Applied Learning in the CLHE Continuing Track

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Introduction

Purpose and Background

The Colorado Trust's Community Leaders in Health Equity (CLHE) initiative is an intensive equity and health equity leadership training and development program for Coloradans impacted by multiple forms of oppression and health inequities. The initiative was designed and implemented by Transformative Alliances LLC (Transformative Alliances) and funded by The Colorado Trust (The Trust). The initial round of CLHE was 18 months (2018–2019). A subset of participants chose to engage in a second round, called the Continuing Track. The Continuing Track ran from 2019 to 2022 and focused on community organizing and concrete skill building, as well as deepening analysis to equip participants to move into praxis advocating for health equity at the community level.

The American Institutes for Research® conducted a developmental and outcome evaluation of CLHE's Continuing Track to document the program's activities and concepts and to understand how participants engaged with the program and each other. Short-term outcomes anticipated from the Continuing Track include (a) increased participant knowledge and awareness of how to take action on issues of power, privilege, and oppression; (b) increased knowledge in community organizing, advocacy, and fundraising; and (c) relationships developed and/or strengthened. Anticipated intermediate outcomes include increased self-efficacy for action toward equity and increased engagement in personal and community action toward equity. The long term anticipated outcome for the initiative is community progress toward health equity throughout Colorado.

This brief presents the main findings from our analysis of data related to the participants' applied learning projects and plans they engaged with over the course of their participation in both CLHE and the Continuing Track. While progress on projects and movement toward action were identified as key outcomes, data on the projects themselves were not initially of explicit

interest for the evaluation. However, interest developed as The Trust saw how engaged participants were in this element of the program. The intentions of this brief are to provide context into the implementation of the applied learning component of CLHE (and to the Continuing Track more specifically) and to provide insight into lessons learned and thoughts for replication in the future.

Methods

Data on the project plans and applied learning components of CLHE and the Continuing Track were pulled from three sources: an inventory of all Continuing Track participant projects, a facilitated discussion with Transformative Alliances, and a focus group conducted at the final Continuing Track gathering.

The project inventory was populated primarily by Transformative Alliances based on their knowledge of each project. Inventory data included title, brief description, completion status, and how much funding was received. AIR then analyzed project descriptions to identify broad topics, approaches, and demographics of people served. After reviewing the inventory, AIR facilitated a follow-up discussion with Transformative Alliances to fill in gaps in knowledge. From the discussion, AIR gained further insight into the general guidelines for project plan completion during each track and an understanding of how progress and completion of the project plan was assessed over time. This discussion informed the findings that follow. Finally, focus group data around participants' experiences engaging with the project plans and project implementation were analyzed qualitatively and used to validate or amplify information from other sources.

The Continuing Track had 25 participants. Included in this analysis are data from 19 projects, including three regional group projects and 16 individual or paired projects. Fourteen participants implemented individual projects, four participants implemented projects in pairs (considered in this analysis as an individual project), six participants contributed to a regional group project, and one person is not known to have implemented an individual or a group project.

Findings

Scope and Expectations of Applied Learning Projects

While CLHE was designed to be mostly educational, it was important to the program creators and implementers, Transformative Alliances, to include a component of applied learning in the

training program. Recognizing that education alone cannot bring about change, they wanted to "fill the gap between what people know and what people do." They noted that education can feel both empowering and disempowering if participants do not have the tools to move toward action. Including this applied learning component in the program provided a mechanism for participants to, as Transformative Alliances stated, "understand their access to power and ability to be a change agent."

Given participants came into the program with a myriad of resources, skills, and capacities, the intention was for participants to develop both individual and group project plans through the initial round of CLHE. Transformative Alliances did not expect that these plans would be carried out during the first phase of the initiative. Instead, the project plans served to facilitate an opportunity for participants to put the skills they were learning into practice. Participants were free to pick any project topic that felt relevant to them and their communities and were required to include a health equity component. Transformative Alliances noted that it was a challenge for participants to follow the process of identifying a problem, tracing its root causes and related systems of oppression, and then determining what to do about it.

During the initial CLHE track (April 2018–August 2019), about 25% of time was dedicated to applied learning at all-participant convenings, regional daylong meetings, and individual region midpoint meetings. In the Continuing Track (October 2019–May 2022), this time ratio flipped; Transformative Alliances estimated that about 75% of program time was dedicated to applied learning, including the all-participant gatherings, and regionally based coaching sessions.

The culminating applied learning activity in the CLHE track was a conference-style poster session, in which participants produced and presented a poster including information on their project such as the goal of the project, a brief description, the implementation timeline, the people or groups impacted, potential advisors and funders, and the connection to health equity. Participants walked around the room to view the posters and engaged in discussions about the projects.

In the Continuing Track, participants could continue working on the project plans they developed in the CLHE track, adapt them, or engage with completely new ideas. The goal was to make some kind of progress on the plans. They could work individually or as a team in their group projects. Continuing Track participants had the option of applying for funding provided by The Trust to execute their project plans. Participants who received funding were expected to carry out their projects.

Participants' Perspectives

While most Continuing Track participants were engaged in seeing either an individual or a group project through to execution, several participants reported that the project component, especially of the Continuing Track, was lacking. They identified several reasons for this. First, the COVID-19 pandemic was a clear disrupter in initial plans and progress.

> " I don't think even Transformative Alliances totally knew exactly how those projects would end up because I didn't know, are we really going to have to do this or is it just for the conversation? "

Second, the loss of participants from the initial CLHE track to the Continuing Track meant that a lot of motivation and enthusiasm for the group project plans dissipated. Last, participants were unclear about what was ultimately expected of them and the project plans, and whether they should follow through with their original CLHE projects or create a completely new project when the Continuing Track started.

Participants agreed, however, that the applied learning opportunities set this program apart from other equity trainings by providing participants with tangible skills. Participants mentioned other work they have done in their communities because of their engagement with the program curriculum that they would not have conducted otherwise.

Funding

Because the scope of the project plans in the initial CLHE track did not include project execution, no funding was originally allocated for them. However, impressed by the motivation of participants to implement their projects, The Trust allocated extra funding from the initial CLHE track to fund Continuing Track participant projects. Participants submitted applications, and funding was granted to all applicants. About two thirds (63%, $n = 12$) of projects received funding from The Trust; most were funded at a standard amount of $2,000. Two projects were completed by pairs of participants who jointly applied for funding: One was funded at $2,000 and the other was funded at $4,000. Two regional group projects were funded at $4,160 and $5,000 each. Of those who did not apply for funding (37%, $n = 7$), half ($n = 3$) received funding through their employers (all departments of public health) as their projects directly related to their work. The total funding distributed by The Trust for the Continuing Track projects was $30,560.

> " I feel like if I had just stuck with my personal project and brought that through to into the Continuing Track, that would've been cool because we're doing stuff now [for a project], but I'm like, "this would've been so cool to be able to apply for the funding." "

Two participants noted that they were not prepared for the funding opportunity when it arose and felt like it was too much to take on at that time. In retrospect, they wish they had pursued obtaining the available funding.

Accountability and Touchpoints

In the Continuing Track, each region had regular coaching sessions facilitated by Transformative Alliances. Coaching sessions focused primarily on the status of participant projects. Formal monitoring of the project plans and project execution was not built into the program, although Transformative Alliances reported informally monitoring the projects that received funding and did not have any concerns about the misapplication of funds.

While Transformative Alliances felt that the Continuing Track was focused mostly on providing opportunities for applied learning and enhancing and carrying out projects, some participants reported feeling that the projects were somehow disconnected from the Continuing Track activities, while skill building became the focus of their work. Transformative Alliances noted that (a) the applied learning content did not always align with project scopes; (b) they intended that participants would utilize their project topics for the applied learning activities, but this was rarely the case and they did not reinforce the connection; (c) the COVID-19 pandemic disrupted and/or halted several projects during the bulk of the Continuing Track period; and (d) a handful of projects were completed prior to the start of the Continuing Track.

> "
> I think the project for me was the biggest miss of this program. It just felt clunky or disconnected, so in the first convenings, we had our personal projects that we presented and a group project. And then when we started the Continuing Track, we created a new project or at least I did. And that piece never felt totally cohesive to me.
> "

In the focus group discussion, participants did not relate their thinking about projects to the applied learning activities. They noted feeling like the project planning and execution were disconnected from the rest of their work in the program. Participants also commented that the expectations for the project plans were unclear from the outset, and they were thrown off when asked to create an evaluation component and identify outcomes at the very end.

Projects at a Glance

Continuing Track participant projects used a variety of approaches, addressed a wide range of health equity issues, and targeted a variety of populations. Some projects used more than one approach and focused on more than one topic and/or population of focus. Therefore, the percentages reported in the following sections do not add up to 100%.

Project Approaches. Most projects (58%, *n* = 11) were designed to *raise awareness* about health equity issues, such as producing a carnival celebrating immigrant youth's cultures or creating storytelling videos to describe the challenges of Spanish-speaking communities during the pandemic (Exhibit 1). Forty-two percent of projects (*n* = 8) were based on *increasing access*, such as a resource center with computers or providing community training to engage Black, Indigenous, and people of color and those living with low incomes on how to serve on local and state boards and commissions. Projects focused on *potential policy changes* (26%, *n* = 5) all worked toward increasing community representation on boards, in elected positions, or other local decision-making bodies.
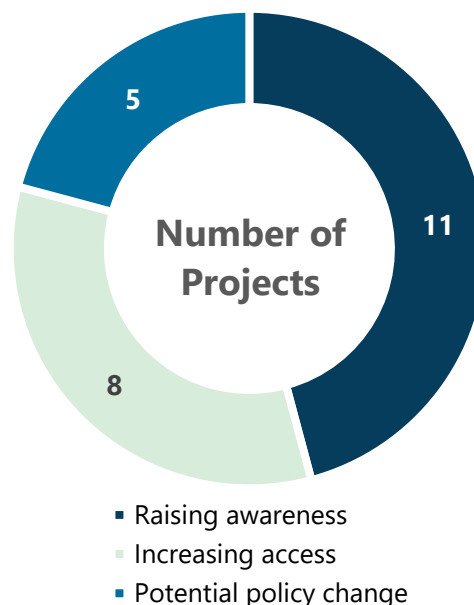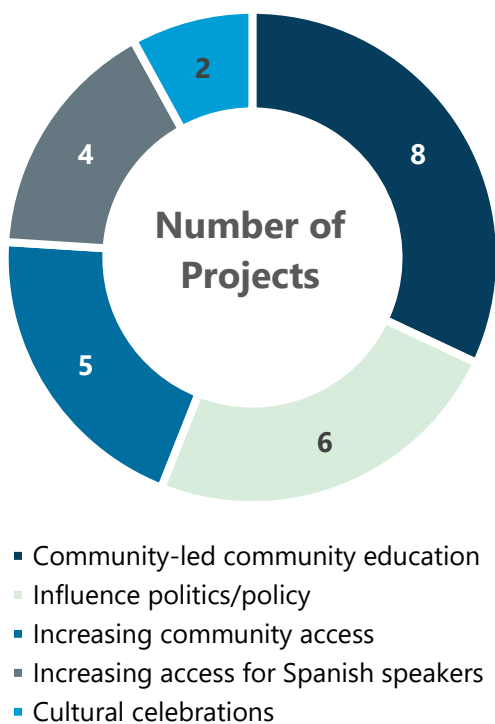
Exhibit 1. Project Approaches

- Raising awareness
- Increasing access
- Potential policy change

Exhibit 2. Project Topic

- Community-led community education
- Influence politics/policy
- Increasing community access
- Increasing access for Spanish speakers
- Cultural celebrations

Project Topics. Projects focused on *community-led education* were the most common (42%, *n* = 8). These projects included a presentation series on how language and culture loss contribute to trauma; an intergenerational resource center; and female empowerment classes for Spanish speakers conducted in Spanish (Exhibit 2). Six projects (26%, *n* = 6) were intended to *influence politics and/or policy* by increasing voter registration from underrepresented voters; increasing underrepresented community members on boards; and running for public office. Advocating for the construction of an accessible playground, building a community garden, and providing diverse, representative books to early childhood education programs were all projects related to *increasing community access* (26%, *n* = 5).

Projects aimed at *increasing access for Spanish speakers* (21%, *n* = 4) included providing Spanish-language interpretation at a high school graduation and establishing a Spanish bilingual program in a school district, in part to empower Spanish-speaking parents to become decision makers within the district. Finally, two projects (10%, *n* = 2) were oriented around LGBTQ+ pride and immigrant *cultural celebrations*.

Demographics of People Served. Fewer than half (47%, *n* = 9) of projects addressed youth, one fifth of projects (21%, *n* = 4) focused on immigrant populations, and one fifth of projects were directed toward Latinx individuals or Spanish-speaking individuals (Exhibit 3). Finally, three projects focused on LGTBQ+ populations.

Exhibit 3. Demographics of People Served

- Youth
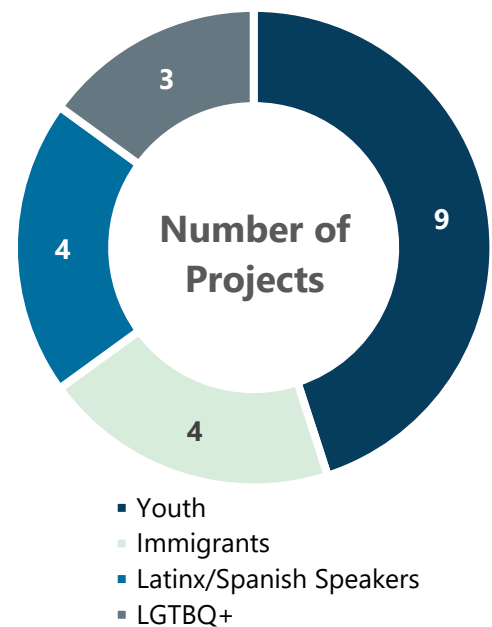- Immigrants
- Latinx/Spanish Speakers
- LGTBQ+

Of note, many projects were intersectional and geared toward multiple demographic groups, for example, youth who are immigrants and children of immigrants, and county constituents with a focus on women, women of color, and LGBTQ+ individuals.

Lessons Learned

The project plans were introduced at the beginning of the initial CLHE track, when participants had varying understandings of concepts of equity, health equity, and privilege, power, and oppression. It was difficult for some participants to articulate their projects, as well as how they could address an issue of health equity and create a scope that was reasonable to execute. The parameters around the project plans were intentionally broad. Given how many participants were motivated to implement their project plans, more assistance was needed to help participants focus and narrow down their ideas into manageable projects.

The communication around the project plans' goals, purpose, and endpoints was not always explicit. This was in part because the applied learning component evolved during the course of the program. The communication and influence of the project plans were impacted by the COVID-19 pandemic, which impacted the Continuing Track timeline. Simultaneously, leadership at The Trust shifted priorities and stopped further funding beyond the conclusion of the Continuing Track program.

Focus group respondents described the project component as feeling disconnected in the Continuing Track. There was a missed opportunity to tie the applied learning activities throughout the curriculum with participants' project topics. Without making this explicit connection, some participants felt that these two program components were not aligned.

Funding was not available initially for participants to pursue implementation of their projects, which impacted both the project plan scope and participant buy-in. The lack of a clear, aligned vision between Transformative Alliances and The Trust led to mixed messaging to participants around expectations for the initial project plans and availability of support for moving into implementation. In contrast, the flexibility to adapt to the needs of the program shown by both Transformative Alliances and The Trust allowed participants to reach short-term and most intermediate outcomes of the initiative, planting the seeds for continuing commitment toward equity in Colorado.

Conclusion

The project component of the Continuing Track was conceived as a mechanism for applied learning in the initial CLHE track and actual project implementation was not expected. Yet, by the end of the Continuing Track, 19 equity-focused community projects were being implemented throughout Colorado. These projects touched on a variety of health equity issues, used several different approaches to improve equity, and targeted a diverse array of communities. Many projects received funding from The Trust. Some participants were further inspired to implement projects and activities outside the context of the Continuing Track.

AIR recommends the following steps for future applied learning programs:

- Communicate the purpose of the project plans clearly at the outset of the program, including expectations and accountability of the participants.

- Make the connections between the project plans and the applied learning opportunities more explicit. Even if the timing is off, or not every activity relates to each project, it should be clear to participants how these activities could apply to their projects.

- Have a unified vision between program implementor and funder about the options for funding, and inform participants early in the project planning stages about its availability.

From this review, AIR found several areas for improvement to connect the project component to the curriculum of CLHE and to the Continuing Track in particular. Despite this, the program achieved its short-term outcome: Participants showed progress on project plans. The program also moved the needle towards its intermediate outcome: Participants increased self-efficacy and engagement in personal and community action toward equity. This was all done with an eye toward the long term outcome of making community progress toward health equity throughout Colorado.

Final reporting on the complete CLHE evaluation will be available in spring 2023.

For more information about the CLHE program, please visit https://www.coloradotrust.org/strategies/community-leaders-in-health-equity/.