



Toward Health Equity in Colorado

Leveraging Collective Capacity for Health Equity Advocacy Field Building

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About this Paper

In recognition of persistent health inequities facing Colorado’s diverse populations, in 2013 The Colorado Trust (“The Trust”) launched the **Health Equity Advocacy (HEA) Strategy**, a multi-year investment of \$19,950,500 in supporting health equity advocacy through a field-building approach. In line with the foundation’s vision for “all Coloradans to have fair and equal opportunities to lead healthy and productive lives regardless of race, ethnicity, income, or where we live,” this approach was also predicated on a belief about the power and potential to build the long-term capacity of a field of diverse partners who can shape and capitalize on critical health equity policy opportunities, and ultimately influence change that leads to equitable outcomes for the state’s diverse populations.

The HEA Strategy has unfolded in phases. The [first phase](#) (2014) served as a planning phase designed to unpack assumptions behind this approach going forward, foster relationship building across diverse stakeholders, identify what capacities and skills needed to be developed to strengthen health equity advocacy work, and consider how best to improve coordination and collaboration to advance shared health equity goals. The [second phase](#) (2015-2016) was intended to provide an opportunity for 18 funded organizations (“the Cohort”) to begin implementing health equity advocacy field building—both as individual organizations and as a collective group—establishing a shared vision, strengthening capacity, and building local, regional, and statewide networks positioned to advance health equity advocacy goals.

The third phase of the HEA Strategy—squarely focused on active field building—is the focus of this evaluation report. The outcomes and learning presented here almost exclusively draw upon HEA efforts from January 2017 to November 2019. The evaluation, guided by a comprehensive evaluation framework detailed in a separate [paper](#), encompassed a wide range of data sources that included: bi-annual analysis of submitted grant reports, pre-post network analysis that maps cohort relationships over time, annual interviews with HEA grantees, as well as active documentation of Cohort activities through in-person observation, Cohort subcommittee note review, and HEA online collaboration space monitoring. This final report was also directly informed through additional interviews with The Colorado Trust staff and select Phase 3 consultants, as well as a survey of Cohort members to gain their final reflections on Phase 3 outcomes and learning.



Executive Summary

Phase 3 of the Health Equity Advocacy (HEA) Strategy has represented a remarkable turning point in the HEA journey. Whereas the focus to this point had largely been one of building collective capacity, the Phase 3 story has been one of actively—and powerfully—*leveraging* capacity toward building a robust field of health equity advocates aimed at ushering in meaningful change for Colorado’s diverse communities. Over the last three years—guided by the HEA vision—the 18 funded partners of the HEA Cohort in partnership with The Colorado Trust achieved new levels of field-level coordination and collective action, with the core strategies and field-level progress summarized in the table below.

HEA VISION

Diverse Colorado leaders, united by common values and empowered communities, dismantle structural and racial inequities and build equitable systems so that all Coloradans can achieve their highest possible level of health.

 Collective capacity for change	 Health equity advocacy alignment	 Field-level vision for health equity advocacy	 Diversity in field composition	 Paradigm shift toward community-led change
<ul style="list-style-type: none"> Investing in group trainings to strengthen the HEA Cohort’s leadership capacity Hosting racial equity-focused community conversations & trainings Providing community-based trainings on political education and legislative advocacy Training Cohort members and partners to become facilitators Developing & disseminating health equity advocacy tools & learning papers 	<ul style="list-style-type: none"> Establishing a broader shared equity frame that cuts across specific policy issues Integrating equity analysis & assessment Testing scaffolded paths for advocacy & engagement Leveraging online infrastructure for information & tool sharing Engaging in collective action around food & housing insecurity 	<ul style="list-style-type: none"> Commissioning a landscape analysis of health equity narratives & messaging in Colorado Developing a unified statement and supportive messaging to guide HEA messaging Developing health equity messaging as targeting specific populations identified as “moveables” Providing messaging workshops & media training for HEA Cohort members Reinforcing messaging across HEA Cohort members in their communication efforts 	<ul style="list-style-type: none"> Regranting HEA resources to engage a broader range of partners through a Network Strengthening Grant strategy Engaging network partners in field-building activities and opportunities Leveraging HEA to foster new partners at the local level 	<ul style="list-style-type: none"> Engaging community across the state through workshops and trainings Directly including community members in HEA activities

FIELD-LEVEL PROGRESS

HEA Phase 3 field-building efforts have resulted most prominently in even greater **strengthened collective capacity** for change, with HEA Cohort members and their partners clearly positioned as field leaders, with access to equity advocacy knowledge and tools to support them, and strengthened statewide connectivity to each other. For many individual HEA Cohort organizations especially, the opportunity to more deeply and sustainably integrate racial equity and/or advocacy into their organizational approach has been transformative. This collective capacity has already translated into **aligned health equity advocacy**, evidenced by growing numbers of joint advocacy and collaboration around issues of shared interest over the course of Phase 3—and tangible housing legislative wins in the 2019 legislative session in particular. HEA Cohort field-building efforts are beginning to **influence statewide narratives around centering race in health equity work** connected to the Cohort’s efforts to assert a field-level vision for health equity advocacy through communications and messaging. Indicators of field-level progress also included fostering new partnerships, engaging broader networks, and ultimately **diversifying the voices engaged in health equity advocacy**. While a statewide “paradigm shift” remains largely elusive, efforts to advance a **community-centered advocacy** have laid the foundation for such a shift; Phase 3 efforts have resulted in greater numbers of community leaders equipped with a deeper understanding of health equity and growing examples of their voices on the fore of policy discussions.

In addition to the field-level progress captured in the above table and detailed in the full report, Phase 3 HEA field-building efforts also resulted in rich learning, highlights of which are captured below. Overall, the experience affirmed the power of investing in a grantee-driven and community-centered field-building approach for advancing health equity, as well as offered a rough blueprint for other funders for how to approach health equity advocacy field building, through multi-year general operating support, resourcing intensive multi-level capacity building, comprehensive infrastructure support, and ceding power to trusted grantee partners to lead the field-building charge.

What are we learning about field building?

HEA yielded a significant amount of learning for all participants involved in the initiative. Below are just some of the key lessons about field building that emerged from this complex work:

- Adopting a clear vision for health equity advocacy that centers race may feel risky, but it also reflects a bold and more inclusive stance that creates a strong foundation for advancing health equity.
- Investing in the development of deep and trusting relationships is critical to health equity advocacy field building, as it results in levels of solidarity that will better ensure success in future collective efforts. This sense of solidarity is even further strengthened when the personal nature of equity work is acknowledged and embraced.
- Field building requires a degree of intention to balance individual and collective interests, as well as to support alignment across actors such that their complementary strengths are more fully realized and leveraged.
- Given its organic and iterative nature, attention to and consistent application of learnings, as well as the willingness and ability to adapt accordingly, are essential to successful field building.

In many ways, the HEA Strategy was an experiment aimed at transforming the nature of equity-focused advocacy and grantmaking. It has been an ambitious endeavor that has garnered attention by many curious about the effectiveness of the approach and the still unfinished journey of the HEA Cohort. Ultimately, despite the unequivocal progress of the last three years, the Cohort members are leaving Phase 3 feeling there is “still just so much work to do,” a positive indicator of their deep level of engagement, their passion for this work, and their desire to see the momentum they have built continue. By and large, Cohort members expressed deep gratitude for the experience, and confidence that, no matter what the future holds, the invaluable capacities, learnings, and relationships they have built will endure in their efforts to continue to advance equitable health outcomes for individuals, families, and communities across Colorado.



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The Health Equity Advocacy Strategy: Phase 3

Health equity advocacy field-building, as defined by The Colorado Trust in [Why Field Building?](#), is a comprehensive approach envisioned to build the stability and long-term adaptive capacity of a field of advocacy and policy organizations that can shape and respond to a shifting policy environment. This particular field-building effort represented groundbreaking territory. Early on, reviews of field-building literature and discussions with other funders only yielded examples of what were essentially field-strengthening efforts within already established fields. Partners of the Health Equity Advocacy (HEA) Strategy thus entered this effort without a blueprint for how to build a health equity advocacy field from scratch, but with an eagerness to try, and to learn.

Phase 3 has represented a remarkable turning point in the HEA journey. As detailed in evaluation reports of previous phases of the Strategy, the journey to this point has largely been one of building collective capacity for change—fostering relationships, building shared vision, and seeding action within an emerging field. Phase 3 has been the story of how the HEA Cohort has actively—and powerfully—*leveraged* its capacity toward realizing its stated field-building vision.

HEA Vision:

Diverse Colorado leaders, united by common values and empowered communities, dismantle structural and racial inequities and build equitable systems so that all Coloradans can achieve their highest possible level of health.

Overview of Phase 3 of the HEA Strategy

Throughout, the HEA Cohort has been at the helm of the field-building charge. The Cohort is comprised of 18 funded organizations from throughout Colorado (listed on the next page), and includes a mix of community-based organizations, professional associations, statewide health advocacy groups, organizing networks, and regional collaboratives that span 20 Colorado counties. All have shared missions focused on advancing health and well-being for communities across Colorado, and collectively represent populations that span the diversity of race, ethnicity, gender, immigration status, housing status, disability status, and geography in the state.

In Phase 3, the expertise, resources, and networks of these organizations were again coupled with the resources of The Colorado Trust to implement a plan for building a robust field of health equity advocates to usher in meaningful change for Colorado's diverse communities. In addition to multi-year general operating support for each of the HEA Cohort organizations, these initiative-level commitments included:

- **Multi-day convenings.** During Phase 3, the HEA Cohort hosted nine convenings across the state. The convenings served as a space for Cohort members to reconnect with each other in person, make critical decisions about the collective work of the Cohort, share information, and access group trainings. Held in five communities across the state, convenings typically also included a site visit to local organizations and/or a tour of the surrounding community, and as such served the purpose of fostering deeper understanding about the ways in which racial and structural inequities are lived by different people in different communities.
- **Infrastructure support.** In between convenings, HEA also provided core infrastructure support to facilitate Cohort planning and action between convenings. Namely, it supported the continuing use of Basecamp, which provided online infrastructure that served to centralize conversations, calendars, and documents, as well as the hosting of regular video conference calls for sub-teams,

with notetaking provided by a dedicated HEA consultant. In addition, HEA sponsored Elemental Partners as the facilitation partner and Social Policy Research Associates as the evaluation and learning partner to the Cohort.

- Capacity building resources.** Another core initiative-level commitment has been resourcing of capacity building—both for the Cohort and the larger field. These resources ultimately supported the hiring of 13 different consultants to support Phase 3 organizational development and field-building efforts, equity-focused conference attendance for Cohort organizations, and sponsorship of various advocacy field-building activities.
- Network strengthening grant strategy.** New to Phase 3, HEA supported two rounds of a mini-grant program where Cohort members could regrant resources to partner organizations. Ultimately, HEA disbursed almost \$1 million to 56 organizations to engage in policy advocacy, capacity-building, and field-building work. These organizations had the opportunity to participate in HEA convenings, as well as attend HEA trainings and workshops.
- Grantee-driven orientation.** Finally, undergirding the HEA Strategy has been a bold commitment to a grantee-driven approach where Cohort organizations have stewardship over HEA resources and decision-making. The Trust has emphasized a foundational value for this strategy to be carried out in full partnership with HEA grantees since the very beginning. While actual operationalization of this value has taken different forms over the years, the “grantee-driven” nature of the strategy has been one of the consistently defining characteristics of HEA.

These supports were envisioned to catalyze and strengthen field-building efforts undertaken by the HEA Cohort in Phase 3. These Cohort efforts were then, in turn, anticipated to lead to a set of outcomes that serve as core building blocks for a thriving, sustainable field of health equity advocates in Colorado:



Collective capacity for change



Health equity advocacy



Field-level vision for health equity



Diversity in field composition



Paradigm shift toward community-led

With these outcomes as the guiding stars, the Cohort organizations—individually and collectively—engaged in a range of field-building strategies toward these ends over the course of Phase 3. Their efforts were both strategic and experimental, drawing upon the collective instincts and experiences of the group. Described in more detail in the following sections, their successes, challenges and lessons learned in field building offer a potential path forward for others on similar journeys.

Phase 3 Cohort Members

- Asian Pacific Development Center
- Center for Health Progress
- Colorado Association of Local Public Health Officials
- Colorado Center on Law and Policy
- Colorado Children’s Campaign
- Colorado Cross-Disability Coalition
- Colorado Fiscal Institute
- The Foundation for Sustainable Urban Communities
- Full Circle of Lake County
- Grand County Rural Health Network
- Lake County Build A Generation
- Northwest Colorado Health
- Padres & Jóvenes Unidos
- Re:Vision
- Together Colorado
- Tri-County Health Network
- United for a New Economy
- Valley Food Partnership

The HEA Phase 3 Journey

The HEA journey over the past three years departed from previous phases in meaningful ways, representing a leap forward in terms of the implementation of the HEA field-building strategy. At the close of Phase 2 in late 2016, HEA Cohort members expressed that they were still very much in the early part of a long-term journey of building a sustainable health equity advocacy field. Each had begun to lay the groundwork for a robust field through efforts such as building individual organizational capacity, cultivating community leaders, testing advocacy approaches with greater intention for integrating community voice, fostering local networks and expanded partnerships, engaging in messaging and community engagement around health equity, and ultimately organizing and advocating for policy issues that affect the communities they serve and represent. In early 2017, however, these efforts were still fairly decentralized, taken on by individual organizations or as a collaboration of a few partners, and therefore framed as “seeds” of an emerging field.¹

In Phase 3—while continuing a focus on capacity building and seeding—Cohort members achieved new levels of coordination and collective action. As will be discussed later in this report, these efforts have yielded traction in HEA field building. Reflecting on the distinctive elements of Phase 3 that facilitated this forward momentum, four areas emerged that characterized the journey:

Anchored by a Shared Vision and Workable Structure

The efforts of the previous two phases also meant that the Cohort entered Phase 3 with all organizations fully bought into a collective vision that “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.” With this vision in place, the Cohort was able to quickly endorse a HEA Guiding Framework that established five field-building north stars and a platform from which to discuss potential strategies to get there.

A strong, shared vision also allowed for a delegated Phase 3 structure that could support efficient decision making and operations. This structure, which Cohort members hammered out and agreed upon at the end of Phase 2, had several essential elements. At its core was a rotating leadership body wherein each participating organization served a 1-year term, charged with monitoring the progress of field building, reflecting and acting on evaluation and learning data, planning convenings, and facilitating Cohort-level decision making. The structure also included four “function teams” to move work forward in key areas seen as critical for advancing HEA field building: racial equity, communications and messaging, policy advocacy, and community leadership. Each team developed a guiding vision or principles for their work, identified core strategies, and actively kept things moving in between full Cohort convenings.

Focused Capacity Building

While capacity building has been a consistent priority throughout the HEA Strategy from the very beginning, in Phase 3, the Cohort shifted to a more focused approach to capacity building in service of collective advocacy and *field building*, led by HEA Function Teams. Over the course of Phase 3, 13 different consultants were engaged to support HEA field building, about twice as many as in Phase 2. Function Teams led comprehensive RFP processes that afforded the opportunity for consultants to propose longer engagements with multiple opportunities to deepen and continue learning, as well as broader engagements where participants could extend outside the Cohort and into many communities across Colorado. A few consultants were also able to build in opportunities to gather information and get

¹ See the [Phase 2 Final Evaluation Report](#) for a more detailed description of where the Cohort was in its HEA field-building activities entering into Phase 3.

to know communities on the front end as part of their HEA engagement, allowing their work to be more rooted in local contexts and community needs.

The capacity building itself took multiple forms, including trainings centered on building the capacity of HEA organizations and a subset of their partners through **group skills training** on legislative advocacy, political education, and health equity communications; **race equity caucusing** that created safe space for racial identity exploration and development (see text box); **tailored technical support to individual Cohort organizations** in the form of race equity or communications organizational consulting. Beyond these HEA-sponsored efforts, Cohort members also used their general operating grants to bolster their capacity to engage in health equity advocacy. In the last year alone, HEA Cohort organizations gave more than 50 examples of building upon their HEA experience and seeking out additional capacity building support to bolster their capacity as anchors within Colorado’s evolving health equity advocacy field.

Grantee-driven Direction

Although always a part of HEA, according to most Cohort members, having a grantee-driven approach has fundamentally shaped the sense of engagement and ownership over both the process and the outcomes of their field-building work in Phase 3. Several Cohort members emphasized that a grantee-driven approach allowed for a level of flexibility to explore and test new directions, be more innovative and take different risks, and nimbly switch directions with new information or learning. Importantly, Cohort members reported a grantee-driven approach also authorized Cohort organizations to more authentically be *community*-driven in their own work. They shared that—whereas philanthropy can often drive a policy agenda by requiring or encouraging grantees to focus on specific policy issues or agendas—with HEA, they were free to address the root causes that would make the most difference for their communities. “We can, as a Cohort, say with integrity that the work coming out of the Cohort is something that is born out of the needs as we each see them and not born out of the needs a funder sees...It's not some funder trend. It's something that we have invested in building ourselves, being facilitated by The Trust, and I think that distinction is important for the longevity of the field.”

Purposeful Focus on Field Building

Finally and foremost, Phase 3 was characterized by a clear focus on field building as the central charge of the HEA Strategy. Where Cohort members interviewed in previous phases questioned the degree to which everyone was on the same page about “field building” and its implications, there was no such wavering observed in Phase 3. Perhaps by virtue of the inclusive process by which all Cohort organizations engaged in shaping the Phase 3 funding recommendation to The Trust’s Board of Trustees, the Cohort hit the ground running with clarity of purpose and agreement on broad strokes of a plan for action.

This focus shifted the way that Cohort conversations unfolded. Instead of calls for collective action as a coalition of 18 funded organizations, Phase 3 Cohort discussions focused on bringing a broader set of partners along. Instead of being singularly focused on passage of a policy as the “win,” Phase 3 had a simultaneous focus on the how diverse partners came together to advocate for policy change as a pilot for how this could unfold in a broader field. And, instead of Cohort organizations framing their work as a funded effort that would sunset with the conclusion of The Trust’s support, the work of the last three years was described by multiple Cohort members as connected to a broader and continuing movement to ensure equitable outcomes for Colorado’s diverse communities.

Racial Identity-Based Caucusing

This field-building strategy was set apart from the other capacity-building strategies because of its explicit focus on individuals, who are positioned as equity-focused leaders within their organizations and communities. Race caucusing—meeting through a series of small group, race-specific dialogues—supported Cohort members in understanding racial identity development; how systems of oppression, including white supremacy, are root causes of health inequities; and to create spaces that allow white people and people of color to process and understand how they and/or their organizations may be maintaining systems of oppression. Ultimately, 74 people participated in total, representing 15 of the 18 Cohort organizations.

Phase 3 HEA Field Building Progress

Collectively, the distinctive characteristics of Phase 3 not only set it apart from previous phases, they also served as critical catalysts for the extensive field-building efforts undertaken by the Cohort in the last three years. These efforts were focused on making progress toward the five HEA field building outcome areas (summarized in the table below and described in the following sections). Given the ground-breaking nature of the Cohort’s efforts to grow a new health equity advocacy field, their efforts also offer a useful blueprint for others who are embarking on similar paths.

HEA Grantee-Driven Strategies by Field-Building Outcome Area

 Collective capacity for change	 Health equity advocacy alignment	 Field-level vision for health equity advocacy	 Diversity in field composition	 Paradigm shift toward community-led change
<ul style="list-style-type: none"> Investing in strengthening the HEA Cohort & Cohort organizations through group trainings to serve as leaders Hosting racial equity-focused community conversations & trainings Providing community-based workshops & trainings on political education and legislative advocacy Training Cohort members and partners to become trained facilitators Developing & disseminating health equity advocacy tools & learning papers 	<ul style="list-style-type: none"> Establishing a broader shared equity frame that cuts across specific policy issues Integrating equity analysis & assessment Testing scaffolded paths for advocacy & engagement Leveraging online infrastructure for information & tool sharing Engaging in collective action around food & housing insecurity 	<ul style="list-style-type: none"> Commissioning a landscape analysis of health equity narratives & messaging in Colorado Developing a unified statement and supportive messaging to guide HEA messaging Developing health equity messaging as targeting specific populations identified as “moveables” in their thinking Providing messaging workshops & media training for HEA Cohort members Reinforcing messaging across HEA Cohort members in their respective communication efforts 	<ul style="list-style-type: none"> Regranting HEA resources to engage a broader range of partners through a Network Strengthening Grant strategy Engaging network partners in field-building activities and opportunities Leveraging HEA to foster new partners at the local level 	<ul style="list-style-type: none"> Engaging community across the state through workshops and trainings Directly including community members in HEA activities

As a temperature read of field-building progress, each Cohort member was asked to characterize the Cohort’s progress toward each of the five field-building outcomes on a four-point scale. The Cohort’s ranking of progress closely aligns with where they have collectively invested the most effort, as well as reflects a candid acknowledgement of areas where they have faced the most challenges. Namely, Cohort members saw their greatest field-level progress in building collective capacity of the field and engaging in aligned advocacy. Progress was seen as more moderate in the areas of promoting field-level vision for health advocacy and fostering diverse partnerships to advance health equity advocacy. Finally, the area in which Cohort members agreed they had made the *least* progress was shifting the state’s advocacy paradigm to be more community-led.

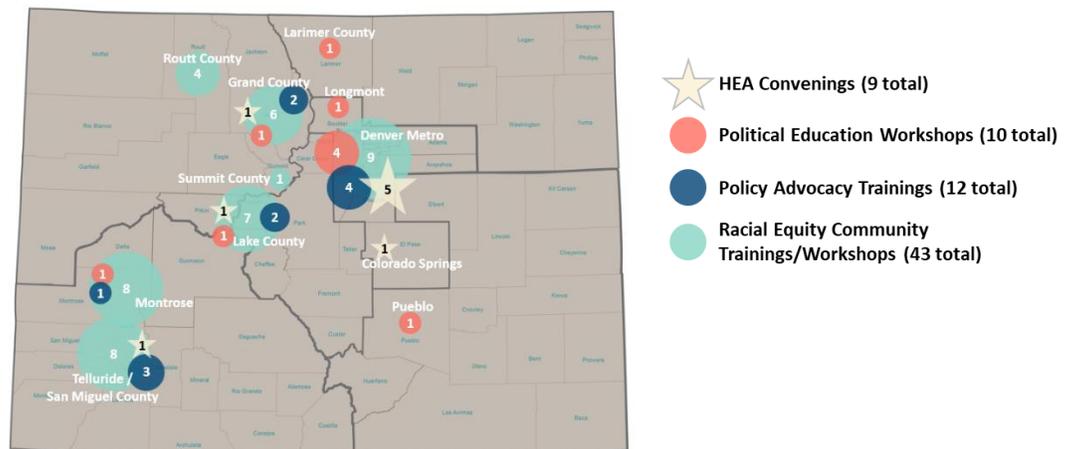
We will discuss them in the order that the Cohort members ranked their progress, from the area of greatest progress to the least.

Building Collective Capacity for Change

As articulated in the [HEA Phase 3 evaluation framework](#), collective capacity for change is envisioned to take place at multiple levels. The Cohort’s approach to building capacity of Colorado’s emerging health equity advocacy field correspondingly has been inclusive of individual organizations that comprise the Cohort, the Cohort itself, and Colorado’s broader health equity advocacy field. At all levels, the importance of supporting individual development and transformation to do the challenging work of equity-focused field building has also emerged as key to their approach. Over the course of Phase 3, the following core strategies have encompassed the Cohort’s field-building investments to build collective capacity:

- Investments in strengthening the HEA Cohort and Cohort organizations to serve as leaders in field building.** Phase 3 included a wide range of capacity-building activities focused on Cohort organizations and their staff. Key among these were group trainings on policy advocacy, communications and messaging and political education; individualized technical support to a subset of organizations on both equity and communications capacity building; race-identity based caucusing; and organizational sponsorship for conferences. While the recipients of these activities were primarily staff of HEA Cohort organizations, the Function Teams that sponsored each were clear on the through line to field building as they invested in strengthening the capacity of Cohort organizations as core leaders and catalysts within a broader field.
- Racial equity-focused community capacity building.** The Cohort also sponsored a series of community conversations and racial equity trainings in Phase 3. Ultimately, approximately 960 participants participated in 43 separate conversations and trainings in seven communities across the state (see Exhibit 1 below). The community conversations centered on racial healing—building and deepening trust, aligning values, and raising awareness around racial equity amongst community participants to support community change. The racial equity trainings spanned topics that included building theoretical understanding of racial equity, building individual and institutional cultural capacity, understanding and dismantling personal and structural bias, engaging in courageous and respectful confrontation, and recognizing and transforming white privilege.

Exhibit 1. Phase 3 Cohort and Community-Based Events



- Community-based workshops and trainings.** Through additional consultant engagements, the Cohort sponsored additional trainings that were aligned with its Phase 3 work and included a series of 11 political education sessions held in early 2019 that engaged 270 participants in trainings in both English and Spanish. These included a root cause analysis that incorporated a racial equity lens, asset-based frameworks, lived experience as a valuable source of information and wisdom, participatory co-learning, and owning privilege. The Cohort also sponsored a series of 12 legislative advocacy trainings that took place in communities across Colorado so that local community partners could attend these trainings alongside their Cohort partners.
- Train-the-trainer sessions.** Notably, in the spirit of building capacity of the broader field, the scopes of work for both the racial equity and political education consultant groups included a train-the-trainer focus. A total of 35 community leaders in four communities were trained as facilitators who could continue to hold racial healing conversations within their respective communities. In July 2019, the political education consultant held additional train-the-trainer workshops to build the capacity of 10 local leaders to offer political education sessions in their own communities.

- **Development and dissemination of health equity advocacy tools and resources.** A final key Phase 3 field building strategy included the development and dissemination of field-facing tools and resources to strengthen the capacity of the broader field. These practical tools included policy analysis and tracking tools, a health equity scorecard, equity messaging tools and templates, and a database of resources for those interested in advocating for inclusivity and addressing systemic inequities. Six different research reports were also developed and/or disseminated during Phase 3.

Individual organizations also furthered field-level capacity building by offering trainings and tools through their respective spheres of influence. These activities, for example, included training and technical assistance to a subset of legislators and staff on how to analyze bills through the health equity impact assessment tool adapted from the Cohort, hosting an Equity Series for a school district, and integrating equity capacity building in meetings with public health agencies across the state.

Field Building Progress

Given that a specific and directed focus on investing in strengthening collective capacity for change has been a defining characteristic of the last three years, it is not surprising that this is where the Cohort felt they had demonstrated the most field-building progress together during Phase 3. A full two-thirds felt that the Cohort had made “significant” progress toward this outcome. Evaluation data affirms meaningful increased capacity at the organizational and Cohort levels that has rippled out to the field.

Strengthened Organizational Equity Anchors. Organizational growth since the beginning of HEA has been tremendous, with almost all organizations reporting substantial growth. [See text box on the next page for more detail]. The outcomes have been transformative, with multiple Cohort organizations reporting fundamental shifts in how they see themselves and operate within a health equity advocacy field. Over three-quarters (78 percent) of Cohort members believe that they have grown as organizations such that they have *substantially* “strengthened their ability to serve as leaders in the effort to build a health equity advocacy field.”



HEA helped to be a part of the catalyst of (our) organizational development... It has time and time again been a space that is invaluable to us.”

Increased Cohort Capacity. Another area of clear growth has been the capacity of the Cohort to collectively step forward as field-builders. Exhibit 2 on page 9 includes measures of Cohort capacity seen as core to field building that the HEA evaluation has been tracking over time. A pre-post analysis of HEA Cohort ratings of their collective capacity reveals statistically significant growth in *nine of the 11 measures* of HEA Cohort capacity from the beginning to the end of Phase 3.²

As a promising indicator that this growth directly resulted from HEA investments, the top three areas of greatest growth (ordered at the top of Exhibit 2) correspond to the areas of greatest Phase 3 activity. For example, the greatest area of growth—increased capacity for messaging about health equity advocacy to different audiences—was notably the area of greatest collective weakness at the end of Phase 2. As explained by one Cohort member, “The [capacity building provided through Phase 3] helped us differentiate our audiences and better target them with effective messaging.”

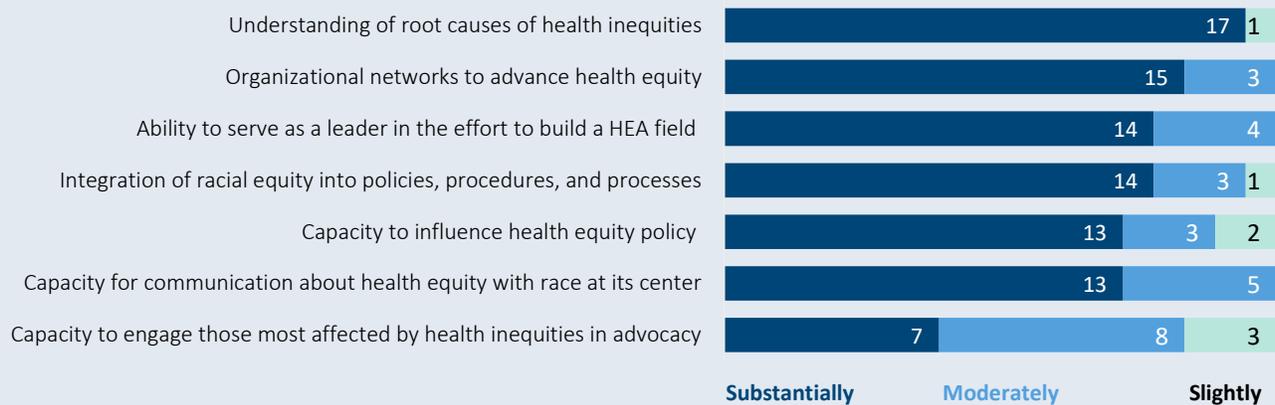
² HEA Cohort members were asked to rate on a 4-point agreement scale the degree to which the HEA Cohort achieved Cohort-level capacity along in these 11 measures. To determine statistical significance, mean responses between 2016 survey responses and 2019 survey responses were compared using t-tests. A p-value of less than 0.05 was considered statically significant, denoted by an asterisk* in Exhibit 2.

Growth and Transformation of Cohort Organizations

At the close of Phase 3, SPR asked HEA Cohort members about their sense of overall organizational growth since the beginning of HEA (i.e., not isolating specific growth from the last three years). As shown below, organizational growth reported by the Cohort has been tremendous, with almost all organizations reporting substantial growth across multiple dimensions.

As a result of participating in HEA, how would you characterize your organizational growth in the following areas?

n=18 (zero “no at all” or “don’t know” responses)



Strengthened Equity Organizations. All but one Cohort organization reported that they “substantially” increased their overall understanding of root causes of health inequities as a result of participating in HEA, and 78 percent reported that they have “substantially” grown in “integrating racial equity into organizational policies, procedures and processes.” Several reported institutionalizing equity in their respective organizations through updating their mission and vision statements or adopting an equity statement to encompass more inclusive language. In the last three years, three organizations *changed their name* and one shifted its organizational identity to better reflect their equity work. Most gave examples of institutionalizing equity principles into internal organization processes, with nine organizations reporting activities such as adding equity questions to their hiring protocols, creating health and racial equity trainings for new staff and board members, embedding racial healing into organizational culture, and having staff add personal equity goals to their yearly professional development plans.

Strengthened Advocacy Organizations. Three-quarters of the Cohort also reported “substantial shifts” in their capacity to influence health equity policy as a result of HEA. Multiple non-advocacy organizations reported strong Phase 3 organizational commitments to sustaining advocacy as a priority going forward, with three reporting having made structural shifts in the organization to support the work, and two dedicating staff specifically to health equity advocacy work. As a sign of transformation, four of the five HEA *direct service organizations* reported considerable growth in their capacity to influence health equity policy. Two individuals shared that their organizations have now clearly articulated advocacy as a priority for their organization—with one direct service organization noting that, for the first time in its history, its board adopted a mission statement and strategic goals that explicitly list advocacy as one of its core services.

Exhibit 2. HEA Cohort Capacity for Field-Building: 2016 & 2019

To what extent would you agree that the HEA Cohort achieved the following Cohort-level capacities?
n(2016)=17; n(2019)=18; by largest difference gain



We also see the areas where Cohort members consistently see their *greatest collective strengths* that have served as core building blocks in their field building, namely—a *foundation of a shared values that hold advancing racial equity as core to achieving health equity* (3.8), and *Cohort relationships that can be leveraged for health equity advocacy work going forward* (3.7). Both areas were also rated the two top areas of collective capacity at the end of Phase 2, and both represent statistically significant growth over the course of Phase 3. The Phase 2 decision to center race in their collective work together (see the [HEA Learning Paper](#) on the Cohort's journey) continues to be a defining one for the HEA Cohort. According to multiple people in their final Phase 3 reflections, this shared value is one of the Cohort's greatest assets. Cohort relationships similarly have been consistently lifted up a core strength of HEA, but multiple Cohort members reflected that Phase 3's collective advocacy served to reinforce individual relationships and shine a light on how the Cohort's *collective* connections with each other might be leveraged for more shared advocacy going forward. As explained by one Cohort member, "It put people into relationship around a shared effort...and just helped us create more opportunity for shared and collaborative work."

Shifting Field-Level Conversation About Health Equity. Data from Cohort members suggest that the Cohort field-building investments to deepen health equity policy dialogue are rippling out into the field and contributing field-level shifts in conversations about Health Equity.³ This is seen through the breadth of exposure to HEA and the ways in which HEA values are becoming embedded throughout the state. Through Phase 3 HEA trainings, workshops, and community conversations held across the state, almost 1,500 additional people in the past three years have had the opportunity to directly gain exposure to HEA and develop knowledge and skills that they could also, in turn, expose others to within their informal networks. As a result of the train-the-trainer workshops, five Cohort organizations reported staff becoming trained equity facilitators and

“ It just seems like there's this weird force field of critical race stuff in Colorado. I feel like that's changed dramatically in the last five years. A lot of that is probably shifting demographics, but I think it's also, on a field level, our deliberate focus on racial equity and health equity and then having the TA there.”

³ Subsequent to this final evaluation report, SPR will be completing a Health Equity Advocacy Field Scan that will provide a broader view of how the health equity advocacy field—comprised of many more organizations and efforts beyond HEA—has evolved over the time period that Cohort organizations were engaged in Phase 3.

hosting trainings that continue to expose more organizations and communities to a framework of health equity that centers race in the work. HEA values around centering race are also becoming embedded in various ways throughout the state, signaling sustainability of HEA's vision and values. These examples included HEA-funded products being incorporated in classes at Colorado's universities and health professions programs, or integrated into a 101 training specifically for local health professionals. Cohort members report that, at the various policy tables where they sit—this ripple-out capacity being built among the Cohort's extended partners has served to reinforce and amplify the efforts of the whole.



Health Equity Advocacy Alignment

The ultimate goal of the HEA strategy is to promote equitable policies that ensure that all Coloradans can achieve their highest possible level of health, with a key element focused the alignment and amplification of advocacy across diverse partners that share this goal. Promisingly, a majority of Cohort organizations (56 percent) reported “significant” progress toward health equity advocacy alignment over the last three years and the remaining organizations reported “moderate” progress. This progress was driven by some key field building strategies:

- **Establishing a broad equity frame that cuts across specific policy issues.** Distinguished from an advocacy coalition that might form around specific issues, in the spirit of field building, the Cohort instead laid a foundation of shared values around health equity that could serve as a broader platform for advocacy agenda setting. By rooting policy advocacy efforts in a broader health equity vision that acknowledges the role of systemic racism in fueling these inequities, the Cohort encouraged a more inclusive approach that spanned a wider range of interrelated issues and organizations.
- **Integrating equity policy analysis and assessment.** To augment traditional policy analysis strategies, the Cohort developed a tool that analyzed health equity impacts of different policies. This tool prompts advocates to consider who is being affected by a policy, whether it has potential for differential impact, its relationship to social determinants of health, and the degree to which affected populations are involved in the policy's development and future implementation. The Cohort also developed a legislator scorecard that categorized legislators based on their voting record and potential to support or champion health equity agendas.
- **Testing scaffolded paths for advocacy and engagement.** Another field-building strategy included testing an approach that allowed for different levels of engagement across diverse partners. The Cohort developed a framework that outlined an array of advocacy-focused actions that allowed each organization to choose an appropriate level of involvement based on organizational strengths, capacity constraints, and the level of priority their organization placed on the issue area. Additionally, acknowledging that not every organization's scope was state-wide, they also committed to developing potential actions at the local, regional, and state levels.
- **Leveraging online infrastructure for information and tool sharing.** Given the fast pace of the legislative session, the HEA online space proved to be an effective vehicle for real-time communication and coordination with each other, as well as a way for Cohort members to leverage each other's work. As shared by one Cohort member, “Having tools that the other organizations just put into [the Cohort's shared online platform] at our disposal...it was so helpful. That saves so much time when you don't have to reinvent the wheel.”
- **Engaging in collective action.** The most powerful field-building strategy by far, however, was diving in and engaging in collective action together. As detailed in a [separate learning paper](#), during the

2019 legislative session, the Cohort supported a total of 30 House and Senate bills and participated in the Health Care Day of Action, an advocacy day at the State Capitol.

Field Building Progress

Ultimately, in 2019, the Cohort was able to mount a strong and coordinated collective advocacy effort focused on two key issues that all Cohort members named as priorities for their communities: food and housing insecurity. With respect to food insecurity, the Cohort focused its collective efforts at the federal level, particularly on the Supplemental Nutrition Assistance Program (SNAP), by engaging in letter-writing campaigns, leading calls to action, and sharing resources and information. During the 2019 legislative session, the Cohort prioritized six housing bills as targets for Cohort-level collective action. The Policy and Advocacy Team effectively led the charge by developing and disseminating advocacy tools, creating paths for varying levels of participation to support greater engagement, and enlisting the Colorado Health Institute (a network partner) to conduct an analysis of the affordability, stability, quality, and accessibility of housing and its impact on health. The Cohort's collective efforts during the 2019 legislative session were extremely successful: *five of the Cohort's six priority bills ultimately passed and were signed into law by the Governor*. These policy wins of the 2019 legislative session offer strong testimony to the Cohort's progress in field-level health equity advocacy alignment.

Cohort organizations also reported additional indicators of increased alignment of advocacy across the state *outside* of their 2019 legislative wins, demonstrating growth in their capacity to collaborate together across a range of equity issues. These include **joint advocacy** around issues such as family medical leave, living wage increases, reaching hard-to-count populations in Census 2020, state budget reform, and a response to Public Charge rulings by the current administration. A number of Cohort members reported participation and leadership in **equity-focused coalitions** focused on issues that affect the health and well-being of all Coloradans. Powerfully, under an umbrella of a shared commitment to health equity, Cohort members articulated a strong **sense of solidarity** with each other across a broad range of issues pursued by individual Cohort members (across the three years of Phase 3, Cohort organizations reported engagement in a total of 323 *advocacy activities* to advance health equity for Coloradans). As exemplified by the quote above, exercising collective power “makes a tremendous difference.”

“These last couple of years, the number of letters that people have been able to get HEA partners to sign on to for different policy issues has been tremendous... There's been so many different policies that we have been behind that have come to fruition. And it just goes to show you when you have the strength of all of those organizations who are reputable and who have community members who are coming and showing up, it makes a tremendous difference.”



Field-level Vision for Health Equity Advocacy

With a clear vision for health equity advocacy in place that both centers community voices and explicitly names a priority for dismantling structural and racial inequities, entering into Phase 3, Cohort members turned to promoting a *field-level vision* for health equity advocacy that could promote shared understanding and values throughout the state. While half of the Cohort organizations felt that they had made “significant progress” in this area, a couple felt that they fell just short of fully implementing a communications campaign—which might have led to evidence of more traction in health equity advocacy messaging across the state. The hard work of coming to a shared vision for health equity advocacy in Phase 2 ensured that the Cohort was at a point of readiness to engage the broader field. As such, the Cohort engaged a consultant early on in Phase 3 to support it in some key activities:

- **Conducting a landscape analysis of health equity narratives and messaging in Colorado.** The analysis allowed the Cohort to identify communications opportunities and challenges around health equity. It included a survey of the media landscape, interviews with and surveys of more than 75 stakeholders, a review of communications materials from Cohort organizations, an analysis of comparable organizations, and focus groups across Colorado.
- **Developing a unified statement and supportive messaging that serve as a foundation for health equity advocacy communications.** Based on findings, the Communications and Messaging Team worked with the consultant to develop a unified statement and supportive messaging, intended to provide a foundation for messaging efforts and to build shared language among receptive audiences engaged in aligned work across the state. Augmenting the unified statements were a series of statements emphasizing the assumptions underlying these inequities, as well as the Cohort’s central role in advocating together for change.
- **Developing additional “moveables” messaging.** The landscape scan also identified an audience of “moveables,” or people and organizations that may be receptive to health equity messages but are not yet ideologically aligned with the Cohort. While this group of stakeholders may not ultimately become ambassadors for health equity advocacy work, they were seen as potentially reachable and mobilizable through community-specific examples and narratives that humanize and localize health equity issues. The statement was also accompanied by a set of supportive messaging that could be tailored to each Cohort member’s region and audience.
- **Holding nine communications workshops and trainings.** To support communications capacity among Cohort members, Cohort implemented trainings that focused both on health equity messages and communications skill building broadly. Training topics included: message training; media training; strategic communications; social media and digital engagement; and culturally conscious storytelling for equity advocates.

HEA Unified Statement

We believe that oppressive and racist practices have negatively impacted the health of Coloradans for too long. We are determined to replace inequitable systems that allow only a few to thrive by creating new programs and policies that support everyone.

HEA Moveables Statement

Access to health care is important, but being truly healthy requires so much more. We support the systems, policies, and infrastructure in Colorado that let our neighbors live their healthiest lives regardless of zip code, ethnicity or income.

Field Building Progress

These Phase 3 investments collectively have served to advance a field-level vision for health equity advocacy. While it is beyond the scope of this evaluation to conduct a formal narrative analysis of the evolving vision for health equity in the state, there are some clear indicators of field-level progress. For example, **HEA messaging is taking root in the public sphere** as Cohort members carried HEA messaging within their respective networks and in their positions of influence. Over the last three years, in their grant reports, Cohort members reported over 140 examples of active dissemination of HEA products and messaging through organizational newsletters and websites, national conference presentations, research reports, blogs, newspaper articles, and social media. Another indicator of field-level progress included **increased visibility of HEA organizations and their health equity work**, with Cohort organizations achieving new levels of regional and national media coverage and accolades for their health equity work including a feature in a [US News & World Report story](#) about the social determinants of health, a [Chronicle of Philanthropy article](#) about racial equity, and a [Kaiser Health News](#) on health living and active living published by CNN and distributed nationally. Finally, while admitting that “there is still a lot of work

to do to respectfully address the opposition,” a few individuals sensed **a shifting conversation about race in health equity discussions across the state** as a direct indicator of their field-building progress.

Reflecting on their Phase 3 progress, Cohort members almost universally credited their specific messaging investments as a key facilitator of field-level progress in this area. They also credited the Cohort’s deep work in coming to a shared vision—and additional capacity gained through Phase 3 caucusing, community visits, and equity trainings—as key to Cohort members having a stronger and deeper understanding about structural racism and its impact, and increased motivation and skills to confront systemic racism. This deep work ultimately served as a foundation for coming to consensus on a shared point of view and associated nuanced messaging that has been at the foundation of field building efforts.



The boldness of the frames continues to inspire us to push our own messaging to be more explicit in naming racism as a driver of disparities in outcomes for children and families.”



Diversity in Field Composition

Another Phase 3 field-building goal centered on diversifying the partners engaged in health equity advocacy in the state, with a particular focus on better integrating non-traditional partners and missing voices. When reflecting on Cohort progress toward diversity in field composition at the end of 2019, on average, the Cohort still reported less progress in this outcome compared to all but one other field-building area, with the majority (61 percent) indicating either “moderate” or “some” progress. This likely represents an acknowledgement of the implementation challenges faced in their efforts to foster diversity in the health equity field, and the sense of potential for continuing to deepen progress in this area going forward.

While the critical importance of engaging diverse partners from across the state in health equity advocacy has been a fundamental premise of HEA since the beginning, Phase 3 represented the first opportunity for the HEA Cohort to actively and strategically coordinate to influence this outcome. The HEA Phase 3 field-building strategies in this area included:

- **Regranting resources to a broader set of HEA partners via Network Strengthening Grants (NSG).** The NSG strategy was designed to engage partner organizations that were ready and willing to engage in coordinated health equity advocacy. Starting in the summer 2017, the Cohort discussed gaps in their current networks, came to consensus on selection criteria and process, reached out to prospective partners (in some cases issuing RFPs), and ultimately awarded just over \$1 million to a total of 56 organizations (“network partners”) through Phase 3 of HEA. Each Cohort member had access to a total of \$20,000, with the option to allocate this amount to one or multiple network partners. Cohort members also had the option to combine resources to grant a larger amount to a shared network partner.
- **Including network partners at HEA convenings and racial equity trainings.** With an explicit goal of ensuring inclusion of diverse voices in conversations and decisions affecting the health and well-being of communities, network partners were invited to participate in Function Teams and play an active role in quarterly HEA convenings (i.e. leading community field trips, partaking in panels about how housing and food access inequities affect their communities, and sharing their unique perspectives and insights in discussions about field-building strategies).
- **Local expansion and leveraging of strategic partnerships to advance health equity and racial equity.** Individual Cohort organizations were actively working within their own spheres to build diverse coalitions around shared interests. Cohort members reported collectively leading or being

a part of over 30 formal and informal coalitions addressing a range of health equity issues, including affordable housing and housing rights, education, food access, transportation, mental health, health care access, criminal justice, fair wages and economic justice, and immigrant rights.

Field Building Progress

There are indicators of field-level progress emerging from the implementation of HEA field-building efforts, particularly related to the NSG investment in particular. NSG expanded the geographic reach and bolstered the diversity of HEA partners. Phase 3 Cohort members represented 20 out of the 64 counties in Colorado. The involvement of network partners ultimately represented a *69 percent increase* in the geographic reach of the Cohort, with network partners having a presence in 44 out of 64 counties that otherwise would not have been touched by the HEA network. Furthermore, network partners more than *tripled* the presence of HEA-related organizations in the original 20 counties. The addition of 56 network partners also filled in other gaps in representation within the network that might not otherwise have been possible, namely the involvement of *public sector partners* (e.g., public health and human service departments, school districts, recreation departments and public university-affiliated organizations) and *underrepresented target populations* such as veterans and people experiencing homelessness.

“One of our network partners has really been able to help us move forward in some of the housing policy stuff and we’ve been able to bring some of our health equity stuff down to this [rural and mountainous] county... Across two counties now we have a consistent approach to addressing affordable housing.”

Reflecting on the Cohort’s progress toward this field-building outcome, both Cohort members and the network partners themselves felt the NSG strategy was a useful one for widening the circle of organizations who were in a position to engage in HEA activities and access HEA resources. For those Cohort members who deliberately selected their network organization to complement gaps in their own capacity, the strategy was particularly useful for diversifying those organizations with whom they engaged. At least one Cohort member observed a “multiplier effect” with their NSG-awarded grants, sharing, “Each of those grants we gave, they were doing projects that brought in multiple other partners. So, I feel it was just exponential in the growth that those created.”



Paradigm Shift toward Community-led Change

Recognizing the critical importance of centering community voice in health equity advocacy on policies that affect their lives, the HEA strategy continued a Phase 2 focus on a field-level paradigm shift toward community-led change as one of its goal. Shifting this paradigm, however, has proven challenging. Throughout Phase 3, Cohort members have consistently pointed to this outcome as being the one where they have made the least progress. The challenge lies in not only increasing the numbers of diverse community leaders and community voices that are actively driving advocacy priorities, but also ensuring the field ultimately remains *accountable* to community interests.

In Phase 3, the HEA Cohort’s collective field-building efforts towards a paradigm shift toward community level change were fairly limited, in part due to staff turnover in the Function Team charged with this area. Key strategies included:

- **Statewide community engagement.** The Cohort purposefully engaged the broader community through equity-focused workshops, trainings, and equity-focused community conversations held across the state. The Cohort engaged almost 1,000 community members in half-day, intensive racial equity trainings focused on fostering awareness, knowledge and skills around racial equity—which laid a foundation for a broader paradigm shift toward community-centered

change. The Cohort also sponsored a series of 11 political education workshops to deepen understanding on the root causes of health inequities and develop understanding of potential areas of alignment and intersectionality of each organization's work.

- **Creating opportunities for meaningful connection with community.** The HEA Cohort continued to dedicate space and time for organizations and partners to directly and authentically learn from community members and their lived experiences through community-based site visits, community conversations, and activities within convenings. These were designed to not only deepen understanding of how health inequities manifest across Colorado, but also to start to shift the mix of voices and perspectives within HEA discussions. To emphasize a value for full inclusion and language justice, the Cohort invested in simultaneous language interpretation and childcare, as well as attended to ensuring accessibility of HEA spaces for individuals with disabilities.

These efforts fueled the progress of *individual* organizations who were very active in engaging with community members and leaders in health equity advocacy efforts, reporting over 350 examples of community engagement and leadership development in their grant reports over the last three years. In this last year of Phase 3 alone, HEA Cohort organizations reported almost *200 activities* that encompassed community education, engagement, organizing, political education, and leadership and skills development. About 64 percent of these activities centered on building community members' skills around advocacy, political education, and organizing.

Field Building Progress

While individual Cohort organizations made tremendous shifts to engage community members and build leadership capacity within their health equity advocacy efforts in Phase 3, a field-level paradigm shift as a result of Cohort-led collective effort remains largely elusive. Reflecting on the challenges faced, Cohort members recognized that engaging with community requires long-term, dedicated time and investment in order for organizations to thoughtfully engage in continued conversations on power and privilege that ensures that those with lived experience of health inequities are visible, understood, and part of health equity advocacy efforts. Others noted that they had limited organizational capacity to individually work with community leaders who may be experiencing trauma and to reduce and remove barriers to participation (particularly for those that have full-time jobs). An organization also noted the long-standing, established "policymaking process" that is difficult to change to be more inclusive and intentional in ensuring that community members are driving and policy priorities, as well as the lack of a policymaking infrastructure that can support this shift.

That said, important seeds of progress continue to be sown in Colorado as a result of HEA's strategic field-building investments in this area, including **community leaders that are deepening their understanding of health equity issues**. These community leaders include people of color, low-income families, immigrants and refugees, Black and Latina women, people of faith, professionals with disabilities, parent mentors, Spanish-speaking community leaders, Sikh youth, Latinx and Chicano youth, parent leaders, and concerned community members stretching across the state. While not yet a field-wide trend, there are also **increased examples of community members being visible and part of health equity advocacy tables**. HEA Cohort organizations also shared that the increase of diverse community leaders at health equity advocacy tables has largely been due to an increased *intentionality* around inviting more people from rural and urban communities to engage in the HEA efforts, as well as those who are immigrants, people of color, and people with disabilities. Through their local leadership, HEA Cohort leaders also report examples creating vehicles for community voice in policy through advisory committees on issues as diverse as municipal policy, affordable housing, Medicaid implementation, and fiscal reform.

What are We Learning About HEA Field Building?

One of the biggest strengths of the HEA Strategy was that its very inception was inspired by a realization and explicit acknowledgment of the ways in which the voices of those who experience the greatest health inequities are excluded from policy advocacy efforts. Investing heavily in grantee-driven health equity advocacy field building represented a significant departure from typical advocacy funding approaches. It was a risk—one that ultimately resulted in important learnings for the field:

- **A clear and well-defined vision provides a strong foundation for health equity advocacy field building.** The Cohort’s field-building efforts moved much faster in Phase 3 in large part because it had shared values and a shared vision that served as a north star and that anchored and aligned the work of the Function Teams. It was also broad enough for an expanding variety of actors engaged in different health equity issue areas to be able to find their place in the work. The strength and inclusivity of the Cohort’s vision is particularly critical in efforts to continue promoting the vision beyond the Cohort and beyond the life of the HEA Strategy.
- **The choice to center race in health equity advocacy field building is risky. And powerful.** Centering race in any effort has the potential to polarize—in the Cohort’s case, it made them stronger. Standing by this choice was by no means easy—multiple Cohort members reported challenges justifying it to their board or experiencing backlash from their communities. However, the difficulties—and the Cohort members’ shared efforts to engage in those painful experiences together—created strong bonds and a sense of solidarity that was a powerful facilitator for field building specifically centered on structural change for health equity.
- **Relationships are core catalysts of field building—investing in them is critical to forward movement.** The importance of trusting relationships in HEA field-building efforts cannot be understated. As demonstrated throughout HEA and underscored in Phase 3, relationships serve to extend capacity of thinly-spread organizations through sharing of resources and tools, offering complementary expertise and perspectives, and ultimately amplifying power and voice on issues of shared concern. Being able to share and explore experiences with racism and oppression together also created a sense of “trusted camaraderie,” which helped them endure the challenges they faced within their respective communities associated with advancing racial equity, and helped them step forward as vocal leaders within a health equity advocacy field.
- **Acknowledging and embracing the personal nature of equity work can make field-building efforts more powerful.** While *systems* change is the primary goal of health equity advocacy, one of the most powerful aspects of the HEA Strategy was its intentional focus on individual transformation while building organizational-, Cohort-, and field-level capacity. Building the field capacity to effectively engage in health equity with race at its center first requires an honest exploration into personal experiences with race and racism (both as the oppressor and the oppressed). For the Cohort, this resulted in stronger understandings of each other’s humanity, as well as the complexity and insidiousness of racism, which helped them persevere and find empathy, even within politically-charged and often vitriolic environments.

“ [You] can't do an issue justice or make real change if they're not centering race, and racial equity, and building the capacity of the organizations in their Cohort to move in that direction.”

“ Talking about racial equity issues can be really challenging and there can be a lot of resistance for them because it's so sensitive for people, and I think the need for both trust and the healing that can come as a result of trusted relationships is really important. Convenings really created space for that so that we could really feel like we were in this together.”

- **Field building requires a degree of intention.** While not minimizing the critical importance of organic, community-driven development of any field, the HEA experience also underscores that *change takes intention*. The depth of Cohort relationships took *years* of coming together as funded partners; in the absence of intention and resourcing to bring these 18 partners together, these relationships would not have flourished as they did. Through its funding and without dictating specific strategies, The Trust has consistently asserted the importance of capacity building, staying focused on field building, and keeping historically excluded communities’ priorities at the fore. As the field evolves apart from The Trust, field leaders will need to guard against reverting to old, siloed models of advocacy, and continue to invest in building field infrastructure, messaging that centers race, maintaining strong connections, and cultivating new partners connected to underrepresented voices.
- **Supporting alignment is critical for successful field building.** The comprehensive nature of supports offered through HEA—particularly the multi-level capacity-building supports, intentional relationship-building activities, and the partnership with consultants that could support facilitation, coordination, and learning—were key to field-building progress, particularly because they were integrated in ways that supported the Cohort’s *alignment*. Some of the key elements of the HEA Strategy are not new to philanthropic initiatives—what was different was the way in which these elements were utilized to create something bigger than just the sum of the 18 Cohort organizations, broke down siloes, and amplified the power of the collective.
- **Given its organic and iterative nature, attention to and consistent application of learnings are essential to successful field building.** Some of the biggest strides made in Phase 3 happened specifically because Cohort members had the courage to name past missteps and apply their learnings, which resulted in more thoughtful and intentional work plans and designs for capacity building. This strategic learning mindset requires the fostering of a supportive culture that both encourages experimentation and embraces failure as learning opportunities. The collaborative effort to embrace this mindset in HEA marked a shift from traditional funder/grantee dynamics, wherein funders typically encourage the use of “best practices” and grantees feel compelled to report only their successes for fear of losing funding.
- **Field building happens within broader ecosystems—adapting accordingly can help support continuous forward movement.** Colorado’s health equity advocacy field is situated within broader ecosystems that include organizations focused in equity and social justice. While HEA field building undoubtedly benefits from the strengths of these organizations, it is also subject to some of their challenges. Recognizing these challenges as part of the current context of this work helps to keep perspectives in check and prevent inevitable setbacks (such as staff turnover) from having too much influence over the course of an initiative, or over how one might make meaning of the initiative’s effectiveness. For example, while turnover may be disruptive, it also provides opportunities for connections with organizations outside of the Cohort and more landing places for the Cohort’s vision and learning to take hold. As one Cohort member shared, the benefits will endure beyond the Strategy and beyond the Cohort because “what we learn at the individual level and the organizational level, we take with us wherever we go.”

“You can provide tools, you can provide resources, et cetera, but you can't establish passion and you can't build relationships and you can't build drive. And so finding other people that have that is important when you're in this field because you need that support, those allies and those bold people that are going to stand up when no one else will. And that's what you get when you come to the Cohort.”

Learning for Other Funders

While the Cohort led the visioning, design, and implementation of the field-building strategies, their ability to move forward was facilitated by the myriad supports provided by The Colorado Trust, as well as an authentic spirit of partnership and power sharing extended by the foundation. The following represent learnings for funders about the difference that The Trust's supports made within this grantee-driven, field-building effort.

Multi-year, general operating grants allows for a focus on the actual work of field building. General operating grants received the highest ratings by Cohort members in terms of level of importance related to their accomplishments, with 17 of the 18 members rating them as “critical” to their ability to carry out this work. Cohort members shared that general operating grants enabled them to direct funds in ways that optimized effectiveness, created space for organizations to “focus on the work itself” (as opposed to focusing on meeting grant requirements), and provided some freedom from the stress of “simply keeping things afloat.” Moreover, providing general operating grants enabled The Trust to embody its belief in the expertise of these Cohort members and the importance of supporting their efforts to identify pressing health equity concerns in their communities.

The specific diversity of partners matters. The intentional funding of organizations whose complementary skillsets could be strategically leveraged toward collective health equity advocacy was foundational for HEA's Phase 3 progress. Bringing together the specific mix of organizations that represented a range of populations and geographies and that had state-level policy advocacy experience, strong community organizing skills, community trust, and direct access to community stories and data catalyzed efforts to build an HEA field that prioritized the voices of those most impacted by health inequities.

Comprehensive multi-level resource support accelerates field-building. Funding for the HEA strategy also included a significant bank of resources to support infrastructure and capacity building at multiple levels. Seventy-eight percent of Cohort members felt that this support was critical to their accomplishments. The comprehensive nature of this support created the space necessary for Cohort members to experiment and innovate, allowing them to lead and to live into their visions, while also alleviating some of the burden associated with the coordination of their efforts. Multiple Cohort members shared that this level of support not only *accelerated* the work, but facilitated *alignment* across their efforts, which contributes not only to effective field building, but also to movement building in health equity arenas.

The grantee-driven nature of the strategy, while challenging, was a key component of the Cohort's success. Described as the “hallmark” of the HEA Strategy, the grantee-driven nature of the work was characterized as challenging and frustrating, particularly in Phase 2, but by the end of Phase 3, it was clear that this aspect of the work was critical to the Cohort's success—and a likely factor for the ultimate sustainability of what has been built thus far. While two Cohort members reflected that the lack of structure and clearly articulated goals at the beginning may have cost them time early on in the strategy, others felt that they ultimately learned a great deal and the return on investment was higher as a result. By the end of Phase 3, all Cohort members rated it as either critical or important to their accomplishments. As one Cohort member stated: “I think the outcomes were so rich and vibrant because we left space for the outcomes to be even better than we imagined.”

Final Reflections and the Road Ahead

In many ways, the HEA Strategy was an experiment aimed at transforming the nature of equity-focused advocacy and grantmaking. It has been an ambitious endeavor that has garnered attention by many who are curious about the effectiveness of the approach and the still unfinished journey of the HEA Cohort, whose field-building efforts continue to offer rich learning. As Phase 3 comes to an end, one is struck with the overriding recognition of the long-term commitment required within complex change efforts such as HEA. The Cohort's efforts to build a field from scratch illustrates the time and intentionality required to foster the depth of trusting relationships necessary to catalyze field building, to build processes and structures for equitable engagement, and to ultimately create meaningful space for grantee-driven priorities and workplans. HEA's particular focus on equity and the priority for ensuring that the voices of affected communities lead also required comprehensive capacity building aimed at strengthening individuals and organizations in collectively stepping forward as leaders within a broader field. Finally, approaching field building with humility and a learning mindset also required dedicated time and space for experimentation, for failure, for learning, and for refinement.

“The work of building a field of health equity advocates is not something that can be done in a prescriptive or expedited way. In order to become true health equity advocates, organizations and individuals have to have the time, experiences, and internal reflection necessary to fully understand the underlying issues which allow health/racial inequities to continue and to fully commit to becoming such an advocate. Such time, experiences, and reflection opportunities were offered by the HEA grant program”

That said, some Cohort members did express a level of disappointment about having built a significant amount of capacity, learning, and momentum over the course of Phase 3—which they had hoped to apply to future efforts together—and then feeling a sense of uncertainty and deflation, as well as concerns about continued capacity, as the initiative comes to a close. As one Cohort member shared, “The time dedicated to Phase 3 of the HEA Strategy was sufficient to generate policy wins, pilot a new model (for Colorado) of collective action and move a field forward, but not to build a sustainable movement.”

Despite these frustrations, HEA Cohort members also expressed pride in their accomplishments, and—especially those who have been a part of this journey since the beginning—marveled at the patience and perseverance that got them to this point. The Cohort members are leaving Phase 3 feeling there is “still just so much work to do,” which is a positive indicator of their deep level of engagement, their passion for this work, and their desire to see it continue. By and large, Cohort members expressed deep gratitude for the experience. They also expressed confidence that, no matter what the future holds, the invaluable capacities, learnings, and relationships they have built will endure beyond the end of this initiative.

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

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

Social Policy Research Associates (SPR) is a research, evaluation, and technical assistance firm located in Oakland, California with expertise in the areas of philanthropy, youth development, education, health, workforce development, and other human service programs. Its Philanthropy, Equity, and Youth Division evaluates the role of philanthropic and public sector investments in policies and programs designed to improve outcomes for diverse populations across the country and support change strategies focused on racial, gender, and place-based equity.

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