

Colorado's Health Equity Advocacy Ecosystem

A 2019 STUDY BY INNOVATION NETWORK IN PARTNERSHIP
WITH THE COLORADO HEALTH FOUNDATION



The Colorado Health Foundation™



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Introduction

The Colorado Health Foundation (CHF) seeks to support an equitable and representative advocacy ecosystem to advance health and health equity in Colorado. CHF believes that to achieve lasting policy change advancing the interests of communities that historically have had less power and privilege, power must shift within the policymaking landscape—and necessarily within the advocacy ecosystem itself—to listen to and value the voices of these communities. Supporting shifts within the advocacy ecosystem requires understanding what the ecosystem looks like at this point in time, including whose voices are being heard, where power lies, and what strengths and gaps exist in terms of skills and partnerships.

To this end, Innovation Network conducted a survey of advocacy organizations throughout Colorado in the Fall of 2019 to begin to build out an information base about the health equity advocacy ecosystem, including: who advocates seek to serve and/or represent, who is represented and informs decisions within organizations, how advocates do their work, and what partnerships look like within the network. The purpose of this effort is to help CHF better support diverse advocates, as well as to share information back to advocates and other funders about this shared landscape.

METHODOLOGY AND LIMITATIONS

Innovation Network originally sent the Health Equity Advocacy Ecosystem survey to 114 organizations known to CHF and, as responses were received, forwarded it to additional contacts identified as key partners. Ultimately, the survey was sent to 358 organizations and received 125 responses, a 35% response rate.

While a wide range of advocates were reached, the ecosystem as reflected in these data necessarily reflects only a portion of the larger ecosystem of advocates throughout Colorado, beginning with organizations close to CHF. These data show a point in time, understood to be continuously changing and adapting. CHF seeks to expand its understanding of the advocacy ecosystem and views these findings as a starting point to build upon.

Throughout the survey, organizations responded to some questions and left others blank, with N-values ranging from 106 to 125 responses. Percentages reflect adjusted values based on the number of responses to each question.

GLOSSARY

- **Health Equity:** No unnecessary, avoidable, unfair, unjust, or systemically caused differences in health status.
- **Advocacy:** The act of promoting a cause, idea, or policy to influence people's opinions or actions on matters of policy and concern. Advocacy tactics can be used to advance or protect public policies at each level (local, state, and federal) and branch (legislative, executive, and judicial) of government.
- **Advocacy Ecosystem:** The range of organizations, coalitions, and other groups (not only "advocates") working towards change in Colorado.

Executive Summary

01 About the Respondents (pgs. 4–5)

Respondents are focused on different types of work, geographies, and issue areas in Colorado.

- **Primary work:** Fewer than half describe the primary work of their organization as advocacy (43%), with almost as many choosing service delivery (38%) as their primary work.
- **Resources:** The majority of organizations (71%) report organizational budgets between \$100,000–\$1.9 million.
- **Membership:** Fewer than half say that their organization has members (43%).
- **Geographic focus:** Over half of respondents (60%) focus their efforts statewide in Colorado. Those that serve specific counties are largely focused in 10 out of Colorado's 64 counties, with the most concentrated presence in Denver, Boulder, Adams, and Arapahoe. Twenty-three percent of organizations work in counties throughout the state with less of an advocacy presence.
- **Issue areas:** Over the last three years, more than half of respondents have focused on health care (59%), followed by economic opportunity, wages, and/or employment (50%) and mental health (50%).

02 Who This Ecosystem Seeks to Serve and/or Represent (pgs. 6–9)

While 44% of survey respondents prioritize communities of color—with the majority focused on Hispanic/Latinx and Black/African American communities—most do not seek to serve and/or represent any particular racial or ethnic group. A large majority of respondents seek to serve and/or represent individuals who have low income/low wealth (75%), over half serve youth or children (52%), and a third serve immigrants or refugees (33%) and individuals who live in rural communities (33%).

Respondents most often report working with—not being led by—the racial/ethnic or lived experience groups that they seek to serve and/or represent, meaning that some staff or board may be from this community and the organization may have a membership or base that informs organizational priorities, but the community likely does not have a decision-making role. In general, fewer organizations say that they advocate for prioritized populations or communities without working directly with them.

03 Organizational Leadership, Staff, and Board Diversity (pgs. 10–13)

A large majority of survey respondents report having White/Caucasian leadership (73%), staff (70%), and board (80%). Over half report Hispanic/Latinx staff (58%) and board members (51%), though fewer report Hispanic/Latinx leadership (44%). This pattern repeats for Blacks/African Americans and Asians/Asian Americans, with more representation of these populations among staff and board than among leadership. For all other communities of color, respondents report having some staff representation and very little board or leadership representation. Forty-six percent of organizations that seek to serve and/or represent Hispanic/Latinx communities report representation of this population at staff, leadership and board levels, while just 12% of organizations serving and/or representing Black/African Americans have representation of this population at all three levels. For other communities of color, reported representation is even less.

The most represented lived experience groups among leadership, staff, and board include women, individuals who are workers/employees, and parents/guardians. For many priority lived experienced groups—including individuals who are LGBTQIA+, have low income or low wealth, have been justice-involved, are immigrants or refugees, have disabilities, or have experienced homelessness—organizations have greater representation of these communities among their staff than at the leadership and board levels, and significantly less representation overall.

04 Advocacy Targets and Tactics (pgs. 14–17)

Respondents focus their work most heavily at the state-level, with notable local engagement and less engagement at the federal-level. Within the larger ecosystem, organizations that seek to serve/represent communities of color are aligned with these patterns, though they report working at the state and federal levels less than the larger ecosystem, while reporting about the same amount of work at the local level. Across each level of government, advocates most often target the legislative and executive branches.

Advocates engage in a wide range of tactics, with more focused on building awareness and will among the public, influencers, and decision-makers than on tactics that move these targeted audiences to action. Overall, respondents report higher skill levels in tactics focused on decision-makers, though organizations that prioritize communities of color report significantly less engagement than the larger ecosystem across tactics focused on influencers and decision-makers, but about the same or more engagement in tactics targeting the public.

05 Ecosystem, Partnerships, and Structure (pgs. 18–21)

Survey respondents listed their top five advocacy partners, contributing to a reported advocacy ecosystem that includes 350 organizations with 438 connections. The resulting network map shows key relationships and provides an overall structure for information about how organizations focused on different issues, populations, geographies, and levels of government are more or less connected within the network. While some characteristics were somewhat similar across the network, others had notable differences.

Organizations that are more connected than average include those...

- focused on fiscal/tax policy, democratic representation and participation, early childhood education, and economic opportunity;
- seeking to serve and/or represent families, individuals who are underinsured/uninsured, or have chronic illnesses;
- focused on working at the state-level of government.

Organizations that are less connected than average include those...

- focused on homelessness and civil rights protections;
- seeking to serve/represent individuals who are LGBTQIA+, who are or have experienced homelessness, who have been justice-involved, and who are veterans;
- working in sparse counties;
- led by people of color (including all racial/ethnic groups that are not White).



DISCUSSION QUESTIONS

The Colorado Health Foundation seeks to build understanding of the ecosystem from a variety of perspectives. Please consider the following questions as you read through this report...

- What stands out to you about this information? What aligns—or doesn't—with your perspective on Colorado's advocacy ecosystem? What strikes you as strengths of the current ecosystem? Where are areas for potential improvement?
- What does this mean for the advancement of health equity through advocacy in Colorado? Whose issues/points of view are being prioritized? Who is leading these conversations and driving the direction of solutions? What needs to change in the ecosystem for you to accomplish your goals?
- Given your unique role, skills, and other assets, what steps could you take to identify and work to balance tactics and respond to inequities in the ecosystem? How might you build relationships with others that have skills or assets that you may not already have? Who else should you be working with?

SECTION 1

About the Respondents

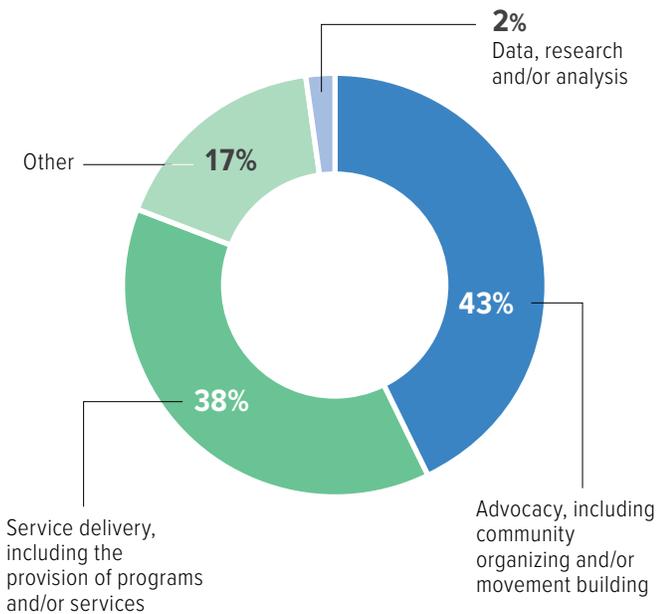
One hundred twenty-five organizations responded to the 2019 Health Equity Advocacy Ecosystem Survey. These organizations are focused on different types of work, geographies, and issue areas in Colorado.

PRIMARY WORK AND RESOURCES DEVOTED TO ADVOCACY

Fewer than half of survey respondents (43%) describe the primary work of their organization as advocacy, with many (38%) identifying service delivery as their primary work.

The 17% of respondents that chose “other” report working on a range of efforts, including: engaging in two or all three of the provided options equally; grantmaking and philanthropy; technical assistance or capacity building; education support; and systems change.

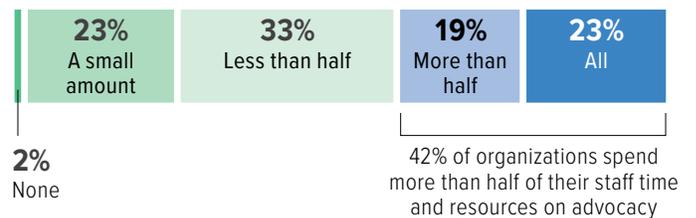
Figure 1.1 Primary work of organizations



Membership

43% of respondents report having members, including in Colorado and across the country.

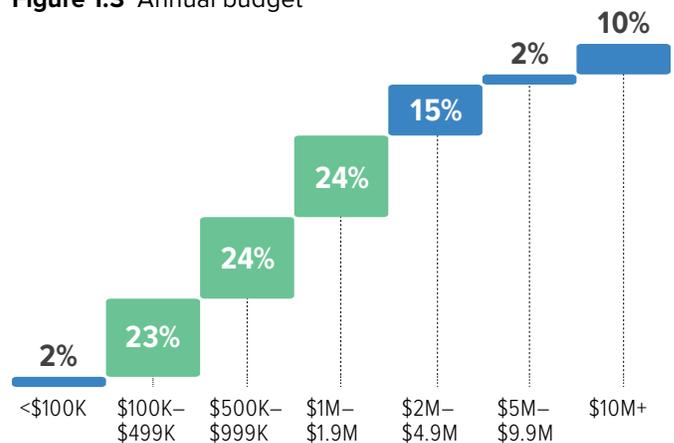
Figure 1.2 Staff time and resources devoted to advocacy



ORGANIZATION BUDGETS

Most organizations (71%) fall into the \$100,000–\$1.9 million budget range.

Figure 1.3 Annual budget



Racial/Ethnic Populations Served By Budget

Of the 31 organizations with budgets above \$2 million, most (58%) do not seek to serve or represent any particular racial/ethnic group, and just two say that they are led by people of color, both by Hispanic/Latinx leaders.

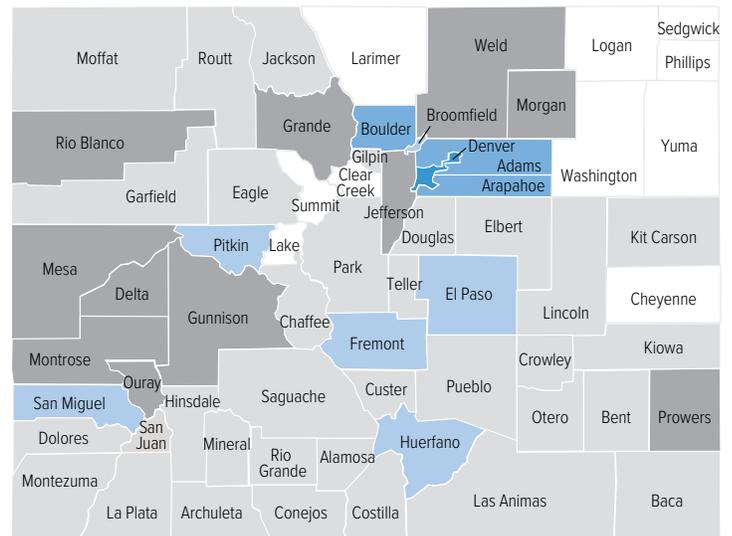
See Section 2 (page 6) for the full breakdown of priority racial/ethnic populations.

WHERE ADVOCATES FOCUS THEIR WORK

Sixty percent of respondents said that they serve/represent **Colorado Statewide**. Of those that did not select Colorado Statewide:

- most said that they serve/represent **Denver** (17%);
- many selected **Boulder, Adams, and Arapahoe**;
- followed by Huerfano, San Miguel, Fremont, El Paso, and Pitkin.
- **Counties with a sparse advocacy presence.** Twenty-three percent of organizations are working in counties named by four or fewer organizations. This may not be representative of the true presence of advocacy organizations in these counties, and is a space for exploration to expand beyond the organizations known to CHF or participating in this survey. Throughout this report, these counties will be referred to as “sparse counties” for the purposes of comparison.

Figure 1.4



Key: Number of organizations that selected each county
 ○ 0 ○ 1-2 ○ 3-4 ○ 5-7 ○ 8-11 ○ 12+
 Larimer County was accidentally left off of the survey and is missing from these data. Respondents could select more than one response.

PRIORITY ISSUE AREAS OVER THE LAST THREE YEARS

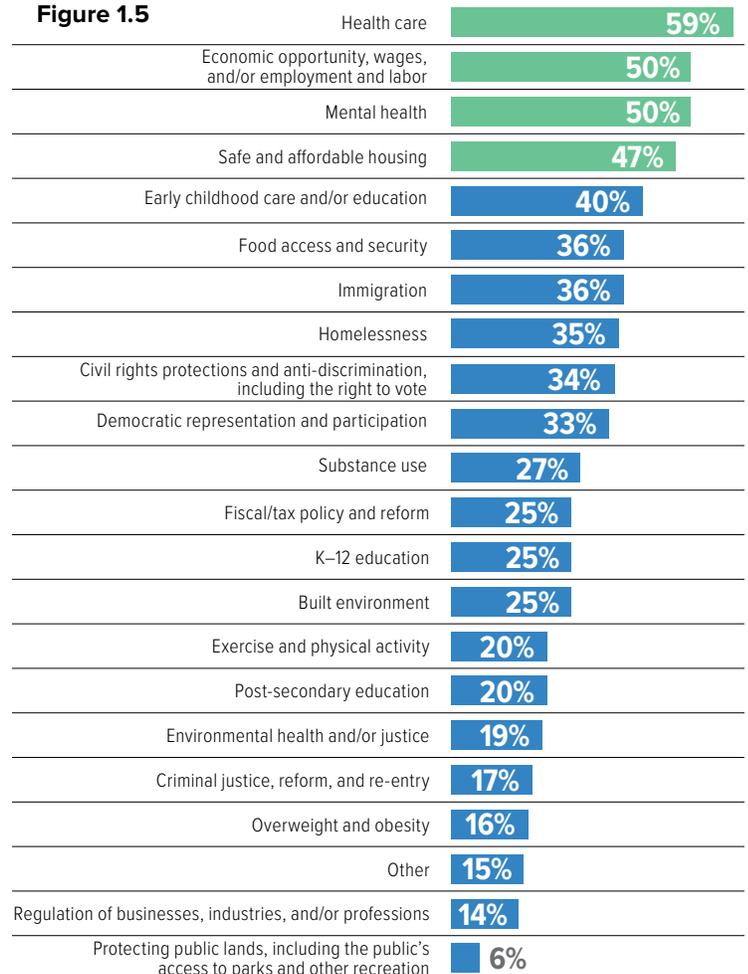
When asked to specify their priority issue areas over the last three years, the majority of respondents selected **health care** (59%), followed by **economic opportunity, wages and/or employment and labor** (50%), **mental health** (50%), and **safe and affordable housing** (47%).

Issue Areas for Organizations Serving Communities of Color

Fifty organizations said that they seek to serve or represent communities of color (see Section 2, page 6).

- 52% of these organizations prioritize **immigration** (comprising 67% of the organizations working on this issue) and **safe and affordable housing** (comprising 51% of the organizations working on this issue). They make up a proportional amount of the organizations working on **mental health** (50%).
- While 48% of organizations serving communities of color work on **health care**, this is just 38% of the total number of organizations working on this issue.
- Compared to the larger ecosystem, these organizations more often prioritize **civil rights protections and anti-discrimination** (40% of organizations serving communities of color, 54% of the total number of groups working on this issue).

Figure 1.5



Respondents could select more than one response.

SECTION 2

Who This Ecosystem Seeks to Serve and/or Represent

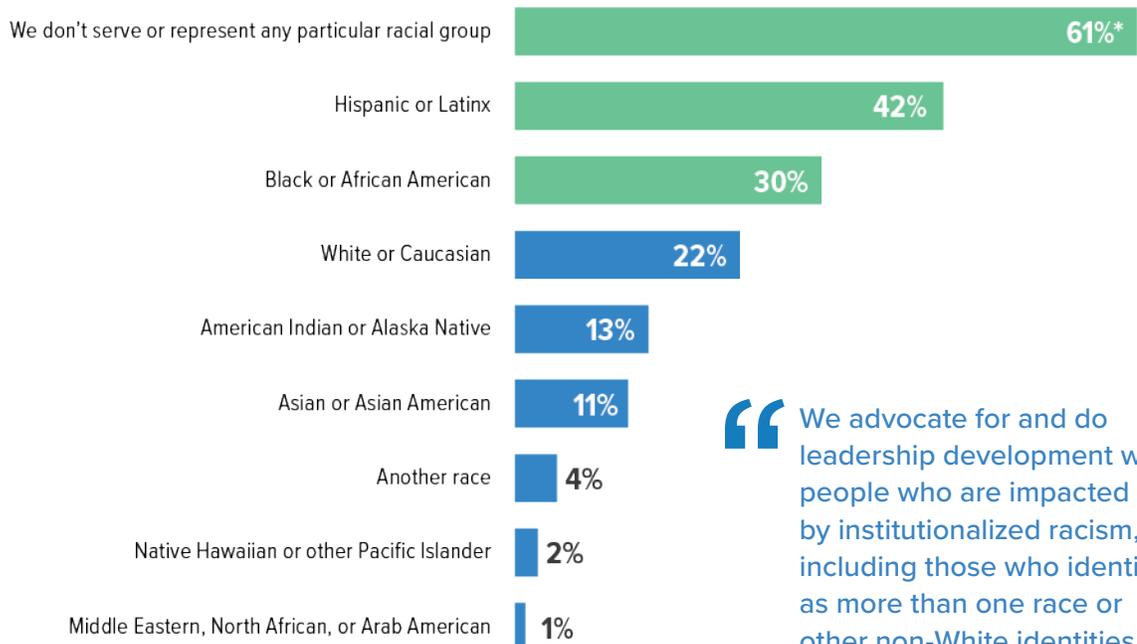
Respondents were asked which racial/ethnic and lived experience populations their organizations seek to serve and/or represent, along with their level of engagement with these priority populations, in order to understand the focus of the ecosystem.

RACIAL/ETHNIC GROUPS THAT ORGANIZATIONS SEEK TO SERVE AND/OR REPRESENT

Sixty-one percent of respondents said that they do not seek to serve and/or represent any particular racial group, but that they seek to serve all Coloradans. Of those that do seek to serve a particular group, Hispanic or Latinx (43%) and Black or African American (30%) are the most prioritized groups.

Looking across all racial/ethnic groups, **50 organizations** (44% of respondents) **prioritize communities of color**, including Hispanic/Latinx, Black/African American, American Indian/Alaskan Native, Asian/Asian American, Another race, Native Hawaiian/other Pacific Islander, and Middle Eastern/North African/Arab American communities.

Figure 2.1



“ We advocate for and do leadership development with people who are impacted by institutionalized racism, including those who identify as more than one race or other non-White identities.

*10 organizations that selected “We don't serve or represent any particular racial/ethnic group” also selected a specific racial/ethnic group. These groups are counted twice in this chart to be true to individual responses. Within this overlap, five respondents chose White/Caucasian, nine chose Hispanic/Latinx, three chose Black/African American, and one chose American Indian or Alaska Native. This overlap is not included elsewhere in the data.

Respondents could select more than one response.



HOW ORGANIZATIONS ENGAGE WITH THE RACIAL/ETHNIC GROUPS THAT THEY SEEK TO SERVE AND/OR REPRESENT

Organizations are **more likely to work with—rather than be led by—the racial/ethnic populations that they seek to serve and/or represent.** While 36% of groups that seek to serve Hispanic/Latinx say that they are led by this population, just 17% of groups seeking to serve Black/African Americans say that they are led by this population. In contrast, 48% of groups serving White/Caucasians said they are led by this population.

Figure 2.2

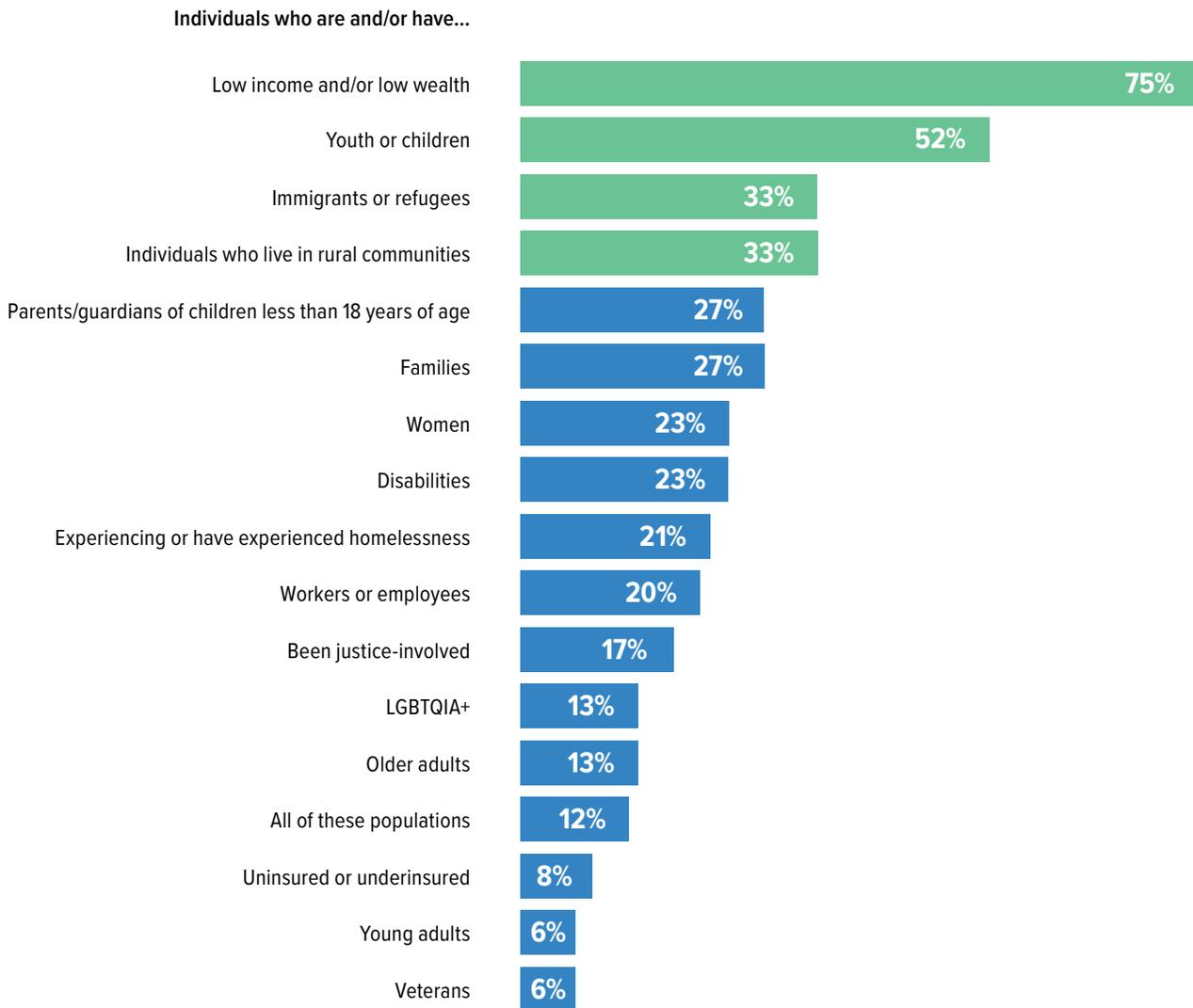
RACIAL/ETHNIC GROUP	TOTAL	LED BY	WORK WITH	ADVOCATE FOR
Hispanic or Latinx	42	36%	40%	10%
Black or African American	30	17%	60%	17%
White or Caucasian	21	48%	38%	14%
American Indian or Alaska Native	14	0%	50%	21%
Asian or Asian American	10	10%	60%	20%
Another race previously specified	9	22%	56%	11%
Native Hawaiian or other Pacific islander	2	0%	50%	50%
Middle Eastern, North African, or Arab American	1	0%	100%	0%

Note: Some percentages do not add up to 100%. The remaining organizations said that they engage with the selected racial/ethnic group through key partners who work with those populations.

LIVED EXPERIENCED POPULATIONS THAT ORGANIZATIONS SEEK TO SERVE AND/OR REPRESENT

Most respondents said that they work with individuals with low income (75%), followed by youth or children (52%), individuals who live in rural communities (33%), and individuals who are immigrants/refugees (33%).

Figure 2.3



Additional lived experience populations chosen by less than 5% of respondents include: businesses/business owners, victims of violence, crime, or trauma, chronic illnesses, religious/faith identities, and we do not represent any of these populations.

Respondents could select more than one response.

Counties With a Sparse Advocacy Presence

Organizations working in sparse counties prioritize a few communities much more than these groups are prioritized within the larger ecosystem, including:

- Individuals in rural communities (46%, compared to 33%)
- Veterans (17%, compared to 6%)
- Young adults (13%, compared to 6%).

No organizations working in sparse counties report prioritizing women or individuals who are LGBTQIA+.

HOW ORGANIZATIONS ENGAGE WITH THE LIVED EXPERIENCE GROUPS THAT THEY SEEK TO SERVE AND/OR REPRESENT

Organizations most often work with the lived experience populations that they seek to serve and/or represent, rather than being led by or advocating for these populations. Those that prioritize women are the exception, with 75% of these organizations led by women.

The two groups least often led by their priority communities are those that prioritize individuals who have experienced homelessness and/or who have been justice-involved, with just 5% of these organizations reporting being led by these communities.

Figure 2.4

LIVED EXPERIENCE GROUPS	TOTAL	LED BY	WORK WITH	ADVOCATE FOR
Individuals who have low income and/or low wealth	81	11%	58%	22%
Youth or children	51	12%	39%	39%
Individuals who live in rural communities	33	27%	52%	15%
Individuals who are immigrants or refugees	29	28%	52%	10%
Other group previously specified	25	16%	56%	16%
Parents/guardians of children less than 18 years of age	24	25%	54%	13%
Individuals who are experiencing or have experienced homelessness	22	5%	77%	14%
Women	20	75%	15%	10%
Individuals or are or have been justice-involved	19	5%	63%	26%
Individuals who have disabilities	17	29%	35%	18%
Individuals who are workers or employees	16	31%	31%	19%
Older adults	12	33%	42%	8%
Individuals who are LGBTQIA+	11	36%	45%	18%
Individuals who are veterans	5	20%	60%	20%

Note: Some percentages do not add up to 100%. The remaining organizations said that they engage with the selected lived experience group through key partners who work with those populations.



DISCUSSION QUESTIONS

- Who does your organization seek to serve/represent? How does that fit into this picture?
- Who influences your organization’s advocacy priorities? To what extent do individuals or groups that your organization seeks to serve have a voice?
- What would it look like for you to be more engaged with the individuals and communities that you seek to serve/represent? For them to have greater input and influence in your work?

SECTION 3

Organizational Leadership, Staff, and Board Diversity

The diversity of organizations’ leadership, staff, and board provides insight into the perspectives included in the advocacy ecosystem in Colorado. Respondents were asked to reflect on their organizations’ diversity to the best of their knowledge, as some categories can be hard to assess.

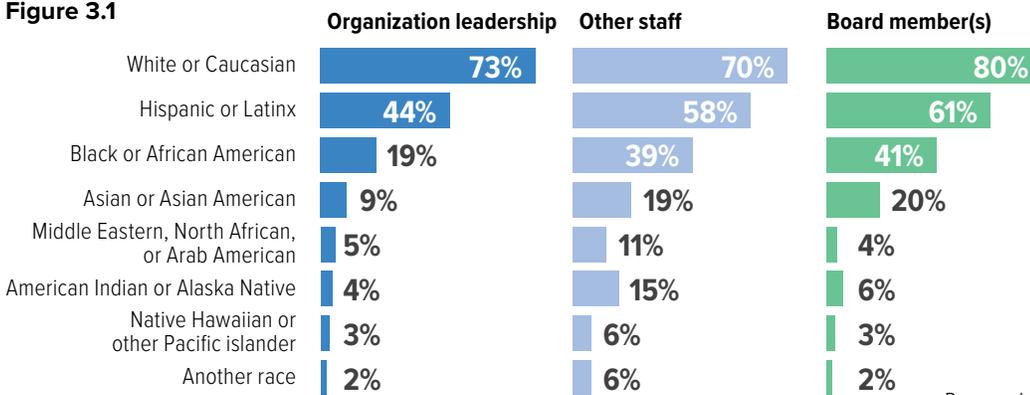
Data about organizational racial/ethnic and lived experience diversity in this section reflects if any member of leadership, staff, or board represents this population. As such, these data are not fully representative, but are a starting point to understand the diversity of advocacy organizations in Colorado.

OVERALL RACIAL/ETHNIC DIVERSITY AMONGST ORGANIZATIONS’ LEADERSHIP, STAFF, AND BOARD

The majority of organizations’ leadership, staff, and board include White or Caucasian individuals, followed by Hispanic or Latinx individuals, and Black or African American individuals.

“ DEI [diversity, equity, and inclusion] is something we are working on very intently as an organization, in regard to leadership, staff, and the partners we work with. We are not where we want to be with diversity yet (in every sense of the word), but we are moving forward.

Figure 3.1



Respondents could select more than one response.

Who Informs Organizations’ Decisions?

In an open-ended question, many respondents noted that their advocacy decisions are informed by board members (56%), staff (47%), and individuals and/or communities served (44%): **“We use a collaborative process where staff members in different issue areas discuss details of different issues and then vet these issues with the broader community.”**

Many also mentioned that their decisions are informed by coalitions, networks, partners, allies, and research. Sixteen percent of respondents mentioned that their members inform decisions: **“We are a member-led organization... Our members, not our staff or board of directors, dictate the work that the organization will do. [Members] decide on our campaigns, strategy and implementation tactics as well as evaluate the work.”**

LEADERSHIP, STAFF, AND BOARD DIVERSITY BY PRIORITY RACIAL/ETHNIC GROUPS

Figure 3.1, on the previous page, shows whether *any* leadership, staff, or board include individuals from each racial/ethnic group. To look closer at how organizations reflect the populations that they seek to serve and/or represent, these data were compared to the priority populations shown in Figure 2.1 (page 6). The reported leadership, staff, and board diversity of organizations that prioritized each racial/ethnic group is reflected in Figure 3.2 below, broken down by the number of organizations that selected all three categories (leadership, staff, *and* board), two out of the three categories, and one of the three categories (leadership, staff, *or* board) for each racial/ethnic group.

Figure 3.2

Hispanic or Latinx (n=48)

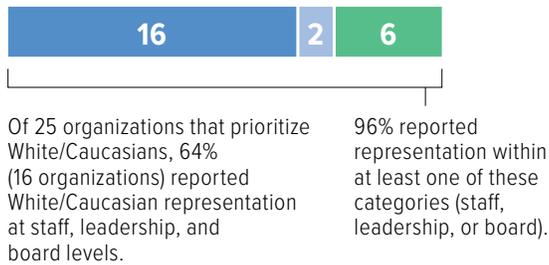


Black or African American (n=34)



“ Our leadership, staff and board represent the diversity of our members—which is not representative of the diversity of the populations they serve, but is representative of the lack of diversity in public health leadership positions (most leaders in public health agencies are White).

White or Caucasian (n=25)



American Indian or Alaska Native (n=15)



Asian or Asian American (n=12)



For groups prioritizing American Indian/Alaska Native and Asian/Asian American, no respondents reported representation within more than one group (staff, leadership, or board). Forty percent of organizations prioritizing American Indian/Alaska Native and 42% of organizations prioritizing Asian/Asian American have representation of these populations within one category.

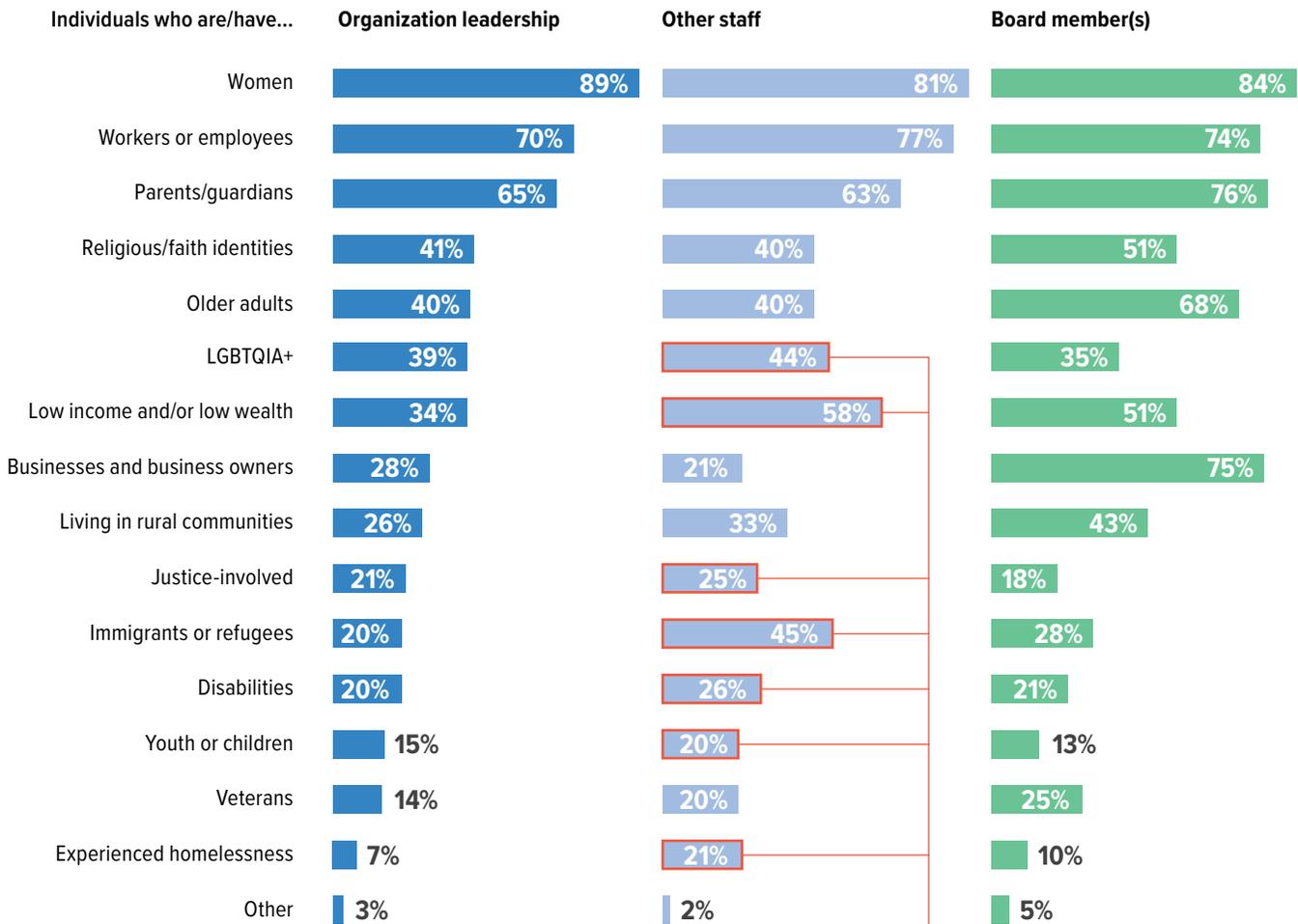
Note: Middle Eastern, North African, or Arab American and Native Hawaiian or other Pacific Islander are not included in this visual, as respondents who serve these racial/ethnic groups did not make any selections for leadership, staff, or board racial/ethnic diversity.

OVERALL LIVED EXPERIENCE DIVERSITY AMONG ORGANIZATIONS' LEADERSHIP, STAFF, AND BOARD

In terms of lived experience diversity represented within organizations (Figure 3.3), the majority of organizations include women, individuals who are workers or employees, and parents/guardians within their leadership, staff, and boards. Business owners and older adults are also heavily represented as board members.

For some priority lived experience groups, organizational staff appear to represent these groups more often than leadership or board members.

Figure 3.3



“ Our staff is comprised of people who represent communities of color, the LGBTQA community, religious communities, and immigrants.

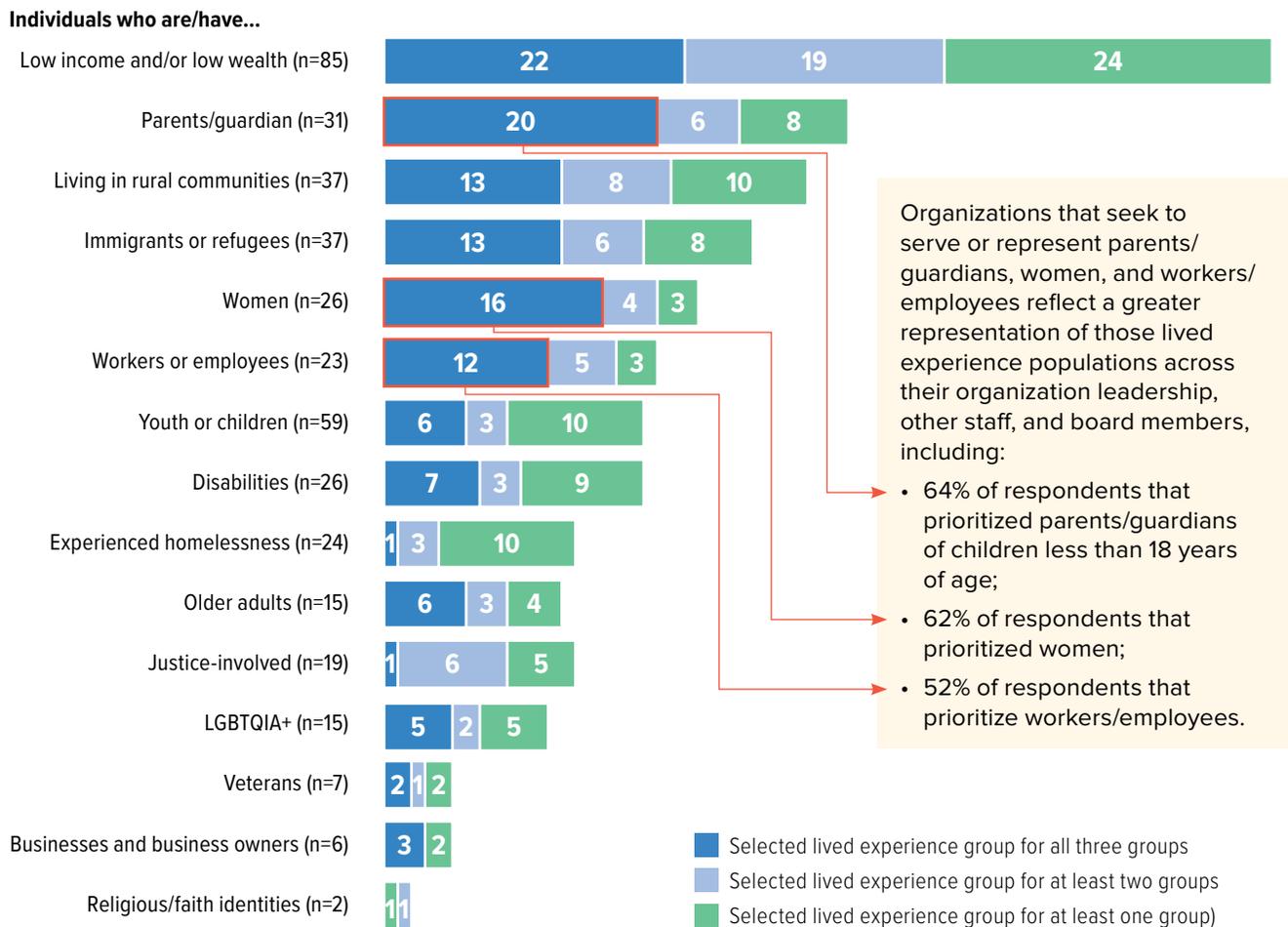
The highlighted lived experience groups are more often represented by staff than by leadership or board members, including: individuals who are LGBTQIA+, have low income/low wealth, have been justice-involved, are immigrants or refugees, have disabilities, are young people, or have experienced homelessness.

LEADERSHIP, STAFF, AND BOARD DIVERSITY BY PRIORITY LIVED EXPERIENCE POPULATIONS

Figure 3.4 below compares lived experience representation to the priority lived experience populations shown in Figure 2.3 (page 8). The reported leadership, staff, and board lived experience diversity of organizations that prioritized each group is broken down by the of organizations that selected all three categories (leadership, staff, and board), two out of the three categories, and one of the three categories (leadership, staff, or board) for each lived experience group.

“ Ideally the diversity for our organization would be representative of the diversity of those we serve, however that is not always possible due to challenges for those struggling with homelessness, low incomes, and this country’s broken immigration system.

Figure 3.4



DISCUSSION QUESTIONS

- What racial/ethnic and lived experience groups are represented among your staff, leadership and board? Who is most influential for your organization’s decision making (e.g., board, leadership, staff, members, community)?
- Does this reflect the populations that you seek to serve/represent? How are you currently contributing to diversification, inclusion, and equity of leadership, staff, and board? How do different voices participate in your organization’s decision making?
- What could your organization do to increase inclusion and equity of different groups among your staff, leadership, and board? Who should be most influential in your organization’s decision making processes?

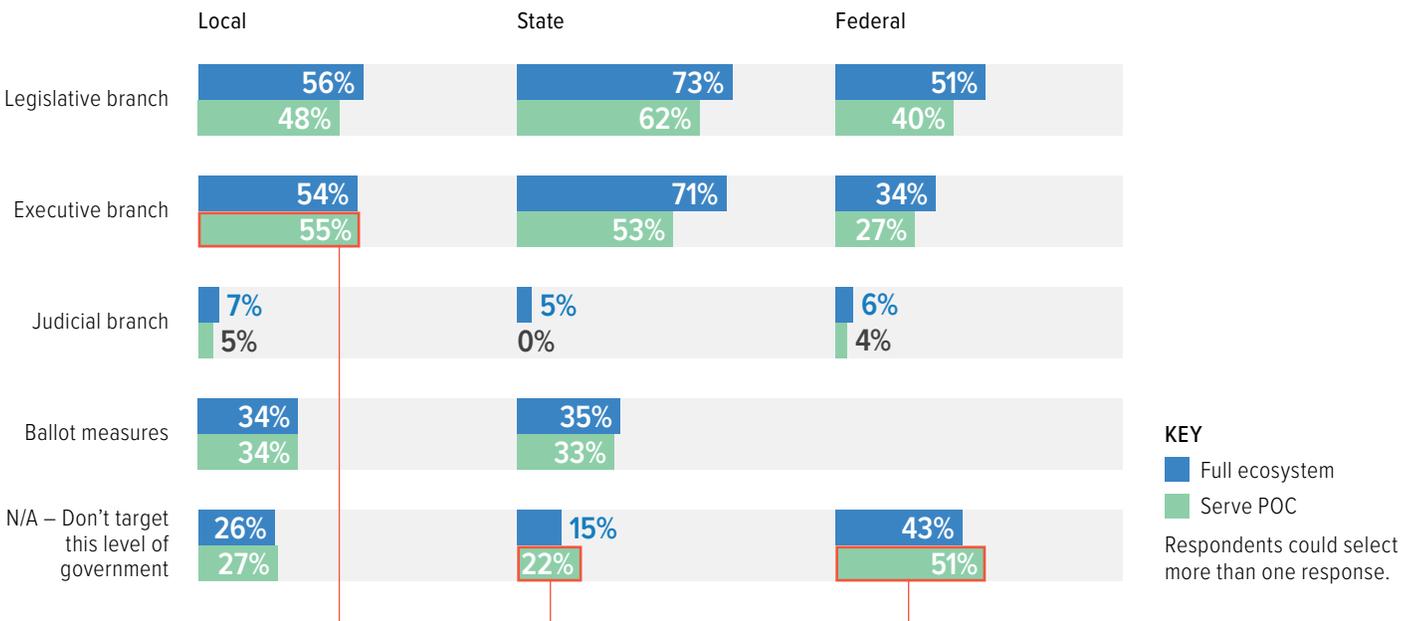
SECTION 4

Advocacy Targets and Tactics

A healthy advocacy ecosystem requires diverse actors engaged in a wide variety of strategies and tactics to advance priorities and respond to threats and opportunities at the local, state, and federal levels. Respondents were asked about the levels of government that they target with their advocacy work and the tactics that their organizations engage in for this work.

Across the advocacy ecosystem (shown in blue), respondents more often focus their work at the state level, with fewer working at the federal level overall. At each level of government, advocates most often target the legislative and executive branches, especially at the state and local levels. Fewer advocates target the judicial branch, while close to an even percentage of advocates work on state and local ballot measures. When comparing organizations that seek to serve and/or represent communities of color (shown in green) to the full ecosystem, these organizations are most aligned with trends at the local level.

Figure 4.1 Full ecosystem compared to organizations that seek to serve/represent communities of color



“ We are fairly adept at local policy when we can tap into state experts, but lack knowledge on how to work at a state or federal level.

Though over half work at the legislative and executive branches at the state level, organizations prioritizing communities of color have less of a presence than the larger ecosystem at each branch of government at the state and federal levels overall. They focus very slightly more than the larger ecosystem at the local executive branch.

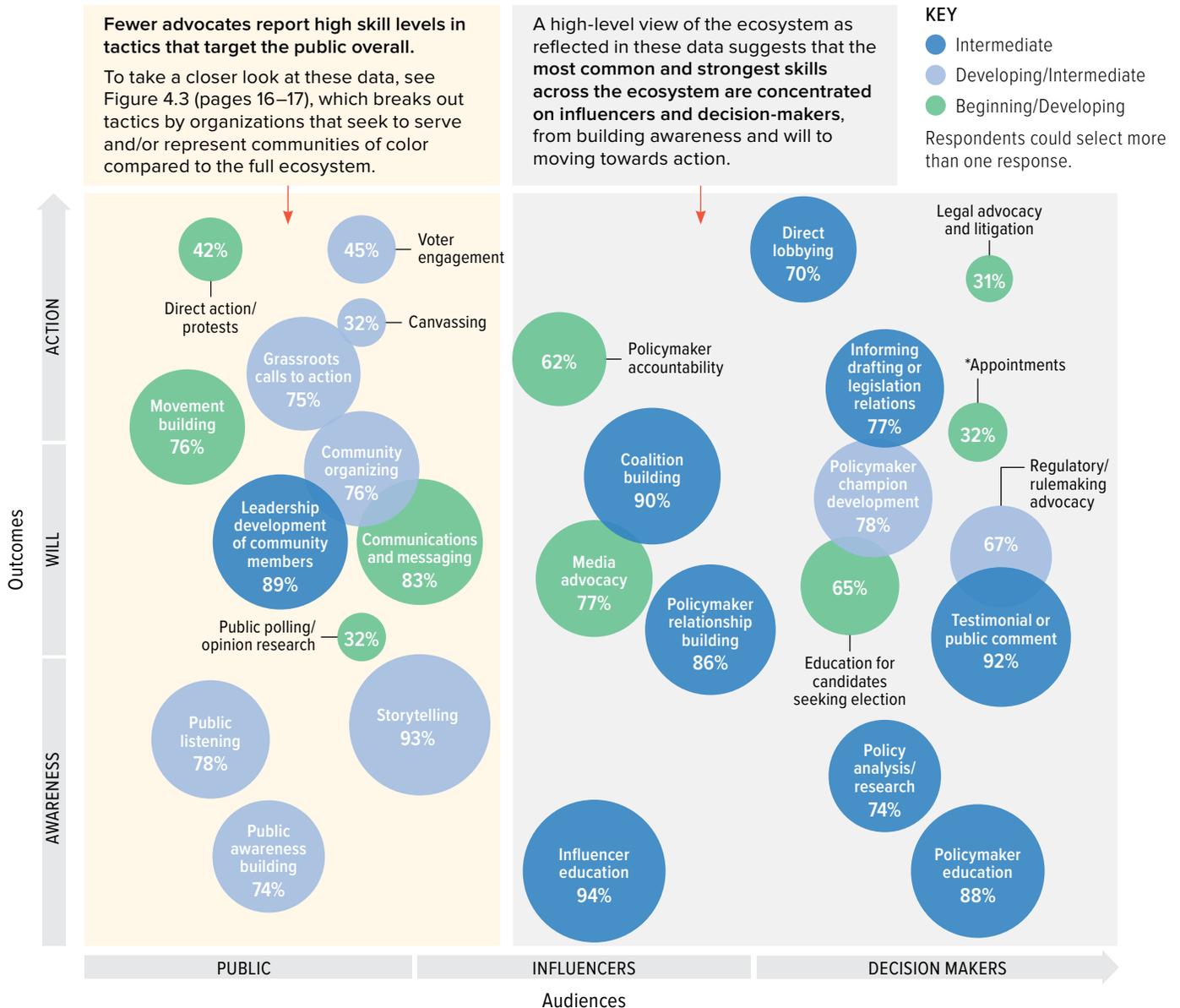
ADVOCACY TACTICS, AUDIENCES, AND OUTCOMES

Respondents selected the tactics that their organizations engage in and ranked their self-perceived skill levels (beginning, developing, intermediate, or advanced) for each tactic.

Aggregate responses are visualized in Figure 4.2 below using the Advocacy Strategy Framework, which maps tactics across the two main dimensions of an advocacy strategy: audience targeted (x-axis) and changes desired (y-axis). Audiences include the public, influencers, and decision-makers. Changes are on a continuum that range from basic awareness to willingness to take action to taking action.

In this visualization, circle size represents the percentage of respondents who said that their organization uses each tactic and color represents the average skill level reported for each tactic. Darker blue represents the highest average skills, which are intermediate, as few advocates rated themselves advanced across all skills. Lighter blue represents the next strongest skills, with averages ranging from higher developing to lower intermediate. Green represents the lowest averages, from beginning to just developing.

Figure 4.2 Ecosystem's Advocacy Capacities and Skill Levels



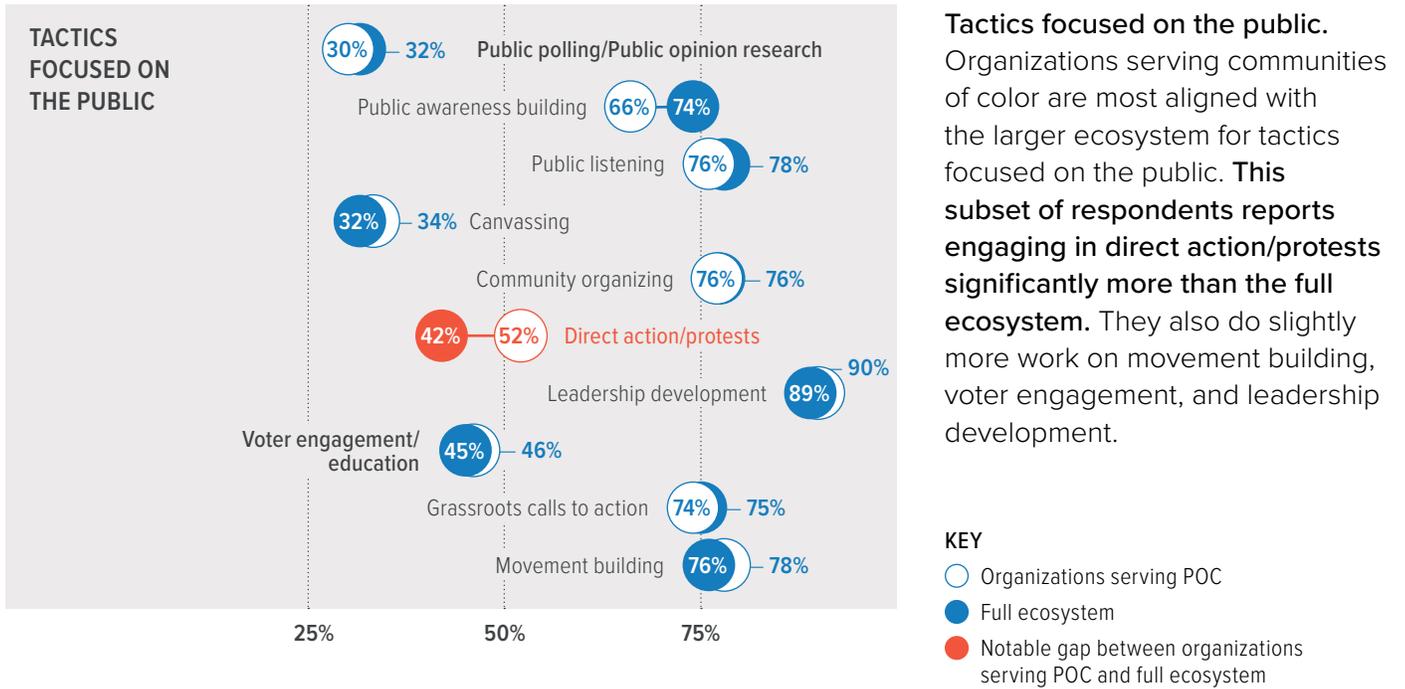
The Advocacy Strategy Framework was developed by Julia Coffman and Tanya Beer of the Center for Evaluation Innovation and published in March 2015. Available at: <https://www.evaluationinnovation.org/wp-content/uploads/2015/03/Advocacy-Strategy-Framework.pdf>.

* Average across appointments or nominations for executive branch vacancies (33%), judicial branch vacancies (18%), and public boards/commissions (45%).

ADVOCACY TACTICS BY PRIORITY POPULATIONS

Advocacy tactics are grouped into four main categories, focused on: the public, influencers, decision-makers, and cross-cutting tactics. The visualizations below compare the organizations that said they seek to serve and/or represent communities of color (50 respondents) to the full ecosystem of organizations (106 respondents) in terms of engagement in each tactic.

Figure 4.3 Tactics used by full ecosystem compared to organizations serving communities of color



Tactics focused on the public. Organizations serving communities of color are most aligned with the larger ecosystem for tactics focused on the public. **This subset of respondents reports engaging in direct action/protests significantly more than the full ecosystem.** They also do slightly more work on movement building, voter engagement, and leadership development.

“ [We rely] on partners to provide legal and political analysis of legislative issues and awareness of pertinent timing of action.

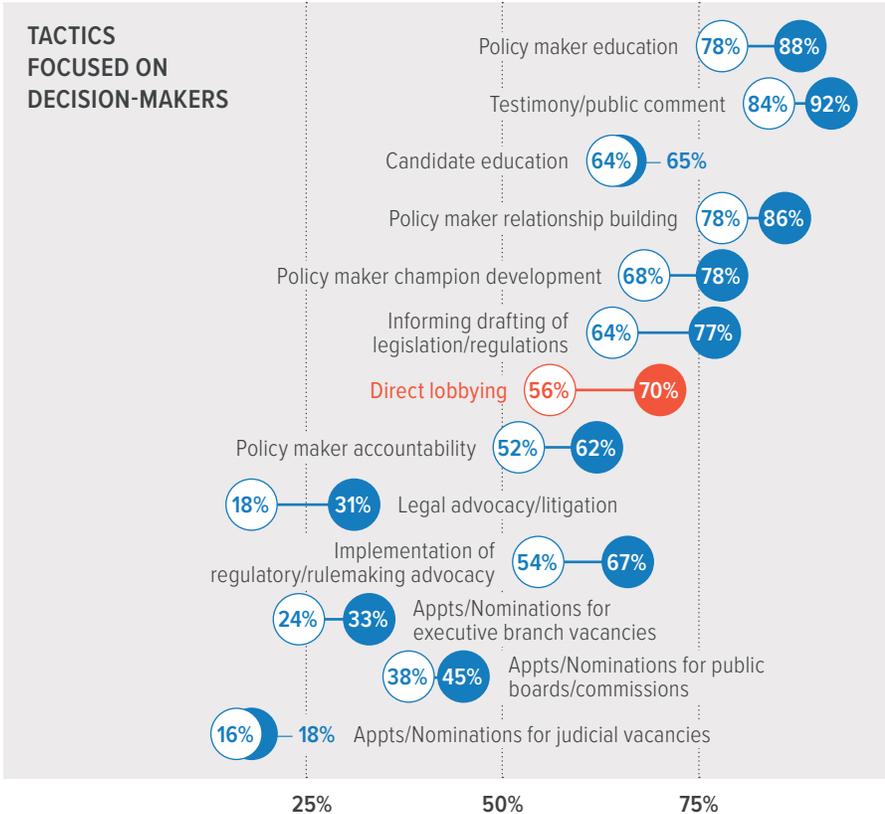
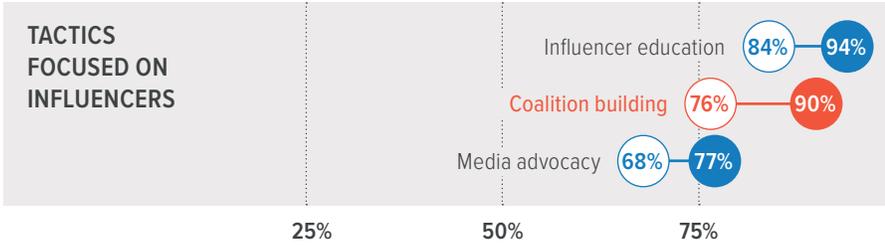
Rely on Partners

For some tactics, fewer organizations engage in the tactic themselves, but instead said that they rely on partners.

- 52% of total respondents rely on partners for **public polling/public opinion research**
- 27% of total respondents rely on partners for **voter engagement/education**
- 42% of total respondents rely on partners for **legal advocacy/litigation** (see page 17 for tactics focused on policy makers)

Organizations that seek to serve select lived experience groups compared to the larger ecosystem.

- Organizations that prioritize **individuals who are LGBTQIA+ (15 organizations)** report engaging significantly more (over 10%) than the full ecosystem in many tactics, including: public awareness building, public listening, canvassing, community organizing, direct action/protests, voter engagement, movement building, candidate education, policy maker accountability, and all three appointments/nominations.
- Organizations that prioritize **individuals who have low-income/low-wealth (85 organizations) and/or who are immigrants/refugees (37 organizations)**—like those that seek to serve communities of color—report engaging significantly less than the larger ecosystem in many tactics focused on influencers, decision-makers, and cross-cutting tactics, and slightly less in most tactics focused on the public.
- **Organizations that prioritize individuals who live in rural communities (37 organizations)** engage significantly less in grassroots call to action, direct action/protests, and leadership development. They engage more in public awareness building.



Tactics focused on influencers, decision-makers, and cross-cutting tactics. Organizations that seek to serve and/or represent communities of color report an average of 10% less engagement than the larger ecosystem across all other tactics. Some of the largest gaps are in policy analysis/research, direct lobbying, and coalition building.

The lower engagement in tactics by groups prioritizing certain communities is a place for further exploration and support.

KEY
 ○ Organizations serving POC
 ● Full ecosystem
 ● Notable gap between organizations serving POC and full ecosystem



DISCUSSION QUESTIONS

- ➔ What tactics are your organization’s strongest and where do you seek support from partners? Where do you target your work (local, state, federal)? For your organization’s areas of strength, how did you develop those skills and capacities?
- ➔ What does this mean for your role in the ecosystem? What specific value add do you have? How are you sharing your skills, collaborating, and/or receiving support from other advocates who bring different skill sets to the table?
- ➔ What could you do to share your skills/collaborate/receive support in ways that would increase your ability to effectively do your work/achieve your outcomes?

SECTION 5

Ecosystem, Partnerships, and Structure

Survey respondents were asked to list up to five advocacy partners and/or coalitions that their organizations work with. The reported Advocacy Ecosystem includes **350 organizations** with **438 connections**.

The purpose of collecting the partnership data from advocates was to begin exploring the key relationships within the ecosystem and the network structure produced by those relationships. Network structures are important in advocacy, as they reveal which organizations are more likely to collaborate, share resources, or hold power over decision-making in shared spaces such as coalitions.

The initial network data and findings offer a reference point for further building out an understanding of advocates, their relationships, and how the network structure supports or constrains advocacy in service of health equity. In this survey, advocates were asked to name their top five collaborators, so more relationships and organizations likely exist than have been documented thus far.

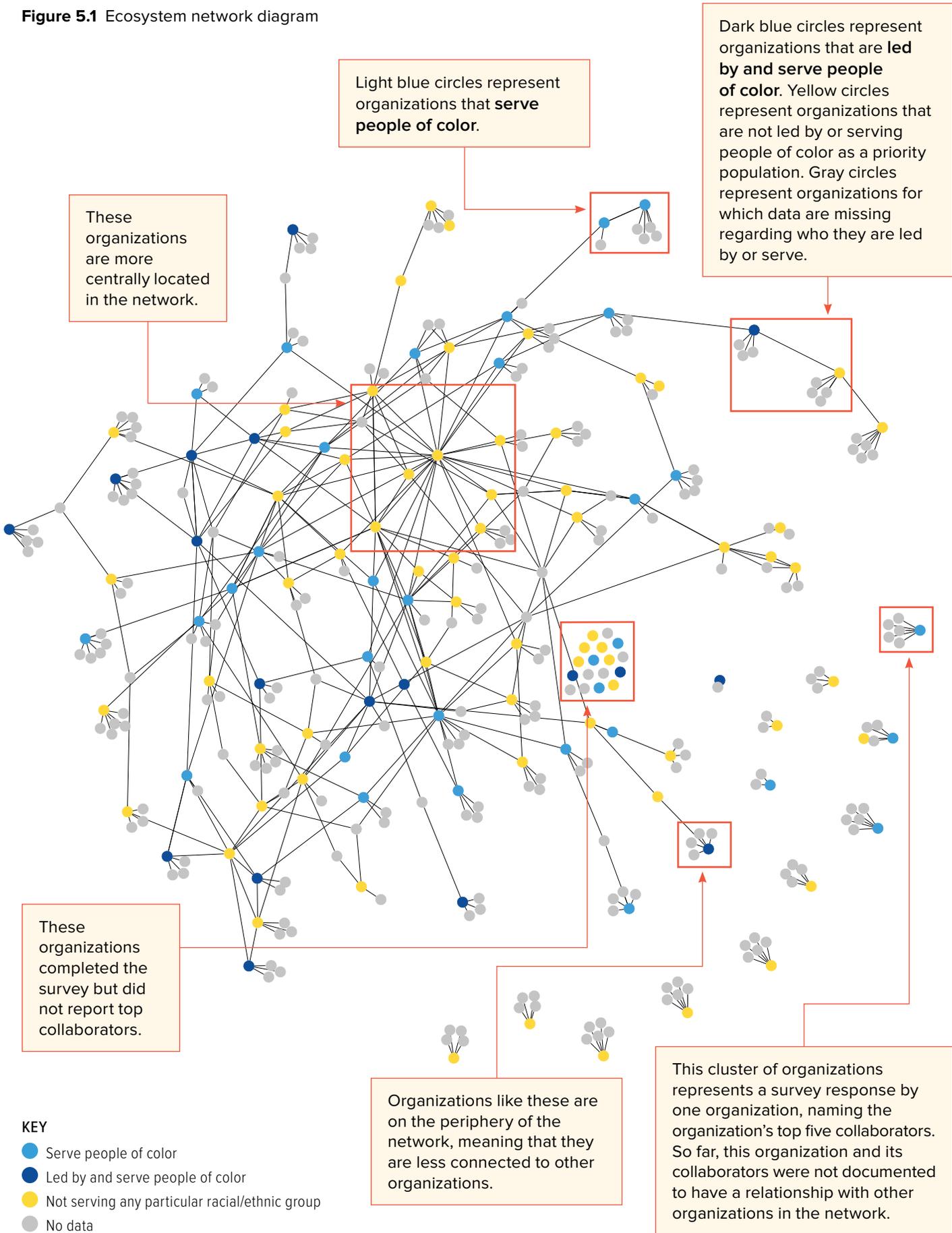
Within the reported ecosystem, **18 organizations are led by and serving people of color**, **35 organizations serve people of color** (but are not led by people of color), **60 organizations are not led by or serving people of color as priority populations**, and data are missing for 237 organizations (primarily organizations that did not complete the survey but were identified as collaborators by others). On average, organizations that are serving people of color are as centrally located in the network as organizations that are not serving these communities as priority populations.

“ [It is vital to] actively seek relationships with those we do NOT see eye to eye with, to find commonalities and work side by side.

Of the Top 10 Most Connected or Central Organizations in the Network:

- Four serve communities of color, but none report being led by people of color
- All 10 report working at the state level of government, eight work at the federal level, and six work at the local level
- None work in counties with a sparse advocacy presence (counties where four or fewer organizations reported working)
- Nine of the 10 organizations report serving individuals with low-income/low-wealth, while just one reports being led by this group
- Four organizations report serving individuals who live in rural communities and individuals who are workers, and one reports being led by these groups

Figure 5.1 Ecosystem network diagram

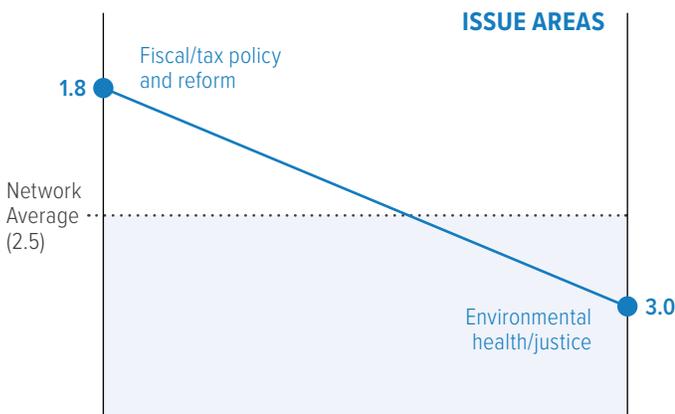


WHICH VOICES AND PERSPECTIVES ARE CENTERED IN THE ECOSYSTEM?

Advocacy ecosystems represent complex, evolving relationships and dynamics among organizations and individuals. Position and connections within the ecosystem can affect individual organizations by facilitating or limiting access to collaboration, information, and/or opportunities to elevate issues and campaigns. Organizations that do not possess as many connections or are outside of the inner circle, with less access and engagement, could face additional challenges having their voices heard.

These differences in the system—between voices that are more represented and voices that are less represented—often maintain the status quo, reinforcing existing power and privilege. Overlaying survey data and network data, five important differences in the network emerge, reflecting characteristics of organizations that are most to least connected* in the network:

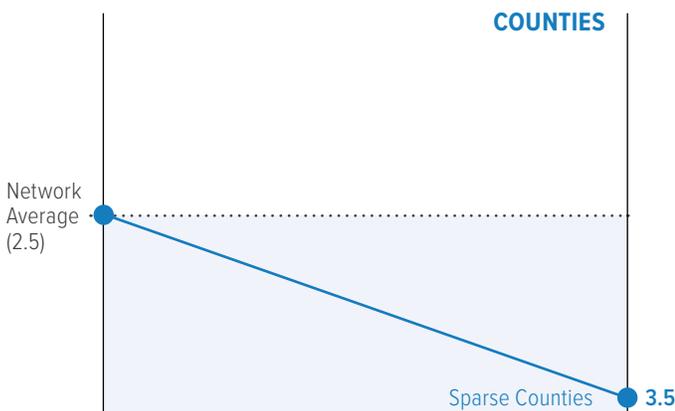
Figure 5.2



1

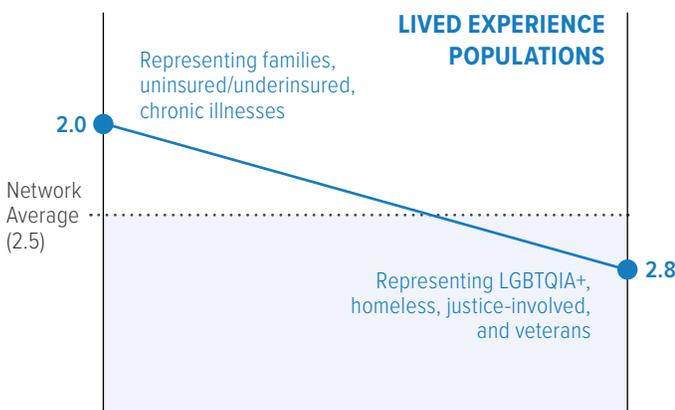
Organizations working on fiscal/tax policy and reform are more connected than the network average, while organizations working on environmental health/justice are less connected. These two issues represent the most and least connected issues in the network, respectively.

- Other highly connected issue areas include democratic representation and participation, early childhood education, and economic opportunity.
- Other less connected issue areas include homelessness and civil rights protections and anti-discrimination.



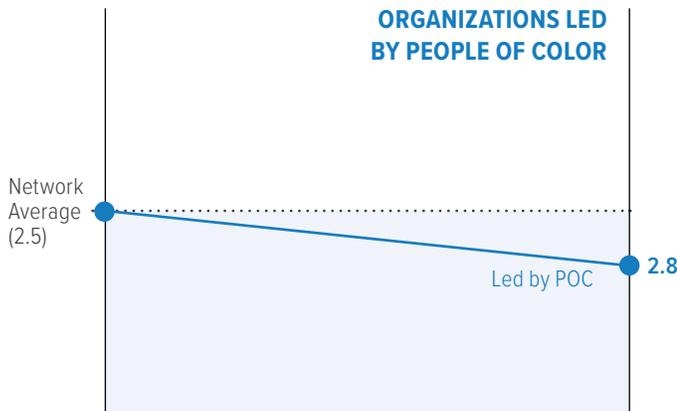
2

On average, organizations working in sparse counties are less connected to the network. Counties have a “sparse” advocacy presence if fewer than four organizations reported working there.

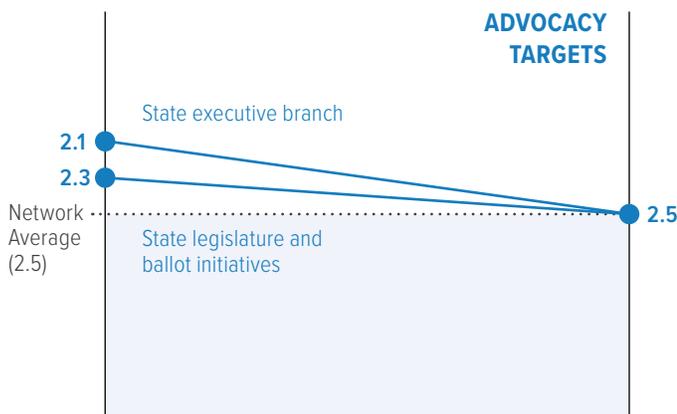


3

Organizations representing individuals who are LGBTQIA+, who are experiencing or have experienced homelessness, who have been justice-involved, or who are veterans are less connected than the network average. Highly connected lived experience groups include organizations representing families, individuals who are uninsured or underinsured, with chronic illnesses, who are workers, businesses, parents/guardians, and women. These categories are not mutually exclusive but represent different priority lived experience populations organizations may focus on.



4 On average, organizations led by people of color are less connected than the network average.



5 On average, organizations working at the state-level of government are more connected than the network average, ranging from those focused on the executive branch (2.1) to those focused on the legislature (2.3) or state ballot initiatives (2.3).

* In analysis, organizations were grouped in quartiles based on measures of network centrality. Organizations in the first quartile represent the most connectivity and organizations in the fourth quartile represent the least connectivity. These differences are calculated with the quartile scores (one through four) and reflect the average score for the organizations representing a particular characteristic.



DISCUSSION QUESTIONS

- Does this network reflect your reality? Would you consider your organization to be very connected, somewhat connected, not very connected, or not at all connected? Are you most connected to organizations that are similar to you in terms of populations served and tactical strengths or organizations that are different from yours in those respects?
- How does your position in the network impact your work?
- If you are less connected, what would help you to be more connected into the ecosystem? If you are more connected, how might you leverage your position in the ecosystem to make space for other organizations bringing different perspectives and skills?
- What would an ideal network look like to you?

Conclusion

The Colorado Health Foundation seeks to understand the ecosystem and support a continuum of advocacy that advances Coloradans' health priorities. As advocates, funders, or other actors within this ecosystem, CHF wants to hear your perspectives, ideas, and questions surrounding how to build a strong, diverse, and equitable advocacy ecosystem.

**How could CHF better support your work to make positive changes in the ecosystem?
What additional questions came up for you as you read this report?**

ABOUT THE COLORADO HEALTH FOUNDATION

The Colorado Health Foundation is bringing health in reach for all Coloradans by engaging closely with communities across the state through investing, policy advocacy, learning and capacity building. For more information, please visit www.coloradohealth.org.

ABOUT INNOVATION NETWORK

Innovation Network is a 501(c)(3) consulting firm that provides research, evaluation, and learning support to organizations working for equitable social change. For more information, please visit www.innonet.org.

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All analysis in this report is the work of Innovation Network.

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June 2020

THANK YOU

to all the organizations that participated by completing this survey.

9to5 Colorado
AdvocacyDenver
AFT Colorado
American Civil Liberties Union of Colorado
Bell Policy Center
Bright Futures
CASA of the 7th Judicial District
Center for Health Progress
Centro Humanitario
Chaffee County Public Health
Chaffee Housing Trust
Children's Hospital Colorado
Chronic Care Collaborative
Clayton Early Learning
Clinica Colorado
Colorado Association of Local Public Health Officials
Colorado Business Group on Health
Colorado Center on Law and Policy
Colorado Children's Campaign
Colorado Children's Healthcare Access Program
Colorado Coalition Against Sexual Assault
Colorado Coalition for the Homeless
Colorado Coalition of Manufactured Homeowners
Colorado Common Cause
Colorado Community Land Trust
Colorado Consumer Health Initiative
Colorado Cross-Disability Coalition
Colorado Fiscal Institute
Colorado Gerontological Society
Colorado Immigrant Rights Coalition
Colorado People's Alliance
Colorado Public Health Association
Colorado Safety Net Collaborative
Colorado Village Collaborative
Community Dental Health
Community Foundation Boulder County
Community Health Partnership CATCH
Community Resource Center
Connect for Health Colorado
Conservation Colorado
CoPIRG Foundation Corporation of Supportive Housing (CSH)
Council for a Strong America
Covering Kids and Families
Cultivando
Denver Children's Advocacy Center (DCAC)
Denver Opportunity Youth Initiative
Denver Youth Program
Denver Youth Program/GRASP
Early Childhood Council Leadership Alliance
El Comité de Longmont, Inc
Engaged Latino Parents Advancing Student Outcomes
Enterprise Community Partners
Family Resource Center Association
Florence Crittenton Services
Good Business Colorado
Grand Beginnings
Grand County Rural Health Network
Great Education Colorado
Growing Home, Inc.
Healthier Colorado
Hispanic Affairs Project
Housing Colorado
Housing Resources of Western Colorado
Hunger Free Colorado
Illuminate Colorado
Integrated Community
Jefferson County Public Health
Justice and Mercy Legal Aid Center
La Plata Youth Services
Latino Community Foundation of Colorado
Manna – The Durango Soup Kitchen
Mental Health Center of Denver
Metro Caring
Mile High Health Alliance
Mile High Youth Corps
MindFreedom Colorado
Mountain Family Center
New Era Colorado
NextFifty Initiative
Padres & Jovenes Unidos
One Colorado
Parent Possible
Park Hill Collective Impact
Peer Coach Academy Colorado
Pitkin County Public Health
Poetry for Personal Power
Project Angel Heart
Pueblo Triple Aim Corporation
Regional Institute for Health and Environmental Leadership (RIHEL)
RISE Colorado
River Valley Family Health Centers
Rocky Mountain Children's Law Center
San Luis Valley Immigrant Resource Center
Sister Carmen Community Center
Small Business Majority
Smart Colorado
Society of Health and Physical Education
Southwest Center for Independence
Stand for Children Colorado
Street Fraternity
Tennyson Center for Children
The American Diabetes Association
The Arc Arapahoe & Douglas
The Arc of Colorado
The Center for African American Health
The Children's Advocacy Center of the San Luis Valley
The Civic Canopy
The Colorado Black Health Collaborative
The Colorado Children's Immunization Coalition
The Consortium
The Fax Partnership
The Women's Foundation of Colorado (WFCO)
Together Colorado
Together We Count
Towards Justice
TRACKtech
Trailhead Institute DBA Colorado Blueprint to End Hunger
Tri-County Health Network
United for a New Economy
Urban Peak
West End Family Link Center
Western Colorado Alliance for Community Action
Westwood Unidos
Young Invincibles



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