



## HEALTH EQUITY ADVOCACY STRATEGY: WHAT IS THE EVALUATION FRAMEWORK?

The Health Equity Advocacy (HEA) strategy is a multi-year funding strategy with the goal to build a strong and diverse field of health equity advocates in the state. Details about the strategy, as well as its field-building approach, can be found at [www.coloradotrust.org](http://www.coloradotrust.org).

HEA partners include the **18 grantees** (the “cohort”); **Social Policy Research Associates (SPR)**, serving as the evaluation and learning partner for the strategy; Morgan & Rushton, the firm providing facilitation and strategy design support; and The Colorado Trust. One of the challenges is carrying out a rigorous and multi-level developmental evaluation to meet the diverse priorities of the HEA partners, as well as the broader field of stakeholders committed to advancing health equity and advocacy.

To meet this challenge, the HEA evaluation is guided by an evaluation framework (see pages 2-3) designed to do justice to the innovative nature of the field-building work, while still maintaining flexibility to capture the unexpected and respond to any emerging needs that might arise within the cohort. The framework builds upon key concepts in field building and community-driven change research, and integrates shared understanding generated from the HEA partners.

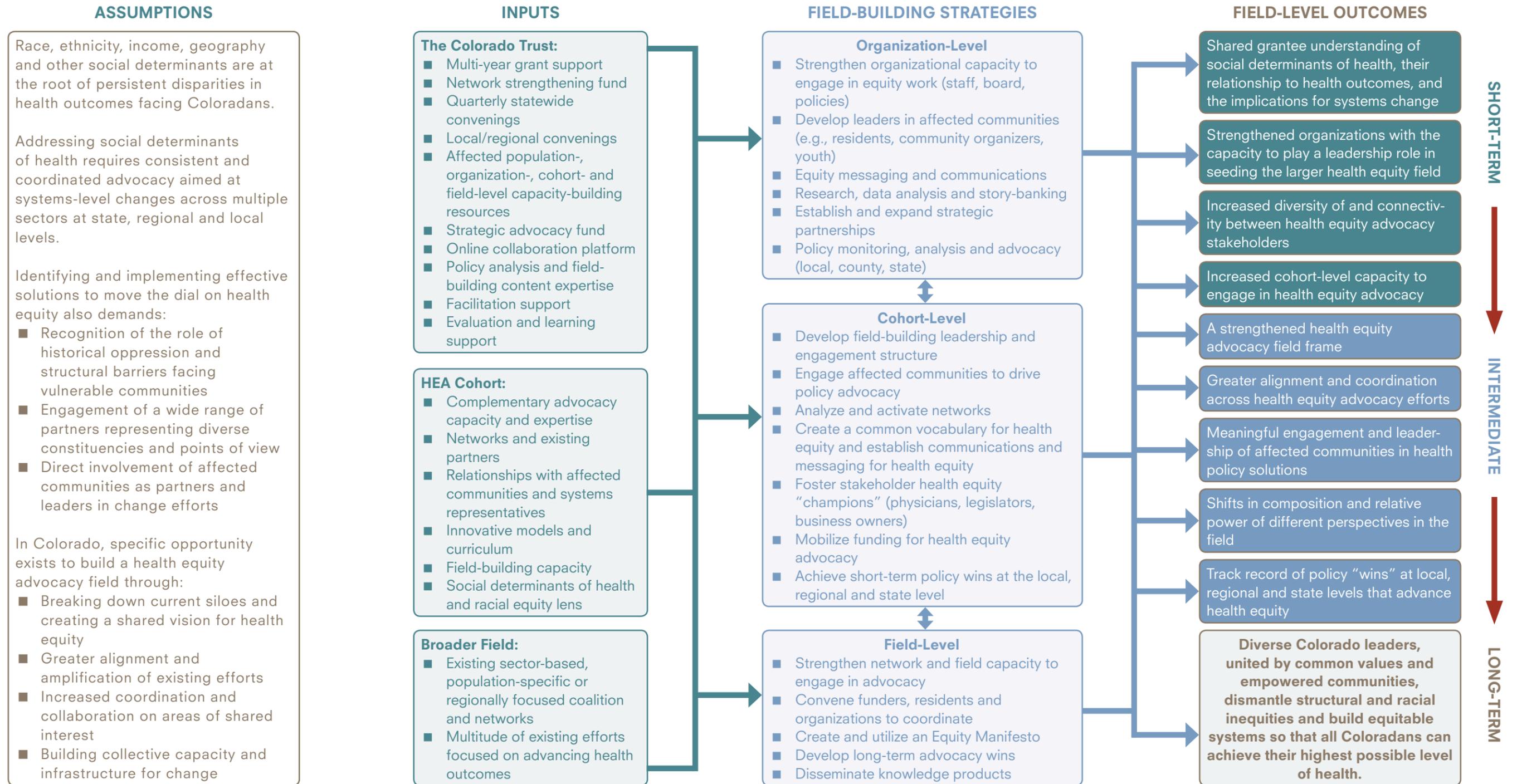
### ASSUMPTIONS

The HEA partners’ perspectives are most visible on the left-hand side of the evaluation framework, which articulates the core assumptions that undergird this strategy. These assumptions surfaced during a six-month planning phase, during which HEA partners engaged in a series of meetings to collectively unpack the “how” and “why” behind this work, including coming to common definitions and understanding of core concepts to support field building, such as:

- Health and racial inequities and their connection to social determinants of health;
- Advocacy as a critical lever to influence systems-level changes that address these inequities;
- The importance of maintaining focus on the role of historical oppression and persistent structural racism facing Colorado’s most vulnerable, the power and potential of diverse partners coming together to influence change, and the critical role of affected populations as partners in driving the changes that affect them; and
- The unique opportunity of field building as a way to break down silos, promote alignment across various health equity-focused efforts and ultimately harness power statewide to advance change.

# HEALTH EQUITY ADVOCACY STRATEGY

## An Evaluation Framework for a Field-Building Approach



(Rev 9/16)

## INPUTS

The second column, titled inputs, represents the core elements of the HEA approach. These include The Trust's direct investments—including general operating resources, individual and group capacity building, rapid-response advocacy resources, strategic learning and evaluation support, and periodic convenings—as well as specific assets that individual members of the cohort bring to bear in this work. For many cohort members who have served as core leaders in their respective communities for years, these can include expansive networks with a wide range of systems- and community-based partners, relationships that have been fostered within their respective communities, and a wide range of tools and resources that could be leveraged on behalf of an emerging health equity field. Even beyond the cohort itself, the evaluation framework assumes a broader field of resources, networks and advocacy that grantees are involved in and which can be drawn upon to support HEA work.

## FIELD-BUILDING STRATEGIES

Notably, many of the field-building strategies captured in the third column started out as "to be determined." This is because, initially, the bullets captured grantees' early thinking about organizational, cohort and field-level activities. However, over the past years partners have had opportunities to discuss, debate and define specific strategies, which now appear in the framework. Given the evolving nature of the work, we can anticipate continuing changes to strategies over the life of HEA.

## FIELD-LEVEL OUTCOMES

While the field-building strategies are dynamic and continue to evolve, the short-term and intermediate field-level outcomes on the right side of the framework are anchored in field-building evaluation literature and thus are fixed. They provide HEA partners guidance for thinking about field-building activities over the course of the strategy.

The short-term outcomes center on progress related to building the capacity of cohort members to serve as leaders in an emerging health equity advocacy field. These include increased readiness of participating organizations to engage in health equity advocacy field-building, but also outcomes related to strengthened HEA partner relationships and demonstrated collective capacity to set shared agendas and ultimately carry out joint action around shared priorities. The assumption is that as HEA partners move forward, they will leverage this group-level capacity to both engage in collective advocacy efforts and continue to build and strengthen the field of health equity advocates.

Despite the continually evolving nature of the HEA strategy, the framework continues to be relevant and an appropriate guide for the evaluation. The framework has effectively served to keep the HEA partners focused on their larger, collective goals while remaining flexible enough to embrace shifts that occur over the course of the strategy. It also serves as a strong

foundation for thinking about the future, as the HEA partners focus on operationalizing their collective capacity to bring to fruition the cohort's vision: Diverse Colorado leaders, united by common values and empowered communities, dismantle structural and racial inequities and build equitable systems so that all Coloradans can achieve their highest possible level of health.