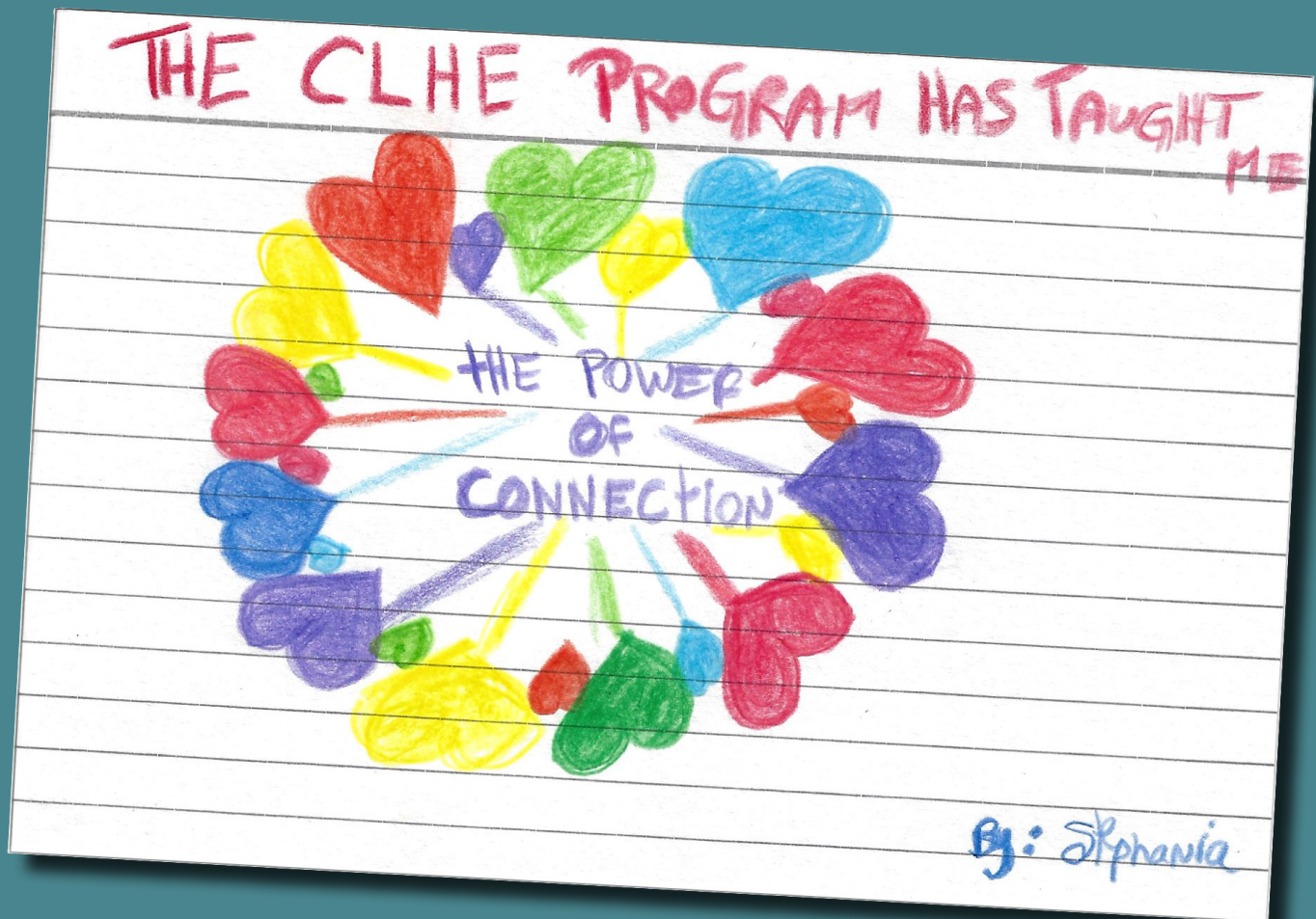


■ COMMUNITY LEADERS IN HEALTH EQUITY: Final Evaluation Report



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EXECUTIVE SUMMARY

In 2019, **The Colorado Trust** (The Trust) contracted with the **American Institutes for Research** (AIR), formerly IMPAQ International, to evaluate the **Community Leaders in Health Equity** (CLHE) program. This final report presents the key findings and recommendations based on the evaluation activities that AIR conducted over the course of the program.

CLHE Overview

Conceived and implemented by **Transformative Alliances LLC** (Transformative Alliances), an anti-oppression and equity consulting group, CLHE was designed to increase awareness and understanding of systems of oppression, issues surrounding health equity, and the social determinants of health (SDOH) in diverse communities in Colorado. In its second round of implementation, the program included two program tracks for evaluation: the 2021 Cohort and the Continuing Track Cohort.

The 90 participants in the 2021 Cohort came from across Colorado to engage in a 24-month curriculum to learn about social justice and health equity, race and racism, socioeconomic class and classism, gender and sexism, nation of origin and nationalism, and language oppression and language justice. As part of the overall anti-oppression curriculum, each 2021 Cohort participant designed a personal equity-focused project, and each regional grantee organization facilitated the design of a group project with their participants. The purpose of the project plan activity was for participants to apply what they were learning to an individual project plan and a collaborative project plan.

In the Continuing Track, a group of 23 participants who expressed interest in continuing after graduating from the first round of CLHE in 2018-19 participated in this additional 18-month program. This group focused on developing leadership and community organizing skills, building relationships and support networks, working on community outreach and engagement, engaging policymakers, organizing grassroots fundraising, resolving community conflicts, and developing actionable plans for equity and health equity-based change. Many projects designed during the Continuing Track participants' initial CLHE program participation were moved to implementation during this track.

To help ensure that participants could reasonably take part throughout the extended time frame, the program provided food, lodging, transportation, child care, language interpretation and translation, other accessibility supports, and economic-harm offsets for those who did not have paid time off. The program also provided lodging, transportation and food to participants' family members to further aid participation.

Evaluation Approach

Using a mixed-methods approach guided by a communities of practice (CoP) framework, the AIR evaluation team answered the evaluation questions by drawing on data collected from activity observations, feedback surveys, social network surveys, participant reflections and focus groups involving CLHE's 2021 Cohort and Continuing Track Cohort. Data from these



varied sources documented participants' diverse backgrounds and how they engaged with one another through the program activities and concepts.

In this report, we present our findings in relation to the evaluation questions and highlight observed changes over time. Our recommendations are intended to inform future programming similar to CLHE that focuses on the history and context of oppression, grassroots engagement, language justice, and engaging diverse community members in a CoP framework in order to move them to action. Below is an overview of the findings organized by evaluation question and a summary of the recommendations shared in this report.

Key Overall Findings

How did participants experience the program?

- Most participants experienced the program as transformational, changing how they viewed themselves in the context of inequity and oppression.
- Participants found the program emotionally challenging and believed it was ultimately worth the effort.
- Participants cited work commitments and other home-life logistics as their biggest challenges to participation.
- CLHE was a catalyst in participants' journeys to becoming and growing as advocates for equity and social justice.

How did participants' knowledge and awareness change over time?

- Participants' knowledge and awareness of systems of oppression and health equity increased over the course of the program.
- This increased knowledge supported a greater sense of self-efficacy among participants along with participants' belief that they could implement change in their own communities.

How did participant engagement change over time?

- Participants' engagement with one another increased over time.
- While there was attrition, participants who graduated remained engaged in program activities and expressed a desire for future programming.

Key Implementation Findings

How were participants actively engaged in events, activities and assignments? What worked well/did not work well? How were challenges resolved? What were some suggestions for improvement? What were some lessons learned?

- The CLHE curriculum was designed to reach participants at all levels and learning needs, enabling accessible learning opportunities.
- Participants demonstrated engagement in learning by using terminology, becoming more active participants, and confirming they believed the material was important to learn.

- Program facilitators were well-regarded and participants cited them as a key facilitator of the success of the program.
- There was room for improvement around expectations for the project design and implementation in the Continuing Track.

Key Outcome Findings

To what extent did the program activities and events change participants' views of themselves and their relationships to systems of oppression?

- Participants reported a shift in how they approached their personal and professional relationships.
- Over the course of CLHE, participants shifted from learning the concepts of systems of oppression and issues related to health equity to applying them to their work in their communities.
- Most participants identified as being affected by oppression but said they now had the tools to begin addressing it.

To what extent did the program activities and events build participants' motivation and self-efficacy to take action to address inequities and health inequities in their local communities?

- By the end of CLHE, participants believed that they could bring about change and involve others in that effort.
- Participants had active, concrete plans to share what they had learned and to implement their project plans.

To what extent did the program activities and events build participants' leadership skills related to communication, grassroots organization, meeting facilitation and public speaking?

- The applied learning opportunities created space for participants to engage in building skills.

To what extent did the program activities and events develop a social network through which participants could share information and discuss issues related to social determinants of health and equity with others?

- A bilingual, multicultural CoP was formed through participation in CLHE.
- While language justice principles were employed, there were differences in the volume of connections across language groups.
- Participants expressed interest in maintaining the network developed through participation in CLHE after funding ended.

Recommendations for Program Implementers

- Consider creating a version of CLHE that includes shorter term, regionally oriented programming.
- Continue to foster connections and network development among those who speak different languages, with a strong emphasis on language justice as a program priority.
- Provide a structured way to participate for small regional groups or participants who are the only representatives from their regions who wish to continue in an advanced or second round of programming.
- Facilitate a mechanism for Continuing Track participants to serve as mentors to those in a later cohort.
- Narrow the project scope for the project plan activity to ensure the topic is feasible on an independent or small-group level. Further, more clearly articulate the expectations of implementing a project in the Continuing Track.
- Reconsider the timing for when participants must decide on a topic for their projects to ensure that they have enough knowledge of the health inequities in their communities to choose a meaningful yet realistic topic.
- Draw a stronger connection between applied learning activities and the projects that participants implement.
- Identify potential funding streams for participants to pursue if they are interested in implementing their project plans, and consider discussing the potential funding streams at multiple points in time throughout programming to reach participants when they are ready.

Recommendations for Funders

- Support participants' continued engagement with one another and the program by hosting a (virtual) space for them to stay in contact after the program concludes.
- Provide the 2021 Cohort with the opportunity to participate in the Continuing Track, where they would have the chance to further and deepen their learning and move more concretely to action via the applied learning activities and project implementation.
- Offer grants to each regional grantee to foster the implementation of their group projects designed during the course of the program.
- Hire graduated participants as consultants in other community-based strategies.
- Provide clear communication to community partners of decisions to end funding strategies, which would acknowledge the personal nature of this work as well as the power dynamics between the funder and grantees.
- Ensure that all interested parties are aware of the scope and intentions of the strategy so that when there is a change in circumstances (e.g., a leadership change, a pandemic), all parties can come to a mutual understanding and agree on the programmatic adjustments that need to be made and so that expectations concerning outcomes are clear.

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CHAPTER 1. INTRODUCTION

The purpose of this document is to present the final analysis of the data collected for the evaluation of The Colorado Trust's (The Trust) Community Leaders in Health Equity program (CLHE). This report provides an overview of the evaluation, the methods used to collect and analyze the data, the key findings and recommendations, and the limitations of the evaluation.

The CLHE program, evaluation questions and evaluation approach are described in Chapter 1. The evaluation data collection methods are described in Chapter 2. The key findings are presented in Chapter 3, and the recommendations are listed in Chapter 4. A brief review of this evaluation's limitations is provided in Chapter 5.

Finally, we have provided appendices containing the evaluation logic model (Appendix A), the full qualitative analysis (Appendix B), the full social network analysis (Appendix C), and the full participant feedback analysis (Appendix D).

A NOTE ABOUT THE EVALUATION IN THE CONTEXT OF THE COVID-19 PANDEMIC

This evaluation was originally planned for implementation in the spring of 2020 and was put on hold due to the onset of the COVID-19 pandemic. Subsequently, we kept in touch with The Trust about when the program would relaunch and what it would look like. Once we were notified in the summer of 2021 that in-person CLHE convenings and Continuing Track gatherings were recommencing, we resumed evaluation activities and came to understand that some additional programming had taken place in the interim. This evaluation was designed to have a baseline/endline approach. However, given the intervening programming, it must be acknowledged that the baseline data presented in this final report do not constitute a true baseline, as many participants had been involved with the program in some capacity before the in-person activities resumed. Endline assessments were collected at the last event for each track. We still believe that these data provide The Trust with a useful comparison and that we have been able to document changes in participants' experiences, attitudes, behaviors, skills and knowledge.

CLHE Overview

CLHE was designed to increase awareness and understanding of systems of oppression, issues surrounding health equity, and the social determinants of health (SDOH) in diverse communities in Colorado. In its second round of implementation, the program included two program tracks for evaluation: the 2021 Cohort and the Continuing Track Cohort. CLHE was designed and implemented by Transformative Alliances LLC (Transformative Alliances), an anti-oppression and equity consulting group.

2021 Cohort

The 2021 Cohort track was a 24-month anti-oppression curriculum developed and implemented by Transformative Alliances and their team of facilitators.¹ Exhibit 1 provides an overview of the CLHE 2021 Cohort track. The curriculum covered an overview of social justice and health

equity, with presentations and activities focused on race and racism, socioeconomic class and classism, gender and sexism, nation of origin and nationalism, and language oppression and language justice.

Exhibit 1. CLHE 2021 Cohort Track At-A-Glance



Six regions in Colorado had an organization or consortium that received a grant from The Trust to locally steward CLHE. The six CLHE grantees each recruited 12-14 participants from the community, comprising of no more than three staff from their organizations, no more than four from other nonprofits, and a minimum of five grassroots community members, including people of color, immigrants, women, LGBTQIA+ people, undocumented people, people with disabilities, or low-income people. Four of the six regions had more than 14 participants to account for attrition, creating a group of more than 90 community members from across Colorado who participated in CLHE. Exhibit 2 presents an overview of the 2021 Cohort participants’ self-reported demographics based on the program roster.²

Exhibit 2. 2021 Cohort Participant Demographics (n=89)

Demographics	%	Demographics	%
Region		She/her	82%
1–Fort Morgan & Yuma	19%	They/them	2%
2–Lamar	11%	Race/Ethnicity	
3–Antonito, Saguache & San Luis	16%	Asian	1%
4–Montrose	15%	Black	3%
5–Leadville	17%	Multiracial	2%
6–Colorado Springs	22%	White	20%
Language		Latinx/Chicanx/Hispanic	51%
Monolingual English	58%	Mestizx	11%
Monolingual Spanish	7%	Native American/Indigenous	9%
Bilingual English/Spanish	33%	Missing (left blank)	2%
Other	2%	Age	
Pronouns		Youth	26%
He/him	15%	Adult	70%
He/they	1%	Missing (left blank)	4%

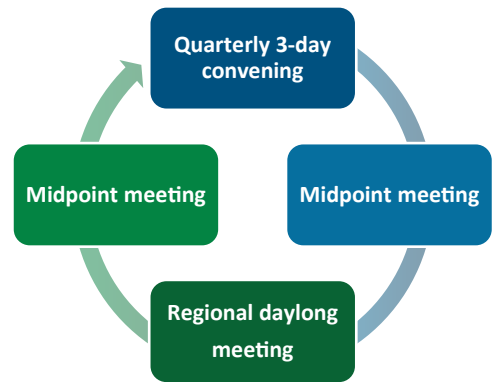
Note: Youth includes participants less than or equal to 25 years old.

The grantees championed the program, guided participants through it, handled travel and support logistics, and coordinated and led regional program midpoint meetings. To help ensure that participants could reasonably take part throughout the 24-month time frame, the program provided food, lodging, transportation, child care, language interpretation and translation, other accessibility supports, and economic-harm offsets for those who did not have paid time off. The program also provided lodging, transportation and food to participants’ family members to further aid participation.

The program curriculum unfolded in a cycle according to the following sequence (see Exhibit 3): (1) full cohort quarterly convenings held across the state, (2) midpoint meetings held in each region, (3) Saturday daylong meetings with a group of one or two regions in that region(s), and (4) another set of midpoint meetings. Each of these meetings was attended by program participants and Transformative Alliances facilitators. The 2021 Cohort attended a total of five quarterly convenings throughout the program.³

As part of the overall anti-oppression curriculum, each 2021 Cohort participant designed a personal equity-focused project, and each regional grantee organization facilitated the design of a group project with their participants. These projects were fully planned by the end of the 24-month curriculum (November 2022) but were not necessarily intended to be implemented during the 24-month cycle and may or may not be implemented after the grant period. The purpose of the project plan activity was for participants to apply what they were learning to an individual and a collaborative project plan. While there were no fixed criteria for the projects in terms of topic or scope, they were expected to address one or more of the root causes of inequity in participants’ communities and be feasible to implement within local sociopolitical contexts.⁴ Transformative Alliances provided technical assistance to plan the projects.

Exhibit 3. CLHE Event Cycle



Continuing Track

CLHE’s Continuing Track picked up where CLHE’s inaugural 2018-19 Cohort left off. Exhibit 4 provides an overview of the CLHE Continuing Track. A group of 23 participants who expressed interest in continuing participated in this program track.⁵ The curriculum in this track focused on developing leadership and community organizing skills, building relationships and support networks, working on community outreach and engagement, engaging policymakers, organizing grassroots fundraising, resolving community conflicts, and developing actionable plans for equity- and health equity-based change.

Exhibit 4. CLHE Continuing Track At-A-Glance



Exhibit 5 presents an overview of the Continuing Track participants’ self-reported demographics based on the program roster.

Exhibit 5. Continuing Track Cohort Participant Demographics (n=23)

Demographics	%	Demographics	%
Region		Language	
1–Fort Morgan & Yuma	30%	Monolingual English	61%
2–Lamar	9%	Monolingual Spanish	17%
3–Antonito, Saguache & San Luis	26%	Bilingual English/Spanish	22%
4–Montrose	4%	Other	0%
6–Colorado Springs	9%	Pronouns	
7–Denver Metro	22%	He/him	4%
Race/Ethnicity		She/her	87%
Black	13%	They/them	9%
Mestizx	52%	Age	
Third Space Mestizx	9%	Youth	17%
White	26%	Adult	83%

Note: Youth includes participants less than or equal to 25 years old.

Like the 2021 Cohort, Continuing Track participants were provided with lodging, meals, interpretation and translation support, other accessibility supports, child care and economic-harm offsets. The track activities consisted of a rotation of nine full-group, 2-day gatherings held in Denver and Pueblo and eight small-group intensive coaching sessions, all facilitated by Transformative Alliances (Exhibit 6).⁶

Exhibit 6. Continuing Track Event Cycle



Evaluation Questions

The evaluation questions are presented in Exhibit 7. Designed to touch on multiple aspects of the program and evaluation, these questions guided our evaluation plan design, data collection and final analysis. We have presented our findings for each question in [Chapter 3](#).

Exhibit 7. CLHE Evaluation Questions

Question type	Evaluation questions	2021 Cohort	Continuing Track Cohort
Overall evaluation questions	• How did the participants experience the program?	✓	✓
	• How did participants’ knowledge and awareness change over time?	✓	✓
	• How did participant engagement change over time?	✓	✓
Implementation question	• How were participants actively engaged in events, activities and assignments? What worked well/did not work well? How were challenges resolved? What were some suggestions for improvement? What were some lessons learned?	✓	✓
Outcome questions	To what extent did the program activities and events:	✓	✓
	<ul style="list-style-type: none"> • Change participants’ views of themselves and their relationships to systems of oppression? • Build participants’ motivation and self-efficacy to take action to address inequities and health inequities in their local communities? • Build participants’ leadership skills related to communication, grassroots organization, meeting facilitation and public speaking? • Develop a social network through which participants could share information and discuss issues related to SDOH and equity with others? 	✓	✓

Evaluation Approach

CoP Conceptual Framework

To guide the evaluation, we used the CoP conceptual framework,⁷ an adult learning theory that emphasizes the social nature of learning through engagement in a shared practice. This framework enabled us to create a logic model representing the theory of action driving the program implementation and expected outcomes of CLHE participation. The logic model (see [Appendix A](#)) identified points in the program implementation where we expected to see evidence of—and, therefore, measured change—at the participant and community levels.

Three key components of the CoP framework that apply to the evaluation of CLHE are the domain, the community and the practice.⁸ In the context of CLHE, the domain is health equity, the community is the grantees and participants, and the practice is social action toward equity. The idea is that to reach CLHE’s long-term goals, grantees and participants must move into the

realm of practice through engagement in social action toward equity. This action may involve designing and implementing a community project to promote health equity, or it may involve joining an ongoing health equity effort in the community.

Mixed Methods

An evaluation of this scope lends itself to a mixed methods approach with a focus on qualitative data to account for the diverse community contexts in which CLHE participants live and work. The evaluation team drew on the literature to develop evaluation tools that fit within one common plan and that could be varied slightly based on local context.⁹ For example, we designed focus group guides as semistructured protocols that allowed for question probing and flexibility based on the issues that arose within each group. We also designed the feedback and social network surveys that allowed us to capture consistent quantitative data across the cohorts. For this evaluation of CLHE, we also designed a participant reflection tool in order to center participant voices. This approach provided a complex and multifaceted picture of CLHE and allowed us to describe implementation and key outcomes broadly. The use of mixed methods also allowed us to triangulate information gathered quantitatively and qualitatively, supplement data gathered from one source with data gathered from another and produce richer analyses by integrating different viewpoints into the data.

Implementation and Outcome Evaluation

The implementation aspect of the evaluation assessed how participants experienced and engaged with CLHE activities and identified facilitators and barriers in meeting participants' learning needs. The outcomes aspect of the evaluation described the progress toward the outcomes that the CLHE tracks were intended to achieve (i.e., changes in participant knowledge, awareness, self-efficacy¹⁰ and engagement over time). Both aspects of the evaluation were guided by the CoP conceptual framework. Based on the results of the evaluation, we have made recommendations that can be considered in future implementations of programs similar in scope.

CHAPTER 2. METHODS

This evaluation employed five data collection methods to gather a robust data set that we used to answer the evaluation questions. These methods included (1) observations, (2) focus groups, (3) a participant feedback survey, (4) a social network analysis survey, and (5) a participant reflection tool. Most data were intended to be collected on-site at CLHE convenings and Continuing Track gatherings. While navigating the COVID-19 pandemic, some of the baseline data collection was conducted virtually.

The on-site data collection team consisted of two local consultant partners from the AIR evaluation team, Mariana Enríquez and Miriam Estrada. Based in Denver, they are both fluent in English and Spanish and familiar with the social landscape in which the program operated, enabling them to provide nuance to our analyses. They presented the overall data collection effort to both program tracks and were on-site during planned events to conduct field observations and help facilitate completion of the participant feedback and network surveys, facilitate focus groups, and offer participants an opportunity to engage with the reflection tool. They were able to work with participants in their preferred language both on-site and during follow-up communications. When possible, they participated in program activities to better understand the participant experience and have a better context of the program.

For detailed descriptions of the methods used for each data collection activity, see [Appendix B: Community Leaders in Health Equity: Qualitative Analysis](#); [Appendix C: Community Leaders in Health Equity: Social Network Analysis](#); and [Appendix D: Community Leaders in Health Equity: Analysis of Participants' Feedback Survey](#).

Evaluation Advisory Group

To ensure validity of the evaluation findings, we engaged participants in both cohorts in an evaluation advisory group (EAG) after programming, data collection and analysis were completed, as an opportunity to review the initial results and evaluation findings. These member-checking sessions allowed the evaluation team to discuss our initial findings and interpretations and ask participants whether these findings resonated with them and their experience of the program. The discussions informed the final findings, and the feedback participants provided is woven into the analyses provided in Appendices B-D.

For the 2021 Cohort, the evaluation team recruited participants via email to participate in a virtual feedback session. We emailed all participants who completed the program using email addresses from the initial program roster. We scheduled one-hour sessions facilitated by the evaluation team, offering them in both English and Spanish at different times of the day and on different days of the week. We facilitated seven sessions, each including 1-4 people, with a total of 13 participants. Participants who attended were provided with a \$50 gift card of their choice (electronic or physical Amazon, Target or American Express) as an appreciation of their time and insight. The 2021 Cohort participants were presented with a selection of highlighted findings across data collection efforts, including both qualitative and quantitative findings.



The evaluation team probed participants after each set of results about whether the results resonated with them, whether they had additional feedback to consider in the interpretation, or whether they had any questions about the results and how they were presented. Participants also provided input on data visualizations and recommended audiences for the evaluation findings.

The evaluation team recruited Continuing Track participants in the summer of 2022 to participate in an EAG and provide feedback on the **CLHE Continuing Track report briefs** developed based on the specific elements of the Continuing Track data. Recruitment took place via email (all participants who completed the program for whom we had email addresses from the program roster were invited to participate). We scheduled two sessions with simultaneous English/Spanish interpretation—one focusing on the Continuing Track’s social network analysis and the other on the personal transformations that took place during broader CLHE participation. Participants were invited to attend one or both sessions and were offered a \$50 gift card of their choice for each session attended as a token of appreciation for their time and insight. Although there was a lot of initial interest, scheduling at a time that accommodated everyone’s needs proved to be a challenge and, in the end, only one participant attended both sessions. Although this participant’s feedback was essential, it cannot be considered as representative of the entire group.

CHAPTER 3. FINDINGS

The findings from the CLHE program based on the data collected and analyzed from both the 2021 Cohort and the Continuing Track Cohort have been organized according to the evaluation questions. Where the evaluation questions were oriented toward change over time, we have highlighted any observed changes over time. We have also specified where findings were unique to a specific track.

How did participants experience the program?

Most participants experienced the program as transformational, changing how they viewed themselves in the context of inequity and oppression.

Participants across both program tracks described the experience as life changing and the learning as essential to bringing about social justice for specific communities. Several acknowledged even at baseline that the program made them aware for the first time that they had experienced both privilege and oppression, which helped them empathize with the plights of others.

“ Aquí aprendí... que tal vez yo no la sienta, pero puedo distinguir de otras personas menos privilegiadas que yo que sí están sufriendo. Ya tengo la respuesta del por qué las personas menos privilegiadas se comportan de cierta manera... Porque tienen que buscar el modo de sobrevivir.

Here I learned... that although I may not experience it, I can distinguish that other people less privileged than me are suffering. I have the answer to why less privileged people behave in a certain way... because they have to find a way to survive. (2021 Cohort participant in endline focus group)

Participants also said that they had begun behaving differently in their families, calling out oppressive actions, and that they had gained an increased sense of empathy and humility toward others who experience similar or different oppressions. Participants reflected that they gained greater self-awareness and began to:

- Heal from past traumas;
- Recognize and unlearn internalized oppression;
- Think for themselves;
- Acknowledge privileges they had benefitted from; and
- Show themselves more compassion for behaviors they engaged in or decisions they made in the past.

The program challenged them to consider new perspectives and, as a result, they reported the abilities to check their biases and practice being more open minded. They left the program with hope that change can occur at the grassroots level and that they could be agents of that change.

Participants found the program emotionally challenging and believed it was ultimately worth the effort.

By design, the CLHE curriculum was emotionally challenging for many participants. As they learned about different forms of oppression in depth, both those who had had experiences of oppression and those who began to recognize themselves as people of privilege found that the program content could evoke emotional reactions, such as anger, fear, defensiveness, numbness, and feelings of being threatened or unsafe. Transformative Alliances built into the program ways for participants to keep safe spaces, recognize their own responses, and care for themselves. The facilitators advised people who benefitted from oppression not to process their emotions with others from a group targeted by that oppression. Participants were encouraged to talk with the program facilitators when those issues arose, highlighting the importance of addressing such feelings and engaging in their own healing work.

The Continuing Track program proved especially challenging for participants who entered the program by themselves or whose fellow regional members did not continue participating, as they did not feel that they had access to the same level of emotional support as those whose regional groups stayed more intact. They recommended that all participants who chose to participate in the Continuing Track be informed ahead of time that they will benefit the most if they have someone close with whom they can process the heaviness of the topics.

“ I’m a very sensitive person, and I magnify... things. And a lot of the conversations we’ve had here have been very deep for me and real intense. But like [another participant said,] at the end of the day, you get together with your friends and have a little fun and it lightens everything up, but it’s opened up a lot of me that really needed to be opened up. (Continuing Track participant in endline focus group) ”

While the content was challenging, participants ultimately felt their experiences were reflected in the curriculum. They found the reflection of their experiences particularly moving and validating; several indicated that they would graduate from the program with a greater understanding of themselves and their personal stories. **Participants left the program with greater recognition of where they were positioned and had to reckon with the harmful actions in which they had previously, albeit unintentionally, engaged.**

Participants cited work commitments and other home-life logistics as their biggest challenges to participation.

While several survey respondents across both cohorts noted they had no major challenges to participation, those who did report challenges cited work commitments more than any other factor (see Exhibits 8 and 9). Child care, long-distance travel and other family obligations were also reported as challenges to participation. While Transformative Alliances took care to make the program accessible to as many grassroots community members as possible, the realities of participants’ individual lives, work obligations and family situations did not always facilitate participation in a program that required being away from home for multiple days at a time on multiple occasions. Some participants’ employers supported their participation, but others did not, and those participants had to figure out how to engage without that support.

Exhibit 8. 2021 Cohort's Greatest Challenges to Participation (n=35)

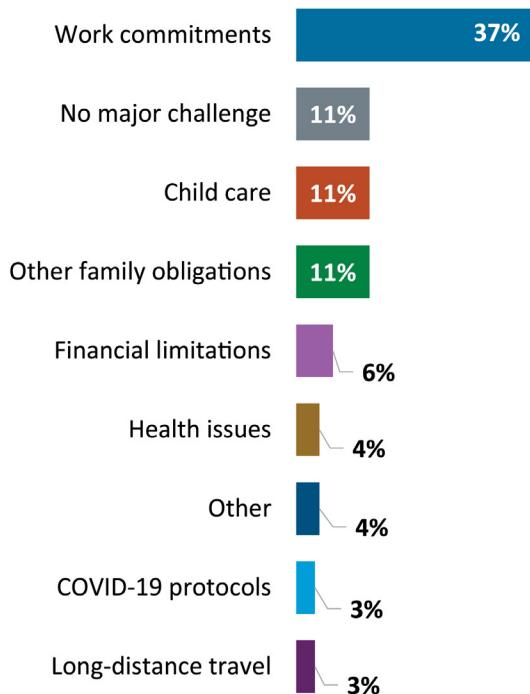
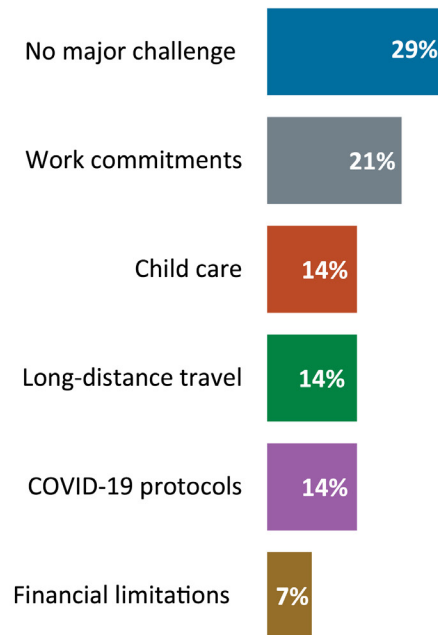


Exhibit 9. Continuing Track Cohort's Greatest Challenges to Participation (n=14)



CLHE was a catalyst in participants’ journeys to becoming and growing as advocates for equity and social justice.

The thorough curriculum provided participants with the knowledge and practical skills they needed to start thinking about and implementing change in their communities. The curriculum

was structured to include both traditional lectures and a presentation-style format along with immersive, participatory activities. Participants credited their participation in CLHE with helping them gain a strong sense of empowerment and hope in their capacity to be agents of change for their communities and also in their capacity to advocate for themselves and improve their own lives. Participants repeatedly referred to CLHE as a life-changing opportunity. They made it clear that this was not an exaggeration and that they were in fact profoundly impacted by the program. This experience included discerning an increase in their self-efficacy to be change agents, detecting a newfound and invigorating desire to share with others what they learned, arriving at a commitment to implement changes in their households, and finding within themselves a greater capacity for empathy.

How did participants' knowledge and awareness change over time?

Participants' knowledge and awareness of systems of oppression and health equity increased over the course of the program.

Whether participants entered the program with no prior knowledge of various forms of oppression or health equity or entered it having worked in the field, they all reported having learned an immense amount from CLHE. From baseline to endline across both tracks, survey respondents reported an increase in all knowledge areas. For the 2021 Cohort, these knowledge areas included the following: social power, privilege and oppression; race and racism; socioeconomic class and classism; gender and sexism; language and language oppression; nation of origin, citizenship status and nationalism; health equity; how inequities and social factors affect health; leadership; and hosting and facilitating events in their communities. The Continuing Track Cohort saw an increase in knowledge across the following areas: social power, privilege and oppression; health equity; how inequities and social factors affect health; leadership; how to set realistic goals and build a plan or campaign; how to talk to decision-makers and influential people in support of equity issues; and how to work with members of their community to promote equity, health equity and justice.

Survey respondents also confirmed at both baseline and endline that it was important for

“ Esa es la habilidad que aprendimos aquí, a distinguir y cómo abordar (el problema), cómo voy a poder llegar hasta ahí, por pasos, cómo agarrar a las personas que me van a ayudar, cómo buscar los recursos... . Aunque sea un poquito puedo apoyar, poner mi granito de arena para empezar a fomentar el cambio.

This is the skill that we learned here, to distinguish and how to approach [the problem], how I am going to be able to get there, step by step, how to get ahold of the people who are going to help me, how to find the resources... . Even if by only a little, I can support, do my bit to start advancing change. (2021 Cohort participant in endline focus group) ”

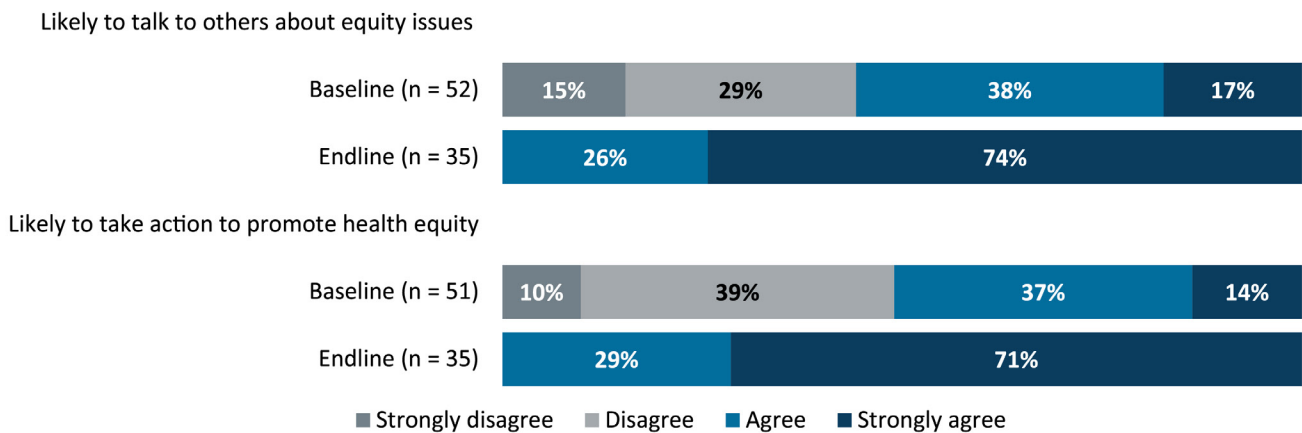
“ Something another participant said has stuck with [me]: ‘I knew some of these things, these facts (like the wealthy getting tax breaks). But now I understand the implications of those things. It really means something more than just the fact.’ (2021 Cohort participant reflection) ”

them to learn the material, they understood the topics presented, and they would use what they had learned. In their reflections, participants commented that some of the particularly memorable content focused on learning about biases, the history of the United States, and various “-isms” (e.g., racism, classism, sexism, nationalism, language oppression), as well as the history of resistance movements against these forms of oppression. The content provided participants with the knowledge not just to name inequities but to understand their roots and the greater implications of those inequities. **With this increased knowledge and awareness, participants gained confidence to apply what they learned in the program to various aspects of their lives.** They also expressed their intent to share what they learned through their participation in the program.

This increased knowledge supported a greater sense of self-efficacy among participants along with participants’ belief that they could implement change in their own communities.

At baseline, only just over half of 2021 Cohort survey respondents noted that they were likely to talk to others about equity issues and were likely to take action to promote health equity, whereas by endline, all survey respondents indicated they were likely to do so. **Without the knowledge learned throughout the program, and the skills they developed through the applied learning activities, participants would not have seen themselves as change agents capable of going back to their communities to engage in conversation and action on equity issues.** While the survey data are not generalizable to the whole cohort, EAG members’ feedback confirmed that this finding reflected their experiences and noted that it was likely applicable to all participants, not just those who completed the survey.

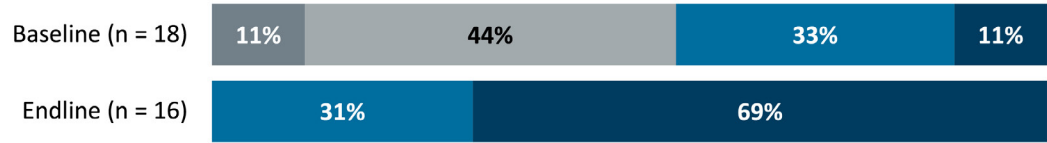
Exhibit 10. 2021 Cohort’s Intention Toward Diffusion and Action



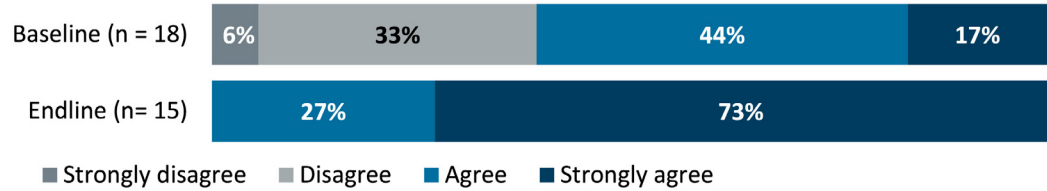
At baseline, fewer than half of Continuing Track respondents were likely to talk to others about health equity issues, and two-thirds reported that they were likely to take action to promote health equity. At endline, all respondents were likely to talk to others about health equity issues and were likely to take action to promote health equity. Although it was surprising that the baseline numbers were not higher—these participants had already undergone the initial round of CLHE programming in 2018-19—as in the 2021 Cohort, the results indicated that the program provided them with the tools and confidence to act on what they had learned.

Exhibit 11. Continuing Track Cohort’s Intention Toward Diffusion and Action

Likely to talk to others about equity issues



Likely to take action to promote health equity



How did participant engagement change over time?

Participants’ engagement with one another increased over time.

Participants made connections with one another throughout the program, and the intensity of these connections also increased in both cohorts. The total number of same-region and cross-regional ties¹¹ among participants increased substantially over the course of CLHE: there was a nearly eightfold increase in ties among the 2021 Cohort (from 112 to 881) and a nearly ninefold increase among the Continuing Track Cohort (from 23 to 205), suggesting that the initiative brought together previously disconnected people to form a CoP.¹² Ties among participants within the same region more than doubled in both cohorts, from 89 to 191 in the 2021 Cohort and from 18 to 41 in the Continuing Track Cohort, and an even greater expansion occurred in ties across regions, likely because there were more people outside of their region with whom to connect (Exhibit 12).

Exhibit 12. Counts of Ties Prior to CLHE and at End of CLHE, Both Tracks

		Prior to CLHE	End of CLHE
2021 Cohort	Same region	89	191
	Cross-regional	23	690
	Total	112	881
Continuing Track Cohort	Same region	18	41
	Cross-regional	5	164
	Total	23	205

Thus, although prior to CLHE, a little more than 20% of ties in both cohorts were within the same region, by the end of CLHE, 78% of ties in the 2021 Cohort and 80% of ties in the Continuing Track Cohort were cross-regional. In the 2021 Cohort, cross-regional ties increased from 23 to 690; in the Continuing Track Cohort, ties increased from 5 to 164. Although the proportion of cross-regional ties increased relative to the within-region ties, both sets of ties increased, further highlighting participants’ increased engagement with one another during the program.

Exhibit 13. 2021 Cohort’s Percentage of Ties Across Regions

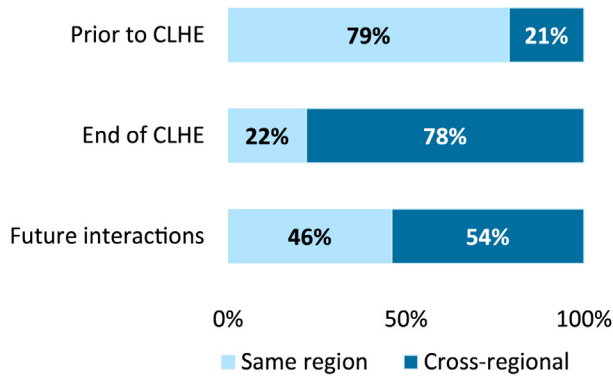
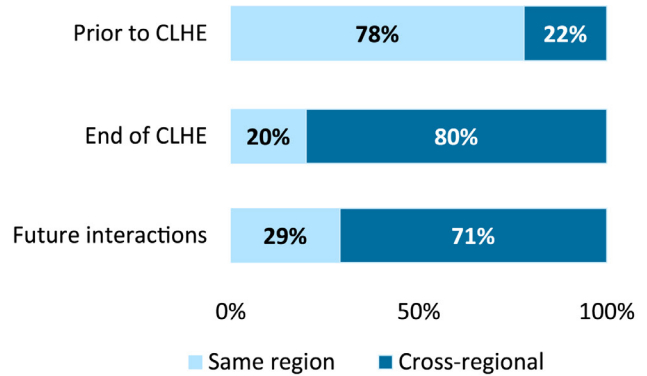


Exhibit 14. Continuing Track Cohort’s Percentage of Ties Across Regions



This engagement in the CoP was also observed throughout the program, and participants were observed becoming friendlier and more engaged with one another as they got to know each other better and work together on the various activities. A sense of camaraderie was developed, with participants seen in animated conversations during meals, breaks and at the end of each day. Even those who spoke different languages were observed communicating with one another. Further, participants from different regions reported wanting to learn from one another, becoming interested in one another’s work, and trying to find connections with their own work. They reported extending their social and professional networks, and they expressed immense appreciation for the opportunity to meet people from all over the state, citing this as an important part of their CLHE experience.

While there was attrition, participants who graduated remained engaged in program activities and expressed a desire for future programming.

The 2021 Cohort lost about one-third of its original participants over the course of the program. Those that remained in the program through graduation, however, were engaged and committed to seeing CLHE to completion. They were disappointed that they were not offered an opportunity to participate in the Continuing Track and to learn that CLHE would no longer be funded by The Trust. **Many participants reflected that they would recommend the program to others, and some were eager to do their part to bring the content to their community.**

Universal participation in the group and individual project plan presentations among the 2021 Cohort demonstrated this continued engagement. Participants intended to continue working on their projects by conducting workshops, receiving support from their workplace, working with local community officials, promoting adult education and information access, and working with hospitals, among other efforts.

Continuing Track participants were similarly engaged to the end of programming; all survey respondents confirmed that their expectations of the program were met, and all agreed that they would encourage others to participate in the Continuing Track. They were unaware of The Trust’s decision to not pursue funding at the time of endline data collection, but informally the evaluation team observed their disappointment in the cessation of resources, and they were also disappointed that the 2021 Cohort would not be able to experience the Continuing Track as they had.

“ I can’t express how much I have benefited from this program for the last 4 years... Thank you so much—Please continue to support this program and our communities. More people need this education!!! *(Continuing Track participant reflection)* ”

How were participants actively engaged in events, activities and assignments? What worked well/did not work well? How were challenges resolved? What are some suggestions for improvement? What are some lessons learned?

The CLHE curriculum was designed to reach participants at all levels and learning needs, enabling accessible learning opportunities.

The CLHE curriculum was developed to meet and engage with participants however they learned best. Observation data showed that during the CLHE convenings, facilitated activities were varied in format to include lectures, video presentations, role-playing, games, reviews of written content, question-and-answer sessions, and individual, paired and small-group reflections. By engaging in these diverse activities, participants were able to develop and practice different skills, such as public speaking, active listening, negotiation and team building.

The structure of the program events provided participants with multiple opportunities to engage with the content and process new information in a variety of ways. The mix of facilitation approaches was used effectively to provide participants with a range of backgrounds, prior knowledge, and skills to engage with and learn from one another. All participants, including those from groups targeted by oppression, had various opportunities to speak and be heard.

Participants demonstrated engagement in learning by using terminology, becoming more active participants, and confirming they believed the material was important to learn.

At endline, all survey respondents in both the 2021 Cohort and the Continuing Track Cohort agreed or strongly agreed that learning about the materials and concepts presented in the program was important, that they understood the basic topics presented, and that they would use what they had learned.

“ The program is giving me the skills to be able to talk about inequity and oppression in an informed way. I’m getting more confidence initiating and facilitating these conversations. I will be using my personal project outcomes and everything I’ve learned in my work as a trainer and group facilitator. *(2021 Cohort participant reflection)* ”

By endline, focus group respondents' discussion was more focused on moving to action. They expressed their desire to share their newfound knowledge with others in their community and to start (or continue) applying what they had learned. Their commitment to learning and engaging with the program events, activities and assignments meant that they left the program with more confidence and self-efficacy to make change in their communities.

Program facilitators were well regarded, and participants cited them as a key element of the success of the program.

Overall, participants were impressed with the facilitators' knowledge, organization, stamina and kindness. At baseline, focus group participants expressed admiration for the way the facilitators were able to "walk the talk" and practice equity principles throughout the program. They also appreciated the way facilitators appropriately attended to the emotional needs of participants and engaged in conflict resolution when interpersonal incidents occurred. Participants' reflections noted gratitude for the Transformative Alliances team, who they described as knowledgeable, creative and exceptional role models who led by example. Moreover, participants felt that the facilitators made the content comprehensible and engaging, which in turn made the experience unforgettable.

“ This program is amazing at breaking down the oppression and systematic exclusion that is prevalent in our institutions and culture. I really appreciate the amount of statistics and quantitative graphics used. They make it extremely easy to understand and internalize. (2021 Cohort participant reflection) ”

One Transformative Alliances co-president and three of their facilitators were bilingual and able to present content and provide help to participants in their own language. Throughout the program, it was clear that participants felt comfortable with all Transformative Alliances members, as participants frequently approached them with questions after activities.

There was room for improvement on expectations for the project design and implementation in the Continuing Track.

The Continuing Track was intended to help participants move from project planning to implementation and many participants received funding from The Trust to implement their plans. The projects were designed to address health inequities identified by program participants in their communities. Most respondents who implemented their projects said that they would continue them and articulated what they planned to do next. The [Applied Learning in the CLHE Continuing Track](#) report brief provides a more comprehensive understanding of the projects that came out of the Continuing Track and of what the applied learning component was able to achieve.

Not all Continuing Track participants were able to move to project implementation, and participants reported mixed experiences with the process. Several participants shared that they did not think the expectations for the projects were sufficiently or clearly communicated by the facilitators, which created some challenges. These challenges included realizing too late that they had chosen a project that was unattainable within the given time frame, confusion regarding

which project to move forward with, and feeling dissatisfied with the project they chose to pursue. Some participants described the Continuing Track’s project component as feeling disconnected from the rest of the program, especially once the planning discussions ceased and seemed to become a background activity outside the Continuing Track’s central events and activities.

Although a few Continuing Track participants felt that their individual and group projects were not as successful as they would have liked, participants recognized that there were other informal projects and pursuits they took on in both their personal and professional lives as a result of the Continuing Track that they were proud of. These included developing working relationships with programs in other communities across the state and finding a greater sense of competency in community organizing and campaign running. Even though not all the projects were successful in terms of reaching their goals, the project activity met its objective of providing a context for applied learning.

“ I think the project for me was the biggest miss of this program. It just felt clunky or disconnected, so in the first convenings [the initial CLHE track], 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. *(Continuing Track participant in endline focus group)* ”

To what extent did the program activities and events change participants’ views of themselves and their relationships to systems of oppression?

Participants reported a shift in how they approached their personal and professional relationships.

Continuing Track participants reported positive changes in their attitudes and behaviors, specifically as a result of the relationships they developed with the other program participants. **They also discussed changes in how they interacted with others in their family and communities; with greater self-awareness came more motivation to make changes themselves.**

“ I’m braver to correct my mother... yeah. That’s a space I’ve never entered [before], the oppressions that we have, but also being the oppressor, and then also the language that sometimes my mother uses, or my family uses, and stopping it instead of just, “Oh, that’s just how they are.” *(2021 Cohort participant in endline focus group)* ”

CLHE inspired personal growth that helped participants improve their lives both professionally and personally. The program helped them gain greater self-awareness to the extent that they were able to start understanding and healing from past traumas, recognize and unlearn internalized oppression, think for themselves, acknowledge privileges from which they had benefited, and show themselves more compassion for past behaviors and decisions. Participants also described being motivated and confident in their ability to take action to address biases reflected in their workplaces, communities or families, and in their own behavior.

Inspired to improve their workplaces, participants reported joining board discussions, encouraging others to do so, using organizational funds to support diverse candidates running for elected positions, and building a pipeline for diverse candidates to enter leadership positions.

Over the course of CLHE, participants shifted from learning the concepts of systems of oppression and issues related to health equity to applying them to their work in their communities.

With time, participants became more comfortable with the terminology and with contributing ideas, defending their positions, and becoming more assertive. They also reflected on the impact of oppression in their own and their families' lives, with some expressing the need to change the way they were parenting. **Toward the end of the program and especially during the presentation of their group and personal projects, it became clear that participants saw themselves as agents of change.**

Throughout the program, participants learned to identify health and social problems that created health inequities in their communities. They also learned to identify when these problems were caused by oppression and what type of oppression. They engaged in root-cause analyses and generated possible solutions. Through the guidance of the Transformative Alliances team, participants distinguished which solutions were actionable and identified potential allies in their community, possible barriers and potential funders for implementing their project plans.

Most participants identified as being affected by oppression but said they now had the tools to begin addressing it.

While most participants identified as being affected by some type of oppression, the program helped them learn to begin to do something about it. They identified their acquired tools as including a rich vocabulary, a profound awareness regarding issues of health equity, and a repertoire of hands-on teaching exercises. These skills stood out to them as useful in engaging others to share information on and discuss SDOH and other issues of equity. **Some of the spaces that participants listed as places where they were currently integrating their new skills and tools (or would like to in the future) included their classrooms, youth groups and anywhere where there was someone willing to listen.** Participants discussed feeling hopeful for the future because they were provided with these tools in the program.

“ The CLHE program has taught me how to think for myself and to interrupt some of the internalized ideas I have developed through growing up. (2021 Cohort participant reflection) ”

“ Pienso que he sido parte de un gran comienzo para empezar un cambio positivo e interrumpir injusticias. I think that I have been part of a great beginning to start a positive change and interrupt injustices. (Continuing Track participant reflection) ”

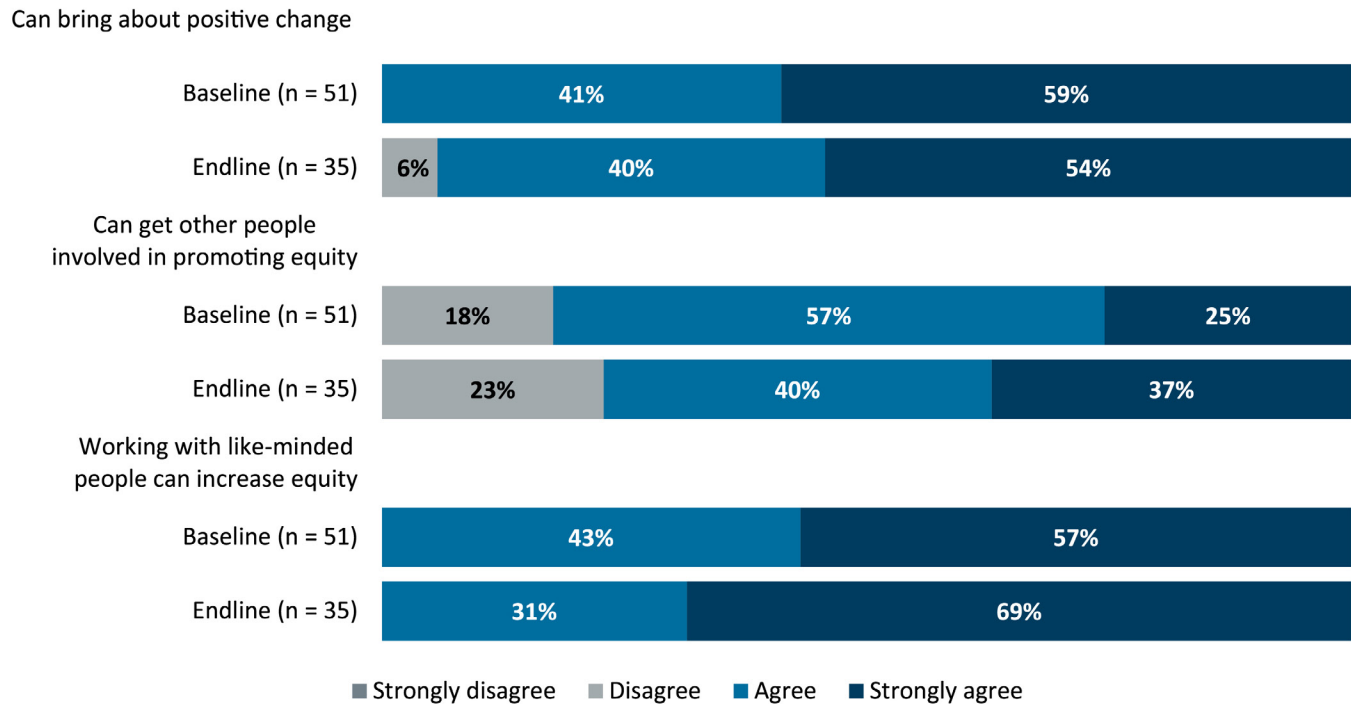
To what extent did the program activities and events build participants' motivation and self-efficacy to take action to address inequities and health inequities in their local communities?

By the end of CLHE, participants believed that they could bring about change and involve others in that effort.

At endline, 94% of 2021 Cohort survey respondents believed they could bring about positive change, and 77% believed they could get others involved in promoting equity, indicating that self-efficacy among participants was high and that they were motivated to move into action.

“ I will be using what I've learned from my position at [place of employment] in several areas: for one, we need to make sure that what we do is more equitable, all the way around, and feasible for all oppressions, because what we've been doing in the past is not necessarily good for everybody. We've made stepping stones, but it's not where it needs to be yet. (2021 Cohort participant in endline focus group) ”

Exhibit 15. 2021 Cohort's Belief That They Can Address Equity



Interestingly, these metrics both decreased from baseline, when 100% of participants thought they could bring about change and when 83% thought they could get others involved in promoting equity. While these decreases were not large, one reason for them could have been that with increased knowledge and awareness came a realization of how large the equity gaps are and how systemic oppression is, which may have led some participants to become

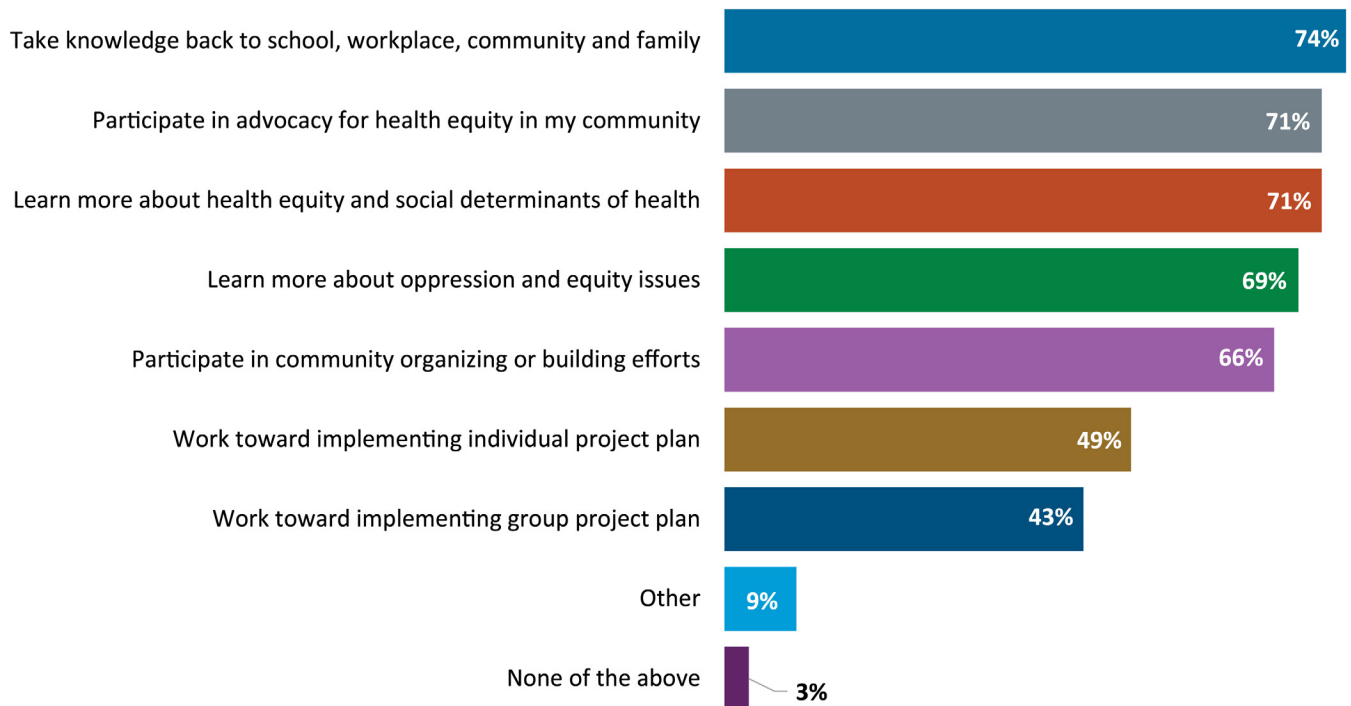
more realistic about what they could accomplish. Another potential reason could have simply been respondent bias, as the baseline and endline respondents were not necessarily the same participants. EAG members also found this decrease surprising but hypothesized similar interpretations when we discussed reasons for the decrease.

Not surprisingly, Continuing Track survey respondents all believed at baseline and endline that they could bring about positive change, get others involved in promoting equity, and work together to increase equity in their communities. These participants had already gone through the initial round of CLHE and had increased their self-efficacy and continued their participation in the program with movement toward action as a primary motivator.

Participants had active, concrete plans to share what they learned and to implement their project plans.

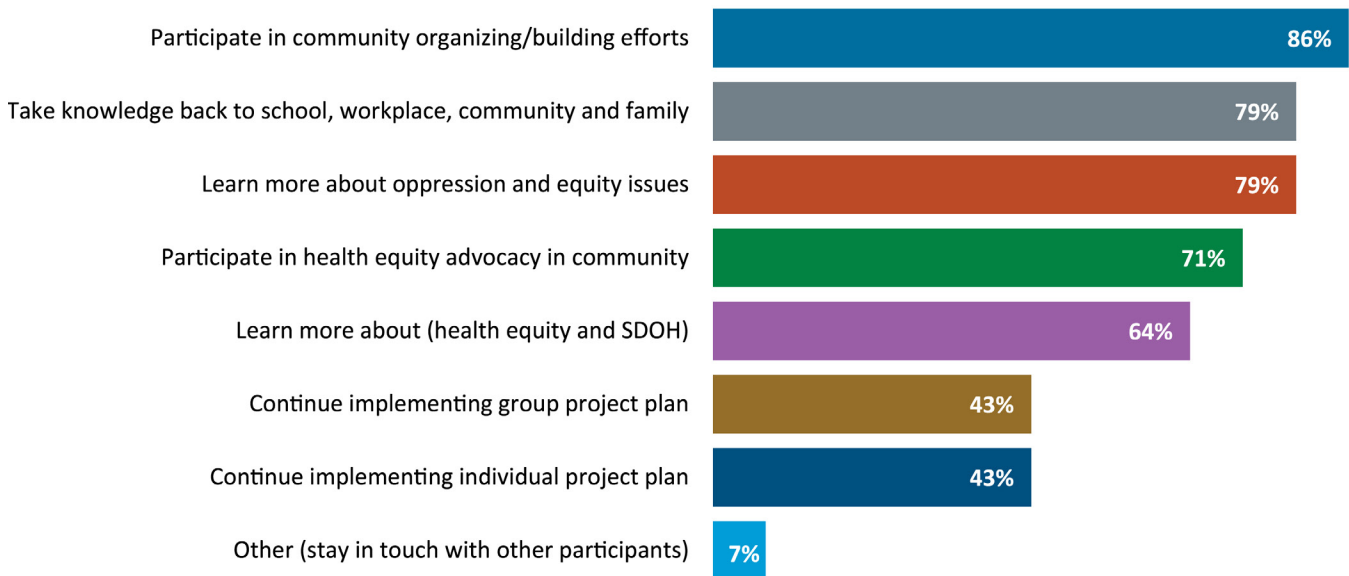
The majority of 2021 Cohort survey respondents reported planning to take their new knowledge back to their schools, workplaces, communities and families after the program ended, as well as planning to participate in advocacy efforts in their communities and further their learning in health equity, SDOH, oppression and equity issues. **CLHE participants largely felt that this was a stepping-stone to further work by incorporating principles learned into their workplaces, implementing their project plans, or changing how they interacted with their families.**

Exhibit 16. 2021 Cohort’s Future Plans (n=35)



More than 85% of Continuing Track survey respondents noted that they intended to participate in community-organizing and -building efforts as a result of participating in CLHE, further confirming the self-efficacy gained and increased over the course of the initial CLHE track. More than three quarters of respondents also noted that they planned to take knowledge back to their school, workplace, community and family and that they would continue to learn about oppression and equity issues.

Exhibit 17. Continuing Track Cohort’s Future Plans (n=14)



Project plans for the 2021 Cohort varied, focusing on populations such as mothers, youth, those who experience language oppression, people who are unhoused, people who identify as queer, immigrants and other populations targeted by oppression. The topics addressed included storytelling, cultural events, leadership training, incorporating DEI principles into workspaces, providing safe spaces for people who are experiencing oppression, increasing access to systems through language justice approaches, and creating media (e.g., newsletters, podcasts) to disseminate information related to health equity to community members. Participants intended to continue their projects by conducting workshops, receiving support from their employers, working with local community officials, promoting adult education and information access, and working with hospitals.

To what extent did the program activities and events build participants’ leadership skills related to communication, grassroots organization, meeting facilitation and public speaking?

The applied learning opportunities created space for participants to engage in building skills.

The formats of the observed activities were varied and included lectures, video presentations, role-playing, games (competitive and noncompetitive), reviews of written content, question-and-answer sessions, and individual, paired and small-group reflections. **Through the**

activities, participants developed and practiced different skills, such as public speaking, active listening, negotiation and team building.

Opportunities for applied learning were further facilitated through the project plan activities for the 2021 Cohort when participants were encouraged to address a health equity issue in their community by thinking about whom they would reach and how, how they would engage other interested parties, and from whom they would seek funding. Group project presentations to the whole cohort and individual project plan fair-style presentations (in which participants stood by their poster to discuss their project plan and answer questions) provided concrete avenues for them to practice communication and public speaking.

Toward the end of the program, there was an observable change in how comfortable 2021 Cohort participants appeared when talking about issues of equity. The interactive CLHE program activities and events offered them the valuable experience of applying what they were learning in a safe environment. Participants were observed presenting their points of view on issues of oppression, while supporting their arguments with ideas that were well thought out, and sometimes confronting other participants' arguments in a respectful way. In the focus groups, several participants mentioned how this practice gave them the confidence to begin applying what they learned through CLHE at their workplaces. Others said they would use what they learned to continue working on their individual and group projects within their communities. Along with the knowledge and information, participants said they also gained soft skills critical for good leadership, such as self-awareness and empathy.

“ My organization is a community-organizing group, and so we do a lot of organizing every day. But seeing people who are not cis white men of a certain age and status in positions of power is still not common. And so, building a bench... [and] leadership development... those two things are really instrumental in seeing systemic changes on a local level. (2021 Cohort participant in endline focus group) ”

To what extent did the program activities and events develop a social network through which participants could share information and discuss issues related to social determinants of health and equity with others?

A bilingual, multicultural CoP framework was formed through participation in CLHE.

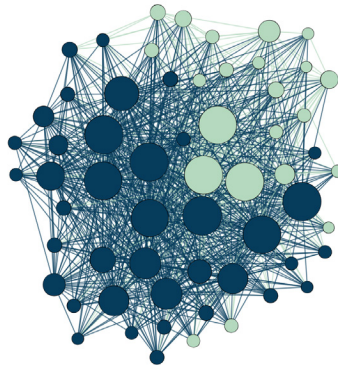
The number of connections developed over time, as well as the intensity of interactions over time and across both geographic and language groups in each cohort, indicated that strong networks were established in each CLHE cohort and that a CoP framework was formed across regional and language barriers. Participants in each cohort left the program tied into a statewide, bilingual and multicultural network they could call on to advance their equity work.

Exhibit 18. 2021 Cohort's Network Graphs by Language Group

Prior to CLHE





End of CLHE



Future interactions



Legend

Monolingual English  Monolingual Spanish and bilingual 

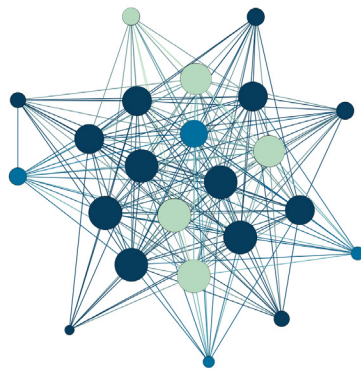
Note: Monolingual Spanish and bilingual speakers were combined to preserve the anonymity of the two monolingual Spanish speakers in the 2021 Cohort. Each circle (node) represents a participant, and each line (tie) represents connections between participants. Larger circles correspond to participants with a greater number of lines, or ties, leading to other participants. For a larger version of this graphic, click [here](#).

Exhibit 19. Continuing Track Cohort's Network Graphs by Language Group

Prior to CLHE



End of CLHE



Future interactions



Legend

Monolingual English  Monolingual Spanish and bilingual 

Note: Monolingual Spanish and bilingual speakers were combined to preserve the anonymity of the two monolingual Spanish speakers in the 2021 Cohort. Each circle (node) represents a participant, and each line (tie) represents connections between participants. Larger circles correspond to participants with a greater number of lines, or ties, leading to other participants. For a larger version of this graphic, click [here](#).

Participants expressed immense appreciation for the opportunity to meet people from all over Colorado. They reported learning a lot about one another, the organizations they were associated with, and the communities they came from. Some acknowledged that they had no idea that some of the towns from which other participants came even existed or that if they were aware of them, they had made assumptions about the people who lived there—assumptions they learned were incorrect. Traveling and talking to people from different parts of Colorado opened participants' eyes to the reality that the state is not a monolith, and participants realized that challenges and initiatives undertaken across the state affect each community uniquely and that there are passionate activists and advocates everywhere.

Participants expressed interest in maintaining their relationships with counterparts from across the state. Some had already circumvented the distance by creating online spaces where they could share resources. **Overall, participants agreed that they now had a rich network of people to whom they felt comfortable reaching out to for guidance, support and resources related to their equity projects and pursuits.** Even those who felt they did not form as many connections as they could have during the program expressed the desire to follow up with other CLHE participants in the near future.

While language justice principles were employed, there were differences in the volume of connections across language groups.

In accordance with language justice principles, most of the program content was delivered with live English/Spanish interpretation by the **Community Language Cooperative**. Everyone who was not bilingual was offered a headset to follow along and participate in the program. There were occasionally times when small groups were divided based on language lines due to the logistics of spreading interpreters around.

In the social network analysis, while there were data to support connections and an increased intensity of connections across language groups, monolingual Spanish speakers had fewer ties on average than monolingual English and bilingual speakers. Average ties were lower among monolingual Spanish and bilingual speakers in the 2021 Cohort and among monolingual Spanish speakers in the Continuing Track Cohort. This finding underscores the ongoing challenge of addressing language oppression. However, the number of ties does not speak to the quality of ties; while Spanish speakers had fewer ties on average, they may have made strong connections with those with whom they reported interacting.

“ I think it’s really easy to make assumptions about Colorado... . You can’t just paint broad brush strokes about what needs are in our communities. And this has just so highlighted the different needs in our communities and the experts that we now know who we can talk to about various regions and various organizations... . I’m so impressed with people in Colorado. It was so nice to be in this particular space, having these conversations with a large group of people was so exciting. (2021 Cohort participant in endline focus group) ”

Exhibit 20. 2021 Cohort’s Average Number of Ties per Participant in Each Language Group

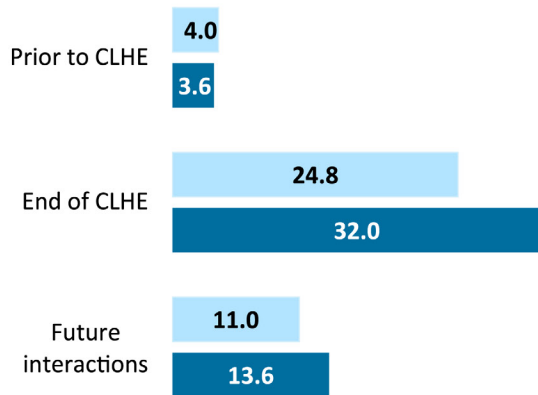
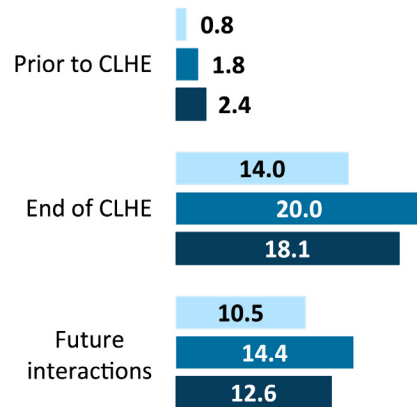


Exhibit 21. Continuing Track Cohort’s Average Number of Ties per Participant in Each Language Group



Participants expressed interest in maintaining the network developed through participation in CLHE after funding ended.

Beyond merely appreciating the connections they made during the program, participants were clear about their desire to stay in contact with one another even after the program ended. When asked about their current communication habits with other CLHE participants, more than half of those who participated in the endline focus groups shared that they regularly texted, called, or met in person, mostly with those from the same regional group.

However, without continued support from The Trust, ties among participants are at risk of decreasing. Successful CoPs require a structure, including leadership to help facilitate, different opportunities and avenues for participation and exploration, and understanding the value of participation.¹³

The number of ties based on intended future collaborations were lower overall than those achieved at the end of CLHE. This attrition was present in all regional and language subgroups. Participants acknowledged the regional, language and general logistical limitations of staying in contact with some of the participants in their network. Without the formal structure of CLHE, supported by The Trust, including continued support for meaningful interaction across regional and linguistic barriers, the CoP that was developed will likely weaken over time.

CHAPTER 4. RECOMMENDATIONS

The findings from this evaluation suggest that CLHE was largely successful in building a community of practice (CoP), which enabled participants to develop and increase relationships with one another across the state and across different languages, increase their knowledge and awareness of different types and impacts of oppressions and key equity issues, and increase their self-efficacy toward action in their communities to address health inequities.

Given that the CLHE program has concluded, the recommendations presented below are shared for consideration when producing similar programming in the future—that is, programming that focuses on the history and context of oppression, grassroots engagement, language justice, and

engaging diverse community members in a CoP with the intent of moving them to action. Recommendations for program implementers are borne out of the data and findings presented here, which we believe will enhance future programming efforts. Recommendations for program funders take a wider lens, considering the evaluation team's almost 5-year involvement with the program and highlighting the ways funding decisions can make an impact.

Recommendations for Program Implementers

- Consider creating a version of CLHE that includes shorter term, regionally oriented programming that aligns better with work schedules in order to increase accessibility for those who cannot make an 18-month or longer statewide commitment.
- Continue to foster connections and network development among those who speak different languages, with a strong emphasis on language justice as a program priority. Continually evaluate whether interpretation strategies are working as intended and can be improved.
- Provide a structured way to participate for small regional groups or participants who are the only representatives from their regions who wish to continue in an advanced or second round of programming. This would promote continued engagement and a feeling of belonging to the overall CoP, as well as increasing and strengthening their ties in the participant network.
- Facilitate a mechanism for Continuing Track participants to serve as mentors to those in a later cohort, thereby encouraging cross-cohort engagement and further expanding the participant networks and CoPs established within individual cohorts.
- Narrow the project scope for the project planning activity to ensure each topic is feasible on an independent or small-group level. Further, more clearly articulate the expectations of implementing a project in the Continuing Track, whether the one planned in an earlier track or a new one.
- Reconsider the timing for when participants must decide on a topic for their projects to ensure that they have enough knowledge of the health inequities in their communities to choose a meaningful yet realistic topic.
- Draw a stronger connection between applied learning activities and the projects that participants implement so they can see the value in the project exercise and feel more supported as they move to action.
- Identify potential funding streams for participants to pursue if they are interested in implementing their project plans. Consider discussing the potential funding streams at multiple points in time throughout programming to reach participants when they are ready.

Recommendations for Program Funders

- Support participants' continued engagement with one another and the program by hosting a (virtual) space for them to stay in contact after the program concludes. This could include inviting participants to sign up to be informed of future Trust or Transformative Alliances

events in their communities and keeping participants apprised of future strategies that they might be interested in participating in. Without some ongoing structured space for participants to continue engaging with one another, the CoP is likely to weaken.

- Provide the 2021 Cohort with the opportunity to participate in the Continuing Track, where they would have the chance to further and deepen their learning and move more concretely to action via the applied learning activities and project implementation.
- Offer grants to each regional grantee to foster the implementation of their group projects designed during the course of the program.
- Hire graduated participants as consultants in other community-based strategies. CLHE program graduates carry a wealth of knowledge, skill and desire to make change in their communities, and would make an excellent hiring pool for community-based positions. Bringing in outside facilitators after funding a community leadership initiative does not build trust within those communities.
- Provide clear communication to community partners of decisions to end funding strategies. Convening a group of community members from across a large geographic area is resource intensive but can yield meaningful change in individual participants' lives and in their work in their communities. Take into consideration the personal nature of this work and acknowledge the power dynamics between the funder and grantees.
- Ensure that all interested parties are aware of the scope and intentions of the strategy so that when there is a change in circumstances (e.g., leadership change, a pandemic), all parties can come to a mutual understanding and agree on the programmatic adjustments that need to be made and so that expectations concerning outcomes are clear.

CHAPTER 5. LIMITATIONS

This evaluation of CLHE had limitations that should be considered when interpreting the results and designing similar evaluations in the future. However, given that the triangulation of multiple data sources identified similar key themes and that EAGs confirmed that the findings reflected their experiences, the evaluation team feels confident that the findings presented in this report represent the experience of most participants across both program tracks.

COVID-19 Pandemic

The COVID-19 pandemic interfered with an evaluation plan intended to capture change-over-time data on participant experience, engagement and knowledge gained. The baseline assessment was not a true baseline, especially for the Continuing Track, and events were canceled midstream. While the evaluation team adapted the evaluation plan accordingly, analyses should be interpreted with this impediment in mind.



Low Response Rates

Response rates for each individual data collection effort were low and, therefore, findings should not be generalized beyond the respondent sample. Voluntary data collection opportunities were presented to program participants at each event, providing participants with the agency to choose to engage in the ways that most appealed to them. Although participants seemed interested in sharing with the evaluation team, the burden of the data collection was high, which ultimately resulted in low response rates. Small trinkets were provided for the 2021 Cohort as incentives to participate in focus groups at endline; however, they were not enough to engage greater participation.

Stratifying Data by Demographics

The evaluation team had to make decisions about how to group demographic data for the analysis that were not always clear-cut. Due to low participation by monolingual Spanish speakers in the Continuing Track social network survey, we decided to group them with bilingual speakers to ensure anonymity.

Evaluation Advisory Group

We were unable to provide the Continuing Track participants with the opportunity to review the full scope of the evaluation findings via an EAG due to timing and budget limitations. Although we engaged these participants in an EAG opportunity to review early findings for the report briefs during summer 2022, they did not review the final evaluation analysis when it was ready in early 2023. Given that most findings were similar across cohorts, we think that the EAG feedback we received for the 2021 Cohort likely reflects what we would have received from Continuing Track participants.

The EAG opportunity overall was limited in scope. Although we discussed how to incorporate participatory approaches during the initial evaluation planning phase, we ultimately did not have the bandwidth to pursue this at the outset of the evaluation. Toward the end, we identified resources we could allocate toward facilitating member-checking sessions of the 2021 Cohort results, which we believe to be vital to our final reporting, but ultimately these were insufficient to achieve a true equitable and participatory evaluation.

Implications for Future Evaluations

Given the limitations listed here, the evaluation team offers the following ideas to enhance future evaluation efforts of this kind.

It is possible that offering other, more meaningful incentives may help to produce better response rates. Future evaluations of similar programs should balance considerations of inviting the whole cohort of participants to participate versus targeting a representative sample. Further, although the evaluation team decided to not provide gift card incentives for participation, especially in focus groups, the data collection burden on participants was sufficient enough to consider some kind of incentive to honor their time, especially outside of the bounds of the program, to provide valuable insights.

Recognizing that imposing discrete demographic groupings does not always support the equity principles represented in the program, we encourage the research and evaluation community to continue to think through how best to present and honor these kinds of data.

Finally, in the quest to produce increasingly equitable evaluations, the evaluation team encourages future evaluators to incorporate participatory approaches more fully. Although we created an Evaluation Advisory Group at the end of programming, we would advise that evaluators partner with participants from the beginning to identify meaningful ways to involve them in the work of the evaluation, from designing the plan and protocols, to collecting the data, to interpreting the results. While this approach is inherently more time and resource intensive, doing so may increase buy-in from the community served and ultimately be more meaningful for them and other interested parties.

» ENDNOTES

- 1 The original design of CLHE was 18 months, but accommodations due to COVID-19 extended the program to 24 months for this cohort.
- 2 The 2021 Cohort started with 93 participants, and after initial dropouts, we have roster-based demographic data on 89 participants.
- 3 The program was originally planned with six convenings, but the convening scheduled for February 2022 was cancelled due to a COVID-19 case surge.
- 4 Both individual and group project plans were required to include the following eight components: (1) project topic/focus, (2) health equity issues and health impact, (3) oppressed people or groups of people to be impacted, (4) community helpers (those helping to get the project done) and connectors (people who could help with connections), (5) advisors (community experts who could help the project), (6) decision makers (those who could make or break the project), (7) opponents, and (8) potential funders.
- 5 Five participants were enrolled in both program tracks—four of them were grantee point people in the 2021 Cohort and were also participants in the Continuing Track. As such, they had the opportunity to provide evaluation data via both tracks. The Continuing Track had one grantee who guided participants and handled logistics.
- 6 The original design of the Continuing Track was 24 months, but accommodations due to the COVID-19 pandemic extended the program from 2019 to 2022.
- 7 Lave, J., & Wenger, E. (1991). *Situated learning: legitimate peripheral participation*. Cambridge University Press.
- 8 Wenger-Trayner, E., & Wenger-Trayner, B. (2015, June). Introduction to communities of practice: A brief overview of the concept and it uses. Wenger-Trayner.com, <https://wenger-trayner.com/introduction-to-communities-of-practice/>.
- 9 Ross, S. J., Preston, R., Iris, L. C., Matte, M. C., Samson, R., Filedito, T. D., Larkins, S. L., Palsdottir, B., and Neusy, A. J. (2014). The training for health equity network evaluation framework: a pilot study at five health professional schools. *Education for Health*, 27(2), 116-126.
- 10 In this evaluation, self-efficacy is operationalized as part of a progression, where an increased knowledge and understanding leads to a change in attitudes, attainment of new skills and self-efficacy, or the participants' belief that they can successfully engage in change-making. Sharp, A., Brandt, L., Tuft, E., & Jay, S. (2016). Relationship of self-efficacy and teacher knowledge for prospective elementary education teachers. *Universal Journal of Educational Research*, 4(10), 2420–2427. <https://doi.org/10.13189/ujer.2016.041022>
- 11 Ties means two nodes (participants) were connected or interacted with one another. In our analysis, ties are undirected, meaning we considered two participants connected if at least one of them reported an interaction with the other.
- 12 Note that there were 61 baseline and 27 endline respondents in the 2021 Cohort compared with 17 baseline and 18 endline respondents in the Continuing Track Cohort, which is why there are fewer Continuing Track ties overall.
- 13 Centers for Disease Control and Prevention. (2022, Nov. 21). Communities of Practice Resource Kit. Public Health Professionals Gateway <https://www.cdc.gov/publichealthgateway/phcommunities/resourcekit/welcome-to-the-communities-of-practice-resource-kit.html>



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