

# State of the Health Equity Advocacy Field in Colorado 2020



THE  
COLORADO  
TRUST

*A Health Equity Foundation*



SPR SOCIAL POLICY RESEARCH  
ASSOCIATES

# Overview

1. What is a health equity advocacy field, and why did The Colorado Trust invest in it?
2. What is the state of the health equity advocacy field in 2020?
  - *Field frame*
  - *Field composition*
  - *Field connectivity*
  - *Infrastructure*
  - *Adaptive capacity*
3. Needs and opportunities



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# **The Colorado Trust & Health Equity Advocacy**

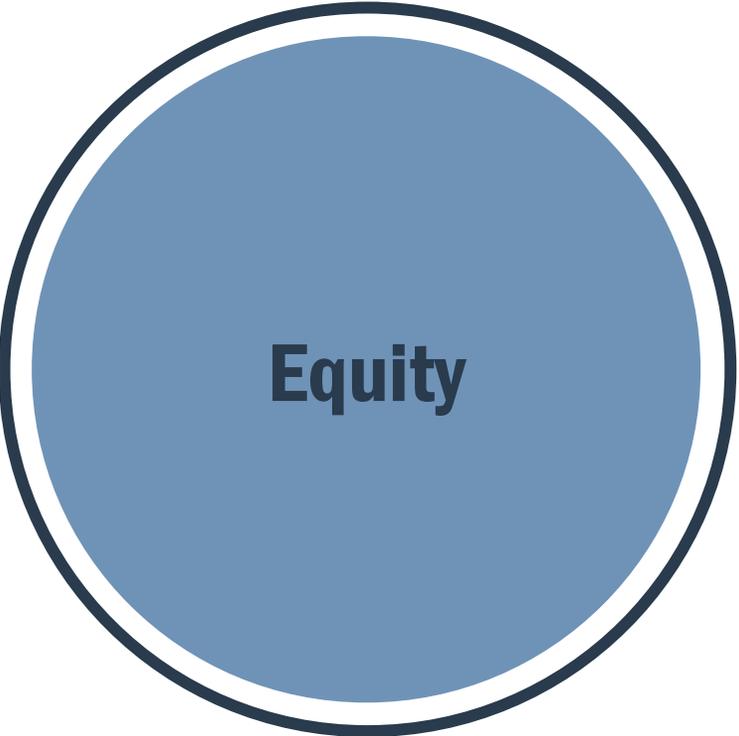
**The Colorado Trust is dedicated to ensuring all Coloradans have the opportunity to thrive.**

**We believe local and statewide policies should have a positive impact on people's well-being.**

# Health Equity Advocacy in Colorado: 2013 Assessment

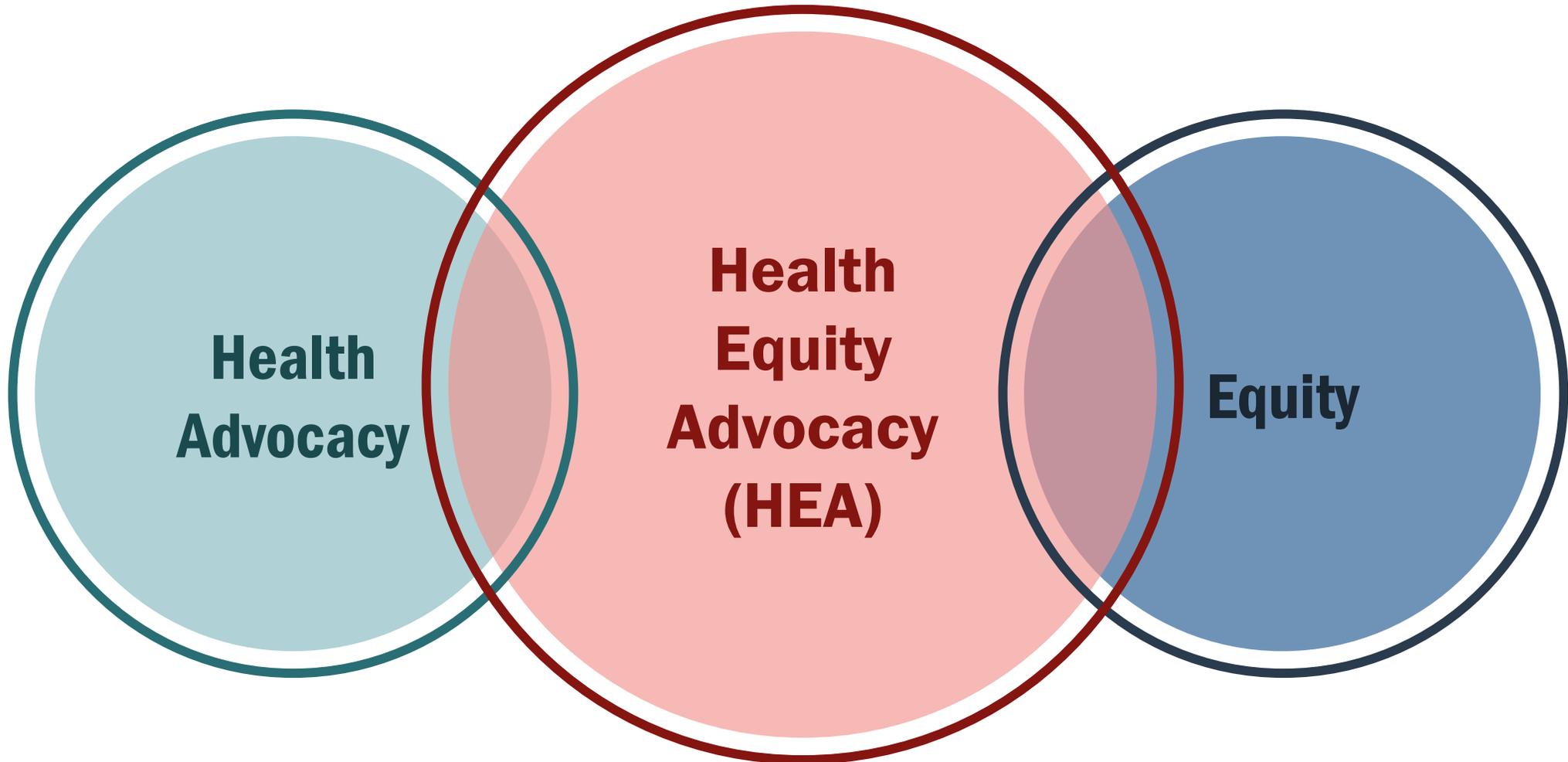


**Health  
Advocacy**



**Equity**

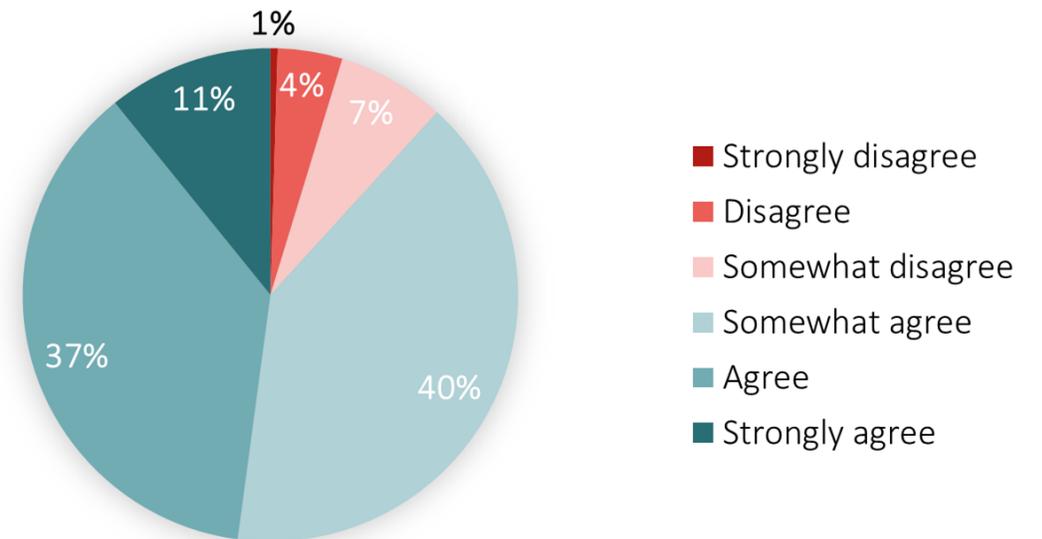
# Health Equity Advocacy in Colorado: 2013 Assessment



# Health Equity Advocacy in Colorado: 2017 Field Scan Summary

1. An emerging health equity advocacy field exists
  - *Diverse and diffuse*
2. Opportunities exist to leverage diverse expertise within the field
3. There are some clear directions for future field-building efforts

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



## 2020 Field Scan

1. What is the composition of the health equity advocacy field in Colorado in 2020?
2. Are we seeing any differences in patterns of connections within the field?
3. How has the overall capacity of the field shifted in the past two years?
4. What are some tangible indicators of a health equity advocacy field that is advancing equity? What are the remaining gaps?

# Methodology

## Online Survey

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



# Limitations

**Sample: Key stakeholders**

**Specific perspective**

**Timing**



# Field Characteristics and Indicators

## Field Frame

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

## Field Composition

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

## Field Connectivity

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

## Field-Level Infrastructure

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

## Adaptive Capacity of the Field

- Ability to conduct sound political analysis and then choose the tactic that best fits based on shared analysis of the political landscape
- Sense of solidarity that extends beyond one community's issues or priorities
- Readiness as a field to mobilize for and against shared interests within political windows of opportunity

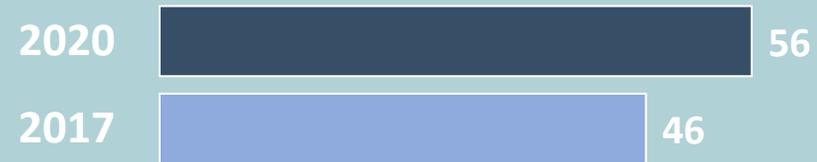
# Field Frame

# Field Frame Indicators

An increased focus on “health equity” exists in Colorado, although conceptual clarity is evolving

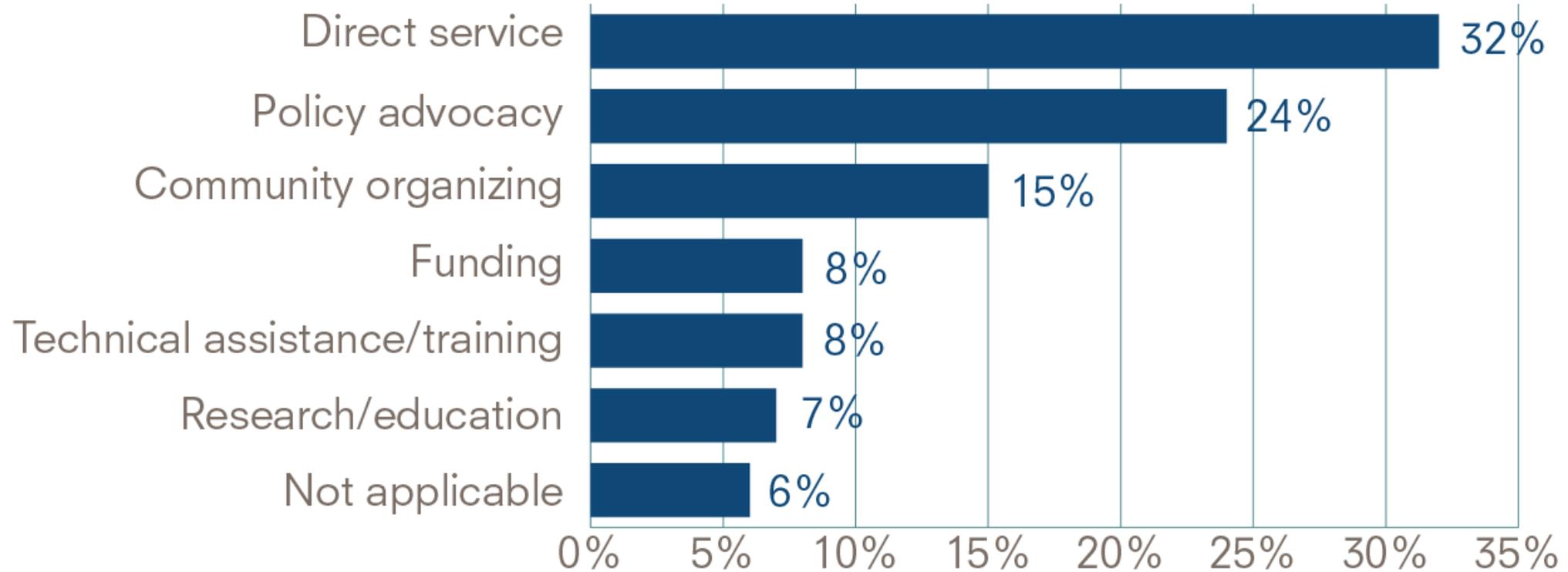
*To what extent would you agree that:*

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

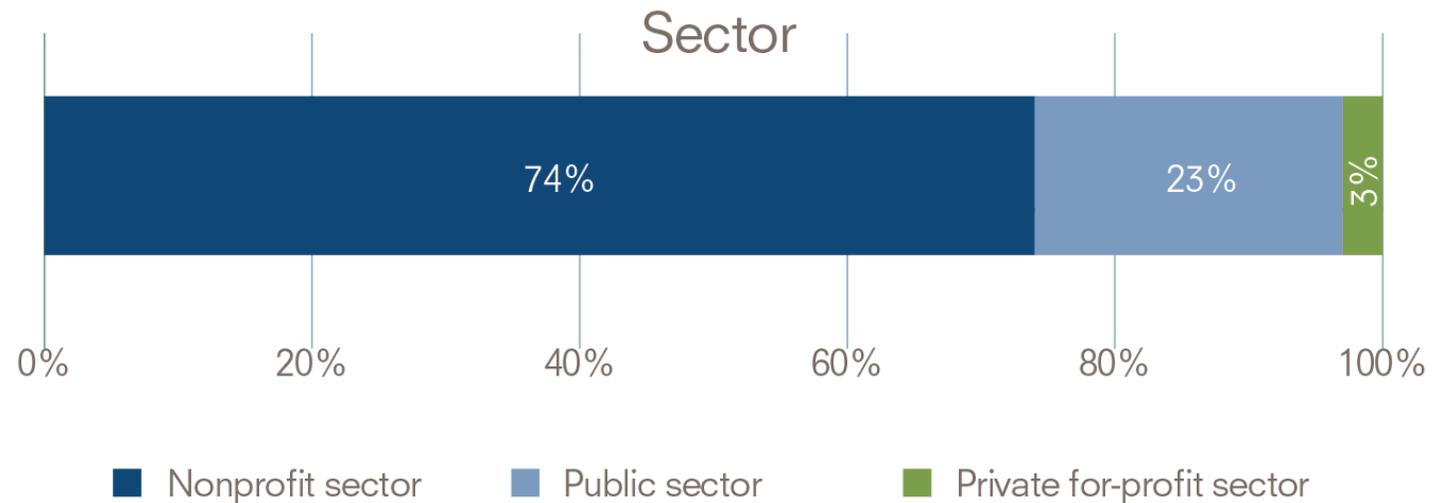
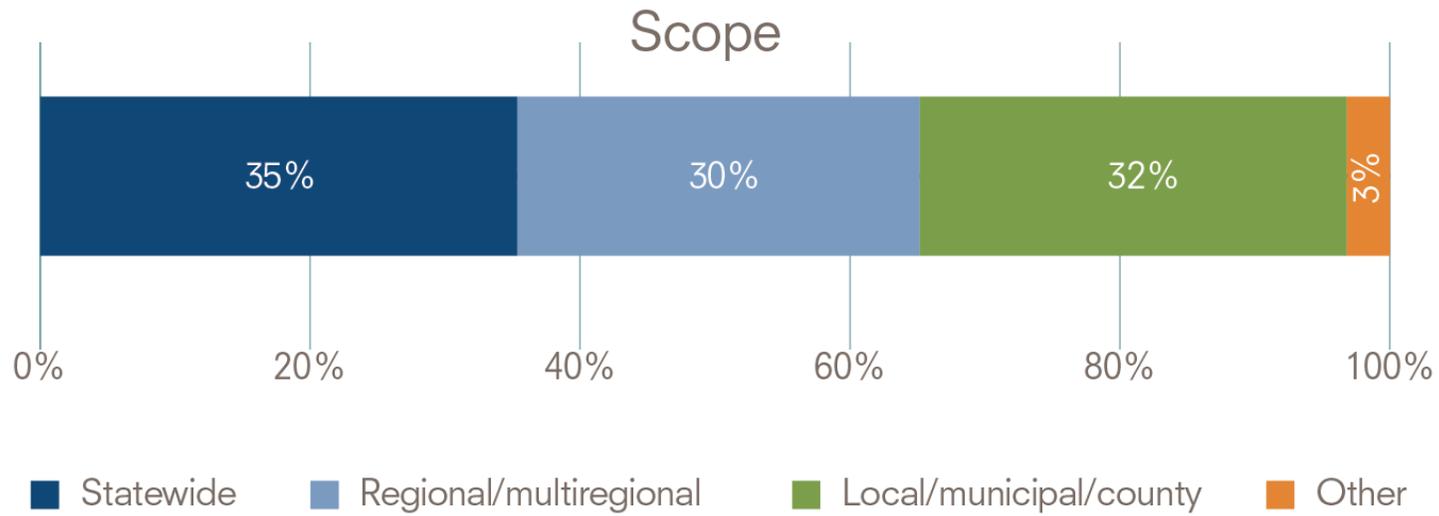


# Field Composition

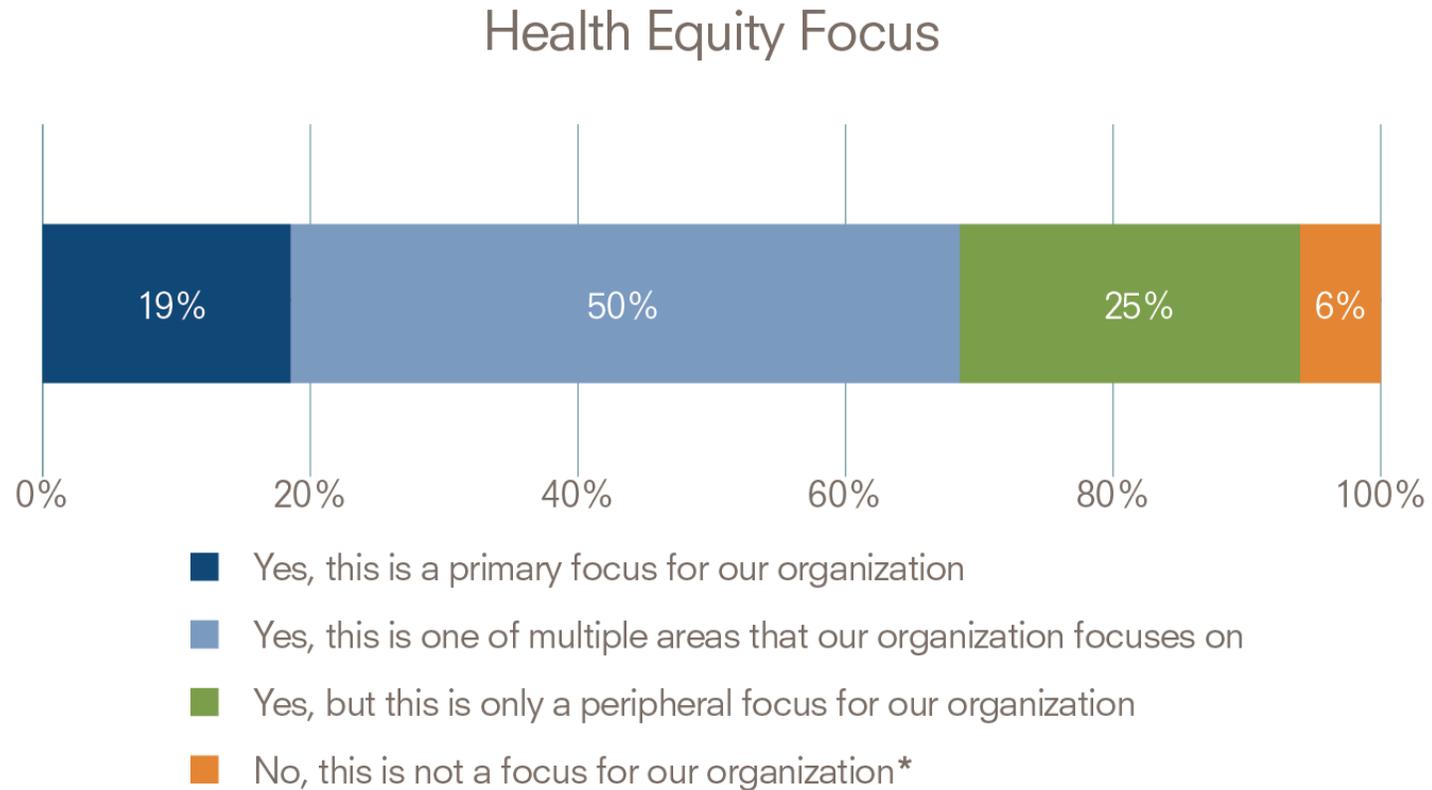
# Organization Type



# Organization Scope & Sector



# Health Equity Focus



# Communities Served

## Most commonly served “core” populations

- Low-income families
- Children and youth
- Latino/Hispanic populations
- Rural populations

## Least commonly served “core” populations

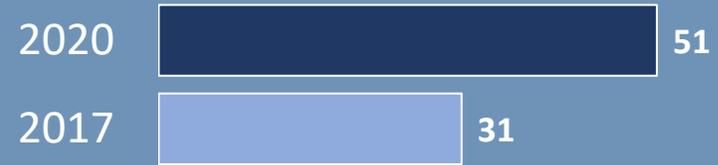
- Homeless populations
- Native Americans
- LGBTQIA+ populations
- Asian American/Pacific Islanders
- Veterans
- Incarcerated/formerly incarcerated populations



# Field Composition Indicators

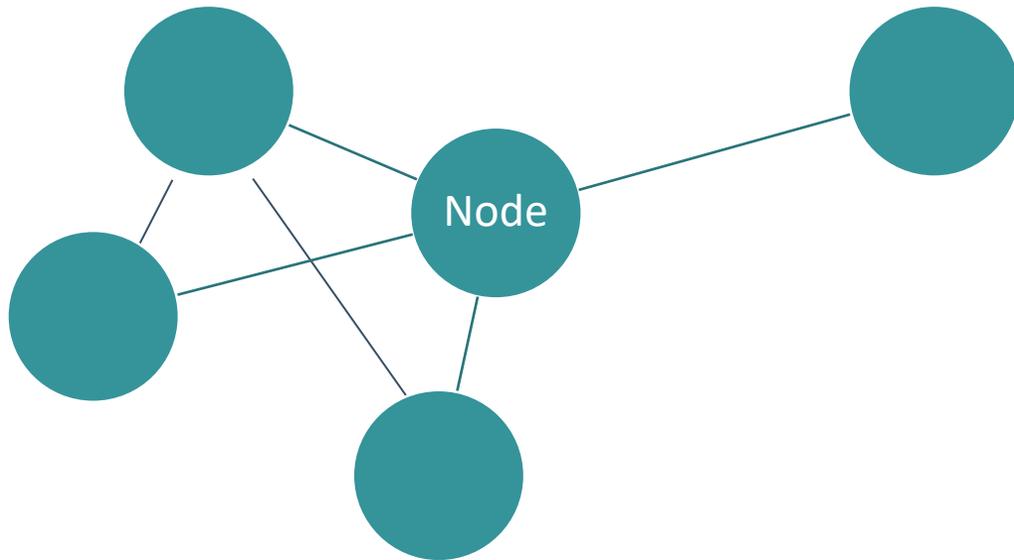
The field includes actors with a growing capacity to center community and advance health equity advocacy goals

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



# Field Connectivity

# Social Network Analysis



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

# Health Equity Advocacy Field

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

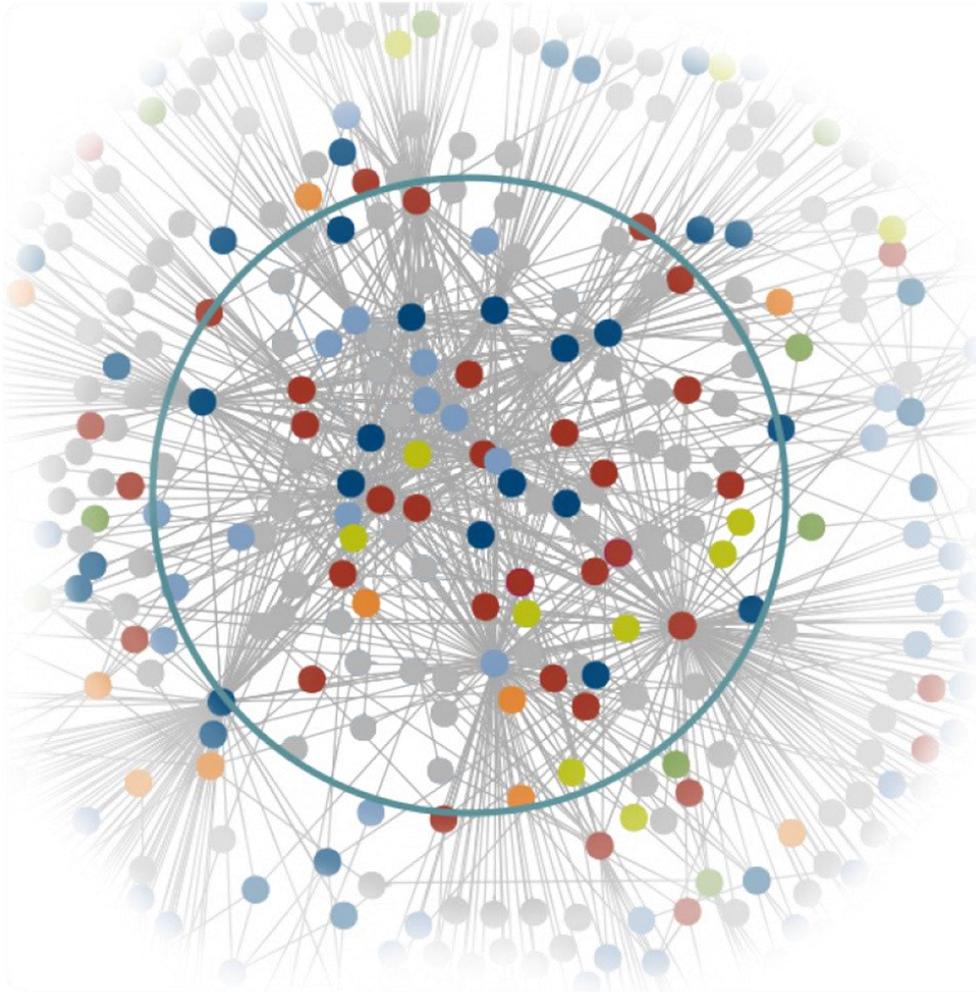
671 unduplicated organizations

232 completed survey

Final sample size: **218**



# Organization Type



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

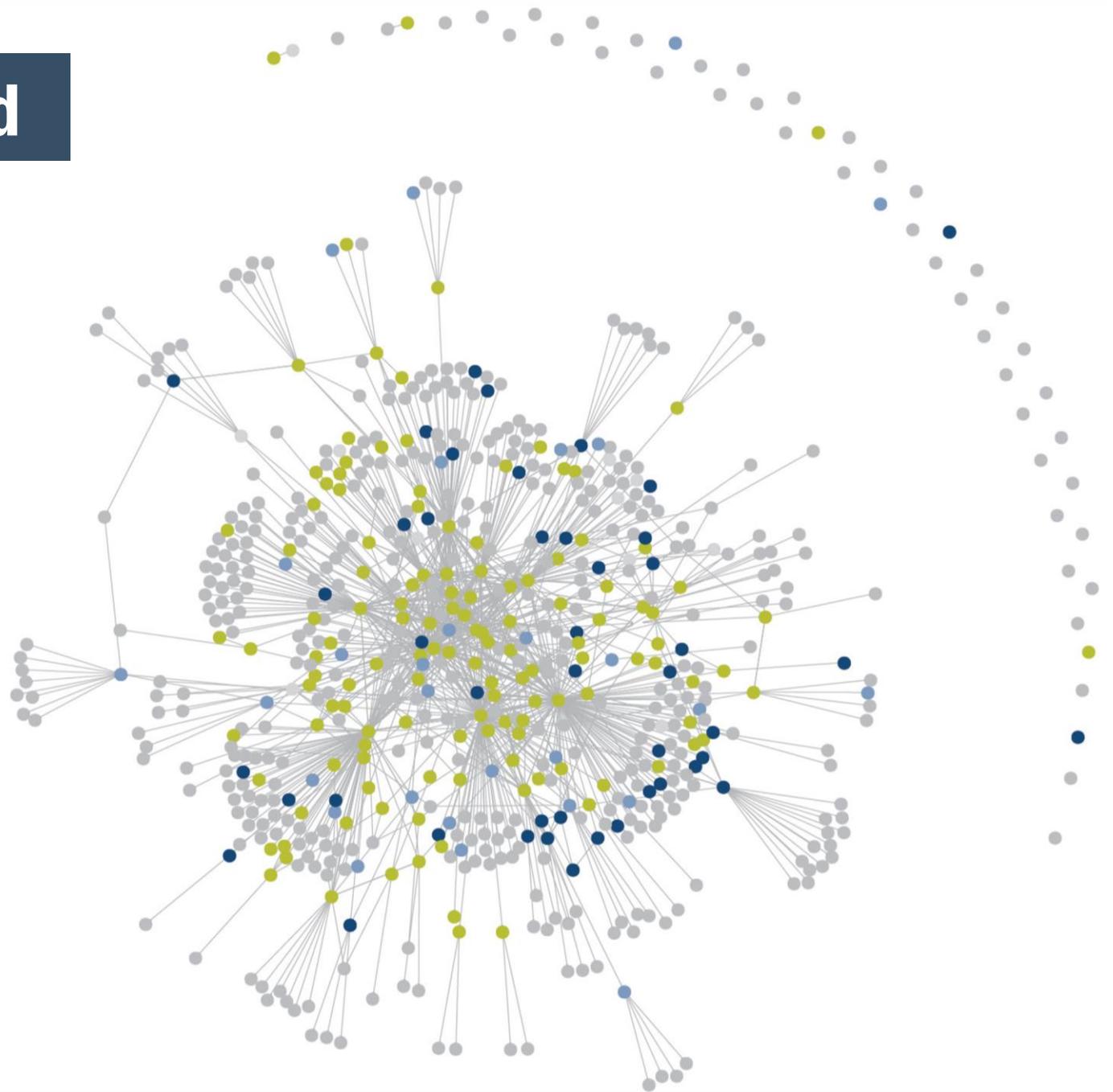
# Organization Scope

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



# Health Equity Advocacy Field

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



# Field-level Infrastructure

# Field-level Infrastructure Indicators

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

# **Adaptive Capacity of the Field**

# Adaptive Capacity of the Field Indicators

To what extent would you agree that:

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

*Shared political and policy analysis to support coordinated health equity advocacy exists*



*Aligned communications and messaging around health equity are present in Colorado*



# Needs & Opportunities

- Deepen a demonstrated commitment to health equity
- Increase advocacy resourcing
- Targeted investment in building infrastructure
- Focus on voices on the ground driving change
- Recognize the breadth of equity issues that impact health
- Provide capacity building in specific areas



# Q&A

1. Was there anything in this presentation that rang particularly true or false from your own understanding of the field?
2. Would you add any other needs or opportunities?
3. How might your organization take advantage of the power inherent in the health equity advocacy field?

# Contact Information

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