# CPHE Macro-Evaluation Report, 2020-2022

## February 1, 2022

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# 1.  Introduction

The Colorado Trust's (The Trust) Community Partnerships for Health Equity (CPHE) strategy is a large-scale systems and community change effort focused on creating opportunities for people who have historically been excluded and who are directly impacted by injustice, to develop and implement plans and take actions that will lead to healthier more equitable communities across Colorado.[1] A range of communities throughout Colorado has been a part of this strategy, from small rural towns with fewer than 700 residents — the majority of whom are white — to large urban neighborhoods and cities where residents are racially, ethnically, and linguistically diverse. The number of communities involved in the strategy has gradually increased from eight between 2015 and 2016 when it was launched, to 21 today and continues to grow. This report synthesizes the macro-evaluator's analysis of a sample of CPHE communities' efforts and what has been learned from their efforts to date.

# 2.  Data Collection and Analysis

The findings in this report are based on three sources of information:
- Interviews conducted by Community Science with 11 of the 21 CPHE communities in 2020 and in 2021; and
- Large group discussions facilitated by Community Science in May and June 2020 that 18 of the 21 CPHE communities participated in about their response to the COVID-19 pandemic[2].

Seven communities — one from each region[3] — were included in the 2020 interviews and another seven in the 2021 interviews. The communities selected provide us with diversity in terms of geography (urban, rural, frontier), racial and ethnic composition (primarily white or Hispanic or mixed), stage of implementation (developing relationships, planning, or middle of implementation), and type of approach. There are two strategy approaches — the first one is part of the initial phased approach to CPHE in which communities were fiscally sponsored by the Colorado Nonprofit Development Center (CNDC) and the second one is part of the Community Partnerships Organizing Cycle (CPOC) model that began in 2020. These communities are referred to as "CNDC communities" and "CPOC communities," respectively, for the purpose of making it easier to differentiate them in this report. However, all 21 of the CPHE communities are funded by The Colorado Trust—with the first group of communities being grant-funded through CNDC as the fiscal sponsor, and CPOC communities being supported directly by the foundation, both by funds to support community work and full time community organizers who are staff of The Colorado Trust. Of the 11 communities that participated in the interviews conducted by Community Science, six were CNDC communities and five were CPOC communities. Three communities were included in 2020 _and_ again in 2021, which allow us to assess whether and what type of changes might have occurred over two years. In 2020, we interviewed 49 people from seven communities, and in 2021, we interviewed 48 people also from seven communities. We also interviewed The Trust's regional staff (community partners, senior community organizers, community organizers, and project administrators), partners working with resident or community teams[4], and community evaluators

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[1] See narrative that accompanies the CPHE Pathway of Change approved in 2019.

[2] See report about communities' responses to COVID-19 that we submitted in August 2020.

[3] The Trust divided up the state into seven regions.

[4] Under the CNDC approach, the term _resident team_ is used to refer to the core group of residents and resident coordinator participating in the CPHE effort. Under the CPOC approach, The Trust uses the term _local leaders_ instead. In this report, we will use the term _community team_ to refer to the core group of resident and local leaders participating in the CPHE effort in their communities.

working with the CNDC communities.[5] The number of interviews from each community ranged from as few as three people and as many as 11, depending on the size of the community team and people's availability.

We analyzed the data looking specifically for patterns about the following:
- Types of accomplishments, outcomes, and challenges;
- Relationship between accomplishments, challenges, support from The Trust's regional staff, and other conditions;
- Alignment with the CPHE Pathway of Change; and
- Areas for improvement.

We focused on patterns that are common to both CNDC and CPOC communities and noted any distinct differences between the two types of communities.

## 3. Evolution of the CPHE Strategy

We must recognize the evolution of the CPHE strategy's implementation since we began the macro-evaluation to fully understand the patterns observed from the data collected. In the first couple years as the strategy was being developed, the central idea was to deal with the social determinants of health and health inequity through "resident-driven grantmaking," and shift the ways that philanthropy relate to communities — to be in more direct relationship, rather than through nonprofits as intermediaries. It implemented a phased approach in which communities go through development, planning, and implementation phases for their health equity work. The Trust worked with CNDC to administer the grants to resident teams in communities because it could not make grants directly to residents.

In 2017, The Trust made explicit that its goal and the north star for the CPHE strategy was to build community power to achieve health equity. In early 2020, The Trust continued to emphasize that health equity[6] cannot be achieved without shifting power so residents most affected by inequities can influence and lead the work. Systems change was considered by The Trust to be part of the work, however, it was not explicitly communicated as an area of focus. To call explicit attention to the importance of building and shifting power, The Trust adopted an approach that explicitly centers community organizing as its defining feature (i.e., CPOC). To implement this approach, The Trust developed new strategy goals and hired senior community organizers, community organizers, and project administrators into the organization to support CPHE regions and communities. Currently, 11 communities continue implementing their efforts through the initial phased approach while the remaining 10 communities (and future communities) use the CPOC and apply for and receive funds directly from The Trust to support tiers of actions.

## 4. Key Accomplishments of Communities

***Engagement of local leaders committed to strengthening their communities and who have lived experiences relevant to the disparities that affect their communities, is a consistent accomplishment across CNDC and CPOC communities. The leaders were identified and engaged through different ways.***

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[5] Resident teams working with the CPOC approach do not have community evaluators.
[6] The Trust defines health equity as ending inequalities that affect racial, ethnic, low-income, and other vulnerable populations, so that every Coloradan can have fair and equal opportunities to achieve good health.

Across all 21 communities, local leaders have come together — voluntarily and/or with monetary reimbursement for their participation for both CNDC and CPOC communities — through assistance from The Trust's regional teams (i.e., community partners initially and then, senior organizers, organizers, and project administrators in the CPOC approach). Interviews with people from the 11 communities indicated that leaders became part of CPHE community teams in different ways.

For example:
- They learned about the CPHE strategy when The Trust's Community Partners were building relationships to determine if the community was a good fit for the strategy and stepped forward to be part of the community team;
- Community Partners met them through meetings that were not necessarily related to or organized by The Trust and thought they would be valuable members for the community team;
- People in their community identified them as influential leaders to involve in the strategy.

One common attribute stood out among them – they are committed to improving their neighborhood, town, city, or rural area so that all residents can have a better quality of life.

Exhibit 1 shows the number of members for community teams for the communities that the macro-evaluation team visited virtually in 2020 and 2021. The information is updated as of fall 2021 to early 2022. Our conversations with community team members indicated that the teams tend to consist of residents who are disproportionately affected by health and other disparities and/or people who have relationships with segments of the community that experience these disparities.

**Exhibit 1. Number of Community Team members in 11 communities**

| Community | Approach Used | No. of Community Team Members |
|---|---|---|
| Alamosa | CPOC | 8 |
| Avondale | CNDC | 12 |
| Clifton | CPOC | 8 |
| Craig | CPOC | 3 |
| Dove Creek | CNDC | 7 |
| Fort Morgan | CNDC | 22 |
| Grand Valley | CNDC | 6 |
| Hillside | CPOC | 8 |
| Montbello | CPOC | 5 |
| Sheridan | CNDC | 26 |
| Yuma | CNDC | 8 |

***The community activities and actions implemented by community teams centered on building awareness, filling service gaps, and connecting with decision-makers.*** Interviews with community teams indicated that the teams' work has largely centered on three key areas:

1. Build awareness about the social determinants of health, systemic racism, and experiences of residents who have been historically underserved, ignored, or excluded;
2. Address and fill gaps in services and other urgent needs; and
3. Connect with elected officials, governing bodies, and decision-making committees.

The degree to which the community teams focused on systemic issues and power building varied, both among CNDC and CPOC communities. For example, some of the teams were intentional about how awareness building and responding to gaps in services and urgent needs would lay the foundation for advocacy and building power, while other teams were not and remained focused on responding to the needs of the most vulnerable residents. Teams that were intentional about building relationships with elected officials, governing bodies, and decision-making committees were more attuned to how the disparities in their communities are linked to larger systemic issues and how they can shift power in their communities. In addition, understanding and depth of knowledge and skills about building systems change and power building varied and was uneven within teams. Sometimes, the team possessed this knowledge and skills; sometimes, only some team members had the knowledge and skills; and at other times, only the senior community organizer or community organizer had the knowledge and skills.

## 4.1 Building Awareness

***All 11 community teams have elevated and built awareness about key issues related to the social determinants of health that are most critical locally, but it is difficult to determine the degree of awareness that has been built beyond community team leaders.*** These issues have included inadequate early childhood literacy, economic and food insecurity, public safety concerns, unaffordable housing and gentrification, poor quality education, low sense of community or social cohesion, and lack of recreational opportunities. Issues affecting youth have been a focus for many communities, especially because youth have lacked opportunities and resources for recreation, quality education, and career development.

It is difficult to ascertain the degree of awareness that has been built. Based on our interviews, awareness was sometimes raised among community team leaders only, and sometimes, it was raised more broadly among the networks to which the team members belong. It depended on the scale of activities and events conducted by the community teams.

The issues that community teams built awareness around were selected through three main ways and the teams used different configurations of these three methods:

- ***Draw on team leaders' passion and interest areas.*** Our interviews indicated that all the teams were working on issues that their members were already deeply involved in and passionate about. These leaders lifted an issue for others on the community team to get them involved as well. Typically, the other leaders did not object and agreed to support the issue because they trusted their colleagues' lived experiences. For instance, in one community, leaders discussed the importance of addressing early childhood literacy because one of them — an educator — is passionate about it and involved in efforts to address illiteracy among children. Teams also

include people who interact frequently with residents through their jobs and so had insights into the residents' experiences.

- ***Conduct surveys, interviews, and focus groups to inform implementation or action plan.*** Some community teams conducted extensive community interviews, focus groups, and/or surveys to find out about issues most pressing for their communities, including youth, senior citizens, and people with limited English proficiency. In three communities where surveys were conducted, between 300 and 600 residents were reached.

- ***Analyze secondary data.*** Some community teams, in particular the CNDC communities, analyzed secondary data to identify issues affecting their communities. The CNDC communities were required to spend time analyzing data about the social determinants of health to develop their implementation plans funded by The Trust.

Along with raising awareness about the issues mentioned above, one community also raised awareness about its local histories to promote appreciation for their cultures and assets. Leaders collaborated with a nearby museum on a community history project, which helped generate pride and love for the community and brought people together. It was also a venue to actively engage elders and Spanish-speaking residents.

The awareness raised around the above issues often led to efforts to address service gaps and to a lesser extent, to advocate for systems change and to build power. Awareness alone was not sufficient for advocacy; the community team members also needed the skills to do this and we address this issue later in this report.

## 4.2 Addressing Service Gaps

***All 18 community teams (those that participated in the interviews and in the COVID-19 response data collection) have played a critical role in both uplifting the most pressing community needs and mobilizing amongst themselves and other local organizations to address these needs, especially in their response to COVID-19.*** Interviews with community teams in the 11 communities illustrated how the teams became aware of these needs — either through their own experiences, especially if they were from subpopulations that are underserved by existing services, or based on the information they collected from residents and analysis they conducted of secondary data. Their influence as well as their relationships with organizations in the community and beyond enabled them to fill these needs easily with funds from The Trust.

Many of the service gaps filled included providing food, financial support and translation and interpretation assistance.  Providing these services, directly or indirectly through partner organizations, is one of the biggest accomplishments for CPHE. Also, community teams' knowledge of the community and the needs of most impacted groups helped to facilitate quick relief efforts during the pandemic (e.g., which homes to deliver food to, which organizations The Trust could fund in response to the pandemic).[7]

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[7] See report on communities' response to COVID-19.

Community teams have predominately addressed service gaps in four main ways:

- ***Providing direct services.*** In all the communities, community teams either provided direct services themselves, mobilized volunteers to do it, or partnered with other organizations to deliver the services. For instance, one community team secured a truck and worked with youth volunteers to deliver more than 100 lunches and hygiene products for low-income families and children. Another community team provided gift cards to community members who were not eligible for federal assistance because of their citizenship status to help for rent and other basic needs. In one community, the community team coordinated an arts and crafts activity for families and children during the pandemic, where members distributed bags with materials to residents' houses, invited residents as judges of the craft competition, and shared competition results via Facebook with around 400 followers.

- ***Advocating for language justice.*** Language barriers are prevalent in many of the CPHE communities that have large numbers of immigrants with limited or no English proficiency, and these barriers prevented them from accessing services and quality education for their children, and attending public meetings (e.g., school board meetings). People with limited or no English proficiency are the largest population affected. As such, community teams in many communities advocated for language justice as one of their equity goals. In one community, community team members translated important documents, such as membership forms for the recreation center to increase access to the facility for non-English speaking or limited-English-proficient residents from Mexico, Central and South America, and Somalia. They also started an interpreter training program, helped establish English as a Second Language classes at the local community college and began dialogues with a local hospital about the biased treatment of Somali female patients. As another example, a community team offered interpretation assistance at local school board meetings; residents who previously did not attend these meetings because of language barriers now attend the meetings. This team also successfully advocated for the hiring of bilingual principals for the first time at all the local schools.

- ***Supporting the expansion of services provided by local partner organizations***. All 11 community teams supported other organizations to expand their services in a way that they may not have been able to do otherwise. In one small community, there were no local grocers and only one convenience store had closed because it was vandalized. The community team in the community worked with a mobile food bank to visit the area more often. Other types of services that community teams helped to expand include early childhood education programs (e.g., summer camps, expansion of a daycare center), mental health supports (e.g., a splash party for youth who had no access to recreational facilities or activities), housing interventions (e.g., renters' rights trainings and submission of a proposal to city council to request that some land be set aside for affordable housing), and social services (e.g., food distribution, gift cards and checks as an emergency relief mechanism).

- ***Using their network to share information about available services.*** Community teams in 18 communities — those participated in the annual interviews and in the large group discussions about COVID-19 response — used their network of relationships and social media platforms (e.g., Facebook page) to disseminate information about available resources and channel requests for assistance. This information sharing was especially critical to support pandemic relief efforts and was greatly successful due to the leaders' connections, sincerity, and

commitment to their community. At the same time, these efforts also made the community teams more visible and known and established them as a go-to resource for their community.[8]

## 4.3 Connecting with Elected Officials, Governing Bodies, and Decision-making Committees

***Across 11 communities, community team leaders reported an increased confidence and sense of empowerment to engage with elected and other government officials and speaking up about their concerns and ideas for further strengthening local communities.*** In some communities, The Trust's regional staff encouraged the residents to take incremental steps to do this, such as attending a meeting. In other communities, community team members already recognized the need to influence public officials and to become a part of the governing entities that drive local practices and policies, were familiar and comfortable doing so, and did it. These are their accomplishments:

- ***New and strengthened relationships with elected officials, appointees, and other decision-makers with power.*** As a first step toward advocating for local change, community teams in at least four communities reached out, cultivated, and built relationships with key decision-makers to advocate around critical local issues, such as language justice, food insecurity, environmental protection, and public safety. Some community teams started with members who were already engaged in civic activities and were able to build on their experience and connections with people in the local government. In other cases, community teams had no or minimal experience interfacing with public officials and had to build this capacity with the help of The Trust's regional teams and additional support (e.g., Family Leadership Training Institute, The Trust's Community Leaders in Health Equity initiative). Across these efforts, leaders intentionally attended town hall, county commission, chamber of commerce, and school board meetings—often working together to identify common issues to elevate. These efforts and their support of one another built their confidence to speak out publicly in the meetings. For instance, one community team worked with youth to successfully advocate with the county commissioners to get internet access at a community center. A major challenge they expressed was having to develop relationships with government officials all over again when there are local elections and administration changes.

- ***Running for elected positions or being appointed to governing bodies and decision-making committees.*** In at least three communities, we heard about community team members working together to bolster a leader or a group of leaders to run for local elections or seek appointments in local governing bodies and decision-making committees. In one small rural town, the team motivated two residents to run for the town board for the first time since the 80s (the town board has been dominated by the same elected leaders for over two decades and a contributing reason was the lack of candidates every time). In one urban city, two team members successfully ran for the school board, two members joined the District Accountability Committee, three people became part of the Budget Committee; and one person was elected to city council. In a third community, three community team members served on the county's community energy leadership team and with the knowledge they acquired, developed a plan for their community about how to move to energy efficiency and resiliency. Across the communities

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[8] See Community Science's 2020 report about how CPHE communities responded to the pandemic.

there have been instances where community team members became involved in city planning boards, zoning boards, and sustainability boards working toward energy efficiency.

- ***Becoming a local go-to-resource for decision-makers.*** By building relationships with decision makers, community teams in three communities became perceived by government officials and other decision-makers as the go-to-resource and voice for community concerns. For example, in one community, the community team has standing allocated time at town board meetings. In another community, when the district board for waterworks held a public meeting to discuss changes in residents' water prices due to the installation of a new pipeline, the board reached out to the community team to provide feedback and to use their networks to distribute information about the meeting. Forty residents turned out for the meeting, a major change from the few residents who typically attended meetings in the past. In addition, in one community, the city manager and a city council member participated in the community team's training on language justice and became more aware about the need for translation assistance for public services.

# 5. Factors that Facilitated the Accomplishments

There are several factors and circumstances that helped drive the accomplishments mentioned in section 4.

## 5.1 Supportive, knowledgeable, and skilled regional staff

***The Trust's regional staff's ability to support community organizing and navigate the foundation's policies and procedures and community team's frustrations with the foundation played a key role in the communities' pace of work.*** The knowledges and skills of the Trust's regional staff, including Community Partners and community organizers (senior and otherwise) varied across and within regions. Some of the staff who are experienced and skilled in community organizing, are familiar with the foundation's policies and procedures, and are comfortable with navigating residents' frustrations with The Trust's decisions helped to facilitate community teams' pace of work. In one (CNDC) community, The Trust's regional staff person was oriented toward community organizing and power shifting and so, supported the community team — which was already inclined to take a community organizing — to take this approach. In addition to the staff person's support, this community team also included grant-funded staff with community organizing experience and received training in systemic racism and power analysis. These combined factors facilitated the team's understanding of education as a key social determinant of health, recognition that the school board has a lot of power in their community, and decision to shift power by influencing and changing the school board. They successfully influenced the hiring of bilingual school principals and won seats on the school board. In another community, The Trust's regional staff person was able to connect well with community leaders, share resources, facilitate relationship building between leaders and local agencies, and gradually shifted leadership responsibilities to the community team as they gained confidence in themselves.

Some regional staff who were less skilled and less comfortable with addressing the tensions and frustrations of community teams about The Trust's policies and practices, and who themselves are also frustrated with the foundation's decisions, have made it challenging for community teams to stay engaged and move forward. We will describe this challenge in the next section.

## 5.2 Community Team Members' Relationships and Connections

***Most of the community teams among the 11 communities that participated in the interviews included people from populations that experience disparities and inequity, from young people and the elderly to monolingual Spanish speakers and low-income residents, and their inclusion is an important factor in the teams' reach and understanding of issues facing their community.*** It took time for the teams to build their membership to be inclusive. One example illustrates how critical it is to ensure that the team's leadership reflects the subpopulations most affected by disparities and engaging these subpopulations in their efforts. The team in this community initially had a difficult time engaging Spanish-speaking residents who are most impacted by inequities until they hired a coordinator who speaks primarily Spanish and is trusted by the Spanish-speaking community. Initially, this team could not hire this coordinator because of CNDC's employment requirements which prevented the hiring of non-English speakers and people with no reliable transportation. Consequently, the team struggled to reach the most disadvantaged groups in their community. Their outreach efforts took a positive turn after CNDC revised its policy due to the advocacy of the community team members. In another community, most of the community team leaders are young adults who were the subpopulation of focus for the team, and they helped the team understand the issues facing youth in their community.

## 5.3 Geographical Proximity and Access to Resources

***CPHE communities that are in or close to urban areas have access to more resources that helped to facilitate their efforts, in contrast to communities in rural areas.*** They have a larger pool of nonprofit organizations with which they can partner. They are also physically closer to their city or county government. Compared to these communities, CPHE communities in rural areas have a smaller pool of organizations from which they can select partners. Some of the communities are also situated in more geographically isolated places and farther away from their town or county government and thus, historically overlooked by elected officials. Also, rural communities tend not to have resources that their urban counterparts take for granted such as certified translation and interpretation assistance, cell phone towers, or cable providers to offer internet access, which was a huge challenge during the pandemic.

## 5.4 Monetary Reimbursement to Remove Barriers to Participation for Community Team Members

***The Trust reimbursed community team members for their time as one way to remove barriers to their participation and this played an important role in engaging leaders, especially in the CPOC communities.*** Community teams that work with CNDC were initially reimbursed for their participation while teams that use the CPOC approach receive a quarterly stipend once they sign a Memorandum of Understanding (MOU) with The Trust. The Trust discontinued payments for community team members for CNDC communities about halfway through their implementation process (although some communities have kept this practice) but continued to pay for community coordinators as grant-funded CNDC employees. Some of The Trust's regional staff were concerned that a few team members in the CNDC communities were involved only for the money even though the staff believed that residents should be compensated for their time and effort.

Community teams in CPOC communities, on the other hand, receive payments directly from The Trust for their participation. These community team members appreciated the payment or stipend (even though the payments for some of them were delayed) because they felt that it represented The Trust's recognition and valuing of their time and expertise, and it helped to remove barriers to their participation (e.g., paid for childcare and meals at home while they attend community team meetings).

## 6. Factors that Challenged Progress to Shift Power and Achieve Health Equity

Sections 4 and 5 summarized the accomplishments of many CPHE communities and the factors that helped them advance their work. While these accomplishments should be recognized and celebrated, not all the CPHE communities, especially those that have been involved in the strategy for several years already, have affected systems change or built power. There are many possible reasons for this, from inconsistent implementation and communication of the CPHE strategy to the challenging conditions that exist in some of the communities.

### 6.1 Residents with Limited Understanding and Capacity to Effect Systems Change and Build Power

***The link between activities and actions and systems change and power building was not as strong as it should be because communities were not ready, community team leaders have not been open to it, and/or regional staff have not sufficiently build community team's capacity.*** The communities that The Trust selected to be part of CPHE are disadvantaged in many ways—from being geographically isolated and overlooked by elected officials to lacking infrastructure in transportation, economic development, digital connectivity, adequate housing, and more. In almost all the communities, community team members were focused on responding to the most urgent needs of their community members (e.g., in one extreme case, they wanted to have emergency funds to assist with important events such as a funeral.) A handful of communities were able to both respond to these urgent needs and begin to effect systems change and build power by intentionally developing relationships with people in positions of power and who made decisions that affect them. There are several possible and non-mutually exclusive explanations for why not all the communities linked their work to systems change and power building:

1. The regional staff have not been able to sufficiently build the community teams' capacity to connect the urgent needs of their communities to their root causes and systemic challenges
2. Community leaders were not receptive to the capacity building assistance for different reasons.
3. The community was not ready and groundwork must be laid (e.g., raising residents' awareness about issues affecting some people in their community, building residents' ability to engage civically, strengthening the community's sense of cohesion or community, reducing conflict between residents from different racial and ethnic backgrounds) before community teams can deal with the systemic issues.

If the capacity to mobilize and organize residents around the root causes of the inequities they experience and to build their collective power to address these root causes are not fully developed and sustained, the goals of the CPHE strategy might not be fully realized.

## 6.2 Lack of Clarity about The Trust's Regional Staff, Action Process, and Sustainability

***Regional staff roles and community team roles have not always been clear or consistent.*** Our interviews indicated inadequate clarity about The Trust's regional staffing structure and action process. There were mixed understandings among community team members within a CPOC community as well as community teams across CPOC communities about their role and The Trust's staff roles, particularly around who drives and leads the process, who supports, and who is accountable to whom. The different understandings were most apparent among teams that are using the CPOC approach because the new staffing structure (i.e., senior community organizers, organizers, and project administrators) was created to support this approach. Here are examples of the different, non-mutually exclusive understandings we heard:

- The community team viewed themselves as driving the work with logistical and administrative support and capacity building from the regional staff;
- The community team viewed the regional staff as working for and accountable to them; and
- The community team depended entirely on the regional staff to lead them, schedule and facilitate their meetings, and to identify and connect them to potential partner organizations.

***The action application process for CPOC communities have been confusing and perceived as a requirement that delays, rather than facilitates, action planning and implementation.*** The action process was equally as confusing and often frustrating for the community teams that are using the CPOC approach. It has been perceived as a requirement for the foundation that makes it more difficult for community teams to access funding, rather than facilitative and supportive of their work to shift power. The teams that are working with CNDC have been informed that they too can access the funds. However, almost everyone expressed not knowing which actions The Trust will and will not fund, how much time it takes to process their application for action funds, and who makes the final decision about their application. For some people, the process did become clearer between 2020 and 2021, but their earlier frustrations continue to affect their relationship with The Trust.

***Sustainability has been repeatedly brought up as a concern for CNDC communities.*** CPHE communities fiscally sponsored by CNDC expressed concern about the lack of guidance and expectations about sustainability. In fact, some of the community team members from these communities felt "abandoned" or "neglected" since The Trust shifted to the CPOC approach.

***The overall lack of clarity in the above matters took away time, energy, and enthusiasm for the work.*** It was unclear to us what The Trust's regional staff communicate to community teams about their role and the action process and if the explanation was consistent across regions. Some of the staff have more experience in navigating difficult conversations about the foundation while others are uncomfortable with these conversations. Some of the staff also were not clear because they felt that the policies, procedures, and decision-makers at The Trust are not always consistent. The division—real or perceived—between the regional staff in the field and the management and operations staff in the Denver office, added to miscommunications and misunderstandings, which in turn impacting the dynamics in some communities.

Insufficient clarity and guidance about the above have contributed to community teams' diminishing confidence in The Trust, disengagement and loss of community team members, and loss of time and opportunities to build power. Also, too much time and effort were spent on understanding policies and procedures, which took away time, energy, and enthusiasm for planning and implementation.

## 6.3 Insufficient Guidance about Partnerships

***All 11 community teams that participated in the interviews had different ways of identifying organizations to partner with to implement their actions, regardless of whether the actions were funded through the action fund.*** Some of the teams have members who are already well connected to various organizations in the community and so, they invited these organizations to help them implement activities and actions. There were also instances of team members using their own organizations to implement actions, which raised questions about conflict of interest by other team members. Finally, in some communities, the community teams depended on The Trust's regional staff to identify and introduce organizations that would be ideal candidates for partnerships.

The establishment of partnerships was further complicated by the following examples of different circumstances:

- Lack of nonprofit infrastructure or a nonprofit infrastructure that residents did not trust because they perceived these organizations as not delivering on promises. This meant community teams could not find partners, had to develop partnerships with national or other organizations outside their community, and/or were extremely cautious about not funding the same nonprofits and making the situation worse.
- Mixed feelings among some community team members about partnerships. On one hand, some members did not like the idea of doing all the foundational work and then handing the funds – which were received through the action fund process and therefore had to be given to an incorporated entity (i.e., 501c3) – over to another organization to implement the actions. On the other hand, some members were keen to channel the funds to organizations in their community and support these organizations because they recognized that they did not have the capacity to carry out the work themselves and/or they wanted to be intentional about supporting existing organizations.
- In small communities, there are not a lot of organizations to pick from, and as a result, the funds tend to get channeled to a small number of organizations, which also happened to be organizations that community leaders are affiliated with.

The Trust's insufficient guidance made it difficult to have an intentional and consistent approach to support community teams in identifying and collaborating with organizations to implement their actions.

## 6.4 Other Challenging Conditions

There were additional conditions that made it difficult for CPHE communities to implement their efforts and make progress. These conditions require the community teams in these communities to strategize differently to deal with their unique situation.

***There has been limited support from The Trust to address and transform racial and other intergroup tensions.*** In a handful of communities, there were conflicts between people from different racial and ethnic groups and between immigrants and US-born residents. In one community in particular, the conflict between two racial groups affected the community team's cohesion. The support from The Trust's regional teams was limited to manage and transform these tensions and conflicts.

***Some communities were overwhelmed by problems that appear too big to tackle.*** In some communities, community team members reported being overwhelmed with local problems that are too widespread and deeply entrenched to tackle, such as inadequate economic development and employment opportunities and unaffordable housing. They were able to respond to their communities' most urgent needs and might even have recognized the root causes of these needs; however, they did not feel that they had the capacity to address these root causes. For example, one very geographically isolated community recognized economic development as of central concern to residents but did not have any way to attract investors or visitors to their community.

# 7. Conclusion and Recommendations

Our evaluation findings reveal that the CPHE strategy has enabled community teams to identify issues affecting people most impacted by inequities in communities that are also very disadvantaged and impacted by inequities, to foster or strengthen sense of belonging, and to some extent, influence decisions that affect their quality of life. CPHE accomplishments reflect the sequence of change anticipated in the pathway of change, suggesting that the foundation for power building has been laid. This is affirming. Yet, the quality of the change process does not reflect an intentionality toward systems change and power shift – as conceptualized by The Trust for the CPHE strategy. There were many reasons for this, from the overwhelmingly urgent needs of residents to inadequate knowledge and skills among community team members about how to align their efforts with systems change and power building. Further, the change process experienced by community teams was not a smooth one. There are misconceptions or paradoxes that have affected CPHE's implementation—for example, that residents drive the work and choose and plan their activities and actions, but the foundation decides what actions it will fund as part of the CPOC approach; or that the foundation values residents' lived experiences and believes that the residents know what is best for their community, but the residents need guidance and support to understand and tackle the systemic issues that underly the inequities they experience. These paradoxes harmed relationships along the way even while the community teams accomplished a lot.

Based on our analysis, we recommend the following for the CPHE team's consideration.

***Be clear and consistent about the type of communities that are most ready to participate in the CPHE strategy and benchmarks or milestones for progress in implementation.*** The Trust might want to reconsider the type of communities that are most suited for the CPHE strategy (e.g., history of organizing and civic participation; extent of collaboration among leaders and organizations especially across racial, ethnic, and cultural differences; administration of funds and grants; mutual desire of both the foundation and community to engage with each other) and benchmarks or milestones that signal progress in implementation. This clarity, consistency, and transparency will help to avoid harm to communities due to unrealistic or misinformed expectations of both The Trust and the participating community that might result in an unexpected change in funding level or termination of the grant. Most importantly, The Trust must hold itself and the staff accountable to consistently applying the criteria for community readiness and progress across and within regions, including if and when exceptions to the criteria might be necessary and the implications.

***Be clear and consistent about what constitutes community leadership.*** The Trust might also want to clarify and be consistent about the qualities sought in community leaders who are ready and best suited to participate in the CPHE strategy and lead their communities. Based on what Community Science heard from the foundation's regional staff and community team members we interviewed, here are some qualities for consideration:

- Influence and trust among the groups of people who experience disparities in the social determinants of health;
- Willingness and eagerness to learn and strengthen knowledge and skills (e.g., budgeting, power analysis, organizing, facilitation);
- Commitment to resolving disagreements and transforming conflicts due to differences in race and ethnicity, language, gender, socioeconomic differences, and other discriminating factors that keep people apart; and
- Ability to create vision and implement ideas.

The Trust should apply best practices for identifying and engaging these leaders, specifically in the context of community organizing and power building. There is no shortage of literature about the concept of community leadership and how to be inclusive of leaders from communities that are historically marginalized.

***Thoroughly assess The Trust's readiness and capacity, and continually build staff's capacity, to implement and manage the strategy with clear fidelity to the strategy's core principles and components.*** Related to the above two considerations, The Trust must have the structure, culture, and knowledge and skills to implement the CPHE strategy and support the participating communities. The Trust must be clear about the functions it is fulfilling — a funder, an intermediary, and a community organizer — and the distinctions, pros, and cons of each as well as the organizational elements (e.g., policies, procedures, lines of accountability, staff professional development, data and information management system) that must be in place and aligned to fulfill the functions. To date, the foundation's structure, culture, and staff knowledge and skills have been in flux in response to adjustments to the CPHE strategy. Also, the evaluation found inconsistencies in how the CPHE strategy is currently implemented within and across region, from communication about the regional staff's roles and the process for signing MOUs and completion of action fund applications in CPOC communities to documentation and storage of data and materials from communities. To date, the evaluation found that the criteria and practices concerning the CPHE strategy have been adjusted and adapted without thorough discussions about the line between fidelity and responsiveness.

***Clearly articulate the concept of collective action and power and make sure that this concept is consistently understood and operationalized across communities.*** The Trust's executive leadership and Community Partners had developed a definition of collection action and power in 2020. The operationalization and activation of this definition, however, have been challenging because:

- The participating communities have a lot of needs that require immediate and urgent attention;
- Most of the community team members' understanding of systems change, power, and inequity is limited and needs to be continuously improved; and
- Some of the regional staff have not been intentional enough about connecting the activities and actions in response to these needs to power building and shifting.

A clear and consistently applied concept of collective action and power will help to ensure that what is sustained is the capacity of communities to mobilize, organize, and take action and be resilient to changes that could threaten diversity, inclusiveness, and equity.

***Develop and provide guidance for sustainability planning, especially for the communities that are part of the original approach that uses CNDC.*** One of the CPHE strategy goals is to support durable community-appropriate organization to build power and mobilize beyond The Trust's support. How this goal has been communicated and operationalized has not be clear to the evaluation. CNDC communities that were part of the evaluation repeatedly raised the question about sustainability. They expressed concerns about not receiving sufficient communications and guidance about what they can do to sustain their work and how The Trust can assist them move in that direction.

***Consider how the community teams and grantees of The Trust's Building and Bridging Power (BBP) initiative can and should connect with one another.*** One of the CPHE strategy goals is to partner with local, regional, and national grassroots organizations to train and support community leaders. The Trust's BBP initiative staff had asked the initiative grantees about the extent to which they know of and have relationships with community teams participating in the CPHE strategy. The response indicated very low knowledge and connections. CPHE community teams did not mention anything about the BBP initiative or BBP grantees; typically, it was the few regional staff who raised concerns about the lack of a systematic way to engage with BBP grantees. The Trust's executive and strategy leadership might want to consider how to create a better system and process to help community leaders draw on the existing knowledge, skills, organizing infrastructure and networks that lie within the BBP grantees – all toward the end of strengthening the statewide organizing infrastructure.