

STATE OF THE FIELD:

Findings from a Scan of Colorado's Emerging Health Equity Advocacy Field



By Traci Endo Inouye and Rachel Estrella, PhD

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

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The Colorado Trust believes that all Coloradans should have fair and equal opportunities to lead healthy, productive lives regardless of race, ethnicity, income or where we live. We know that health is deeply affected by social, systemic and institutional dynamics. We also know that effective, efficient and inclusive advocacy and public engagement efforts can lead to positive changes in those dynamics.

The Trust defines advocacy-related work to include policy advocacy, issue research, coalition building, public will-building, community outreach and engagement, grassroots organizing and mobilizing, leadership development and other strategies that support advancing health equity. Advocacy is an important means of achieving The Trust's vision of health equity, and is therefore a primary funding strategy of The Trust.

The Trust has undertaken a field-building approach in its Health Equity Advocacy strategy. This approach aims to establish a shared identity, knowledge base and vocabulary related to health equity advocacy across a wide range of organizations, and to support the creation of policies and practices that advance health equity solutions.

Since 2014, The Trust has funded a cohort of 18 direct service, community organizing and policy advocacy organizations that have planted seeds to support the growth of a new health equity advocacy field. This cohort collaborates on decisions related to which policy topics to address, capacities to build and strengthen the partnership, communications activities to undertake, how to assure engagement of affected populations in their advocacy efforts and how strategy funds should be used.

Recognizing that many other partners are also actively engaged in or supporting health equity advocacy outside of the cohort and The Trust, a field scan was commissioned to provide a snapshot of the health equity advocacy field in Colorado. Based on surveys and interviews with close partners of both cohort members and The Trust, it describes the composition of the health equity advocacy field; examines connections within the field; discusses the current state of the field; and offers considerations and reflections for the continued growth of the field.

The Trust is interested in learning how the health equity advocacy field will grow over time, and plans to conduct another field scan in 2019. We hope this report encourages other organizations to join, and other funders to support, the burgeoning health equity advocacy field in Colorado.



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» INTRODUCTION

Since 2007, funding advocacy has been an essential component of The Colorado Trust's (The Trust's) grantmaking to support the health and well-being of Coloradans. Over the past decade, The Trust has worked to deepen its understanding of how to best structure effective advocacy funding strategies. In 2012, The Trust explored this question in earnest and commissioned *Advocacy and Public Policy Grantmaking: Matching Process to Purpose*, a research report by Beer et al.¹ that highlighted three advocacy funding approaches used by foundations: a policy target approach, an advocacy niche approach and a **field-building** approach. The report's findings piqued The Trust's interest in field building and a desire to explore this as a new avenue of advocacy investment.

Why Field Building?

Field building holds several significant advantages over other advocacy funding approaches. These include the ability to advance a variety of policy issues; reduce silos; maximize resources; and incorporate new advocacy voices—thus potentially shifting power dynamics and improving policy outcomes for underrepresented populations. Field building also provides foundations with opportunities to stretch their investments beyond direct-funding recipients.¹

Field building is recognized as a critical strategy for large-scale social change.² Its power is rooted in a consideration of and involvement with an entire ecosystem of organizations—thus requiring effective collaboration across large and diverse groups of actors.³

A field can be described as an identifiable group of actors, in relationship with each other, that have a shared identity, knowledge base, vocabulary, policy, practices, leadership and sources of support.

However, what makes field building a powerful strategy is also what renders it a somewhat risky investment for funders. Given field-building's focus on collaboration among a fluid set of grantees and other actors, the approach can appear too diffuse for comfort for many. In addition, progress can be difficult to track.¹ Field building is also a complex, long-term endeavor and, as such, requires a significant amount of resources to manage, and an equally significant amount of patience.

Despite these risks, The Trust was intrigued by field building as a way to fund policy advocacy. The Trust's theory of change was rooted in a belief that they could not address health equity without addressing policy; field building would enable The Trust to engage in policy advocacy in ways that fit within the legal descriptions on advocacy funding for private foundations. Still, before pursuing it, they wanted to first understand the state of the field. Thus, in 2013 The Trust commissioned Spark Policy Institute to conduct an **assessment** of the health advocacy field in Colorado.

Ultimately, the assessment indicated that, at the time, a field focused on health equity advocacy did not exist. Rather, the study

found two largely separate but related fields: “health advocacy” (defined by issues of health and health care, with the priorities of coverage, quality of care, access to care, and affordability) and “health equity” (defined by issues of equity and disparities, with priorities rooted in social determinants of health like education, income, housing, environment and food security). Spark Policy Institute’s assessment also found that the health advocacy field was largely made up of mainstream organizations and that the voices of populations most affected by health inequities (e.g., people of color and rural populations) were largely absent from policy advocacy tables.^{4,5}

Building a New Field

In response to the learning yielded from the 2012 Beer et al. report and the gaps and opportunities highlighted in the 2013 health advocacy field assessment, in 2014, The Trust launched its first field-building initiative: the Health Equity Advocacy (HEA) strategy. This was uncharted territory for The Trust, not only because field building was new to them, but also because the field they were aiming to build was new in Colorado. The field-building literature offers strong examples for how to strengthen existing fields, but it was not as helpful in providing a blueprint for the development of a new field. The multi-phased HEA strategy was therefore designed with the goal of both building and strengthening a field of diverse organizations with the collective capacity to effectively advocate for the health equity needs of all Coloradans. The strategy

assumes that identifying and implementing effective solutions to move the needle on health equity not only demands engagement of a wide range of partners representing diverse constituencies and points of view, but also the direct involvement of affected communities as partners in change efforts. As such, **the effort** thus far has encompassed a strong focus on building the capacity of a “cohort” (group) of field “seeders”: 18 policy advocacy, community organizing and direct service organizations funded by The Trust. These organizations have been working together to establish a vision for health equity advocacy, strengthen the capacity of health equity partners and foster local and statewide networks for equity-focused advocacy.

What is the Health Equity Advocacy Field?

For the purposes of this assessment, the health equity advocacy field was defined in the survey as “a field of individuals and organizations who develop knowledge and practices that work in alignment to influence policy related to advancing health equity for Colorado’s diverse populations.”

ABOUT THIS FIELD SCAN

Three years into the HEA field-building investment, The Trust commissioned Social Policy Research Associates (SPR) to conduct a scan to map the universe of organizations who currently comprise the health equity advocacy field in Colorado—including who they are and how they are connected—as a means to identify key opportunities to grow and strengthen this emerging field. This scan serves as a complement to the 2013 health advocacy field assessment conducted by Spark Policy Institute,⁴ as well as a baseline against which to benchmark future development of a health equity advocacy field.

Methodology

Completed in 2017, SPR's Health Equity Advocacy field scan was designed to answer four key questions:

- What is the current composition of the health equity advocacy field in Colorado?
- How are these partners connected?
- To what extent do those working on efforts to advance health equity see the emergence of a health equity advocacy field?
- What are the perceived gaps in this field, as well as the opportunities for growth and development?

To address these questions, SPR largely drew from two key sources of data:

An online survey of Colorado organizations that are currently engaged in health equity advocacy. Through a series of close-ended and open-ended questions, the survey was designed in partnership with HEA cohort organizations to capture (1)

key demographics about respondent organizations (e.g., organizational types and scopes, geographic regions covered, target populations, etc.), (2) connections with others working to advance health equity for purposes of informing a field-wide network analysis, and (3) perspectives on the degree to which key components of a health equity advocacy field existed in Colorado. (A copy of the survey instrument is included in Appendix A.)

The survey was administered in March and April 2017 through snowball sampling, with the initial set of survey respondents including (1) Trust-supported HEA strategy grantees, and (2) a sample of health advocacy and health equity organizations that were part of the 2013 health advocacy field assessment. This initial set of respondents was asked to complete a survey and provide SPR with lists of their partners, defined as organizations that they “work with or mobilize in [their] organization’s work.” These partners were then contacted to complete a survey and provide a list of their partners, who were in turn contacted with a survey.

Ultimately, 775 unduplicated organizations were identified to comprise this emerging field, 227 of which completed the survey and for whom we therefore have organizational demographic information and perspectives on the evolving health equity advocacy field in Colorado. Of these 227 organizations, 14 (6 percent) were dropped because they indicated that they do not promote health equity—defined by the survey as “efforts that ensure that Coloradans have fair and equal opportunities to lead healthy, productive lives regardless of race, ethnicity, income or where they live”—at all. Therefore, the sample

of organizations included in this field scan's demographic and network analysis totals 213. (A full list of the 213 organizations is included in Appendix B.)

Telephone interviews with 22 representatives of various organizations presumed to be a part of an emerging health equity advocacy field. Conducted from April to July 2017, these interviews yielded further insight into the opportunities and challenges in Colorado. Interview respondents included Colorado statewide and regional community-based organizations, coalitions and networks, as well as health equity funders. Respondents were nominated by Trust staff based on earlier interviewees from the 2013 field assessment. (A full respondent list is included in Appendix C.)

This scan's findings are informed by a statistical tabulation of organizational survey data, as well as a formal social network analysis of connections across organizations. In addition, SPR cross-walked emerging themes coded from interview transcripts and open-ended survey responses with quantitative data to further shed light on emerging findings.

Limitations of this Field Scan

Because the universe from which we drew our sample included participants from the 2013 health advocacy field assessment and from a cohort of organizations that are specifically working to seed and build a health equity advocacy field in Colorado, we presume that the findings presented in this paper provide a sound representation of this emerging field. However, because the health equity advocacy field in Colorado is so new, complex and still being defined, we cannot say with confidence the degree to which our

sample is representative of this emerging field. Indeed, the fact that 77 percent of the 213 organizations in our sample represent the immediate partners of the Trust-funded HEA cohort organizations, and that our interview respondent pool was pulled from Trust recommendations, suggests that our sample might be somewhat biased toward the types of organizations that The Trust and the 18 HEA cohort organizations envision as key entities that should be a part of a statewide health equity advocacy field. Thus, while we characterize the results of our assessment as field-level findings, it is important to recognize that they represent a specific perspective about the state of the field, informed by thoughtful insights from individuals and organizations that have been identified as key stakeholders in it.

OVERVIEW OF THE REMAINDER OF THIS SCAN

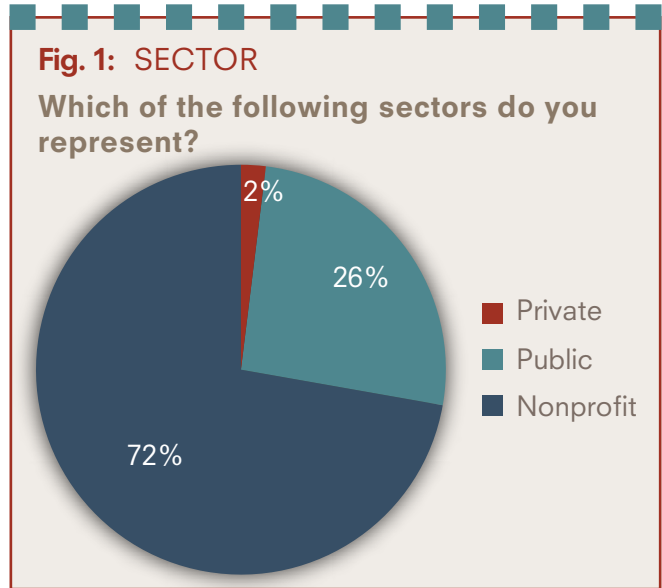
This health equity advocacy field scan is comprised of four major sections that mirror the main lines of inquiry guiding this scan. The next section provides an overview of the current makeup of the field, based on demographic information yielded from our field survey. This section is followed by an examination of how field actors are connected, based on the results from our social network analysis. Next, we discuss perspectives about the current state of the health equity advocacy field. The field scan report concludes with a discussion of implications and areas for consideration, as the HEA cohort and other stakeholders continue to work to ensure the healthy growth and sustainability of this field.

» WHO COMPRISES THE HEALTH EQUITY ADVOCACY FIELD?

The 2017 field scan revealed a wide range of organizations that described themselves as focusing on advancing health equity in Colorado. Although ultimately a total of 775 organizations were identified as organizations working toward health equity in the state, this section focuses on the 213 organizations that provided information on their organizational demographics through the field scan survey as representative of the larger group. Key questions addressed in this section include: What types of organizations make up the field? What regions of the state are represented? What target populations are being served? What are the top focus areas among those in this emerging health equity advocacy field?

WHAT TYPES OF ORGANIZATIONS MAKE UP THE FIELD?

The emerging field is largely comprised of nonprofit organizations (72 percent) (see Figure 1). These organizations represent all corners of the state and range from large, state-level advocacy groups, to smaller, regionally focused community-based service groups. The public-sector organizations (26 percent) include key state-level entities—for example, Colorado’s Department of Public Health and Environment, Department of Education, Division of Criminal Justice, Office of Early Childhood and Refugee Services Program—as well as a large number of municipal or county-level public health departments, parks and recreation departments, school districts, and police departments, city councils and libraries. Very few private, for-profit sector organizations (2 percent) were identified as partners in the health equity advocacy field.



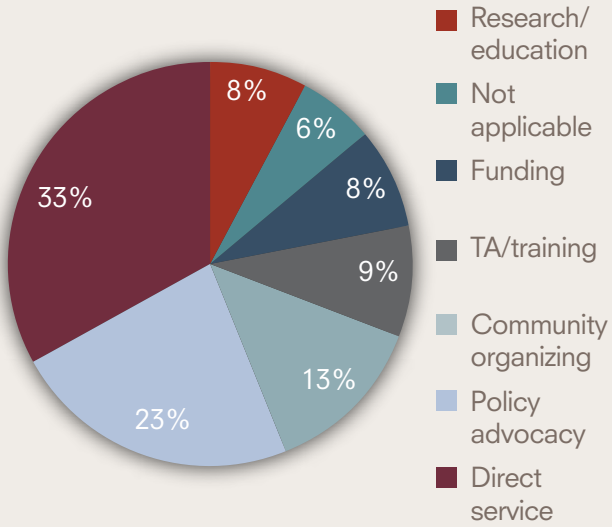
The field is also comprised of organizations that play diverse roles within a larger health equity advocacy field (see Figure 2 on page 9). Recognizing that organizations engage in different activities, each was asked to best characterize the role they play within a larger health equity advocacy field. Approximately a third (33 percent) reported providing direct services to advance the health and well-being of diverse communities, just under a quarter (23 percent) are engaged as policy advocates on issues of health equity, and approximately 13 percent work in community organizing. Beyond these core types of organizations, Colorado’s emerging health equity advocacy field also currently includes a few support entities, such as technical assistance/training organizations (9 percent), research/education organizations (8 percent) and funders (8 percent).

Collectively, this mix suggests an ecosystem of diverse organizations whose respective expertise can be leveraged on behalf of health equity advocacy goals.

The field composition includes a good balance of geographical scopes (see

Fig. 2: ORGANIZATION TYPE

Which of the following best characterizes the role that your organization plays within a larger health equity field?



for vertical partnerships that leverage the respective expertise of statewide and local/regional partners.

Fig. 3: SCOPE

How would you describe your scope?

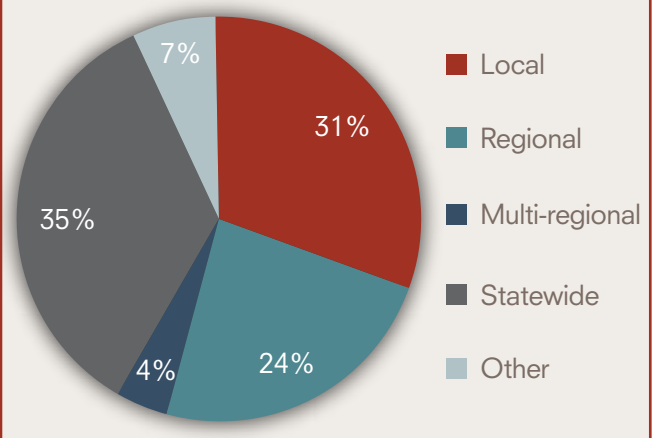
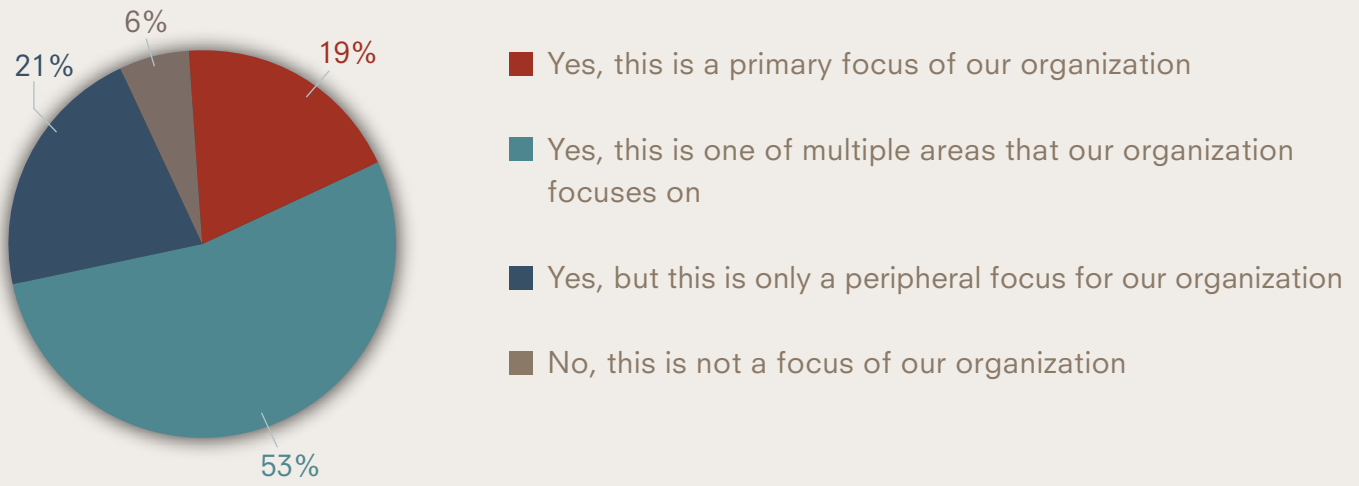


Figure 3). Organizations with a statewide focus comprise 35 percent of the field; 24 percent have a regional focus; and 31 percent are focused locally. A small number of partners also reported working across regions (4 percent), and an additional 7 percent characterized their scope as “other,” with most of these indicating a multi-state or national scope. The balance across organizational scopes suggests a potential

Organizations vary in how exclusively they focus on health equity. Responses to the question “Does your organization promote health equity in Colorado?” offer a useful lens by which to understand the actors who comprise this emerging field. Namely, as shown below (see Figure 4), only 19 percent of survey respondents indicated that health equity is a primary focus of their organization. A majority (53 percent) of organizations

Fig. 4: DOES YOUR ORGANIZATION PROMOTE HEALTH EQUITY IN COLORADO?



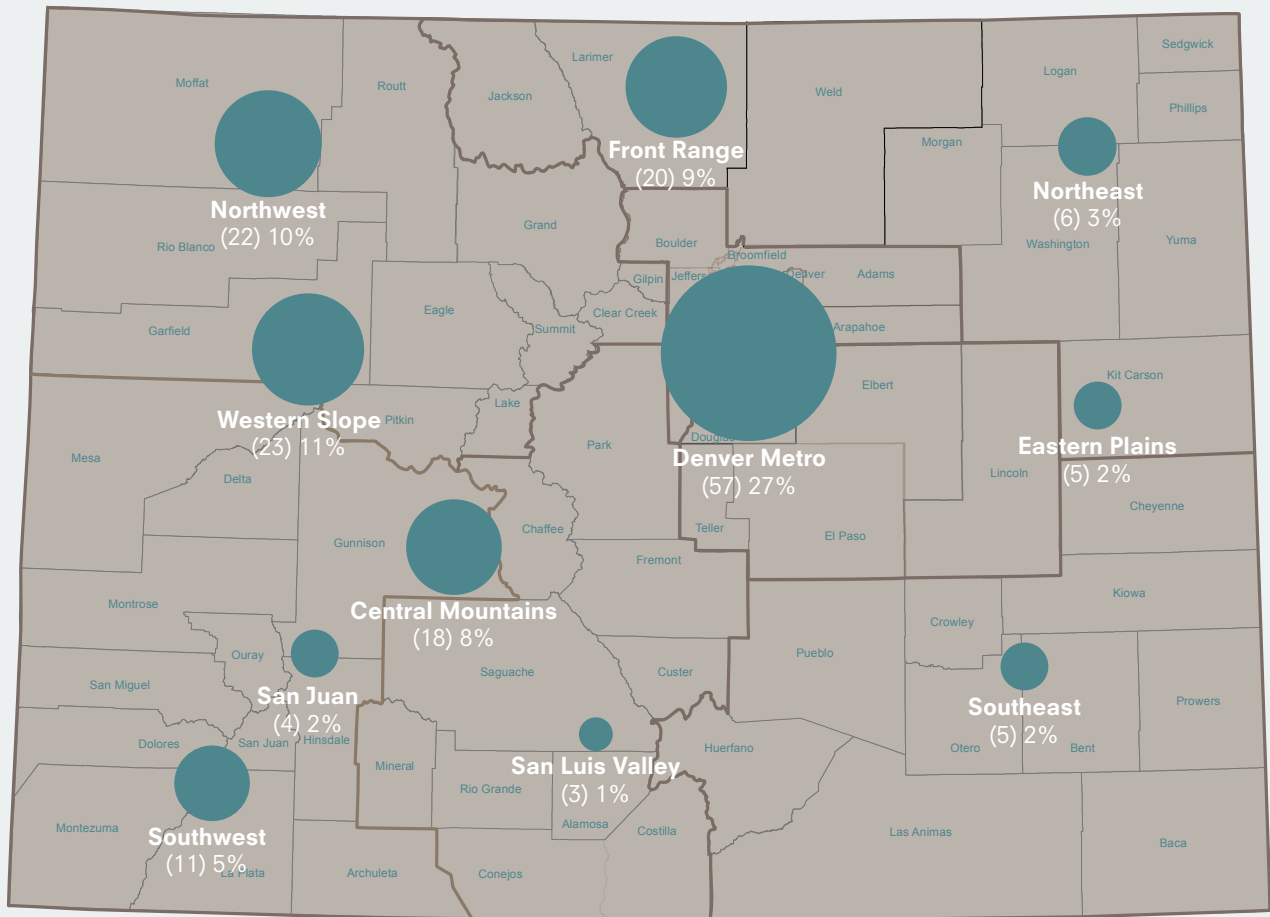
described health equity as one of multiple focus areas, and almost a quarter (21 percent) indicated that health equity is only a peripheral focus of their organization. This suggests that expanding the field may require engaging both organizations with obvious ties to health equity as well as those whose connections may be less pronounced. This finding also underscores the importance of shared health equity language among

the diverse organizations that make up the emerging health equity advocacy field.

WHICH REGIONS OF THE STATE ARE REPRESENTED IN THE FIELD?

Health equity advocacy field organizations span all regions of the state. Each organization was asked to indicate all the Colorado regions in which they focused their work. As

Fig. 5: LOCAL OR REGIONALLY FOCUSED ORGANIZATIONS, BY REGION*



*Of the 213 organizations that completed the online survey, 125 reported working only regionally or locally. Because organizations could select more than one region, these 125 organizations reported 174 regional foci across the 11 regions. Percentages shown here reflect the organizations that reported a local or regional focus in each region as a percentage of all organizations (n=213). Percentages do not add up to 100 percent because organizations that reported a statewide focus are not included and organizations could report a focus on multiple regions.

expected, the health equity advocacy field spans the state, with at least 70 organizations (33 percent) indicating a focus in each of the 11 regions. By far, the Denver Metro region has the greatest percentage of organizations focused there (67 percent), followed by the Front Range (47 percent), Western Slope (46 percent) and Northwest (41 percent) regions of the state.

There is much less of a dedicated local/regional focus outside of the Denver Metro region. Because organizations selected all regions in which they work, the inclusion of those who work statewide contributes to the field's broad coverage of the state described above. When looking at organizations that only work locally or regionally (125 in total), many fewer organizations are present in each region. As shown in Figure 5 (on page 10), regions such as the Northeast, Eastern Plains, Southeast and San Luis Valley have no more than five organizations reporting a regional focus.

Few local or regionally focused community organizing and policy advocacy groups serve some of Colorado's outlying regions. Again, looking only at organizations that are local or regional in scope, we also find an under-representation of certain types of organizations within particular regions with less than six organizations. Specifically, the field scan yielded zero local or regional community-organizing groups targeting the San Juan, San Luis Valley and Southeast regions. Similarly, the scan did not yield any locally or regionally focused policy-advocacy organizations in the Northwest, San Juan and Eastern Plains regions. This finding has potential implications for the role of local or regionally focused direct-service providers

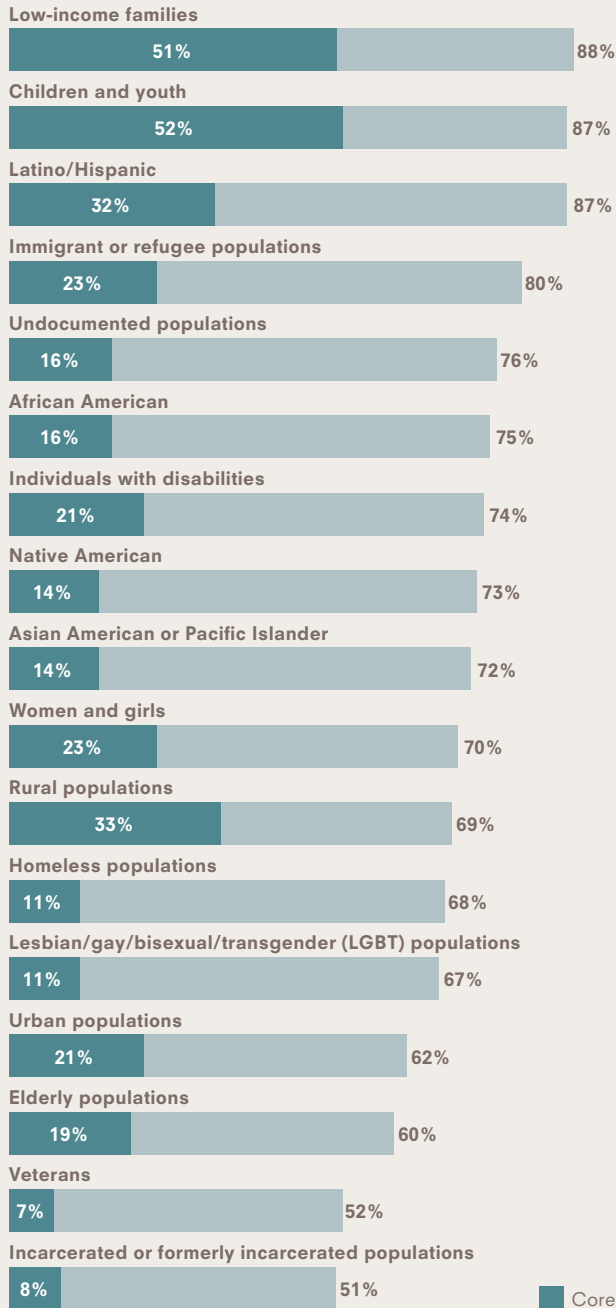
within these regions, and/or organizers and advocates from outside the region, to ensure representation of local voices in larger statewide policy debates.

WHICH COMMUNITIES ARE BEING SERVED?

Large percentages of organizations indicate that their efforts are inclusive of multiple populations. Each organization was asked to indicate which populations they focused on generally, as well as which were "core populations" in their work. Looking at Figure 6 on page 12, each population group has at least 50 percent of survey respondents indicating that they generally focus on this population in their work. The most common population group named by survey respondents included low-income families (88 percent), followed closely by children and youth (87 percent) and Latino/Hispanic populations (87 percent).

A closer look at percentages of organizations that focus on specific communities as "core populations" reveals some potential gaps. While over half of the organizations indicated a core focus on children and youth and on low-income families, many fewer organizations indicated a core focus on African Americans (16 percent), undocumented populations (16 percent), Native Americans (14 percent), Asian Pacific Islanders (14 percent), LGBT populations (11 percent), homeless populations (11 percent), incarcerated or formerly incarcerated populations (8 percent) and veterans (7 percent). This suggests limited numbers of partners with specialized expertise in and targeted outreach to these key communities within the health equity advocacy field.

Fig. 6: ORGANIZATIONS FOCUSING ON SPECIFIC POPULATION GROUPS (n=213)



arenas (e.g., direct service, community education, research) but may not engage in advocacy around those same arenas, the field scan survey provided the opportunity for respondents to make a distinction between the two types of engagement. Notably, while there is overlap in issues that organizations work on versus advocate on, the degree to which organizations focus on these shared issues differs by issue. For example, while health education/literacy is an issue that over half of the organizations are working on, only 32 percent are advocating on this issue. Food access and insurance enrollment are among the top 11 issues that organizations are working on, but are not among the top advocacy issues within the field issue (see Table 1 on page 13).

Analyzing top issues by the specific role each organization plays within the field, we see shared issues of focus centering on access to care and health education/health literacy. As shown in the graphic (see Figure 7 on page 12), these two issues were among the top five

WHICH ARE THE TOP ISSUES WITHIN THE FIELD?

Access to care tops the list of issues that organizations are focused on in their work (53 percent) and advocacy (45 percent). Recognizing that some organizations may do important work within certain health equity

Fig. 7 OVERLAP OF TOP FIVE FOCUS AREAS OF FIELD ORGANIZATIONS

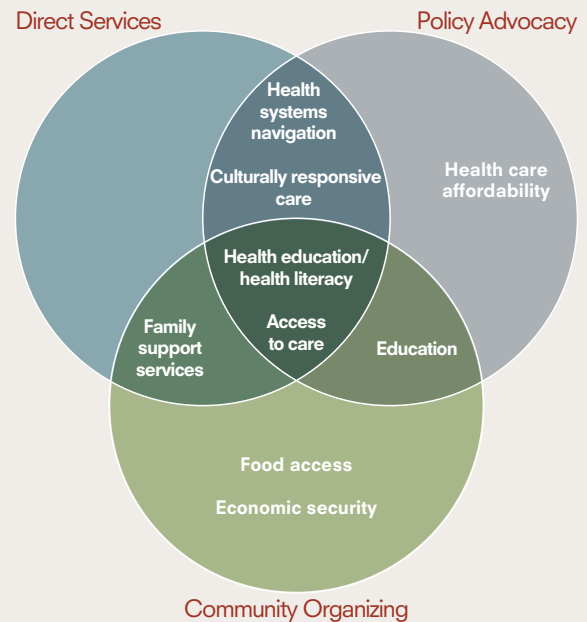


Table 1: TOP ISSUES IN THE FIELD

Top 11 issues (non-advocacy focus)		Top 11 issues (advocacy focus)	
Access to care	53%	Access to care	45%
Health education/health literacy	51%	Health care affordability	42%
Education	48%	Education	35%
Family support services	47%	Family support services	34%
Health systems navigation	46%	Health education/health literacy	32%
Culturally responsive care	43%	Culturally responsive care	32%
Food access	37%	Economic security	32%
Economic security	37%	Health systems navigation	32%
Health care affordability	34%	Immigrant services/rights	31%
Insurance enrollment	30%	Transportation	31%
Transportation	30%	Civil rights	31%

for direct-service providers, policy advocates and community organizers. Other points of overlap exist between the different groups, but these two represent priorities for all three types of groups, and are included among the top five issues for funders as well.

Access to care also came up as a top issue (43 percent) among survey respondents who were asked to list what they saw as

the most pressing health equity issues that could also serve as a focus of a coordinated field-level effort. Some of these responses were fairly nuanced, including access to care for specific populations (e.g., immigrants, disabled populations, women and girls, rural and geographically isolated populations) or access to specialized care (e.g., mental or behavioral health, substance abuse).

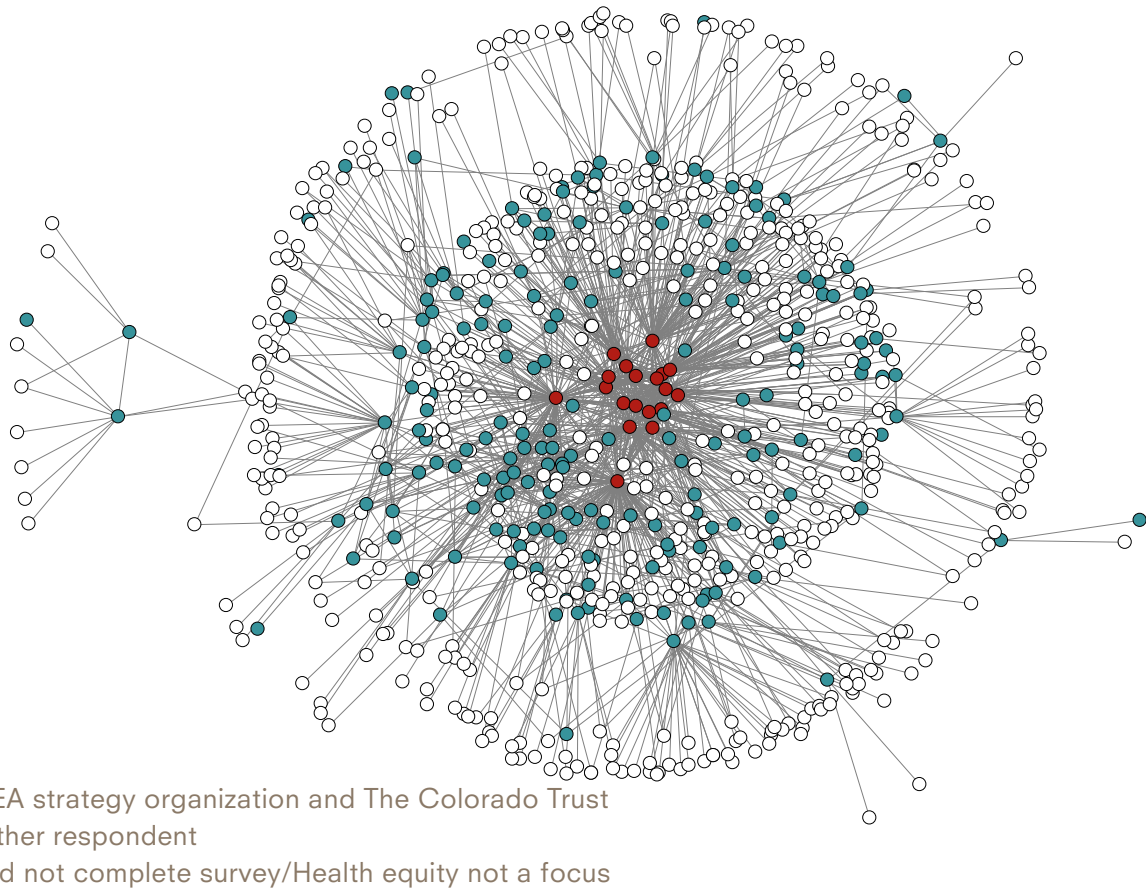
» **HOW IS THIS EMERGING FIELD CONNECTED?**

Understanding that Colorado’s emerging health equity advocacy field is comprised of a set of interconnected organizations, this field scan also engaged in a social network analysis (see text box on page 14) to determine the degree to which entities are currently connected, and how. The network map on page 14 (Figure 8) reflects the connections across the universe of 775 organizations identified through the field scan who comprise the basis for a health equity advocacy field in Colorado. The colored circles represent the 213 organizations who completed a survey and therefore for whom we have demographic

information (29 percent of the identified field-wide network), and the remaining white circles represent organizations that were identified as partners in this work but for whom we do not have demographic data.

Overall, the network map reflects a relatively balanced network, in large part due to an extremely dense core comprised of the 18 HEA strategy organizations and The Trust, indicated in red in Figure 8 on page 14, who are 100 percent connected to each other by virtue of their Trust-funded work. Across the network, on average, organizations were

Fig. 8: NETWORK MAP OF COLORADO HEALTH EQUITY ADVOCACY ORGANIZATIONS



WHAT IS SOCIAL NETWORK ANALYSIS?

Social network analysis is an approach to understanding relations among a set of actors, in this case Colorado organizations that are working to advance health equity. Using specialized software, social network analysis allows for quantitatively understanding specific network characteristics, as well as graphically presenting information about network patterns and structures.

In the network maps shown in this section, the “nodes” represent individual organizations, and the “lines” represent the connections between them. The placement of the nodes is calculated using mathematical formulas that use reported connections between organizations. The location of the nodes relative to each other on the map is significant, as the maps are scaled

using formulas that take into account all the connections in the network. This means that (1) the proximity between organizations generally reflects the strength of their direct and shared connections, and (2) organizations with more connections tend to be more centrally located within the network map.

While the overall structure of the network remains the same in the three maps shown in the section, the color of each node changes to reflect specific organizational characteristics reported through the field scan survey. This allows us to visually identify patterns of relationships within this emerging field, and provide insight into where clusters and silos exist, how information and resources might optimally flow, opportunities for growth and development, and more.

identified by 2.3 organizations (inbound connections); and, on average, identified an additional 2.3 organizations with whom they work (outbound connections).

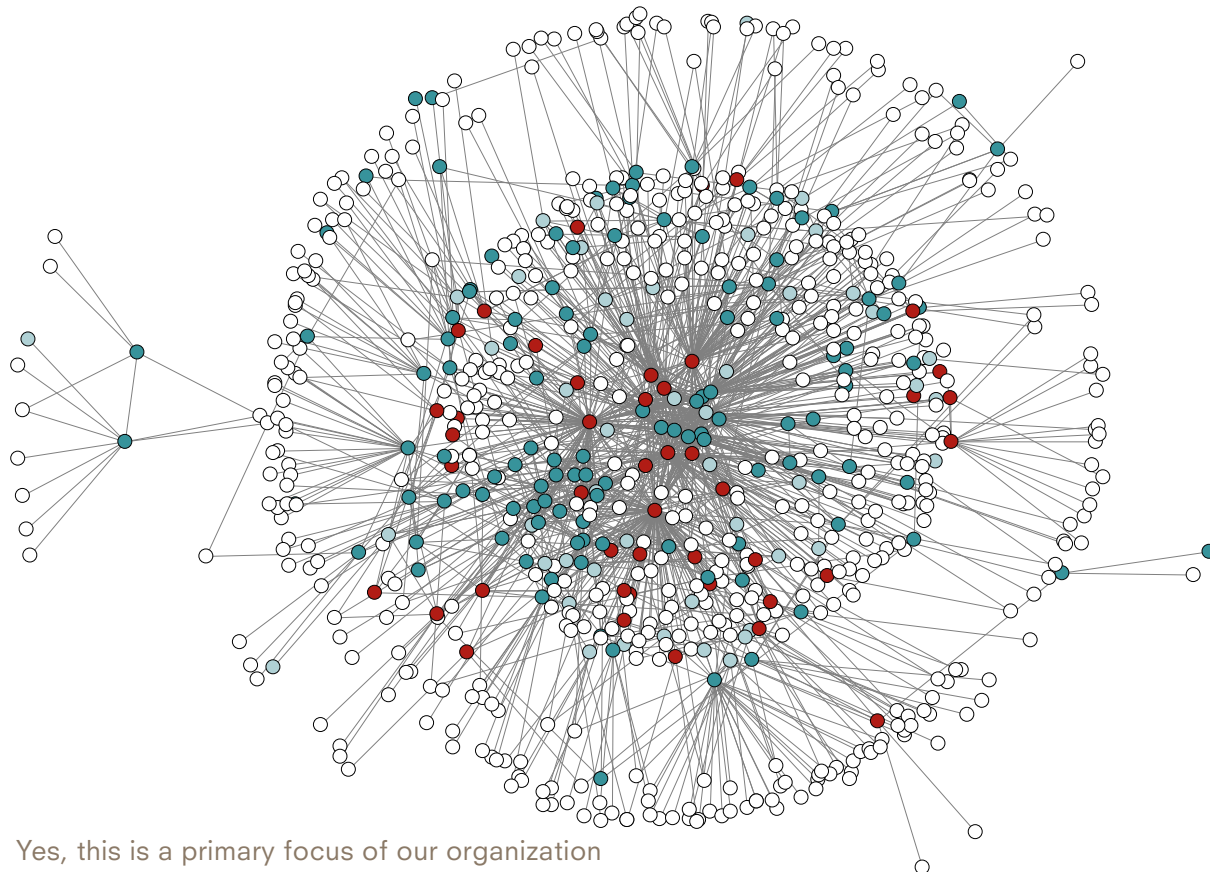
KEY FINDINGS

As detailed in the text box on page 14, using social network analysis, we are also able to explore how organizations within this emerging field are connected based on a range of demographic characteristics included in the field scan survey. While we do not know much about the periphery of the network, following are key findings that

emerged from a comprehensive analysis of connections across organizations that represent the colored nodes within this emerging field.

- The exclusiveness with which organizations focus on health equity does not appear to predict network relationships. While one might expect that those for whom health equity is a primary focus would represent the core of a health equity advocacy field, this is not the case in Colorado. As shown in the network map below, those that indicated that health equity is a primary focus of their organizations are interspersed across

Fig. 9: NETWORK MAP BY HEALTH EQUITY FOCUS



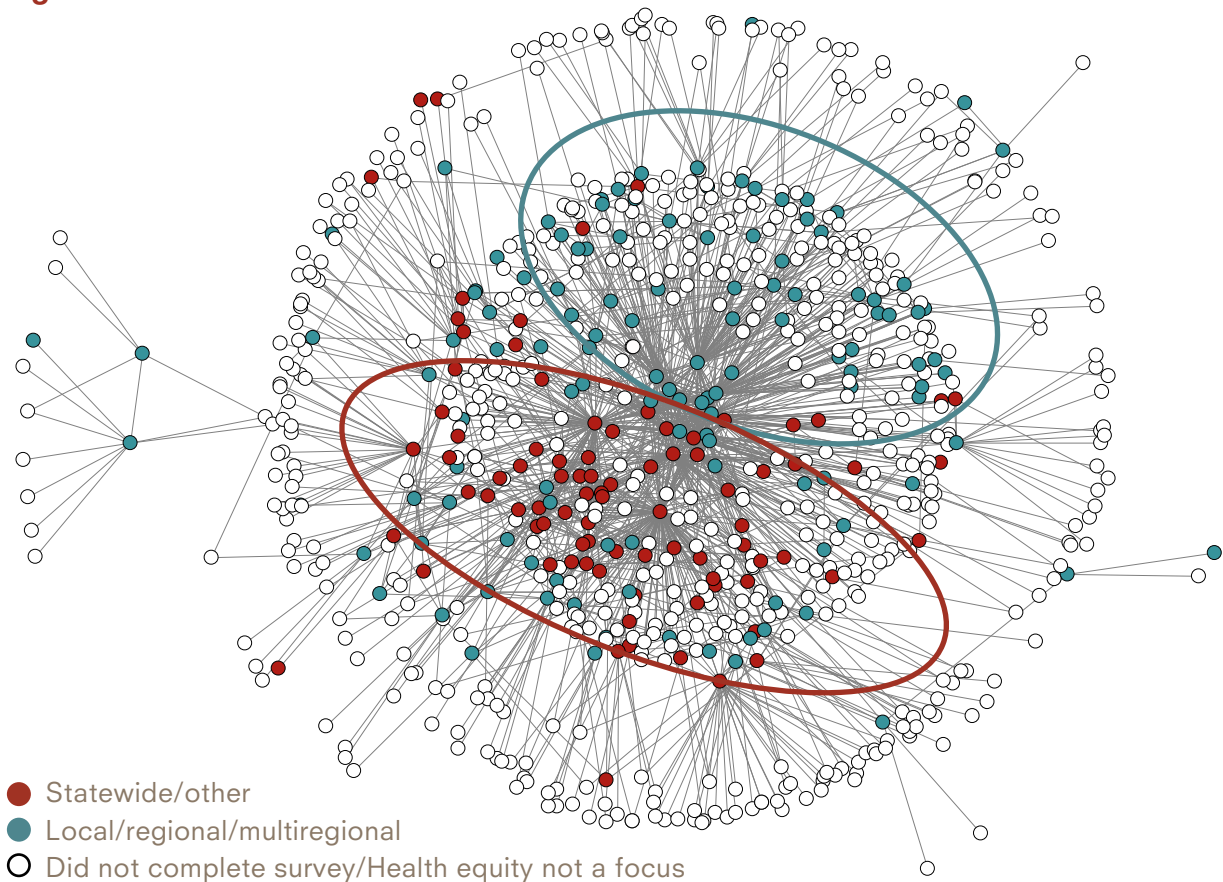
- Yes, this is a primary focus of our organization
- Yes, this is one of multiple areas that our organization focuses on
- Yes, but this is only a peripheral focus for our organization
- Did not complete survey/Health equity not a focus

the field. Further, those who indicate that health equity is only a peripheral focus, or not a focus at all, are also a part of the integrated core group of organizations that share significant levels of connections with one another. This pattern shows that a wide range of organizations dedicated to health equity can be effectively mobilized for field-level advocacy (see Figure 9 on page 15).

- **Statewide organizations that serve multiple regions are more connected to each other than to those that work locally or regionally.** In the network map below (see Figure 10), we see clear clustering on the left-hand side of the network among organizations that are statewide in scope (circled in red). While local/regional

organizations are scattered throughout the field, we also see a subset clustered on the right-hand side of the network (circled in teal), largely disconnected from statewide organizations. This pattern of clustering suggests that the bifurcated field of professional advocacy organizations and grassroots organizations found in the 2013 health advocacy field assessment⁴ may still be present, in the form of statewide versus local/regionally focused organizations. Further analysis of the regions in the blue cluster found that many are focused in the Northwest, Southwest and Western Slope regions, indicating an opportunity for greater intentionality around fostering connections across statewide organizations and those “on the ground” in these regions.

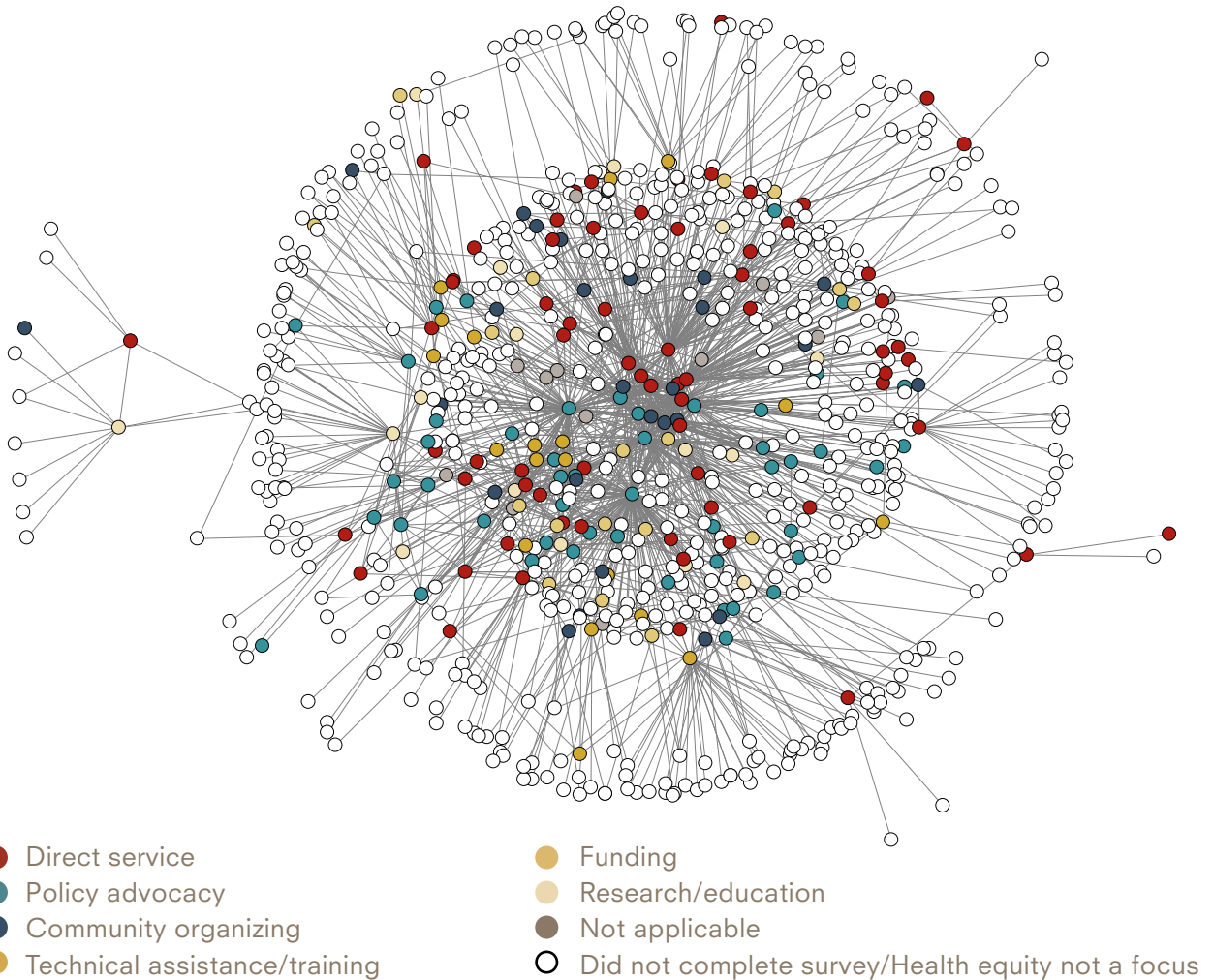
Fig. 10: LOCAL/REGIONAL VERSUS STATEWIDE SCOPE



■ Finally, as a sign of potential going forward, connections across this emerging field reflect diversity across organizational roles in health equity advocacy. Likely because the 18 HEA strategy organizations at the center of this network were funded in part because of the diversity of their roles in health equity advocacy efforts (in terms of direct service, policy advocacy or community organizing), we see a

corresponding interspersed pattern of these types of organizations within the broader field as well (see Figure 11). As another positive indicator, we see funders and research/education partners located near the center of this emerging field. This pattern of relationships suggests that a good foundation exists to leverage and mobilize existing relationships for future health equity advocacy.

Fig. 11: PRIMARY ROLE IN THE BROADER HEALTH EQUITY FIELD



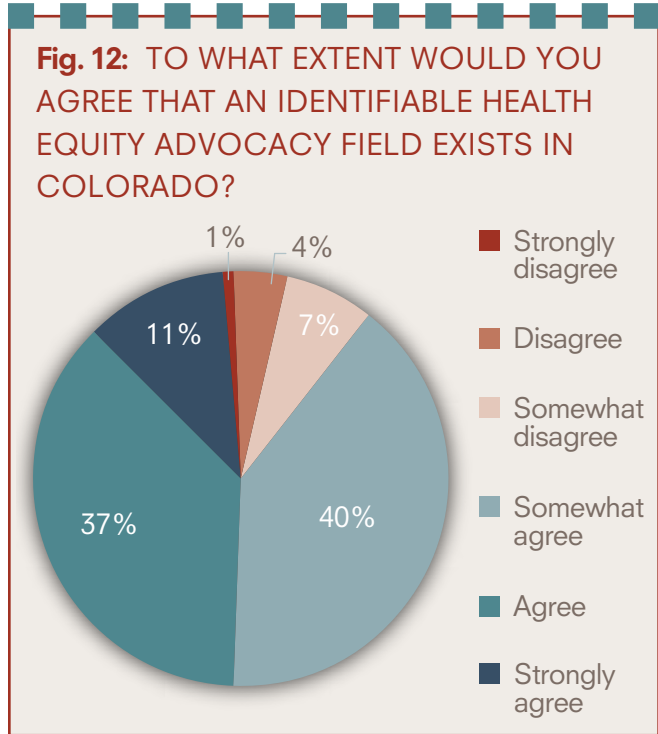
» PERSPECTIVES ON COLORADO'S EMERGING HEALTH EQUITY FIELD

One of the primary purposes of this field scan was to assess the degree to which a health equity advocacy field exists in Colorado at this point. As noted previously, the 2013 field assessment that preceded the HEA strategy found that a health equity advocacy field did not exist at the time. Rather, the study found two largely separate but connected fields: “health advocacy” and “health equity.”

Encouragingly, the 2017 field scan found a shift in impressions about the presence of an identifiable health equity advocacy field in the state. When directly asked, survey respondents expressed a surprisingly high level of agreement that such a field existed, albeit to different degrees. As seen in Figure 12, just under half (48 percent) agreed or strongly agreed that an identifiable health equity advocacy field existed in Colorado in 2017. An additional 40 percent were more tentative in their assessment, but still somewhat agreed that a field existed at this point. This tentativeness was also expressed in interviews, with one foundation leader explaining, “I think it’s a dispersed field, not a solidly formed field,” and a community-based leader sharing, “I think that there is an emerging or nascent field.”

PERSPECTIVE ON KEY COMPONENTS OF AN EMERGING FIELD

Although a strong majority of survey respondents expressed some level of agreement that an identifiable health equity advocacy field exists at this point in Colorado, the state of that field and its components suggest that the field is early in its development. In the 2012 report¹ that catalyzed the decision to engage in field



building, Beer et al. identified five field-level characteristics that should be examined to determine a field’s capacity: the field frame, composition, connectivity, infrastructure and adaptive capacity. To understand the state of field-building efforts, we have aligned our findings with these key characteristics, drawing directly on survey feedback and interviews with health equity advocacy field leaders in Colorado.

The State of the Health Equity Advocacy Field Frame

A fundamental challenge to developing this field centers on the complexity of operating within a shared health equity advocacy field frame. A field frame provides order and meaning to fields of activity, which is particularly important given the fact that fields typically bring together a number of different actors who share a common goal but who often have different interests, ideologies and organizational forms.⁶ Moreover, a field

frame “adds meaning, norms of practice, and shared understanding about who is within or outside the field” and “can shape how they see themselves and how they recognize others as part of a field.”¹ Key findings in this area:

- **Over half (57 percent) of survey respondents expressed agreement that there are stakeholders in place with a shared value for advancing health equity.** Feedback from survey and interview respondents indicated that, while many on the ground have been actively focused for decades on addressing the factors that contribute to health disparities for Colorado’s most vulnerable, an increased focus on health equity from the Colorado Department of Public Health and Environment and multiple Colorado foundations have created an opening for a larger umbrella of stakeholders to explore and focus on health equity.
- **There was greater disagreement regarding whether a shared understanding exists about what is meant by “health equity”; just under half (46 percent) expressed agreement that a shared understanding exists.** While a few respondents acknowledged and appreciated examples of statewide and regional conversations about health equity taking place in recent years, many more questioned the degree to which different organizations were operating from a common framework and underscored the need for shared language, tools and training going forward.
- **Just under half (48 percent) of survey respondents expressed agreement that stakeholders statewide see their health**

equity work as interrelated. Two specific themes emerged that exemplify potential ways that the field is still operating in silos. Namely, a few interview respondents underscored the continuing presence of a bifurcated field, with grassroots organizations and professional advocacy organizations still largely disconnected from each other. Survey and interview feedback also suggested that opportunity exists for further connecting those working directly on health care access issues to those who see health equity largely within a social determinants of health framework. In considering how to strengthen this emerging field, respondents encouraged putting forward a health equity advocacy field frame that is “holistic” and “cross sector” in orientation, to encompass a wide range of physical, mental and environmental health issues.

Composition of the Emerging Health Equity Advocacy Field

Another dimension to consider within a field is its composition, or the array of voices that participate in and influence the advocacy and policymaking process. As described earlier in this paper, the 2017 field scan revealed a wide and diverse range of organizations that describe themselves as focusing on advancing health equity in Colorado. Survey and interview respondents also perceived that key partners exist for advancing an emerging health equity advocacy field. Namely:

- **A strong majority (76 percent) of survey respondents expressed agreement that coalitions and partnerships exist to advance health equity in Colorado.** Efforts to support local coalitions and convene partners funded by The Trust and the Colorado Health Foundation

were specifically called out as important investments in collective advancement of health equity, although several described these efforts as relatively insulated from each other, and from others who are working in health equity but not directly involved in these funded efforts. Issue- or population-specific coalitions were also described as critical current or prospective partners for advancing health equity priorities.

- **Two thirds (65 percent) expressed agreement that the field includes grassroots organizations with the capacity to lead efforts to advance health equity.** According to a 2009 paper published by the James Irvine Foundation, leadership and grassroots support are critical to sustaining a field.² Thus, the fact that a majority of respondents reported the presence and leadership potential of grassroots organizations is promising for the field's evolution—particularly given that in 2013, the health advocacy field was described as lacking in diversity and as primarily populated by largely mainstream organizations.⁴
- **Gaps in the composition of the emerging field point to the importance of focusing on sharing and accessing power.** Specifically, 64 percent expressed disagreement that the voices of affected populations are currently drivers of health equity advocacy, and 69 percent expressed disagreement that policymaker engagement in health equity advocacy exists at this point. This is a strong indicator that power building is a key area of growth for the health

equity advocacy field. Building power to advance health equity ultimately requires a transformation of the arrangement of power.⁷ This includes both growing a community's capacity to have a say in the decisions that affect their lives and the ability to hold decisionmakers accountable.

Field Connectivity

The network maps of the previous section speak to the current connectivity of Colorado's emerging health equity advocacy field, defined as being not necessarily a result of formal collaboration or coordination, but the connections across a field of actors and structures for support that makes collaboration or coordination possible when necessary.¹ Overall, 775 individual, interconnected organizations were identified as working towards health equity on behalf of their respective communities. Interview and survey respondents reflected further on connectivity in the field, and the limited degree to which they perceive examples of emerging alignment and coordination.

- **77 percent of survey respondents expressed disagreement that health equity communications and messaging are aligned.** Further, 72 percent expressed disagreement that field-level infrastructure currently exists for sharing information and fostering coordination. This was identified as one of the top priorities in open-ended survey responses to the question of what was needed to build a sustainable health equity advocacy field. Comments suggested that the field is not yet set up to amplify and extend equity-focused

messaging already taking place. As shared by one individual, “Currently, the health equity advocacy field is diffuse, fragmented and lacks a cohesive, coherent message or strategy.”

- **65 percent expressed disagreement that engagement and coordination across different sectors is taking place to advance health equity.** This point was emphasized in open-ended feedback about what was needed to strengthen the field; many survey respondents pointed to the importance of an intentional focus on fostering cross-sector partnerships, and particularly a more purposeful integration of the private sector and of state-level and local public-sector partners.

Identified Gaps in Field-Level Supports and Resources

A well-developed field requires “a robust infrastructure composed of stable organizations and leaders that have skills and experience in a broad range of advocacy strategies and tactics” as well as “an assortment of advocacy and policy organizations that have access to, and influence on a wide variety of key audiences.”¹ While several Colorado foundations, public agencies and community-based partners have placed an emphasis on equity- and advocacy-focused capacity building that could support those working to build the health equity advocacy field, survey responses indicate that one of the largest areas of perceived gaps in Colorado’s emerging health equity advocacy field is field-level supports and resources:

- **Almost all survey respondents (90 percent) expressed disagreement that adequate financial resources are in place to support**

a sustainable health equity advocacy field. Not surprisingly, this was also the largest area of recommendation for what was needed to support advancement of a health equity advocacy field. As stated by one survey respondent, “The only way you empower equity is through resources.” Some suggested that siloed funding for specific chronic diseases or specific issues limits cross-sector work. Others noted a need for smaller, flexible funding sources to enable people to advocate across issues.

- **The lack of a clear coordinating or leadership body was another perceived gap.** Dozens of field scan respondents expressed a need for such an entity, envisioned as an organization or coalition that would be responsible for keeping different efforts informed about each other and shared issues; serving as a single point of contact for government representatives or policymakers; sustaining a focus on advocacy goals within a strong health equity framework; and more.
- **Capacity building at multiple levels was highlighted as a need.** Many noted the importance of strengthening the capacity of small or emerging grassroots organizations such that they can effectively lift up their voices in statewide advocacy. Others spoke on the importance of supporting larger organizations to further develop their equity lens and become stronger partners. Still others focused on meaningful investments in community leadership development to build a strong base for future mobilization.

- Health equity advocacy research and tools were called out as a missing field-level resource. In considering what was needed to build a cohesive and sustainable health equity field, a small but vocal subset of survey respondents highlighted a need for research and tools. Research requests ranged from a desire for data that establishes a strong case for health equity, to research on effective health equity models, to evidence-based research on health equity advocacy having downstream effects on reducing disparities.

“In order to address the many complex health, education, social, and economic issues our communities face, we must increase the capacity of existing civic leadership training programs in Colorado to equip local leaders with the skills to be able to roll up their sleeves and help build a cohesive and sustainable health equity advocacy field.”

~Field scan survey respondent

Adaptive Capacity for Advocacy

Adaptive capacity refers to the field’s ability to monitor shifts in the policy environment and effectively adjust strategies and tactics. In a still-emerging field, we would not expect to see strong evidence of adaptive capacity. However, two findings surfaced that are

directly related to a porous health equity advocacy field frame at this early point. Addressing these issues are foundational for a field to begin to foster adaptive capacity and move together towards health equity goals:

- Near three-quarters of respondents (70 percent) expressed disagreement that shared political and policy analysis currently exists in Colorado to support coordinated health equity advocacy. This is not unexpected, given that similar percentages feel that there is lack of shared understanding of health equity in the field, and given that shared analysis related to health equity policy will require a deeper interrogation of systemic bias and racism that will likely take some time. Developing this area will be critical for field adaptiveness. As underscored by Beers et al.,¹ creating a culture of shared political analysis helps opportunities for coordinated action bubble up where appropriate, as well as allows those in the field to make strategic decisions about their own actions with full awareness of how other advocates view the political landscape.
- Even among those who indicated that they are engaged in health equity, many do not sense a clear role for themselves within a health equity advocacy field. This lack of role clarity poses barriers to effective strategy development and collaboration. Some pointed to the exclusive nature of funded cohorts focused on advancing health equity in the state, with one person expressing, “The approach to health equity has been confusing and difficult for those

of us on the outside to understand and navigate how we fit in, or if we fit in.” Another expressed similar sentiments, sharing, “What is each organization’s role in combating inequity? How do we, from

the sustainability perspective, each target ourselves in a way that makes sense and doesn’t duplicate other’s efforts but lends support to the broader effort?”

» CONSIDERATIONS AND IMPLICATIONS GOING FORWARD

The findings from this health equity advocacy field scan indicate a good foundation on which to continue to develop this new and complex health equity advocacy field in Colorado. This section provides considerations toward this end. While these considerations take into account our overall findings from the field scan, they are primarily informed by an analysis of open-ended survey data responding to the question “What is needed to build a cohesive and sustainable health equity advocacy field?” The following bullets outline key areas of suggested focus:

- **Strengthen the frame.** While there is a stronger perception of an existing health equity advocacy field than five years ago, the field frame remains relatively weak. While it is normal for the lines defining a field to be somewhat blurred, strengthening the frame will help to grow a sense of shared identity for the field, and help organizations and individuals understand where they are in relation to the field and position themselves accordingly. Survey and interview respondents indicated that opportunities for growth in this area include developing a shared vision and commitment; strong, clear and strategic goals; and a shared definition of health equity.

- **Further diversify the composition of the field.** While there appears to have been significant strides in diversifying the field to include more grassroots organizations and greater attention paid to geographic representation, there continue to be areas that warrant attention. Our findings indicate that the field would benefit from inclusion of more organizations that have a dedicated focus on serving regions in Colorado that have limited access to policymakers (e.g., rural areas in the far corners of the state), and on serving populations that are most heavily impacted by health inequities (i.e., low-income communities, communities of color) and/or those that are often excluded from health equity-related policymaking decisions (e.g., LGBT communities, undocumented populations, refugees). Survey respondents also indicate a desire to increase participation from other sectors (e.g., government, business, the private sector, health systems).
- **Provide more strategic collaboration opportunities.** Results from this assessment indicated a desire for strategic collaboration on key health equity priorities and collaboration in general to “get clear” on who makes

up the field and what their roles are within it. In order to facilitate strategic collaboration, respondents requested not only more opportunities to collaborate but also indicated a need for more resources to ensure effective collaboration.

- **Strengthen the field's infrastructure.** A stronger infrastructure is needed for sharing information, promoting dialogue and coordinating activities across field members. Some respondents called for a clear leadership body, which was described by one respondent as a "financially solvent champion" that could serve as a "strong home" for field-building efforts, or a "central organization whose job it is to run this, to coordinate and to define collective goals." While having a single "home" for this work does not quite align with the ethos of field building, it is interesting to note that several respondents reported a desire for a "backbone" agency or some other entity that could be charged with coordinating this complex work, ensuring equitable inclusion of communities across the state and developing structures for ongoing engagement.
- **Build the field's health equity advocacy capacity.** Capacity building to support health equity advocacy was repeatedly emphasized as a critical need. In addition to general advocacy capacity building, respondents indicated that specific areas for attention also include education on health equity (what it is and how to achieve it), understanding needs and issues of different communities, and peer learning to better support each other's efforts. Perhaps the most

often-cited area of capacity need was messaging and communication around health equity. To this end, respondents called for more tools and information, a strong communications plan and support to ensure messaging alignment. Providing capacity-building opportunities in these arenas will go a long way in building the capacity of the field as a whole. Moreover, building the capacity of the field to engage in shared political analysis will increase its adaptive capacity and enable its actors to respond effectively to a fluid policy environment.

- **Secure more funding to support health equity advocacy field building in Colorado.** By and large, the most common theme that emerged on what was needed to build and sustain a health equity advocacy field was the need for more funding. This need was not simply about securing more funding generally, but rather also about specific funding for strategic purposes, like building the capacity of different actors in the field or facilitating better coordination and/or collaboration. Respondents also indicated a need for (1) funding that supports equity-focused advocacy concerned with specific social determinants of health (e.g., housing, transportation, income), and (2) a "better distribution of resources" to serve those who are not well-represented (e.g., grassroots organizations, rural-serving organizations, direct-service providers). Finally, the call for more funding reflected a desire for a stronger, long-term commitment from a greater pool of funders.

The effort to build a health equity advocacy field in Colorado comes at a poignant time, when the nation as a whole is also grappling with issues of health equity in a contentious political environment. It is exciting to see the growing sense of momentum around this work on a state level. This field scan is intended as a baseline to benchmark progress over time, and will be revisited in two years as

the health equity advocacy field continues on a trajectory of growth and development. The findings also provide useful insights on field building generally, and health equity advocacy field building specifically, that will be of interest to those committed to ensuring that all people have the opportunity to lead healthy, productive lives.



HIGHLIGHTS: Respondent Recommendations for Future Health Equity Advocacy Field-Building Efforts

- Develop a shared vision of health equity advocacy (including a common definition for health equity) and clear goals for the work.
- Create intentional and targeted strategies to ensure populations most affected by inequities and those who have been excluded in policymaking decisions are meaningfully engaged in health equity advocacy efforts.
- Provide capacity building at multiple levels to strengthen the field's advocacy and equity capacities.
- Consider establishing a coordinating body to support more effective partnership development, strategic cross-sector collaboration and capacity building for the field.
- Grow the pool of funders that are committed to supporting this effort over the long term.

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APPENDICES

- A: Health Equity Advocacy Field Scan Survey
- B: Field Scan Respondent Organizations
- C: Interview Respondent Organizations

APPENDIX A: HEALTH EQUITY ADVOCACY FIELD SCAN SURVEY

Mapping an Emerging Health Equity Advocacy Field

Thank you for participating in this survey! Your responses will be critical in helping to map the network of organizations and individuals focused on advancing equitable health outcomes across Colorado’s diverse communities and ultimately strengthening a field for change. We are reaching out to you specifically because of your existing work in promoting the health and well-being of communities, families and individuals within the state.

At any point during the survey, if you would like to return to the survey at a later time, please advance to the next page from where you are, click on the "Save and Continue Survey Later" tool bar at the bottom of your page, and follow the instructions to save your work.

We are asking you all to complete this survey no later than March 30; it should take no more than 15 minutes to complete.

If you have any questions, please contact Shelley Kuang (Shelley_Kuang@spra.com) at Social Policy Research Associates.



ABOUT YOU:

- 1) Name* _____
- 2) Email* _____
- 3) Your Title/Role* _____
- 4) Name of Organization* _____
- 5) Address* _____

ABOUT YOUR ORGANIZATION:

- 6) Does your organization promote health equity in Colorado?*
- This is defined as "efforts that ensure that Coloradans have fair and equal opportunities to lead healthy, productive lives regardless of race, ethnicity, income or where they live."*
- Yes, this is a primary focus of our organization
- Yes, this is one of multiple areas that our organization focuses on
- Yes, but this is only a peripheral focus for our organization
- No, this is not a focus of our organization

- 7) How would you describe your scope: * Select one.
- Local/Municipal/County
- Regional
- Multi-Regional
- Statewide
- Other: Please specify: _____

- 8) Which regions of the state does your organization cover: * Select all that apply.
- Central Mountains
- Northeast
- Northwest
- San Juan
- San Luis Valley
- Southeast
- Southwest
- Western Slope
- Eastern Plains
- Denver Metro
- Front Range

- 9) Which of the following sectors do you represent? * Select one.
- Public sector
- Private for profit sector
- Nonprofit sector

10) Which of the following are your organization’s target populations?

Please distinguish whether the below populations are one of many “included” within your target population or a “core” population that you focus on.

	Core	Included
African American	()	()
Asian American or Pacific Islander	()	()
Children and youth	()	()
Elderly populations	()	()
Homeless populations	()	()
Immigrant or Refugee populations	()	()
Incarcerated or formerly incarcerated populations	()	()
Individuals with disabilities	()	()
Latino/Hispanic	()	()
Lesbian/Gay/Bi-Sexual/Transgendered (LBGT) populations	()	()
Low income families	()	()
Native American	()	()
Rural populations	()	()
Undocumented populations	()	()
Urban populations	()	()
Veterans	()	()
Women and girls	()	()
Other #1	()	()
Other #2	()	()
Other #3	()	()

11) Which of the following are your organization’s target populations? (Other - please specify)

Other #1: _____

Other #2: _____

Other #3: _____

12) What issues do you focus on in your work?

Select *all* that apply & please include additional issues not listed here.

	My organization works on this issue	My organization advocates on this issue
Access to care	[]	[]
Civil rights	[]	[]
Culturally responsive care	[]	[]
Economic security	[]	[]
Education	[]	[]
Family support services	[]	[]
Food access	[]	[]
Health care affordability	[]	[]
Health data access and disaggregation	[]	[]
Health education/health literacy	[]	[]
Health systems navigation	[]	[]

	My organization works on this issue	My organization advocates on this issue
Health workforce diversity	[]	[]
Home health care	[]	[]
Homeless services/rights	[]	[]
Housing	[]	[]
Immigrant services/rights	[]	[]
Insurance enrollment	[]	[]
Language access	[]	[]
Legal services	[]	[]
Long-term care	[]	[]
Transportation	[]	[]
Violence prevention/safety	[]	[]
Other #1	[]	[]
Other #2	[]	[]
Other #3	[]	[]
Other #4	[]	[]
Other #5	[]	[]

13) What issues do you focus on in your work? (Other - please specify)

Other #1: _____

Other #2: _____

Other #3: _____

Other #4: _____

Other #5: _____

14) Recognizing that your organization may engage in different activities, which of the following *best* characterizes the role that your organization plays within a larger health equity field: *

Select *one*.

- () Policy Advocacy
- () Community organizing
- () Direct service
- () Funding
- () Research/education
- () Technical assistance/training
- () Not applicable

Please explain, if you would like to expand on your selection:

15) Is racial equity a priority for your organization?*

() Yes

() No

Why or why not (optional):

YOUR PERSPECTIVE ON AN EMERGING FIELD

For this section, we are hoping to get your thoughts and insights into the degree to which a field of advocates exist that are focused specifically on advancing health equity for all Coloradans.

16) To what extent would you agree that an identifiable health equity advocacy field exists in Colorado? *

There are a variety of definitions of a “field” in academic and foundation literature. For the purposes of this question, we are referring to “a field of individuals and organizations who develop knowledge and practices which work in alignment to influence policy related to advancing health equity for Colorado’s diverse populations.”

- Strongly agree
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree
- Strongly disagree

17) Assuming the existence (or potential existence) of such a field, to what extent would you agree that the following are present in Colorado?*

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
Shared understanding of what is meant by “health equity”	()	()	()	()	()	()
Stakeholders across the state with a shared value for advancing health equity.	()	()	()	()	()	()
Stakeholders across the state that see their health equity work as interrelated.	()	()	()	()	()	()
Shared political and policy analysis to support coordinated health equity advocacy	()	()	()	()	()	()
Aligned communications and messaging around health equity	()	()	()	()	()	()
Coalitions and partnerships focused on advancing health equity	()	()	()	()	()	()
Grassroots partners with the capacity to lead efforts to advance health equity	()	()	()	()	()	()
Voices of affected communities as drivers of health equity advocacy	()	()	()	()	()	()
Engagement and coordination across different sectors to advance health equity	()	()	()	()	()	()
Policymaker engagement around health equity	()	()	()	()	()	()

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
Field-level infrastructure to support information sharing and coordination	()	()	()	()	()	()
Adequate financial resources to support a sustainable health equity advocacy field	()	()	()	()	()	()

18) What are the most pressing health equity issues facing Coloradans that could serve as a potential focus of a coordinated effort for such a field?

19) What is needed to build a cohesive and sustainable health equity advocacy field?

YOUR NETWORKS:

For this final section, please list the partners that you work with in your health equity advocacy work, along with their contact information, to ensure they are captured in this field-mapping effort. They will only be emailed for the sole purpose of completing this survey.

20) Please list the partners that you work with in your health equity advocacy work, along with their contact information.

Organization	Name	Email
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Do you have any additional partners to add?*

- Yes
- No

THANK YOU!

Thank you for taking our survey. Your response is very important to us.

APPENDIX B: FIELD SCAN RESPONDENT ORGANIZATIONS (213)

ADAPT	Colorado Department of Public Health and Environment (CDPHE) - Office of Planning, Partnerships and Improvement	Grand Beginnings Early Childhood Council	Prowers County Board of Commissioners
American Academy of Pediatrics (AAP) - Colorado Chapter	Colorado Department of Public Health and Environment (CDPHE) - Prevention Services Division	Grand County Council on Aging	Prowers County Health Alliance
Arc of Arapahoe & Douglas Counties	Colorado Developmental Disabilities Council (CDDC)	Grand County Rural Health Network	Prowers County Public Health Department
Arc of Aurora	Colorado Education Initiative	Healthy Places	Qualistar Colorado
Arc of Colorado	Colorado Fiscal Institute (CFI)	Hilltop Community Resources, Inc	Region 10 League for Economic Assistance and Planning
Asian Chamber of Commerce	Colorado Gerontological Society	Hispanic Affairs Project (HAP)	Regional Transportation District (RTD)
Asian Health Alliance of Colorado	Colorado Health Institute (CHI)	HopeWest	Revision International
Asian Pacific Development Center (APDC)	Colorado Hospital Association (CHA)	Horizons	Ridgway School District
Aurora Asian/Pacific Community Partnership	Colorado Latino Leadership, Advocacy & Research Organization (CLLARO)	Hunger Free Colorado	Rocky Mountain Early Childhood Council
Aurora Mental Health Center	Colorado League of Charter Schools	Integrated Community (CIIC)	Rocky Mountain Public Health Training Center
Aurora Police Department	Colorado Multi-ethnic Cultural Consortium	Jefferson County Public Health	Routt County Department of Human Services
Boulder County Health Improvement Collaborative (BCHIC)	Colorado Network of Health Alliances	Jewish Family Services of Colorado	Routt County Early Childhood Council
Bright By Three	Colorado Nurse Association	Junior League of Denver	Routt County United Way
Caring For Colorado Foundation	Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)	Kit Carson County Public Health	Routt HEAC
Caritas Clinic, Seton Women's Center, Saint Joseph Hospital	Colorado Prevention Alliance (CPA)	Lake County Build a Generation	Salud Family Health Centers
Centennial Area Health Education Center (CAHEC)	Colorado PTA	Lake County Department of Human Services	San Luis Valley Public Health Partnership
Center for African American Health	Colorado Public Interest Research Group (CoPIRG)	Lake County Health Equity Partnership in Leadville	San Miguel County Department of Social Services
Center for Work Education and Employment (CWEE)	Colorado Society for Public Health Education (COSOPHE)	Lake County School District	Servicios de La Raza
Centro San Juan Diego	Community Options, Inc.	LAUNCH Together	Shared Networks of Collaborative Ambulatory Practices & Partners (SNOCAP)
Chaffee County Public Health	Community Organizations Aligned Together (C.O.A.T)	League of Women Voters of Colorado	Small Business Majority
Children's Hospital Colorado	Connect for Health Colorado	Littleton Immigrants Resource Center	Solvista Health - Mental Health
Clayton Early Learning	Conservation Colorado	Livewell Montrose Olathe (LWMO)	Southeast Colorado Hospital District (SECHD)
Clinica Tepeyac	Delta Dental of Colorado Foundation	Lone Cone Library	Southwest Center for Independence (SWCI)
CLUB 20	Denver Area Labor Federation	Mental Health America of Colorado	Southwest Energy Efficiency Project (SWEPP)
Collaborative Management Program	Denver Asian American Pacific Islander Commission (DAAPIC)	Mental Health Center of Denver (MHCD)	Southwestern Colorado Area Health Education Center (SWCAHEC)
Colorado Academy of Family Physicians (CAFP)	Denver Chamber of Commerce	Mercy Housing	Stapleton Foundation for Sustainable Urban Communities
Colorado African Organization (CAO)	Denver Department of Environmental Health (DEH)	Mile High Connects	Steamboat Springs Middle School
Colorado Area Health Education Centers	Denver Early Childhood Council	Mile High Early Learning	Steamboat Springs School District
Colorado Association for Infant Mental Health (COAIMH)	Denver Food Rescue	Mile High Health Alliance	Summit Community Care Clinic
Colorado Association of Local Public Health Officials (CALPHO)	Denver Health	Mile High Japanese American Citizens League	Telluride Foundation
Colorado Association of School Executives (CASE)	Denver Indian Family Resource Center (DIFRC)	Mile High United Way	Telluride School District R-1
Colorado Association of Transit Agencies (CASTA)	Denver Parks and Recreation	Mind Springs Health	The Civic Canopy
Colorado Center for Nursing Excellence	Denver Public Health	Moffat County School District	The Colorado Health Foundation
Colorado Center on Law and Policy (CCLP)	Denver Urban Gardens	Moffat County United Way	The Colorado Trust
Colorado Children's Healthcare Access Program (CCHAP)	Denver Women's Collaborative	Montrose Community Recreation Center	The Consortium
Colorado Children's Campaign, Inc. (CCC)	Disability Law Colorado	Montrose County School District RE-1J	The Gay, Lesbian, Bisexual, Transgender Community Center of Colorado (The Center)
Colorado Civic Engagement Roundtable	Donnell-Kay Foundation	Mountain Family Center	The Grand Foundation
Colorado Clinical Translational Sciences Institute (CCTSI)	Douglas County Early Childhood Council (DCECC)	mpowered	The Memorial Hospital at Craig
Colorado Coalition for Minority Youth Equality (CMYE)	Early Childhood Council Leadership Alliance (ECCLA)	NAACP Colorado Montana Wyoming State Area Conference	Together Colorado
Colorado Coalition for the Medically Underserved (CCMU)	Early Childhood Council of Larimer County	National Black Child Development Institute (NBCDI) - Denver Affiliate	Total Health Alliance (THA) of Eagle County
Colorado Community Health Network (CCHN)	Early Childhood Options	National Federation of Filipino American Associations (NaFFAA) Region V	Tri-County Health Network
Colorado Consumer Health Initiative (CCHI)	Early Childhood Partnership of Adams County (ECPAC)	New Era Colorado	United Way of Weld County
Colorado Covering Kids and Families (CKF)	ECHO Colorado (Extension for Community Health Outcomes)	North Denver Cornerstone Collaborative (NDCC)	University of Colorado Health (UCHealth)
Colorado Cross-Disability Coalition (CCDC)	Elbert County Department of Health and Human Services	Northwest Colorado Community Health Partnership (NCCHP)	Voices for Children CASA
Colorado Department of Education (CDE) - Office of Dropout Prevention and Student Re-Engagement	Enterprise Community Partners, Inc.	Northwest Colorado Health	Walk Denver
Colorado Department of Health Care Policy and Financing (HCPF)	Eugene S. Farley Jr. Health Policy Center	Northwest Rocky Mountain CASA	Warm Cookies of the Revolution
Colorado Department of Health Care Policy and Financing (HCPF)	Executives Partnering to Invest in Children (EPIC)	Office of International and Immigrant Affairs - City of Aurora	West Central Public Health Partnership
Colorado Department of Human Services - Division of Refugee Services	Family & Intercultural Resource Center (FIRC)	One Colorado	West End Economic Development Corporation
Colorado Department of Human Services (CDHS)	Family Leadership Training Institute of Colorado (FLTI)	One to One Mentoring	West Mountain Regional Health Alliance
Colorado Department of Public Health and Environment (CDPHE)	Family Voices Colorado	Padres & Jóvenes Unidos (PJU)	Westwood Food Cooperative
Colorado Department of Public Health and Environment (CDPHE) - Office of Health Equity	Focus Points Family Resource Center	Parent to Parent of Colorado (P2P-CO)	Women's Foundation of Colorado
	Front Range Economic Strategy Center (FRESC)	Partners for HOPE (Health, Opportunity, Prevention, and Education) Center	Yampa Valley Medical Center (YVMC)
	Gary Community Investments	Pediatric Associates	Young Aspiring Americans for Social and Political Activism (YAASPA)
	Global Health Foundation	Pitkin County Human Services Department of Public Health	Young Invincibles
		Project CLIMB (Consultation Liaison in Mental Health and Behavior)	

APPENDIX C: INTERVIEW RESPONDENT ORGANIZATIONS (22)

Caring for Colorado Foundation
Center for African American Health
Clinica Tepeyac
Colorado Association for School-Based Health Care
Colorado Consumer Health Initiative
Colorado Department of Public Health and Environment
Colorado Rural Health Center
Denver Indian Family Resource Center
Denver Metro Chamber of Commerce
Department of Health Care Policy and Financing
Family Voices Colorado
Hunger Free Colorado
Kaiser Permanente Colorado
Mental Health America of Colorado
Mile High Connects
One Colorado
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The Bell Policy Center
The Colorado Health Foundation
The Colorado Trust
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