, agency and power; and their understanding of and ability to confront systems of oppression. Caucusing participants responded to survey questions in these three domains using a 5-point scale (1=not at all, 2=slightly, 3=moderately, 4=substantially, 5=extremely).

“ I think personally, as a POC, I didn't realize how much race and racism has affected me as a person and I compartmentalized my negative experiences in unhealthy ways—some of which can manifest in the workplace as interpersonal problems. I think one of my take-backs is ensuring positive self-care by dealing with these issues directly. ”

~POC Caucus Participant

Understanding Race and Racism

One of the goals of caucusing was to support participants in deepening their understanding of race and the complex ways in which racism permeates their lives and the lives of others—which in turn helps in understanding the role that race and racism play in the creation and persistence of health inequities. Bringing that understanding to a personal level was seen as important, as it creates opportunities to see how racism impacts others and how it can be internalized and influence an individual’s own behaviors.²⁴

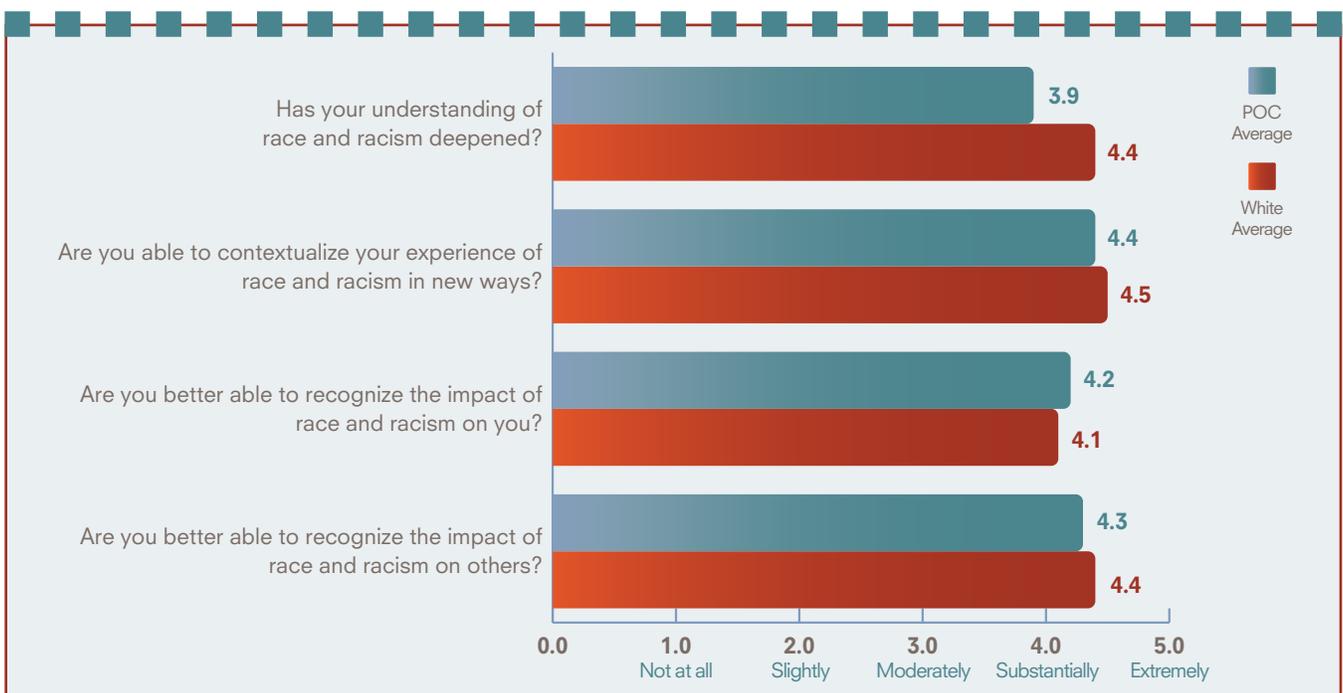
Participants in both caucuses shared that they have a deeper, more nuanced understanding of race and racism as a result of their caucusing experience. Survey results indicate that, on average and across both caucuses, participants emerged better able to contextualize their experiences of race and racism in new ways, and better able to recognize the impact of race and racism on themselves and others (see Figure 1).

“Caucusing has been all about personal growth for me. The process has improved my ability to recognize internalized superiority in myself, often in the moment I’m acting it out. It’s also changed my relationship with my parents, my spouse and my kids in profound ways. The process of discovery about the history of my family and the relationships to white supremacy, unpacked for me a clear narrative of why I tell the stories I tell about myself, why I’m committed to racial justice work, and how I might garner commitment from my kids as they grow into adults.”

~ White Caucus Participant

Figure 1: Individual Progress in Understanding Race and Racism

(average ratings for 12 POC and 15 white caucus participants)



The only area where growth was less than “substantial” was in the average POC caucus rating to the question “Has your understanding of race and racism deepened?” This may be because the people of color in that caucus already had a fairly strong race lens before starting the caucusing work. However, open-ended responses indicate that members of color still experienced meaningful growth, particularly in understanding how racism has impacted them personally and how they have internalized it. At least three respondents shared that this discovery led to the realization that they needed to be “kinder” or “more patient” with themselves, while two others shared that it also led to a greater sense of confidence, with one noting that he felt more “self-assured” and another sharing that she was “more proud now of my roots. And ready to claim respect for our race.”

Multiple respondents from the white caucus shared that they were deeply affected by caucusing on a personal level. At least three shared that caucusing helped them to “unpack [their] whiteness” and understand how it shaped their understanding of race and themselves, with one white respondent sharing that it helped him to “see my past actions and attitudes in a different light, enabled me to see how some of that was the result of the advantages of privilege—where before I considered it a strength of character, luck or a product of personal achievement.” Four white respondents shared that they have brought their learning into their family relationships and specifically called out that their learning has influenced how they talk to their children about race and racism.

Reflecting on Resistance, Agency and Power

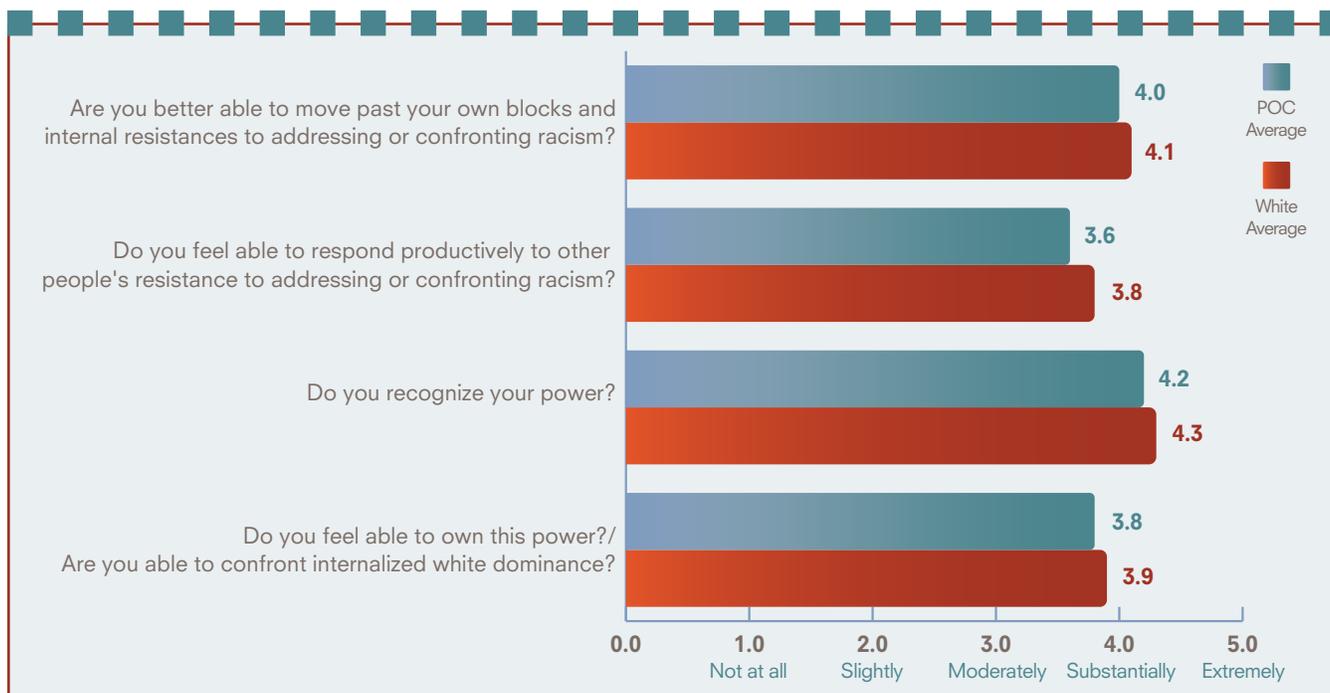
Caucusing encourages participants to examine their own sense of power (or powerlessness) and to examine the resistance to confronting racism (both internally and from others). This process of examining power and resistance can help individuals understand their own sense of agency (and their own obstacles), as well as issues that might be at the heart of resistance by others. While responses to survey questions about resistance, agency and power indicated growth in this domain, the results

were not as strong as they were in the previous domain. Members of both caucuses, on average, made substantial progress in terms of their ability to recognize their power and move past their own resistances to addressing or confronting racism. However, average ratings about their ability to productively respond to other people’s resistance to addressing or confronting racism were lower for members of both caucuses. Ratings were also less than substantial for questions focused on fully realizing and acting on their power (for POC this was framed as “owning” their power; and for white people it was framed as their “ability to confront internalized white dominance”) (see Figure 2 on page 18).^{xi}

“ I never realized how much of my view of myself is rooted in what I have internalized based on my race. Being able to see those things and free them has allowed me to feel like a weight has been lifted off of me.”

~ POC Caucus Participant

Figure 2: Individual Progress in Reflecting on Resistance, Agency and Power
 (average ratings for 12 POC and 15 white caucus participants)



While the reasons behind these lower ratings are not clear, they are also not necessarily surprising, given the difficulties of confrontation and the time it takes to build the skills, knowledge and confidence necessary to confront an issue as emotionally charged as racism. Moreover, it may also reflect just how big the leap is between being aware of and understanding racism, and being able to take action against it. For example, one respondent of color shared that while he now has a better sense of how to own his power, he is “still working on undoing internalized voices that have prevented me from fully acting on this.” Others also shared examples that point to being more equipped for change, such as “having many more tools for making changes in my behavior” or feeling “more confident to confront this.” Many shared reflections about the ways in which it has allowed them to heal from the effects of oppression, white guilt or past mistakes—an important step on the road to owning and/or sharing power.

“ This process has helped bring awareness of the power I hold and how it can be destructive to our persons of color colleagues. Going through our own history, has brought the opportunity to forgive and heal from past missteps and oppressive actions that I have taken and has given the ability to become more aware. ”
 ~ White Caucus Participant

Understanding and Confronting Systems of Oppression

Ultimately, effective efforts at achieving health equity for everyone require a clear understanding of the ways in which racism permeates institutions and systems, leading to race-based inequities in areas that affect people’s overall well-being (e.g., income, employment opportunities, education, housing, access to healthy food). Survey responses revealed substantial progress across all caucus members in their ability to identify systems of racial oppression and in their motivation to confront oppressive structures and systems. Several white respondents shared

“ [I have] a clearer vision for what needs to change. That clearer vision has been a stabilizing force for me even while the goal can sometimes feel impossible. ”
 ~ POC Caucus Participant

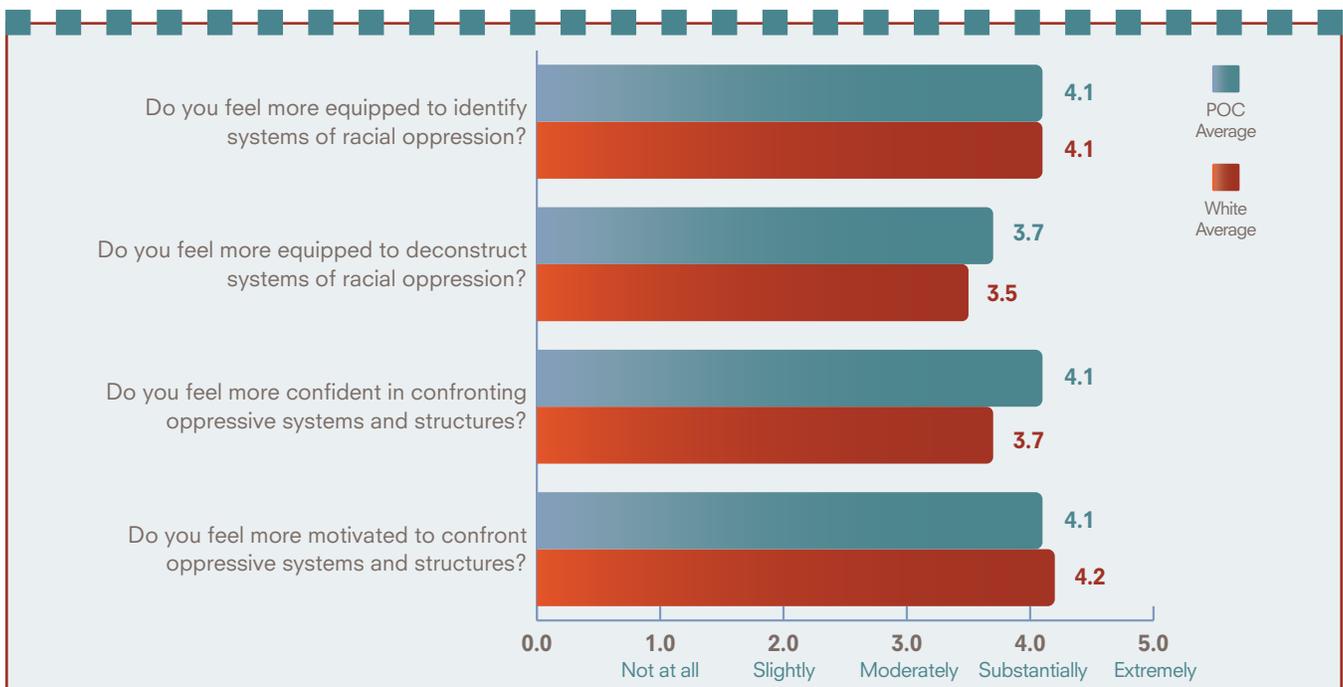
that that they “see systems of racial oppression more clearly” and have an “amplified awareness of systems-level factors in every situation.” One noted that this increased awareness has “made it difficult to answer causal questions simply.” Several respondents of color shared an increased sense of motivation and confidence with respect to confronting systems of oppression, with one describing it as a “moral

commitment to speak up and do something” and another sharing that he was “far more motivated to confront systems of oppression because I have a better understanding of them and more confidence in my ability to change things.”

Where average ratings fell short of “substantial” in this domain—across caucuses—was in response to the question “Do you feel more equipped to deconstruct systems of racial oppression?” (see Figure 3). It’s not clear why ratings for this question were lower, though one person relayed that “most of the caucusing work has focused on interpersonal/personal reflection and less on ways to think about and confront the dismantling of the systems of oppression.” This may indicate an area for continued focus going forward.

“ Absolutely I understand systems of racial oppression better and how they influence how white people are raised with white privilege and how that impacts the psyche of people of color as well as white people. It is absolutely something I feel better equipped to talk about and to advocate for in policies and systems. ”
 ~ White Caucus Participant

Figure 3: Individual Progress in Understanding and Confronting Systems of Oppression
 (average ratings for 12 POC and 15 white caucus participants)



Challenges

While many participants shared a strong sense of satisfaction with the caucusing experience, some implementation challenges emerged. The original caucusing model typically used by Transformative Alliances was designed as an organizational model where all staff in the organization—including those at the leadership level—participate for the entirety of the caucusing period. This helps staff go deeper in the work because they already know each other, ensures consistency of experience, and keeps them on the same journey so that they can grow together as a collective body. Though Transformative Alliances tried to be flexible and responsive, adapting the model to fit the needs of a statewide Cohort of diverse organizations (including adopting an opt-in approach rather than requiring Cohort members to participate) was not easy and the adaptations sometimes had unintended consequences. For example, because participation was not required by each Cohort member and because it was made available to all staff at each Cohort organization (not just the staff that serve as the Cohort lead), the consultants needed a longer lead time to recruit organizations and do relationship building, which delayed implementation.

Racial Equity Team members shared concerns that the intensive time commitment and the “rigidity” of the caucusing model prevented some Cohort members from being able to participate.^{xii} Not only were they concerned about implementing a model that resulted in exclusion, but they also noted that those who were participating in caucusing were on a more accelerated racial equity journey than non-participants. Some worried that this was creating a kind of bifurcation in the Cohort’s racial equity journey, which led to some resentment and awkwardness, particularly at Cohort convenings. As one Racial Equity Team member shared:

At the convenings... it feels a little clunky that there are these different spaces between [those who are caucusing] and the people who are not caucusing. It used to feel like the whole Cohort was part of the same journey, and now it's definitely not. I think some of the folks who have been caucusing have really taken their personal journey to the next level and some of the folks who aren't caucusing are not really there. It feels like there's a bit of a divide emerging. How do you reconcile those two experiences and make it feel like you're on the same team?

Though the Racial Equity Team will be considering how to fine-tune the strategy for this sphere in ways that allow for greater participation, it is clear that investing in individual capacity building was tremendously beneficial. Those who were able to take advantage of the opportunity gained knowledge and skills that enable them to be stronger leaders in the effort to build a health equity advocacy field. As one respondent described, “The learnings and transformations at an individual level are also impacting how we engage others in our professional and personal networks.” Several respondents also stated the belief that by investing in individual change, they will be better able to effect change in others as they continue to engage in health equity advocacy field building. As one respondent shared:

Racial equity work starts at the individual level and we can't make organizational or systems change without changing ourselves. Caucus[ing] has allowed for folks to do that work, whether starting fresh or needing to continue to grow. It helped us all better understand our own racial identity and our privileges and biases and to better understand others.

» SPHERE 2: BUILDING THE RACIAL EQUITY CAPACITY OF COHORT ORGANIZATIONS

As anchor organizations in the effort to build a field of health equity advocates, building the capacity of Cohort organizations to understand, articulate and live their values around racial equity was paramount. Yet while it was clear that the Cohort was making great strides in supporting individual Cohort members in their racial equity journeys, it was not clear that the Cohort organizations were making the same level of progress. Conversations with Cohort members indicated multiple potential reasons, including lack of resources to invest in racial equity capacity building, lack of support from board members, and an uneven sense of buy-in from staff (and sometimes from leaders) at the organization.

The effort to invest resources in an organizational capacity-building consultant who could support all Cohort organizations by meeting their racial equity capacity-building needs, irrespective of where they were on their racial equity journey, was an attempt to address some of the challenges that posed barriers to organizational progress. The Racial Equity Team selected CIRCLE, a Denver-based consulting firm with extensive experience working with grassroots organizations and in diverse communities throughout Colorado, to be its capacity-building consultant for the organizational sphere.

CIRCLE aligned its scope of work with organizational racial equity capacity-building needs that were identified through a project called “Impacting Racial Equity through Organizational Transformation: From the Inside-Out.”^{xiii} At a high level, these needs included (1) equity framing, goal setting, action planning and evaluation; (2) coordinated training and skill-sharing related to organization-level equity practices; and (3) equity coaching with Cohort organization leaders and board members.

As with caucusing, efforts in this sphere were designed to work on an opt-in basis—i.e., Cohort organizations could choose to participate or not. CIRCLE deployed three lead staff who were each assigned to support six Cohort organizations with whatever needs they identified. Ultimately, 15 of the 18 Cohort organizations sought capacity-building support services from CIRCLE. Those who did not were already working with other consultants to support their equity-focused organizational capacity needs. Most of the support involved coaching across a wide variety of topics, including (but not limited to) staff and board recruitment; hiring and retention practices; workplace communications; leadership; and mission, vision and values review. The consultant also offered 14 customized trainings to eight of the Cohort organizations on topics such as how to include a racial lens in policy and communications work, trust-building, inclusiveness, and shared definitions of health equity.

Though the Racial Equity Team’s primary capacity-building strategy centered on the hiring of a consultant who could be available to all Cohort members, Cohort members also employed other, separate strategies to support their organization’s racial equity journeys. Reviews of grant reports and data from a strategic learning session (see textbox on page 22) revealed that many organizations engaged in internally led efforts, such as reviewing internal policies and practices with an equity lens, creating an internal committee to lead equity-focused organizational development work, holding internal staff trainings on equity-related issues and principles, and engaging executive leadership and board members in racial equity and implicit bias conversations and education.

Building Shared Understanding Around Organizational Change

It was clear from grant reports and survey results that Cohort organizations were actively engaged in a variety of activities to strengthen their racial equity capacity. Some activities were facilitated by consultants, while some were organized internally by staff at their respective organizations. The data also indicated that multiple organizations were engaged in similar types of activities and were facing similar challenges in racial equity capacity-building efforts. It was not clear, however, if Cohort organizations were aware that some of them were experiencing similar challenges and successes, which led to missed opportunities for shared learning and support.

To create a space for shared learning around Cohort organizations' racial equity capacity-building efforts, SPR collaborated with the Racial Equity Team to design a strategic learning session that SPR facilitated at the September 2018 Cohort convening. In this strategic learning session, organizations were encouraged to articulate the activities they engaged in to build their racial equity capacity, the milestones they achieved as a result of their efforts, and the barriers they faced (and continue to face) along the way. They were then asked to place them on a large graphic designed to illustrate the Cohort's racial equity journey. Participants then engaged in lively discussions with each other about their activities, milestones and barriers.

The strategic learning session provided Cohort members with an opportunity to learn about each other's experiences, for which the Cohort expressed deep appreciation. Some of the most powerful learnings emerged in discussions of the milestones Cohort organizations achieved in their efforts to build their racial equity capacity. These include dedicated resources to focus on racial equity at the organizational level, the institutionalization of racial equity activities, strengthened communications and messaging around health equity that includes racial equity, and revamped organizational processes around hiring, board recruitment and board engagement. One Cohort organization shared that their organization's racial equity capacity-building efforts have resulted in stronger relationships and trust, which helps them to be a stronger, more effective organization:

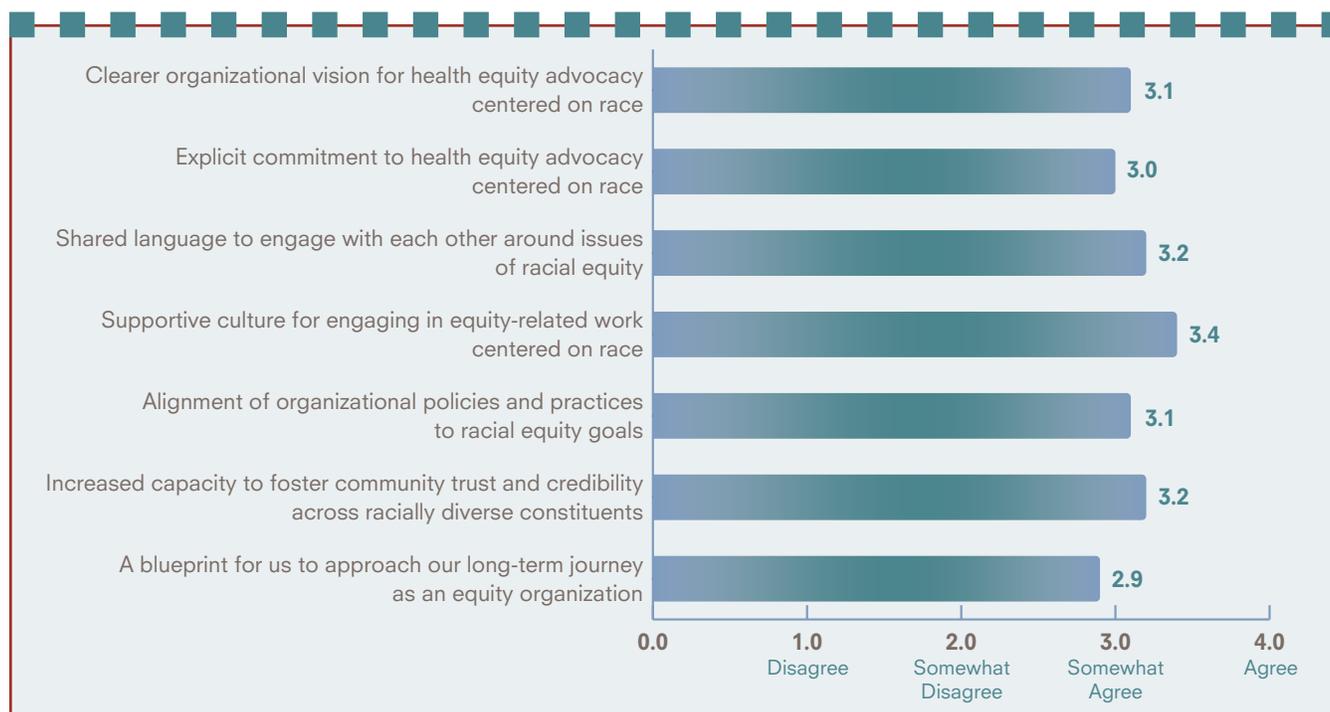
We have some skills-building trainings that have been around calling people in, how to be sensitive around people's experiences. In one of the CIRCLE trainings, we were posed questions that we never thought about. How do we want to be perceived? How do we build trust? How do we want to interact? We needed to know how to meet people as they are. We are closer now and need to depend on each other as staff, and it has built our trust.

Organization-level Progress

In September 2018, SPR launched a Cohort survey to learn more about the Cohort organizations' experience in building their racial equity capacity.^{xiv} Recognizing that Cohort organizations had different capacity-building needs based on their contexts and where they were in their own equity journeys, the goal was to understand the extent to which having consultant support contributed to organizational transformation around racial equity. Respondents were asked to rate the extent to which having organizational consultant support

contributed to progress in areas that served as markers for their organization’s capacity to effectively engage in health equity advocacy work with race at the center, and to live into their organization’s equity principles. The survey used a four-point agreement scale (disagree, somewhat disagree, somewhat agree, agree).^{xv}

Figure 4: Organizational Progress in Racial Equity Capacity
(average ratings for 18 Cohort organizations)



The results indicate moderate progress across all but one measure, with the highest average rating tied to having a supportive culture for engaging in equity-related work, and the lowest average rating tied to having a blueprint for their long-term journey as an equity organization (see Figure 4). This was the only measure that received an average rating that fell under the “somewhat agree” response category. The results are not surprising, and they affirm what is perhaps common knowledge: organizational change can be difficult. Organizational change focused on racial equity is perhaps even more difficult. And it can take a long time, given staff differences in understanding about racial equity, different learning styles, and different levels of buy-in for the importance of the work.^{25,26} Thus, though modest, the progress made still seems somewhat remarkable when considering the slow pace of organizational change and the fact that at the time of data collection, the strategy had only been in place for about a year.

Open-ended responses to the survey question “How, if at all, is your organization different as a result of your participation?” yielded information that supports a more nuanced understanding of what change looked like at the organizational level (as well as insights about the wide spectrum of needs in this area). At least two organizations reported having a stronger hiring process that incorporates an equity lens throughout, including in the development of the job description and hiring committees and the interview process. One organization added that as a result, they had “the most diverse applicant pool ever” and

“ We still participate with CIRCLE. They have helped us create a vision and implementation of our strategic plan with an equity focus. Carla has provided coaching for me to move our organization forward through an equity and inclusivity lens, and she has provided a training for our staff on equity. She has helped me create ongoing training for staff regarding equity. Carla’s work with our organization has been invaluable. ”

~ HEA Cohort Member
(Direct Service Provider)

“ We have transformed in many ways because of support from both Angell Perez and Olga Gonzalez (from CIRCLE). With their help, we examined and re-did many policies (including our hiring practices, employee handbook, board recruitment process), instituted cultural shifts at the organization to more fully focus on equity and inclusion (including instituting race-based caucusing, hosting all-staff conversations about equity twice per month, working to shift practices to be more inclusive of community organizers), and building the capacity of staff and board members to understand and advance racial equity (including through multiple staff and board trainings on things like implicit bias, white fragility, intersectionality, and white supremacy culture). ”

~ HEA Cohort Member
(Policy Advocacy Organization)

another shared that they are now much more aggressive in their efforts to recruit candidates of color. Two organizations shared that they were better able to care for their staff as a result of consultant support—one shared that they now have access to resources to support staff in healing from trauma; another shared that staff now engage in practices that encourage them to know each other on a deeper level, which ultimately enables them to work more effectively together. While some organizations asked for support on very specific tasks (e.g., supporting steering committee members to be more receptive to racial equity concepts, or working with youth leaders on building their understanding of equity issues and effective community engagement), two reported taking advantage of consultant support to more fully engage in comprehensive, equity-focused organizational change work, as noted in the quotes highlighted on this page.

When asked to reflect about how organizational capacity building has supported their field-building work, a majority of respondents shared that their efforts contributed to the development and use of shared language and understanding around racial equity, which was critical in grounding others around the importance of attending to race in health equity advocacy efforts. Others added that because of the relationships formed through this effort, their learning has a path for “rippling out” to others engaged in the work of health equity advocacy.

Challenges

In terms of strategy implementation, the main challenges were around finding capacity to build capacity. Busy schedules made it difficult to schedule times for support, staff turnover made it difficult to sustain or share the learning, and those who have not had the opportunity for this kind of capacity-building support did not have a sense of what they could ask for or what supports would best benefit their organizations. One Cohort member shared that one obstacle was in building the organization’s readiness to benefit from the capacity-building supports—this takes some investment on the front end, which made it

challenging for them to even get started. He added: “I think the hard part is that the work going in to set up a thing changes the amount of work that the thing actually is.”

Perhaps one of the most common challenges named by Cohort members in surveys and the strategic learning session was in creating forward movement for an organization when its staff and leaders are on different parts of the equity spectrum and have different levels of exposure to, and comfort with, racial equity language and constructs. At least two specifically named the challenge of resistance at the leadership level (organization- and/or board-level), which gets in the way of organizations fully embracing racial equity principles and practices. Several Cohort members added that this challenge is further compounded by a lack of racial and ethnic diversity at the leadership level and continued challenges related to hiring, retention and advancement of staff of color. Multiple organizations shared that staff and key partners continue to question whether race should be part of their health equity strategy or focus. At least two named specific challenges around health equity and racial equity language—specifically, that it does not always translate easily or directly in other languages and cultures, and that the language can be too difficult conceptually for those with cognitive disabilities. Finally, respondents shared the challenge of the work itself just being difficult and, at times, exhausting, particularly for staff of color who often bear the responsibility of promoting the importance of the work.

While there are clear challenges and frustrations associated with equity-focused change, Cohort organizations emphasized the importance of this investment in “building the equity muscle for our organizations” in order to support the strength of the organizations charged with building the field of health equity advocates. As one respondent noted, “Without strong organizations, the field will fall apart.”

» **SPHERES 3 AND 4: BUILDING CAPACITY AT THE PARTNER AND FIELD LEVELS**

Racial Equity Team members felt that one of the most effective ways they could build and strengthen the field of health equity advocates was to share the wealth of learning and resources afforded to them through the HEA strategy. This was the focus of capacity building for spheres 3 and 4. Specifically, the Racial Equity Team sought to provide a series of trainings to Cohort members, partner organizations and other leaders in the HEA field to build theoretical understanding of racial equity and be able to integrate equity practices in their day-to-day work. Because the team was focused on broadening these sensitive and difficult conversations to a wider audience, team members needed a capacity-building consultant who had extensive experience facilitating sensitive and difficult conversations with diverse groups of people; was relationship-focused; and was sensitive to context. As one team member shared, they wanted to bring these conversations about race and health equity out into different communities across Colorado and to the field in ways that are not divisive, and this required “expert facilitation, supporting the conversations in those communities and bringing people into relationship around racial justice.”

The team hired Elemental Partners, a San Francisco-based firm with extensive experience partnering with organizations to support equity-focused initiatives at national, statewide and local levels, to serve as its capacity-building consultant for the partner and field spheres. The Elemental Partners team includes skilled facilitators from across the United States who not only have a strong understanding of racial equity principles and practices, but who are also trained racial healing practitioners. In collaboration with the Racial Equity Team, Elemental

Partners developed a scope of work that included hosting a series of community gatherings and conversations, followed by trainings to support racial-equity understanding, as well as separate youth gatherings focused on building awareness of racial equity. The community conversations and trainings took place in six locations: Denver, Granby, Leadville, Montrose, Steamboat Springs and Telluride.

Prior to the events, Elemental Partners conducted site visits to these places and worked with Cohort organizations and their partners who work directly in those communities to gain a deeper understanding about each place, the people who live there, and community members' needs and concerns around health equity. The investment they made in getting to know each community prior to holding trainings not only reflected a strong sense of cultural sensitivity to place and people, but it also provided the consultants with a sense of the community's readiness to engage in these conversations. This enabled the consultants to tailor their efforts to meet the communities where they were at in their equity journeys. The effort to learn about the communities before working with them enabled the consultants to engage in ways that one Racial Equity Team member described as "more personalized and really wonderful."

Partner/Field-Level Progress

The capacity-building effort at this level differed from the others in that the time frame for designing and implementing the strategy was much shorter (six months, as opposed to a year) and was focused on broadening the learning to a wider range of people rather than providing continued, focused support to a specified group of organizations and individuals. As such, growth could not be measured in these spheres in the same way as for the individual and organizational spheres. Yet something can still be said about progress towards the Racial Equity Team's core goals for these spheres, which were around broadening the audience and expanding the learning.

With approximately 300 people attending the community conversations and trainings in six different places in Colorado, the Cohort and Elemental Partners were clearly successful in broadening the conversation.^{xvi} What is perhaps most remarkable about this effort was on whom they chose to direct their focus. The majority of community conversations and trainings took place in rural mountain regions. These communities are predominantly white and thus would be expected to have less access to (and perhaps less motivation for engaging in) conversations about race. But these communities also have populations that are experiencing the negative impacts of structural inequities on their health and well-being. They are communities that have expressed feeling like their voices are left out of statewide health equity advocacy efforts, and whose organizations do not have the same level of access to capacity building as those in the Denver metro area. Inviting their voices into equity-focused conversations reflects

“ I think the consultants, especially the consultants doing more of the personal caucusing and the community engagement work, have been doing a great job of advancing our knowledge at the personal level and then taking it outside of ourselves and outside of our bubble that we get stuck in to bring it out to community. And it kind of challenges us to realize that we do have to do work in bringing community together and bringing our knowledge and our resources outside to other communities.”

~ HEA Cohort Member
(from an urban community)

the Cohort's efforts to live their value around inclusivity, and many participants expressed a strong sense of appreciation for the opportunity to engage and be included. Cohort members who hosted the events expressed excitement about the level of participation and, in particular, about who was participating, with one Cohort member sharing that the events "attracted community members that would not have otherwise been part of the health equity work we do."

Cohort members from the rural mountain regions shared that there is now "a strong local appetite to continue the conversations." Indeed, participant comments from the consultant's evaluation forms indicate that, not only do these stakeholders want more conversations, they'd like to dive deeper into specific topics and want support in how to bring this learning into different spaces. Cohort members shared that they have been seeing an increase in efforts to have hard conversations about race and racial equity in general. While it is not clear to what extent this could be attributed to the efforts of the HEA strategy, Cohort members believe that they are making strong contributions by broadening the audience for their learning. Moreover, Cohort members believe that their efforts in fostering a shared understanding of and language for health equity and racial equity sets a stronger foundation for interconnectivity across equity-focused advocacy efforts. As one Cohort member shared:

I've observed that bringing more of the conversations that the Cohort is having to a broader audience of other organizations and community members has given a broader base of understanding to this work. The community-focused trainings have helped to identify Cohort members and The Colorado Trust as leaders and sources of information about health equity and encouraged more interconnectivity around advocacy on equity issues.

Challenges

In terms of implementation, consultants working at these levels faced similar challenges as those in the other spheres (e.g., scheduling and coordination challenges, capacity constraints of host organizations, ensuring that the training content addressed needs of a diverse group of people as well as their readiness for equity conversations, etc.). Another challenge was accurately anticipating attendance, both in terms of who would show up as well as how many. For example, though one Cohort organization and its community partners were expecting 30 people at the community gathering in Leadville, approximately 55 people attended. At a training scheduled for the next day, 68 people attended, though only 35 registered. Similarly, in Telluride, approximately 70 participants showed up for the gathering, though only 19 people registered and the organizers had only planned for 30 due to space limitations. While these posed logistical challenges in the moment, they clearly signaled a strong appetite and desire to have these conversations and training opportunities. Moreover, Elemental Partners welcomed these challenges, seeing them as opportunities to broaden or deepen the conversations, and their skills as adaptive and flexible facilitators enabled them to still create spaces for meaningful engagement.

The overarching challenges of building racial equity capacity at the partner and field levels were, in many ways, similar to the challenges faced in the other spheres, though perhaps on a bigger scale. Having conversations about race is exceptionally challenging, particularly when working with groups of people who have vastly different levels and frames of understanding about race, racism, equity and health equity. Moreover, while there seemed to be an increase in willingness to engage in conversations about race and racism in health equity, there was also continued resistance from those who insisted that health equity efforts should prioritize

income over race. Ongoing HEA investments by the Cohort in strengthening the racial equity capacity at the individual and organizational levels may help to build a strong foundation for productive conversations to address this resistance.

» LEARNINGS FOR THE FIELD

The still unfolding story of the HEA Cohort's effort to center race in health equity advocacy field building has, in many ways, been an uncharted journey through potentially treacherous terrain. With no other grantee-driven, field-building strategy to follow as a model, the HEA Cohort and its Racial Equity Team have demonstrated their leadership skills as they thoughtfully and innovatively navigated a course forward for themselves to embed race in their long-term health equity advocacy field-building efforts. From this experience emerged some overarching learnings that may be instructive for others similarly engaged in centering race in social change endeavors, namely:

- **Explicitly naming and centering race in health equity advocacy is important to assuring that race and racism do not get pushed aside in equity-focused efforts.** In the early years of the HEA strategy, passionate members of the Cohort shared concerns that, as with so many “equity” efforts, race and racism would get “swept under the rug” as advocates chose to focus instead on issues that are somewhat more tangible, easier to talk about, and less emotionally and politically charged. Facing race is difficult, which is why it is so often pushed aside. By naming it as an explicit focus, the Cohort took a brave step in holding itself accountable to naming and confronting the problem of racism as a root cause of inequities in general, and health inequities in particular. Moreover, because of the ways in which race is intrinsically tied to other areas of inequity, naming race as a focus created a path for addressing all areas of inequity without inadvertently losing sight of race.
- **Given the sensitivity and emotional charge associated with confronting race and racism, it is critical to allow adequate time and space for developing a vision for the work, providing educational support, attending to readiness for this challenging work, and supporting hard conversations in order to achieve collective buy-in.** Another notable point of learning from the HEA Cohort experience has been the importance of the extended investment of time on the front end for HEA partners to collectively come to the decision to center race in their field-building work. An early recognition that HEA Cohort members and their organizations were at vastly different points of readiness to engage in racial equity-focused work prevented the HEA Cohort from prematurely moving forward with placing race at the center of their health equity work until they had achieved meaningful buy-in. The first two years of fostering shared language and understanding through collective learning activities were critical for priming the Cohort for eventual Cohort-level conversations and consensus.
- **Attending to multiple levels of mutually reinforcing growth and transformation better assures field-level benefits and the sustainability of change efforts.** The “Growing Edges” model is a powerful one in its recognition of the embedded nature of the field as made up of individuals, within organizations, within communities—and the importance of attending to all levels in building an equity-focused health advocacy field. It is not uncommon for change initiatives to focus on capacity building at just the individual or organization level. Attending to these levels in concert, rather than in silos, has helped HEA Cohort members to navigate challenges and been a key factor in ensuring forward

momentum. More specifically, capacity building of individual leaders has fortified them in navigating active resistance within their respective communities; equity-focused organizational capacity building has created an impetus for organizations to willingly serve as equity anchors in a broader health equity advocacy field; and investments in community forums have begun to foster shared understanding and language to have deeper policy-related conversations about health equity across community organizations.

- **Balancing the intensive but important work of racial equity-focused capacity building while also doing health equity advocacy work is difficult. Having flexible and adaptive consultants helps.** The comprehensive nature of multi-level capacity building does not come without cost. A consistent point of feedback across HEA Cohort partners has been the challenge of engaging in capacity building when the urgency of their work as advocates, organizers and service providers has them already stretched so thinly. Further, given that racial equity-focused capacity building requires more intensive, long-term investments of time, the geographic spread of organizations and frequency of organizational staff turnover served as additional contextual barriers to multi-level engagement. The flexibility and adaptability of consultants was appreciated as key for navigating this challenging reality; many consultants modified curricula and timelines to accommodate participant availability, as well as prioritized regional capacity-building opportunities to minimize the travel and time burden on HEA Cohort participants.
- **Having centralized stewardship of resources and strategies, and thoughtfully engaging consultants, can facilitate effective implementation and equitable participation in capacity-building efforts.** Another notable facilitator of the HEA Cohort's journey has been the role of the Racial Equity Team in laying out a clear vision for building racial equity capacity, strategically engaging consultants to carry out elements of this vision, and remaining active stewards of the work. With the support of significant initiative-level resources dedicated for this purpose, the Racial Equity Team was able to—through a competitive process—proactively select a range of consultants with aligned values and a shared equity lens that could add significant value to the Cohort. The level of ownership inspired through consultant selection and oversight allowed members of the Racial Equity team to help the Cohort navigate the consultants' different equity approaches in a way that they might not have otherwise, had they been pre-selected by the funder. Further, the engagement of consultants importantly allowed for full participation across the Cohort, ensuring that Cohort members of color did not bear the burden of building the capacity of their peers.
- **Attention to individual journeys and healing is a necessary component of racial equity efforts.** As demonstrated through the HEA Cohort experience, this work is deeply personal. Having the opportunity to explore one's own experience with racism and other forms of oppression helps ground individuals in understanding the pervasiveness of racism and other oppressive practices and how they are entrenched in our policies, systems and subconscious. It helps to foster empathy and build a shared language around racial inequities that people can relate to and understand, and it fuels an increased sense of motivation for the effort to dismantle racial inequities. Further, as explorations into these individual journeys can be traumatic, having dedicated space for healing is essential for ensuring that individuals are cared for through the process. Without attending to individual-level Sphere 1 capacity building, HEA leaders would be far less prepared to navigate organizational and community-level resistance to addressing race and racism's

role in community health, and ultimately far less prepared to step forward as leaders in a field actively focused on addressing health inequities.

Finally, the unspoken backdrop behind these points of emerging learning is the critical and facilitative role of The Trust as a partner in this work. The foundation's willingness to hold true to its value for authentic grantee partnership has allowed for full and uncensored expression of the HEA Cohort's articulation of what is actually required to advance health equity in the state. It has also fostered the necessary safe space for Cohort members to bravely and productively grapple with deeply personal and painful conversations together. The Trust's own internal work to develop themselves as a health equity funder has provided a shared core understanding of equity-focused capacity building as a long-term journey that requires patience, dedicated time and meaningful levels of resources. The Trust's practice of having staff work shoulder-to-shoulder with Cohort members provided critical opportunities for The Trust to be an effective funding partner, strategically and quickly mobilizing resources to support areas of greatest urgency. The partnership model embodied in the HEA strategy's grantee-driven approach has eliminated grantees having to "make the case" to their funder, which can often be a barrier for meaningfully engaging in race equity work within initiatives like this, as well as allowed the HEA Cohort to have traction in the areas where they have chosen to focus.

» CONCLUSION

The HEA Cohort story of centering race in health equity advocacy field building is an unfinished story. Looking backward reveals the growth of the past two years—and looking forward, the challenges and opportunities to come. Multiple members of the HEA Cohort, recognizing the value of what has been built thus far, aspire to increasingly leverage their collective capacity toward specific actions that can, for example, meaningfully build a pipeline of diverse health equity advocates; or lift up narratives of communities of color more prominently in health equity policy discussions; or, ultimately, leverage the collective power of cross-racial coalitions to influence policies that serve to address the inequities facing communities of color and other marginalized communities in Colorado. Many, too, recognize the fragility of the capacity that has been built, and the importance of continuously investing in strengthening and sustaining the individual-, organization- and community-level growth even with the eventual absence of Trust support. Regardless of what is to come, interviewed Cohort members emphasized a sense of pride for the bold steps that they have taken thus far, facing head-on the seemingly intractable challenge of structural racism on behalf of the communities they represent and serve. As one Racial Equity Team member summarized, the Cohort's efforts to center race in their health equity advocacy work reflect a commitment to naming and addressing a core challenge to achieving a vision of health that is truly equitable:

I think the centering of [race and racism] is so important because it's an illness in this country and we've made so many efforts to bury it, to hide it. Part of addressing the illness is discovering it and understanding how it permeates everything. And part of getting there means making intentional efforts to uncover it, to lift it up, and to think about how we're all implicated in that system, and in that structure, and the role that we need to play to dismantle it. I think it's also important for the outcomes and goals that we set for ourselves because what we're striving for has to include the vision of a world where people's opportunity for health, opportunity for well-being is not determined by racism anymore.

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» ENDNOTES

- i For this initiative, grantee-driven means that, with resource support from The Trust, the Cohort members design and implement the strategies they deem most useful to their health equity advocacy field-building efforts, as well as develop the infrastructure they need to effectively implement their strategies. They are supported by a team of partners, including The Trust (who provides resources and thought-partner support), Social Policy Research Associates (who serves as an evaluation and strategic learning partner), Elemental Partners (who provides facilitation support) and a team of administrators who support the Cohort with notetaking, event planning and budget support.
- ii For the HEA field-building effort, diversity includes representation of different populations, geographic regions, sectors and organizational types.
- iii To understand the HEA strategy's theory of change, please refer to the HEA Strategy Guiding Framework. http://www.coloradotrust.org/sites/default/files/p3_updated_framework_-_final.pdf.
- iv There have been three phases to the HEA strategy. Phase 1 (2014) was a planning phase. Phase 2 (2015-16) was marked by a more internal Cohort focus, with Cohort members investing their time in strengthening their relationships with one another and aligning their values, and in building infrastructure and capacity to engage in health equity advocacy field building. This is the time frame referred to in this paper as the "formative years." The Cohort is currently in Phase 3 (2017-19), as of publication, wherein the Cohort's field-building focus is more externally facing.
- v The team included members who identified as white, Asian American, Black/African American, Latinx and Native American. There was also a mix in terms of types of organizations represented (statewide policy advocates, community organizers and direct-service providers) and geographies represented (rural as well as Denver metro area).
- vi Taken from the team's "Growing Edges" document, included as Appendix C.
- vii Because it is meant specifically to guide the work of the Racial Equity Team, the team's vision differs slightly from the Cohort's overarching vision for the HEA strategy, which is articulated as "Diverse Colorado leaders, united by common values and empowered communities, dismantle structural and racial inequities and build equitable systems so that all Coloradans can achieve their highest possible level of health." Both visions share a goal of dismantling racial inequities, but the vision for the work of the Racial Equity Team is more focused on foundation-setting so that those engaged in the work can have a shared understanding of the racist structures and systems they are dismantling, while also dismantling thought processes that have gotten in the way of their own personal journeys around race and racism as well as their efforts to build a more equitable Colorado.
- viii For the purposes of this capacity-building effort, spheres 3 and 4 (partner organizations and the field) were combined. With limited resources, the Racial Equity Team decided they could build the capacity of partners and other leaders in the field (spheres 3 and 4) through trainings intended to provide a theoretical understanding of racial equity.
- ix Only one of the third space caucus members responded to the survey. This respondent also participated in the POC caucus. Thus, for the purposes of this paper, we will focus only on the POC caucus and the white caucus and will include the third space caucus respondent in the POC respondent pool to better preserve anonymity.
- x The survey used a five-point Likert scale (ranging from "not at all" to "extremely") to measure the extent to which participation influenced progress within those domains. It also included space for open-ended feedback within each of the learning domains. Twenty-seven of the 31 participants responded (87 percent response rate); these included 12 of the 13 POC caucus participants, and 15 of the 16 white caucus participants.
- xi The questions around "owning" power and "confronting white dominance" were the only scaled questions in the survey that differed, depending on the caucus. This aligned with the different ways in which caucusing facilitators framed the goals for power recognition across the two caucuses.
- xii The success of this strategy is predicated on trust and continuity, since sessions are intensive (each generally lasting about three hours) and designed to build upon one another. As such, participation in caucusing was closed to new members after the first two sessions and participants were required to commit to consistent attendance—those who could not meet the commitment were asked to leave.
- xiii This project, implemented by another racial equity consultant, Angell Pérez, in Phase 2 of the HEA strategy and supported by technical assistance funds, gave Cohort organizations the opportunity to undergo an assessment to ascertain their needs related to building racial equity capacity and where they are positioned along an organizational equity spectrum whose levels range from diverse, to inclusive, to anti-racist, to equitable. Fifteen Cohort organizations took advantage of this opportunity.
- xiv Cohort leads from all but one Cohort organization (whose Cohort lead was on sabbatical) responded to the survey.
- xv The survey also offered an "I do not know" option, recognizing that because of turnover at different Cohort organizations, the respondent may not have the capacity to answer all questions confidently. "I do not know" responses were not included in rating averages.
- xvi To allow for greater inclusion in the conversations, simultaneous Spanish/English translation was provided in locations with audiences that indicated a desire and need for it, including Denver, Leadville and Telluride.

» **APPENDIX A: LIST OF HEA COHORT ORGANIZATIONS**

Organization	Description
<p>Asian Pacific Development Center (APDC) Aurora, CO</p>	<p>APDC’s mission is to advance the well-being of the Asian American Pacific Islander communities of Colorado by providing culturally appropriate and integrated medical, behavioral and related services. APDC is a provider of, and advocate for, the whole person and whole community well-being, including health care coverage and access, behavioral health, language access, cultural competence, immigrant and refugee issues, and housing, for Asian American, Native Hawaiian, Pacific Islander, immigrant and refugee communities.</p>
<p>Center for Health Progress Denver, CO</p>	<p>Formerly the Colorado Center for the Medically Underserved, Center for Health Progress’s mission is driven by the fundamental belief that all people deserve access to health care and the opportunity to live a healthy life. They lead collaboration that confronts challenges from all sides, uncovering common-sense solutions that transform the health and lives of our neighbors and make Colorado stronger. Center for Health Progress advocacy efforts are largely focused on moving health care delivery upstream to drive health equity; encouraging Colorado Medicaid payment reform efforts to address social determinants of health; ensuring that the health system works for immigrants; and protecting and increasing coverage gains made and expanding access to health care for all Coloradans.</p>
<p>Colorado Association of Local Public Health Officials (CALPHO) Denver, CO</p>	<p>CALPHO’s mission is to bring together the leadership of local public health agencies and other public health partners, through the creation of a constructive and collegial environment, to foster an effective and efficient public health system and to encourage improvement in the quality, capacity and leadership of local public health agencies and public health professionals. CALPHO’s member-driven advocacy aims to improve the practice, structure, equitability and financing of Colorado’s local public health system. CALPHO policy priorities include local public health infrastructure, authority, funding and partnership/connection; state public health infrastructure; health equity and social determinants of health; prevention and health promotion; behavioral health and substance abuse; the Affordable Care Act; and the impact of climate change.</p>
<p>Colorado Center on Law & Policy (CCLP) Denver, CO</p>	<p>CCLP’s mission is to advance the health, economic security and well-being of low-income Coloradans through research, education, advocacy and litigation. CCLP advocates for policies and programs that assist Coloradans to achieve and maintain family economic security, such as access to quality, affordable health care; affordable and accessible housing, including tenants’ rights; child care; job skills trainings; and access to basic needs.</p>
<p>Colorado Children's Campaign, Inc. (CCC) Denver, CO</p>	<p>Using the most reliable, compelling data and research on child well-being, and backed by an extensive, statewide network of dedicated child advocates, CCC champions policies and programs that improve child well-being in health, education and early childhood development and learning. CCC advocates for the development and implementation of data-driven public policy that improves child well-being, with a focus on health, education and early childhood.</p>

<p>Colorado Cross-Disability Coalition (CCDC) Denver, CO</p>	<p>CCDC was founded in 1990 by people with all types of disabilities, to ensure the fair and just enforcement of the Americans with Disabilities Act. Over time, CCDC has expanded its efforts towards working to ensure that people with disabilities in Colorado have access to resources necessary to live, work and attain self-sufficiency. CCDC advocates to protect life and independence/interdependence of people with disabilities, including for programs such as Medicaid; integration and inclusion, such as enforcing existing civil rights laws; and to lift people with disabilities out of poverty.</p>
<p>Colorado Fiscal Institute (CFI) Denver, CO</p>	<p>CFI provides credible, independent and accessible information and analysis of fiscal and economic issues facing Colorado. Their aim is to lead, inform and influence policy debates and contribute to sound decisions that improve the well-being of individuals, communities and the state as a whole. CFI advocates for responsible tax and budget policies that support equity and widespread economic prosperity.</p>
<p>Full Circle of Lake County, Inc. Leadville, CO</p>	<p>The Full Circle Project began in 1991 as a pilot project of The Prevention Center, to investigate the effectiveness of inter-generational mentoring in preventing youth substance abuse. Responding to community needs, the original mentoring project expanded to include leadership programs, after-school youth programming and parenting classes. Full Circle of Lake County advocates for issues that involve advancing health equity and community health, including (but not limited to) housing, health care, immigrants’ rights and funding for protection.</p>
<p>Grand County Rural Health Network, Inc. (GCRHN) Hot Sulphur Springs, CO</p>	<p>The GCRHN’s mission is to work in partnership to improve the future of health care, through programs and services that educate the community on health issues and ensure accessibility and efficiency of the health care system. GCRHN advocates on health insurance access and affordability on the Western Slope, health care and service access in rural communities, Medicaid accessibility for both patients and providers, and other equity issues impacting their communities.</p>
<p>Growing Healthy Communities Coalition (GHCC) – Valley Food Partnership Montrose, CO</p>	<p>GHCC is a multi-sector collaborative of approximately 50 diverse stakeholders representing agriculture, public schools, public health, health care, local recreation districts, faith-based and nonprofit groups, federal food assistance programs and state/local government agencies. GHCC is housed within Valley Food Partnership and advocates for equitable food systems, rural development, and access to healthy, local food.</p>
<p>Lake County Build a Generation (LCBAG) Leadville, CO</p>	<p>LCBAG is a community coalition dedicated to building healthy generations in Leadville and Lake County. LCBAG advocates for Supplemental Nutrition Assistance Program access and enrollment, as well as access to local produce; tenant’s rights in manufactured housing communities, as well as for policies that support affordable housing; for needs among the senior population; and for policy changes to reduce tobacco use among youth.</p>
<p>Northwest Colorado Health Steamboat Springs, CO</p>	<p>Northwest Colorado Health strives to improve the quality of life for all northwest Colorado residents by providing comprehensive health resources and creating an environment that supports community wellness. Northwest Colorado Health advocates for the continuation of funding for the federal community health center program, as well as funding and support for family planning services, assisted living, home health and hospice.</p>

<p>Padres y Jóvenes Unidos Denver, CO</p>	<p>Padres y Jóvenes Unidos is the leading and most successful multi-generational grassroots advocacy organization in the history of Denver Public Schools. It is also a leading grassroots force in Colorado and around the country on signature health equity issues, advocating for educational equity to end the school-to-jail track, address child hunger and obesity, and expand undocumented immigrant access to health care and education.</p>
<p>Re:Vision Denver, CO</p>	<p>The organization works with people in marginalized neighborhoods to develop leaders, cultivate community food systems, and grow a resilient local economy. Re:Vision advocates to address food insecurity, food access, health equity, and works with partners on gentrification issues.</p>
<p>The Foundation for Sustainable Urban Communities Denver, CO</p>	<p>Formerly known as The Stapleton Foundation, this nonprofit organization was established in 1990 to advocate for, sustain and realize the social and environmental goals of the Stapleton Redevelopment Plan. The foundation focuses on initiatives within five urban northeast Denver and Aurora neighborhoods. The Foundation for Sustainable Urban Communities advocates for changes to the built environment, by facilitating resident contact with elected officials and by spreading awareness of health policy issues, including transportation, affordable housing and education.</p>
<p>Together Colorado Denver, CO</p>	<p>Founded as Metro Organizations for People in 1978, Together Colorado bridges diverse communities who are unified by shared values. Collectively, Together Colorado’s leaders, member institutions and staff developed this organization, which now spans 220 congregations, schools and faith leaders across the state. They are people of various faith traditions organizing to create a better world for our children and our children's children—one that values, uplifts and protects the humanity and human dignity of every person. Together Colorado leaders and member institutions advocate on issues related to criminal justice, economic justice, education, health care and immigration.</p>
<p>Tri-County Health Network (TCHNetwork) Telluride, CO</p>	<p>TCHNetwork is a nonprofit entity committed to improving the quality and coordination of health and health care services, by increasing health care access and integrative health services at lower costs. TCHNetwork advocates for health equity for rural and immigrant populations, removing barriers to care and addressing social determinants of health, inclusivity across the region, and immigrants’ rights.</p>
<p>United for a New Economy (UNE) Wheat Ridge, CO</p>	<p>UNE is a grassroots organization of everyday people working together to advance values of respect, equity, human rights, people power and democracy. UNE advocates for local, state and national laws and policies that build a new economy that works for everyone, including on issues such as affordable and quality housing, affordable transit, better pay and benefits for the working class, and equitable community development.</p>

» APPENDIX B: CONVENING AROUND RACIAL EQUITY

In Phase 2 of the HEA Strategy, as part of their commitment to keeping race as a priority in their health equity advocacy work, Cohort members included activities focused on racial equity in every convening, beginning with their second convening in June 2015. The chart below provides descriptions of these activities. All but one were designed and led by Cohort members, and helped to foster shared language and understanding about racism and racial equity, and to articulate shared values around their work in health equity advocacy.

Date	Racial Equity Activity
June 2015	<p>Take Your Seat Exercise. Led by Together Colorado, this exercise symbolically replicated structures of inequity and our places within those structures—based on race, gender identity, ability, etc. This was the first active equity-focused exercise the Cohort engaged in together. It set the stage for Cohort members to engage in uncomfortable and difficult conversations about structural racism, privilege and power.</p>
January 2016	<p>Framing Activity: Dog Whistle Politics. Together Colorado led participants in small group discussions focused on the following question: Can organizations that are working on racial equity reflect racist tendencies that they may or may not even be aware of? Through this exercise, the Cohort engaged in reflections about how implicit bias shows up in themselves and their organizations.</p>
	<p>Framing: From the Powell Memo to the Affordable Care Act: Moral Frameworks and Implicit Bias. Re:Vision delivered a presentation about how moral frameworks capitalize on implicit bias to shape social consciousness. They provided a theoretical overview of moral frameworks and then introduced the Powell Memo as a case study example, showing how it served as a blueprint that paved the way for neoliberalism to take hold and shape the mindsets of conservative leaders and their followers for generations.</p>
April 2016	<p>Framing: Institutional Racism. The Asian Pacific Development Center led a presentation focused on defining and illustrating examples of institutional racism (IR) and targeted IR. This was followed by a discussion of unconscious bias and IR. Cohort members were asked to think about two key questions: (1) How does IR play a role in our organization? and (2) How does IR play a role in ourselves?</p>
	<p>Racial Equity Terminology. United for a New Economy (known then as FRESC) led this exercise, focused on having convening participants think out loud, together, about terms related to race and equity. A number of terms were shared, each of which had academic/sociological definitions but which participants were encouraged to define for themselves (i.e., what it means to each participant, and what it means for their work together).</p>
August 2016	<p>Equity Breakout Session. Together Colorado and Grand County Rural Health Network prepared a presentation that offered some sobering statistics about racial disparities in a number of arenas (income levels, poverty rates, life expectancy, infant health and mortality, education, infectious disease, mental health, etc.). Participants broke into small groups, and were encouraged to share their own stories about how racial inequities manifest in their lives, and to respond honestly to two questions: (1) What is your reaction to all that has been presented around this topic? and (2) Where do you struggle in the conversation around taking a racial equity focus?</p>
	<p>Areas for Growth Discussion. The Cohort engaged in small-group discussions around the Cohort's areas for growth around racial equity, prompted by three questions: (1) What's next? (2) Where do we want to grow? and (3) How should we go about it?</p> <p>Four "I"s of Oppression. An independent consultant worked with the group to develop community agreements that support the Cohort in continuing to foster mutual understanding and respect as they engage in hard conversations about race and racism. She then led convening participants through this exercise to identify different forms of oppression experienced by all people to different degrees, depending on a number of factors. The four "I"s are ideological, institutional, interpersonal and internalized.</p>

» **APPENDIX C: VISION AND GROWING EDGES**

The Racial Equity Team

The Racial Equity Team was established within the leadership and engagement structure of the HEA Cohort to maintain the Cohort’s commitment to racial equity, and to engage in strategic planning around the capacity and skills building necessary to advance racial equity through the work of the Cohort. This document aims to serve as the North Star for this work and lay a collective foundation among Cohort organizations around values, core beliefs and assumptions. We hope this document will help ground the racial equity work of the Cohort, serve as a power-building platform and orient new Cohort participants and partners to the work.

Vision

The Racial Equity Team will work to lay the foundation of an anti-racist movement for equity in which communities of color and white communities have a shared sense of belonging, understand racism to be a common enemy and actively work to dismantle it and build an equitable Colorado.

The HEA field-building initiative

The Colorado Trust (The Trust) is a foundation dedicated to advancing the health and well-being of the people of Colorado. With the HEA strategy, The Trust aims to advance health equity solutions through a field-building approach led by 18 grantee organizations (the “HEA Cohort”). Field building involves identifying shared values, framing the work of health equity in terms of those values, developing shared messages that fit the values frame, training to use shared messages, and building the capacity and skills needed to work in partnership with affected communities and influence an ever-changing policy landscape.

Spheres of influence

The capacity and skills-building work of the HEA strategy centers on four spheres of influence:

- **Sphere 1** is made up of individuals from Cohort organizations that consistently participate in the leadership and engagement work of the HEA Cohort.
- **Sphere 2** is made up of the individuals, policies, practices and procedures at each Cohort organization.
- **Sphere 3** is made up of the individuals and organizations that Cohort organizations partner with in their health equity work.
- **Sphere 4** is the health equity advocacy field in Colorado.

Growing edges

The capacity and skills-building work proposed by the Racial Equity Team will serve the “growing edges” outlined below. The term “growing edge” is used to acknowledge that these are not clearly defined goals but, rather, are areas of growth that will become clearer and more defined as we engage in the work of deconstructing racism and pursuing equity.

Growing edge one

The racial equity work of the Cohort will support and push people of color (POC) in the Cohort to become anti-racist individuals by creating space where POC:

- Confront and deconstruct internalized systems of oppression;
- Dismantle the barriers within and between groups of color that were created by and prop up white supremacy;
- Identify and own the power POC have as individuals and communities of color; and
- Empower and support each other to collectively live out our power.

Growing edge two

The racial equity work of the Cohort will support and push white members of the Cohort to become anti-racist individuals by creating space where white Cohort members are challenged to:

- Move from an intellectual understanding of racism to a more connected/emotional understanding that they can express externally;
- Confront and deconstruct internalized white dominance;
- Identify systemic white dominance/racial oppression and take actions to dismantle it;
- Hold each other accountable; and
- Be champions of racial equity and collective liberation in white communities.

Growing edge three

The racial equity work of the Cohort will support equity work at organizations in the field of health equity advocacy, including Cohort organizations and their partners, by:

- Creating a group space that frames this work in terms of compassion, understanding and growth;
- Providing resources that are designed to:
 - Meet organizations where they are on the path to equity, help them define and meet their equity goals and transform practices, priorities, policies and organizational cultures;
 - Meet organizational leadership where they are in terms of their level of comfort with the concepts of structural inequality, racism and organizational equity, and help them meet their equity goals;
 - Support Cohort participants that come from organizations with leadership that may not want to engage in or prioritize equity work, or that may not view it as necessary; and
 - Support Cohort participants that come from communities that may not want to engage in or prioritize equity work, or that may not view it as necessary.

Growing edge four

The racial equity work of the Cohort will strive to build power by uplifting the leadership and experiences of communities of color, including:

- Seeking ways to center the experiences, needs, perspectives and aspirations of communities of color in the learning and planning work of the Cohort;
- Promoting and sharing best practices around leadership development in communities of color, such as recruitment, hiring, promotion and board membership; and
- Increasing representation of POC by transforming organizations, boards, advocacy tables, coalitions and decision-making spaces that actively include and support communities of color.

Growing edge five

The racial equity work of the Cohort will promote anti-racism and collective liberation within and across communities, as well as within the field of health equity advocacy, by:

- Providing trainings and other resources that help Cohort organizations talk to their partners and communities about racism and equity;
- Providing training to and work in white communities to better understand and engage issues of power, privilege and oppression;
- Providing capacity-building opportunities and ongoing support to the field of health equity advocates;
- Supporting Cohort member organizations in being real-life examples of anti-racist, equity-focused advocates in their respective spaces; and
- Increasing a sense of solidarity between communities in addressing equity issues.



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