



**THE  
COLORADO  
TRUST**

*A Health Equity Foundation*



**SOCIAL POLICY RESEARCH  
ASSOCIATES**

DEDICATED TO ACHIEVING HEALTH EQUITY FOR ALL COLORADANS

DECEMBER 2019

# SHIFTING THE PARADIGM IN COLORADO: The Health Equity Advocacy Journey



*By Rachel Estrella, PhD, Traci Endo Inouye and Laura Wong Ravinder  
Social Policy Research Associates*

## ACKNOWLEDGMENTS

The Colorado Trust and Social Policy Research Associates (SPR) would like to express deep gratitude to the Health Equity Advocacy (HEA) Cohort's Policy and Advocacy Team for their partnership on this paper and to the HEA Cohort members for sharing their experiences and insights. SPR would also like to acknowledge the contributions of Marianne Chen Cuellar to the development of this paper.

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 elevates 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 ([traci@spra.com](mailto:traci@spra.com)), vice president and director of the Philanthropy, Equity, and Youth Division.

» **LETTER FROM THE COLORADO TRUST**

The Colorado Trust (The Trust) is a foundation committed to advancing the health and well-being of all Coloradans. We believe local and statewide policies should have a positive impact on people’s well-being. We are committed to funding policy and advocacy work because it is essential for addressing inequities and building power in communities.

Through our multi-year Health Equity Advocacy (HEA) strategy, The Trust aimed to create a cohesive and sustainable field of advocates working to advance policies and practices that ensure that all Coloradans have fair and equal opportunities to lead healthy, productive lives regardless of race, ethnicity, income or where they live. By funding a field-building approach, we sought to build the stability and long-term adaptive capacity of 18 direct service, community organizing and policy advocacy organizations (referred to as the HEA Cohort) so that they could leverage each other’s skills and expertise to influence and shape an ever-changing policy landscape.

Over the past five years, the Cohort has worked together to reduce silos, maximize resources and incorporate diverse voices with the intention to shift power dynamics and create policy change that achieves better health for all Coloradans. With strengthened and strategic relationships, shared language and replicable tools, and their inclusive approach to advocacy, the Cohort’s efforts to seed a health equity advocacy field are beginning to bear fruit. As one example of their success, Cohort organizations contributed to the passage of five of their six prioritized bills related to housing issues in the 2019 state legislative session.

This learning paper tells the story of how the Cohort organizations experimented with ways to align their health equity advocacy efforts and take collective action. It provides some of the tools that the Cohort developed to invite the involvement of individuals and organizations with various levels of advocacy capacity. Lastly, it shares lessons for others interested in collective equity-focused advocacy.

HEA Cohort organizations are leaders in the health equity advocacy field in Colorado. They have built a collective base to address racial, economic and other injustices that impact the health and well-being of all Coloradans. We invite you to read about their journey to collective action and utilize their approach, tools and lessons to advance health equity through policy and advocacy.



Noelle Dorward  
Advocacy & Policy Partner



Felisa Gonzales, PhD, MPH  
Research, Evaluation & Strategic Learning Manager

## » EXECUTIVE SUMMARY

In 2014, The Colorado Trust (The Trust) launched the Health Equity Advocacy (HEA) strategy, a multi-year investment aimed at building a field of advocates focused on advancing policy solutions to address systemic inequities that affect the health and well-being of diverse communities in Colorado. The launch of the HEA strategy was predicated on The Trust's strong belief that meaningfully addressing health inequities facing Colorado's diverse communities would require a new approach to policy advocacy—one that was deeply centered in community and led by a broad range of organizations collectively advancing policy solutions with communities and on their behalf.

To put this community-centered approach into practice, The Trust funded a cohort of 18 HEA grantees (the Cohort) that included a diverse array of organizations that reflected different scopes (statewide, regional and local), represented different geographic regions (rural and urban communities throughout Colorado), and represented and served a range of diverse populations. The Cohort also reflected a typology of three specific types of organizations envisioned to bring complementary and distinct assets that could be strategically leveraged in health equity advocacy efforts: policy advocacy organizations, direct service providers and community organizing groups (see textbox above).

This paper tells the story of the HEA Cohort's efforts to develop a new approach to advocacy and the core lessons that have been learned from the efforts to build advocacy capacity to advance health equity.

### The HEA Cohort's Policy and Advocacy Journey

The story of the Cohort's policy advocacy journey will likely ring familiar to those advocating for change on behalf of diverse communities. Mirroring challenges in the broader field, many Cohort members had not partnered together before, and most entered with a lack of clarity about the strengths and assets that each participating organization could offer in any joint work together. Driven by a sense of urgency to protect and advance the health of communities most impacted by health inequities, and up against the relentless pace of the state legislative cycle, time was not a luxury afforded to the Cohort to perfect strategies and tactics. The Cohort's advocacy efforts in its first two years together were thus spent in continuous experimentation and learning as it tried to build capacity for and engage in policy advocacy as a collective.

### HEA Cohort Organizational Typology

*The types of organizations funded through the HEA strategy contribute unique strengths to collective policy advocacy efforts:*

**Policy advocacy organizations**, particularly those working at the state level, were assumed to contribute their relationships, political savvy and organizational capacity to affect legislation and policy.

**Direct service providers**, typically trusted community resources that have a front seat to observing health inequities in affected communities, were envisioned to contribute community voices and poignant stories to the fore of policy debates.

**Community organizing groups**, also connected to affected communities, were seen as contributing a specific value and model around community leadership development and community mobilization that other types of organizations may not have the capacity to implement.



The collective advocacy and advocacy capacity-building efforts in these first two years achieved mixed results; however, the learning that emerged was invaluable and ultimately contributed to the Cohort's eventual success. Two years into the work together, in January of 2018, a group of Cohort members that had been involved in the Cohort's legislative policy and advocacy efforts to that point held a retreat to reflect upon past efforts, leverage learning, and make a clear and comprehensive plan for the Cohort's future efforts. Recognizing that they needed to act thoughtfully and swiftly in order to be ready for and have any impact on the 2019 legislative session, these Cohort members made some key decisions around the development of structures and processes that would enable them to better coordinate and support the Cohort's collective policy advocacy efforts. These included:

1. Creating a formal Policy and Advocacy (PA) Team with more diverse membership that would be empowered to steward the Cohort's policy advocacy work;
2. Choosing issues for collective action that reflected the priorities of Cohort members and their communities;
3. Creating clear and manageable paths for all Cohort organizations to engage in policy advocacy at a level appropriate to them; and
4. Developing guiding principles of practice to hold the PA Team accountable to the work and to the Cohort.

With these structures in place and with the Cohort in a stronger place of readiness for engagement, the PA Team was able to effectively engage the full Cohort in collective advocacy efforts around housing and food insecurity in ways that leveraged organizational strengths while honoring capacity constraints. The Cohort's collective efforts during the 2019 legislative session were extremely successful, ultimately contributing to the passage of five of the six bills prioritized by the Cohort for action.

## Outcomes from the Journey

While the 2019 advocacy wins were striking, perhaps more remarkable were the ways in which the process of learning and practicing advocacy together has fundamentally changed how Cohort organizations approach advocacy. For example, staffers from several policy advocacy organizations shared that they have a better understanding about how exclusion from the policymaking process reinforces inequity. In line with this understanding, a majority of policy advocacy organizations reported that they are now much more thoughtful and intentional around engaging the voices of those most impacted by health inequities in their advocacy work. Direct service organizations within the Cohort that previously had not engaged in advocacy now place a higher priority on advocacy within their work, recognizing the importance of engaging in policy dialogues that affect their clients. All Cohort organizations shared that they now incorporate a strengthened health equity lens, as well as a race analysis, into their advocacy work.

A more telling indicator of a growing paradigm shift in how health equity advocacy is taking place in Colorado lies in how these organizations now work together. During a strategic learning session, Cohort members reflected on their policy advocacy work together over the course of the initiative and surfaced specific examples of progress that could be leveraged for future collective advocacy efforts. These include:

- **Strengthened and strategic relationships** with each other and a broader set of advocacy partners, and the strong foundation of trust and understanding they built with one another, was consistently shared as the Cohort's strongest outcome, as well as a key facilitator of its successful collective advocacy efforts.
- **Shared language and replicable tools** to promote and advocate for health equity policies were named as important results of the Cohort's capacity-building investments, enabling Cohort members to be more adept in their policy analysis and communications, and share information with partners and community members.
- **Inclusive approaches to collective advocacy** enable Cohort members to fully leverage the unique strengths that each organization can bring to advocacy efforts. In contrast to the Cohort's early years, when Cohort organizations were unclear about each other's strengths and how they could work effectively together, the Cohort was recently described by at least one member as a "well-oiled machine" that can engage in advocacy on a number of health equity issue areas.

## Learnings for the Broader Field

Perhaps the greatest outcome of the HEA policy advocacy journey is the abundance of learning that has emerged from the Cohort's experience that, if shared, replicated and adapted, could serve as a useful catalyst for others engaged in similar endeavors. To that end, the following were articulated by Cohort members and their partners as the key facilitators of their effective, collective engagement that can be implemented in small- or large-scale collective, equity-focused advocacy:

- **Ensuring accessibility for all.** In order to encourage participation, it is important to understand and address barriers to participation. Being mindful of the accessibility of facilities and language and providing necessary supports such as child care enabled Cohort members and their partners to more fully and meaningfully participate in advocacy activities.
- **Focusing on diverse representation within decision-making bodies.** Having diverse representation on decision-making bodies helped to assure that advocacy goals, strategies, activities and resources were relevant, understandable, and useful to a diverse array of participants and users.
- **Investing in coordination tools.** Having a shared platform for coordinating and managing work and communications was highly valued by the Cohort, whose members appreciated having a central place to share and store documents and to communicate with one another outside of emails.
- **Hiring consultants.** Hiring experienced consultants dedicated to supporting the Cohort in meeting its objectives has been critical to the Cohort's success, enabling Cohort members to focus on learning and moving together, rather than spread themselves thinly in an effort to "do it all" themselves.
- **Having financial resources to support the work.** Having general operating grants and resources for consultants and Cohort-wide activities, such as convenings, was critical to the success of this work. The HEA strategy not only provided the Cohort with sufficient funding

to support its work, but as a grantee-driven initiative, it also empowered the Cohort to deploy those resources in ways that best served its collective goals.

- **Practicing together.** From the beginning, Cohort members insisted that part of their work together must include opportunities to practice advocacy together. They recognized then that it was not enough for them to come to understand what strengths they all possessed and could potentially bring to health equity advocacy efforts, but that they needed to realize that potential through practice so that they could more tangibly see how to move effectively together.
- **Embracing a learning mindset.** A key reason behind the Cohort’s successful advocacy efforts during the 2019 legislative session was the willingness to experiment and learn from missteps. Fostering a supportive culture that encourages experimentation and sincerely embraces failure as a learning opportunity is essential to bringing about this willingness to learn, and it is especially important for funders to recognize the role they can play in promoting this mindset.

## The Road Ahead

The journey to ensure equitable health outcomes for all Coloradans is far from over. HEA Cohort members are under no illusion that the road ahead will be easy, or that, by virtue of the past year’s success, they have found the “formula” for policy advocacy success going forward. Rather, what has been learned from their experiences together over the past five years runs much deeper. It lies in new thinking about how to harness the power of diverse partners to advance change, in the depth of relationships built across the state, in the tools developed, and the strategies and tactics piloted. Assuming that some of what has been built can be sustained, the hope is that capacity investments made in these areas will result in dividends going forward, as partners are poised to act in moments of threat or as new policy windows of opportunity arise.



## TABLE OF CONTENTS

<b>Letter from The Colorado Trust .....</b>	<b>3</b>
<b>Executive Summary.....</b>	<b>4</b>
<b>Shifting the Paradigm in Colorado: The Health Equity Advocacy Journey ...</b>	<b>9</b>
<b>Defining "Health Equity Advocacy" .....</b>	<b>9</b>
<b>The HEA Cohort's Policy and Advocacy Journey .....</b>	<b>10</b>
<b>Policy and Advocacy Timeline.....</b>	<b>11</b>
<b>Outcomes from the Journey.....</b>	<b>20</b>
<b>The Road Ahead.....</b>	<b>24</b>
<b>Appendix A: Health Equity Assessment of Policies and Legislation .....</b>	<b>27</b>
<b>Appendix B: Bill Tracker Sample Template.....</b>	<b>29</b>
<b>Appendix C: Source of Income Non-Discrimination Equity Summary and How to Advocate Document .....</b>	<b>30</b>
<b>Appendix D: Scorecard Description .....</b>	<b>33</b>
<b>Endnotes .....</b>	<b>35</b>



» **SHIFTING THE PARADIGM IN COLORADO: THE HEALTH EQUITY ADVOCACY JOURNEY**

In 2014, The Colorado Trust (The Trust) launched the Health Equity Advocacy (HEA) strategy, a multi-year investment aimed at building a field of advocates focused on advancing policy solutions that address systemic inequities that affect the health and well-being of diverse communities in Colorado. At that time, The Trust had observed that key organizations focused on advancing the health of Colorado’s diverse communities were relatively isolated from one another; populations experiencing the greatest health inequities were not adequately represented in the state-level policy and advocacy processes; and little attention was being paid to the long-term stability and capacity of the wide array of organizations that could collectively advance health equity policy. The launch of the HEA strategy was predicated on The Trust’s strong belief that meaningfully addressing health inequities facing Colorado’s diverse communities would require a new approach—one that was deeply centered in community and led by a broad range of organizations collectively advancing policy solutions with communities and on their behalf.

This paper tells the story of the HEA strategy’s policy advocacy journey and sheds light on core lessons that have been learned from the HEA strategy’s approach to building policy advocacy capacity to advance health equity. It draws upon documentation from 2014-19 conducted by the evaluation and strategic learning partner, Social Policy Research Associates (SPR), as well as focused data collection conducted in the summer of 2019. This data collection included discussions with the HEA Strategy’s Policy and Advocacy Team, analysis of reflections around policy advocacy capacity building in 2019 grantee reports, and data from a strategic learning session facilitated by SPR at a summer 2019 grantee and partner convening that was designed to surface learning about building collective policy-advocacy capacity that could be shared with the broader field.

» **DEFINING “HEALTH EQUITY ADVOCACY”**

When first launched, the HEA strategy was designed to be grantee-driven; it was largely unstructured to ensure that the 18 Trust-funded HEA organizations (the Cohort) could take the lead in charting their own course forward. To that end, the Cohort was given a significant pool of financial resources and the authority to design and implement its field-building strategy, including the development of infrastructure, processes and procedures to support the work and propel forward movement. In these early years, The Trust took a mostly hands-off approach to its partnership role, being mindful of its position of power and the ways in which those power dynamics could undermine the Cohort’s full ownership of the project.

The Trust, however, did offer some upfront definitional guidance and core assumptions intended to help shape the broad contours of the work ahead. Namely, “advocacy” was described as inclusive of a multitude of activities, including (but not limited to) policy advocacy, issue research, community outreach and engagement, grassroots organizing/mobilizing, leadership development, public will building and other strategies that advance advocacy around health equity issues. This broadened definition implied that the advocacy itself would be carried out by a wide range of partners at the local, regional and statewide levels and should engage members of communities most affected by health inequities, to assure they had a voice in policies that affect their lives.

The 18 organizations in the Cohort represent different geographic regions and target populations as well as a typology of three specific types of organizations envisioned to

bring complementary and distinct assets to bear in health equity advocacy: policy advocacy organizations, direct service providers and community organizing groups. While recognizing that many organizations naturally engage in blended approaches, each organizational type was valued for the specific strengths it could contribute (captured in the text box to the right) that could, over time, serve to amplify the power and potential of the collective.

Finally, anticipating the challenge of bringing together diverse partners<sup>i</sup> to operate as a cohesive cohort to advance common goals, building a health equity advocacy field required a meaningful focus on capacity building—not just of individual organizations, but of the members of the Cohort and broader health equity advocacy field. In addition to providing individual grantees with general operating resources to engage in organization-level health equity advocacy, the HEA strategy included dedicated technical assistance resources, access to consultants, and infrastructure support for joint planning and collaboration. Cohort members also designed and attended multi-day convenings a few times a year to advance and align their health equity advocacy work.

**Policy advocacy organizations**, particularly those working at the state-level, were assumed to contribute their relationships, political savvy, and organizational capacity to affect legislation and policy.

**Direct service providers**, typically trusted community resources who have a front seat to observing health inequities in affected communities, were envisioned to contribute community voices and poignant stories to the fore of policy debates. Where public data may be scant on smaller, vulnerable populations, service organizations could also be a source of data documenting disparities by lifting up these groups' experiences and challenges.

**Community organizing groups**, also connected to affected communities, were seen as contributing a specific value and model around community leadership development and community mobilization that other types of organizations may not have the capacity to implement.

## » THE HEA COHORT'S POLICY AND ADVOCACY JOURNEY

Given that the Cohort's primary focus has been to build a field of practice in the state focused on health equity advocacy, the Cohort's policy advocacy journey was not exclusively focused on the 18 members of the funded cohort. Rather, its efforts focused on collectively surfacing an advocacy approach centered on advancing the health of those most impacted by health inequities, on behalf of a larger field. The resources dedicated to Cohort efforts reflect this larger goal.

While the Cohort's journey reflects its attempt at developing a new approach to advocacy, the story of this journey will likely ring familiar to those advocating for change on behalf of diverse communities. Mirroring challenges in the broader field, many Cohort members had not partnered together before, and most entered with a lack of clarity about the strengths and assets that each participating organization could offer in any joint work together. Driven by a sense of urgency to protect and advance the health of communities most impacted by health inequities, and up against the relentless pace of the state legislative cycle, time was not a luxury afforded to the Cohort to perfect strategies and tactics. The journey of the past five years therefore has been one of experimentation and continuous learning as the Cohort endeavored to advance a new paradigm of health equity in the state.

# POLICY AND ADVOCACY TIMELINE



(\*This event happened at a convening.)

Key milestones of the journey are described next, and are summarized on the timeline on the previous page.

## Laying the Groundwork... and Jumping In

The Cohort's early years were a busy but confusing time, in large part because, given the grantee-driven nature of the strategy, Cohort members did not have a clear vision for what they would be doing together, nor a blueprint for how to get there. Those first years together were thus mostly focused on building relationships and trust, learning about each other's work and their communities (and the key issues impacting those communities), trying to understand what field building is and how best to approach it, and developing processes and structures to help the Cohort move the work forward and responsibly disburse technical assistance and capacity-building funding.<sup>ii</sup>

While Cohort members recognized that the groundwork they were laying was important for their field-building efforts, many were also getting restless and wanting to engage in action, as the unmet needs in their communities weighed heavily on their hearts. They were still early in their relationship building and therefore not at a place where they fully understood each other's strengths and how to leverage them in service of collective action. Still, they wanted to try.

Recognizing that the window for collective policy advocacy hinged upon the timing of the state legislative session, Cohort members felt it was important to act on what information they had, rather than lose the opportunity to collectively address policies that were affecting communities they serve. Thus, in the fall of 2015, the Cohort worked hard to identify two policies on which it could focus its collective advocacy energy. Cohort members began by taking inventory of the strengths and current efforts of the Cohort organizations to see where there was synergy—the Engaging Affected Populations (EAP) Subcommittee of the Cohort developed a spreadsheet to document the strengths, target communities and issue areas that those who worked most directly in and with communities could leverage in collective advocacy work. Policy advocacy organizations also put together a spreadsheet documenting the bills that their organizations would be focusing on in the upcoming legislative session. These two documents helped to inform proposed bill options for collective policy advocacy that the Cohort later decided upon at the October 2015 convening.

During this convening, Cohort members spent a significant amount of time seeking clarity on the proposed bill options. To help them in their deliberations, they used decision-making matrices suggested by a community organizing Cohort member that helped them to prioritize the bills based on perceived levels of value as well as advocacy implementation difficulty. Policy advocacy leaders within the Cohort also provided their expert analysis of which bills had the most potential to move forward during that session. There were many questions and varied levels of understanding and knowledge about the proposed bills. After hours of deliberation, the Cohort agreed to advocate around bills focused on additions to the Child Health Plan Plus program (CHP+) that would provide dental care benefits to pregnant mothers, and on the Family Medical Leave Insurance Program (FAMLI) Act. These two bills had champions from Cohort policy advocacy organizations that could provide a significant amount of information on the bills and answer questions about them, which may have strongly contributed to their selection.

Ultimately, this first effort to engage in collective advocacy largely fell flat. While Cohort subcommittees were formed to work on these bills, they were primarily made up of the



policy advocacy organizations that might have partnered with each other regardless of the HEA strategy. Direct service providers and community organizing groups were unclear about expectations around their level of involvement related to the selected bills, with some expressing confusion about how to even get involved, given varied levels of knowledge around legislative advocacy. Moreover, several Cohort members from direct service and community organizing organizations later shared that they were ultimately disappointed with the choice of those two bills, noting that while they recognized that these bills may be important, they were not urgent priorities for the communities they represented nor, as one Cohort member described, “the issues that keep me up at night.”

## Taking a Step Back and Building Collective Capacity

Members of the Cohort’s EAP Subcommittee reflected deeply about the outcomes of their first attempt at collective action and felt strongly that the Cohort needed a “pause” so that Cohort members could focus on understanding and aligning their shared values, and creating a shared vision so they could better ensure that future collective efforts reflect shared priorities. The EAP Subcommittee then requested permission to take over planning duties for the January 2016 Cohort convening and developed a convening agenda focused around shared values and the philosophical underpinnings of this work. This convening was well-received by Cohort members, many of whom indicated that it marked a kind of “turning point” for the Cohort, as grantees were pushed to articulate and be explicit about their values (rather than assume that they were all on the same page) and to talk about the need to engender a mindset change to achieve health equity. Over the course of the initiative, Cohort members continued working on aligning values—particularly around centering race in health equity advocacy—through their relationship building and their racial equity capacity-building efforts.<sup>iii</sup>

Though the effort to engage collectively around CHP+ and FAML1 did not take off, the work to advance health equity and build a field of advocates continued during the 2016 legislative session. Some Cohort members participated in a “Health Equity Day” at the state capitol, which was organized by the Colorado Association of Local Public Health Officials and the Colorado Department of Public Health and Environment’s Health Equity Commission and Office of Health Equity.<sup>iv</sup> Those who participated were able to learn more about the Health Equity Commission and the Office of Health Equity, talk with their legislators and network with others working towards health equity. Individual Cohort

### EXAMPLES OF ADVOCACY PARTNERSHIPS AMONG HEA COHORT MEMBERS

- The Center for Health Progress invited the Asian Pacific Development Corporation and Padres & Jóvenes Unidos to serve as advisory members on the Immigrant Health Table, which focused on policy solutions to address issues facing Colorado’s immigrant communities.
- The Colorado Cross-Disability Coalition and Together Colorado engaged in a three-month power-mapping training together, which supported strategy development around issues of non-emergent Medicaid transportation and sustainably funded care coordination in Colorado.
- The Colorado Children’s Campaign, the Colorado Center on Law & Policy and the Center for Health Progress worked together to compile research around coverage options for people without proper documentation, focusing specifically on children and pregnant women.

organizations also continued to advance their own health equity-focused work, keeping an eye out for ways in which they could capitalize on Cohort resources and partnerships to share knowledge and align their efforts. With greater understanding of each other's work, Cohort members were better positioned to begin partnering with one another to engage in issue exploration and research collaboration, and to get consultation and advisory support on population-specific issues and contexts. Eventually, some Cohort organizations that had identified shared areas of interest partnered to support each other's advocacy efforts (see textbox on page 13).

After the 2016 legislative session, several Cohort members also leveraged Cohort resources and partnerships to advance specific advocacy efforts. For example, the Colorado Fiscal Institute drew upon the strategic advocacy funds<sup>v</sup> available to the Cohort so that it could partner with other Cohort organizations to host Count Me In! voter education trainings.<sup>vi</sup> Ultimately, Cohort organizations partnering in this effort hosted 13 day-long trainings across the state that equipped organizational leaders and volunteers to serve as "voting motivators" in the 2016 election. In addition to these trainings, Cohort organizations also hosted voter information sessions that provided accessible, objective information on statewide ballot measures. The Colorado Association of Local Public Health Officials took the lead in applying for Cohort technical assistance funds to contract with a legislative analyst to develop a tool that could help the Cohort determine how it could engage in policy work and to assess health equity impacts associated with proposed legislation. To support this effort, throughout the summer of 2016 the Colorado Association of Local Public Health Officials collaborated with the Center for Health Progress, the Colorado Center on Law & Policy, Colorado Children's Campaign and Tri-County Health Network to learn about the ways in which Cohort members had been engaging and could increase engagement in the state legislative process. The resulting Health Equity Assessment of Policies and Legislation tool was not immediately embraced, given its perceived complexity and lack of clarity about how it could be used, but was eventually adopted and adapted by multiple Cohort member organizations (see Appendix A on page 27).

Still eager to engage in collective action, a few Cohort members also thought it might be useful to take advantage of grantee convening time to try a different approach to prepare for the 2017 legislative session. Instead of basing collective action on traditional policy analysis and strategizing, the group decided to take the time to meaningfully engage the diversity of the Cohort around FAML. The goal was not to pressure Cohort organizations into making FAML an advocacy priority, but rather to simply practice building advocacy skills together in a specific issue area. At the October 2016 convening, Colorado Fiscal Institute staff and a representative from 9to5 Colorado<sup>vii</sup> provided an overview of the legislation, and advocacy consultants and Colorado State Rep. Faith Winter led Cohort members through exercises in power mapping, which is a visual tool used in advocacy efforts to identify who needs to be influenced and who has strong influence around an issue. The Cohort then divided into small groups to practice drafting advocacy plans focused in the following key areas: grassroots organizing, affected populations outreach, media, research, and engaging community leaders and elected officials. While the Cohort did not implement those draft advocacy plans, members found value in the exercise. The reviews on this session were mostly positive—multiple participants expressed appreciation for the knowledge shared and the opportunity to learn and practice together. A couple of comments on convening evaluation forms also signaled a desire for continued capacity

building around legislative advocacy for non-policy advocacy-focused partners to ensure that no voices are “left out.”

During the October 2016 convening, Cohort members also discussed their needs around policy advocacy capacity-building trainings and supports. This included a desire to have a formal team dedicated to supporting policy advocacy work and having organizational capacity-building trainings around legislative analysis, effective legislative advocacy and testifying before committees. In the summer of 2017, the Cohort responded by forming a working group made up primarily of policy advocacy organizations that took on the responsibility of hiring and overseeing a consulting firm to provide legislative advocacy trainings to Cohort organizations. In the June 2017 convening, staff from the consulting firm provided the Cohort with an array of potential training topics and the Cohort voted on the types of advocacy trainings it wanted to receive. Ultimately, more than 130 Cohort members and community members attended trainings in Granby, Denver, Leadville, Montrose and Telluride that were focused on the basics of legislative analysis, general advocacy, communications, effective education and lobbying, meeting with elected officials and legal parameters for nonprofit advocacy.

While some participants indicated they gained useful knowledge and skills, the trainings represented new ground for the consultants and some participants, and received mixed reviews. Some participants—particularly those from Cohort organizations working in rural areas and/or with communities that did not speak English fluently—were frustrated by what they described as a lack of cultural sensitivity and the overuse of political jargon that made some of the content difficult to understand. The consultants also developed a legislative tracking tool designed to track legislative bills and Cohort members’ positions on those bills. This tool also was not fully embraced by the Cohort—less than half of the Cohort organizations ultimately documented their positions on bills listed on the tracker. This may have been because the tracking tool was perceived to be somewhat cumbersome, or the bill targets were not aligned with the interests or focal areas of some Cohort organizations. Another challenge may have been that Cohort organizations that were new to advocacy may have lacked capacity or processes to take a formal position on behalf of their organizations, particularly given the daunting 130 bills listed.

## Leveraging Learning for Forward Movement

By the end of 2017, after two years of working together, the Cohort members had a stronger sense of readiness for collective action. They had a clearer and more robust foundational structure, deeper and trusting relationships with each other, a growing network of partners that they could bring into the fold, and stronger organizational capacities for serving as anchors in Colorado’s broader health equity advocacy field.<sup>viii</sup> They had not, however, quite achieved the elusive goal of successfully engaging as a collective body around a specific policy or issue area. Moreover, there was a persistent sense that they were not fully optimizing the unique strengths that the different types of organizations in the Cohort could bring to bear in advocacy efforts.

Thus, in January of 2018, a group of Cohort members that had been involved in the Cohort’s legislative policy and advocacy efforts held a retreat to reflect upon past efforts, leverage learning, and make a clear and comprehensive plan for their future efforts. They recognized that they needed to act thoughtfully and swiftly in order to be ready for and have any impact

on the 2019 legislative session. They made some key decisions around the development of structures and processes that would enable them to better coordinate and support collective policy advocacy efforts and, ultimately, as one policy advocacy team member shared, to move beyond advocacy *moments* and work in service of a larger *movement* towards health equity, one that she described as “inclusive of communities (and community organizers), direct service organizations and policy organizations.” These decisions were confirmed with the Cohort at the January 2018 convening and included:

- **Creating a formal Policy and Advocacy Team.** Previously, efforts to support legislative advocacy were coordinated by working groups made up of a few policy advocacy organizations. There was no defined body empowered to guide the Cohort’s policy advocacy efforts. The group agreed to form a Policy and Advocacy function team<sup>ix</sup> (PA Team) to steward the policy advocacy work of the Cohort. Importantly, this newly formed team included more than just policy advocacy organizations—staff from two direct service organizations (one located in a rural mountain community and one that serves a largely Latinx population) and a network partner<sup>x</sup> also participated. This diversity of partners proved critical for ensuring the PA Team’s effectiveness in supporting collective advocacy efforts, providing the PA Team with more diverse and nuanced perspectives of the lived experience of housing and food insecurity across different contexts, which helped them to frame the issues in ways that would better resonate with different communities. One team member shared that having a greater diversity of participation also opened team members’ eyes to the ways in which they were not being inclusive with their language, which motivated the PA Team to slow down, use less advocacy jargon, and be more thoughtful about how it engaged and supported others in the work.
- **Choosing issues for collective action that reflect the priorities of Cohort members and their communities.** The Cohort’s early efforts to engage in collective action fell flat in large part because the specific policies chosen focused on issues that were not the most pressing for the communities served by Cohort organizations, resulting in a lack of collective passion or commitment to inspire and sustain action. Thus, team members recognized that they had to choose broad issues that were important to the communities they served in order to galvanize support first, while still being strategic and focused in policy arenas where they had content expertise. Through discussion, the group therefore proposed that collective Cohort action in the near-term should focus on two pressing issues that were affecting the health and well-being of multiple communities in Colorado: housing and food insecurity. These issues were enthusiastically embraced by the entire Cohort, as even Cohort organizations not working specifically on the two issues could recognize that housing and food insecurity are upstream determinants that affect many other health issues.
- **Creating clear and manageable paths for engagement.** In previous collective advocacy efforts, some Cohort organizations, especially community organizing groups and direct service providers, were unclear about where and how they should engage. To address this, the team decided to incorporate useful practices used in coalition building—i.e., to offer an array of advocacy-focused actions that reflect light, medium and heavy “lifts” (levels of effort) so that each organization could choose an appropriate level of involvement based on organizational strengths, capacity constraints, and the level of priority their organization places on the issue area. Acknowledging that not every organization’s scope was statewide, the PA Team also committed to developing potential actions at the local, regional and state level.



- **Developing guiding principles of practice.** Inspired by another HEA function team’s successful efforts in developing a strong foundation for guiding its work and maintaining clear sense of focus,<sup>xi</sup> the newly formed PA Team created 10 guiding principles of practice to hold itself accountable to the work and the Cohort. With many urgent and pressing issues, the guiding principles helped the PA Team keep focused on its original intentions, articulate clear practices for effective decision making and engagement, and ensure their processes were inclusive and aligned with the Cohort’s values (see textbox below).

### Policy and Advocacy Team Guiding Principles of Practice

1. Public investment in quality housing and food are fundamental to the health and well-being of all who live in Colorado.
2. The wisdom and voices of the community will always be represented in this group, with the intention to continually shift power to the community through engagement, education and leadership development.
3. We will be bold and transformative in our choices and strategies.
4. We will make sure that our activities and tactics are aligned with building the movement for social justice.
5. When consensus cannot be made within the group, the issue will be put to a vote to ensure we continue to move forward efficiently and effectively.
6. Every item of Cohort support will have a light, moderate and heavy lift action articulated.
7. We will collectively identify policy advocacy tactics that can be undertaken at the state level and local level to advance equity in all corners of the state.
8. We will create and maintain a safe space for members to speak openly and honestly.
9. We will give all Cohort groups notice of what we are considering as Cohort priorities, to get their feedback, not necessarily to change our priorities.

### Trying on a New Approach

Simultaneous to this policy advocacy journey, complementary efforts were happening across the Cohort that served to ultimately deepen the Cohort’s understanding of health inequities and their root causes, and impacts on different communities, as well as strengthen the Cohort’s capacity to move together in a more unified way than it had before. Cohort members and their network partners were engaging in site visits together throughout the state to better understand why and how health inequities are experienced by diverse communities in different contexts. At the same time, the Racial Equity Team had launched a multi-level effort to build the racial equity capacity of Cohort members, their partners and the broader health equity advocacy field, which brought about a deeper understanding of the ways in which racism and oppression fuel the persistence of health inequities, and further deepened relationships and trust across Cohort members.

Thus, entering the 2019 legislative session, the Cohort—led by the PA Team—had a much stronger foundation for choosing proposed policies to prioritize and implementing a plan for collective action. While initially tracking 22 bills to better assure that their efforts could be influential, the Cohort decided to strategically narrow its focus, prioritizing six bills for collective

action that were focused on housing security (see textbox on prioritized housing bills on page 19). At the same time, the PA Team continued its efforts around food insecurity by tackling it at the federal level, focusing on the Supplemental Nutrition Assistance Program (SNAP) and engaging in letter-writing campaigns in opposition to proposed work requirements, leading calls to action, and sharing resources and information.

In the weeks leading up to and during the 2019 legislative session, the PA Team worked to develop and implement its plan for collective action around these six priority bills, and to ensure that the Cohort had the knowledge and resources it would need to engage meaningfully and effectively. PA Team members provided targeted learning and capacity-building opportunities, and created a variety of tailored resources and tools (see textbox). In developing these tools, the PA Team took into account previous challenges and new tools were designed to better support different organizations and communities to effectively advocate around the issues in general, and the priority policies.

The apex of the Cohort's collective policy advocacy efforts around housing insecurity took place at the February 2019 convening in Denver. During this convening, the PA Team led the convening attendees through a small-group learning activity where they learned about the

## Customized Tools

During the 2019 legislative session, the PA Team created tailored tools based on the prioritized issues and bills, to make it as easy as possible for Cohort organizations to participate and support the issues from a variety of ways and entry points.

- HEA Cohort 2019 Bill Tracker (see Appendix B for a sample template): The PA Team developed this tracking tool to follow legislation—six priority bills and 16 additional bills, all focused on affordable housing and food access—during the 2019 legislative session. The tracker contained links to the bill language, the leads on the bill (Cohort members and network partners), the legislators that sponsored the bill, the status of the bill, links to resources the Cohort created, and Cohort reflections and next steps.
- Fact sheets, action steps, and “how to advocate” resources: For prioritized housing bills, the PA Team developed tailored tools to support Cohort members and network partners to advocate for these issues. The resources provided background information on the bill, summarized why the bill was important from an equity perspective, and outlined light, medium, and heavy lifts organizations could take to support the bill (see Appendix C for an example).
- 2019 Legislative Scorecard (see Appendix D for a description): This scorecard tracked the votes of elected officials on priority bills and other identified bills the PA Team followed in the 2019 session. The scorecard identified legislators from their voting record that are health equity champions, legislators who have growth potential, and legislators that are opponents of health equity issues.
- Housing Instability and Health Equity Research Study: The PA Team commissioned the Colorado Health Institute to conduct a research study on the intersection of health equity and housing instability and their manifestation in various way across the state. The study identified promising policy solutions and recommendations. The [full report](#) was released in August 2019 and will support Cohort members in future efforts around housing advocacy.

*Materials in the appendices are provided as reference and sample materials only. They were created by HEA Cohort grantees and were not authored or used by The Colorado Trust.*

Prioritized 2019 Housing Bills		
Bill Number and Title	Outcome	Description
HB 19-1170: Residential Tenants Health and Safety Act (Warranty of Habitability)	Passed	The bill strengthened the statute that requires landlords to keep their properties in habitable conditions.
SB 19-180: Eviction Legal Defense	Passed	The bill allocated money from the General Fund for eviction defense. These funds will be distributed via a grant program administered by the state judicial department.
HB 19-1309: Mobile Home Park Act Oversight	Passed	The bill provided protections for mobile homeowners. It also created a dispute resolution enforcement program.
Prohibit Source of Income Non-Discrimination	Not Introduced	The bill would have prohibited landlords from discriminating against any lawful source of income to pay for housing.
HB 19-1245: Affordable Housing from Vendor Fee Changes	Passed	The bill changed the vendor fee to create a new funding stream and transferred these dollars to the housing development grant fund. It also required at least 1/3 of funds be used for affordable housing for households with less than 30% of the area median income.
HB 19-1322: Expand Supply Affordable Housing	Passed	The bill allocated funding from the Unclaimed Property Trust Fund to the housing development grant fund to increase the supply of affordable housing.

priority bills and different ways they could engage in advocacy around those priorities. PA Team members shared documents with examples of what engagement could look like at different levels (light, medium or heavy), and then asked each organization to set advocacy goals and develop an advocacy plan that was aligned with their engagement level. Cohort members shared that they appreciated having concrete examples of ways they could contribute that were aligned with where they were in their respective policy advocacy journey. (For examples of these different engagement levels, see Appendix C on page 32.)

During this convening, Cohort members and their network partners were able to also directly engage with legislators around housing issues. The PA Team hosted a panel discussion wherein it invited four legislators (two Democrats and two Republicans, and three of whom were sponsors of the Cohort’s prioritized bills) to discuss issues and policies related to housing security. Real-time interpretation took place during the discussion so that the voices of monolingual Spanish-speaking participants could be fully engaged. Over the course of the discussion, the legislators learned more about the work of the Cohort, and attendees had the opportunity to ask the legislators the targeted questions they had developed together in their small-group sessions earlier that day.

On the last day of the convening, Cohort members and their partners participated in the Health Care Day of Action at the state capitol, hosted by the Colorado Consumer Health Initiative. During this event, participants were able to learn about the legislative process and current health care legislation, hear from health experts, and connect with their legislators so they could communicate their concerns during the legislative session. This day of action at the capitol seemed much more impactful for the Cohort than their previous Health Equity Day effort in 2016, perhaps because the Cohort members were at a different place of readiness for optimizing this opportunity and because they had a team in place that was thoughtful and adept at preparing the Cohort for meaningful participation. Reflecting on the event during a debrief at the convening, multiple Cohort participants expressed gratitude for being connected to partners with a strong knowledge base and who could help them better understand the issues and legislative processes so they could engage effectively. Several indicated that they have greater confidence now in holding their legislators accountable, noting that it was helpful and important to be reminded that legislators work for the people.

## 2019 Policy Wins

The Cohort's collective efforts during the 2019 legislative session were extremely successful: five of the six priority bills ultimately passed and were signed into law by the governor (with one never introduced)<sup>xii</sup>. A PA Team member acknowledged that part of the reason these housing bills passed was not only because of the hard advocacy work by the Cohort and its partners, but also due to the favorable political climate in Colorado during the 2019 legislative session. She added, however, that this should not diminish the Cohort's recognition of its growth and success in building its collective advocacy muscle, nor the hard work of the PA Team in providing the tools, trainings and partners that enabled them all to participate strategically and effectively.

Bolstered by their success in the housing equity arena during the 2019 legislative session, the Cohort members continue to apply the skills, learning and connections they made through their collective advocacy efforts to other health equity arenas. As a Cohort, members are continuing their work around housing advocacy, focusing particularly on monitoring policy implementation and educating directly affected people on the new rights for tenants and mobile home park residents. With significant housing legislation passed and the process of implementation in motion, the Cohort is continuing to address housing issues while also placing more of its energy around food security. Cohort members continue to focus on SNAP and are exploring a potential partnership with an existing coalition focused on ending hunger in Colorado. Some Cohort organizations are also partnering more intentionally with one another, working on issues such as fiscal reform, support for immigrant communities, and increasing Census participation in 2020.

## » OUTCOMES FROM THE JOURNEY

The policy-related achievements of the Cohort members over the course of their work together represent important outcomes. Each are striking in the promise they hold for promoting more equitable outcomes that impact health for all Coloradans. More remarkable, however, are the ways in which the process of learning and practicing advocacy together has fundamentally changed how Cohort organizations approach advocacy. In many ways, these outcomes, sustained and extended to Cohort members' broader networks, hold even greater promise for continued policy wins in the next legislative session and beyond.



## Organizational-Level Change

Through grant reports, Cohort organizations reflected on how their respective organizations emerged from this experience positioned differently to advance health equity goals. For example, a majority of policy advocacy organizations reported being much more thoughtful and intentional around engaging the voices of those most impacted by health inequities in their advocacy work. One staff member of a policy advocacy organization shared that their approach now more purposefully includes the lived experiences of community members, and that they have a “greater respect for qualitative data and stories that convey information often obscured in large data sets.” Another shared that they have been pushed to “think more deeply about community engagement in policy work,” adding that they have a “deeper understanding of how exclusion from the policymaking process reinforces inequity.”

Direct service organizations within the Cohort shifted their thinking to place a higher priority on advocacy. While always deeply committed to serving the needs of their community, the journey of the past few years emphasized the importance of engaging in the policy dialogues that affect clients as a core part of that charge. A couple of organizations described adoption of new organizational policies (replicated from advocacy organizations within the Cohort) to support their advocacy, and one shared that—for the first time in its history—its board adopted a mission statement and strategic goals that explicitly list advocacy as one of its core services.

Finally, Cohort organizations of all types shared that they now incorporate a strengthened health equity lens as well as a race analysis into their advocacy work. Multiple organizations shared that the Cohort “pushed [them] in important ways” to more directly center racial equity in their policy advocacy efforts. Cohort members noted the value of the tools developed through the Cohort that they used to analyze policy proposals. Others shared that they are now more intentional about naming racism as a root cause of poverty and a main driver of health inequities. As one organization staffer put it, this has helped them to “apply a more sophisticated understanding of health equity issues in ways that build the field, foster deeper collaboration within the field, and build public awareness of the barriers to health equity.”

## Strengthened Foundation for Collective Advocacy

Perhaps a more telling indicator of a growing paradigm shift in how health equity advocacy is taking place in Colorado lies in how these changed organizations now work together. At a recent convening, Cohort organizations engaged in a “strategic learning” discussion where they reflected on their policy advocacy work together to date and surfaced specific examples of progress that could be leveraged for future collective advocacy efforts. These include:

“ We are a different organization regarding policy advocacy... We still do not have the capacity to do the level of policy advocacy that we would like, such as following all the bills and responding to all the requests of advocacy organizations for stories and letters to sign onto. However, we are able to think strategically about the few topics we want to focus on, as well as additional bills that arise that would support our clients. ”

~ Direct Service Organization  
Staff Member

- **Strengthened and strategic relationships.** Overwhelmingly, Cohort members agreed that strengthened and strategic relationships with each other and a broader set of advocacy partners was the strongest outcome, as well as a key facilitator of their successful collective advocacy work this year. Participants in the strategic learning session emphasized how these connections gave them access to resources and knowledge that they would not otherwise have had (e.g., policy content knowledge, access to relevant networks, and community stories that could inform advocacy efforts). Cohort members added that learning together and having engaged in extremely difficult and sometimes personal conversations about the root causes of health inequities, as well as the disproportionately negative impacts on diverse communities, ultimately resulted in a strong foundation of trust and understanding. This, in turn, fueled Cohort member advocacy efforts and supported their ability to move together effectively.
- **Shared language and replicable tools.** Investments in advocacy capacity building were described as also resulting in shared language and replicable tools to promote and advocate for policies that promote health equity. As a core example, many pointed to how the Cohort has become more adept in incorporating a racial lens in its policy analysis and communications. The Cohort’s policy advocacy organizations are also now much more aware of the exclusionary nature of the language around policy advocacy, and have been mindful about their use of jargon and the need to continuously translate into lay language. Multiple Cohort members shared that the tools developed by the PA Team (particularly those developed in service of collective advocacy around the priority bills from the 2019 legislative session) were thoughtfully designed to help a wide range of Cohort members to more quickly understand the content and impacts of proposed legislation, and share that information with their partners and communities.
- **Inclusive approach to collective advocacy.** Finally, many also recognized the larger promise of what they have built together. Given the siloed nature of how Colorado organizations were operating previously, a huge success has been the inclusive approach to collective advocacy that leverages the assets and collective power of diverse partners. Unlike at the beginning of the initiative, Cohort organizations are now able to clearly articulate—and act upon—the unique strengths they each bring in service of a collective advocacy goal. When asked to name the strengths of each of the different types of Cohort organizations during the strategic learning session, a wide array of strengths was named. The most common strengths associated with policy advocacy organizations included their experience and knowledge of the policy arena and the administrative processes associated therein, as well as the ability to navigate policymaking power structures. Community

“ Prior to being part of the HEA Cohort, we simply wouldn’t have had connections with [statewide policy advocacy] organizations—and wouldn’t have understood how to move a statewide project forward. We might have been able to support residents on small-scale work in our community, but would have struggled to move state-level work forward. Being part of the Cohort has helped us believe that we can have an impact at the state level—and understand the steps we can take to be effective on state-level policy work. ”

~ Community Organizing Organization  
Staff Member

organizing groups were appreciated for their ability to lift up community voice, build power, and for their efforts in community leadership development. Direct service providers were also valued for their ability to lift up community voice, their on-the-ground experience, and their ability to provide resources and support to families. One participant shared that their collective advocacy success during the most recent legislative session was proof that the Cohort has become a “well-oiled machine” that can engage in advocacy on a number of health equity issue areas.

“ Working with the Cohort, especially on the Policy and Advocacy Team, has reinforced the fact that, being a policy advocacy organization, we must connect with partners and broaden our scope to use the data and analysis we produce to lift up those populations most affected. ”

~ Policy Advocacy Organization  
Staff Member

## Learning for the Broader Field

Perhaps the greatest outcome of the HEA policy advocacy journey—beyond specific policy wins, organizational change, and even the structures and processes that lay the groundwork for their continued advocacy—is the abundance of learning that has emerged from their experience. When shared, replicated and adapted, the lessons from the Cohort’s journey may serve as a useful catalyst for others engaged in similar endeavors, and ultimately contribute to the broader movement toward health equity for communities across the country that are disproportionately feeling the impacts of health inequities.

Recognizing that few are engaged in health equity advocacy as part of a larger field-building effort, the following represent some of the core learnings related to a key theme of the Cohort’s journey: collective engagement that fully leverages a range of diverse partners can ultimately shift the paradigm of whose voices drive and advance policy in the state. To that end, the following were articulated by Cohort members and their partners as the key facilitators of effective, collective engagement that can be implemented in large-scale or small-scale collective, equity-focused advocacy:

- **Ensuring accessibility for all.** In order to encourage participation, it is important to understand and address barriers to participation. Being mindful of things like accessibility of facilities and resources for people with disabilities, making an effort to avoid using political jargon, assuring bilingual or multilingual access at important meetings, having all key documents translated into Spanish (or whatever language is appropriate given the community demographics), and providing necessary supports (including but not limited to child care) enabled Cohort members and network partners to more fully and meaningfully participate in advocacy activities.
- **Focusing on diverse representation within decision-making bodies.** Diverse representation on the PA Team helped to assure that advocacy goals, strategies, activities and resources were relevant, understandable, and useful to a diverse array of participants and users.
- **Investing in coordination tools.** Multiple Cohort members shared that it was helpful to have an online platform to coordinate and manage their work and their communications. The Cohort uses an online project management and communications platform to coordinate

its work. While there was a great deal of frustration and resistance around using it when it was first introduced, Cohort members now see strong value in having a platform outside of emails that makes it easier for them to communicate with one another and to track their work. Another particularly useful feature is that it serves as a central place where all documents, notes and materials can be stored and easily accessed.

- **Hiring consultants.** Hiring experienced consultants that are dedicated to supporting the Cohort in meeting its objectives has been critical to the Cohort’s success in multiple arenas, including advocacy. Being able to lean on consultants to take on certain aspects of the work enabled the Cohort to focus on learning and moving together, rather than spread themselves thinly in an effort to “do it all” themselves (i.e., build an infrastructure, grow the field, engage in advocacy, build their own advocacy capacity and the capacity of others, etc.)
- **Having financial resources to support the work.** While this may seem obvious, it is important to explicitly state and underscore the importance of having financial resources to support collective advocacy work. The HEA strategy not only provided the Cohort with sufficient funding to support its work, but as a grantee-driven initiative, it also empowered the Cohort to deploy those resources in ways that best served its collective goals. Moreover, having dedicated resources to support Cohort efforts made it possible to create dedicated space for strategic relationship building and cultivating trust, which Cohort members emphasized was critical to their success. Cohort organizations repeatedly mentioned that multi-year general operating support enabled them to dedicate necessary staff time and resources to the Cohort activities. Both the general operating grants and the resources for Cohort-wide activities, such as consultants and convenings, contributed to the success of the work.
- **Practicing together.** From the beginning, Cohort members insisted that part of their work together must include opportunities to practice advocacy together. They recognized then that it was not enough for them to come to understand what strengths they all possessed and could potentially bring to health equity advocacy efforts, but that they needed to make real that potential through practice. This allowed them to better align their strengths with others so that they could more tangibly see how to move effectively together.
- **Embracing a learning mindset.** A key reason behind the Cohort’s successful advocacy efforts during the 2019 legislative session was the willingness to experiment, which allowed for new and creative solutions, as well as to name and learn from missteps. Fostering a supportive culture that encourages experimentation and sincerely embraces failure as a learning opportunity is essential to bringing about this willingness to learn. Moreover, given traditional grantee/funder dynamics—wherein grantees can feel compelled to focus only on successes in order to demonstrate a “return on investment” to funders—it is especially important for funders to recognize the role they play in promoting this mindset. The Cohort made it a practice to work with its evaluation and learning partners to use evaluation findings to both reflect on successes and consider ways to improve its efforts. The Trust served as a supportive partner in these efforts, continuously focusing on learning and the ways in which it could support the Cohort as it tried out new strategies or made adjustments to current ones.



» **THE ROAD AHEAD**

The journey to ensure equitable health outcomes for all Coloradans is far from over. Cohort members are under no illusion that the road ahead will be easy, or that, by virtue of the past year's success, they have found the "formula" for policy advocacy success going forward. Rather, what has been learned from their experiences together over the past five years runs much deeper. It lies in new thinking about how to harness the power of diverse partners to advance change, in the depth of relationships built across the state, in the tools developed and the strategies and tactics piloted. Assuming that some of what has been built can be sustained, the hope is that capacity investments made in these areas will result in dividends going forward, as partners are poised to act in moments of threat or as new policy windows of opportunity arise.

» **APPENDICES**

*Materials in the appendices are provided as reference and sample materials only. They were created by HEA Cohort grantees and were not authored or used by The Colorado Trust.*

» **APPENDIX A: HEALTH EQUITY ASSESSMENT OF POLICIES AND LEGISLATION**  
 (provided by the Center for Health Progress, a HEA Cohort member)

The following set of questions was developed by the HEA Cohort of The Trust to assist organizations in assessing a potential policy (including organizational policy, local policy, regulations or legislation) for health equity impact. Health equity means that all individuals, regardless of race, gender, sexual orientation, or other personal characteristics, have equal opportunity to be healthy (achieve complete social, emotional and physical well-being).

This document refers repeatedly to the "social determinants of health." The social determinants of health are all of the environmental factors that influence a person's well-being, including (but not limited to) housing, food, education, economic opportunities, transportation, public safety and social support. All users of this tool are urged to consider all impacts on individuals as a potential impact on health.

To the greatest extent possible, affected communities should be engaged in the use of this tool to evaluate a policy. This document is intended as a guide to generate further conversation.

- 1 What does the policy intend to accomplish? What are the arguments for and against the policy?
- 2 Does the policy have an intentional impact on health or one or more of the social determinants of health? Consider both long-term and short-term impact.
- 3 Does the policy have an unintentional impact (adverse or positive) on health or one of the social determinants of health? Consider both long-term and short-term impact.
- 4 What populations are impacted by the policy? How big is the population?
- 5 How much will the policy impact the social determinant of health in the affected population (large impact, medium impact, small impact)? What data is available? What data would be helpful that isn't available? What does the data indicate?
- 6 Will it have a different impact across races and ethnicities? Does the bill increase or reduce current disparities or support integration of people across racial, ethnic and socioeconomic communities?
- 7 Were affected populations (i.e., communities of color) involved in the policy development? What other stakeholders are impacted and which of these stakeholders are actively engaged in the policy?
- 8 Does the policy contain processes to ensure ongoing and meaningful input from affected communities throughout the implementation process?
- 9 Does the policy have the right resources (financial and otherwise) to be effective?
- 10 Could the policy be revised to better impact the social determinants of health?

*(Appendix A continued)*

- 11 How will the implementation of the policy be monitored and evaluated? How will success be measured? Will results be measured by race and ethnicity?
- 12 What is the feasibility of changing the policy? How strong is the support for the proposed policy? For example, who are the sponsors?
- 13 Is this issue relevant to our mission?
- 14 Is the issue urgent?

» **APPENDIX B: BILL TRACKER SAMPLE TEMPLATE**

Bill	Leads	Issue	Sponsors	Process	Notes/ Resources (usually linked, but provided here as types of examples only)	Reflections (elements of final legislation/ next steps)
<p><b>Warranty of Habitability (HB 19-1170)</b></p>	<ul style="list-style-type: none"> <li>■ 9to5 Colorado</li> <li>■ United for a New Economy</li> <li>■ Enterprise Community Partners</li> </ul>	<p>Strengthen statute that requires landlords to keep their properties in habitable condition</p>	<p><b>House:</b> Jackson, Weissman</p>	<p>PASSED</p>	<ul style="list-style-type: none"> <li>■ Fact sheet</li> <li>■ Action steps</li> <li>■ Petition</li> </ul>	
<p><b>Source of Income Non-discrimination</b></p>	<ul style="list-style-type: none"> <li>■ Colorado Coalition for the Homeless</li> <li>■ Colorado Center on Law &amp; Policy</li> </ul>	<p>Prohibit landlords from discriminating against any lawful source of income</p>	<p><b>House:</b> Herod <b>Senate:</b> Fields</p>	<p>Dropped (bill won't be introduced)</p>	<ul style="list-style-type: none"> <li>■ Fact sheet</li> <li>■ Equity summary + how to advocate</li> </ul>	
<p><b>Expand Notice Before Eviction (HB 19-1118)</b></p>	<ul style="list-style-type: none"> <li>■ Colorado Coalition for the Homeless</li> <li>■ Colorado Center on Law &amp; Policy</li> </ul>	<p>Expand notice before eviction from three days to 10 days</p>	<p><b>House:</b> Jackson, Galindo <b>Senate:</b> Williams</p>	<p>PASSED</p>	<ul style="list-style-type: none"> <li>■ Fact sheet</li> <li>■ Legislator call script</li> <li>■ Social media toolkit</li> </ul>	<p>Amendment for landlords with five or fewer properties</p>



## » APPENDIX C: SOURCE OF INCOME NON-DISCRIMINATION EQUITY SUMMARY AND HOW TO ADVOCATE DOCUMENT

### ISSUE

Many Coloradans face homelessness, job loss, financial ruin and illness because they can't afford an attorney when their landlord files to evict them. Evictions regularly result from small rent balances or unfair landlord practices and, in these situations, lawyers can provide the best chance of keeping people in their homes. But, while landlords are almost always represented by an attorney in eviction proceedings, tenants almost never have a lawyer. As a result, many people do not have access to a just legal process before they lose their housing. In Denver, as is the case elsewhere, evictions are most prevalent in neighborhoods where longstanding communities of color are being displaced. Thus, lack of access to justice in eviction proceedings has a disproportionate impact on those communities that have long been targeted by redlining, divestment, and other forms of institutional and systemic racism.

### SOLUTION

Colorado should fund legal services for low-income people facing eviction. We will not have just eviction proceedings in Colorado until we ensure that tenants have access to legal representation. Ensuring access to justice will help ensure that tenants are not evicted when the law is on their side or when alternative arrangements can be reached with their landlord. This is critical to limiting the extent to which eviction contributes to homelessness, and the devastating financial and health consequences that come with it and that trap people in poverty.

### CONTEXT

Too many Coloradans are struggling to afford housing. This is connected directly to systemic factors that leave people without enough income to afford basic needs. While growth in the overall number of jobs has been strong since the end of the recession, a growing proportion of those jobs pay low wages, though cost of living continues to rise. Moreover, work opportunities are not available to all in a system that discriminates against people who have a criminal record and that fails to provide quality educational opportunities for every child and necessary supports for people with disabilities. The possibility of eviction leaves people with low incomes and that are facing displacement particularly vulnerable to losing their homes. Legal representation can prevent this from happening when it is unfair or unnecessary. This will keep more Coloradans in their homes and out of crisis and will contribute to stronger, healthier communities for all.

### TALKING POINTS

#### Tenants in eviction proceedings lack access to justice.

- A study that reviewed 93,000 Denver eviction cases found that 89% of landlords in those cases were represented by a lawyer while less than 1% of tenants had an attorney.
- The study also found that in eviction cases filed by the Denver Housing Authority (DHA) between 2014 and 2016, only 2% to 3% of tenants were represented by an attorney. In contrast, DHA had legal representation in 100% of cases.
- The study also found that in evictions filed by certain private landlords between 2014 and 2016, tenants were represented by a lawyer in only 1% to 2% of cases. In contrast, the private landlords had legal representation in 100% of cases.

### **Access to an attorney improves outcomes for tenants.**

- In the eviction proceedings filed by DHA between 2014 and 2016, nearly half (43%) of unrepresented tenants lost possession of their home. In contrast, almost all (86%) of the few tenants that had an attorney were able to keep their housing.
- In eviction proceedings filed by certain private landlords between 2014 and 2016, over half of unrepresented tenants (68%) lost their residence. In contrast, almost all (94%) of the few tenants that had a lawyer were able to stay in their homes.
- Without access to legal counsel, tenants often unnecessarily sign “stipulation and order” agreements that require them to vacate their housing in a timeframe that increases their vulnerability to homelessness and the financial ruin and illness that often come with it.

### **Eviction causes people to fall deeper into isolation and poverty.**

- In addition to losing their housing, people who are evicted often lose possessions left in the home because that property is left outside and stolen, or because they can't afford the fees associated with reclaiming that property.
- People who are evicted also lose access to community resources, like social support networks and school communities.
- Evictions result in public court records that damage credit and make it harder for people to find a landlord that will rent to them.
- Studies show that evictions cause job loss. The stressful and drawn-out process of being forcibly expelled from a home causes people to make mistakes at work. It is also more difficult to maintain a job without stable housing.

### **Evictions harm health and worsen health disparities.**

- Eviction has been shown to harm mental health. One study found that mothers who experience eviction reported higher rates of depression two years after their move.
- Multiple moves within the previous year are negatively associated with mental health, ability to cope with stress, children and parent interaction, social relationships and sleep.
- Low-income women, especially women of color, have a higher risk of eviction.

(Appendix C continued)

### WAYS TO ENGAGE IN ADVOCACY EFFORT

<p>LIGHT LIFTS</p>	<ol style="list-style-type: none"> <li>1. Sign on to the list of organizations supporting legislation</li> <li>2. Call your legislators</li> <li>3. Share the bill/fact sheet and indicate your support to your network</li> <li>4. If you serve clients, track relevant stories (e.g., people facing eviction without a lawyer)</li> </ol>
<p>MEDIUM LIFTS</p>	<ol style="list-style-type: none"> <li>1. Arrange for someone (or a few people) to testify in support</li> <li>2. Host an email writing or calling party to get between 5 and 20 people to call key legislators and ask for their support</li> <li>3. Host an email writing or calling party to get between 5 and 20 people to reach out to governor and ask him to sign the bill and have a signing ceremony</li> <li>4. Share outreach materials in your community if bill passes</li> <li>5. Do outreach in your communities to find relevant stories</li> </ol>
<p>HEAVY LIFTS</p>	<p><b>For local organizations</b></p> <ol style="list-style-type: none"> <li>1. Meet with your county commissioner to ask them to personally support this with data from your community that you compile, or work with the Colorado Center on Law &amp; Policy to compile</li> <li>2. Meet with your local housing authority to ask them to support this with local data</li> <li>3. Take a policymaker to eviction court in your local area and point out disparities</li> </ol> <p><b>For statewide organizations</b></p> <ol style="list-style-type: none"> <li>1. Commit to getting at least 100 calls or emails to legislators, hitting all legislators on key committees and leadership, and preferably all legislators from a constituent</li> <li>2. Commit to gathering 50+ signatures on a letter asking the governor to support</li> <li>3. Share info on the bill at each step on your website and all of your social media platforms. If bill becomes law, do the same with regards to education</li> </ol>

**Note:** The degree of “lifts” is subjective and context-dependent; some organizations may find that it is easier or more feasible to complete a heavy lift than a light lift, for example.

» **APPENDIX D: SCORECARD DESCRIPTION**

**HEALTH EQUITY ADVOCACY SCORECARD**

**What:** The scorecard is a tool used to score legislators based on their votes on select health equity-related bills of interest in a legislative session. Because of its political nature, the HEA Cohort has chosen not to share their scorecard publicly. However, we do provide information below for those interested in creating their own scorecards.

**Why:** This tool illustrates how legislators voted on specific bills with health equity impacts, in order to identify trends within each legislative chamber and which legislators show signs of being a health equity champion. This information is to be used to help develop strategies for influencing health equity in Colorado. If shared publicly (which the Cohort chose not to do), it also has utility as an accountability tool.

**Who:** Any group with shared interests can identify bills of interest and create a scorecard for their own purposes.

**How:** For purposes of transparency and ease of understanding, the Cohort set up a very simple scoring system. Votes on bills of interest are tracked. A percentage “score” for each legislator is calculated by dividing the number of votes in support of health equity by the total number of health equity bills being tracked (minus those for which the legislator did not vote or was excused) and multiplying by 100. Higher scores indicate greater support for health equity-related legislation. Others interested in creating their own scorecards might consider weighting bills according to priority or interest, adding points for bill sponsorship, or scoring on a curve within each political party.

**Legislators can be categorized in at least two ways:**

- Supporters vs. opponents vs. growth opportunities
  - “Supporters”: voted in favor of all selected bills (or, in some cases, voted against bills that would have been negative for health equity).
  - “Opponents”: voted against all selected bills (or, in some cases, voted in support of bills that would have been negative for health equity).
  - “Growth opportunities”: legislators that voted for at least one but not all selected bills. Their support for health equity has potential to grow.
- By grade
  - A = Score of 91-100%
  - B = 81-90%
  - C = 71-80%
  - D = 61-70%
  - F = 60% or less

*(Appendix D continued)*

**Where:** The HEA Cohort created a scorecard using Google Docs. This application allows for access to be restricted or limited. It also allows for the creation of drop-down menus to facilitate use. For example, the HEA Cohort had a sheet with a drop-down menu for counties that would bring up the local legislators and show their health equity scores. The Google Docs application also has potential for the generation of creative data visualizations to increase understanding of legislative support for and opposition to health equity across geographies.

### **Additional considerations and limitations:**

1. Not every bill on the list will make it all the way through the legislative process, so some of the bills only list committee votes or have votes from one chamber.
2. Not every health equity bill heard in any one session is likely to be included, so the score should be looked at as one piece of helpful data about legislative champions and trends, and not an actual score on all votes in a given year.
3. The votes tracked by the HEA Cohort were only the last action that legislators took on the bill (meaning third readings for bills that made it through the entire process), so their scorecard does not take into account any legislators who may have changed their votes at multiple opportunities.
4. HEA Cohort member Center for Health Progress has an [example scorecard on their website](#). Please contact [Sarah McAfee](#), Director of Communications at Center for Health Progress, with any questions about the scorecard.



## » ENDNOTES

- i The diversity of Cohort members was reflected not only in their organizational type but also in terms of their scope (e.g., statewide, regional or local); geographic location (rural or urban communities throughout Colorado); as well as in the range of target populations represented and served.
- ii In addition to general operating grants ranging from \$180,000 to \$200,000, the HEA strategy also included more than \$1,000,000 in set-aside resources that Cohort members could access for capacity building and/or rapid-response capacity needs.
- iii For more information on the Cohort's efforts to build racial equity capacity within themselves and across the field, please see SPR's learning paper, *Centering Race in Health Equity Advocacy: Lessons Learned*, available on The Trust's website.
- iv An executive director from a rural-focused direct service organization in the Cohort was on the Health Equity Commission at the time and helped to encourage Cohort participation. Participation was not mandatory; however, Cohort members who wished to participate were supported through HEA technical assistance funds.
- v Strategic advocacy funds support Cohort members in individually or collectively pursuing time-sensitive, urgent and unanticipated strategic policy advocacy, technical assistance or field building.
- vi Count Me In! was a civic engagement effort focused on educating communities on issues they might see in their voter ballots. An overarching goal of this collaborative effort was to spark community conversations about the power people have to influence public investments that shape their communities.
- vii 9to5 Colorado is a grassroots organization that combines advocacy, public education and leadership development to achieve economic justice.
- viii SPR has produced a number of reports that document the Cohort's progress in creating a strong foundation for the health equity advocacy field as well as Cohort organizations' capacity to serve as anchors in the field. These reports can be found on The Trust's website.
- ix The Cohort had just voted on a new infrastructure model that included the development of teams focused on driving core functions of the Cohort's work. The Cohort currently has four function teams: the Racial Equity Team, the Policy and Advocacy Team, the Communications and Messaging Team, and the Community Leadership Committee.
- x In 2017, the Cohort devised and implemented the Network Strengthening Grant Strategy, which was designed for Cohort members to expand networks for field building through formal funding relationships with a set of strategic partners. Each Cohort organization was able to nominate organizations to serve as "network partners" and given up to \$20,000 to distribute to those partners. Network partners tend to have areas of expertise that are aligned with or complement those of the Cohort. They are invited to Cohort convenings and to participate in capacity-building opportunities with the Cohort, and they often collaborate with the Cohort on joint advocacy activities.
- xi The Cohort's Racial Equity Team developed a vision and framework to articulate its goals, guide the team's work and help it stay focused on its goals. This is documented in the learning paper focused on racial equity capacity-building efforts that was referenced previously.
- xii The proposed Prohibit Source of Income Non-Discrimination bill was never introduced. As noted in the textbox on prioritized housing bills, this bill would have prohibited landlords from discriminating against any lawful source of income to pay for housing.



**THE  
COLORADO  
TRUST**

1600 SHERMAN STREET  
DENVER, COLORADO 80203  
[WWW.COLORADOTRUST.ORG](http://WWW.COLORADOTRUST.ORG)

**PHONE:** 303-837-1200  
**TOLL FREE:** 888-847-9140  
**FAX:** 303-839-9034

"The Colorado Trust" is registered as a trademark in the U.S. Patent and Trademark Office. Copyright December 2019. The Colorado Trust. All rights reserved. The Colorado Trust is pleased to have organizations or individuals share its materials with others. To request permission to excerpt from this publication, either in print or electronically, please contact Julian Kesner, Vice President of Communications, [Julian@ColoradoTrust.org](mailto:Julian@ColoradoTrust.org).