



Evolution of the Guiding Framework: Healthy Equity Advocacy, Phase 3

The Health Equity Advocacy (HEA) Strategy is a complex, multi-year funding strategy aimed at building a strong and diverse field of health equity advocates across the state. Comprised of partners that consist of 18 direct service, community organizing and policy advocacy organizations (the cohort) as well as The Colorado Trust and its facilitation and strategic learning and evaluation partners, this initiative is now in its third phase.

The cohort's focus in the previous phase (2015-2017) was largely internally focused: the cohort sought to articulate a shared vision, to define and implement the work, to build stronger relationships with one another, and to build a solid infrastructure to support their field-building efforts. The framework for Phase 2 was based upon key concepts in field building and community-driven change research.

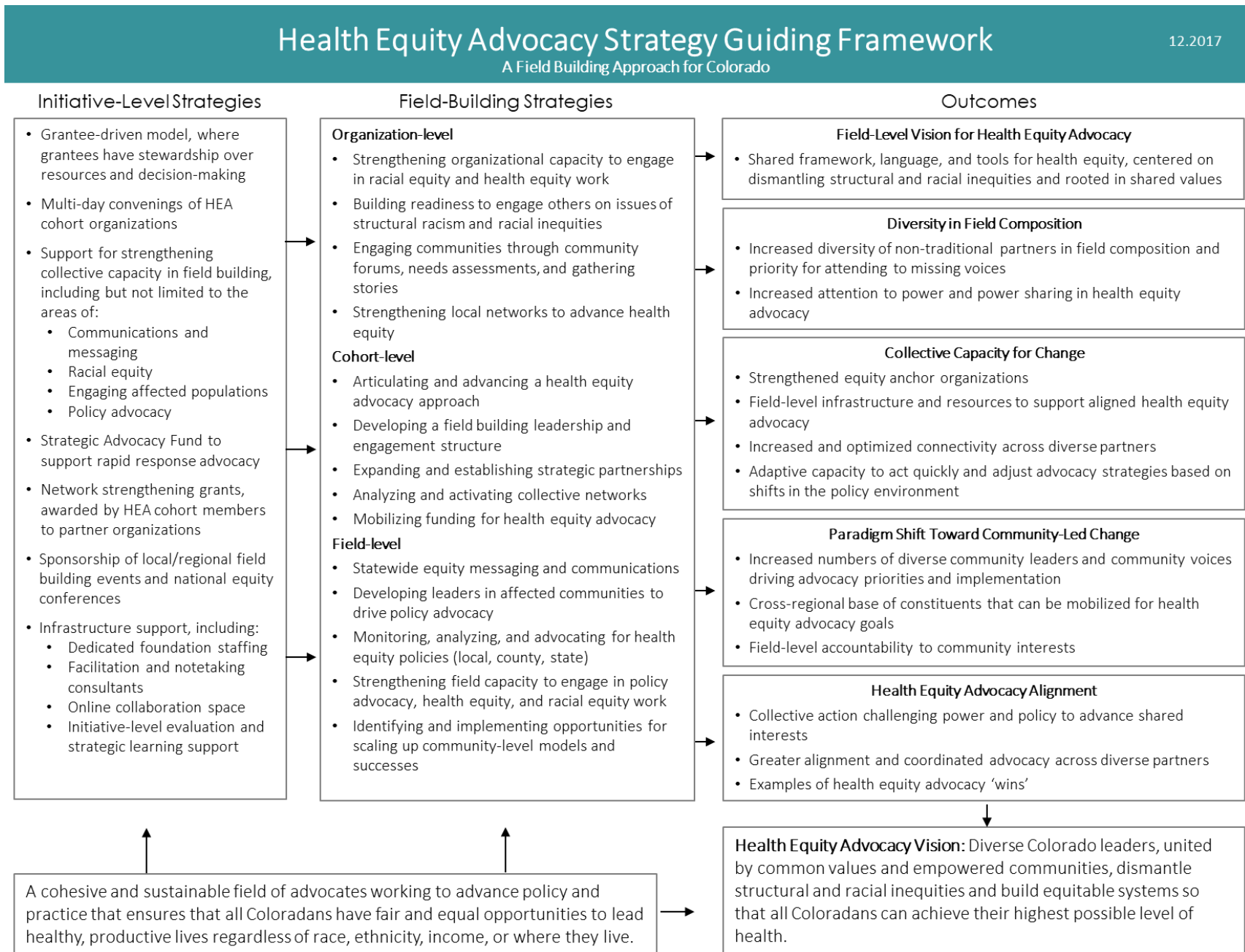
The work envisioned for Phase 3 reflects some significant shifts for the cohort. With a more solid foundation in place, including a well-defined structure, greater clarity around processes and resources, and a strong sense of cohesion and collaboration across cohort partners, the cohort had a greater sense of clarity about how to work together and was ready to make a more outward-facing shift in their field-building efforts. It thus became apparent that the HEA Strategy would benefit from a revised framework that reflects the evolution of the cohort and its work.

This document provides an overview of the Guiding Framework for Phase 3 of the HEA Strategy. The process of revising this framework was a collaborative effort across HEA partners. It began with Social Policy Research's¹ review of movement building literature to help with the articulation of strategies and outcomes that are not core to field-building literature but that are integral components of the HEA Strategy. SPR and The Colorado Trust then worked together to review the previous framework and to analyze its alignment (or lack thereof) with the cohort's evolving efforts. Drafts of the framework were presented to cohort function teams and the Core Partnership Team² for feedback and validation. The final, updated framework (shown here as Exhibit I), was presented to the cohort and ratified at the January 2018 convening in Denver.

¹ Social Policy Research Associates (SPR) serves as the strategic learning and evaluation partner in the HEA Strategy. The evaluation documents and assesses the progress made toward the creation of a robust health advocacy field; identifies challenges, opportunities, and lessons learned to support further progress; and provides ongoing learning opportunities for grantees as a means to reflect on and refine activities, tactics, and strategies.

² Function teams are sub-committees that focus on key activities related to the cohort's field-building work. Active function teams for Phase 3 focus on racial equity, communications and messaging, policy advocacy, and community leadership development and engagement. The Core Partnership Team is the cohort's leadership body.

Exhibit 1. Health Equity Advocacy Strategy Guiding Framework



Initiative-Level Strategies

Core aspects of the initiative-level design of the HEA Strategy are articulated on the left-hand side of the framework. The articulation and implementation of these initiative-level strategies are the result of the challenging and collaborative work the HEA partners undertook over the course of Phase 2 to design, implement, and resource an infrastructure that would support the cohort's field-building goals. Some strategies were present during Phase 2 and were carried over into Phase 3, including infrastructure support to facilitate the effective functioning of the cohort, resources to support rapid-response advocacy and support for attendance at national conferences, and multi-day convenings of HEA cohort organizations. Other strategies that were carried over from phase 2 are connected with the grantee-driven nature of the work, which is the most revolutionary aspect of the HEA Strategy, wherein the cohort was given the power to articulate the vision for this collective work, develop the model for engagement and implementation, and hold stewardship authority over resources and decision-making. New strategies introduced in Phase 3 to address specific needs identified by the cohort include network strengthening grants to expand the cohort's reach and support the work of key partners, support for local and regional field-building meetings and events, and collective capacity building to support field-building efforts in areas such as communications and messaging, racial equity, community leadership and engagement, and policy advocacy.

Field-Building Strategies

The field-building strategies articulated in the middle column of the framework reflect the initiative's multi-layered approach to field building, including strategies focused at the organizational, cohort, and field levels. While several of the strategies remain consistent from Phase 2 to Phase 3, there were some critical changes, reflecting the evolution of the work. One of the most important additions to this framework is a clearly articulated and explicit focus on structural racism and racial inequities. While attention to race has always been a part of the HEA Strategy, over the course of Phase 2 the cohort voted to put race "front and center" in their health equity work, which includes building organizational capacity to engage others on issues of structural racism and racial inequities, and strengthening the field's capacity to engage in health equity and racial equity work. This framework also includes a stronger focus on networks, not just in terms of analyzing and activating collective networks but also in expanding and establishing strategic partnerships. The biggest shifts in this section of the framework are seen in the field-level strategies, many of which reflect values that are important to the cohort (such as developing leaders in affected communities to drive policy advocacy), as well field-level needs that were identified by the cohort and by respondents in the [HEA Field Assessment](#), conducted by SPR in 2017. These include strengthening field capacity to engage in policy advocacy, health equity, and racial equity work; focusing specifically on statewide equity messaging and communications; and scaling up community-level models and successes.

Outcomes

Another significant shift reflected in the HEA Strategy's Guiding Framework for Phase 3 lies in the articulation of anticipated outcomes associated with this work. Unlike in Phase 2, the outcomes

articulated in this framework are not organized by expected timeframes for achievement (i.e. short-term, intermediate, and long-term), but by goals that are rooted not only in field building but also in movement building. Thus while the anticipated outcomes include goal areas that serve as markers for a strong health equity advocacy field (e.g. having a shared HEA vision, building collective capacity for change, and working towards health equity advocacy alignment), they also include goal areas that are associated with social justice movement building, including having a dedicated focus on community-led change and attending to the diversity of field composition in ways that focus on inclusion of non-traditional partners and increased attention to power and power sharing in equity work.

Vision for the Work

Finally, at the bottom of the framework are two vision statements that undergird the work of the HEA Strategy. The statement on the left reflects The Colorado Trust’s vision, at the launch of this initiative, for what they hoped would be built as a result of this strategy: *A cohesive and sustainable field of advocates working to advance policy and practice that ensures that all Coloradans have fair and equal opportunities to lead healthy, productive lives regardless of race, ethnicity, income, or where they live.* The statement on the right-hand side is the vision developed by the HEA Cohort: *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.* Both statements help to inform the work and both are rooted in a vision of a Colorado wherein all of its residents can be healthy and thrive. Each statement has a slightly different focal point which ultimately serve as strong complements to one another—i.e. while The Trust’s vision is focused on the building of a field of health equity advocates, the cohort’s vision is focused on the work of that field, naming specifically the dismantling of the systemic, structural and racial inequities that lay at the heart of health inequities.