



# Toward Health Equity in Colorado

Progress and Lessons Learned in Health Equity Advocacy Field Building

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## ABOUT THIS PAPER

The Colorado Trust’s vision is for “all Coloradans to have fair and equal opportunities to lead healthy and productive lives regardless of race, ethnicity, income, or where we live.” In line with this vision, in September 2013, the foundation’s Board of Trustees approved the **Health Equity Advocacy (HEA) Strategy**, a multi-year, \$7.2 million funding strategy to support health equity advocacy, specifically through a field-building approach.

Kicked off by a November 2013 convening of 40+ advocacy leaders who offered insights about Colorado’s challenges and opportunities in advancing health equity, the Health Equity Advocacy (HEA) Strategy has unfolded in two phases thus far. The first phase (2014) served as a planning phase designed to unpack assumptions behind a health equity advocacy approach, foster relationship building across diverse stakeholders, identify what capacities and skills needed to be developed to strengthen health equity advocacy work, and consider how best to improve coordination to advance shared health equity goals. The second phase (2015-2016) provided an opportunity for funded partners to begin implementing health equity advocacy field-building goals—both as individual organizations and as a collective group. This meant establishing a shared vision, strengthening organizational capacities, and building local, regional, and statewide networks positioned to advance health equity advocacy goals.



We know that certain populations do not have fair nor equal opportunities to lead healthy lives, based on race/ethnicity, income, geography and many other factors. We know that health is more than health care, that it is deeply affected by social, systemic and institutional dynamics that extend beyond health coverage and health care. And we know that effective, efficient and inclusive advocacy and public engagement efforts can lead to positive changes in those dynamics, and in turn help support individuals and families who are most vulnerable.”

-Ned Calonge, MD, President and CEO of The Colorado Trust (in a letter introducing the HEA Strategy)

This paper highlights findings from the [Evaluation Report of the Phase 2 Health Equity Advocacy Strategy](#). The evaluation, guided by a comprehensive evaluation framework detailed in a separate [paper](#), encompassed a wide range of data sources that included: pre-post assessments of organizational capacity to carry out health equity advocacy strategies, pre-post network analyses that mapped cohort relationships over time, bi-annual analyses of submitted grant reports, annual interviews of HEA cohort members, and active documentation of HEA cohort activities at quarterly convenings and subcommittee calls, and through the HEA Strategy’s online collaboration space.

# The Health Equity Advocacy Strategy: PHASE 2

When The Colorado Trust first launched the Health Equity Advocacy (HEA) Strategy in 2014, the initiative's goal—to build a health equity advocacy field in Colorado—was acknowledged as an ambitious one, requiring a long-term commitment. The entrenched nature of the systematic health inequities facing Colorado's diverse populations demanded a multi-level and multi-phased strategy that leveraged the power of communities themselves to shape and capitalize upon critical health equity policy opportunities, and to ultimately influence meaningful change. This was not something that could occur overnight.

Phase 2 of the HEA Strategy represents an early part of this long-term journey toward the building of a statewide health equity advocacy field. Building upon Phase 1's visioning efforts, Phase 2 has been largely dedicated to building structure and capacity to engage in strategic field building. Further, through the individual and combined efforts of the funded grantee organizations, Phase 2 has also served as a critical opportunity to engage in advocacy activities that lay the groundwork for an emerging field.

The close of Phase 2 at the end of 2016 presents an important opportunity to step back and highlight milestones of progress and learning, now three years into this larger field-building endeavor.

## What is the Health Equity Advocacy Strategy?

One of the defining characteristics of the HEA Strategy has been the grantee-driven nature of the effort. The launch of the HEA Strategy coincided with a larger philosophical change within The Colorado Trust, which was to cede greater control to grantees to define their needs and identify approaches for addressing them.

In line with this shift, the assumptions underlying the HEA Strategy were developed in direct partnership with a group of 34 organizations from around the state during Phase 1. Captured to the right, these assumptions were derived from a series of challenging meetings where diverse leaders collectively wrestled with the "how" and "why" behind this work. The assumptions represent a clear articulation of the HEA Strategy's approach to advancing health equity for Colorado's most vulnerable, and have served as a critical foundation for Phase 2 field-building work.

The core elements of the Phase 2 strategy were intended to support operationalization of these assumptions. While maintaining flexibility for grantee-driven design, implementation, and resource allocation, the following core elements served as the backbone of this strategy:

### HEA Strategy's Underlying Assumptions

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

- **General operating support for a set of 17 HEA grantees (the HEA cohort) across the state**, ranging from \$180,000 to \$200,000 to support health equity work. Each grantee submitted a high-level workplan of planned Phase 2 activities. The only grant requirement was to participate as part of a cohort of HEA funded partners.
- **HEA cohort convenings**, held quarterly to update each other on activities, discuss issues of shared interest, and engage in group capacity building. These multi-day meetings, which rotated to various locations around the state, also served as an opportunity for in-person networking.
- **A Technical Assistance and Strategic Advocacy Fund**, encompassing \$1,000,000 of set-aside resources for cohort organizations to access capacity building and/or rapid-response advocacy needs. Early on in Phase 2, The Colorado Trust handed over management and disbursement of these resources to the cohort itself.
- **Infrastructure support for collaboration**, in the form of an online collaboration space where HEA cohort members could upload files, post messages, and share calendars, as well as facilitation and note-taking support for HEA subcommittee and convening meetings.
- **Initiative-level strategic learning and evaluation**, to ensure that initiative-level developmental evaluation findings would support data-based discussions and decision-making.

The HEA cohort members are at the center of the Phase 2 Health Equity Advocacy Strategy. Comprised of 17 organizations and coalitions from across the state, the HEA cohort represents a mix of community-based organizations, professional associations, statewide health advocacy groups, organizing networks, and regional collaboratives, grouped into three types: community organizing, direct service, and policy advocacy.

While all HEA cohort members are committed to the advancement of the health and well-being for some of the most vulnerable communities in Colorado, they bring a range of experience with policy advocacy, as well as a range of exposure to racial justice and equity movements within the state.

HEA cohort members work in and advocate on a wide range of issues that influence health, including access to care and care affordability, culturally responsive care, immigrant rights and health systems navigation, as well as education, transportation, food access, and family support. HEA cohort members represent a wide range of constituencies as well—including low-income individuals and families from various racial and ethnic backgrounds, immigrants, refugees, undocumented populations, urban and rural communities, individuals with disabilities, women and girls, and youth.

## Phase 2 HEA Cohort Members

Asian Pacific Development Center

Colorado Association of Local Public Health Officials

Colorado Center on Law and Policy

Colorado Children’s Campaign

Colorado Coalition for the Medically Underserved  
*(now the Center for Health Progress)*

Colorado Cross-Disability Coalition

Colorado Fiscal Institute

FRESC Good Jobs Strong Communities

Grand County Rural Health Network

Growing Healthy Communities Coalition

Lake County Health Equity Partnership in Leadville

Northwest Colorado Health

Padres & Jóvenes Unidos

Re:Vision

Stapleton Foundation for Sustainable Urban Communities

Together Colorado

Tri-County Health Network

## The Phase 2 Journey

The official launch of Phase 2 of the HEA Strategy took place in January 2015, at the first cohort convening in Denver. In addition to introducing each cohort organization to one another's planned Phase 2 activities, at this kick-off meeting The Colorado Trust announced that it was going to further lean into a grantee-driven approach. While expectations were always that the HEA cohort members would partner in shaping the design and implementation of the initiative, The Colorado Trust made the decision to give them full power to manage resources and chart the direction of Phase 2 work ahead.

This unexpected shift in approach generated both excitement and apprehension. While acknowledging the tremendous opportunity presenting itself, most HEA cohort members were actively focused on getting their Phase 2 workplans off the ground and recognized the weighty responsibility of providing the direction for moving initiative-level work forward—including coming to shared agreement about the vision for a health equity field, developing workable leadership and decision-making processes, facilitating equitable engagement, building individual and collective capacity to serve as field leaders, and managing and disbursing over a million dollars of resources set aside to support strategic advocacy and capacity building.

The HEA cohort rose to the challenge.

From that first meeting, over the next two years HEA cohort members engaged in a *tremendous* amount of activity together—only a portion of which is captured in the timeline on the next page— to build readiness for field-building work. Just within the HEA online space, HEA cohort members held over 300 unique conversations, with over 1300 reply comments, 135 examples of resource sharing and almost 100 calls to action. In addition to seven multi-day convenings, together HEA cohort members collectively participated in approximately 125 conference calls, attended several webinars and full-day retreats, and banked hundreds of conversations with each other in service of the larger collective. Through this work, HEA cohort members wrestled with collective leadership and collaborative processes, struggled to attain equitable representation in partner voices, and challenged one another on respective biases.

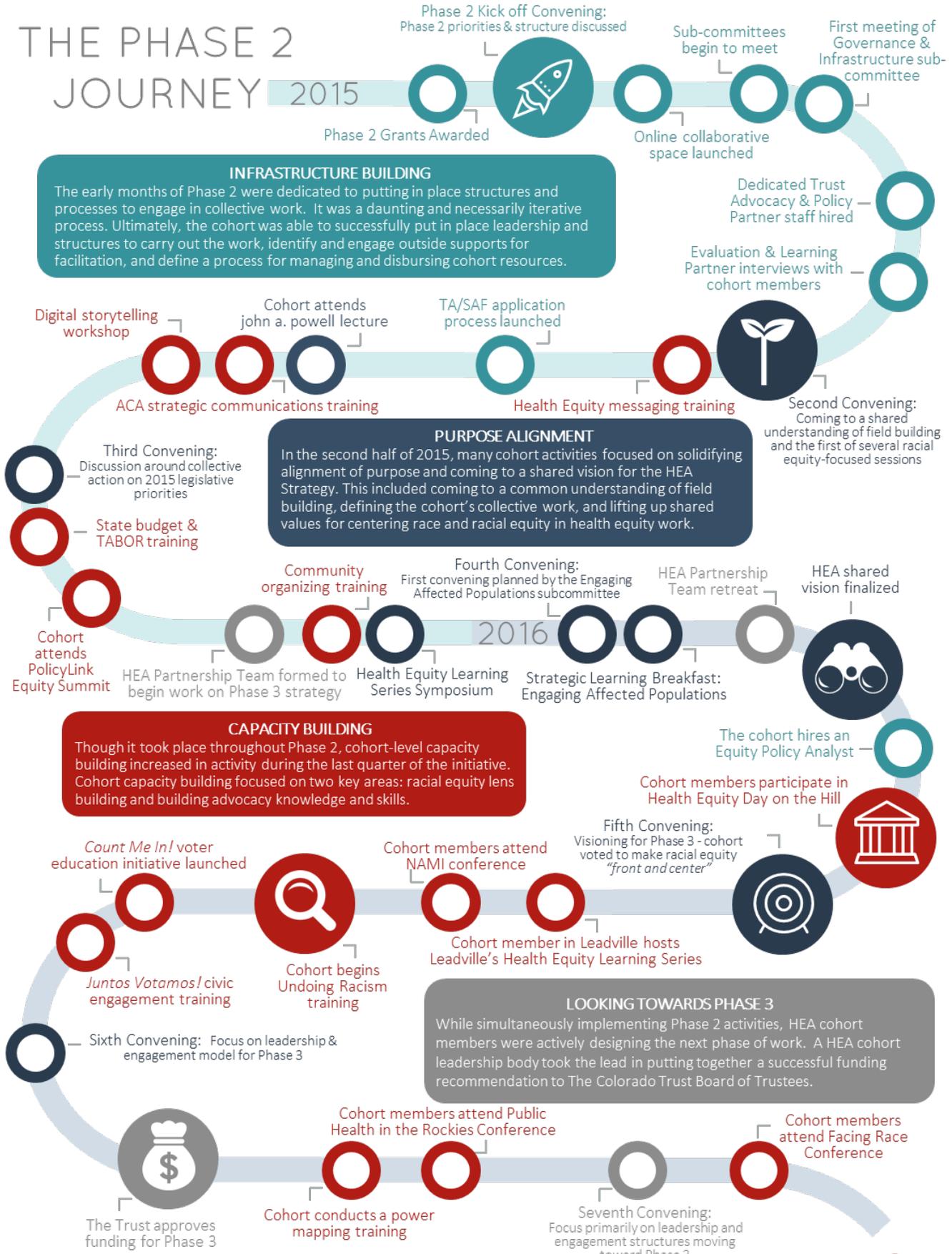
As shown on the timeline on the next page, HEA cohort activities clustered into four areas: building cohort-level infrastructure for collective action, reaching consensus on an aligned purpose for their shared work, building cohort knowledge and skills related to racial equity and advocacy, and spearheading planning for the next phase of work. The *outcomes* of these cohort activities, and of individual organizations' work, are discussed next.



When I reflect on all the other collaborations I'm part of, I am most proud of this. The process hasn't always been easy, but we have a dedicated, smart, passionate group of people wanting to figure this out, willing to fail forward and work outside the box... I guess I feel a little surprised that I feel so strongly about this work."

-HEA Cohort Member

# THE PHASE 2 JOURNEY



**INFRASTRUCTURE BUILDING**

The early months of Phase 2 were dedicated to putting in place structures and processes to engage in collective work. It was a daunting and necessarily iterative process. Ultimately, the cohort was able to successfully put in place leadership and structures to carry out the work, identify and engage outside supports for facilitation, and define a process for managing and disbursing cohort resources.

**PURPOSE ALIGNMENT**

In the second half of 2015, many cohort activities focused on solidifying alignment of purpose and coming to a shared vision for the HEA Strategy. This included coming to a common understanding of field building, defining the cohort's collective work, and lifting up shared values for centering race and racial equity in health equity work.

**CAPACITY BUILDING**

Though it took place throughout Phase 2, cohort-level capacity building increased in activity during the last quarter of the initiative. Cohort capacity building focused on two key areas: racial equity lens building and building advocacy knowledge and skills.

**LOOKING TOWARDS PHASE 3**

While simultaneously implementing Phase 2 activities, HEA cohort members were actively designing the next phase of work. A HEA cohort leadership body took the lead in putting together a successful funding recommendation to The Colorado Trust Board of Trustees.

## What was Accomplished: SEEDS OF A HEALTH EQUITY ADVOCACY FIELD

Early on, in recognition of the long-term nature of field building, HEA Strategy stakeholders began describing their efforts in terms of “seeding” an emerging field. Investments in strengthening their respective organizations, fostering collective capacity and relationships, developing community leaders and innovative strategies for lifting up community voice, building local and statewide networks...these were all envisioned as planting seeds which—with care and cultivation—would ultimately come to fruition in a health equity advocacy field to benefit Colorado’s most vulnerable.

### Setting a Vision for Health Equity Advocacy for Colorado

A Colorado Trust-commissioned scan conducted just prior to the HEA Strategy’s launch found that not only did a “health equity advocacy” field not exist, but neither did an agreed upon *definition* of health equity. Therefore, throughout Phase 2, the cohort invested in clarifying how their work together related to health equity and field building.

#### What’s been Accomplished?

**A united cohort vision for advancing health equity that places race at the center.** When reflecting on the cohort’s top Phase 2 accomplishments, almost across the board, HEA cohort members emphasized the centering of race and racial justice in their health equity approach. As shared by one HEA cohort member, “The way the cohort has moved into such a strong racial equity framework has been one of the most important accomplishments. I think this has really moved the cohort forward with a strong course of direction and is pivotal to the work moving forward.” Others concurred, observing that the cohort conversations have been “more fluid” and “productive” now that they are based on shared values and a common understanding of health equity rooted in racial justice.

**An emerging health equity advocacy field frame.** While Phase 2 did not include a coordinated, cohort-led communications campaign, individual and joint efforts of HEA cohort organizations (a subset of which are highlighted to the right) are contributing to a shift in health equity dialogues in the state. A survey of 160 organizations engaged in advancing the health and well-being of Coloradans conducted just after the close of Phase 2 found that 48% of respondents agreed that an identifiable field of health equity advocacy now exists in Colorado. Multiple HEA cohort members shared that they are hearing health equity language increasingly being used in non-HEA Strategy circles, including in meetings with state-level public agency partners, family resource centers, and among community leaders themselves.

#### SEEDS OF THE FIELD

##### Building a Health Equity Field Frame

- **Colorado Center for Law and Policy** worked with other HEA cohort members to release an interactive report called *Vital Signs: The Influence of Race, Place, and Income on Colorado’s Health*, featuring the voices of affected populations.
- **Several HEA cohort members** participated in an equity messaging campaign related to the Affordable Care Act, ultimately placing 20 pieces in 25 media outlets across the state.
- **Colorado Association of Local Public Health Officials** spearheaded efforts to create an online health equity training that is now mandatory for all new Colorado Department of Public Health and Environment employees.
- **Growing Healthy Communities Coalition** co-hosted a Health Equity Learning Series that generated community dialogue on racism and its effects in their community.

## Building Collective Capacity for Change

To increase readiness for cohort-led field building, a necessary Phase 2 focus has been on building the capacity of individual HEA cohort organizations and of the HEA cohort itself. This focus recognizes the importance of nurturing strong partners across the state with a shared vision, working relationships, and structures to move health equity advocacy forward in Colorado.

### What's Been Accomplished?

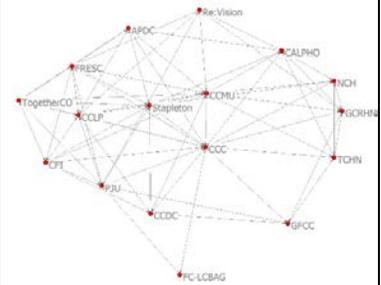
**Strengthened equity organizations.** Through the general operating support grants offered to them, each of the 17 HEA cohort members dedicated itself to strengthening its organizational capacity to engage in health equity advocacy. While describing their organizational capacity building in terms of an ongoing journey, most were also able to highlight meaningful growth in their organizational missions, policies and structures that better positioned them as leaders in an emerging health equity advocacy field.

**A cadre of trusted partners to advance change.** Without exception, HEA cohort members described not just new connections, but new levels of *trust* across partners as a result of Phase 2. The changing nature of relationships across HEA cohort members are quantified by a formal network analysis administered at three points over the past three years, shown to the right. While the most exponential growth in cohort relationships took place in the first phase of the HEA Strategy, steady growth continued into the subsequent years of Phase 2. Notably, while HEA cohort members leave Phase 2 as an extremely well-connected cohort of trusted partners, the degree to which these relationships are being leveraged is still growing. Of the connections reported at the close of Phase 2, only 40% represent higher levels of cooperation and collaboration taking place outside of HEA Strategy meetings and calls.

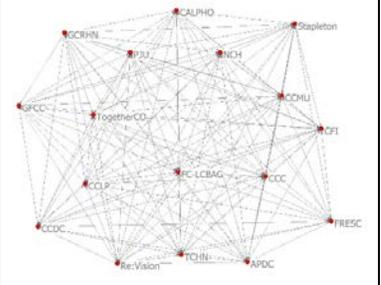
**Workable cohort structures for collective action.** A significant area of Phase 2 investment and accomplishment has been in building the cohort's collective capacity to effectively work together and on behalf of a larger health equity advocacy field—including establishing a leadership body, workable structures for shared work and communication, as well as strategies for decision-making and disbursement of shared resources. While the journey was fraught with challenges and constant adjustments, as a whole, the HEA cohort enters Phase 3 well-positioned to tackle its field-building goals. Reflecting on the challenges they faced getting to this point, HEA cohort members agreed that the experience left them stronger as a cohort. As shared by one, "I don't think there's a path that would have been better. You know, maybe we could have gone faster, but...we wouldn't have been able to go as far."

### Network Map of HEA Cohort Members' Relationships Over Time

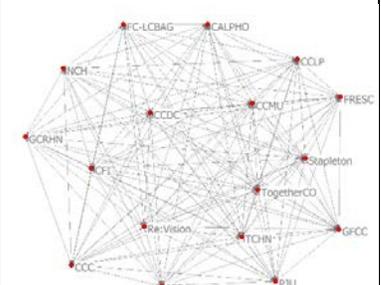
#### Launch of Phase 1 (May 2014)



#### Launch of Phase 2 (May 2015)



#### Close of Phase 2 (December 2016)



## Shifting Paradigms for Community-Led Change

A foundational assumption of the HEA Strategy has been the critical importance of meaningfully engaging affected populations in the health policy dialogues and decisions that directly impact them. In the absence of authentic integration of community contexts and perspectives, any policy win risks failing to address the inequities that it set out to eliminate. According to multiple HEA cohort members, the priority on community engagement is what sets the HEA Strategy apart from other Colorado-based health equity efforts in which they are engaged.

### **What's Been Accomplished?**

**Increased numbers of diverse community leaders across the state.** Hundreds of Colorado community leaders have received training and support through the HEA Strategy and are positioned to be mobilized in future health equity advocacy. These leaders include neighborhood block captains, disability rights advocates, Burmese/Karen refugee leaders, linguistically and racially diverse community-based leaders and promotoras from across the state.

**Advocacy approaches with greater intention around community voices defining priorities.** HEA cohort organizations are increasingly prioritizing affected community experiences in setting their health equity policy agendas. This has been done by engaging in comprehensive needs assessments, focus groups, and surveys. One voiced a sentiment echoed by others, “We are conscious of the potential to become too grass-tops heavy, and so we continue to invest and deepen our efforts with parent and youth leaders to ensure that they are and remain the main driving force behind our work and activities.”

**More examples of community members directly engaged in health equity advocacy.** One third of the HEA cohort report examples of community members on the frontlines of advocacy—testifying, letter writing, meeting with policymakers, getting out the vote, holding public actions, and attending legislative health equity advocacy days. In some cases, cohort organizations are seeing the fruition of these efforts. For example, after resident engagement with the Regional Transportation District (RTD) on modified transit routes, an RTD official expressed appreciation that, “there has been early engagement of residents, more participation from underserved communities in the public input process and valuable feedback to RTD around service planning.”

## SEEDS OF THE FIELD Community Voices Leading Change

- **Asian Pacific Development Center** organized a community forum between Senator Bennet and various leaders from the Asian Pacific Islander community.
- **FRESC's** leaders provided city council testimony to ensure 38 units of affordable housing would be built in their community.
- **Stapleton Foundation** trained 40 new *be well* block captains to serve as neighborhood resident leaders fostering change in their communities.
- **Re:Vision** promotoras conducted a needs assessment of over 200 families, with in-house health screenings that can inform findings around health access.
- **Lake County Health Equity Partnership in Leadville** formed a Latino Advocacy group and have connected with the Coalition for Immigrant Health to ensure that Latino voices are on the forefront of their advocacy efforts.
- In collaboration with community-based partners, **Colorado Fiscal Institute** surveyed over 350 families to explore disparities in health care access and cost in immigrant and Latino/a communities. Findings were presented in a [policy report](#).

## Leveraging Diversity & Sharing Power

Underlying the Health Equity Advocacy Strategy was a fundamental assumption about the importance of bringing diverse partners to this shared endeavor. Here, the goal was not just to ensure that the *composition* of the field becomes more diverse, but that there is a corresponding shift in *power* as new perspectives are introduced. This was envisioned to take the form of purposeful engagement that ensures inclusion of a wide range of perspectives and voices in the policy making process.

### What's Been Accomplished?

**A shift toward upfront engagement versus last minute input.** At the launch of the HEA Strategy, there were some voiced tensions about how advocacy efforts have historically tapped community groups too late in the policy advocacy process, which led to feelings of frustration and tokenism. One of the more observable Phase 2 shifts, noted by a couple

of HEA cohort members, has been the timing and depth of early engagement of diverse partners in collaborative efforts. For example, several joint cohort member efforts funded through the HEA Technical Assistance and Strategic Advocacy Fund involved significant upfront engagement of community partners within and outside the cohort to shape the methodology and direction of various research projects, publications, and—most recently—a major effort to develop racial economic equity indicators for the state. One HEA



I've seen [advocacy and research organization] processes change dramatically. You know, it used to be, 'will you guys read this and tell us what you think about it?' Now we start to see them engaging [others] early on, saying, "let's do this together."

-HEA Cohort Member

cohort member shared, "I've seen [advocacy and research organizations'] processes change dramatically. You know, it used to be, 'will you guys read this and tell us what you think about it.' Now we start to see them engaging [others] early on, saying, 'let's do this together.'"

**Intentional valuing of population-specific perspectives.** Another indicator of progress has been the meaningful engagement of population-specific HEA cohort organizations and their constituencies. While admitting that it was not always the case, multiple individuals noted that people of color, non-English speakers, those with disabilities, and those coming from rural contexts are now more vocal in cohort spaces and are stepping forward as leaders in the work. This has brought depth and nuance to health equity conversations, and is not common in other cross-sector collaboratives. As explained by one individual of color, "I go to tables where I don't feel like I have a voice. I'm very careful about what I say. And it's not worth my investment. It's not even worth trying.... But for the most part, you know, as a [HEA] cohort, I feel like we're trying to make sure to hear [diverse] voices."

This is an area where the HEA cohort also continues to face hurdles in reaching its full potential as a diverse set of leaders within a larger field. Foremost, among the group of 17 HEA cohort members, only a small percentage *are* population-specific. A consistent refrain throughout Phase 2 has been a reflection on "missing voices" in this work, most commonly cited as LGBTQ populations, Native American populations, youth, elderly, undocumented Coloradans, and those from outlying regions of the state. As such, this was emphasized as a priority for field building in Phase 3.

## Greater Alignment & Coordination Across Health Equity Advocacy

As envisioned in the inception of this initiative, bringing together and aligning the work and advocacy of diverse partners would serve to amplify what could be accomplished. The diverse mix of HEA organizations and networks funded in Phase 2 was strategic and intended to ensure that different expertise areas and connections were leveraged in support of a collective goal.

### What's Been Accomplished?

Over the past two years, approximately 30 examples arose of HEA cohort members leveraging cohort relationships in support of *aligned* advocacy, with 18 examples directly funded through the HEA Strategy's Technical Assistance and Strategic Advocacy Fund resources and highlighted in the sidebar to the right. The examples fell into some broad categories:

- **Advisory and consultation support** on population-specific issues and contexts to inform policy agendas, including immigrant, refugee, disability and rural populations;
- **Issue exploration and discussion** using the different respective lenses that HEA cohort members and their constituencies bring;
- **Research collaboration** on issues of joint concern such as coverage options for people without proper documentation; and
- **Joint advocacy** in campaigns focusing on issues ranging from anti-displacement, immigrant rights, Medicaid access, and a ballot measure eliminating a section in the Colorado constitution that equates prisoners with slaves.

While multiple HEA cohort members proudly pointed to examples of collaboration as an indicator of progress, many also acknowledged that partnerships between two or three HEA cohort members only scratch the surface. Emphasizing that the goal is *not* to have the HEA cohort—or the larger field—operate in lock step with each other on specific issues, the road ahead was seen as an opportunity to further align and achieve a level of solidarity with each other on behalf of all the communities that they represent and serve, recognizing that “harm to one is harm to all.” One HEA cohort member observed that the current national political context could serve as a catalyst for greater alignment and solidarity ahead, observing, “Most folks have been doing stuff together. But we have not *struggled* together.”

### SEEDS OF THE FIELD

#### Toward Aligned Field Advocacy

- **Colorado Association of Local Public Health Officials** sponsored a HEA health policy analyst to collect and analyze bills using a social determinants of health lens during the 2016 legislative session.

This ultimately culminated in a *Health Impact Assessment Tool* to help assess the health equity impact of organizational and local policies as well as state regulations, legislation, and constitutional amendments.

- **Several cohort organizations** participated in Health Equity Day on the Hill where they connected with legislators and learned more about the Health Equity Commission at the Office of Health Equity.
- **Together Colorado** and **Colorado Cross-Disability Coalition** engaged in a three-month power mapping training leading to a new strategy around issues of Non-Emergency Medicaid Transportation and sustainably funded care coordination in Colorado.
- **Colorado Children's Campaign, Colorado Center for Law and Policy, and Colorado Center for the Medically Underserved** have been compiling research around coverage options for people without proper documentation, with a focus on children and pregnant women.
- **Asian Pacific Development Center and Padres & Jóvenes Unidos** became new advisory members on **Colorado Center for the Medically Underserved's** Immigrant Health Table, where they collaborate on policy solutions to address issues facing Colorado's immigrant communities.

## Looking Forward: LEARNING & OPPORTUNITIES AHEAD

This moment is one in which the struggles and successes of the second phase of the Health Equity Advocacy Strategy are in the past, and the HEA cohort is actively engaged in forging new paths and conquering new challenges in Phase 3 (a three-year, \$12 million continuing commitment to HEA field building). As such, the moment is opportune to surface and reflect on high-level learning from this equity-focused, field-building initiative.

### What are We Learning? Initiative-Level Reflections

While health equity advocacy field building in Colorado is still very much a work in progress, at this point in the HEA journey, reflecting on some of the facilitators and challenges from the implementation of this strategy to date provides a window of opportunity to surface useful learning for others. The following presents initiative-level lessons learned for funders, intermediaries, capacity-building and evaluation partners, coalitions and organizations who are, or wish to be, engaged in similar equity field-building initiatives:

1. **Lead with values.** Amidst the early messiness of the HEA Strategy's implementation, the underlying assumptions of the strategy served as important guideposts—that the HEA Strategy was focused on health equity field building through engagement of diverse partners and with a strong value for engaging affected populations was never a question. With these guiding values, the HEA cohort was able to focus on how these values should and could be *operationalized* in an emerging field. The HEA Strategy would have been infinitely more challenging had it been more open-ended in terms of its guiding values and assumptions.
2. **Award flexible resources to work at multiple levels.** One of the areas of greatest traction has been the individual and collaborative work of HEA partners to seed the field through a wide range of community- and state-level activities. Many HEA cohort members stressed the value of HEA general operating grants, which allowed for a level of freedom to invest in their own organizational development, take risks, address community priorities, respond to evolving policy contexts, and actively step forward as leaders in state health equity spaces where they might not have otherwise. The HEA Strategic Advocacy Fund provided another critical level of above-and-beyond resources that incentivized partnership and collaboration, as well as supported larger scale projects that could take advantage of windows of opportunity.
3. **Make meaningful investments in capacity building.** Advocacy funding initiatives typically include a dedicated focus and financial support for capacity building. This focus becomes critical within *equity*-focused advocacy initiatives, where participating organizations can be at wildly different points in their own long-term journeys toward becoming equity organizations, and where meaningful cross-racial understanding is required to collectively unpack systemic inequities and build collective power for change. Even without a comprehensive capacity-building strategy in place, HEA organizations individually and collectively benefited from a meaningful infusion of resources that allowed for attending to organizational needs and challenges, hiring of consultants for group trainings, and group attendance at racial justice convenings that were described as “personally transformative” and a major facilitator toward centering race in the cohort's equity work.

4. **Capitalize on the demographic diversity of partners.** Another facilitator of Phase 2 health equity field-building was the purposeful engagement of diverse partners, particularly those focused in direct service, community organizing and policy advocacy. This framework created a neutral way for HEA cohort members to talk about the different assets (and challenges) that each brought to bear in collective work, and ensured that health equity advocacy was not “business as usual.” This promising finding raises questions for how the HEA initiative might have further leaned into this model. For example, expansion or selection of more population- or region-specific Phase 2 grantees, explicit expectations of non-traditional partnerships, or purposeful structuring of resources to promote power sharing might have presented a strong opportunity to further catalyze changes to underlying power dynamics within this emerging field.
5. **Make investments in in-person connections.** Despite the burden of travel for HEA cohort members who were stretched across the state, there was irreplaceable value in face-to-face meetings funded by The Colorado Trust. The most progress often occurred in the spaces where HEA partners took dedicated time to wrestle together with hard issues, learn from the successes and challenges of others, hear the stories of communities of difference, and ultimately connect across race and place as people. When meetings were hosted by HEA cohort members, participants also gained valuable first-hand insights into health equity contexts in different parts of the state.
6. **Engage neutral facilitators and invest in dedicated support.** Throughout Phase 2, HEA cohort members benefited from the services of consultants funded through the HEA Strategy who were able to skillfully facilitate group conversations toward productive ends. Particularly given the lack of top-down direction offered by the funder or an intermediary, evaluation data reflected back through a strategic learning partner and the facilitation services of an outside consultant were invaluable for hearing all voices and reaching cohort consensus. An added layer of important support was eventually provided through Colorado Trust hires, who also stepped in as dedicated facilitative (versus directive) partners in moving the work forward.
7. **Acknowledge the trade-offs of a grantee-driven approach.** The grantee-driven nature of the HEA Strategy was intended to give power to HEA cohort members to set their own direction for the work. Ultimately, Phase 2 made meaningful progress toward the goal of grantee ownership of the HEA Strategy and successfully shifted traditional funder-grantee power dynamics. A step back from foundation staff who wanted to avoid being directive, however, introduced high levels of frustration with a consuming focus on process that took time and energy away from doing the work of health equity advocacy. In replicating such a grantee-driven approach within complex initiatives like the HEA Strategy, others will need to be prepared for the significant time required for wrestling with process and structures, or may want to provide basic initiative-level direction or high-level guidance that supports progress without stifling ownership and innovation.

## Where are We? Grantee Reflections on the Path Forward

Phase 2 laid meaningful groundwork for continued field building. The HEA cohort enters Phase 3 as stronger equity-focused organizations, with greater capacity to effectively operate as a cohort and build on Phase 2 accomplishments. As HEA cohort members reflected on the field building ahead, they raised some common themes:

- **The HEA Strategy “moment” is yet to come.** There is a strong sense among interviewed HEA cohort members that Phase 2 prepared them for something larger, yet still undefined, and that

this will be the true test of what has been seeded thus far. HEA cohort members differ in whether this may be collective advocacy around an agreed-upon policy issue, or advancing a common narrative that powerfully challenges the dominant narrative, or simply shared values manifesting in collective resistance to something that presents harm to Colorado’s most vulnerable. One individual explained, “I think we're doing really great, internally facing collaborative work. I remain a strong believer that we will build the strength of the field when we finally get around to doing something collaboratively, externally facing.”

- **The field is “ready to be mobilized.”** There is also consensus about the inevitability of expanding beyond the 17 Phase 2 cohort members. Collectively, HEA cohort members report working with over 425 different partners to advance health equity goals. Many expressed enthusiasm about the clear opportunity for harnessing these extended networks, and the power of spanning not just the geography of the state, but also of its different populations. Multiple individuals also talked about sitting at regional, statewide, and at national tables where equity was being introduced and, as one individual observed, that even non-health partners are finding connections to their health equity work. Expanding outwards was seen as important for building the power that can fuel health equity advocacy ahead.
- **The potential (and challenges) of leading with race.** Centering race and racial justice within the cohort’s field-building vision was a defining Phase 2 accomplishment. Particularly given the growing prevalence of those interested in health equity within Colorado, there is a critical window of opportunity to deepen health equity work happening across the state—to focus not just on structural racism and the resulting adverse health outcomes for people of color, but also on the importance of authentic engagement of affected communities in this work. Several HEA cohort members, particularly those working within largely white communities or networks, recognized the challenge this presents, particularly given the charged political landscape. At the same time, many expressed confidence that lessons learned from their own experience could be leveraged on behalf of a larger field.

## The Continuing Journey

One of the more resonant reflections offered by a HEA cohort member focused on the “seeding” nature of Phase 2 field-building efforts, and the uncertainty of how the work will continue to unfold in the months and years ahead. “The trouble with seeding,” she shared, “is that sometimes you plant the seed, or sometimes you make the ground ready, or someone else plants the seed, and somebody else fertilizes it, and somebody else harvests it. And so...I know that we won’t have any control and probably very little influence about how it evolves.”

At the same time, cohort members underscored a feeling of not just uncertainty but also of *opportunity* ahead, given the political and social context of the recent 2016 elections and the new Administration, recently lost policy fights at the state and local level, and the tensions that they are seeing in their respective communities and in state-level policy debates. While many feel the weight of the fight ahead, they also recognize that the last two years have built meaningful individual and collective capacity—and planted many field-level seeds—that can be leveraged in support of health equity. Entering Phase 3, the HEA cohort seems inspired to work even more earnestly to cultivate these seeds and continue to plant new ones, keeping their eyes on creating a strong ecosystem where everyone can flourish.



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

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

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

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