



**THE  
COLORADO  
TRUST**

*A Health Equity Foundation*



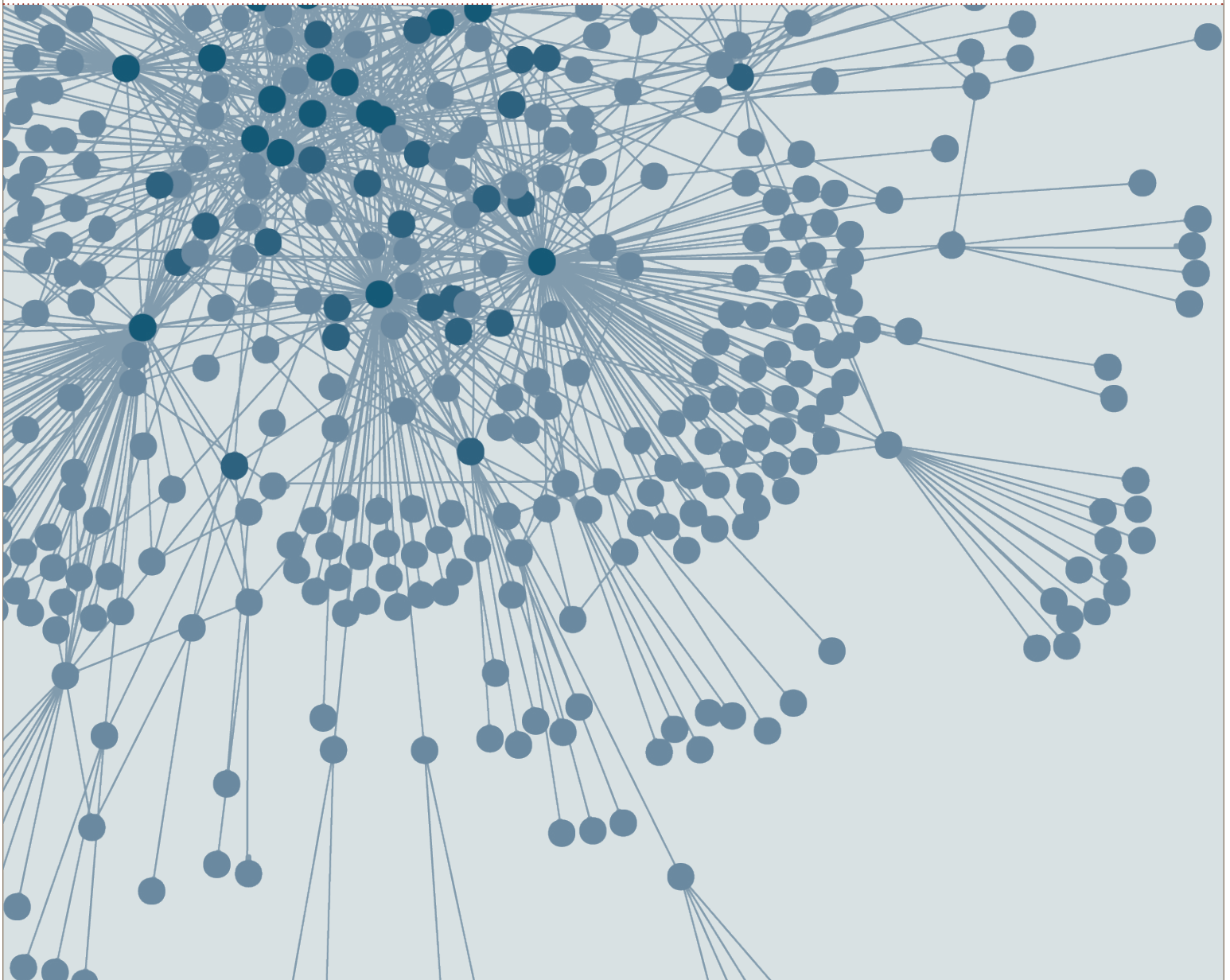
**SOCIAL POLICY RESEARCH  
ASSOCIATES**

DEDICATED TO ACHIEVING HEALTH EQUITY FOR ALL COLORADANS

AUGUST 2020

# STATE OF THE FIELD:

## Findings from a 2020 Scan of Colorado's Health Equity Advocacy Field



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SPR is a research, evaluation and technical assistance firm located in Oakland, Calif. with expertise in the areas of philanthropy, youth development, education, health, workforce development and other human service programs. Its Philanthropy, Equity, and Youth Division elevates the role of philanthropic and public-sector investments in policies and programs designed to improve outcomes for diverse populations across the country and support change strategies focused on racial, gender and place-based equity. For more information about SPR or this report, contact **Traci Endo Inouye**, vice president and director of the Philanthropy, Equity, and Youth Division.

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» **LETTER FROM THE COLORADO TRUST**

The Colorado Trust (The Trust) believes local and statewide policies should have a positive impact on people’s well-being. Since 2007, funding advocacy has been an essential component of our grantmaking. We recognize that policy change is imperative to rectify the health and racial inequities that have persisted for centuries.

In 2014, The Trust undertook a field-building approach in its Health Equity Advocacy (HEA) strategy. Why field building? As **outlined in a paper on the topic**, we saw this approach as holding several significant advantages over other advocacy funding approaches. These include the ability to advance a variety of policy issues, reduce silos, maximize resources and incorporate new advocacy voices—thus potentially shifting power dynamics and improving policy outcomes for underrepresented populations. To us, field building also offered a way to build the stability and long-term adaptive capacity of organizations that can influence and shape an ever-changing policy landscape to meet the needs of those most impacted by inequities.

Through the HEA funding strategy, The Trust supports 18 direct service, community organizing and policy advocacy organizations (the “Cohort”) with the capacity, vocabulary and tools to advocate for policies to end racial, economic and other injustices impacting the health and well-being of all Coloradans. These organizations have planted seeds to support the growth of a new health equity advocacy field. This Cohort collaborates on decisions related to which policy topics to address, capacities to build and strengthen the partnership, communications activities to undertake, how to assure engagement of affected populations in their advocacy efforts, and how strategy funds should be used. Outcomes and learning from this multiphase strategy are included on our [website](#).

We recognize that many other partners are also actively engaged in or supporting health equity advocacy outside of the Cohort and The Trust. As such, we have commissioned accompanying field scans to better capture the story of the larger ecosystem of partners involved in advancing health equity advocacy in Colorado. We are pleased to share the results of our 2020 health equity advocacy field scan with you.

This field scan documents a point in time: early 2020, which was roiled by the coronavirus and the killing of George Floyd. The movement for Black lives drew local, statewide and nationwide attention—and, we hope, change—to the health and racial inequities that have persisted for centuries. If this scan were conducted a month or year later, what might look different? We cannot be certain. What is certain is that policy change is urgent and necessary to address the unjust impacts of systemic health and racial inequities.

We hope that the findings serve to further strengthen the important work taking place to advance health and racial equity for Coloradans across the state. There is much work to be done.



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## » EXECUTIVE SUMMARY

A bookend to the **health equity advocacy field scan** conducted in 2017, this 2020 iteration formally assesses and benchmarks the growth of the health equity advocacy field taking place in Colorado. Commissioned by The Trust, the field scan was designed to answer four key questions to both capture progress and chart a path for continuing to strengthen the field going forward:

1. What is the composition of the health equity advocacy field 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 the presence of a growing health equity advocacy field that is making a difference for advancing health equity in the state? What are the remaining gaps in Colorado, related to health equity?

To address these questions, this scan relied on the perspectives of organizations from across the state—including those connected and not connected to The Trust's field-building effort. These were gathered through 1) an online survey of Colorado organizations that are focused on advancing health equity within Colorado (January - April 2020), and 2) telephone interviews with 23 representatives of various organizations presumed to be a part of an emerging health equity advocacy field (fall 2019).

### THE STATE OF COLORADO'S HEALTH EQUITY ADVOCACY FIELD 2020

In analyzing the state of Colorado's health equity advocacy field, the scan drew upon a paper that The Trust commissioned when considering a field-building approach to its advocacy grantmaking,<sup>4</sup> which included five constructs: field frame, composition, connectivity, infrastructure and adaptive capacity. Using those constructs as a foundation, the scan integrated additional measures of field-building capacity that have emerged from the HEA evaluation as particularly salient to consider within a health equity advocacy field.

Key findings related to the state of Colorado's health equity advocacy field in 2020 included:

- **A strengthened field frame.** While the existence of a health equity advocacy field in Colorado was established in the 2017 field scan, at that time, the field frame was still largely emerging. In 2020, there is now a clear health equity advocacy field frame in the state, although it is still most evident to those actively engaged in carrying out health equity advocacy. Field respondents observed a greater prevalence of health equity as a general focus in Colorado and a strong sense of shared values that undergirds health equity advocacy efforts. As a promising indicator of growth, greater percentages of field respondents are seeing health equity increasingly serving as an umbrella being used to connect diverse interests. While acknowledging that it will take time for this concept to take root across the state, multiple interviewees noted that more people are now able to "connect the dots" around issues like housing, transit, behavioral health, food justice and health.
- **Diverse field composition.** The 2020 field scan identified 671 organizations working toward health equity in Colorado, a comparable number as identified in the 2017 scan. As in 2017, there appears to be even representation by statewide, regional/multiregional and local

organizations. Approximately a third identify as direct service organizations, and just under a quarter as policy advocacy organizations. As indicators of growth, respondents in the 2020 field scan expressed greater degrees of confidence about the field's overall capacity than 2017 respondents, and observed that non-traditional advocacy partners are a more active part of the field. While every county and target population in the state is represented by at least one organization, resounding feedback suggests that the field still has blind spots and missing voices that are critical for ensuring that policy is aligned with community priorities across the state. The most commonly mentioned missing or underrepresented actors were those that represent particular constituencies (such as specific racial groups or rural communities) and more organizations from adjacent fields that represent social determinants of health (including housing, transportation, criminal justice, violence prevention, climate resilience and education).

- **Connectivity that leverages diversity.** Through a formal social network analysis, the scan found that Colorado's health equity advocacy field is comprised of a dense, connected core group of organizations, with many organizations on the periphery only joined to the field by virtue of one or two connections. Notably, an analysis of patterns of connections across the field finds that the connected core is comprised of different types of organizations with no discernible silos in how these diverse organizations are connected with each other. Interviewed field leaders observed a greater recognition of the importance of partnerships for advancing change, as well as a shifting value for seeking out partners that are different than one's own organization. As an indicator of growth since 2017, the scan found that previous silos across statewide and more regionally based organizations appear to have diminished over time. Silos across equity and health advocacy groups identified in a still earlier 2013 scan also appear to have disappeared, with the field made up of a preponderance of organizations—particularly in the core of the field—that indicate their focus encompasses both health equity and health advocacy.
- **Evolving field-level infrastructure support.** In 2017, limited field-level infrastructure to support health equity advocacy was overwhelmingly perceived as the largest gap. Not unexpectedly then, statewide infrastructure for health equity advocacy in Colorado is still perceived as relatively early in its development. 2020 survey and interview respondents were, however, able to name examples of evolving field-level infrastructure, such as increased numbers of funders with a stake in the ground around health equity and a growing number of health equity-related policy tables creating opportunities for cross-sector engagement. Respondents also highlighted persistent field-level infrastructure gaps, including multilevel capacity building to engage in health equity advocacy and health equity research, as well as tools and evidence-based research to support the work.
- **Increased alignment and adaptability of health equity advocacy efforts.** A field's adaptive capacity is one that takes time to develop, in concert with the other elements of field capacity described thus far, and through a growing track record of policy wins tied to successful exercising of collective power. The last three years have seen a number of such policy wins, fueling a shifting sense of shared political and policy interests in the state. In 2020, field respondents offered numerous examples of groups working in alignment and solidarity to advance a broader policy agenda. This has most prominently taken the form of greater data sharing and joint advocacy in support of policy campaigns (such as minimum wage or housing legislation), but also has included increased organizing around immigrant rights and "get out the vote" efforts.



## REFLECTING AND LOOKING AHEAD

Looking across all five measures of field capacity, the future holds a great deal of promise for the relatively new field of health equity advocacy in Colorado. To summarize, in the last few years, there has been a palpable priority in the state for focusing on health equity. Hundreds upon hundreds of diverse partners have a growing sense of connection to a vision for Colorado rooted in shared values around health equity. Further, there are clear subsets of field actors that are actively partnering with each other, and whose intentional focus on seeking out diverse partners is translating into a blurring of previous silos in the field. All of this is culminating in concrete examples of partners coming together in authentic ways under the umbrella of health equity advocacy that can make a difference for those in the state experiencing health inequities.

There is, however, a tenuousness to the progress being made that underscores the importance of a sustained focus on continuing to strengthen and grow this field. Field survey and interview respondents were generous with their insights into what is needed. Their top recommendations were to continue investing in advocacy, field infrastructure, capacity building and support for shifting power dynamics, so that those most impacted by health inequities are the drivers of change. Noting that there seem to be issue areas that are underrepresented in health equity advocacy efforts, respondents also emphasized the importance of creating a greater understanding of and broad support around the range of issues that ultimately impact health outcomes. Finally, multiple respondents noted that because health equity is starting to become a buzzword, it is ever more important to demonstrate an explicit commitment to it so that health equity does not start to lose meaning or become watered down.

Reflecting on the field-level progress described in this report, many credited some of the pace of progress to the moment we are in. The political and social environment—characterized by divisive politics and a sense of disenfranchised communities under attack—has given rise to voices across the state standing up and demanding more accessible and culturally relevant services, policies and representation. As gross inequities experienced by historically marginalized communities are becoming more and more visible in the mainstream, the case for continuing to grow and strengthen Colorado's health equity advocacy field so that its assets can be effectively leveraged for transformational change is clear. As one respondent shared:

*The opportunity is right in front of us. The timing is right, the conditions are right, there is some agenda setting to do. And, I think with really getting going, getting funding in the field, especially around the attention that people will be paying around the 2020 election, as a way to engage them, to activate them, to mobilize them. I don't think there could be any better time than right now.*

# TABLE OF CONTENTS

**LETTER FROM THE COLORADO TRUST..... 3**

**EXECUTIVE SUMMARY..... 4**

**INTRODUCTION ..... 8**

**THE STATE OF THE HEALTH EQUITY ADVOCACY FIELD  
IN COLORADO: 2020..... 11**

FIELD FRAME ..... 12

FIELD COMPOSITION ..... 14

FIELD CONNECTIVITY ..... 17

FIELD-LEVEL INFRASTRUCTURE AND RESOURCES..... 23

ADAPTIVE CAPACITY OF THE FIELD ..... 25

**REFLECTIONS AND LOOKING AHEAD..... 26**

**CONCLUSION ..... 30**

**APPENDICES**

**APPENDIX A: FIELD SCAN SURVEY RESPONDENT ORGANIZATIONS ..... 32**

**APPENDIX B: FIELD LEADER INTERVIEW RESPONDENTS..... 34**

**APPENDIX C: TOP NOMINATED ORGANIZATIONS..... 35**

**ENDNOTES ..... 36**

## » INTRODUCTION

Change—even widespread transformative change—can be difficult to pinpoint in real time. Yet something is certainly afoot in Colorado. In response to persistent health inequities across the state, there is a palpable shift in understanding that solutions lie in the social determinants of health that are driving those inequities. There is a growing sense that attending to equity in local and statewide policies is a critical part of the solution, and more funders in the state have put a stake in the ground to ensure that this happens. The language of health and health equity in Colorado seems to be evolving, and there is a louder chorus of diverse voices demanding change.

Social Policy Research Associates (SPR) designed this field scan to formally assess and benchmark the change taking place in Colorado—particularly as it relates to a health equity advocacy field in the state. It is commissioned by The Colorado Trust (The Trust), a health equity funder that has been actively investing in growing a field of health equity advocates since 2014. Described in more detail in the text box on the next page, The Trust's multiphase investment has aimed to foster a field of diverse organizations with the collective capacity to effectively advocate for health equity, and is one of many efforts catalyzing some of the changes taking place in Colorado.

This field scan serves as a bookend to the **health equity advocacy field scan** conducted in 2017, which took place three years into The Trust's Health Equity Advocacy (HEA) field-building strategy. The 2017 scan was intended as a baseline against which to benchmark development of Colorado's health equity advocacy field in the years to come. The 2017 scan was also envisioned to complement a health advocacy field assessment conducted by Spark Policy Institute four years prior. That **2013 assessment**<sup>1</sup> found a potential to marry two groups of advocacy partners focused on health advocacy and equity into a new field of health equity advocacy that had not existed to that point.

The 2017 scan revealed some key findings:

- **A health equity advocacy field exists in Colorado.** In 2017, this field was comprised of a diverse set of partners from across the state who encompassed a mix of organizations from the nonprofit, public and—to much lesser degree—private sectors. Notably, just 23% of these organizations were policy advocacy groups; the larger field of partners was comprised of those providing direct services to advance health and well-being of diverse communities (33%), community organizers (13%), technical assistance/training organizations (9%), research/education partners (8%) and funders (8%). Approximately 35% were statewide in scope, with those remaining more regionally or locally focused. All expressed some degree of focus on advancing health equity.
- **In 2017, the field was perceived as relatively nascent.** Given that, just four years earlier, no such field existed, it is not surprising that many members of this field described it as “emerging” or “nascent.” While feeling that organizations and coalitions existed in the state to advance health equity, many described the field as largely siloed by issue area, sector and geography. While there were indications of a growing understanding of and shared value for health equity as an umbrella for a range of issues, health equity as a concept was not yet fully understood, and communications and messaging around health equity were viewed as poorly aligned. Field-level infrastructure to connect and amplify siloed efforts was also perceived as lacking in 2017, and gaps were identified around both policymaker and affected-community engagement in the field.



## The Colorado Trust's Health Equity Advocacy Field-Building Strategy

Launched in 2014, the Health Equity Advocacy (HEA) strategy is a multiyear, grantee-driven initiative aimed at building a strong and diverse field of health equity advocates that can advocate together to affect policy decisions to improve the health and well-being of all Coloradans. At the core of this strategy is the HEA Cohort, a group of 18 organizations envisioned as anchor organizations working toward a common vision, articulated as:

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.

In the first few years of this strategy, the HEA Cohort dedicated itself to laying the groundwork for change—establishing a shared vision and trusting relationships with each other, while beginning to seed different field-building efforts. In the last three years, the HEA Cohort accelerated its field-building efforts, resulting in substantive contributions to Colorado's growing health equity advocacy field, including:

- **Bringing missing voices into the field.** During the last phase of the HEA strategy, the Cohort implemented a “mini-grant” strategy to increase field diversity and efficacy through strategic partnerships with an additional 56 organizations. These network-strengthening partners had access to communities or geographic regions in Colorado that were not well-represented by the Cohort or field and had expertise in key health equity issues. These partners had the opportunity to access HEA trainings and resources, and were engaged in collective advocacy.
- **Racial equity-focused community capacity building.** The Cohort sponsored a series of 43 racial equity conversations and trainings in seven communities across the state. Ultimately, several hundred people participated in these opportunities focused on fostering awareness, knowledge and skills around racial equity, and laying a foundation for a broader paradigm shift toward community-centered change. A total of 35 community leaders in four communities were trained as facilitators who could continue to hold racial equity conversations within their respective communities. More information on the Cohort's racial equity efforts can be found in a separate [learning paper](#).
- **A racial equity resource library.** The Cohort sponsored the development of an [online racial equity resource library](#), or “biblioteca.” It provides access to a range of resources to support individuals and organizations interested in building their racial equity capacity, including articles, toolkits and trainings on topics such as community education, organizational development and systemic oppression.
- **Political education workshops and policy advocacy trainings.** The Cohort sponsored a series of 11 political education workshops throughout the state to deepen understanding of the root causes of health inequities and highlight opportunities for health equity advocacy alignment across participating organizations. Ultimately, 270 people participated in these sessions, held in both English and Spanish. The Cohort also sponsored a series of 12 policy advocacy trainings that took place in communities across Colorado.
- **Messaging to support health equity advocacy communications.** After conducting a comprehensive landscape analysis of health equity narratives and messaging in Colorado, the Cohort produced a unified statement and supportive messaging, intended to provide a foundation for messaging efforts and build shared language among receptive audiences engaged in aligned work across the state. The Cohort also developed messaging for an audience of “moveables,” or people and organizations that are not ideologically aligned with the Cohort but may be receptive to tailored messages within different audiences and local contexts.
- **Equity advocacy tools.** As detailed in another [learning paper](#), the Cohort engaged in collective advocacy with others in the field over the past three years. As part of this advocacy, the Cohort developed and shared a number of tools to support its collective advocacy efforts that were envisioned to be ongoing resources for the field, including a health equity policy assessment tool that can be used to analyze health equity impacts of different policies, and a legislative scorecard that tracks the voting records of state legislators across a range of health equity-related issues.

- **Some clear directions were articulated for future field-building efforts.** When respondents were asked what was needed to build a sustainable health equity advocacy field, some clear themes emerged, including: (1) developing shared understanding about health equity and clear strategic goals for its advancement; (2) increasing the diversity of partners in the field, including intentional and targeted strategies to ensure that populations most affected by inequities are directly engaged in advocacy; (3) investing in building the skills of partners to meaningfully engage in collective advocacy together; (4) fostering collaboration that extends beyond any one policy win, and that leads to sustainable partnerships of unlikely allies to move the needle on health equity in the state; and (5) attending to field-level infrastructure—including research, tools and funding—to sustain and amplify health equity advocacy.

These findings from the 2017 field scan were disseminated by The Trust to the broader field through a **report** available on their website and a recorded webinar. For the partners of the HEA strategy actively focused on building and strengthening this field, the insights and recommendations of colleagues offered through the 2017 scan offered useful insights for considering where to deepen and invest their field-building efforts in the three years since.

## ABOUT THE 2020 FIELD SCAN

The 2020 health equity advocacy field scan was designed to answer four key questions to both benchmark progress since 2017 and chart a path for continuing to strengthen the field going forward:

1. **What is the composition of the health equity advocacy field in 2020?** Where are organizations located around the state, and what are the implications for health equity advocacy going forward?
2. **Are we seeing any differences in patterns of connections within the field?** What can be learned about current patterns of connections? Where do HEA Cohort members sit within this network? Where are the continuing gaps?
3. **How has the overall capacity of the field shifted in the past two years?** What have been the catalysts, if any? Areas identified for further growth and development?
4. **What are some tangible indicators of the presence of a growing health equity advocacy field that is making a difference for advancing health equity in the state? What are the remaining gaps in Colorado, related to health equity?** What are the most pressing advocacy priorities? What are the opportunities and barriers for mobilizing a statewide effort to address these priorities?

## METHODOLOGY

To address these questions and assess how Colorado's health equity advocacy field is evolving, this scan relied on the perspectives of organizations from across the state—including those connected and not connected to The Trust's field-building effort. These perspectives were gathered through two main data-collection activities:

**An online survey of Colorado organizations that are focused on advancing health equity within Colorado.** The survey was designed to capture: (1) key demographics about respondent organizations (e.g., organizational type and scope, geographic regions covered, target populations); (2) connections with others working to advance health equity for the purpose of informing a field-wide network analysis; and (3) perspectives on the degree to which key components of a health equity advocacy field exist in Colorado. It was administered January through April 2020<sup>i</sup> through snowball sampling,<sup>ii</sup> with the initial set of survey respondents including the HEA Cohort and The Trust (19) and the respondents from the 2017 survey (213).

Ultimately, 671 un-duplicated organizations were identified through this snowball sampling effort, 218 (32%) of which completed the survey and identified that they promote health equity in Colorado—defined by the survey as “efforts that insure that Coloradans have fair and equal opportunities to lead healthy, productive lives regardless of race, ethnicity, income, or where they live.”<sup>iii</sup> A full list of the 218 organizations is included in Appendix A.

**Telephone interviews with 23 representatives of various organizations presumed to be a part of an emerging health equity advocacy field.** Conducted in October 2019, these interviews yielded further insight into the opportunities and challenges in Colorado. Nominated by Trust staff and select HEA Cohort members, interview respondents were drawn from the list of 2017 scan respondents with additional respondents added to increase diversity in the areas of geography and organization typology. Respondents included Colorado statewide and regional community-based organizations, coalitions and networks, as well as health equity funders. A full list of respondents is included in Appendix B.

This scan’s findings are informed by a statistical tabulation of organizational survey data, as well as a formal social network analysis of connections across organizations. In addition, SPR compared emerging themes coded from interview transcripts and open-ended survey responses with quantitative data to further shed light on emerging findings. The 2020 field scan is not intended to serve as a post assessment to the 2017 scan, as it pursues different research questions and utilizes a different sampling strategy from the 2017 scan.<sup>iv</sup> However, throughout this report we highlight data points from 2017 to serve as a frame of reference to help understand the difference in perceptions of field respondents at two different points in time.

#### **LIMITATIONS OF THIS FIELD SCAN**

Notably, 81% of the 218 organizations in our sample represent the immediate partners of Trust-funded HEA Cohort organizations, and our interview respondent pool was pulled from The Trust’s recommendations, which suggests that our sample might be somewhat biased toward the types of organizations that The Trust and 18 HEA Cohort organizations envision as key entities that should be a part of a statewide health equity advocacy field. Thus, while we characterize the results of our assessment as field-level findings, it is important to recognize that they represent a specific perspective about the state of the field, informed by thoughtful insights from individuals and organizations that have been identified as key stakeholders within it.

## » THE STATE OF THE HEALTH EQUITY ADVOCACY FIELD IN COLORADO: 2020

Field building as a strategy for large-scale social change is a complex, long-term endeavor. Because its power as a vehicle for change is rooted in the involvement and engagement of an entire ecosystem of issues and actors, field building not only takes clear intention and significant resourcing, but also a degree of patience as a field develops and matures.<sup>2,3,4</sup>

The endeavor of building a health equity advocacy field has been found to be exponentially more complex. At its core, a health equity advocacy field is not one that can be easily defined by clear professional distinctions or bounded by specific norms of practice as exist in other fields (e.g., nursing, education, environmental protection, etc.). The process of bringing this particular field together has therefore been necessarily organic and inherently challenging. Adding to the complexity, a field with equity at its core has required a fundamental wrestling with the values and assumptions that underlie the change envisioned, as well as added layers of navigating difference and building solidarity to exercise collective power.

This section provides an overview of the health equity advocacy field in Colorado in 2020. To analyze field capacity, we draw upon a framework laid out in a paper that The Trust commissioned when considering a field-building approach to its advocacy grantmaking.<sup>4</sup> In that paper, Beer et al. identify five field-level characteristics that should be examined to determine a field's capacity: its **field frame, composition, connectivity, infrastructure and adaptive capacity**. Using those constructs as a foundation, our analysis integrates additional measures of field-building capacity that have emerged from the HEA evaluation as particularly salient to consider specifically within a health equity advocacy field. These are summarized in text boxes at the beginning of each section below. While this field scan is not part of a true pre-post assessment, where possible, findings highlight where the state of the field in 2020 differs from the state of the field in 2017.

### FIELD FRAME

Fields typically bring together a wide range of actors who share a common goal but who may also have different interests, ideologies and organizational forms. As such, having a clear field frame is essential, as it "adds meaning, norms of practice, and shared understanding about who is within or outside the field" and "can shape how [field actors] see themselves and how they recognize others as part of a field."<sup>3</sup> Foundational to a health equity advocacy field frame is shared understanding about what is meant by health equity, and a sense of shared analysis about the roots of health inequities facing communities across the state. Ultimately, a robust field frame will serve as a clear organizing framework for diverse field actors to see their work as connected and interrelated.

#### Health Equity Advocacy Field Frame Indicators

- 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

## THE STATE OF THE HEALTH EQUITY ADVOCACY FIELD 2020: FIELD FRAME

While the existence of a health equity advocacy field in Colorado was established in the 2017 field scan, at that time, the field frame was still largely emerging. In 2020, there is a clear sense that there is a strengthened field frame in the state, although it is still most evident to those actively engaged in carrying out health equity advocacy. Key findings related to Colorado's health equity advocacy field frame include:

- **More organizations in Colorado are reporting a focus on health equity, although conceptual clarity is still evolving.**

Field survey and interviews respondents strongly affirm a growing awareness of health equity as a concept, increased use of the term, and, as one respondent put it, "a lot of normalizing of this concept" in the past few years. Another described health equity as "this vein now running through at least the organizations we partner with." Many respondents credited the public health and philanthropic sectors for accelerating exposure to and adoption of the term as they have come to embrace health equity as a priority in their own work.

“ I think the shared values have become more of a priority, and that the intentionality behind supporting organizations across the state to learn about and intentionally focus on equity has helped us get there. ”

~ Survey respondent,  
Statewide Advocacy Group

Despite the increased awareness and usage of the term, feedback still suggests that there remains a persistent need to deepen the field's understanding about health equity. Only just over half (56%) of 2020 survey respondents expressed agreement that the field currently operates with a shared understanding about what health equity means, as compared to just under half (46%) of 2017 respondents. As one survey respondent noted: "While the equity language is now more visible, it does not seem that there is a shared language or definition for health equity."

- **A strong sense of shared values undergirds health equity advocacy efforts.** Importantly, both survey results and interview responses indicate a strong sense of fundamental shared values around the work in 2020. Almost three quarters (74%) of survey respondents expressed agreement that there were stakeholders across the state with a shared value for advancing equity, a much larger percentage than expressed agreement in 2017 (57%). As an indicator of deeper shared analysis behind this value, a couple interviewees also observed a greater (albeit still limited) emphasis being placed on addressing systemic racial inequities as part of health equity efforts. One interviewee observed that racial equity and health equity work happening in parallel is moving both discussions forward:

*People are having a lot of discussions on racial health disparities and that's really important, because then we start uncovering all the other ways that people are shut out of other systems. I think I've seen sort of a big emergent field and this parallel between the health equity work and the racial equity work kind of side-by-side, complementing each other.*



■ **Health equity advocacy is increasingly seen as an umbrella for diverse interests.**

As a positive indicator of health equity advocacy as a field frame, almost three quarters (73%) of survey respondents expressed agreement that there were stakeholders across the state that see their health equity work as interrelated, which is again a much larger percentage than expressed agreement in 2017 (48%). Multiple interviewees noted that more people are now able to “connect the dots” between issues like housing, transit, behavioral health care, food justice and health. While a greater focus on social determinants of health is a promising indication of progress, many respondents also acknowledged that it will take time for this concept to take root across the state. As one survey respondent noted: “We have a long way to go to make this more widespread and tangible for a broader group of stakeholders across the state.”

“ Being able to connect the dots between the social determinants of health and how they are all interconnected has made a huge difference... Getting local government to look at issues around safe and affordable housing as it relates to food security, health care access, employment, etc. is a huge step in advancing health equity on the local level. ”  
 ~ Survey respondent,  
 Community Organizing Group

**FIELD COMPOSITION**

To understand a field’s capacity, existing literature emphasizes the importance of examining its composition.<sup>4</sup> As envisioned by The Trust and the HEA partners, Colorado’s health equity advocacy field places a particular priority on a diverse array of voices that can participate in and influence the advocacy and policymaking process. This diversity is envisioned to extend

**Health Equity Advocacy Field Composition Indicators**

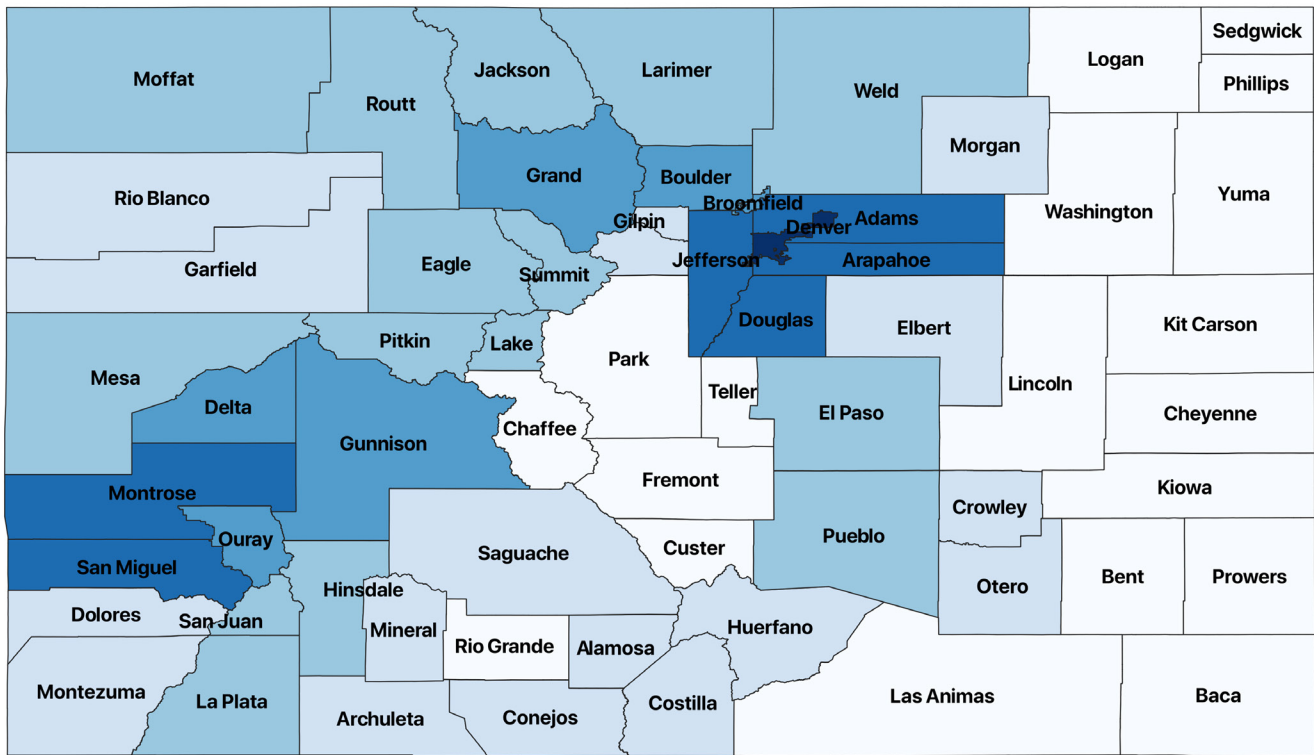
- Diverse array of health equity advocacy partners that extend beyond professional policy advocates
- Capacity of partners to equitably exercise power and have voices within the broader field
- Inclusion of those who authentically represent community voices

beyond statewide policy shops, to also include advocates influencing policy change at the local and regional levels, community organizers with experience building power within low-income communities and communities of color, and even direct service providers who not only have a strong pulse on the issues affecting their clients, but a stake in policies that support their health and well-being. With a firm belief in the importance of affected communities having a voice in the policies that influence their lives, a robust health equity advocacy field is envisioned to also be inclusive of community-based organizations and leaders across the state.

**THE STATE OF THE HEALTH EQUITY ADVOCACY FIELD 2020: COMPOSITION**

The 2020 field scan identified 671 organizations working toward health equity in Colorado, a comparable number as identified in the 2017 scan.<sup>v</sup> As shown in the text box on the next page, the demographics of the 32% of those organizations (n=218) that shared their organizational demographics also closely mirrored those of organizations that shared their demographics three years prior. Specifically, as in 2017, we see geographic scopes evenly split between

**Exhibit 1. Locally or Regionally Focused Organizations, by County**



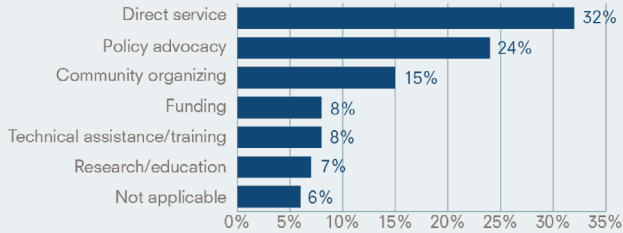
statewide, regional/multiregional and local organizations. Health equity is a “primary” focus of 19% of organizations, and “one of multiple areas of focus” for half (50%). Approximately a third identify as direct service organizations (32%), and just under a quarter as policy advocacy organizations (24%). Similar to 2017, while survey respondents reported working broadly with a range of populations across the state, smaller percentages of organizations reported working with specific groups as their “core” target population. Finally, the map in Exhibit 1 provides a geographic overview of counties that non-statewide organizations reach; notably, each county in the state has at least one organization focusing there.

Despite the similarities in aggregated organizational demographics between 2017 and 2020, the composition of Colorado’s health equity advocacy field in 2020 is characterized by some promising indicators of growing field capacity (as well as some persistent gaps) with regards to its composition. The following emerged from field leader interviews and was affirmed through a closer analysis of organizational demographics:

- **The field includes actors with a growing capacity to center community and advance health equity advocacy goals.** Respondents in the 2020 field scan expressed greater degrees of confidence about the field’s overall capacity than 2017 respondents; over three quarters (78%) of 2020 respondents expressed agreement that the field includes grassroots organizations with the capacity to lead efforts to advance health equity, as compared to 68% in 2017. Approximately 88% of field survey respondents expressed agreement that coalitions and partnerships exist in the state to advance health equity. Almost half (49%) of 2020 respondents disagreed that the voices of affected populations were driving health

## Organizational Demographics of Organizations within Colorado's Health Equity Advocacy Field\* (2020)

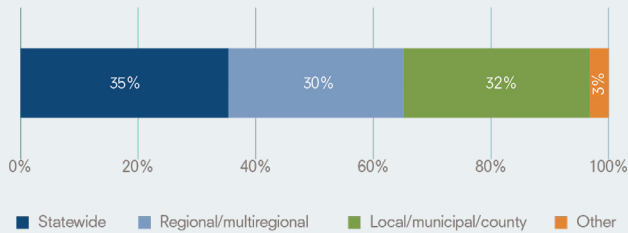
Organization Type



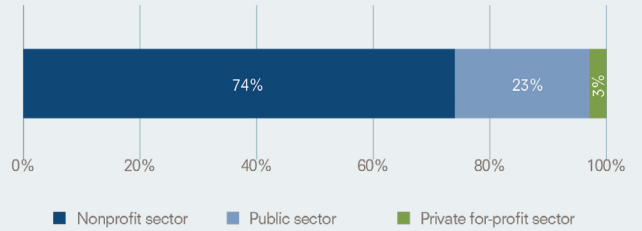
Health Equity Focus



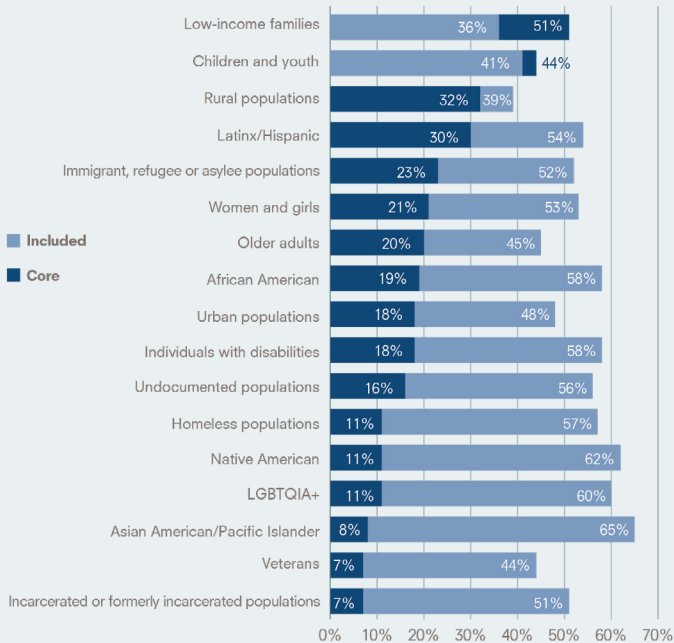
Scope



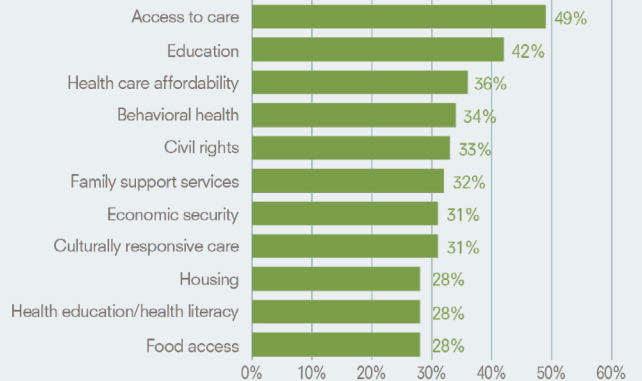
Sector



Organizations Focusing on Specific Population Groups



Top 11 Issues for Advocacy Work



\*The sample size is 218 for all charts except "Health Equity Focus," which is based on a sample size of 232. Fourteen organizations were dropped from all analyses in this report because they indicated that they do not focus on health equity in Colorado and thus were not considered to be part of the health equity advocacy field.

policy advocacy, compared with 69% of 2017 respondents. There were, however, a few interview respondents who observed that some longtime policy advocacy groups in the state (particularly those involved with The Trust’s HEA strategy) have changed the value that they place on “elevating the voices of those furthest from opportunity,” such that there is a visibly transformed approach to their work. The challenge going forward, according to many, will be to further lift up those organizations with deep and trusting relationships with communities, as well as better engage community leaders directly.

### Health Equity Advocacy Field Connectivity Indicators

- Connections across field actors that enable the array of skills to be marshalled
- Hubs that serve as bridges across diverse elements of the field
- Lack of silos across organizational focus, constituencies or issue areas

- **Non-traditional advocacy partners are a more active part of the field.** Notably, while comparable numbers of non-advocacy organizations (e.g., service providers, community organizers, funders, technical assistance providers) were part of the field in both 2017 and 2020, the field scan found that a greater proportion of these organizations reported directly engaging in advocacy on various issues in 2020. Specifically, whereas 75% of non-advocacy organizations reported engaging in advocacy in 2017, over 88% reported doing so in 2020. We see this most prominently with direct service providers, where 13% more indicated engaging in advocacy in 2020. This aligns with the observations of interviewees, a few of whom named that there are different voices engaging in advocacy in recent years, bringing new ideas and creativity. As one shared: “There’s much deeper appreciation for having different voices at the table, making sure that those voices are listened to, elevating and working with those voices around priorities and changing the priorities because of that, how we speak, how we run meetings, who is invited, who has power at the meetings. I’ve seen a lot of change.”
- **There is a continued perception of missing or underrepresented key voices.** Despite positive shifts in the composition of Colorado’s health equity advocacy field, resounding feedback suggests that the field still has blind spots and missing voices that are critical for ensuring that policy is aligned with the priorities of communities across the state. The most commonly mentioned missing or underrepresented actors were those that represent particular constituencies (such as specific racial groups or rural communities) and organizations from adjacent fields that represent social determinants of health (including housing, transportation, criminal justice, violence prevention, climate resilience and education). While almost double the percentage of 2020 field scan respondents expressed agreement that policymaker engagement in the health equity advocacy field exists (62%, as compared to 31% of 2017 respondents), better integrating policymakers—particularly at the local level—was recommended as a priority focus going forward. Finally, several field scan respondents suggested that the field would benefit from greater engagement of health associations, health system representatives and even health care providers. As explained by one: “Doctors every day are [at] the front of both perpetuating and responding to the variability of health equity and health outcomes across the state. I don’t think providers are engaged at all or even considered important partners... [They] could be part of the solution.”

## FIELD CONNECTIVITY

A third measure of field capacity looks beyond composition and centers on the connectivity of the individuals and organizations in it. These connections serve to promote flow of information and resources across the field, as well as ultimately enable the array of skills across the field to be marshalled.<sup>4</sup> Fields typically include hubs, defined as organizations that serve as bridges across diverse elements of the field. These hubs are particularly critical within fields as broad as health equity advocacy, where varied organizations representing different constituencies and issue areas are coming together. Over time, a cohesive field will be characterized by redundancy in relationships and increased connections across different elements of the field such that silos by organizational focus are not readily apparent.

### THE STATE OF THE HEALTH EQUITY ADVOCACY FIELD 2020: CONNECTIVITY

In 2020, a total of 671 organizations were identified through the field scan's sampling strategy (see methodology section on pages 10 - 11) to be a part of Colorado's health equity advocacy field. As a means of understanding the connectivity of the field, we conducted a social network analysis (see text box below) to visualize and analyze how these 671 organizations are connected to each other.

Within a social network analysis map, the formation and density of the network provides insight into the role and patterns of relationships. The 2020 social network analysis revealed that, overall, the field is comprised of a dense, connected core group of organizations, with many organizations on the periphery only joined to the field by virtue of one or two connections (represented as sprays emanating from these bridging organizations in the network maps that follow). As shown by a crescent of isolated organizations, the 2020 network maps also include 49 organizations that identified as part of the field in 2017 but in 2020 were not explicitly named as a partner (and/or did not name any partners). Within the field, on average, organizations

### What is Social Network Analysis?

Social network analysis is an approach to understanding relationships among a set of actors, in this case Colorado organizations that are working to advance health equity. Using specialized software, social network analysis allows for quantitatively understanding specific network characteristics, as well as graphically presenting information about network patterns and structures.

In the network maps shown in this section, the nodes represent individual organizations, and the lines represent the connections between them. The placement of the nodes is calculated using mathematical formulas based on reported connections between organizations. The location of the nodes relative to each other on the map is significant, as these maps are scaled using formulas that take into account all the connections in the network. This means that: (1) the proximity between organizations generally reflects the strength of their direct and shared connections, and (2) organizations with more connections tend to be more centrally located within the network map.

While the overall structure of the network remains the same in the three maps shown in this section, the color of each node changes to reflect specific organizational characteristics reported through the field scan survey. This allows us to visually identify patterns of relationships within this emerging field and provide insight into where clusters and silos exist, how information and resources might optimally flow, and opportunities for growth and development.

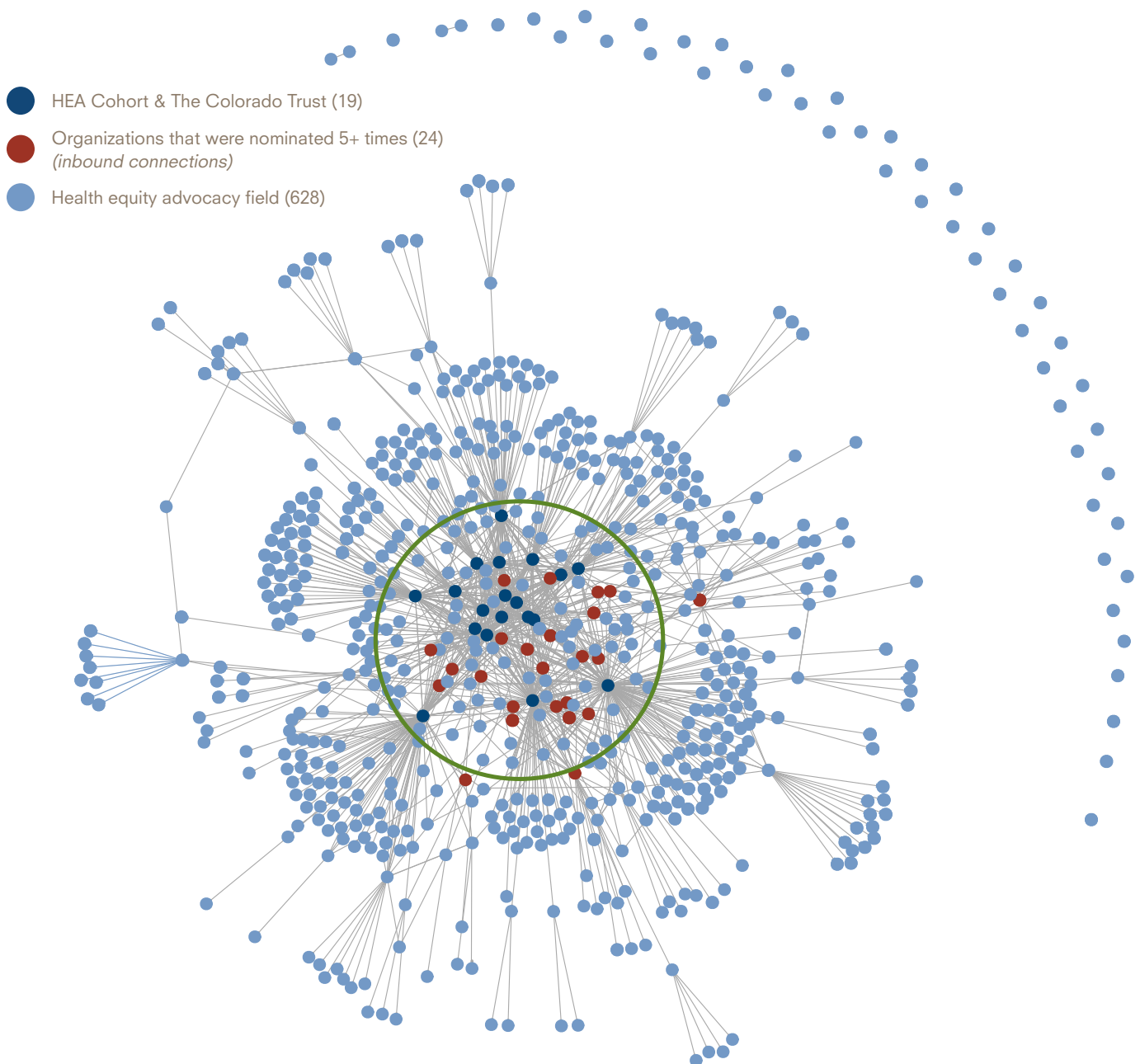


were nominated by 2.0 other organizations as a partner in their work, slightly below the average inbound connections reported in 2017 (2.3).<sup>vi</sup>

Beyond the degree to which organizations in Colorado’s health equity advocacy field are connected, understanding connectivity requires analyzing patterns of how different actors within the field are connected. Key findings include:

- **Meaningful connectivity among organizations within the field’s core extends beyond HEA partners.** The core of Colorado’s health equity advocacy field is clearly visible in Exhibit 2 below (circled). The organizations represented in the core of the field naturally include the members of the HEA Cohort and The Trust (where this snowball sample started). However,

### Exhibit 2. Colorado’s Health Equity Advocacy Field

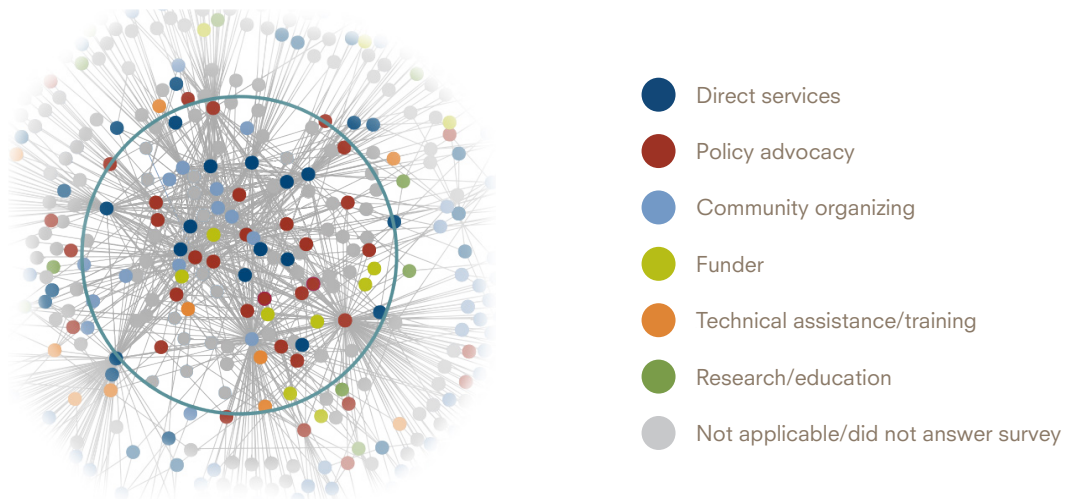


as an indicator of growth and unlike in 2017, the HEA Cohort organizations do not dominate the core. Rather, within the circled core, we also see 24 organizations (denoted in burgundy) that were nominated by at least five others as partners in their health equity work, and thus also represent central partners within the field. Captured in Appendix C, these 24 most-nominated organizations consist of population-focused groups (e.g., immigrants, children and youth, people experiencing homelessness), coalitions and networks, health departments, and organizations that operate in and serve rural populations in Colorado.

- **Partners within the field's core are diverse and integrated with each other.** Zooming in on just the circled core in Exhibit 3 below, we see that it is not only comprised of a mix of different types of organizations, but that there are no discernible silos in how these diverse organizations are connected with each other. This pattern of connectivity within the core set of partners was also noted by interviewed field leaders as well. Not only did they observe a greater recognition of the importance of partnerships for advancing change, but also a shifting value for seeking out partners that are different than one's own organization. One field leader elaborated:

*I do see that as a growth in the field... more organizations working more authentically with organizations who do very different types of work than what their own organization does. A handful of years ago, it was mostly organizations tending to partner with ones who do similar kinds of work, that felt really comfortable to partner with. But now, more partnerships and relationships are being built where folks are bringing very different things to that partnership and the recognition of the value of working together to do that.*

### Exhibit 3. The Diversity of the 2020 Health Equity Advocacy Field's Core

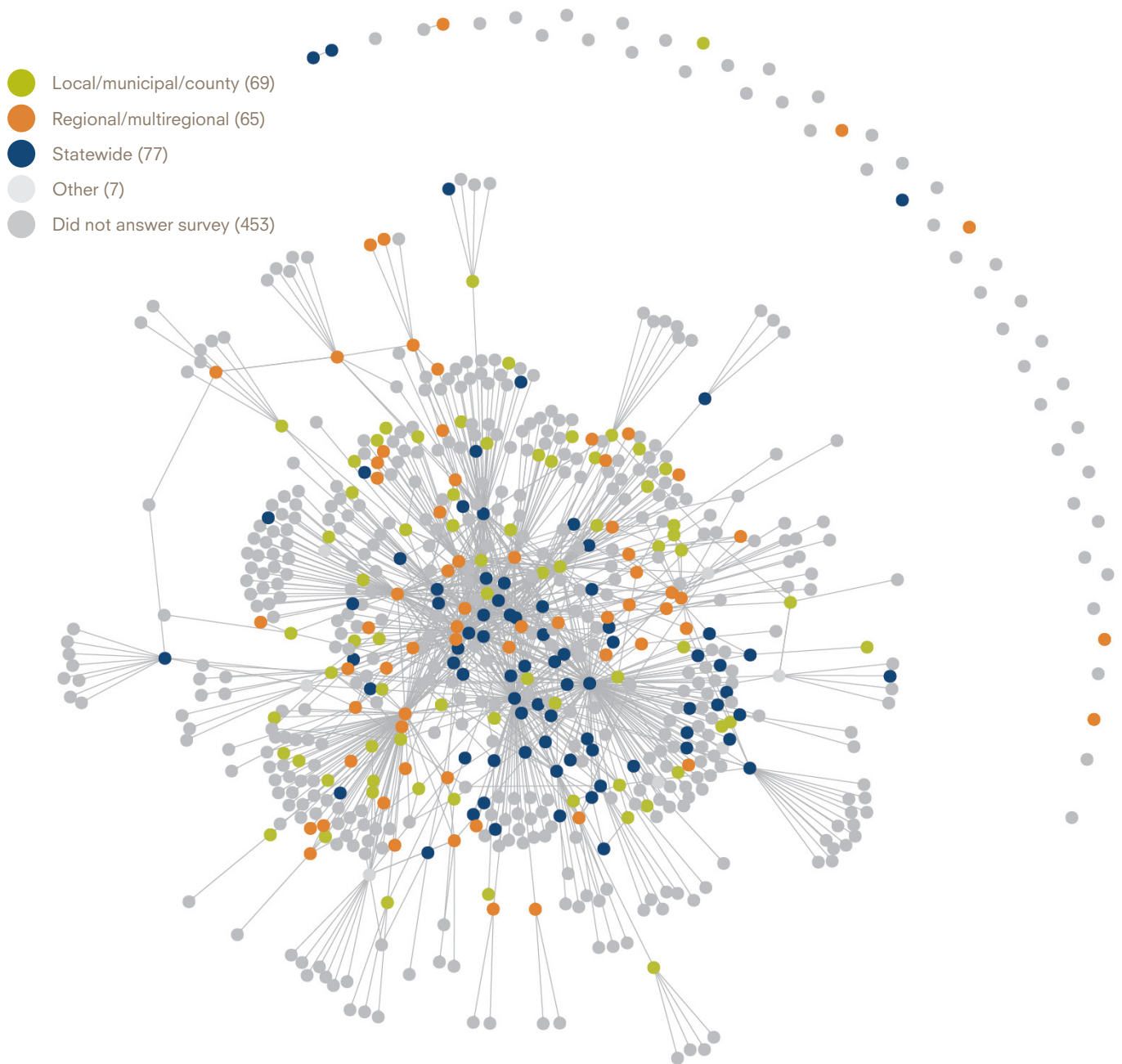


- **Blurring of silos across statewide and more regionally based organizations.** We see a lack of discernible silos within the core, which is echoed in the broader field as well. In 2017, patterns of relationships showed that statewide organizations that serve multiple regions were more connected to each other than to those working locally or within one region. Organizations in the northwest, southwest and Western Slope regions in particular tended not to be connected to statewide groups, pointing to an opportunity for statewide advocates to foster greater connections to those on the ground in those regions.

Just three years later, as we see in Exhibit 4 below, statewide groups (represented in dark blue) are more dispersed throughout the network, and silos based on organizational scope are not visible. This resonates with observations shared by interviewed field leaders, who described greater connectivity between state and local partners on specific issues such as ballot initiatives that include local funding for mental health care, or housing and food policies that are more context-driven. One individual explained:

*I think the state-level partners are more deeply connected to local partners. And I think local partners are more empowered... to go forward and use the resources of the state-level partners to do things locally. Whereas in the past I feel like it's been local [partners supporting] state advocacy, now I feel like there's some locally driven work that state partners are trying to help when they can. So I think that's deeper connectivity.*

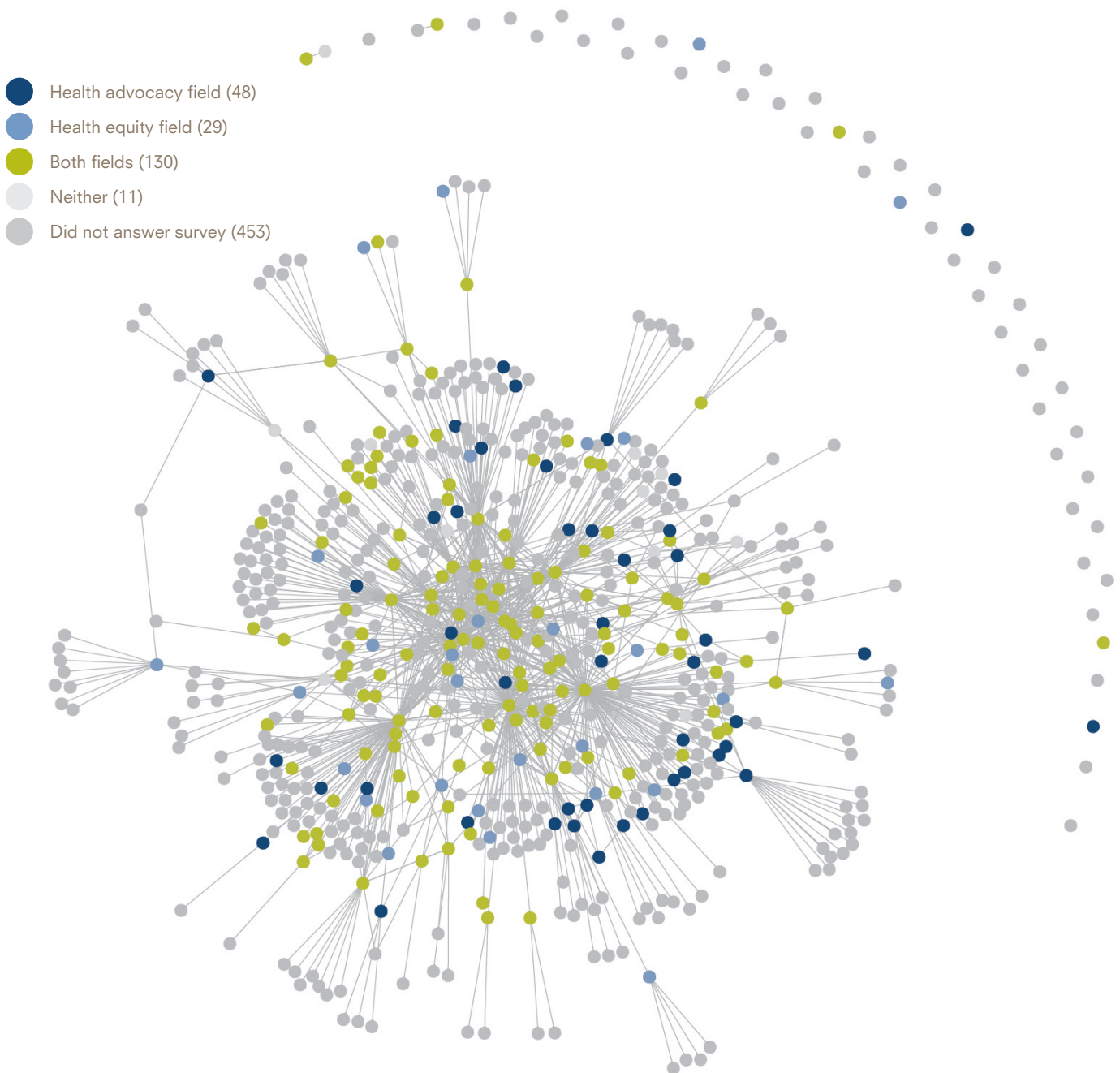
#### Exhibit 4. The Health Equity Advocacy Field by Organizational Scope



■ **Field connectivity in 2020 shows a more integrated health equity advocacy field.** To test for the presence of two separate fields in the state, as was found in the 2013 scan, we looked for the presence of silos amongst organizations focusing on health equity and health advocacy.<sup>vii</sup> As shown in Exhibit 5 below, there are no such silos visible. Further, and most promisingly, we see a preponderance of organizations—particularly in the core of the field—that indicate that their focus encompasses both health equity and health advocacy. A few field leaders described this evolution of the field as one of the more evident indicators of progress in the last few years, with one summarizing the shift:

*I would say it's a field in transition, in that there are some organizations who have existed for a long time and evolved over time to become more focused on health*

**Exhibit 5. The Health Equity Advocacy Field by Health Equity vs. Health Advocacy Organizations**





*equity. And, at the same time, there are newer or traditionally less well-resourced advocacy organizations who might have been focused on health equity issues... who are increasingly seen as players in this field. There are deepening relationships within those two sets of organizations, and then, also, across those two sets of organizations.*

## FIELD-LEVEL INFRASTRUCTURE AND RESOURCES

The growth and, ultimately, the longevity of a field requires more than connections across a set of field actors. To sustain the level of connectivity reported in the previous section, a field requires attention to the connective tissue that links diverse partners and creates pathways for new partners to enter the field. While foundation field-building initiatives might seed the development of field-level infrastructure—such as through convenings, communication platforms, resources, tools or capacity-building work—a sustainable field requires broad-based ownership and maintenance of these elements over time.

### Health Equity Advocacy Field Infrastructure and Resource Indicators

- 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 focused on capacity building of field actors
- Organized funding streams to support the work

### THE STATE OF THE HEALTH EQUITY ADVOCACY FIELD 2020: INFRASTRUCTURE

In 2017, limited field-level infrastructure to support health equity advocacy was overwhelmingly perceived as the largest gap. Not unexpectedly then, despite the progress of the last three years, statewide infrastructure for health equity advocacy in Colorado is still perceived as relatively early in its development. Less than half of 2020 survey respondents (45%, though up from 28% of 2017 respondents) expressed agreement that infrastructure currently exists to support information sharing and coordination for advocacy, and just over a quarter of 2020 respondents (25%, up from just 10% of 2017 respondents) indicated that there are adequate financial resources to support a sustainable health equity advocacy field. 2020 survey and interview respondents, however, were able to name examples of evolving field-level infrastructure, as well as areas of persistent gaps. Key findings:

- **The field includes funders with a stake in the ground around health equity.** Despite broad disagreement that adequate financial resources exist to support the health equity advocacy field in Colorado, many interview and survey respondents called attention to how Colorado funders and public institutions—most prominently The Trust and the Colorado Health Foundation, but also the Colorado Department of Public Health and Environment (CDPHE)—have stepped forward as visible catalysts within the field through their funding. By clearly

“Between The Colorado Trust and the Colorado Health Foundation's work, [health equity] is more of a focus than it has ever been in our state, and I think that folks have done a really good job of making this an emergent field.”

~ Interview respondent,  
Statewide Advocacy Coalition



putting a stake in the ground around health equity, they were described as having “changed the advocacy field of health equity in the state” as prospective grantees and partners have been forced to examine and reframe their priorities in alignment. Promisingly, a couple of respondents observed local funders beginning to follow suit, creating new opportunities for expansion of community-based services in some more rural areas of the state.

- **There has been an increase in health equity-focused conferences and convenings to foster connection and collective work.** In reflecting on how the field has shifted in the last few years, survey and interview respondents also observed more health equity-focused convenings and conferences taking place in the state. As stated by one individual: “We have seen a shift in the greater field to be discussing equity and centering annual summits, meetings or conferences around the topic of equity.” These gatherings not only help to increase the visibility of and focus on health equity, but they also provide opportunities for partners to connect with each other and deepen their collective work. While some of the named convenings were tied to specific philanthropic funding initiatives, a few conferences were more broadly accessible, such as CDPHE’s “People, Power, Purpose: Partnering for Equity” and Colorado Public Health Association’s annual conference, with the theme “Equity and Social Justice: Innovation at Elevation.”
- **There is a growing number of coalitions and policy tables creating opportunities for cross-sector engagement.** A number of respondents pointed to new and/or growing advocacy coalitions—focused on specific populations such as immigrants, or issues such as hunger or housing—creating important opportunities to deepen and connect health equity advocacy work taking place across the state, particularly given the membership overlap across different tables. While some of the examples cited were funder-driven, as a promising indicator of progress, one Colorado funder observed emerging examples of advocacy partners beginning to self-organize into coalitions or policy tables. This person shared, “I think that’s a sign of good health in the field. They don’t need to wait for a funder to nudge them in that direction or to initiate it.”
- **Infrastructure for building collective capacity to engage in health equity advocacy still seems limited.** Also notable are areas where field scan respondents did not see infrastructure-related growth in the last three years, particularly given that this issue was highlighted so strongly in 2017 as a need. These include multilevel capacity building to engage in health equity advocacy and health equity research, as well as tools and evidence-based research to support the work. Through the efforts of the HEA Cohort, a series of health equity advocacy trainings have taken place across the state, reaching several hundred individuals across Colorado. The Cohort also developed several health equity policy tools, such as equity-focused messaging, legislative policy scorecards and policy analysis tools. The existence of such resources, however, has not yet led to a corresponding awareness within the broader field. As shared by one respondent not directly connected to the HEA strategy:

*I think that The Colorado Trust Cohort convenings are a place where some [infrastructure] emerges. But then I think it depends on the assets and availability of the individual partners to kind of make something happen or to share something. I don't think it's as coordinated as it could be. It takes time and people power, people availability to make that happen. And I wouldn't say that that necessarily exists.*

Other field-level infrastructure gaps mentioned by respondents included centralized resources such as databases of organizations, a statewide dashboard of health equity indicators, and some sort of coordinating body formally tasked with convening and coordinating the broader field.

## ADAPTIVE CAPACITY OF THE FIELD

Finally, adaptive capacity traditionally refers to the field’s ability to monitor shifts in the policy environment and effectively adjust strategies and tactics to achieve collective success. Particularly within emerging fields like the health equity advocacy field in Colorado, another important indicator of adaptive capacity includes a fundamental readiness to move as a field to capitalize upon windows of opportunity, or, alternatively, collectively respond to a crisis or threat. Within a field as centered on diversity as this one, this readiness requires more than an affiliation with an overarching field frame or connectivity with each other. Rather, adaptive capacity must encompass a deeper and more fundamental sense of connection—and solidarity—with each other and to something bigger than one community’s issues or priorities.

**Health Equity Advocacy Field**  
**Adaptive Capacity Field Indicators**

- 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

### THE STATE OF THE HEALTH EQUITY ADVOCACY FIELD 2020: ADAPTIVE CAPACITY

A field’s adaptive capacity is one that takes time to develop, in concert with the other elements of field capacity described thus far, and through a growing track record of policy wins tied to successful exercising of collective power. The last three years have seen a number of such policy wins. As named by various field respondents, these fall in the areas of affordable housing and transportation, expansion of emergency Medicaid coverage to undocumented workers, local minimum wage ordinances, behavioral health care, and school expulsions for young boys of color. A number of field respondents also saw the impact of their advocacy more broadly, describing examples of greater attention to and inclusion of issues facing rural communities, LGBTQIA+ populations, and communities of color in policy discussions and debates. Accordingly, we documented key findings related to the field’s evolving adaptive capacity in 2020:

- **There is a shifting sense of shared political and policy interests.** A large portion of field respondents expressed a sense that the field is still coming together in terms of advocacy. Only 42% of 2020 respondents expressed agreement that aligned communications and messaging exist around health equity, and only 50% expressed agreement that shared political and policy analysis exists in Colorado to support coordinated health equity advocacy. These 2020 percentages, however, were up from 2017 where 23% and 30% of respondents, respectively, agreed that this was the case. There were several organizations within the field’s core who saw that a strengthened field frame around health equity has been translating to shifts in how policy conversations are now unfolding in Colorado, illustrated by two examples offered by field leaders:

*It became really apparent that the [policy] conversations were starting to connect compared to, I would say, two years ago. When we were starting the conversation around health and housing, it seemed to require a lot of education, a lot of just base-building and getting folks familiar with it. But when we started our engagement earlier this year there was definitely an “aha moment,” if you will, of folks saying, “Okay, yeah, I totally see where and how housing connects to health.”*

*This last minimum wage state policy... [shows that] sometimes when there isn't a compromise available, both parties will walk from the table. I think the compromise that we're seeing now is groups really coordinating together and wanting to have something rather than nothing at the end of the session.*

- Examples exist of groups working in alignment and solidarity to advance a broader policy agenda.** Probably the most hopeful indicator of growing adaptive capacity of the health equity advocacy field was that dozens of survey and interview respondents were able to point to examples of increasing field alignment among subsets of partners to advance health equity policy. In the last three years, this has most prominently taken the form of greater data sharing and joint advocacy in support of policy campaigns (such as minimum wage or housing legislation), but also has included increased organizing around immigrant rights and “get out the vote” efforts. There is, however, ample room for this trend to extend to the broader field. While up from 2017 when a mere 35% of respondents expressed agreement, amongst 2020 respondents, just over half (57%) expressed agreement that engagement and coordination were currently taking place across different sectors to advance health equity. Over time, as partners have experienced the value of sharing data, streamlining messaging and building collective power, field respondents observed (as one respondent framed) a corresponding “hunger for doing things at scale and learning together when possible.”

“ It feels like the field has become more aligned—there were organizations working on important issues, but shifting the conversation to health equity (with a racial lens) helped align a lot of people and organizations—thus strengthening our collective work and streamlining the message for all of us.”

~ Survey respondent,  
Direct Service Organization

» **REFLECTIONS AND LOOKING AHEAD**

This last section takes a step back to reflect on the findings described thus far, and offers some recommendations for Colorado’s health equity advocacy field to consider in the years to come.

**REFLECTING ON THE STATE OF THE FIELD**

Looking across all five measures of field capacity, the future holds a great deal of promise for the relatively new field of health equity advocacy in Colorado. To summarize the previous section, in the last few years, there has been a palpable priority in the state for focusing on health equity, supported by philanthropy and CDPHE, and fueled by a larger context of divisive

politics that makes clear the importance of collective power and standing together. Hundreds upon hundreds of diverse partners have a growing sense of connection to a vision for Colorado rooted in shared values around health equity. Further, there are clear subsets of field actors that are actively partnering with each other, and whose intentional focus on seeking out diverse partners is translating into a blurring of previous silos in the field. All of this is culminating in concrete examples of partners coming together in authentic ways under the umbrella of health equity advocacy that can make a difference for those in the state experiencing health inequities. Finally, a recent **evaluation report** on the HEA strategy found that a core set of equity anchor organizations exist that are particularly motivated to sustain momentum emerging from their collective advocacy, and remain committed to seeing through their vision for a robust health equity advocacy field.

At the same time, progress also feels decidedly tenuous.

Healthy fields require redundancy in relationships across the network of participating organizations, such that the network will remain strong even if highly connected participants leave.<sup>5</sup> The field scan found that, while there is redundancy in relationships within the field's core, there is limited redundancy outside of the core. Many organizations remain on the periphery of Colorado's health equity advocacy field, only connected by one or two organizations. Should any of those bridging organizations become disengaged, whole groups of organizations will no longer be connected.

The scan also found limited infrastructure in place to support this field. Particularly with the sunset of The Trust's HEA strategy at the end of 2020, some of the active field building being resourced through this initiative will naturally decline. In the years to come, the onus increasingly will be upon partners to find ways to communicate, coordinate and share tools and data with each other. There is currently energy around doing so. However, sustaining this energy might become challenging as other field frames get introduced and advanced in the years ahead.

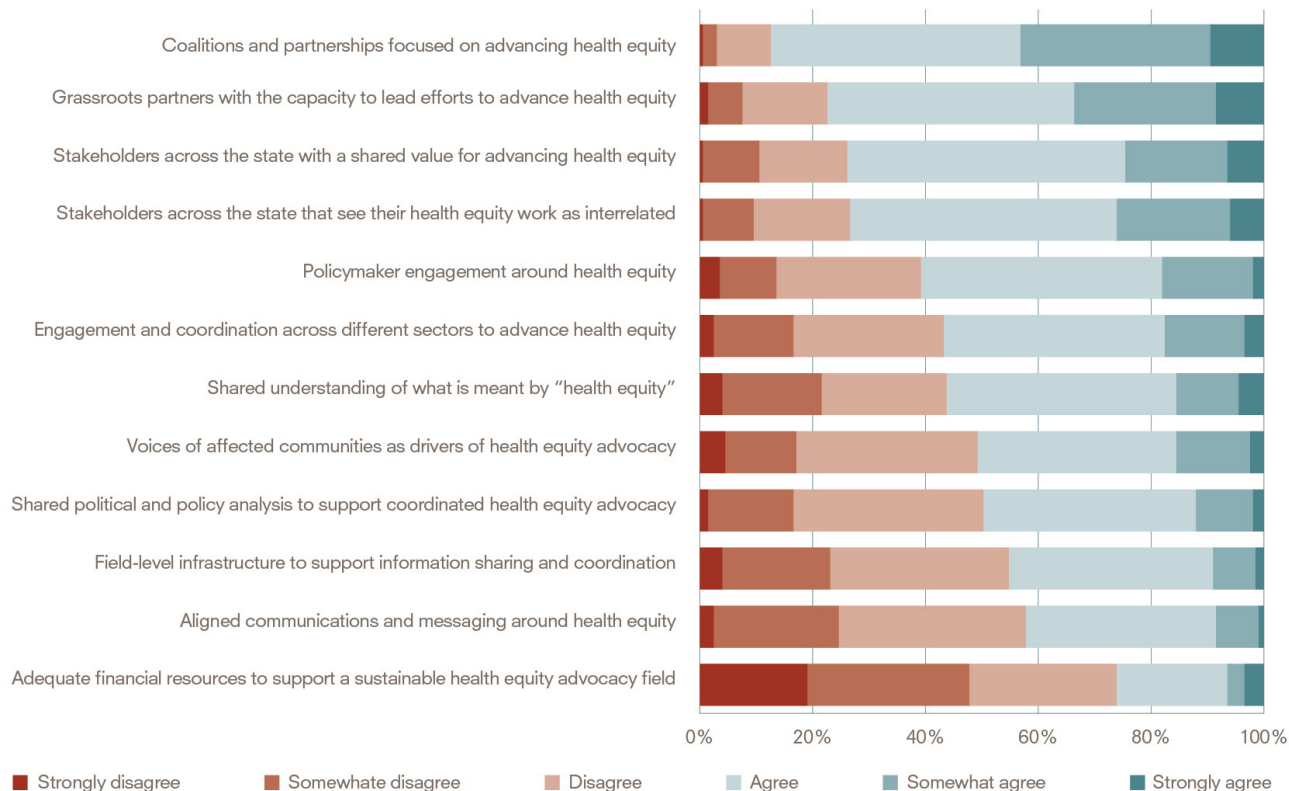
We see the sense of tenuousness also reflected in a more nuanced analysis of all of the survey measures of field capacity included in one place (Exhibit 6). While most measures have a majority of respondents expressing agreement that these capacities exist in Colorado's health equity advocacy field, we see that this agreement is relatively lukewarm, with larger majorities of responses falling into the "somewhat agree" category and very low percentages of respondents expressing levels of strong agreement. This points to a low level of confidence in field respondents' agreement, and as such calls for more intention and investment in field building going forward.

“ Whether they use the term health equity or not, there is a greater comfort or willingness to talk about issues that disproportionately impact people living on low income or that haven't had power or privilege, and a greater willingness to be more bold about that stuff than a handful of years ago. And, I think that in some cases, that has actually translated into more forward-thinking policy proposals that have been either proposed and/or passed in Colorado. ”

~ Interview respondent,  
Colorado Funder

## Exhibit 6. Summary of Survey Respondent Feedback on Field Components

Assuming the existence of a health equity advocacy field, to what extent would you agree that the following are present in Colorado? (n=199)



## VOICES FROM THE FIELD: NEEDS AND OPPORTUNITIES GOING FORWARD

What is needed to sustain and grow the current momentum to build a robust field of health equity advocacy in Colorado and beyond? This final section offers concrete recommendations from Colorado health equity advocates themselves. Field survey and interview respondents were generous with their insights into what is needed to both sustain and grow Colorado’s health equity advocacy field, largely echoing the recommendations offered three years prior. The following represent their top recommendations:

- **Continue to deepen a demonstrated commitment to health equity.** As noted previously, health equity as a concept is becoming more pervasive, described by one interviewee as a buzzword. The challenge associated with buzzwords, however, is they can easily start to lose meaning or get watered down. To avoid that fate, it is important to not just talk about health equity, but to demonstrate a commitment to it. Survey respondents offered examples of what this demonstrated commitment could look like, such as including health equity in every health care discussion and integrating historically marginalized populations such that they can drive health equity work.
- **Increase advocacy resourcing to continue field-building progress.** Not surprisingly, a number of field leaders and survey respondents shared the need for more funding to maintain momentum and continue strengthening the field. While many signaled the need for



funding in general, interviewees and survey respondents emphasized the need for dedicated funding for advocacy and field building, which one field leader described as “hard to get.” Others emphasized the importance of funding specific field-strengthening elements such as capacity building and relationship building (particularly with community leaders and affected populations). Some noted the importance of funding smaller organizations that do not have the same level of access to foundation dollars, but at least one interviewee cautioned that health equity work should be funded by the state and not just health foundations. One respondent made a particularly salient point about the importance of multiyear funding:

*I think one of the gaps is in multiyear funding, that there's very little that we can do in a year. And, if there was some funding secured, it would allow us to think bigger, to innovate, and take more risks.*

- **Target investments in building infrastructure to ensure optimal functioning of the field.** Respondents emphasized the importance of attending to the health of the field’s infrastructure to ensure continued support for aspects of field building that facilitate its optimal functioning but for which there are few funding sources, namely, relationship building, collaboration and coordination. With respect to coordination and collaboration, respondents shared the importance of investing in vehicles for information sharing and learning beyond online platforms, and creating spaces and opportunities for collaboration. Relationship building was also seen as critical, not only for strong collaborations but for welcoming more individuals and organizations into the work and facilitating their effective participation.
- **Continue to focus on voices on the ground driving change.** While field actors have made progress in bringing in a greater diversity of voices to advocacy efforts, there is still a strong sense that the field does not adequately represent the voices of those most affected by inequities. As one field leader named: “When you think about those advocates that work closely with legislators, kind of under the dome, it's still very separate, still very white.” As shared earlier, multiple respondents expressed the feeling that rural communities continue to be “left out of equity conversations” and still do not have a strong voice in policy decisions. Others named certain target populations that are also still not well-represented in policy advocacy, including undocumented immigrants and LGBTQIA+ communities. Multiple respondents emphasized the importance of not just inclusion of diverse voices, but the centering of those voices such that they truly become the drivers of health equity advocacy efforts, with one individual highlighting this as the growing edge for the field: “Just having really deep and authentic connection, trust with communities that we're seeking to serve, the folks in communities for whom health is furthest from reach right now. I think that is one of the weaknesses of the field... or, areas for growth.”
- **Recognize and provide more support for the breadth of equity issues that impact health.** While survey responses and field leader interviews indicated a greater recognition generally that health equity efforts should include a focus on social determinants of health, multiple respondents also noted that there are key factors or issue areas that are underrepresented in health equity advocacy efforts. Respondents encouraged an increased focus on financial security (i.e., job security and living wages) as well as on mental health and maternity care support. A couple of respondents shared that, while an increased focus on addressing social determinants is critical, it is also necessary to not lose sight of the importance of continuing to attend to health care, specifically ensuring access to and

quality of health care for all. For example, one survey respondent urged that field actors should remember that “we need to put attention into creating a more diverse, inclusive and culturally competent workforce to be sure the right voices are heard and care resources are provided appropriately.”

- Provide capacity building in specific areas to strengthen health equity advocacy efforts.** Many field leaders and survey respondents indicated a need for capacity-building assistance to strengthen the field and facilitate effective health equity advocacy efforts. Some respondents highlighted specific needs, such as more capacity-building support around effective and strategic communications, as well as more research and evaluation (and how to strategically use them) to support advocacy efforts, particularly in populations where data are not historically robust (e.g., LGBTQIA+ populations). Some respondents noted the importance of organizational capacity-building support so that they can effectively engage in the work. One field leader shared that this support is especially important for those working directly in and with communities so that they can continue to “support communities in the crisis that they are going through, while still being part of the conversation.” A survey respondent described organizational capacity building as essential for change, stating the need for “continued opportunities to grow our organizational capacity for the work; ongoing opportunities for learning and development for staff; support at the CEO and board levels for creating top-down organizational changes and strategic changes that will support the field and help advance policy change.” A number of field leaders and survey respondents again emphasized the importance of attending to capacity building in rural areas so that these communities’ experiences can be central to advocacy efforts:

“ I think it's critical to figure out what the messages are that resonate with a broad range of Coloradans so that there is a greater chance of moving forward local, state and federal policies that advance health equity. Until we figure that out, it seems like the field is going to do things that work in their communities without there being an aligned strategy on how we message this and engage communities around health equity. ”

~ Survey respondent,  
Direct Service Organization

*How are we really thinking about our rural organizing, and some long-term capacity building where we're actually shifting power for rural Coloradans in a way that we're also building community, and that we're also centering those experiences and making sure that they're not drowned out by what's happening in the metro area?*

## » CONCLUSION

Reflecting on the field-level progress described in this report, many credited some of the pace of progress to the moment we are in. The political and social environment—characterized by divisive politics and a sense of disenfranchised communities under attack—has given rise to voices across the state standing up and demanding more accessible and culturally relevant

services, policies and representation. As shared by one health equity advocacy field partner: “It has started a fire under health equity advocates, particularly in rural communities.”

All fires need fuel to grow, which points to the importance of continuing to strengthen the health equity advocacy field so that its actors have the capacity, resources and connections necessary to keep the fires burning. Moreover, as the work of health equity advocacy continues, it is important not to lose sight of the very reason this field-building effort began: to make sure that policy change is both informed and driven by the voices of those most impacted by health inequities, and that persistent efforts are made to ensure that communities that have long been excluded from policy advocacy efforts have consistent and meaningful opportunities for participation and leadership. As one interviewee noted, this will likely require organizations to do some “soul searching” about what health equity means and how committed they are to living into this concept.

In an age when the gross inequities experienced by historically underserved communities (and their painful and dire consequences) are becoming more and more visible in the mainstream, the case for continuing to grow and strengthen the field so that its assets can be effectively leveraged for transformational change is clear. Indeed, several interviewees and survey respondents see the current context as an opportunity to capitalize upon the field’s progress and for the field to further advance a health equity agenda through statewide mobilization around shared interests. As one respondent shared:

*The opportunity is right in front of us. The timing is right, the conditions are right, there is some agenda setting to do. And, I think with really getting going, getting funding in the field, especially around the attention that people will be paying around the 2020 election, as a way to engage them, to activate them, to mobilize them. I don't think there could be any better time than right now.*

## REFERENCES

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- 5 Monitor Institute, 2011. *Catalyzing Networks for Social Change*. [online] Available at: <[https://www.racialequitytools.org/resourcefiles/Catalyzing\\_Networks\\_for\\_Social\\_Change\\_2011.pdf](https://www.racialequitytools.org/resourcefiles/Catalyzing_Networks_for_Social_Change_2011.pdf)> [Accessed 5 June 2020].

## » APPENDICES

**A:** Field Scan Survey Respondent Organizations

**B:** Field Leader Interview Respondents

**C:** Top Nominated Organizations

## APPENDIX A: FIELD SCAN SURVEY RESPONDENT ORGANIZATIONS (218)

*Organization names are listed as reported by survey respondents. Acronyms were defined where appropriate and spelling errors were corrected.*

A+ Colorado	Colorado Association of Local Public Health Officials	Colorado People's Alliance
Action for Healthy Kids	Colorado Association of School Boards	Colorado School Finance Project
Advantage Health Resource Center / VOA	Colorado Association of School Executives	Colorado Section, American College of Obstetricians and Gynecologists
All Points Transit	Colorado Association of Transit Agencies	Colorado State University - Denver Extension
Alpine Area Agency on Aging	Colorado Center for Nursing Excellence	Colorado State University - Douglas County Extension
Alzheimer's Association	Colorado Center on Law & Policy	Colorado Working Families
American Friends Service Committee	Colorado Children's Campaign	Colorado Youth Congress
Asian Pacific Development Center	Colorado Consumer Health Initiative	Community Options, Inc.
Atlantis Community, Inc.	Colorado Criminal Justice Reform Coalition	Community Partnership for Child Development
Aurora Health Alliance	Colorado Cross-Disability Coalition	Covering Kids and Families
Aurora Mental Health Center	Colorado Department of Education	Craig Hospital
Basin Clinic, Inc.	Colorado Department of Health Care Policy and Financing	Cultivando
BCDI-Denver	Colorado Department of Human Services	Delta County Memorial Hospital
Bright Futures	Colorado Department of Human Services, Office of Behavioral Health Prevention	Delta Dental of Colorado Foundation
Caring for Colorado Foundation	Colorado Department of Human Services, Refugee Services Program	Delta Sigma Theta Sorority, Inc. Denver Alumnae Chapter
Center for African American Health	Colorado Department of Public Health and Environment, Office of Health Equity	Denver Area Labor Federation
Center for Health Progress	Colorado Department of Transportation	Denver Department of Public Health and Environment
Center for Independence	Colorado Education Initiative	Denver Homeless Out Loud
Center for People with Disabilities	Colorado Fiscal Institute	Denver Opportunity Youth Initiative
Center for Work Education and Employment	Colorado Foundation for Universal Health Care	Denver Preschool Program
Center Toward Self-Reliance	Colorado Health Foundation	Denver Public Health
Centura Health	Colorado Health Institute	Denver Urban Gardens
Chaffee County Public health	Colorado I Have A Dream Foundation	Denver's Early Childhood Council
City of Aurora's Office of International and Immigrant Affairs	Colorado Immigrant Rights Coalition	Disability Law Colorado
City of Longmont	Colorado Jobs with Justice	Douglas County Early Childhood Council
City of Westminster - Irving Street Library	Colorado Medical Society	Early Childhood Council of Larimer County
Civil Rights Education and Enforcement Center	Colorado Nurses Association	Early Milestones Colorado
Clayton Early Learning	Colorado Organization for Latina Opportunity and Reproductive Rights	East Colfax Neighborhood Association
Climb Higher Colorado		Education Reform Now / DFER
Cloud City Conservation Center		Equitable Evaluation Partners
Coalition for Minority Youth Equity		Ethics and Ecological Economics Forum, Iliff School of Theology
COBALT		Extreme Community Makeover
Collaborative Management Program		Full Circle of Lake County
Colorado Academy of Family Physicians		
Colorado Access		
Colorado Association for School-Based Health Care		

Gary Community Investments	My Outdoor Colorado	Soul 2 Soul Sisters
Get Outdoors Leadville!	National Kidney Foundation	Southeast Health Group
Good Business Colorado	Naturita Elementary	Southwest Center for Independence
Grand Beginnings	New Era Colorado	Southwest Colorado Council of Governments
Grand County Advocates	Northeast Colorado Health Department	Southwestern Colorado Area Health Education Center
Grand County Library District	Northeast Denver Housing Center	Special Olympics Colorado
Grand County Rural Health Network	Northwest Colorado Health	Students for Education Reform
Grand Futures Prevention Coalition	Norwood School District	SustainEd Farms
Great Education Colorado	Northwest Colorado Center for Independence	The Arc Arapahoe & Douglas Counties
Healthy Child Care Colorado	OMNI Institute	The Arc of Aurora
Hilltop Community Resources	One Colorado	The Arc of Colorado
Hispanic Affairs Project	One to One Mentoring	The Arc Pikes Peak Region
Hunger Free Colorado	Ouray County Public Health Agency	The Center on Colfax
Inner City Health Center	Over the Rainbow Behavioral Consulting, LLC	The Colorado Trust
Integrated Community	Padres & Jóvenes Unidos	The Conflict Center
Integrated Nutrition Education Program, Colorado School of Public Health	Parent Possible	The Consortium
Jefferson County Public Health	Pediatric Associates Prof., LLC	The Early Childhood Partnership of Adams County
Kaiser Permanente Colorado	Pueblo Community Health Center	The Foundation for Sustainable Urban Communities
Kids First Health Care	Pueblo Triple Aim Corporation	The Women's Foundation of Colorado
Kit Carson County Department of Public Health and Environment	Re:Vision	Together Colorado
Lake County Build a Generation	Region 10 LEAP	Together We Count
Lake County Public Health Agency	River Valley Family Health Center	Towards Justice
Lake County Wraparound	Rocky Mountain Micro Finance Institute	Town of Mountain Village
League of Women Voters of Colorado	Rocky Mountain Public Health Training Center - Colorado School of Public Health	Town of Telluride
Lutheran Advocacy Ministry - Colorado	Rose Community Foundation	Tri-County Health Network
Mental Health Center of Denver	Routt County Human Services	Una Mano, Una Esperanza
Mental Health Colorado	Routt County United Way	Uncompahgre Medical Center
Mercy Housing Corporation	Salud Family Health Center	United for a New Economy
Mesa County Public Health	San Miguel County Department of Social Services	United Way of Weld County
Metro Caring	San Miguel Resource Center	University of Colorado School of Medicine
Metropolitan State University of Denver	School Community Youth Collaborative	Valley Food Partnership
Mile High Early Learning	SCL Health	Warm Cookies of the Revolution
Mile High Health Alliance	Servicios de la Raza	West Central Public Health Partnership
Mind Springs Health	Silver Thread Public Health District	West End Family Link Center
Moffat County School District	San Luis Valley Immigrant Resource Center	West Mountain Regional Health Alliance
Moffat County United Way	San Luis Valley Public Health Partnership	Westwood Unidos
Montbello 2020, RNO	Small Business Majority	Wilkinson Public Library
Montrose County School District		Young Aspiring Americans for Social and Political Activism
Montrose Recreation District		ZOMA Foundation
Mosby Employment Services		
Mountain Family Center		



## APPENDIX B: FIELD LEADER INTERVIEW RESPONDENTS

- Caring for Colorado Foundation: Colleen Church
- Center for African American Health: Deidre Johnson
- Children's Hospital Colorado: Aditi Ramaswami and Robert Franklin II
- Colorado Blueprint to End Hunger: Erin Ulric
- Colorado Civic Engagement Roundtable: Silas Musick, MA
- Colorado Department of Public Health and Environment: Sarah Hernandez
- Colorado Health Foundation: Kyle Rojas Legleiter
- Colorado Health Institute: Jeff Bontrager
- Colorado Immigrant Rights Coalition: Nicole Melaku
- Colorado People's Alliance: Lizeth Chacon
- Colorado Public Health Association: Jason Vitello
- Colorado Rural Health Center: Michelle Mills
- Colorado Department of Human Services: Deb Ruttenberg
- Hunger Free Colorado: Anya Rose
- Mile High Connects: Deyanira Zavala
- One Colorado: Daniel Ramos
- River Valley Family Health Center: Jeremy Carroll
- Servicios de La Raza: Rudy Gonzales
- STRIDE Community Health Center: Lisa Brown
- The Bell Policy Center: Scott Wasserman
- The Colorado Trust: Ned Calonge, MD, MPH
- The Denver Foundation: David Portillo
- University of Colorado Denver: Lisa Vanraemdonck

## APPENDIX C: TOP NOMINATED ORGANIZATIONS

Organizations nominated five or more times by 2020 field scan respondents (*HEA Cohort members are denoted with an asterisk*)

9to5 Colorado	Full Circle of Lake County*
ACLU of Colorado	Grand County Rural Health Network*
Asian Pacific Development Center*	Great Education Colorado
Center for African American Health	Healthier Colorado
Center for Health Progress*	Hilltop Community Resources
Children's Hospital Colorado	Hispanic Affairs Project
Colorado Association for School-Based Health Care	Lake County Build a Generation*
Colorado Association of Local Public Health Officials*	Mental Health Colorado
Colorado Center on Law & Policy*	Mile High Health Alliance
Colorado Children's Campaign*	Mountain Family Health Center
Colorado Coalition for the Homeless	Northwest Colorado Health*
Colorado Community Health Network	One Colorado
Colorado Consumer Health Initiative	Padres & Jóvenes Unidos*
Colorado Cross-Disability Coalition*	Project VOYCE
Colorado Department of Public Health and Environment	Re:Vision*
Colorado Department of Public Health and Environment, Office of Health Equity	The Bell Policy Center
Colorado Fiscal Institute*	The Foundation for Sustainable Urban Communities*
Colorado Immigrant Rights Coalition	Together Colorado*
Colorado Organization for Latina Opportunity and Reproductive Rights	Tri-County Health Department
Colorado People's Alliance	Tri-County Health Network*
	United for a New Economy*
	Valley Food Partnership*

## » ENDNOTES

- i The survey was closed early, as toward the end of survey administration, the COVID-19 outbreak became a global pandemic, disrupting billions of lives and disproportionately impacting communities and populations that health equity advocacy organizations serve. Thus, we suspended the remaining efforts that were planned to encourage survey responses, likely affecting the total number of organizations identified and the response rate of the survey.
- ii Snowball sampling is a survey recruitment technique in which respondents are asked to identify additional respondents. In this case, survey respondents were specifically asked to name partners that they work with in their efforts to advance health equity in Colorado.
- iii The definition of health equity used in the survey mirrors The Trust’s organizational vision: “All Coloradans have fair and equal opportunities to lead healthy, productive lives regardless of race, ethnicity, income or where we live.”
- iv The initial set of respondents in the 2017 scan were the HEA strategy grantees and a sample of health advocacy and equity organizations that were part of the 2013 health advocacy field assessment. In 2020, the initial set of respondents were the HEA strategy grantees and organizations who completed the survey in 2017. Moreover, when comparing survey samples, only 49% of respondents in 2020 also completed the survey in 2017.
- v While the 2017 scan identified a total of 775 organizations, the final two survey waves of the 2020 scan were cut short due to the COVID-19 pandemic. At the point that the survey was halted, the response rate was similar to the pace of response in 2017.
- vi Inbound connections represent the number of organizations that nominated the organization as a partner, and therefore highlight prominent organizations within the field. In the 2020 field scan survey, the number of inbound nominations per organization ranged from 0 to 29.
- vii Within the social network analysis, we defined the health advocacy field as organizations that identified their role as an advocacy organization, but only reported health equity as a peripheral focus for their organization. The health equity field was defined as organizations that reported that health equity was a “primary” focus area or “one of multiple areas that our organization focuses on” for their organization but did not identify as an advocacy organization, and we defined “both” as organizations that identified their role as an advocacy organization and reported health equity as a “primary” focus area or “one of multiple areas that our organization focuses on.”



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