



# Toward Health Equity in Colorado

Supporting Resiliency in the Health Equity Advocacy Field

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## Executive Summary

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2020 marked the final year of the **Health Equity Advocacy (HEA) Strategy**, a multi-million dollar, seven-year initiative aimed at building a new field focused on health equity advocacy. This final year of the initiative was designed to create a space for closure for the 18 funded partners of the HEA Cohort and to support their transition out of this initiative. The Cohort also intended to use this final year to cement the gains HEA partners had achieved and support resiliency of the field so the work could continue going forward. However, this final year was also a year of significant upheaval caused by the COVID-19 global health pandemic, unprecedented wildfires in Colorado, and racial justice uprisings in response to continued policy brutality against people of color. Many of the original plans laid by Cohort members were upended or significantly altered as they were impossible to implement within this context, and as Cohort organizations' capacities were further stretched in their efforts to provide COVID-19 rapid response support to their communities. In this final year, the Cohort demonstrated its own resiliency as it adapted to context, shifted strategies, and made progress even in the face of tremendous challenges.

### *Supporting Resiliency: What was Accomplished*

To support field resiliency in this final year of the initiative, the Cohort focused its efforts on building collective capacity for change and health equity advocacy alignment. Efforts to **build collective capacity for change** included sponsorship of 20 **racial equity capacity-building activities** focused on deepening the capacity of Cohort and field members in their knowledge and understanding of racial equity and widening the audience for racial equity capacity-building opportunities, with a particular focus on rural communities and Spanish-speaking field members. It also included the design and implementation of a **Health Equity Advocacy Summit Series**. Originally designed to be an all-day, in-person convening, the Cohort—with significant support from its facilitator partner—shifted the design to a four-month series of 11 interactive trainings, discussions, and presentations with national and Colorado-based leaders, ultimately reaching 559 attendees.<sup>1</sup> The sessions were designed around the themes of advancing policy, healing toward action, and changing the narrative around race equity.

While COVID-19 made it challenging to achieve specific advocacy wins, the Cohort was still able to make progress in **health equity advocacy alignment**. Efforts in this arena included **information sharing around priority advocacy topics**, as the Cohort hosted four informational webinars on food and housing security; **continued capacity building around health equity advocacy messaging**, by engaging a communications consultant to support at least six Cohort organizations with media and communications training; **providing leadership in equity-focused coalitions and tables around recovery efforts**, such as the Governor's COVID-19 Health Equity Response Team, Left Behind Worker's Fund, and the Navigating Budget Cuts Coalition; **servicing as a resource and information hub for the Cohort**, where Cohort members could continue to leverage relationships and gain knowledge about developments at the Capitol or get connected to resources during regularly scheduled bi-monthly meetings, and; **making a shared commitment beyond 2020**, as the Cohort decided to continue the policy advocacy update meetings into 2021, even after the end of the HEA Strategy.

In addition to providing resources for supporting field resiliency, this final year of support also helped with Cohort members' **organizational resiliency**. Cohort members shared that having some degree of financial support and continued partnership with The Trust and other Cohort members in this last year enabled some organizations to “stay afloat” and adjust financially during an unpredictable and unstable year. Some shared that having an extra year of support gave them more time to fully integrate health

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<sup>1</sup> This number represents only those that attended the live sessions. Actual audience reach is likely higher, as the sessions were recorded and are accessible via [The Colorado Trust's website](#) for those who could not make it to the sessions at the time they were conducted.

equity advocacy into the work of their organizations, while others noted how important it was to be able to see the work through to the 2020 elections. Finally, some Cohort members shared that the final year of support helped them achieve closure with both the initiative and The Trust, and solidify relationships that they formed over the course of the HEA Strategy. By and large, these relationships were named as one of the most important outcomes of the HEA Strategy and something that Cohort members noted would endure beyond the sunset of the initiative.

### ***Looking Back: Learnings for the Field***

While Cohort members achieved multiple successes over the course of the initiative, their journey together was by no means smooth. As they reached the end of the HEA Strategy, Cohort members offered some thoughtful advice around approaching equity-focused advocacy and field building:

- Advocacy partners must have a shared understanding of “health equity,” one which acknowledges the importance of addressing racial equity and racial justice in efforts to achieve health equity.
- Meaningfully engaging communities most impacted by health inequities in policy advocacy is essential, but it is also difficult to do and may result in progress that “looks different” or could be harder for funders to “see.” Therefore, engaging in health equity advocacy may also require a willingness to re-examine mainstream notions of advocacy “success” and “progress.”
- Field building requires long-term investment support. This is particularly critical in an effort as ambitious as HEA, which not only endeavored to build an entirely new field, but also aimed to engage in policy and systems change, create meaningful paths of engagement for affected populations, address racism at multiple levels and shift traditional funder-grantee dynamics toward a model of power sharing.
- Investments in infrastructure and capacity building are essential to the success of complex, equity-focused, field-building efforts. These investments enable grantees to focus more squarely on the actual work of field building and field strengthening (rather than on administrative aspects of the work).

Though The Colorado Trust worked actively throughout the initiative to yield and share power with grantees, at the end of the HEA Strategy, the Cohort members and partners noted that it was time for The Trust to actually *assert* its power. Many shared the belief that the initiative ended too soon and expressed a desire for The Trust to use its influence to encourage other funders to continue supporting health equity advocacy efforts. At the same time, even as Cohort members emphasized the need for more funding and more time for an initiative as ambitious as the HEA Strategy, and even as they expressed concerns about how to “keep the fire alive” and how to prevent equity from becoming an “empty political buzzword,” they also recognized that important things would endure. These include their shared values, the formidable and strategic relationships they made over the course of this journey together, the individual and organizational transformations that occurred because of intentional capacity building and the rich—and sometimes painful—experiences they shared with one another. HEA Cohort members expressed deep gratitude for the opportunities afforded to them through this initiative—for the opportunity to learn together, to practice, to make mistakes, to work through tensions in a healthy way, to celebrate their victories, and to have built a strong network of allies on which they will continue to lean to support their work as individuals, as organizations, and as a field.





# The Health Equity Advocacy Strategy

In recognition of persistent health inequities facing Colorado’s diverse populations, in 2014, The Colorado Trust (“The Trust”) launched the **Health Equity Advocacy (HEA) Strategy**, a multi-million dollar, multi-year initiative aimed at supporting health equity advocacy through a field-building approach. Aligned with the foundation’s vision for “all Coloradans to have fair and equal opportunities to lead healthy and productive lives regardless of race, ethnicity, income, or where we live,” this approach was also predicated on a belief about the power and potential to build the long-term capacity of a field of diverse partners who can shape and capitalize on critical health equity policy opportunities, and ultimately influence change that leads to equitable outcomes for the state’s diverse populations.

The HEA Strategy was groundbreaking in a number of ways. First, field building was new territory for The Trust. While the foundation had historically funded advocacy efforts, it had never invested in field building. Second, this strategy aimed to build an entirely new field. This was especially challenging, given that there was no blueprint nor guidelines for how to do this. The literature on philanthropic-supported, field-building efforts focused on strengthening existing fields, not building new ones. Finally, The Trust made the HEA Strategy a grantee-driven initiative. This gave grantees the power to design and implement the initiative, as well as to direct the distribution of resources. This was an entirely new model of funding for The Trust, serving as a way for the foundation to experiment with power sharing, to upend traditional funder-grantee dynamics, and try out a new way of being in relationship with grantees.

## Overview of the HEA Strategy: Phases 1 – 3

The HEA Strategy unfolded in phases. The [first phase](#) (2014) served as a planning phase designed to unpack assumptions behind this approach going forward, foster relationship building across diverse stakeholders, identify what capacities and skills needed to be developed to strengthen health equity advocacy work, and consider how best to improve coordination and collaboration to advance shared health equity goals.

The [second phase](#) (2015-2016) provided an opportunity for 18 funded organizations (“the Cohort,” see Appendix A for organization names and missions) to build the foundation necessary for them to engage effectively in health equity advocacy field building—both as individual organizations and as a collective group. During this phase, the Cohort’s efforts were focused in three main areas: purpose alignment, infrastructure development, and capacity building. To solidify alignment of purpose, Cohort members developed a shared understanding of field building, defined their collective work, and articulated a shared vision that lifted up their values for centering race and racial equity in health equity work. In terms of infrastructure development, the Cohort established processes and structures for managing and disbursing Cohort resources, and for carrying out its collective work. Finally, the Cohort made dedicated investments in building its capacity, primarily in two key areas: building Cohort members’ racial equity lens, and their advocacy knowledge and skills. The Cohort’s efforts resulted in stronger organizations with a clear equity focus, stronger relationships and trust across Cohort members, and a greater sense of unity anchored by a shared vision for health equity that held race at the center. Phase 2 also saw more collaborative research and advocacy efforts across some Cohort members, though the Cohort had not yet successfully engaged in collective advocacy that involved all members.

The [third and final phase](#) of the HEA Strategy (2017-2019) focused squarely on active field building, as the 18 funded partners of the HEA Cohort worked to build a robust field of health equity advocates. This phase was characterized by unprecedented levels of field-level capacity building, coordination, and collective action to advance health equity policy aimed at ushering in change for Colorado’s diverse communities. The HEA Cohort and its partners ultimately achieved meaningful traction from their efforts.

Over the course of just three years, coordinated and community-centered advocacy supported key legislative wins. Hundreds of diverse community leaders throughout the state engaged in health equity-focused trainings and workshops to bolster the strength of their voices at the fore of policy discussions that affect them, and the HEA Cohort saw the fruits of its efforts to influence statewide narratives around centering race in health equity work. Fueled by its successes, the Cohort was gaining a strong sense of momentum, and by the close of Phase 3, HEA Cohort organizations were clearly positioned as field leaders, in deep relationship to each other and to a broader, extended network of partners poised to continue the fight for health equity in the state. Yet, as Phase 3 was coming to a close, The Trust announced that it was moving in a different direction and would sunset the HEA Strategy; however, it would give grantees one more year of support and funding (at significantly reduced levels) to help build resiliency in the health equity advocacy field, as well as support Cohort organizations with the transition.

## 2020: The Resiliency Year

The decision to add a year for building field resiliency resulted in large part from The Trust’s recognition that there had not been a clear articulation of an “end date” for the HEA Strategy as the initiative was unfolding. At the launch of the strategy, The Trust committed to funding a planning phase and a second phase that encompassed two years of implementation. The addition of the third phase of HEA was the result of a collaborative effort by the Cohort and Trust staff to extend the life of the initiative so that the Cohort could lean on the infrastructure supports and learning from Phase 2 in service of more active and externally-facing, field-building efforts. Thus, particularly given the successes and momentum of Phase 3, disbanding the partnership that had been built over the course of five years seemed abrupt and premature. Trust staff recognized that it needed to create an “offramp” for the HEA grantees and provided a final year of support, with significantly reduced general operating grants (\$30,000 general operating support per organization, compared to approximately \$200,000 per organization during Phase 2 and approximately \$400,000 per organization during Phase 3), a pool of funds to support field-building activities, and continued support from Trust staff and consultant partners. The hope was that this additional year would give the Cohort space for a healthy closure and for Cohort members and their organizations to process the adjustment both personally and financially. As noted by Trust staff, the intention was to “create space for people to process how they’re going to transition out of the strategy—as people and as organizations.”

While much of the intention behind this final year was to support organizational resiliency and to try to avoid the harms caused by the “funding cliff” that is often created at the end of funding initiatives, Cohort members were also concerned about resiliency of the field. Recognizing that the road ahead would likely still span *decades* to achieve the level of equity to which the Cohort aspired, it felt important to intentionally cement the gains HEA partners had achieved, and to support resiliency of the field so that it could continue building upon the work going forward.

### The Resiliency Year Evaluation

Social Policy Research Associates (SPR) has served as the evaluation and learning partner for the HEA Strategy since its launch in 2014. In this role, SPR has had the dual priority of (1) evaluating strategy-level progress, and (2) providing learning that both supports strategic implementation of the HEA Cohort’s work and offers insights from their experience for the broader field of social change philanthropy. The findings in this report are informed by the following:

- **Document review and Summit observations.** SPR reviewed documents that summarized the Cohort’s objectives and progress including HEA Summit registration data, HEA Summit and training evaluations, posts and conversations on Basecamp (an online collaboration space), and

meeting notes from function teams (Cohort subcommittees). SPR also observed all HEA Summit sessions.

- **HEA Cohort grant reports.** SPR conducted a comprehensive analysis of 2020 HEA grant reports. These focused on the Cohort's progress toward HEA outcomes in 2020 and reflections and lessons learned through participating in the HEA Cohort.
- **HEA Cohort and stakeholder interviews.** SPR conducted one-hour virtual interviews with all 18 HEA Cohort organizations, interviews with three staff from The Trust, and interviews with two HEA facilitators to gain a deeper understanding of the work of the Cohort in 2020 and final reflections on the HEA Strategy. See Appendix B for a full list of interview respondents.

The remainder of this report consists of two sections: *Building Field Resiliency*, which describes the Cohort's work in 2020, and *Final Reflections*, which offers concluding thoughts and reflections on the HEA Strategy from HEA Cohort members, partners, and Trust staff.

## The Final Year: Building Field Resiliency

This section focuses on the HEA Cohort’s efforts in 2020 to build resiliency in the Health Equity Advocacy field. Given the reduction of scope and resources in this final year, at the onset, Cohort members recognized that they would not have the capacity to engage in field-building activities at the same level of intensity as in previous years. Thus, for its final year, the Cohort collectively decided to focus its efforts in two outcome areas (out of the five identified in the [HEA guiding framework<sup>1</sup>](#)) where it had not only invested significant efforts to date, but also where it had demonstrated the most traction. These two areas serve as core building blocks for a thriving, resilient field of health equity advocates in Colorado:

- Promoting **collective capacity for change** through strengthened equity organizations and field-level resources and infrastructure to optimize connectivity and support aligned advocacy; and
- Health equity advocacy **alignment, coordination, and collective action** to challenge power and policy to advance shared interest.

To achieve progress in these areas, at the final convening of Phase 3 in October 2019, the Cohort collectively decided on its structure and workplan for 2020 to be carried out through workgroups called function teams. This workplan encompassed three main components: (1) planning and hosting a **Health Equity Advocacy Summit** designed to be a robust in-person convening for the larger field, led by the Summit Planning Team, (2) sponsoring **racial equity activities** to deepen capacity and widen the audience, led by the Racial Equity Team, and (3) supporting continued **advocacy around housing and food security** in the 2020 legislative session with a focus on advancing community-driven initiatives, led by the Policy Advocacy Team.

### *The 2020 Context and Adjusting the Workplan*

Colorado, and the world, has changed dramatically since the Cohort began its resiliency year work in January 2020.

Amidst the health, economic, and educational impacts of COVID-19—compounded by ongoing, systemic racial injustices that spurred massive protests, and catastrophic wildfires (the largest recorded in Colorado history)—Cohort members worked tirelessly to meet the needs of their communities as new and more complex challenges led to increased stress, anxiety, and fear. Nevertheless, when reflecting on these events, Cohort members pointed to a multitude of opportunities this created for various stakeholder groups, from increased participation and motivation of community members to become more involved in organizing and advocacy, to partners becoming closer allies and working “in solidarity” with each other in racial justice issues (see quote to the right), to other stakeholders in the field seeing the direct connections between current racial inequities and injustices and the work of the Health Equity Advocacy Cohort.



**I would say even, unfortunately, given the realities of this year and with COVID, [racial justice] is something we’ve been able to elevate more. This is the work that we’ve been doing already for a long time as an organization—how our health issues, our social justice issues, our racial justice issues, how they’re all connected. And I think we’ve been able to rise to the occasion...and I think we’ve had a lot of opportunities to have more people in solidarity with us in this work than before.”**

In these challenging and unprecedented times, Cohort members served as sources of understanding and compassion for each other as the COVID-19 context and the strains associated with it made clear the need to adjust expectations and the workplan itself. As one Cohort member reflected, “We approached

<sup>1</sup> The Phase 3 Guiding Framework—finalized in partnership with the HEA evaluator and the Cohort—also served as the framework for the Phase 3 Evaluation and includes The Trust’s initiative-level commitments, strategies, and anticipated outcomes.

each other with grace and allowed ourselves to let things go if they were too heavy a lift for us, as we dealt with crises in our communities.” Function team meetings offered safe and reassuring spaces, as Cohort attendance remained steady even with stretched capacity, because they provided an opportunity to learn how others were rapidly responding to the ever-changing environment.



**While we didn't come together in person, our coordinated and collective work continued through this COVID-impacted year because we knew how to work together, were committed to common goals, and we wanted to fight together.”**

Ultimately, most of the original plans in the Cohort's 2020 workplan were upended or required significant alteration, since many events and trainings that were designed to be in-person needed to shift to an online environment and Cohort members' capacity to participate drastically decreased. The Trust responded with flexibility, patience, and reassurance, by helping redistribute resources between the elements of the workplan, offering additional administrative support to shift trainings and the Summit online, and encouraging people to, first and foremost, take care of themselves. The Cohort was also able to lean on its facilitation team, led by Kevin Kahakula'akea John Fong, to help execute and manage a virtual Summit Series (explained in more detail later in this report). Even with limited capacity, the Cohort was able to implement much of what they set out to accomplish.

## Field Resiliency: What was Accomplished

Overall, when reflecting on the progress made in the two outcome areas where they chose to focus this resiliency year, Cohort members had mixed emotions, ranging from feelings of disappointment that they were not able to do more and convene with each other in-person, to pride in all they were able to accomplish during this year of unprecedented challenges. This was also reflected in how Cohort members rated their progress in their final grant reports, as Cohort members felt that “moderate” progress had been made in health equity advocacy alignment, and between “some” and “moderate” progress in collective capacity for change.<sup>2</sup> The subsequent sections discuss progress toward field resiliency in each of these outcome areas.

### *Building Collective Capacity for Change*

As noted previously, the HEA Cohort's intention to support field resiliency in 2020 by building collective capacity for change had included the implementation of a series of racial equity trainings and workshops, and a culminating, in-person “HEA Summit” convening. However, planning and conducting these activities in an online environment proved both difficult and exhausting. Cohort members shared the struggle of trying to balance being mindful of the influx of meetings and trainings that were already on their plates with finding the right time to schedule activities amid the pandemic, 2020 Census outreach efforts, and elections. At the same time, because the strategy was designed to be grantee-driven, the Cohort had a sense of ownership over both the process and the outcomes of their work and thus was empowered to quickly adapt and make the critical decisions necessary to adjust their workplan and manage their expectations during the pandemic. Moreover, because they had built a solid infrastructure and strong relationships on which to lean over the course of the initiative, the Cohort was still able to move forward in their work together, even if at a more limited scale.

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<sup>2</sup> Each Cohort organization was asked to characterize the Cohort's progress toward each of the field-building outcomes on a four-point scale (1-minimal, 2-some, 3-moderate, 4-significant). The average Cohort rating around progress in health equity advocacy alignment was 2.9, and the average Cohort rating around progress in collective capacity for change was 2.6.

## Racial Equity Trainings and Workshops

Building upon the work of Phase 3, the Cohort focused on deepening the capacity of Cohort and field members in their knowledge and understanding of racial equity and widening the audience for racial equity capacity-building opportunities, with a particular focus on rural communities and Spanish-speaking field members. As COVID-19 and shelter-in-place requirements forced trainings to shift to an online format, most Cohort organizations did not have capacity to help host and recruit for these trainings, reducing the number of racial equity offerings from what was originally envisioned. Ultimately, in 2020, the Cohort sponsored 20 racial equity trainings and workshops, with three of those offered in Spanish. While most of these trainings expanded upon ones offered in Phase 3, one workshop—The Latino Challenges Toward Racial Justice Workshop—was a new offering in 2020. More detail about this workshop is offered in the textbox below.

### Latino Challenges Toward Racial Justice Workshop

Latino Challenges Toward Racial Justice is a three-day workshop that engages participants in a critical anti-racist analysis of how racism disempowers Latino, Latina, Latinx people, hindering both personal well-being and their communities' development. This workshop was offered in both English and Spanish and had 28 participants from the HEA Cohort and their partners.

Participants who completed the workshop evaluation indicated gaining a deeper understanding about (1) the complexity of Latino/a/x identity, (2) how racism disempowers Latino/a/x people, and (3) how racism divides Latino/a/x and African Americans and undermines cross-racial solidarity (100% “agree” or “strongly agree,” n=16). One participant shared, “It was so valuable to be able to ground these discussions in history. To now be able to point to things and say, ‘Here is precisely how racist policies have been implemented and perpetuated’ is so valuable to me.” Participants who responded to the evaluation survey also reported that they are more motivated to get involved in cross-racial efforts toward social transformation.

## Health Equity Advocacy Summit Series

The HEA Summit Series was central to the work of the Cohort in building the resiliency of the field. While the HEA Summit had its own function team, in the end, all function teams contributed to the planning, coordination, and execution of the Summit sessions. This section takes a deeper look at the HEA Summit Series, and includes an overview, core design elements, core content themes, and the Summit's reach and participant demographics.

One of the biggest pivots the Cohort made in 2020 was reimagining what the HEA Summit could look like in a virtual setting. The original vision was to have a two-day, in-person meeting where people from across Colorado could heal, learn, and practice with one another. Although they lost the in-person and relationship-building aspect that was a critical catalyst for field building in Phases 2 and 3, the decision to shift and conduct an online Summit Series allowed for more resources and opportunities to take on more topics, invite nationally-renowned speakers, and reach attendees across the nation. The [HEA Summit Series](#) became a four-month series of 11 interactive trainings, discussions, and presentations with national and Colorado-based leaders that took place from August to December 2020 and was co-sponsored by the Colorado Health Foundation.

**Core HEA Summit Content Themes.** The Cohort designed the Summit sessions around three main themes (see Appendix C for a detailed summary of each Summit session):

- **Advancing Policy.** Four Summit sessions focused on advancing policy from a number of vantage points. Two sessions included Colorado legislative panel discussions that focused on how to ensure an equitable recovery from the health and economic crises, as well as plans for the 2021 legislative sessions. Another session shared reflections and lessons learned from the past six years of the HEA Strategy. The final Advancing Policy Summit focused on the role of philanthropy in advancing equity through policy.

- **Healing Toward Action.** Three Summit sessions offered insights and lessons from diverse voices on the importance of healing in equity work and its connection to activism. One session included an in-depth conversation with Akaya Winwood, former President of Rockwood Leadership Institute, on how to find joy in the struggle. Another session featured stories from three women who reflected on their combined 100+ years of activism as women who stood in the power of resistance and defiance against patriarchal systems. The third healing-focused session included a panel featuring Indigenous leaders and activists who discussed the role that cultural narratives play in liberation movements, provided Indigenous perspectives on allyship and solidarity between people of color-led movements, and identified lessons on how to advance equity and heal toward action.
- **Changing the Narrative.** Four Summit sessions focused on changing the narrative around health equity, providing participants with insights, tools, and resources to identify, address, and shift racist narratives. One session included a conversation with John A. Powell about transforming our conceptions of self and other to build an inclusive society. Another Summit featured Dr. Eddie Moore, Jr., who challenged participants to examine their own biases, behaviors, and belief systems, and offered a range of resources that participants could use in service of this work. Another session focused on notions of “fierce civility” and ways to activate more profound levels of civic engagement and respectful civic discourse. The final Summit in this series featured youth leaders in Colorado who shared their wisdom, experiences, and vision.

**Core HEA Summit Design Elements.** While redesigning the Summit into a series of online webinar sessions, the Cohort also lived into the values it had centered when meeting and convening in Phase 3. These included:

- **Committing to language justice.** Throughout Phase 3, the Cohort valued everyone’s right to communicate in the language in which they feel most comfortable, often referring to this as people’s “heart language.” As such, it continued to engage the Community Language Cooperative to provide simultaneous interpretation services in [Spanish](#) for all Summits and [French](#) for five Summits.
- **Opening with ceremony and starting at the heart.** Most Cohort convenings and racial equity trainings in Phase 3 began and ended with a ceremony, performance, or exercise that allowed participants to engage their minds, hearts, and spirits, and ground themselves in the work that followed. Cohort members brought this “heart opening” strategy into the beginning of each Summit by commissioning performing artists to open each session. The Cohort was intentional to include artists that were young people, local to Colorado, and people of color. They also provided a stipend to all artists and panelists for their participation. More information about the artists, poets, and performers are in Appendix C.
- **Maintaining community engagement.** Building and fostering relationships was a core part of convenings in Phase 3 that the Cohort hoped to bring to the Summit Series. When moving to a virtual platform in 2020, the Cohort maintained an element of engagement and relationship building through incorporating time for participant engagement in breakout rooms.

#### HEA Summit Implementation Support

Shifting from an all-day, in-person convening to a series of online webinar sessions was incredibly complex. Key to this successful shift was the creativity and dedication of HEA facilitator, Kevin Kahakula'akea John Fong, who played a pivotal and central role in implementing and coordinating the Summit Series, along with Karen Rezai on his team. Kevin facilitated Cohort members in naming their vision and content themes, then helped execute their plans by sourcing and coordinating the 12 artists and 52 speakers, many of whom came through his own networks. He also found ways to help the Summits live on in perpetuity (e.g., posting video clips of the Summit) so that they could be accessed by more people. He did all this while honoring the vision and values the Cohort set forth for the Summit Series.

- **Infusing Cohort voice.** In addition to the Cohort members who supported the Summit Planning Team, there was strong participation of Cohort members and network partners in the Summit sessions themselves, with 11 Cohort members (representing nine Cohort organizations) and three network partners participating as panelists or moderators.

**HEA Summit Outcomes.** While shifting to an online Summit Series as opposed to an in-person convening meant sacrificing important goals, such as in-person networking, doing so ultimately resulted in a wider reach. Convening data indicate that 559 people attended at least one HEA Summit, with 203 (36%) having attended two or more Summits, and an average of 81 attendees per Summit. The text box on page 9 has more detailed demographic information about the Summit participants, however, it is worth noting that this only captures the reach of the *live* sessions. All Summit sessions are available to stream online, and the Cohort has commissioned short, sharable session clips about specific topics to facilitate the ongoing reach of the Summit Series content beyond 2020. Demographic data from attendees of the live Summit sessions indicate that those participants include a majority white, educated, middle-aged, and female audience, with about half working at organizations with a local or regional scope and about half working at organizations that reflect the makeup of the HEA Cohort (direct service, policy advocacy, community organizing).

Summit evaluation surveys were extremely positive across all thematic content areas. Most survey respondents that attended Advancing Policy Summit sessions (94%)<sup>3</sup> agreed or strongly agreed that they developed a deeper understanding of how advocacy can result in a more equitable society and more strongly believe that communities should drive policy development. A majority of respondents who participated in healing-focused Summit sessions (91% or higher)<sup>4</sup> agreed or strongly agreed with statements focused on the power of healing toward action. More specifically, participants indicated they learned something new about what it means to heal (96%), are more motivated to use healing practices in their life or work (94%), and are more inspired to engage in efforts that advance health or racial equity (94%). Of the three Summit content area themes, the Narrative Change Summit session evaluation surveys had the highest average agreement responses out of the three themes (average response at 94% agreement).<sup>5</sup> The two highest responses indicated that participants developed a deeper understanding of how a sense of shared humanity or interconnectedness can be used to advance equity (96%), and feel more confident in their ability to engage in conversations across political, cultural and other differences (95%).

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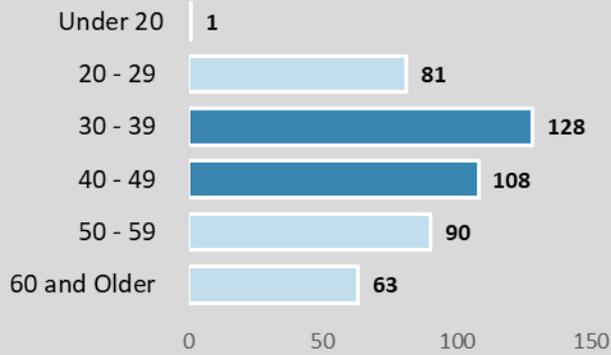
<sup>3</sup> n = 48, 14% of participants in the Advancing Policy Sessions completed the survey

<sup>4</sup> n = 46, 23% of participants in the Healing Toward Action Sessions completed the survey

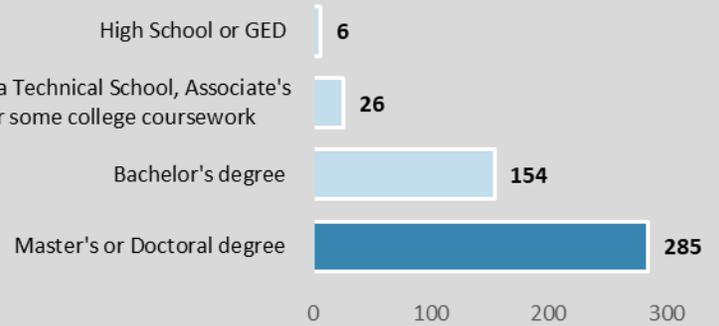
<sup>5</sup> n = 56, 14% of participants in the Changing the Narrative Sessions completed the survey

# HEA Summit Series Participant Demographics

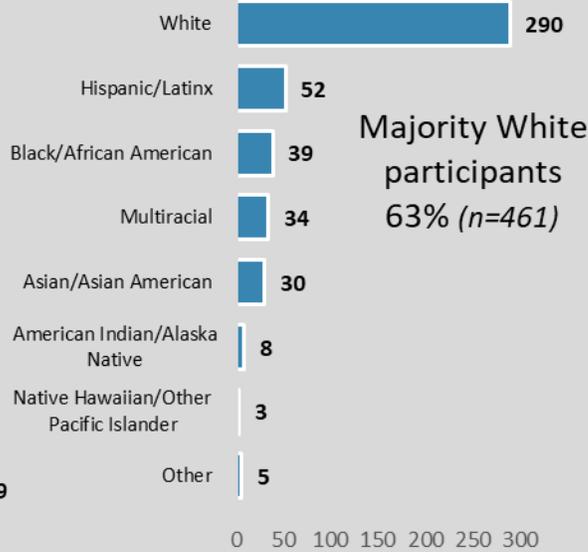
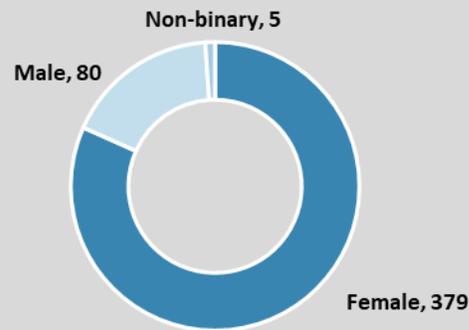
Half (50%) between 30 – 50 years old  
(n=471)



Highly educated, 61% have Master's or Doctoral degrees (n=471)

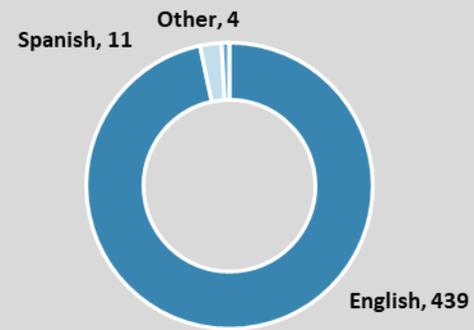


Majority female participants  
82% (n=464)

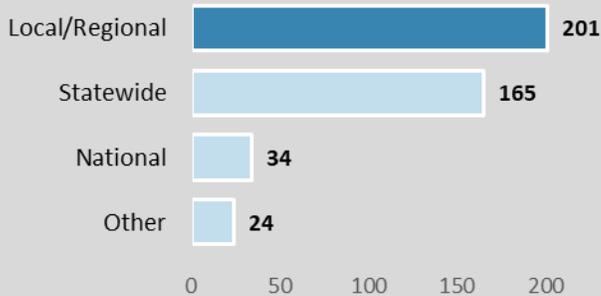


Majority White participants  
63% (n=461)

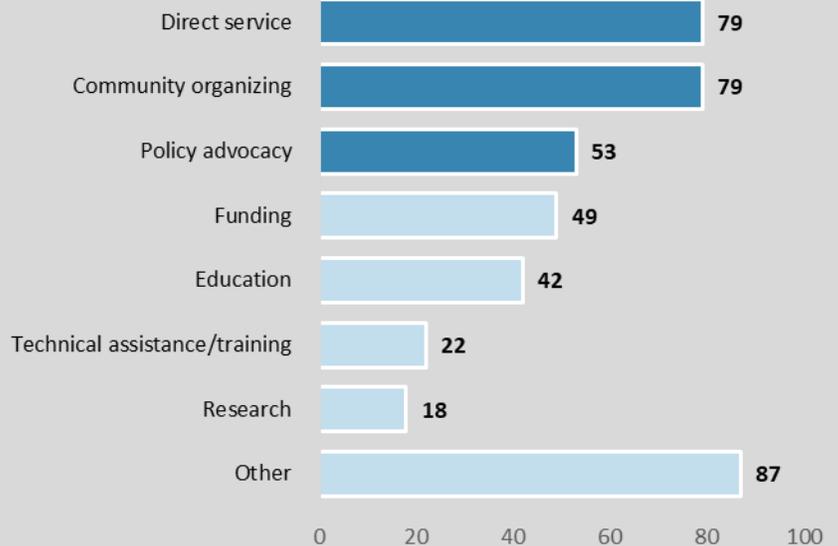
Majority English speakers  
97% (n=454)



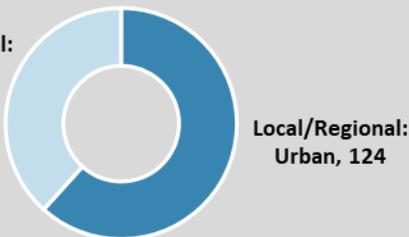
Half (50%) local or regional in scope  
(n=424)



Half (49%) work in direct service, community organizing, or policy advocacy  
(n=429)



Local/Regional:  
Rural, 77



## Health Equity Advocacy Alignment

COVID-19 made it challenging to achieve specific advocacy wins within the state legislature and local governments, as momentum toward longer-term advocacy priorities were stalled or even halted, and advocacy efforts shifted to immediate needs for assistance and state budget discussions. However, because the Cohort had an established structure formed in Phase 3 to support efficient decision making and operations, it already had a mechanism to come together and coordinate advocacy efforts in an ever-changing environment. Because the Cohort was anchored by a collective vision of health equity advocacy that both centers community voices and explicitly names a priority for dismantling structural and racial inequities, Cohort members also deepened their commitment to prioritizing food and housing security, two central factors for many communities in the COVID-19 crisis. In 2020, the HEA Cohort's efforts to build resiliency through health equity advocacy alignment included:

- **Information sharing around priority advocacy topics.** Building upon its joint advocacy efforts, the Cohort hosted four informational webinars on specific policy issues within the Cohort's focus areas, food and housing security, that would have been part of the 2020 collective advocacy efforts (before COVID-19). Topics included rent control, food security, mobile home park legislation, and inclusionary zoning, and recordings were made available for Cohort organizations and network partners who could not attend.
- **Continued capacity building around health equity advocacy messaging.** The Cohort engaged a communications consultant to support Cohort organizations with media and communications trainings, developing communications toolkits and messaging for media campaigns. The consultant supported at least six Cohort organizations and made communication toolkits that focused on internal and external communications for proactive and crisis communications, available for all members to access.
- **Leadership in equity-focused coalitions and tables around recovery efforts.** In 2020, Cohort organizations continued to build lasting power through their strong presence and leadership in coalitions and leadership tables focused on health equity. For example, three Cohort organizations (Colorado Cross-Disability Coalition, Center for Health Progress, Lake County Build a Generation) and two network partners (Center for African American Health, Colorado People's Alliance) were part of the Governor's COVID-19 Health Equity Response Team, and the many Cohort organizations that have been part of the Coalition for Immigrant Health since Phase 2 worked to advocate and create the Left Behind Worker's Fund. Colorado Fiscal Institute and Colorado Center on Law and Policy partnered with Cohort organizations and network partners to form the Navigating Budget Cuts Coalition to advocate around a new emergency tax that would have generated additional revenue for the state.
- **Serving as a resource and information hub for the Cohort.** The Policy Advocacy Team became an information and resource hub where Cohort members could continue to leverage their relationships to gain knowledge about what was happening at the Capitol or get connected to advocacy resources and support for local and regional organizations. One Cohort member expressed, "Having a group of folks dedicated to organizing information and resources around advocacy opportunities was very useful." The Policy Advocacy Team held bi-monthly meetings in 2020 with one meeting each month focused solely on policy updates.
- **Making a shared commitment beyond 2020.** Toward the end of 2020, the policy update meetings hosted by the Policy Advocacy Team still served as a critical space for resources, especially for rural, direct service, and community organizing Cohort members. The Policy Advocacy Team decided to self-organize and continue the meetings into 2021, even after the end of the HEA Strategy. One Cohort member reflected, "That decision showed us how much of an

impact our policy work through the Cohort has had, and that it's work that folks want to continue to be engaged in, even after the HEA funding has come to a close."

## Organizational Resiliency: What this Last Year of Funding Made Possible

While this last year of reduced funding was designed to be an "offramp" year that would allow for healthy closure and planful transitions for Cohort organizations, the vision for a gentler, more thoughtful closing than is typically afforded to grantees of philanthropic initiatives was rocked by the dramatic context that marked 2020. Cohort members could not focus intently on planning and transition when the communities they were serving literally could not breathe— because of the wildfires that burned over 625,000 acres in the state, because of COVID-19 and the ways in which the pandemic was disproportionately harming their communities, and because of the emotional toll experienced by communities of color who continued to witness and experience horrific racial injustices at multiple levels. At the same time, most Cohort members expressed appreciation for the extra resources and time together, especially during this challenging period. Cohort members shared that having some degree of financial support and continued partnership with The Trust and other Cohort members in this last year enabled them to:

- **Stabilize during COVID-19.** Because of flexible funding, some organizations used the funding to help them "stay afloat," especially as the broader funding environment became unstable and unpredictable. As one Cohort member shared, "The \$30,000 has really helped us through COVID. I mean, we have people that couldn't be full-[time] without that extra support, quite honestly."
- **Bridge to other potential funding opportunities.** Many organizations were appreciative of this time to financially adjust and create a funding strategy to cover any gaps. As one Cohort member noted, "We set our budget so far in advance that transition years are really critical. Without a transition grant, we might have to lay off staff, and literally shrink the field." Another reflected, "For [my organization], losing a multi-year grant is a big hit for our budget. We were looking at a budget deficit year if we wouldn't have gotten some of this bridge funding. It wasn't a lot, but it was helpful."
- **Fully integrate the work into their organizations.** This year brought more time for some organizations to process and plan for how to engage in health equity advocacy work beyond the Cohort and continue this work. As one Cohort member stated, "I think that this year bought us some time to think about how we continue the work of health equity advocacy that isn't so Cohort-specific, and allowed us to think about how we apply this across our other work." Another shared, "I feel like we have been able to institutionalize a lot of the work, so it really for us did serve as transitional funding. We have been able to dedicate some staff time to figuring out what does it actually look like for [us] to institutionalize health and racial equity at our core."
- **"See it through" to the end of the national election cycle.** While Phase 3 started with the ramp-up to the 2016 national election, this extra year of funding provided a kind of bookend so that the Cohort could see the work through to the results of the 2020 election. One Cohort member reflected that, "It was essential that we were able to stay connected all the way through from the 2016 election until now, and [to] see that change is possible, and how much more work there is still to do."
- **Solidify Cohort relationships.** In Phase 3, when asked about what would endure past the initiative, most Cohort members talked about the relationships they built with one another, and in this final year, some expressed that this extra time helped solidify those relationships,

especially as they endured and survived the pandemic together. One Cohort member shared, “I think this last year helped make relationships more durable. Had it ended really abruptly, there [were] lots of feelings about that in the field. And those feelings could have strained relationships, and just having a transition year helped bridge those relationships.” Another reflected, “I’m just so glad that I had this family during COVID, and this opportunity to check in with each other and to name what we’re still committed to through all of this, and to remind each other that, [while] we’ve been fighting this battle, now COVID is showing us we needed to be fighting this whole time, and we’re together and we’re supporting each other, both before and now and we’ll keep doing it afterwards.”

- **Bring closure to the grantee-funder relationship with The Trust.** When The Trust decided to invest in a new strategy, they were honest and forthright with Cohort members. While the decision to end the strategy just as it was demonstrating strong progress and momentum was deeply disappointing to Cohort members, they also appreciated the recognition of the negative impact this decision could have on Cohort members, and the attempt to ameliorate that impact. One Cohort member shared, “You never get rid of the power dynamics between funder and fundee, but I think this little bit of funding in the last year communicated to me, ‘Hey, we respect you. We respect your work, and we know that it kind of sucks to have this funding one minute, [and] no funding the next minute. We get that that’s hard. We can’t solve it, but we can try to mitigate it a little bit.’”

This last year of funding also allowed The Trust to reflect on how it thinks about the lifecycles of its strategies. Lessons that the Trust is bringing to subsequent strategies include preparing for the end at the launch, being intentional about providing an off-ramp year of funding, and ensuring that funding includes flexible, general operating support so that organizations can figure out their next steps as an initiative ends.

## Looking Back: Learnings for the Field

The HEA Strategy came to its close at the end of 2020. This final year was a powerful culmination of the Cohort’s work together over the past seven years, which, in many ways, prepared them for exactly this moment. The COVID-19 pandemic made visible what the Cohort had been saying all along—that communities of color, immigrant communities, rural populations, people with disabilities, and others who have been historically underserved are being disproportionately harmed by health inequities that are deeply embedded in systems and structures that do not serve all equally. The infrastructure and relationships that the Cohort built enabled them to continue working together, even at limited capacity, so that they could share critical information and resources in order to advocate for and directly support their communities through the pandemic. It also enabled them to seize the moment with respect to the racial justice uprisings happening in their state and across the country in order to emphasize that racial inequities and injustices are at the heart of multiple forms of inequity that ultimately impact the health and well-being of all Coloradans. And they must be addressed.

As this tumultuous year came to a close, SPR conducted final interviews with representatives of each Cohort organization, Trust staff, and key HEA partners (see Appendix B for a list of interview respondents) to capture final reflections about their work together over the past six years. The respondents offered thoughtful reflections about their intense journey together over the life of this groundbreaking initiative. This section highlights the themes that resonated across our interview respondents as they reflected back on the HEA Strategy, and they provide useful insights for others interested in supporting similar efforts or in continuing to strengthen the health equity advocacy field.

### Reflections on Equity-focused Advocacy

At the beginning of the HEA Strategy, it was not clear to Cohort members how their group of direct service providers, community organizers and statewide policy advocates from across Colorado could align their strengths to effectively advocate for health equity for *all* Coloradans. Over the course of their work together in the HEA Strategy, members came to a shared understanding about (and appreciation for) each other’s strengths, developed a plan and infrastructure for leveraging those strengths in service of collective advocacy, and achieved critical advocacy wins together. While the road to their collective advocacy success was by no means smooth, as they reached the end of the HEA Strategy, Cohort members offered some thoughtful advice around how to approach equity-focused advocacy:

- **Advocacy partners must have a shared understanding of “health equity.”** The Trust’s CEO noted that when The Trust launched the HEA Strategy, the term “health equity” was relatively new. As noted in a recent [HEA Field Scan](#) conducted by SPR, much has changed since then, and more organizations are reporting a focus on health equity, though it is not clear that there is a shared definition of what that means across organizations. Not having a shared definition or understanding can pose challenges to collective advocacy work because, as one Cohort member reflected, “This work is harder when not everyone approaches equity the same way, or shares the same belief about what equity is and how

“We understand that we can’t conduct policy advocacy in an equity-focused way without being clear-eyed about and willing to change our organizational culture (valuing the perspectives of those with lived experience, power sharing, collaboration, leadership roles for people of color) and ourselves (racial healing; recognition of privilege, implicit bias and racism; willingness to risk the vulnerability of authentic and direct conversations for the sake of deeper understanding and connection). Our experience is that this work is recursive rather than linear, often feels messy and slow, and challenges our bias toward urgency.”

to affect it in our world.” Cohort members acknowledged that building this shared understanding takes time, but that this investment was critical. As one Cohort member shared, “If we can take the time to build a shared understanding of equity, the advocacy work moves faster and more easily.” Most importantly, Cohort members have shared that meaningful engagement in health equity advocacy requires organizations to, as one described it, “take a hard look at themselves” — to reflect about and shift their own organizational cultures so that they reflect the values they purport to hold, and which undergird their advocacy efforts. This was also true for Trust staff, who reflected that it was important for them to also “walk the walk.” Multiple Cohort members shared that they recognize that this makes the process slow and “messy” but emphasized that, looking back, the effort is essential to conducting policy advocacy in an equity-focused way.

- **Addressing racial equity and racial justice is critical to achieving health equity.** Cohort members’ reflections indicate that their convictions around the importance of racial equity to achieving health equity have deepened since their unanimous decision in 2016 to center race in their health equity advocacy efforts.<sup>6</sup>

One Cohort member shared that centering race provided the Cohort with a “common North Star,” which not only helps “bring together disparate policy agendas,” but also “helps field actors to see themselves not as competitors, but as part of a movement.” Several shared the belief that health equity could never truly be achieved without racial justice, and that the events of 2020 only confirmed their convictions. As one Cohort member shared, “The importance of centering race has become even more evident in the last year as police brutality has been completely exposed and the pandemic has taken the lives of Black/African Americans aged 30-49 at six times the rate of white Americans of the same age. The long-term, systemic outcomes of racism, once thought to be myth, are now reported on a daily basis in the news. As people of color become sick, and even die, at significantly higher rates than whites, now is the time to increase the promotion of racial equity and to push for policies and system changes that truly address systemic racism.”



**Centering racial equity in our work requires building in an assessment of the racial equity impacts of what we are doing, and it requires meaningful partnership with communities and leaders of color. [Having] a particular focus on race is important even in the context of other forms of oppression and the intersectionality of inequities in our society. The reason is that there has been particular discomfort in our cultural context around acknowledging that racism persists in this country. While this is hopefully changing, considering the events that took place over the last year, the work of the Cohort has shown that there is particular need in our communities to continue to process the realities of racism and that fact that it persists, and to heal from that together across racial lines.”**

- **Meaningfully engaging communities most impacted by health inequities in policy advocacy efforts is difficult to do, but it is essential.** The importance of “engaging affected populations” has been emphasized as a core value and goal since the launch of the HEA Strategy. Indeed, the very creation of the strategy was predicated on the recognition that those most negatively impacted by health inequities were largely excluded from state-level health policy advocacy efforts. While engaging affected populations continued to be named as a priority for the Cohort throughout the life of the initiative, multiple Cohort members acknowledged that this has not been easy, and one Cohort member described it as “the hardest work.” Indeed, as noted in the final evaluation [report](#) for Phase 3, the desired field-level paradigm shift toward community-led

<sup>6</sup> The Cohort’s decision to center race and its subsequent efforts to build racial equity capacity at multiple levels have been documented in an SPR [learning paper](#) released in 2019, as well as an [addendum](#) to that paper released in 2020.

change remains largely elusive. Still, the challenges of 2020 only seemed to reinforce the Cohort’s convictions around community engagement, with many Cohort organizations being less able to participate in Cohort activities because they were deeply involved in rapid response efforts to support communities most impacted by the pandemic and racial injustices. One Cohort member shared that, in some ways, the pandemic provided an opportunity to more directly engage community members from across the state because they were able to participate in online meetings with legislators, thus eliminating barriers such as travel and lack of childcare. Despite its challenges, all Cohort members continued to share a strong belief in the importance of meaningful engagement with communities in policy advocacy, with multiple Cohort members emphasizing that those most impacted by inequities must be the “key drivers” of systems change. At the same time, Cohort members recognized that this is much easier said than done, particularly when working in communities that have been historically exploited for political gain. Cohort members shared that meaningful engagement of affected populations must have an explicit focus on regaining trust and community power building.

**“Equity-focused advocacy work is most effective, meaningful, and long-lasting when it comes from the ground-up and is led by people most impacted by the problem we are fighting to solve.... We have learned that this approach to advocacy takes longer, is messy, and is hard. Yet, it is also powerful and transformational.”**

- **Engaging authentically in health equity advocacy requires a willingness to re-examine mainstream/traditional notions of advocacy “success” and “progress.”** Looking back, HEA Cohort members shared the realization that authentic and meaningful engagement in health equity advocacy required them to live into shared values and understandings about the root causes of health inequities. For them, it meant having a clear understanding of how inequities manifest across different communities and the ability and willingness to invest time in assessing equity impacts of issues and policies across different places and people. As one Cohort member noted, progress in health equity advocacy might “look different” as a result, or could be harder for funders to “see.” For example, advocacy wins focused on health equity may include *not* trying to pass a particular bill if it becomes evident that the legislation would have negative impacts for particular communities. Certainly, in 2020, there were no collective advocacy “wins” or indicators of progress because many of the Cohort organizations had to shift gears to more immediately address the harmful impacts of the pandemic on their communities. In fact, the majority of the Cohort’s plans for collective capacity building and policy advocacy alignment in 2020 were simply impossible to carry out in the COVID-19 context. At the same time, they demonstrated tremendous adaptive capacity as the Policy Advocacy Team continued to meet virtually and served as a centralized information resource so that Cohort colleagues could respond more rapidly to community needs and advocacy opportunities, and as the Health Equity Summit series evolved from an all-day, in-person convening to a series of webinars, which ultimately had a wider reach than an in-person convening.

## Reflections on Field Building

Final interviews with Cohort members, Trust staff, and HEA partners yielded thoughtful learnings about field building, much of which reinforce learning themes that have already been shared in previous reports. Those learnings—which focused on the importance of adopting a shared vision for HEA that centers race, the need to invest in relationship building to increase solidarity, the degree of intention required to balance individual and collective interests and to ensure strategic alignment, and consistent attention to and application of learnings and adaptation—continued to resonate with grantees.

Moreover, some of those same themes took on different levels of meaning within the contexts of both the challenges of 2020 and the end of an intense and transformative seven-year initiative.

- **Investments in infrastructure accelerate the effectiveness of field-building efforts.** Cohort members, Trust staff, and HEA partners all shared that the infrastructure supports<sup>7</sup> resourced by The Trust enabled Cohort members and their partners to focus on the work itself (and not get

**We [the facilitators, event planners, translators, learning partners, note takers, etc.] provided the container for them just to show up, bring their best knowledge, bring their best wisdom, bring their best selves, and just be. And not have to worry about what time it is or what's coming next, or who's going to pick up lunch, or where's my kid, or I can't understand what's being said, or what's going to happen to this information. That piece is really important: having talented people show up and take care of that.”**

bogged down by the associated administration and logistics pieces.) One Cohort member noted that attending to these logistical needs also helped to foster more meaningful engagement by community members, resulting in “greater inclusivity, particularly for affected populations.” One Trust staff member reflected that, “Providing these supports can be super helpful because it can still be grantee-driven without having to be grantee-implemented all the way,” which is especially critical, given that “the amount of work that’s involved in behind-the-scenes planning and coordination is massive.” Indeed, these infrastructure investments proved especially critical in 2020 as Cohort plans were forced to shift in response to the pandemic. They enabled Cohort members to attend virtual meetings, continue being apprised of Cohort activities and receive policy updates through Basecamp and meeting notes. The shift to a virtual Summit proved to be

extremely complex and its success was due to the Cohort’s persistence and the support provided by The Trust’s planning and events team, its evaluation staff, and—most significantly—to the skillful and herculean planning and coordination efforts led by the Cohort’s lead facilitator, Kevin Kahakula’akea John Fong of Elemental Partners.

- **Capacity-building supports are critical to the success of complex, equity-focused field-building efforts.**

The HEA Strategy included significant, multi-level capacity-building investments to strengthen advocacy capacity and communications skills, and to build the racial equity capacity of individuals, organizations, and the field. Over the course of HEA, Cohort members shared the myriad ways in which they benefited from the capacity-building investments, though in their final interviews, the capacity-building supports they spoke of most were those focused in “building their muscle” around racial equity. This is also the area around which many expressed deep concerns about the ability to continue building this muscle at a field and community level after the HEA Strategy ends, and in the absence of funding dedicated to this work. The comprehensive support the Cohort received to recognize, understand, and address racism in their journeys as individuals, in their organizations, and in communities was

**We saw the significant investments in organizational capacity building pay off as well. So many of us received training on how best to advocate at the Capitol and in other spaces, we were well-versed in issues facing immigrants and other people of color as part of our race equity training, and we were equipped to speak truth to power at the Capitol because of the confidence we gathered through communication training. We really accepted the idea that we are stronger when we work together and we used that understanding to prioritize working together.”**

<sup>7</sup> These supports included (but were not limited to) an online platform for communication, documentation, and resource sharing (Basecamp); skilled facilitators with a strong racial equity lens; consistent notetaking support; evaluation and learning partners; attention to language justice through translation and simultaneous interpretation support; contract administration and event planning support; and childcare at Cohort events.

described by many as transformative. A critical aspect of the effectiveness of the Cohort’s capacity-building efforts was not just the ample resources invested but the fact that, as was noted by The Trust’s Senior Advocacy and Program Manager, “they chose it for themselves.” The transformative power of the Cohort’s capacity-building efforts is rooted in the fact that the grantee-driven model afforded Cohort organizations the time and space to develop a vision for their work, identify the capacity-building supports they needed to achieve their goals, and choose the consultant partners that would best help them achieve their vision.

- **Field building requires a long-term investment.** Over and again, Cohort members emphasized that field building requires long-term investment support, particularly when—as was the case with the Health Equity Advocacy field—the field-building effort is focused on building an entirely new field. The HEA Strategy was ambitious and groundbreaking in its attempts to build a field of health equity advocates, engage in policy and systems change, create paths for meaningful engagement of affected populations, build the capacity to address racism at multiple levels, and shift traditional funder-grantee dynamics toward a model of power sharing that acknowledges and leverages the strengths that all partners bring to an initiative. Cohort members shared that, to work towards all these goals, investments need to be “deep and long.” This is especially the case given not just the challenge of the work itself—which was focused on personal, organizational, and field-level transformation—but also the capacity building needed to do the work. Moreover, Cohort members emphasized the importance of long-term investments for cultivating and strengthening relationships, which are at the heart of field building for health equity and racial justice. One Cohort member described it this way:



**[Seven] years is a drop in the bucket....We’re trying to change systems and change policies, and change hearts and minds. It took years for us to get to the point where we are now. Trying to undo systemic racism just can’t happen in [seven] years.”**

*“Promoting field building for health equity and racial justice needs to center relationships. This includes relationships within an organization, across core partners, and in the broader field and community. The relationships need to continue to be built, strengthened, cultivated, and nurtured, and to do this effectively requires a commitment to this long-term investment. Promoting field building across Colorado requires the support of outside organizations and financial resources; those of us doing the work on the ground do not always have the capacity to devote to building out field-building activities.”*

## Final Reflections

One of the most innovative (and challenging) aspects of this initiative was its grantee-driven nature. While it took a while to come to a shared understanding between The Trust and its grantees around how to live out this model, at its heart was the intention by The Trust to shift traditional funder-grantee dynamics and both yield and share power with grantees, and for The Trust to embody in its actions its claim that grantees are the experts in this work. Looking back, the attempt to shift power was central to multiple aspects of the HEA Strategy. Efforts to build policy advocacy capacity for those who are not professional statewide advocates aimed to give power and voice to community members and those most deeply connected to communities. Efforts to center race, have an explicit focus on rural communities, and meaningfully engage community in policy advocacy efforts were ultimately designed to shift power to those most negatively impacted by health inequities. And efforts to put grantees in the driver’s seat of this initiative, as well as the general operating grants provided to grantees, were designed to give those who are doing the work and who hold expertise in key aspects of health equity advocacy the power to design the work and to direct resources toward the fulfillment of their vision.

Given the initiative’s focus on yielding and sharing power, it is interesting to note that a resounding theme that emerged from final interviews with Cohort members and partners was a call for The Trust to now *assert* its power. Foundations have a strong role to play in a field’s ecosystem, providing the resources to deepen and/or expand the work, and connections that can help to nurture and grow the field (or specific component parts.) Multiple interviewees described The Trust as “a huge funder” with “a lot of influence,” recognizing that other funders are looking to what The Trust is doing for guidance. They urged The Trust to encourage others to continue funding health equity advocacy field building so as not to lose the momentum built through the HEA Strategy, and so that the field can continue to grow and not lose sight of the importance of centering race in health equity advocacy efforts. At the same time, one Cohort member cautioned that foundations should work strategically together so that not everyone is “piling on the same train and investing in exactly the same thing,” but instead figuring out where are the other gaps in the field so that none of the “strategic levers” are missing. This is an opportune time for funder coordination around health equity and racial justice, as the pandemic makes more visible the deep inequities experienced by historically underserved communities across a range of issues that serve as social determinants of health, and as the racial justice uprisings make it difficult to ignore the racism at the heart of these inequities.



**I think more foundations need to get some skin in the game in terms of these conversations and put some money behind it. Put some leadership behind it. Put some voice and commitment behind it.”**

Even as Cohort members emphasized the need for more funding and more time for an initiative as ambitious as the HEA Strategy, and even as they expressed concerns about how to “keep the fire alive” and how to prevent equity from becoming an “empty political buzzword,” they also recognized that important things would endure. These include their shared values, the formidable and strategic relationships they made over the course of this journey together, the individual and organizational transformation that occurred because of intentional capacity building, and the rich—and sometimes painful—experiences they shared with one another. HEA Cohort members expressed deep gratitude for the opportunities afforded to them through this initiative—for the opportunity to learn together, to practice, to make mistakes, to work through tensions in a healthy way, to celebrate their victories, and to have built a strong network of allies on which they will continue to lean to support their work as individuals, as organizations, and as a field.



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

*For more information about The Colorado Trust or the Health Equity Advocacy Strategy contact [Felisa Gonzales, PhD](#), Evaluation & Learning Manager (303.539.3110), or [Noelle Dorward](#), Advocacy & Policy Partner (303.539.3134).*

*Social Policy Research Associates (SPR) is a research, evaluation, and technical assistance firm located in Oakland, California with expertise in the areas of philanthropy, youth development, education, health, workforce development, and other human service programs. Its Equity, Education, and Community Change 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 Equity, Education, and Community Change Division.*

# Appendix A: HEA Cohort Organizations



**Asian Pacific Development Center (APDC)** is powered by its rich heritage of AANHPI advocacy and exists today to serve and support all immigrant, and refugee communities within a whole health, community-based engagement approach through health, education, and advocacy.



**Center for Health Progress** brings people together to ensure factors like race, income, and zip code don't determine a person's access to care and opportunity to live a healthy life. *(formerly CCMU).*



**Colorado Association of Local Public Health Officials (CALPHO)** is the professional association representing the leadership, staff, and partners of Colorado's local public health agencies (LPHAs) and works to improve the quality, capacity, and leadership of LPHAs and public health professionals.



**Colorado Center on Law & Policy (CCLP)** advances the health, economic security, and well-being of low-income Coloradans through research, education, advocacy, and litigation.



The **Colorado Children's Campaign (Children's Campaign)** advocates for the development and implementation of data-driven public policies that improve child well-being in health, education, and early childhood.



**Colorado Cross-Disability Coalition (CCDC)** advocates for social justice for people with all types of disabilities (cross-disability).



**Colorado Fiscal Institute (CFI)** provides credible, independent, and accessible information and analysis of fiscal and economic issues facing Colorado.



**The Foundation for Sustainable Urban Communities (FSUC)** works to establish a seamless connection of economic, social and sustainable development with northeast Denver and northwest Aurora neighborhoods. *(formerly Stapleton Foundation).*



**Full Circle of Lake County (FCLC)** provides opportunities, skills and caring relationships to help Lake County become a place where youth make healthy choices, families thrive and the community is united.



**Grand County Rural Health Network (GCRHN)** works in partnership to advocate for and support the health of our community. We believe everyone has the right to healthcare and to understand how to access that care.



**Lake County Build A Generation (LCBAG)** organizes Lake County to build a healthier community for youth and families by working at the intersection of community organizing, prevention, and community-level change.



**Northwest Colorado Health (NCH)** improves the quality of life for all Northwest Colorado residents by providing comprehensive health resources and creating an environment that supports community wellness.



**Padres & Jóvenes Unidos (PJU)** is a multi-issue organization led by people of color who work for racial and health justice, educational equity, and immigrant rights.



**Re:Vision** works with people in economically marginalized neighborhoods to develop resident leaders, cultivate community food systems, and create an economy owned by the community.



**Together Colorado (TCO)** unlocks the power of people through community organizing to bring human dignity to the center of public life with an intentional non-partisan, multi-racial, multi-faith approach.



**Tri-County Health Network (TCHN)** is committed to improving the quality and coordination of healthcare services by increasing access to health and integrative health services at lower costs through collaboration and innovation.



**United for a New Economy (UNE)** envisions vibrant, strong communities where all community members have a voice in the decisions that impact them, access to economic security; which includes affordable housing and good jobs and the ability to live free of racism and fear *(formerly FRESA).*



**Housing Resources of Western Colorado (HRWC)** wants to make our community a better place by providing housing and housing services to those in need.

# Appendix B: Interview Respondents

## *HEA Cohort Members Interviewed in 2020*

### **Asian Pacific Development Center**

- Harry Budisidharta, Executive Director

### **Center for Health Progress**

- Joe Sammen, Executive Director

### **Colorado Association of Local Public Health Officials**

- Tracy Anselmo, Executive Director
- Shannon Kolman, Policy and Program Director
- Peter Manetta, Manager, Partnerships & Research

### **Colorado Center on Law and Policy**

- Allison Neswood, Health Care Attorney

### **Colorado Children's Campaign**

- Erin Miller, Vice President, Child Health Initiatives
- Tara Manthey, Communications and Outreach Director
- Sarah Barnes, Manager of Special Policy Initiatives
- Stephanie Perez-Carrillo, Policy Analyst

### **Colorado Cross-Disability Coalition**

- Julie Reiskin, Executive Director

### **Colorado Fiscal Institute**

- Carol Hedges, Executive Director
- Esther Turcios, Policy Analyst

### **Full Circle of Lake County**

- Stephanie Cole, Executive Director

## *HEA Consultants and The Colorado Trust*

### **Facilitators**

- Kevin Kahakula'akea John Fong and Jamie Morgan

### **The Colorado Trust**

- Noelle Dorward; Felisa Gonzales, PhD, MPH; Ned Calonge, MD, MPH

### **Grand County Rural Health Network, Inc.**

- Jen Fanning, Executive Director

### **Housing Resources of Western Colorado**

- Abbie Brewer, Community Building and Engagement Director

### **Lake County Build A Generation**

- Katie Baldassar, Executive Director

### **Northwest Colorado Health**

- Stephanie Einfeld, CEO

### **Padres and Jóvenes Unidos**

- Elsa Olivia Rocha, Executive Director

### **Re:Vision**

- Joanna Cintron, Executive Director

### **The Foundation for Sustainable Urban Communities**

- Sam Valeriano, Health Policy Project Manager

### **Together Colorado**

- Meghan Carrier, Lead Organizer

### **Tri-County Health Network**

- Lynn Borup, Executive Director
- Ross Valdez, Manager Community Outreach

### **United for a New Economy**

- Carmen Medrano, Executive Director

## Appendix C: The HEA Summit Series

View the HEA Summit Series online in [English](#), [Spanish](#), or [French](#).

*\*indicates Cohort Member \*\*indicates Network Partner*

### Advancing Policy Summits

#### Colorado Legislative Panel: Leading in Extraordinary Times

A panel of state legislators discussed the work that happened during the 2020 legislative session to improve health equity in the state and contribute to an equitable recovery from the health and economic consequences of the COVID-19 pandemic.

Featured Artist: **Suzi Q. Smith** is an award-winning artist, activist, and educator who lives in Denver, Colorado.

Legislator Panelists: **Senator Rhonda Fields**, **Senator Julie Gonzalez**, **Rep Julie McCluskie**, and **Senator Dominick Moreno**

Community Panelists: **Cesiah Guadarrama Trejo\*\*** (9to5 Colorado), **Julie Reiskin\***, Colorado Cross-Disability Coalition; **Lizeth Chacon\*\*** (Colorado People's Alliance), **Towanna Henderson** (East Colfax Community Collective)

Moderator: **Diedre Johnson\*\*** (Center for African American Health)

#### Post-Election Summit: What's Next? The Role of Philanthropy in Advancing Equity through Policy

This Summit focused on the government transition period following the 2020 national election. Panelists discussed the role philanthropy could play in supporting community-based efforts to build equitable systems through local and statewide policy, and how philanthropy can partner with communities to advance democracy, inclusion, and belonging.

Featured Artist: **Tanaya Winder** is a poet, writer, artist, and educator who was raised on the Southern Ute reservation in Ignacio, Colorado. Tanaya writes and teaches about different expressions of love (self-love, intimate love, social love, community love, and universal love).

Panelists: **Jehan Benton-Clark** (Colorado Health Foundation), **Alison Friedman Phillips** (The Women's Foundation of Colorado), **Damion LeeNatali** (Gary Community Investments/The Piton Foundation), **Crystal Middlestadt** (Chinook Fund), and **David Portillo** (The Denver Foundation)

Moderator: **Neha Mahajan** (Transformative Leadership for Change)

#### Building the Health Equity Advocacy Field

HEA Cohort members offered reflections and lessons learned on the past six years of building and nurturing a strong field of community advocates to impact policy decisions and improve health equity in Colorado for years to come.

Featured Artist: **Dawn Howard\*** is an HEA Cohort member and the director of community organizing at Colorado Cross-Disability Coalition.

Panelists: **Abbie Brewer\*** (Housing Resources of Western Colorado), **Joanna Cintron\*** (Re:Vision), **Eudelia Contreras\*** (Lake County Build a Generation), **Carmen Medrano\*** (United for a New Economy), **Erin Miller\*** (Colorado Children's Campaign), **Esther Turcios\*** (Colorado Fiscal Institute),

Moderator: **Jen Fanning\*** (Grand County Rural Health Network)

#### Colorado Legislative Summit: Planning for 2021

This Summit was opened by Colorado state legislators from both sides of the aisle who shared their plans and vision for the 2021 legislative session. Panelists addressed major issues affecting the state, such as the health and economic consequences of the COVID-19 pandemic, the budget crisis, and the affordable housing crisis.

Featured Artist: **Meta Sarmiento** is an artist, poet, author, teacher, and recipient of the 2020 Diversity, Equity and Inclusion award from the Denver Asian American Pacific Islander Commission. His body of work often reflects on themes of identity, masculinity, voice, and family.

Panelists: **Rep. James Coleman**, **Sen. Julie Gonzales** and **Rep. Chris Kennedy**

Moderator: **Carol Hedges\*** (Colorado Fiscal Institute)

## Changing the Narrative Summits

### America is Changing. Are you Ready?

This session challenged participants to examine their own biases, behaviors, and belief systems. Additionally, they were given resources to help them take action against hatred, bigotry, privilege, and oppression.

Featured Artist: **Bobby LeFebre** is a poet, performer, and cultural worker. He is the current poet laureate for the state of Colorado.

Presenter: **Dr. Eddie Moore, Jr.** founded The Privilege Institute, which engages people in research, education, action, and leadership through workshops, conferences, publications, and collaborative partnerships and relationships.

Moderator: **Kevin Kahakula'akea John Fong** is a cultural translator, facilitator, and speaker in transformative justice, leadership development, and organizational design. Kevin has facilitated over 100 community healing circles throughout Colorado and is part of the facilitation team for the HEA Cohort.

### Fierce Civility

This session discussed a new approach to civility that meets the demands of the 21st century. Presenters shared ways to activate more profound levels of civic engagement and respectful civil discourse within ourselves, and shift from “breaking and othering” to “bridging and alliance building” to find unity and new solutions in the most unlikely places.

Featured Artist: **Tanaya Winder** (bio above in Advancing Policy Summits).

Presenter: **Joe Weston** is the founder of the Fierce Civility Project and author of *Respectful Confrontation*. He is an international trainer, workshop facilitator, author, consultant, coach, professor, and advocate for lasting peace. **Michelle Otero** is the Poet Laureate of New Mexico and coordinator of Albuquerque's Race, History, and Healing Project. She was also part of the Phase 3 facilitation team for the HEA Cohort.

Moderator: **Kevin Kahakula'akea John Fong**

### Building Communities of Belonging in the Face of Othering

This session dove into aspects of John A. Powell's book, *Racing to Justice: Transforming our Conceptions of Self and Other to Build an Inclusive Society*.

Featured Artist: **Michelle Otero** is a writer, community-based artist, and facilitator who utilizes creative expression and storytelling as the basis for organizational development and positive social change. Michelle is New Mexico's poet laureate and was part of the Phase 3 facilitation team for the HEA Cohort.

Presenter: **John A. Powell** is the director of the Othering & Belonging Institute at UC Berkeley, and brings together stakeholders to identify and eliminate the barriers to an inclusive, just, and sustainable society in order to create transformative change.

Moderator: **Kevin Kahakula'akea John Fong**

### Young Leaders Rising: Re-imagining the Future with Young Leaders in Colorado

This session featured several youth leaders in Colorado who are leading the movement for racial equity and justice, bringing new energy to build a better society. They shared their wisdom, experiences, and vision.

Featured Artists: **Meta Sarmiento** (bio above in Advancing Policy Summits). **Keolohi Minami** is a political science student at Whittier College.

Panelists: **Alejandro Ortega, D. Garcia,** and **Christian Luna-Leal**

Moderator: **Kealohi Minami** is the Diversity Ambassador at Whittier College, Office of Equity & Inclusion

## Healing Toward Action Summits

### Standing at the Gates of Hope: Stories from Three Women Who Bend the Arc Toward Justice

In this Summit, presenters reflected on their combined 100+ years of activism as women who stood in their power of resistance and defiance against patriarchal systems—the U.S. Navy, the University of Mississippi, and the U.S. government, respectively—and won. Through stories, they shared their wisdom on how to hold many roles (sister, daughter, mother, spouse, friend) while being a torchbearer and finding joy in the struggle.

Featured Artist: **Toluwanimi Oluwafunmilayo Obiwole** is a Nigerian-born, Colorado-raised poet, organizer, and educator, holding a degree in Ethnic Studies. She was Denver's first Youth Poet Laureate in 2015-2016 and continually tours/performs nationally.

Presenters: **Aunty Puanani Burgess** is a community activist and has been involved with the Native Hawaiian Sovereignty movement for over 50 years. Aunty Pua is a Zen Buddhist priest, a published poet, mother, aunty, and friend to many, and she lives in her multi-generational family homestead in Waianae, Hawaii.

**Liz La quen náay Medicine Crow** is from Keex Kwaan, Alaska, and currently serves as the President and CEO of the First Alaskans Institute, whose vision is to preserve and progress 10,000 years of Native Alaskan wisdom to do good in the world.

**Susan M. Glisson** is a trained historian of social movements, a skilled educator, and an accomplished facilitator with a gifted capacity for community engagement and youth mentorship. As the founding Executive Director of the Winter Institute for Racial Reconciliation at the University of Mississippi, Susan has facilitated community-driven dialogues at sites with the most notorious histories of racial violence.

Moderator: **Kevin Kahakula'akea John Fong**

### Indigenous Peoples' Day: Honoring our Relations

This Summit featured Indigenous leaders and activists who shared their perspectives on sovereignty, representation, missing and murdered Indigenous women, the impact of COVID-19 on their community, and what these issues show us about structural racism. They discussed the role that cultural narratives play in liberation movements, Indigenous perspectives on allyship and solidarity between people of color-led movements, and lessons on how to advance equity and heal toward action.

Featured Artist: **Ella Long Soldier** opened the Summit with a traditional prayer, it was not recorded out of respect. Ella is a member of the Oglala, Lakota Nation, and mother of Iona Long Soldier, who works at United for a New Economy, an HEA Cohort organization.

Panelists: **Tara Houska** (Couchiching First Nation) is a tribal attorney, a land defender, a Mide, a sundancer, and a former advisor on Native American affairs to Bernie Sanders. She advocates on behalf of tribal nations at the local and federal levels on a range of issues impacting Indigenous peoples. She recently spent six months living and working in North Dakota fighting the Dakota Access Pipeline.

**Regis Pecos** is a citizen of the Pueblo de Cochiti. He is currently Co-Director of the Leadership Institute at Santa Fe Indian School, which he co-founded. He has served as Councilor and Former Governor, Lt. Governor (three terms), and is a lifetime member of the Tribal Council of the Pueblo de Cochiti. Pecos was most recently Chief of Staff to the Speaker of the House, New Mexico House of Representatives.

**Maymangwa FlyingEarth** is the attorney advisor for the Office of General Counsel at the U.S. Small Business Administration. Maymangwa grew up on the Standing Rock reservation and, as an attorney, Maymangwa has worked on various federal Indian law matters including tribal trust issues, federal recognition, and jurisdiction. Maymangwa is also the founder of the Colorado Indigenous Breastfeeding Coalition which started in 2018.

Moderator: **Alison Neswood\*** (Colorado Center on Law and Policy)

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### The State of the Possible

This session offered perspectives on how to find joy in the struggle, how we can sustain ourselves in the movement for the long term, and how the “possible” can be seen as a starting point and not the ending. The session also offered insights on patriarchy, hierarchy, race, the future of the planet, climate change, being a woman, and where to source wisdom.

Featured Artist: **Nora Alwah** is a teacher and therapist, committed to empowering people in reclaiming their own unapologetic truth through their bodies. Nora is dedicated to unmasking the many lies that we embody.

Presenter: **Akaya Windwood** is founder of the New Universal, which centers human wisdom in the wisdom of brown women. She is the past-President of the Rockwood Leadership Institute, a master gardener, avid bird whisperer, and science fiction fan.

Moderator: **Kevin Kahakula'akea John Fong**

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