State of the Health Equity Advocacy Field in Colorado
2020
Overview

1. What is a health equity advocacy field, and why did The Colorado Trust invest in it?

2. What is the state of the health equity advocacy field in 2020?
   - Field frame
   - Field composition
   - Field connectivity
   - Infrastructure
   - Adaptive capacity

3. Needs and opportunities

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The Colorado Trust is dedicated to ensuring all Coloradans have the opportunity to thrive. We believe local and statewide policies should have a positive impact on people’s well-being.
Health Equity Advocacy in Colorado: 2013 Assessment

Health Advocacy

Equity
Health Equity Advocacy in Colorado: 2013 Assessment
1. An emerging health equity advocacy field exists
   • *Diverse and diffuse*

2. Opportunities exist to leverage diverse expertise within the field

3. There are some clear directions for future field-building efforts

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

- **Strongly disagree**: 4%  
- **Disagree**: 11%  
- **Somewhat disagree**: 4%  
- **Somewhat agree**: 37%  
- **Agree**: 40%  
- **Strongly agree**: 1%
1. What is the composition of the health equity advocacy field in Colorado in 2020?

2. Are we seeing any differences in patterns of connections within the field?

3. How has the overall capacity of the field shifted in the past two years?

4. What are some tangible indicators of a health equity advocacy field that is advancing equity? What are the remaining gaps?
Methodology

**Online Survey**

- Survey open from January-April 2020
- Unbounded snowball sample
- Seeded by participants in the 2017 field assessment and 18 current organizations receiving funding from The Colorado Trust
- 617 organizations identified
- 218 responses

**Bellwether Interviews**

- Telephone interviews
- 23 organizations presumed to be part of the health equity advocacy field
- Nominated by The Trust and Cohort members, as well as through the 2017 field scan
Limitations

Sample: Key stakeholders

Specific perspective

Timing
# Field Characteristics and Indicators

## Field Frame
- Shared values for advancing health equity
- Broad conceptual understanding of health equity and a shared analysis about the roots of health inequities
- Clarity about how health equity serves as an umbrella for diverse interrelated interests

## Field Composition
- Diverse array of health equity advocacy partners that extend beyond professional policy advocates
- Capacity of partners to equitably exercise power and have voices within the broader field
- Inclusion of those who authentically represent community voices

## Field Connectivity
- Connections across field actors that enables the array of skills to be marshalled
- Hubs that serve as bridges across diverse elements of the field
- Lack of silos across organizations focus, constituencies or issue areas

## Field-Level Infrastructure
- Connective tissue that sustains connectivity (databases, information-sharing mechanisms, ongoing opportunities for interaction)
- Shared knowledge base, tools and resources that create economies of scale amongst advocates
- Resources forced on capacity building of field actors
- Organized funding streams to support the work

## Adaptive Capacity of the Field
- Ability to conduct sound political analysis and then choose the tactic that best fits based on shared analysis of the political landscape
- Sense of solidarity that extends beyond one community’s issues or priorities
- Readiness as a field to mobilize for and against shared interests within political windows of opportunity
Field Frame
Health equity advocacy is increasingly seen as an umbrella for diverse interests. There are stakeholders across the state with a shared value for advancing health equity, and stakeholders across the state see their health equity work as interrelated.

### Field Frame Indicators

**A shared understanding of what is meant by “health equity” is present in Colorado?**

<table>
<thead>
<tr>
<th>Year</th>
<th>Agreement Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>56</td>
</tr>
<tr>
<td>2017</td>
<td>46</td>
</tr>
</tbody>
</table>

An increased focus on “health equity” exists in Colorado, although conceptual clarity is evolving.
Field Composition
Organization Type

- Direct service: 32%
- Policy advocacy: 24%
- Community organizing: 15%
- Funding: 8%
- Technical assistance/training: 8%
- Research/education: 7%
- Not applicable: 6%
Organization Scope & Sector

**Scope**
- Statewide: 35%
- Regional/multiregional: 30%
- Local/municipal/county: 32%
- Other: 3%

**Sector**
- Nonprofit sector: 74%
- Public sector: 23%
- Private for-profit sector: 3%
Health Equity Focus

- 19%: Yes, this is a primary focus for our organization
- 50%: Yes, this is one of multiple areas that our organization focuses on
- 25%: Yes, but this is only a peripheral focus for our organization
- 6%: No, this is not a focus for our organization*

*Note: The last category is marked with an asterisk.
Most commonly served “core” populations
- Low-income families
- Children and youth
- Latino/Hispanic populations
- Rural populations

Least commonly served “core” populations
- Homeless populations
- Native Americans
- LGBTQIA+ populations
- Asian American/Pacific Islanders
- Veterans
- Incarcerated/formerly incarcerated populations
Field Composition Indicators

The field includes actors with a growing capacity to center community and advance health equity advocacy goals.

Agreement that voices of affected communities are drivers of health equity advocacy

- 2020: 51%
- 2017: 31%

Non-traditional advocacy partners are a more active part of the field, and there is a continued perception of missing or underrepresented key voices.
Field Connectivity
Social Network Analysis

- Study of social relations among a set of actors
- “Maps the network” by measuring relationships between individuals within a given group
- Identifies patterns and structures that can be graphically represented
Health Equity Advocacy Field

- HEA Cohort & The Colorado Trust (19)
- Organizations that were nominated 5+ times (24) *(inbound connections)*
- Health equity advocacy field (628)

671 unduplicated organizations

232 completed survey

Final sample size: **218**
Organization Type

Direct services
Policy advocacy
Community organizing
Funder
Technical assistance/training
Research/education
Not applicable/did not answer survey
Organization Scope

- Local/municipal/county (69)
- Regional/multiregional (65)
- Statewide (77)
- Other (7)
- Did not answer survey (453)
Health Equity Advocacy Field

- Health advocacy field (48)
- Health equity field (29)
- Both fields (130)
- Neither (11)
- Did not answer survey (453)
Field-level Infrastructure
Field-level Infrastructure Indicators

- The field includes funders with a stake in the ground around health equity advocacy
- There has been an increase in health equity-focused conferences and convenings to foster connection and collective work.
- There is a growing number of coalitions and policy tables creating opportunities for cross-sector engagement
- Infrastructure for building collective capacity to engage in health equity advocacy still seems limited.
Adaptive Capacity of the Field
Adaptive Capacity of the Field Indicators

To what extent would you agree that:

- Shared political and policy analysis to support coordinated health equity advocacy exists
- Engagement and coordination across different sectors to advance health equity are present
- There is a shifting sense of shared political and policy interests.
- Aligned communications and messaging around health equity are present in Colorado

2017
2020

2017 2020

23 42
30 50

There is a shifting sense of shared political and policy interests.
Needs & Opportunities

➢ Deepen a demonstrated commitment to health equity
➢ Increase advocacy resourcing
➢ Targeted investment in building infrastructure
➢ Focus on voices on the ground driving change
➢ Recognize the breadth of equity issues that impact health
➢ Provide capacity building in specific areas
1. Was there anything in this presentation that rang particularly true or false from your own understanding of the field?

2. Would you add any other needs or opportunities?

3. How might your organization take advantage of the power inherent in the health equity advocacy field?
For more information about the **Health Equity Advocacy strategy**:  

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