

What are advocates most excited and most concerned about?

Advocates were asked to share what they find most exciting and most concerning about their current work during an organizational sharing activity. Several themes emerged, listed in order of salience.

Exciting:

- **Engaging with the ecosystem:** Learning about, building relationships with, and aligning work with energized, passionate, and hard-working partners to advance health equity.
- **Concrete progress:** The actual progress that has been made towards greater health equity in CO, including policy wins, anti-racism work, local ballot initiatives, long-term narrative shift, information sharing, and regulatory engagements.
- **Increased capacity:** Advocacy organizations are growing, building capacity around organizing and communications, expanding throughout the state, and exploring new streams of work.
- **Focus on communities:** The focus on working with and engaging communities and those who are directly impacted.
- **Public support:** The level of public support for vaccine policy, universal health care, and “increased recognition that the public sector matters to economic wellbeing.”
- **Targeted strategies:** Research, advocacy, media engagement, legislative strategies, etc.

Concerning:

- **Political landscape and industry influence:** Political climate of the nation – erosion of democracy, distrust, anti-growth politics, systemic racism, industry influence (“the business of government is business”), and the strength of big business over advocates.
- **Divisiveness, racism, and misunderstanding:** Pervasive racism, the growing rural/urban divide in Colorado and the U.S., information echo-chambers and misinformation.
- **Lack of public investment and protections:** Continued lack of public investment to fund current needs and new innovations, threats to Medicaid and weakening of ACA, displacement and lack of financial security for impacted communities.
- **Funding:** The uncertain funding environment for long-term advocacy and organizing, and specifically for authentically investing in and sustaining equity partnerships.
- **Maintaining momentum:** The lack of engagement in change and the struggle to imagine an alternative; the challenge to ensure that high-level strategy conversations translate to action.
- **Barriers to accessing services:** Increased challenges and bureaucratic obstacles to obtain and maintain needed public benefits, underlying racism in Medicaid, and fear that Coloradans who are immigrants or have immigrant family members experience around enrollment.

What support do advocates need?

Advocates were asked to identify and prioritize their general support needs and their convening-specific needs. Themes are listed in order of importance, expressed through advocates' votes during the activity.

General needs:

- **Funding:** Advocates overwhelmingly prioritized unrestricted, multi-year general operations funding above all else. Also: funding for relationship-building, field-building, and coalition work; interpretation and translation services; and a more effective process for rapid response.
- **Organizational development support:** Evaluation/research capacity building, access to evaluation tools and services; emotional wellness support; grantee and resource mapping; statewide outreach.
- **TCHF influencing other funders:** Recommend and refer advocates to other funders and resources; spearhead collaborative funding efforts; align grant dues dates, evaluation requirements, and support among funders; act as a leader among other funders.
- **Communications and messaging capacity:** Communications resources and training to develop and produce content at reduced cost; strategic polling/messaging around social investments.
- **Improved communication/relationships between advocates and program officers:** Communication platform or mechanism that allows TCHF to communicate, coordinate, and share resources with all grantees; shared learnings around community engagement; flexibility, autonomy, and long-term commitment.
- **Operationalization of equity for TCHF, advocates, and organizations:** Resources for anti-oppression work and compensating People of Color who educate others outside of their formal responsibilities; PD trainings and opportunities focusing on leadership in racial justice and health equity.
- **Deeper exploration of community organizing and community-based work:** Professional development and resources for community organizers working with directly impacted communities.

Convening-specific needs:

- **Time for grantees to connect/learn from each other:** Advocates emphasized the need for a safe space to share lessons learned and talk about failure; space to bring partners together on specific issues/geographic areas; integrate networking, information sharing, and insights from other states.
- **More accommodating logistics:** Accessible timing (not before grant deadline or during legislative session), space, language access, and childcare; ask attendees about their needs in advance.
- **Funding and professional development opportunities:** Funding for trainings/convenings that advocates and community members can't afford (i.e. The People's Institute, Facing Race, PolicyLink); funding for advocates to convene themselves.
- **Pre-convening preparation and requirements:** More clarity and time for convening pre-work, encourage/require board members to attend convenings, request diversity/inclusion plan.
- **Specific convening content:** Best practices support from think tanks; more focus on infrastructure, not just capacity; collective capacity/ multi-institution capacity; identify and fill gaps around tactics.

Evaluation and Learning Discussion

This discussion was intended as an introduction to conversations that will continue between the Foundation, grantees, the evaluation team, and others in the field. Advocates had rich discussions prompted by the following questions; these notes capture what was written down but not all that was discussed.

What does Health Equity mean to you? To Colorado?

Three major themes emerged from the responses and discussion of how advocates define health equity and the ways in which they see health equity in relation to their work and to Colorado.

- **Access to care for all people:** Advocates spoke about addressing inequities in access to healthcare services (e.g. rurality, age) through strengthening Medicaid and Medicare and greater consumer education to combat misinformation; providing culturally relevant healthcare services; ensuring affordable and high-quality healthcare; providers actively working to address power imbalances and respect cultural traditions in interactions with patients; and having support systems in communities. One response mentioned that health equity is more than just access to healthcare/health insurance.
- **Directly impacted people and communities are leading the work in a shift of power and resources to these communities:** Advocates noted that health equity necessitates an understanding of power and privilege, and a recognition of who is and who is not at the decision-making table. One response identified this necessity as, “the need to move the work away from a white savior complex and ensure equity is not just a buzzword.” Advocates felt that the most impacted should be leading the work and that there is an important distinction between advocacy on behalf of others and training people to be advocates for themselves—advocates favor leadership and advocacy of communities by communities. However, advocates noted that even when communities take on leadership and advocacy themselves, directly impacted communities must address not only institutional barriers but also the impacts of societal inequities on their psychological and emotional health.
- **Addressing the structural conditions that perpetuate inequities:** Advocates conceptualized health equity as ensuring that external determinants such as race, ethnicity, zip code, and poverty were not predictors for health outcomes. This theme was solutions-oriented, with advocates identifying the need for policies and interventions that cut across communities, cities, and states to address systemic barriers.

What questions do you/your organization ask internally about your work? How do you learn about your work? What support would help?

Five themes emerged from the synthesis of advocates’ responses to this set of questions.

- **How to measure advocacy work given its messy and nonlinear nature:** Advocates are concerned about accounting for external factors that affect the ability to pass/implement policy, measuring incremental change towards policy change (not just policy passage), and being able to incorporate data, storytelling, stakeholder interviews, and funder feedback.

- **Long-term policy impacts:** Advocates are interested in knowing if advocacy/policies respond to community needs, and how to measure the impact of a policy for a wide variety of county approaches.
- **Learning around Equity:** Advocates want to dig deeper on internal reflection around equity. Questions such as “is our positioning racially equitable?” illustrate advocates’ desire for learning around equity. Understanding framing and intentions by asking “what stories do we want to tell” and “who are we trying to influence” also contribute to internal reflection around equity as it relates to groups with historically less power and privilege such as LGBTQ communities in Colorado. Advocates also felt that boards of foundations should do more learning about equity.
- **Support advocates want:** Advocates are interested in building deeper relationships with their board members, program officers, organization staff, and community members, and improving the quality of relationships that lead to organic collaboration. Advocates also expressed a desire for greater evaluation infrastructure and evaluation tools, including: funding support for organizers (who have the relationships with constituents) to collect data, a compilation of questions to consider during planning and reflective/debrief times, and a statewide evaluation model for foundations so that grantees have more flexibility and clarity in reporting. One additional response indicated that TCHF’s unique position in collaborating with other funders could provide support by easing “the process to better serve the community.”
- **How advocates learn about their work:** Advocates employed a mostly qualitative approach to learning about their work. Such qualitative methods include one-on-one interviews, debriefing what worked and what didn’t, focus groups, and story-telling. One response mentioned quantitative methods and named tracking population level indicators and metrics.

What is a story of advocacy or health equity success? What did you learn?

Success stories focused on passing specific policies or bills, building advocacy capacity in communities and collaboration among different stakeholders, and engaging community in policymaking. Advocates spoke about ensuring that groups with historically less power and privilege are considered in policymaking and have space to advocate on their own behalf. Specific policies mentioned included: SB19-238 (Improving wages and accountability for home care workers), HB19-1194 (Limiting suspension and expulsion policies in early education), Medicaid buy-in program, public option, caps on payday lending rates, tiny home village relocation, reinsurance, clean indoor air, Affordable Care Act (and subsequent defenses), and the firewall between ICE and public schools.

Key lessons learned included the importance of centering health equity in their work, celebrating small successes, following a policy/bill change through to implementation, needing to build more support for social investments, viewing ethnography as a model for story collection, and finding new measures of success, such as gauging how many new advocates have been activated.