



Toward Health Equity in Colorado

Leveraging HEA Adaptive Capacity to Respond to Shifts

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Executive Summary

Between 2014-2020, The Colorado Trust (“The Trust”) invested almost \$20 million in the **Health Equity Advocacy Strategy (HEA)**, a grantee-led initiative aimed at building a new field focused on health equity advocacy. The 18 funded advocacy, community organizing, and direct service provider organizations (“the Cohort”) and their partners achieved remarkable progress in their advocacy efforts as well as their efforts to build advocacy and racial equity capacity in their organizations and in their communities. As the initiative closed, these capacities were immediately tested, as the state and the nation grappled with the deadly impacts of a global pandemic, climate change, and racial justice uprisings. Two years after the close of HEA, Cohort members shared how they leveraged their adaptive capacity to respond to the ever-changing and challenging social, political, and health environments. They also offer reflections on the continued influence of HEA on their work, and recommendations to funders about supportive grantmaking.

Advancing Health Equity in Colorado

Following the end of the HEA Strategy, the ongoing effects of the pandemic, systemic racial injustices, divisive political contexts, and climate change continued to exacerbate longstanding inequities across various social determinants of health that disproportionately affect under-resourced communities. Against this backdrop, Cohort members and organizations had to navigate various challenges, including leadership changes, staffing challenges, slowdown of strategic long-term efforts, and unpredictable funding. Despite these challenges, Cohort organizations were able to leverage their strong relationships and adaptive capacity to “meet the moment.” Many focused on responding to the urgent needs emerging from their communities in areas such as cash assistance and food security. Some continued pursuing organizational development goals around embedding racial equity into their practices or becoming more community-centered in their efforts. Armed with a shared lens, language, and framing around health equity that they cultivated together over the course of HEA, some Cohort members had frank conversations with policymakers, pushing them to attend to race in their policymaking. Many reported advocacy and organizing success in a number of arenas including housing security, mental and behavioral health, language justice, and protection for immigrants and undocumented communities.

Continued Influence of HEA

Cohort organizations shared that their experience in HEA continues to influence their work and their ability to adapt and be responsive. This influence manifests in multiple ways, including their focus on social determinants and their commitment to centering race in their health equity framing; their continued use of tools, knowledge, and skills they gained over the course of HEA, particularly related to racial equity; and the deep and trusting relationships formed over the course of HEA, which they continue to nurture and leverage.

HEA was also an experiment for The Trust in learning how to share power, shift traditional funder-grantee dynamics, and engage in more supportive, partner-oriented grantmaking. Some Cohort organizations shared that as a result of their experience, they are better at navigating their relationships with other funders and have more confidence in providing feedback and setting boundaries. Cohort recommendations around how funders can be more supportive partners include providing unrestricted funding, attending to equity in funding allocations and initiative design, attending to grantee burden in administrative processes and evaluation requirements, and establishing a realistic timeline that aligns with the initiative’s goal. They also encourage funders to have honest conversations about parameters and limitations, act intentionally to support healthier relationships across the ecosystem, and to ensure that funders themselves are living into their stated principles.

Reflecting back on their experience and the two years since, Cohort members resoundingly shared that the HEA Strategy was powerful. They added that investments should be made to support continued progress and continued learning so that all those working in service of health equity can continue to build upon successes and so that they can adapt and remain resilient and effective across changing contexts.

Table of Contents

- Introduction.....1**
 - Overview of the HEA Strategy 1*
 - Overview of This Report..... 3*

- Advancing Health Equity in Colorado 4**
 - Challenges..... 4*
 - Organizational Shifts and Challenges 4
 - Health Equity Advocacy Efforts 5
 - Successes..... 7*
 - Rapid Response to Shifting Context 7
 - Organizational Development and Resilience..... 8
 - Health Equity Advocacy Wins..... 9

- Lessons on Field Building.....11**
 - Continued Influence of HEA Participation 11*
 - Health Equity Advocacy Framing..... 11
 - Application of Knowledge, Skills, and Resources..... 12
 - Deepened Relationships..... 13
 - Supportive and Partner-Oriented Grantmaking Strategies..... 15*
 - Grantmaking Strategies..... 16
 - Exit Strategy 17
 - Addressing Power Dynamics 19

- Appendix: Interview Respondents23**
 - HEA Cohort Members Interviewed in 2022 23



Introduction

Guided by its vision for all Coloradans to have a fair and equal opportunity to thrive, The Colorado Trust (“The Trust”) is committed to improving the health and wellbeing of the people in Colorado. Between 2014-2020, The Trust invested almost \$20 million in the Health Equity Advocacy (HEA) Strategy to make progress toward health equity using a field-building approach. The HEA Strategy was envisioned to galvanize a strong and diverse field of organizations working in coordination and collaboration to impact policy decisions that would lead to more equitable outcomes for the state’s diverse populations. The Trust funded a group of direct service, community organizing, and policy advocacy organizations ranging in size, geography, scope, and issue focus to comprise the HEA Cohort (“the Cohort”) and engage in this partnership effort. Throughout the initiative, HEA grantees participated in subcommittees and came together for in-person convenings three times a year to make decisions on policy topics to address, capacities to build and strengthen the Cohort, communication activities to influence statewide narratives around centering race in health equity work, and strategies to support engagement of affected populations in their advocacy efforts.

The HEA Strategy was a grantee-led initiative, which was a marked shift from The Trust’s traditional approach to grantmaking. In addition to centering the expertise and priorities of the HEA grantee organizations in the design and implementation of the initiative, The Trust encouraged and supported the HEA grantees to lead efforts to determine how strategy funds should be used to strengthen and expand the HEA network and health equity advocacy efforts. This different approach to grantmaking allowed The Trust to engage in building relationships and trust with grantees in a new way, one that attends to the inherent funder-grantee power dynamics.

Overview of the HEA Strategy

The overarching goal of the HEA Strategy was to build a cohesive and sustainable field of advocates to successfully respond to a changing political environment and advance policy and practice that ensures that all Coloradans have fair and equal opportunities to lead healthy, productive lives. The Cohort’s vision was to bring together diverse Colorado leaders, united by common values and empowered communities, to dismantle structural and racial inequities and build equitable systems. Since the start of the HEA Strategy, The Trust recognized the importance of multi-year investment to actualize this goal, so it committed to funding a planning phase and a second phase that included two years of implementation. Over the course of the initiative, the HEA Strategy evolved to include four distinct phases to advance progress towards several outcomes. These included developing a field-level vision for health equity advocacy; fostering diversity in field composition; strengthening collective capacity for change; galvanizing a paradigm shift toward community-led change; and building health equity advocacy alignment. Social Policy Research Associates (SPR) served as the evaluation and learning partner to the Cohort and The Trust throughout the entirety of the HEA Strategy.

The [first phase](#) (2014) focused on honing the approach by unpacking assumptions behind the HEA Strategy, cultivating relationships across diverse partners, identifying capacities and skills to grow and nurture health equity advocacy, and determining strategies to support coordination and collaboration among diverse partners to advance shared health equity goals.

The [second phase](#) (2015-2016) brought together 18 organizations to form the HEA Cohort and embark on health equity advocacy field building as individual organizations and as a collective group. The Cohort’s charge for this phase was threefold: purpose alignment, infrastructure development, and capacity building. To align its purpose as a collective, the Cohort came to a shared understanding of field building, defined their collective work, and articulated a shared vision that lifted up their values for centering race

and racial equity in health equity work. The Cohort also developed its internal infrastructure to carry out its work together by establishing processes and structures for managing and disbursing strategy resources. Further, the Cohort identified and directed resources to building HEA Cohort members' racial equity lens and their advocacy knowledge and skills to strengthen their individual and collective capacity to engage in health equity advocacy. By the end of Phase 2, the 18 funded organizations that made up the Cohort grew their equity focus (centering race) and built stronger relationships and trust with one another. The Cohort and The Trust made a joint decision to extend the initiative and leverage infrastructure supports and learning built through this phase to engage in more external-facing, field-building efforts.

For the [third phase](#) (2017-2019), the Cohort concentrated its efforts on active field building. To that end, the Cohort formed four specific 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 advanced collective efforts in between HEA Cohort convenings. Furthermore, the Cohort engaged partners to build a robust field of health equity advocates and undertook field-level capacity building, coordination, and collective action to advance health equity policy in Colorado. The HEA disbursed almost \$1 million to 56 organizations through its Network Strengthening Grant strategy, which allowed HEA Cohort members to regrant resources to partner organizations to engage in policy advocacy, capacity-building, and field-building work as well as participate in HEA convenings, HEA trainings and workshops. Their health equity-focused trainings and workshops for hundreds of community leaders across the state helped to center race in health equity work, shift statewide narratives, and extend their network of partners. Their coordinated and community-centered advocacy efforts resulted in meaningful legislative wins that marshalled change for diverse communities throughout the state. Toward the conclusion of Phase 3, the HEA Cohort and partners were well-positioned to carry forth this strong momentum to continue fighting for health equity in Colorado. Though the Cohort made considerable progress toward its goals, The Trust decided to pivot its grantmaking approach and sunset the HEA Strategy at the close of Phase 3. Recognizing there had not been a clear articulation of an "end date" for the HEA Strategy during the initiative, The Trust provided a final year of support and funding to help build resiliency in the health equity advocacy field and support HEA Cohort organizations with the transition.

The [resiliency year](#) (2020) served as an "offramp" for HEA Cohort organizations, particularly given the successes and momentum of Phase 3. To support organizational and field resiliency, The Trust provided general operating grants (though significantly reduced), pooled funds to support field-building activities, and continued support from Trust staff and consultant partners. The Cohort continued to build collective capacity for change and health equity alignment by sponsoring 20 racial equity capacity-building activities (with a particular focus on rural communities and Spanish-speaking field members), and hosting the Health Equity Advocacy Summit Series that consisted of 11 interactive trainings, discussions, and presentations with national and Colorado-based leaders over the span of four months to advance policy, encourage healing toward action, and change the narrative around race equity. Despite the delays and challenges that the COVID-19 pandemic had on advocacy efforts, the Cohort pushed forward on health equity advocacy alignment. Key activities included sharing information on food and housing insecurity (the Cohort's priority advocacy topics), health equity advocacy messaging capacity building, stepping into leadership roles in equity-focused coalitions and tables to support COVID recovery efforts, serving as a resource and information hub on Capitol developments, and making a shared commitment to continue the policy advocacy update meetings in 2021. Lastly, this final year was intended to create space for HEA Cohort members and organizations to process the transition and gain closure with the initiative and The Trust. This additional time also allowed organizations to strengthen relationships that they formed over the course of the HEA Strategy and would hopefully endure beyond the sunset of the initiative.

Overview of This Report

Over the course of the HEA Strategy, the Cohort built and leveraged remarkable adaptive capacity as it navigated a range of social and political contexts through its collective advocacy efforts. What no one could have predicted was the extent to which this capacity would be immediately tested just as the initiative was ending, as the state and the nation grappled with the deadly impacts of a global pandemic, climate change, and racial justice uprisings sparked by the murders of George Floyd, Breonna Taylor, Ahmaud Arbery, and other Black people and people of color at the hands of police or white vigilantes. Recognizing the formidable challenges faced by HEA grantees and the communities they served during these past couple of years, in December 2021, The Trust reached out to SPR to conduct follow up interviews with all HEA grantee organizations. Between July and October 2022, SPR conducted interviews with 17 out of the 18 HEA Cohort organizations (see appendix for the full respondent list). Over the course of the interviews, HEA Cohort members shared the ways in which the challenges of the last couple of years impacted their organizations and their communities, how they confronted those challenges, and the numerous ways in which they adapted and pivoted in order to continue working in support of those most impacted by health inequities.

This report aims to tell the story of how HEA Cohort organizations utilized their adaptive capacity to respond to the pandemic and the ever-changing social and political environment. It provides a high-level summary of HEA Cohort organizations' efforts toward advancing health equity in Colorado and the adaptive capacity gains from HEA that they brought to bear as they navigated the pandemic and shifts to the social and political environment. The first chapter details challenges and successes HEA Cohort organizations faced while continuing their health equity advocacy work amidst an ever-changing context. The second chapter lifts lessons on field building, particularly the impact of the HEA Strategy on health equity advocacy participation and learning on partner-oriented grantmaking strategies that supported field building efforts. The report concludes with final reflections on the HEA Strategy and health equity advocacy field building in Colorado.

Advancing Health Equity in Colorado

The final year of the HEA Strategy coincided with numerous events that stretched the capacity and resiliency of HEA Cohort organizations as they worked tirelessly to support their communities and further advance health equity in Colorado. Following the end of the initiative, the ongoing effects of the pandemic, systemic racial injustices, divisive political contexts, and climate change continued to exacerbate longstanding inequities across various social determinants of health that disproportionately affect under-resourced communities. Against this backdrop, HEA Cohort members and organizations had to navigate various challenges but also took advantage of unexpected opportunities born from the challenging context. This chapter highlights the challenges and successes of HEA Cohort organizations as they leveraged the adaptive capacity built in HEA to pivot and push forward on health equity advocacy efforts to support communities most impacted by the pandemic and changing political environment.

Challenges

The challenging sociopolitical and COVID-19 pandemic context continues to have a reverberating effect on the health equity advocacy field in Colorado. Reflecting on the end of the initiative, HEA Cohort members recounted the impact this challenging context had on their organizations as well as their health equity advocacy work.

Organizational Shifts and Challenges

HEA Cohort organizations' capacity and infrastructure have been strained throughout the pandemic. Amidst new and increasingly complex challenges, many organizations have had to attend to internal shifts to sustain their work while meeting the immediate needs of their communities. Key organizational shifts and challenges include:

- **Leadership changes.** Within the past two years, a third of the Cohort (6) reported going through leadership changes within their organizations. Reasons for these transitions ranged from retirement, relocation, sudden death, and leaving the sector. Leadership changes during this stressful period further tested organizations' resilience and affected their capacity. For some, the transition limited their ability to engage in additional external work beyond the immediate priority of supporting their communities during the pandemic. As an example, one organization went through two different executive directors during this period, which set back the organization's efforts to transform the public health system. Another realized during its leadership change that there was a need for internal introspection and organizational development to improve its culture and identify the direction of its work moving forward.
- **Staffing challenges.** COVID-19 has had a profound impact on staffing across organizations in all sectors. Throughout the pandemic, staff at HEA Cohort organizations had been working tirelessly to meet the immediate needs of community members while juggling their personal wellbeing and care for their families. These stresses ultimately contributed to job



There was such a high need for local work to be happening at the beginning. Then we went through a leadership transition, which forced us to look even further internally as an organization.



We are so stretched thin and underfunded, and all of us are experiencing high turnover or young staff that comes in really fiery and then slowly gets disillusioned and often moves completely out of the sector.

changes and in some cases, staff leaving the field entirely. Difficulties hiring and retaining staff has impacted HEA Cohort organizations' ability to maintain and expand programs and services. Organizations located in rural areas have been especially affected by staffing issues and continue to grapple with the challenge of hiring and retaining staff despite having funding for programs and services. As one rural organization shared, "We have more work than ever, more need than ever. But as a community, our capacity is severely lacking because [of] housing. I mean, I feel that's everywhere in the whole country [...] And so we can't keep staff. We can't hire, we can't grow. Since April, we had half our staff leave."

- **Slowdown of strategic, long-term efforts.** Multiple HEA Cohort organizations reported decelerating their traditional community organizing and policy advocacy work to attend to the emergent needs of the community during the pandemic. As one organization reflected, "We're a systemic policy organization, so we work on systemic change issues, which can be longer-term battles over a period of years. There was certainly a lot more acute suffering in the community that was going on, so we stepped in really to meet some emergent needs here and there." Since 2020, one rural community organizing organization has had to be more involved in direct service efforts related to housing and food access in the region to support the community, even though it normally would not have otherwise done so in its role as a convener. One policy organization moved into "reactive" mode by stepping in to act as the "go-between" organization for local public health agencies and the state government to facilitate communication about federal and state resources to fight COVID. One direct service organization mentioned pausing its strategic efforts to provide rapid response services to its community. The organization shared that it had been making inroads on implementing its strategic plan in 2020 but subsequently had to table it due to "unmet needs and fallout from COVID." Almost two years later, these organizations are finally regaining their footing to attend to more strategic and long-term efforts.
- **Leveling off funding.** During the earlier part of the pandemic, there was an unprecedented influx of federal and state funding to support COVID relief efforts as well as grants from philanthropic entities to support existing health equity and racial equity work. These additional funding opportunities allowed some HEA Cohort organizations to sustain, expand, and create new programs to serve diverse communities. Despite the ongoing pandemic and community members' persistent needs, HEA Cohort organizations noted that government funding has been leveling off and philanthropic partners are returning to more traditional grantmaking strategies. As a result, organizations are growing more limited in their capacity to continue providing high levels of support and services and engaging in community organizing work. As one rural organization observed, "The first year of COVID, all of the funders were like, 'Oh my gosh, you guys are doing such good work. We want to help keep it.' And then after a year, everyone's like, 'Well, we don't really have ... We can't do this forever,' but unfortunately, we're still in a pandemic [...] We are not seeing the same level of funding [...] Very few funders are like, 'Oh yeah, health equity is still an issue, is a focus for us through the pandemic.' It's they're back to funding very specific initiatives that their strategic plan guides them to. So that's been an interesting thing to navigate."

Health Equity Advocacy Efforts

In addition to organizational shifts and challenges, many HEA Cohort organizations noted that their health equity advocacy efforts were stymied by the difficult context. These challenges include:

- **Limited capacity to engage in statewide collaborative efforts.** The challenging context in which HEA Cohort organizations have been operating in the past couple of years hindered the ability of some to engage in statewide health equity advocacy efforts, particularly among direct service

organizations and those located in rural communities. Instead, these organizations made an intentional decision to focus on meeting the growing needs of their local communities. One rural organization shared, “We really didn't do much statewide advocacy work during the two beginning years of COVID because there was such a high need for local work to be happening at the beginning.” Similarly, another rural organization did not engage as much in advocacy at the statewide level in order to focus on its community's needs and foster partnerships with other organizations in the same region to advance health equity work at the local level. Staff from that organization shared, “I think when everything in person shuts down, there's no opportunity to run into somebody and keep up those collaborations or relationships. It has to be super intentional. I think that intention just wasn't there because we had to pivot, turn, and focus on so many different things [...] It was more like, ‘What do we need in our community right now? How can we do this?’”



We did a lot of focusing on crisis funding and getting different types of services, just like the basics to folks, and took a step back on a lot of the true advocacy and policy strong work that we were engaged with. Because again, just wanting to help the community be able to survive through the pandemic and come out the other side.

- **Engaging affected communities.** The ongoing pandemic has hindered some organizations' ability to engage affected communities in health equity advocacy efforts. Earlier on in the pandemic, the digital divide was a big barrier to outreach and engagement, particularly among communities of color. For one community organizing group, the organization's work with community members had all been in-person prior to COVID and the shift to virtual engagement was challenging because community members sometimes lacked access to technology and resources to connect via Zoom. To address this gap, the organization established telephone trees and engaged its community navigators to connect with community members through socially distanced in-person meetings. Harmful racist rhetoric and immigration policies have also hindered outreach and engagement of undocumented community members. One rural organization noted that many residents of color have been more afraid to access services. Another rural organization continues to work towards strengthening trust and relationships with undocumented community members but noted that uncertainty around some of the immigration laws, including DACA, contribute to ongoing challenges. Furthermore, the grim context brought forth different advocacy priorities for affected communities that required a shift in campaigns to attend to emergent needs. For example, one community organizing organization noted community members voicing a strong need for mental health services, so it is planning to make this a priority area for organizing the community to advocate for more resources and services in lieu of its campaign to end the school-to-prison pipeline.
- **Polarization of public health and racial equity.** To a lesser extent, a couple of organizations also mentioned that the political climate contributed to intensified pushback on public health and racial equity work. One organization reported losing 20-30% of their public health directors among its membership agencies due to extreme backlash on health equity related COVID mitigation efforts and threats to their safety and wellbeing. As a result, the organization removed names from its website to reduce threats that were coming to local public health directors. The threats and reduced workforce affected efforts to transform the state's public health system to advance health equity. Additionally, racial equity continues to polarize predominantly White rural communities. For one rural organization, engagement in activities related to racial equity has resulted in personal threats, thus making it difficult to make inroads in this area.

Successes

Despite the continued challenging context, HEA organizations have leveraged key opportunities to meet the needs of their communities, institutionalize equity into their organizational identities, and sustain elements of their health equity advocacy work. This section offers successes and opportunities that arose from HEA Cohort organizations' work in response to COVID, social unrest, and the political climate. These successes showcase HEA Cohort organizations' ability to adapt and respond, even in the most trying circumstances.

Rapid Response to Shifting Context

In reflecting back to 2020, HEA Cohort organizations reported a multitude of ways in which they were able to meet the challenges of the moment and provide for their communities. These included:

- **Addressing immediate needs of community members in direct cash assistance, food banking, and food delivery.** The beginning of the pandemic forced HEA organizations into rapid response mode, with many providing direct services to their communities or convening partners to get basic services to community members. One policy organization brought together partners in philanthropy and direct services across the state to provide direct cash assistance for undocumented populations. One rural community organizing organization helped create a bill pay assistance program where people could apply for assistance in paying housing, car, insurance, and utility bills, as well as other essential services. Several HEA organizations supported local food banks or became food hubs themselves. One rural region's local food bank did not have capacity to deliver food to the community, so an HEA Cohort organization got emergency food bank status and helped recruit volunteers to deliver food to their community. These volunteers later helped staff vaccine clinics as well. Similarly, another rural HEA Cohort organization closely with local schools and food banks to create a food box delivery program and helped deliver food to the community.
- **Leveraging resident leaders as trusted messengers to relay information and resources to community members.** Several HEA organizations utilized resident leaders in their recovery efforts and outreach. One organization's group of resident leaders was able to tap into their community relationships to check on the mental health of residents, share information about COVID-19 testing, and connect residents to resources to meet their basic needs. Another organization's community navigators paired their outreach with food distribution while also educating people on the census.
- **Expanding services and programs.** Some HEA organizations reported having received additional funding at the start of the pandemic, either from the government or philanthropy, allowing them to expand their programming and reach. One rural direct service provider grew significantly during the pandemic because of the demand for services. It was able to partner with local government and received \$300,000 in relief funds to address service gaps faced by their community. A community organizing organization reported receiving more funding from foundations during the pandemic which allowed them to launch three new programs, an indigenous justice program, a leadership program for monolingual Spanish speaking families in Eagle, and a youth fellowship program.
- **Increasing participation and motivation of community members to become more involved in organizing and advocacy.** HEA organizing groups reported that the pandemic, racial justice uprisings, and contentious election year in 2020 motivated people to take action and join community organizing efforts. One community organizing organization grew its organizing base as many of the issues they organize around were now at the forefront (racial equity, housing, and

criminal justice). This organization reflected, “We found that folks are more motivated than ever... rather than us going out and knocking on door and saying, “Hey would you be interested in organizing social justice work, systems work?” folks are like, “How do we get involved? How do we do this work? We want to be part of the solution.” And this was something we hadn’t expected coming out of the pandemic.” A community organizing organization also reported that their base was growing, noting they have been focusing their efforts in Fort Morgan, Pueblo, and Metro Denver.

- **Continuing racial equity trainings for community members.** A couple of HEA organizations reported providing racial equity trainings for their partners and community members. One organization worked with a local foundation to facilitate a year-long introductory diversity, equity, and inclusion (DEI) training for all its grantees and they are looking to develop a phase two component. Another community organizing organization created a 6–8-week virtual series focused on dismantling racist systems during the civil unrest right after the murder of George Floyd. They also allocated funding to help support spaces for folks to be in community and engage in discussion about grassroots efforts. The organization shared:

“We feel like one of the things that people wanted was to be heard, and not only heard [but] acknowledged, and allow them to put together some type of way for them to really give back and impact their communities in a different way. And so we did that. And from that, we saw people doing different things on their own-- starting podcasts, establishing conversations on their own. So that was really exciting as well. So we gave folks’ groups funding to do house meetings virtually, or if they had a bubble of people that they could do a house meeting with. We wanted people to get together as safely as possible and through whatever mechanism made sense to them, because we knew that that isolation would even cause more problems.”

Organizational Development and Resilience

Even amid leadership and staff turnover, many organizations were able to institutionalize equity into their organizational identities by providing racial equity trainings for new staff, creating equitable policies and procedures, and changing internal structures to become more community centered. Examples include:

- **Embedding racial equity into organizational practice.** Several organizations reported conducting strategic plans within the last few years and named racial equity as central to their plans. Additionally, many HEA organizations continued to provide racial equity capacity-building opportunities to staff. For example, one rural direct service provider offered race-based caucusing opportunities and formed affinity groups; a community organizing organization’s leadership participated in an anti-racism training called Wide Awake; another rural direct service provider provided all staff with DEI and health equity trainings; and a policy advocacy organization engaged Transformative Alliances, a HEA consultant in Phase 3, to provide anti-oppression workshops on what it means to center race, gender, and class equity in their work.
- **Creating internal policies to support staff wellbeing.** The deeply entrenched racial inequities revealed during the COVID-19 pandemic, and the racial justice uprisings sparked by the murder of George Floyd, reaffirmed for HEA Cohort members their decision to center racial equity and justice in their work. But, as described in SPR’s [Learning Paper](#) about the Cohort’s racial equity journey, the extremely charged and sensitive nature of racism makes racial equity work exceptionally arduous. Additionally, as stated earlier, the relentless challenges of the last few years have caused severe burnout and turnover at many nonprofit organizations. In response, a few HEA Cohort organizations reported making some internal policy changes to attend to staff’s spiritual, emotional, and physical health. For example, one policy advocacy organization instituted

a sabbatical policy, one rural direct service provider created a wellness program, and one community organizing group became more intentional about creating opportunities for staff not based in Denver to become more engaged and connected to the organization. This organization shared, “Because we weren’t in the office, we got more intentional about trying to spend time together... It was so obvious it was important. That made it more equitable for our staff that aren’t in Denver, because they’ve always been left out, not intentionally, but it happened.”

- **Transformational shifts to become more community-centered organizations.** Three organizations reported going through significant organizational changes since HEA. One organization, which began transitioning from a policy advocacy to a community organizing organization during HEA, reported having made major strides toward becoming a power-building organization and member-led democratic organization. A policy advocacy organization has also been on a growth journey and reported learning a great deal from a fellow HEA Cohort organization’s journey and adapting some of that organization’s policies, such as their salary matrix (developed by Phase 3 HEA consultant CIRCLE). This same organization is now, for the first time in its history, being led by three women of color and it is continuing to hire and invest in women of color, “It’s so important to create these leadership pipelines, and I think that’s our way of being able to do this community-informed work.” Toward the end of HEA, one policy advocacy organization went through a strategic planning process, resulting in the adoption of community engagement as a core value and the launch of a community engagement team. In reflecting about their current work and HEA’s influence, this organization shared the following: “We’ve been trying to operationalize [our values] ever since, and move towards a place where community voice really drives our policy agenda, or creates our policy agenda, even, I think is our aspiration. And then we’re finding ways to become more of a relationship-building organization in that sense, not so much an ivory tower policy organization. A lot of learning [was brought] from the HEA Cohort into our community engagement work.”



I would say right after the HEA program stopped, I started to see, it was almost like an exponential growth in terms of our evolution. I think HEA helped us lay the foundation and gave us the room to grow and shed old ways of being. But that really, the last couple years is when we took it to the next level.

Health Equity Advocacy Wins

The pandemic and political climate highlighted many of the important issue areas that the Cohort focused on during the HEA. Across different sectors, many partners became more attuned to social determinants of health and become more committed to advancing racial equity and health equity. Recognizing this pivotal moment, HEA organizations seized opportunities to build upon their existing health equity advocacy efforts to push for systems and policy change. Many HEA organizations named successes in advocacy issue areas that they focused on during their time in the HEA Strategy, including housing security, behavioral health, language justice, and immigrant and undocumented population rights.

- **Housing security efforts.** As one of the main issues the Cohort chose to advocate for in their Phase 3 work together, access to affordable housing and protecting renters’ rights continued to be core issues for many HEA organizations. Several rural organizations named new or continued efforts in this area. For example, one rural direct service provider, which had previously focused primarily on providing health and wellness services, is now in the beginning stages of building housing for the region’s aging population on its land holdings. Another rural direct service provider has been partnering with the COVID-19 Eviction Defense Project (CEDP) on eviction prevention since the beginning of the pandemic. This work has been extremely successful, with

the organization reporting the highest utilization rate of this program in the state. Additionally, multiple HEA Cohort organizations reported that they continue to partner with other HEA organizations on affordable housing advocacy efforts and coalitions, such as the Colorado Homes for All Coalition which includes HEA Cohort members: UNE, CCDC, Together Colorado and HEA Network Strengthening partners: 9to5 Colorado, Denver Homeless Out Loud.

- **Mental and behavioral health efforts.** As the pandemic and current political climate have put a spotlight on the need for more mental and behavioral health services, a few HEA Cohort members shared how they have recently incorporated behavioral health into their work. With coalition partners, one policy advocacy organization helped pass the new behavioral health equity law which seeks to provide additional resources and protections for behavioral health services. A direct service provider in the Denver metro area incorporated mental health programming into its family garden program. It shared, “There is also a mental health piece because we knew youth had been home for so long. Families had been isolated as well. It really helped add that mental health component to our family check-ins that families were very grateful for, especially in times of isolation during the pandemic. It’s something that we kept in our curriculum.”
- **Language justice in public services.** HEA organizations in rural regions continue to ensure messaging and information about social services was communicated to monolingual Spanish-speaking community members. For example, two rural organizations directed ERPA and CARES funding from local government to create a cohort of trained interpreters to build the region’s capacity to provide language interpretation services for businesses and local events. They engaged an HEA consultant, Community Language Cooperative, to provide the trainings. Another rural direct service provider, which had been providing language translation and interpretation at the start of the pandemic, successfully advocated for these services to be the responsibility of county officials.
- **Advocacy for immigrant and undocumented populations.** A big advocacy win in 2020 was the passage of Cover All Coloradans, a bill that expands Medicaid access to undocumented pregnant people and their babies, which many HEA organizations and network partners worked on. One rural direct service provider created the Collaborative Action for Immigrants program, made up of Latinx community members and another is building an immigrant and family resource center focused on incorporating more prevention and resilience programming into its existing direct service work as a way to address systemic inequities. Recently, in response to the rise in hate crimes against the Asian Pacific Islander community, one HEA Cohort organization began conducting workshops on hate crimes and self-defense, meeting with politicians to raise awareness of the issue, and advocating at the state capital to strengthen hate crime bills.

Ultimately, because of the trust and relationships developed throughout the HEA Strategy, HEA organizations were able to move fast and efficiently to respond to the pandemic and political climate. And because the Cohort made investments in building their racial equity capacity, HEA organizations have been better able to meet the moment of “racial awakening” by taking advantage of this opportunity for strategic advocacy in service of racial equity.

Lessons on Field Building

The HEA Strategy was unique on a number of fronts, including its focus on building an entirely new field; its combination of actors (direct service, community organizing, and policy advocacy organizations working in rural, urban, and statewide contexts); and its grantee-led approach to the work. In reflecting on their experience, multiple HEA Cohort organizations shared a number of ways in which their participation in this unique initiative continues to influence their organizations and their work, as well as reflections about ways in which this influence could continue to be nurtured moving forward. This chapter offers themes around continued impact from the experience, as well as lessons for The Trust and other foundations to consider as they continue to work towards equity in advocacy, field building, and their grantmaking.

Continued Influence of HEA Participation

HEA Cohort organizations shared a range of ways in which their participation in the HEA Strategy continues to influence their work and their ability to adapt to changing contexts while staying focused on health equity with racial equity at the center. While there are many ways in which participation in the HEA Strategy continues to influence the work of HEA Cohort organizations, themes emerged around three key areas: health equity advocacy framing; application of knowledge, skills and resources; and deepened relationships.

Health Equity Advocacy Framing

A key outcome of the HEA Strategy was the articulation of a shared vision for health equity advocacy. HEA Cohort members shared a number of ways in which aspects of this vision continue to manifest in their work. These include:

- **Continued commitment to centering racial equity.** Centering race was a critical aspect of the Cohort’s vision for health equity advocacy. HEA Cohort organizations shared that they continue to be committed to racial equity and that the learning around racial equity and racial justice afforded to them through their participation in the HEA Cohort continues to influence their approach to their work. Several organizations shared that their participation in the Cohort made them much more comfortable talking about race and confronting racism, whereas before they might have “skirted the issue” by talking about class or socioeconomic status. One community organizing organization shared that participation in HEA helped it to have deeper conversations and a deeper analysis of the issues, which proved especially important in the aftermath of George Floyd’s murder. Staff from a policy organization shared that their comfort in speaking directly and intentionally about race enabled them to have frank conversations with the governor’s office and other foundations about COVID response, emphasizing that funding should focus on race, since race had an impact on distribution of COVID supports. A community organizing organization has been working with a range of partners on narrative change that speaks specifically to race because “if we’re not talking about race and we’re not talking about class and who’s actually violating our values, it



The work [done through] HEA helped us really clarify on equity and focusing on racial equity, and what that means, and language equity and justice, and the social determinants of health ... I feel like that helped us go in with a slightly different, more intentional perspective, I think, than maybe we would have, had HEA not been a part of what we did.

actually gets harder to convince people why there's a problem [...] Starting that conversation around values has been such an important way to get in the door to start talking about policy.”

- **Deepened focus on social determinants.** HEA helped to broaden the frame around health equity beyond access to health care and towards a more holistic vision of health rooted in an understanding of the influence of social determinants in health outcomes. One rural direct service organization, for example, shared that while it had already expanded its strategic plan to be more inclusive of social determinants, the stark inequities revealed by the pandemic motivated it to further prioritize social determinants such that it is now in the beginning stages of building housing for low-income elders in their community. One direct service provider noted that having a broader understanding of health equity, and the role of social determinants, enabled its staff to connect the dots of their work around food justice and economic inequities and “speak to it in the way that it deserves to be spoken of.”



We are all going through the ringer right now. Every person, human being, that's in front of you deserves respect regardless of how they're showing up. I think that health equity is rooted in that as well. Maybe the basis of the health equity advocacy cohort was every single person deserves the rights to good housing, clean housing, good food, access to healthcare.

- **More intentional engagement of communities, particularly for policy advocacy organizations.** Over the course of HEA, the Cohort’s policy advocacy organizations made significant shifts in terms of how they engaged affected populations in their advocacy efforts. These organizations continue to apply their HEA learnings into their engagement work, taking care to engage in ways that are not transactional or exploitive, and that value the time and contributions of community members. As noted previously, one policy advocacy organization adopted community engagement as a core value and also created a community engagement team. As such, it now has the infrastructure and resources to be more intentional in authentically engaging community and are working toward having community voice lead their work.

Application of Knowledge, Skills, and Resources

Capacity building was a critical component of the HEA Strategy. Over the course of the initiative, HEA Cohort organizations participated in a range of trainings, developed and shared knowledge and resources, and grew their skills in a range of areas that supported their health equity advocacy efforts. HEA Cohort members shared that the capacity-building support was critical, and they named some key skills and resources that they continue to leverage in their current work, including but not limited to:

- **Racial equity trainings.** The HEA Cohort’s [racial equity vision](#) encompassed building capacity across four key “spheres of influence” in order to strengthen a field of health equity advocates working towards a vision of health equity for all Coloradans. These spheres include individuals, HEA Cohort organizations, Cohort partners, and the health equity advocacy field. Multiple HEA Cohort organizations shared that the racial equity capacity-building support they received during HEA continues to have a strong influence in their approach to their work. At least four organizations shared that the knowledge and skills they gained through the trainings offered by Elemental Partners—particularly the Second Circle and Respectful Confrontation Trainings—were invaluable. One community organizing organization described the trainings by Elemental Partners as “the strongest work” of the HEA Strategy. A rural direct service organization shared that the Elemental Partners trainings helped to “keep them grounded” while another rural direct service organization reported that the skills they gained through these trainings helped their staff “navigate the tumultuous environment that we’re in, especially living in a very white, very

conservative community.” Staff from one community organizing organization were trained to serve as Second Circle facilitators and facilitated a Second Circle in Pueblo during the pandemic. In addition to these trainings, several HEA Cohort organizations noted that the racial caucusing offered by Transformative Alliances also provided them with critical knowledge and skills that they continue to apply in their lives and in their work.

- **Health Equity Policy Assessment.** At least two policy advocacy organizations reported that they continue to use the Health Equity Policy Assessment tool in their work. This tool was developed by the Cohort to assist organizations in assessing health equity impacts of a potential policy. One organization shared that it not only continues to use the tool, but they have also added onto it to create a “pretty sophisticated internal version.” They also developed an external-facing race equity tool that they provide to legislators and other policy makers.
- **Communications and messaging.** A couple of organizations shared that the communications and messaging trainings efforts that the Cohort engaged in provided useful learnings that they continue to apply in their current work. One community organizing organization, for example, noted that “having a communications group and tool was helpful,” and added that the communications and messaging strategies they learned were “easy to apply in other areas.” That said, one respondent also cautioned that the context has shifted since they engaged in the messaging trainings and believes that because “it’s an entirely different landscape...all that work needs to be done again.”
- **Content knowledge in key issue areas.** In response to urgent needs, food access and housing became the Cohort’s focus for collective advocacy in the final years of the HEA Strategy, despite the fact that not all HEA Cohort members had experience in these issue areas. Several HEA Cohort members shared that this helped them to be more prepared to support their communities when these issue areas were exacerbated by the COVID-19 pandemic. One rural direct service organization shared how their exposure to these issues and potential solutions through HEA helped set the foundation for its eviction prevention and food access work during the pandemic:

“An understanding of food and housing issues and solutions, those two topics through the Cohort, we were like, sometimes we just don’t have that much to contribute to this, or we don’t really directly work in that space, but all of that learning and exposure and helped, was just information that was just being stored in us until we actually had to use it and it was hugely beneficial to have all of that knowledge.”

- **Power mapping.** While the power mapping training offered during HEA was not as extensive as some of the other trainings that the Cohort engaged in, one rural direct service organization emphasized that power mapping proved to be an incredibly useful skill. They emphasized that power mapping became “really impactful and important” in their work, especially given the politically charged and unpredictable environment.

Deepened Relationships

Throughout the course of the HEA Strategy, HEA Cohort members repeatedly named the relationships built over the course of the initiative as the most important outcome of the work. The majority of interview respondents shared that they have sustained or deepened their relationships with other HEA Cohort members and Network Strengthening Partners. Doing so made the following possible as they worked to respond to their ever-changing contexts:

- **Shared learning opportunities and thought partnership.** Multiple organizations shared appreciation for having thought partners at-the-ready as a result of the deep relationships they built over the course of HEA. As one community organizing HEA Cohort member shared, “We have enough relationship that we can call each other up where we can say, ‘Hey, this is what we’re thinking, where are you at on this?’ and be strategic thinkers with one another.” This kind of thought partnership and opportunity for shared learning was especially critical during the early stages of the COVID-19 pandemic, when information was scarce and there was no roadmap or guidance for how to support people through a global pandemic. As the same community organizing HEA Cohort member shared:

“During some of the tough times in the pandemic when all of us were like, ‘I don’t know what we’re doing. How is this going to work?’ To be able to like call people up. And even on a relational level, but then also on an organizational level to say, ‘How are you all figuring this out? What have you done that works? How have you all pivoted? What’s your focus?’ I was able to do that with folks because I had those relationships. I’d been in convenings with them. We did policy work together.”

- **Strategic partnerships to strengthen efforts across a range of health equity issues.** Several HEA Cohort organizations partnered with one another to expand capacity in support of specific activities. One policy advocacy organization reported that it partnered with other HEA Cohort organizations on issues such as voter registration, public charge, paid family leave, and the mobile home bill. One community organizing organization continued to partner with a range of HEA Cohort members and HEA Network Strengthening Partners on a range of issues including housing, healthcare, and criminal justice. Not only did the deep sense of trust that was developed over the course of HEA shape the ways in which HEA Cohort members were able to effectively partner with one another, but knowing they had trusted HEA colleagues working in specific advocacy spaces also kept them from feeling the need to spread themselves too thinly across too many meetings.



I think the biggest thing that was helpful was just all the connections that we made and the trust that was built. For example, when they were working on the whole public charge thing, I wasn't worried. I didn't feel like we needed to be at every meeting because I knew the people who were there were people I trusted, that I'd work with, that they would let me know if there was an issue [I needed to address.]

- **Increased connectivity for rural organizations.** The Trust was intentional about its inclusion of rural organizations into the Cohort, recognizing that the rural voice is often excluded from statewide advocacy conversations. All rural organizations that we interviewed said that they continue to maintain their connections with HEA Cohort members and that this has provided much needed support in a variety of ways. At the beginning of HEA, direct service organizations expressed frustration at having no relationships with statewide advocacy organizations, or having relationships that were uni-directional and transactional, whereby direct service organizations were only called upon occasionally for testimony. A rural direct service organization noted that now they are called during the policy development stage and asked for input much earlier into the process, and that HEA advocacy organizations have also actively referred their partners to them to get the organization’s expertise on particular issues and how they play out in rural areas. This organization emphasized “This did not happen before HEA. Ever.”
- **Continued camaraderie and solidarity.** Over the course of HEA, organizations repeatedly shared an appreciation for the sense of camaraderie and solidarity that emerged as a result of their

relationship building, which they noted was critical when working in politically charged and sensitive arenas such as racial equity. The camaraderie continued for multiple HEA Cohort organizations, even after the end of the initiative. One rural organization shared that when the tensions of the political context resulted in professional and even personal backlash, the organization's leader reached out to other rural HEA Cohort members for advice. She also called funders and told them what was happening and noted that in return, "Every single one of them were like, 'You let us know if that happens. We will help support you.'" She added that if this happened prior to her participation in HEA, "I would've felt completely alone because other leaders in my community were experiencing similar things. I would never have known or gotten the courage to reach out. I wouldn't have known who to reach out to."

While most HEA Cohort organizations reported having sustained or deepened relationships with other HEA Cohort organizations and network partners, there were a few organizations for which this was not the case. One community organizing partner shared that they were in such "survival mode" that they had no bandwidth to focus on anything other than their own survival and the survival of their community. Another community organizing organization and a policy advocacy organization shared that while they appreciated the relationships they formed, they simply have not had overlap in needs or opportunities for partnership.

No matter the status of their current relationships, all respondents encouraged The Trust to support continued relationship building across the HEA Cohort and its partners. Over the course of the HEA Strategy, relationship-building was repeatedly cited by HEA participants as critical to field building and thus, as one HEA Cohort member noted, funding relationship building is "game changing, and should continue." To this end, respondents offered several suggestions. One advocacy organization suggested that The Trust could deploy an annual survey to help keep up to date with the work of former grantees (and to share that information so that they can keep up with one another). Another suggested creating opportunities to participate in quarterly check-in calls. The majority of respondents encouraged The Trust to continue funding convenings of HEA organizations. Several noted that these convenings did not have to be modeled after the convenings held over the course of the initiative, but instead could be more informal, "pared down" versions. Two likened future convenings to "alumni reunions," focused on coming together informally to talk about what they are working on, what they are learning, and to talk about the issues happening in their regions and in the state. As shared by one rural direct service provider:

"I think it'd be awesome. I think it'd be wonderful to hear everybody's 'What's been going on in your neck of the woods?' We did get to go and see each other's world so closely. To see what's changed in the different communities and see what's been going on, I think it would be really almost therapeutic."



[Funding relationships is] game changing, systems changing. And there's been nothing like HEA since. And it's really sad. And everybody's craving it. Not only the people that have been a part of it, but other people. Other nonprofits are craving it because everything is built around relationships. And if you trust somebody, that's part of that field building, both on the statewide level, the regional level, the local level, the community level.

Supportive and Partner-Oriented Grantmaking Strategies

Through the HEA initiative, The Trust pushed itself to re-imagine how to be a better partner to its grantees through its grantmaking, in how it supported grantees at the end of the initiative, and in how it attempted to share power with the HEA grantees. This section shares themes related to those efforts.

Grantmaking Strategies

HEA Cohort organizations offered a number of recommendations to funders about how to better support grantees through their grantmaking strategies. The majority of these recommendations reflect what HEA Cohort organizations felt were the strengths of the HEA grantmaking strategies, and which ultimately proved useful in supporting their ability to adapt to and be responsive in rapidly changing contexts.

- **Provide unrestricted funding.** As was true over the course of HEA, appreciation for the flexibility afforded to grantees through general operating grants (as opposed to project-specific), emerged as a strong theme. Reflecting back on the impact of those unrestricted funds, several shared that these unrestricted dollars ultimately helped their organizations to grow. One community organizing organization shared that “it let us grow in ways we could have never grown - it stabilized us in a way that we’d never had before.” A rural direct service organization shared that it “really built capacity and allowed me and my team to participate in things that we probably wouldn’t have otherwise.” Having unrestricted funding enabled grantees to deploy resources in ways that helped them be more flexible and adapt to changing contexts. Moreover, it also signaled for grantees a level of trust and respect that they do not often feel in funder-grantee relationships. As one rural grantee noted:

“The flexibility and general operating-ish nature of The Trust’s funding mechanism just shows a lot of trust and respect in the organizations that they’re choosing to fund, is another piece that I really appreciated, that we struggle with all the time of like, with other funders giving us money, but then wanting to dictate every single penny and not trusting us to use it how we best see fit to achieve whatever shared goal we have with the funder.”

- **Attend to equity in funding allocations and initiative design.** Several grantee organizations noted that the way in which the HEA Strategy attended to inequities that contribute to differential participation was unique and should be replicated. Providing childcare, investing in simultaneous translation, welcoming family members at convenings, covering the cost of transportation to convenings (and noting that those from rural geographies would need a bigger transportation budget), and adjusting convening times to meet the needs of participants was deeply appreciated by HEA Cohort members and described by one as innovative and revolutionary. One direct service provider shared what a funder needs to attend to if they have rural grantees, want to include community voice in their activities, and purport to be equity-focused:

“If you’re working with community members, they’re not paid like everybody else to come to these coalition meetings and such. So making sure there’s ample budget for transportation, food, childcare, translation and payment for their time [is important]. It’s always been hard being a rural entity, trying to come to in-person events. So if that is expected, to compensate, which The Trust does, outside of the grant budget. So obviously us traveling to Denver is probably two grand a person regardless, versus somebody who lives in Denver. So blowing two grand out of my budget vis-a-vis someone else’s is probably not equitable.”

- **Be thoughtful about evaluation.** At least five organizations talked about the role of evaluation in an initiative, with most underscoring the importance of being mindful about grantee burden. In considering burden, one grantee encouraged funders to ask themselves “How much work and burden is it to get you the information that you need versus how much time it takes us out of the field to do it?” Multiple organizations expressed appreciation for the way in which The Trust attended to grantee burden in the administrative processes and evaluation requirements. One

grantee shared, “It was really a great approach that they built in their evaluation into a lot of the work that was happening. There wasn't a huge additional evaluation burden on programs.” Another HEA Cohort member shared that they when talking about best practices in field building and evaluation, they refer to the HEA evaluation, not just because of the attention to burden, but because of the collective approach to defining outcomes and metrics. They explained:

“Foundations often say ‘We don't want to be the 800-pound elephant. We want to give power to communities.’ But they're not taking the steps to actually do that. When I'm in a place where I can point that out or say, ‘Here's some ways to do that, but here's what you have to be willing to do.’ You have to be willing to say, ‘I'm not going to dictate the outcome. I'm not going to define the metrics.’ Also, quite frankly, I have to be okay with failure because if you get a cohort together, not everyone's going to succeed, and that's okay.”

- **Establish a realistic timeline, aligned with the initiative's goal.** The most common reflection that respondents shared about the HEA Strategy was that the time allotted to the strategy was inadequate. Echoing sentiments that were shared repeatedly at the end of Phase 3, two HEA Cohort organizations described how frustrating it was for the initiative to have ended right when they were making so much progress, with one calling it “heart breaking.” Field-building is a time-intensive process—even longer if you are building a field from scratch, as they did in the HEA Strategy. Over and again respondents shared that five years was simply not enough time for a goal as ambitious as field building and systems change, and particularly when trying to center racial equity within those goals. Many suggested that it takes *at least* 10 years to start making strong headway. One respondent referred to literature suggesting that it takes 25 years.



In order to change a system, five years isn't enough. It's not enough. So an initiative needs to go on longer than that. And I get that, from the foundation perspective, priorities might shift, board members might shift, leadership might shift. And that's not targeting necessarily The Trust. That's all over the board, just as in any organization. But if they truly want to create a field and change systems, it's more than five years, period. End of story.

“I think 10 years would be amazing. But really, again, I think 25, if they really want to do it and they really want to dig in. Now, I understand why it would be very hard and a little disconcerting to make a 25-year investment, because you don't even know that the leadership's going to stay the same in an organization. It might go in a direction that you don't want. Maybe increments of five years, but you could have three increments. There's this whole ... We call it the sustainability myth in nonprofits, where they always say, ‘How are you going to be sustainable once our money's gone?’ The honest answer is we're not. We're either going to get someone else to fund it, or the program's going to go away. One of those two things is going to happen, particularly if you're in poor communities where there aren't ... I think certain organizations might be able to attract very wealthy donors, but a lot of our communities are not those communities.”

Exit Strategy

Recognizing that there had not been a clear articulation of an “end date” for the HEA Strategy as the initiative was unfolding, The Trust added an extra year of support to the initiative, with significantly reduced general operating grants. This final year (2020) was designed to serve as a kind of “offramp” to help the HEA Cohort members in their transition out of the strategy and to do what they could to support resiliency in the field. In addition to \$30,000 in general operating funds, HEA Cohort organizations were provided a pool of funds to support field-building activities for the year and continued support from Trust

staff and consultant partners. Since this was the first time that The Trust had implemented an exit strategy for its grantees, it was interested in gathering feedback from the Cohort about developing effective and supportive exit strategies. This section highlights the strengths of the exit strategy, as well as areas for improvement.

Strengths of the Exit Strategy

Multiple organizations shared appreciations for the fact that The Trust created an exit strategy to support their transition. The following are key areas of strength that they noted, specific to the exit strategy:

- **Clear communications and ample notice.** At least four organizations offered appreciations for the ways in which The Trust communicated about the exit strategy. In particular, they highlighted the advanced notice, which helped them to be more prepared, and for multiple ways in which The Trust communicated about the ending of the strategy and the exit plan. A couple appreciated having opportunities to discuss it at convenings and through one-on-one conversations with Trust staff. One HEA Cohort member underscored that it was not only important for foundations to communicate clearly, but to reassure grantees, as The Trust did, that the initiative was not ending because grantees were not doing good work. It should be noted, however, that not all HEA Cohort organizations felt that communications around the end of the strategy were clear.

“There was a lot of opportunity to anticipate it and talk about it and ask questions. And Noelle was amazing at her job-- she went around to all of the different communities and had multiple conversations around what this means and what this looks like. So I think they handled it quite well.”

One described it as The Trust pulling out of a longer-term strategy early and another said that even though they knew it was ending, it still somehow seemed “abrupt” and “somewhat arbitrary.” While it is not clear why there is a difference in understanding, the key lesson is that clear, consistent, and frequent communications are an important part of an exit strategy.

- **Transitional funding.** HEA Cohort members were grateful to have general operating funds to help them through the transition period and to strategize for a future without HEA funding. As one noted, “With a five-year grant, you become a bit dependent on that to sustain the work. So having this sun-setting dollars to allow you to build that or initiate that transition plan to sustain the work and bring in other funding for it, is very trauma- informed, I think, in terms of philanthropy.” Providing transitional funding also signaled a level of care for the grantee organizations and their partnership, with one organization sharing, “The funding was very nice and appreciated, so it wasn’t just, ‘We’re done and you’re over.’”

“Technically our last convening was online, but the last one we had in-person felt ... There was some really good closure in that as well. So I think they did a nice job of that and everything from expectations to how we finished out some of our in-person things. They worked really hard - like if Basecamp was the tool that folks wanted, they're like, "All right. Let's figure it out if that's the way you want to communicate." I think there was just so much flexibility and openness all the way through, and especially at the end.”

- **Thoughtful attention to “closure.”** Given the strong bonds formed over the course of HEA and the disappointment felt by many because the initiative was ending at a point when they had built great momentum and were achieving collective success, how they closed out the work was important. HEA Cohort members appreciated how Trust staff were thoughtful and attentive in the close out efforts, creating spaces for participants to reflect together on important milestones, pain points, lessons, and successes. They also made sure to create ample space for celebration, both in-person at the end of Phase 3,

and virtually, given that the “offramp” year of the initiative ended during the COVID-19 shut down. The Trust also continued to fund Basecamp, the Cohort’s communications platform, to provide a means for continued conversation, sharing, and collective advocacy planning post initiative.

Areas for Improvement

No big themes emerged related to weaknesses of the exit strategy. However, some grantees offered reflections on ways in which they could have been better supported through the exit strategy:

- **More sustainability support.** While interviewees were grateful for the funding, which aimed to sustain grantees through the transition period, some suggested it would have also been helpful to have had more strategic support. One organization shared that it would have been helpful to be connected with a development consultant to help them create sustainability and funding plans post-initiative.
- **Better timing.** The final year of funding, which was designed to support organizational transitions out of the strategy and to support field resiliency, also happened to be the same year that the COVID-19 pandemic exploded, forcing people to shelter-in-place and resulting in significant loss on multiple levels, and disproportionately affecting the communities served and supported through HEA. Interviewees acknowledged that the coinciding of the initiative’s end and the COVID-19 pandemic was not something The Trust could have predicted, but it still left grantees feeling deeply worried for themselves and for the communities they served. As one organization shared:

“It was unfortunate for a lot of organizations that the timing sort of, the funding was wrapping as COVID was taking off. So having any kind of long-term funding go away during that time was really scary because so many funders changed their priorities and pulled money out of certain work. So I think that was not The Trust’s fault at all. It was just very unfortunate timing to have a long-term funding stream wrap as everything became unstable.”

- **More generous funding.** Given the 2020 context and the dire consequences for the communities advocated for and served by the HEA Strategy, there were suggestions that the foundation could have chosen to offer more during this time. Some named other foundations that provided more generous and responsive funding during the COVID crisis and noted that The Trust could have been more generous, particularly that, as one HEA Cohort member noted, The Trust is “such a large organization that’s supposed to be centering health and racial equity.” Extending their giving during such a massive health crisis would have been beneficial for the HEA organizations that were working hard to address the impacts of pandemic, particularly for the low-income, rural, and communities of color that they served.

Addressing Power Dynamics

One of the key hallmarks of the HEA Strategy was its grantee-driven nature. The choice to give grantees decision-making power around the development, implementation, and resource allocation reflected The Trust’s effort to share power and shift traditional funder-grantee dynamics. As noted in previous HEA evaluation reports, this decision was perhaps the most innovative, challenging, and powerful aspect of the work. Being given directional power over the work reflected a level of trust and confidence in grantee expertise that was described by some as “transformational.” Despite the power of this model, not a single HEA Cohort member reported having had a similar experience since the close of HEA. Reflecting back, HEA Cohort members shared ways in which their experience with power sharing helped them in future

endeavors. They also offered some recommendations for The Trust and others seeking to alter funder-grantee power dynamics and engage in more equitable and trusting partnerships.

Impact of Experience

HEA Cohort members shared a range of ways that their experience in HEA's grantee-driven strategy helped them navigate relationships with other funders. Examples of what they gained from the experience include:

- **Ability to better navigate relationships with funders.** While noting that navigating power dynamics with funders continues to be uncomfortable in some situations, several shared that their experience in HEA helped them to better navigate, which resulted in more comfortable relationships with some funders. One HEA Cohort member reflected that the experience with HEA gave them skills to help them think about the relationship in different ways and ideas for how to lead in certain situations. They added that, prior to HEA, it was "hard for a lot of us to even imagine that, because it was just so outside of our experience."
- **Confidence in providing feedback and setting boundaries.** Several HEA Cohort organizations shared that they are more likely now to give feedback to funders, particularly when funders engage in ways that seem problematic. One HEA Cohort member shared that they gave one statewide funder honest feedback about how its work was not informed by the actual experience of rural communities. They added that, prior to HEA, "I never would have said that. Never. Not to a funder." One HEA Cohort member shared an example of how it pushed back on a funder who was demanding that grantees engage in activities that ultimately took away time from doing the work. This HEA Cohort member told the funder they couldn't take the grant unless it was for general operating purposes, which prompted the funder to change the grant terms.



There are two people [at another foundation] that I reach out to when I see them doing things that I think they could be doing differently... I know I can give the foundation feedback without it feeling personal, but they share the same frustrations or are trying to fight the good fight from the inside or whatever. But maybe, I mean maybe the seed was planted during HEA where I was like, oh, things could be different. So therefore I'm going to try to push for these relationships with other funders. I'd be happy to give HEA credit for that.

Lessons around Power Sharing

HEA Cohort organizations expressed deep appreciation for The Trust's efforts to share power, as well as a desire for more foundations to take steps in this direction. To that end, they offered some recommendations that might help to alleviate challenges for funders interested in grantee-driven approaches to grantmaking or efforts to share power with grantees generally. These include:

- **Have honest conversations about parameters and limitations.** Some HEA Cohort members encourage The Trust and other foundations to be clear at the front end of an initiative what they mean by "grantee-driven" or "power sharing." Interviewees recognize that foundation staff may face limitations around what grantees can control based on a host of factors, including board or leadership mandates, IRS rules, etc. As one HEA Cohort member described it, "We understand that funders shift their priorities. It's messed up, but we understand." Having honest conversations about limitations or barriers at the start of an initiative can help to set appropriate expectations, reduce confusion, and prevent grantee organizations from wasting time on unnecessary or futile efforts. As an example, one HEA Cohort member shared that if it is very clear that they are not likely to win a grant for any particular reason, it is better to share that with the organization before the organization expends significant time and resources pursuing it.

Similarly, another organization shared, “We understand as EDs that there's so many contradictions with the money. And we already know how to handle that, but it's like, don't give a false illusion.”

- **Act intentionally to support healthier relationships across the ecosystem.** Changing power dynamics between funders and grantees is a long-term endeavor. As foundations and grantees continue to work towards more trusting and equitable relationships, HEA Cohort organizations caution funders to pay attention to how their actions influence the ethos of an ecosystem. To this end, HEA Cohort members encourage foundations to refrain from imposing so much control over the work and instead trust grantees to lean into their experience and expertise so they can do their best work. Another encouraged foundations to be particularly mindful about how they structure their proposal and grantmaking processes to ensure that they are not contributing to or perpetuating the “Hunger Games mentality” and “scarcity mindset” in the nonprofit ecosystem. In other words, grantmaking strategies should promote collaboration and sharing instead of competition, and initiatives should be funded generously enough that it enables grantees to do the work in a healthy way rather than forcing them to stretch their capacity in ways that further contribute to the significant burnout that is impacting so many nonprofit organizations.



I think there's still a high level of distrust embedded between the whole liberal social justice philanthropy world. As many steps forward as we're taking, we still seem to be stuck in this toxic system of "We have the money, and we don't trust you to do the work unless you're doing it in this way or you're using these words...So much of that is unnecessary. I know it's just ingrained in the culture of philanthropy, but there's so much more to be done to distance ourselves from that unnecessary piece of the process.

- **Funders need to walk the talk.** Some HEA Cohort members shared the belief that funders, particularly those focused in supporting equity, need to ensure that they are living into their stated principles within their own organizations. Multiple pointed to recent actions taken by The Trust as disappointing (e.g. the abrupt way in which it closed and communicated about the ending of Community Partnerships Strategy, the grantee selection process for its Building and Bridging Power strategy [BBP], and certain communications and implementation practices for BBP). Some shared that what was disconcerting was the way in which The Trust is handling these situations. In particular, they took issue with the way in which The Trust's leadership made these controversial decisions but left their staff to deal with the aftermath and backlash. One HEA Cohort member described it as “a lot of people at the top—the actual decisionmakers—being able to clean themselves of the harm that their decisions cause [while] a whole bunch of women of color [foundation staff] are cleaning up everyone else's mess.” At least two HEA Cohort members shared the belief that The Trust “has a lot of work to do to build back trust from the community.” One HEA Cohort member summed up some key lessons that they hope The Trust and other foundations learn from this: “*Language matters, presentation matters, intentionality matters, and following through on your word matters. Period.*”



It's always a lot easier to do this equity work and be tangible with it externally than it is to clean up house. So I would love to see more of that being reflected internally for The Trust. And that starts with taking ownership from the actual people with decision making power, taking ownership for the decisions that they make that have really big impacts and ripple effects felt throughout the state.

Another hallmark of the HEA Strategy was its focus on learning—for the Cohort, its partners, and for the foundation. So many lessons emerged over the course of HEA, with some continuing to resonate and new ones emerging upon reflection. Several HEA Cohort members appreciated The Trust’s efforts to check in with HEA Cohort organizations and for The Trust’s willingness to continue learning from the Cohort’s wisdom and experiences. For their part, the HEA Cohort organizations have had their adaptive capacity tested over and over again following the end of the HEA Strategy and they have demonstrated remarkable resilience in the face of unprecedented challenges. As noted throughout this report, many of these organizations could point to aspects of the HEA experience that contributed to their adaptive capacity and their ability to not only survive the challenges of the last few years, but to also see and take advantage of windows of opportunity for strategic advocacy and to strengthen the case for centering race in health equity advocacy. While many continue to feel disheartened that the initiative has ended, they encourage The Trust to consider supporting continued relationship building across HEA partners and for The Trust and other foundations to consider replicating the HEA model because, as one HEA Cohort organization shared, “There were a lot of bumps, but that is one funding stream that needs to be replicated. All of the good ultimately outweighed the bumps.” Another HEA Cohort member agreed, sharing:

“I’d love to see them continue that model. I think it was incredible. Like I said, it was the most transformational professional space I’ve had the opportunity to participate in and helped shape a lot of different organizations around the space and just gave us access to the highest quality professional development and partnership building and aligning across the state in a way that I’ve never seen anywhere else. So I hope they reinvest in that model around whatever relevant topics are identified.”

This quote resonates with many of the sentiments shared over the course of our interviews. The HEA model was innovative and challenging. It was at times frustrating, but also rewarding. There was frustration that it ended so early, but evidence that much of the key benefits endured, largely because of the extensive learning opportunities embedded throughout the initiative, and the dedication and commitment of HEA Cohort members to continue pursuing their vision for health equity, racial equity, and justice, despite and because of the challenging contexts that ensued in the years following the close of HEA. Reflecting back on their experience and the two years since, the resounding theme that came up over and over again for HEA interviewees was that the HEA Strategy was powerful, and that investments should be made to support continued progress and continued learning so that all those working in service of health equity can continue to adapt and remain resilient and effective across changing contexts. This includes organizations on the ground working to advocate for and implement actions towards better health outcomes so that all people can thrive, and for foundations seeking to promote equity in the work that they fund, in the ways in which they operate, and in how they work in partnership and relationship with others.

Appendix: Interview Respondents

HEA Cohort Members Interviewed in 2022

Asian Pacific Development Center

- Harry Budisidharta, Executive Director

Center for Health Progress

- Joe Sammen, Executive Director

Colorado Association of Local Public Health Officials

- Peter Manetta, Manager, Partnerships & Research

Colorado Center on Law and Policy

- Bruce Barnum, Community & Development Director

Colorado Children's Campaign

- Erin Miller, Vice President, Child Health Initiatives

Colorado Cross-Disability Coalition

- Julie Reiskin, Executive Director

Colorado Fiscal Institute

- Esther Turcios, Deputy Director

Full Circle of Lake County

- Stephanie Cole, Executive Director

Grand County Rural Health Network, Inc.

- Jen Fanning, Executive Director

Lake County Build A Generation

- Noah Sosin, Executive Director

Northwest Colorado Health

- Stephanie Einfeld, CEO

Movimiento Poder

- Elsa Olivia Rocha, Executive Director

Re:Vision

- Mariana Del Hierro, Executive Director

The Foundation for Sustainable Urban Communities

- Alicia Brown, Senior Vice President

Together Colorado

- Meghan Carrier, Lead Organizer

Tri-County Health Network

- Lynn Borup, Executive Director

United for a New Economy

- Desiree Westlund, Deputy Director