



Voices for Health Justice: 2022 evaluation report

JULY 2022



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ICH is a nonprofit consulting organization that provides participatory evaluation, applied research, assessment, planning, training, and technical assistance. ICH helps healthcare institutions, foundations, government agencies, and community-based organizations improve their services and maximize program impact.

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Executive summary

Voices for Health Justice (Voices) is a program funded in part by the Robert Wood Johnson Foundation (RWJF) that provides grants and other support to organizations committed to health justice, racial justice, and anti-racism work. The overarching program goals are to increase access to health care, make healthcare more affordable, and increase the ability of the healthcare system to treat all people with dignity. With the core Voices program, RWJF is supporting Community Catalyst, Community Change, and the Center on Budget and Policy Priorities (together comprising the Voices Steering Committee), as well as the Altarum Healthcare Value Hub through an adjacent grant. This national infrastructure funds state 25 grantees across 24 states, each of which has between zero and six subgrantees. The grantee funding began in December 2020 and runs through March 2023. Voices supports projects that are rooted in building the power of communities facing disproportionate health inequities, including low-income communities and communities of color (Black, Indigenous, Hispanic, Latino/a/e/X, Arab/Arab American, Southeast Asian, Asian, Asian Pacific Islander, Native Hawaiian, Desi and/or immigrant communities). The support consists of both funding and the provision of [technical assistance \(TA\)](#) and connections with other programs. The program is also running a communications strategy called [the National Wave](#) which seeks to build momentum for initiatives and priorities held in common across the various projects. Finally, the program has funded additional states and organizations through strategic Rapid Response grants (see [Appendix A](#) for more details on Rapid Response grants).

The Institute for Community Health (ICH) is the evaluation partner for the Voices program. Our evaluation is guided by [equitable evaluation principles](#) and participatory approaches. Our evaluation plan identifies six domains of inquiry along with a cross-cutting focus on structural racism: 1) deep and broad community engagement, 2) power ecosystems, 3) sustained capacity growth, 4) narrative change, 5) policy, budget, and administrative outcomes, and 6) community power. To explore evaluation questions within each of the domains, we use a range of data collection approaches, including group interviews with funded state project teams, a longitudinal social network analysis (SNA) survey, reflection sessions with the Voices Steering Committee, review of secondary data, and in-depth case studies with six project teams. We are partnering with an Evaluation Advisory Committee (EAC) made up of grantee and subgrantee representatives to guide the direction of the evaluation and the interpretation of findings, and we have also engaged with the Voices Steering Committee to provide input into our work.

This report describes our findings from the time period that corresponds roughly with months 7-19 out of 28 months of grantees' work. This is still relatively early in the timeline of our planned data collection, and the objective of this report is to review the learnings we have identified from various data sources so far and begin to draw together the major themes that unite them. This should be considered a preliminary report that can be used to facilitate ongoing productive discussions among stakeholders regarding current and future programming.

In this report, we first review updates on Voices activities that are coordinated by the Steering Committee and TA partners: TA provision, the National Wave, and the Rapid Response grants. Next, we discuss evaluation process activities, including our work with the Evaluation Advisory Committee (EAC), the reflection sessions with the Steering Committee, and the process we used to select case study states. After that, we discuss our primary data collection results to date: the group interviews with each state team and the first administration of the Social Network Analysis. Next, we discuss our findings from secondary data analysis of grantee annual reports and of states' reported policy and administrative wins. We conclude by discussing uniting themes across our data collection methods.

DEFINING COMMUNITY POWER

Throughout this report, we follow the language in the Voices application materials by using the terms 'building community power' or 'building power in communities.' We recognize that these terms may mean different things to different people and that there is no standard definition currently being used by the program. However, we found that the following definition¹ of community power resonates widely with those impacted by Voices:

Community power is "the ability of communities most impacted by structural inequity to develop, sustain and grow an organized base of people who act together through democratic structures to set agendas, shift public discourse, influence who makes decisions and cultivate ongoing relationships of mutual accountability with decision makers that change systems and advance health equity"

Our [theory of change](#) further develops this concept as follows: Community power means:

- Community members are invited and welcomed into spaces where they have historically been excluded, including decision-making arenas
- Community members have leadership roles
- Policies are intentionally designed – design is led by or done in collaboration with the people impacted
- Community members are valued and compensated for their time, insight, and energy
- Community members have more agency and can make informed choices about if/how to participate
- People being impacted are centered and can demand and create positive change

Throughout this report, we use this understanding of community power-building. Exploring what this means and how it plays out is a central area of exploration for the evaluation moving forward.

1. Pastor, M., Ito, J., & Wander, M. (2020, September). [Leading Locally: A Community Power-Building Approach To Structural Change](#). Los Angeles, CA: USC Dornsife Equity Research Institute.

Update on Voices for Health Justice activities

Technical assistance: As part of the program, grantees and sub-grantees receive individual project TA from a small team of people from the Steering Committee organizations and the TA provider Altarum Healthcare Value Hub, as well as McCabe Message Partners. Small group TA was added in response to grantee requests on initial capacity assessments. Small groups TA is available for states working on similar issues, and cohort-wide TA opportunities are available to all projects.

TA providers give assistance in several major areas based on Community Catalyst's [six capacities for effective advocacy](#): campaign development and execution, grassroots organizing, policy analysis and advocacy; communications, coalition and stakeholder alliance, resource development, and organizational development. We found that campaign, communications, and coalition and stakeholder alliances were the most in-demand TA areas during the early quarters and steadily less utilized during later quarters, while demand for other topics was more consistent over the timeframe.

Successful practices identified by TA providers included offering grantees a menu of TA options including specific skills and areas of expertise they could focus on, sharing resources available from the Steering Committee national organizations, and taking the role of a partner in the team rather than that of an outside expert. In addition, grantees noted that they found it most useful when TA providers were flexible and focused on problem solving, idea development, and brainstorming during meetings. Grantee teams also shared that TA brought added capacity, policy expertise, and relevant knowledge to support their work, in addition to opportunities to build coalition relationships both within and between states.

National Wave: The National Wave supports coordinated media campaigns that strategically elevate the work of state partners. National Wave topics are identified by members of the Steering Committee and TA providers, and campaigns consist of multiple media centered activities supported by the Voices communications manager. The first 'mini' or pilot wave occurred in March-May 2021, and focused on equitable COVID-19 vaccine distribution, where participating state partners were provided support and tools (including media materials or draft OpEds) to help build a community-centered narrative to illustrate gaps in vaccine access and actionable policy solutions. The current wave focuses on campaigns to support Cover All Kids state legislation.

Learnings from the pilot National Wave identified the following recommendations: focus on state and local initiatives instead of national policies; build in enough time to help each state team modify and align their efforts; be highly responsive to states' needs; and ensure the National Wave furthers existing work of the state partners. After the pilot wave, these recommendations were integrated into the approach for the current National Wave.

Rapid Response funds: The Steering Committee also has a reserve of Rapid Response funds to support strategic and timely work that advances Voices goals of increasing health care access, affordability, and dignity. The work supported by these funds is aligned with but not central to the

efforts of the Voices state grantees, and we report on the progress with Rapid Response funds in [Appendix A](#).

Evaluation process activities

Evaluation Advisory Committee learnings: Throughout the evaluation, we have been advised by the Evaluation Advisory Committee (EAC), a group of people representing a wide variety of grantee and subgrantee perspectives. The purpose of the EAC is not only to gather ideas and input from people that are closest to the work of the program, but also to create a space that promotes reflection and evaluative thinking, to build relationships and community, as well as to promote networking among the grantees. We strongly feel that the Voices evaluation is stronger for incorporating grantee and subgrantee perspectives from the beginning and throughout the evaluation process. The EAC has guided us to understand how grantee teams were conceptualizing the program and community power overall, and has advised us on identifying evaluation activities that will be effective in helping us gain understanding of grantees' work.

Learnings about implementing an evaluation advisory committee have include the following: it is important to begin by building authentic, genuine relationships before committing to the work; to maximize engagement, information should be kept focused, relevant, and straightforward; to promote fruitful discussions, meetings should balance structure and flexibility; it is important to simultaneously recognize the value of all members' contributions AND the unavoidable power dynamics in a mixed group; people of color might be more hesitant to demonstrate vulnerability by sharing early or emerging ideas; to foster comfort, it is important to provide multiple channels to contribute to the discussion including real-time, offline, written, and spoken channels.

Steering Committee reflection sessions: Through our partnership with the Steering Committee, we have facilitated three reflection sessions to promote reflection and evaluative thinking and to gather data and input into the evaluation approach. The first reflection session, in September 2021, focused on identifying criteria to use for selecting case study projects. The second session, in January 2022, focused on how the Steering Committee has worked to center race and anti-racism in the Voices program design, grantee selection, and ongoing implementation. The third session, in May 2022, focused on reactions to the findings from the qualitative interviews with the state project teams, with emphasis on how those findings could inform future programs. In all of these sessions, we have been able to observe Steering Committee members reflecting on past progress, absorbing lessons, and proactively deciding upon improvements. We integrate learnings from these sessions throughout the report.

Case study selection: A central part of the Voices evaluation is conducting in-depth case studies with a sample of state project teams. Case studies data will be gathered through in-depth engagements with six individual state teams. We used a systematic process to select a diverse set of projects, taking into account a number of factors, including geography, partisan lean, intra-coalition relationships, and the state teams' willingness and capacity to participate in the case study process. The six projects we

selected are Colorado, Georgia, Illinois, Massachusetts, Louisiana, and Washington, DC. Because each project is taking a different approach and is at a different point in the process, each case study will be customized and will focus on the specific lessons we can learn from that project. Compared to the overall cohort of Voices states, the case study states are more liberal (the states who declined to participate were all more conservative), have the same number of sub-grantees on average, and have policy and legislative aims that are resonant across all Voices state teams. Case studies are only just beginning, and case study findings will be available towards the end of the grantees' funding period.

Primary data collection results

Group interviews: We conducted semi-structured qualitative group interviews with state project teams in the fall of 2021. A brief summary of what we learned from the interviews is provided in this report, and more details can be found in the [full report on interview findings](#).

When asked about the power ecosystems within their states, interview participants reflected on their coalitions' challenges and facilitators and many described significant benefits and value added by working in collaboration with one another, including thought partnership, increased credibility with various communities, and emotional support. Challenges in forming these beneficial collaborations included coming to agreement when organizations have different political objectives, capacities, and understandings of racial and health justice issues across different communities; and working virtually due to the COVID-19 pandemic. Interview participants agreed with the Steering Committee that a history of prior collaboration, complementary skill sets and capacities, and shared values made the work easier. Participants also suggested that good practices to support strong partnerships include transparent and regular communication and role clarity. Finally, some teams commented that the flexibility of the Voices program fostered stronger relationships.

State project teams were also asked to discuss their approaches to building community power. Teams shared their approaches to organizing and leadership development as components of power-building, highlighting that they are focusing on the most marginalized populations, including low-income communities and communities of color. Many state project teams were in early phases of their organizing work, and described their efforts around building relationships, earning trust, and learning from communities. Teams highlighted that they were hoping to build a broad base of support and bring together different communities of color to further the work. Interviewees also described their approaches to leadership development, including informal ways to identify and encourage leaders as well as more concrete leadership training programs and curricula.

When asked about the anti-racism focus of their work, various grantees and sub-grantees expressed that a racial justice or anti-racism lens is core to everything they do, although this was operationalized in different ways among the Voices organizations. Interview participants described activities such as internal trainings on racial justice topics, hiring efforts to diversify staff, looking at data disaggregated by race, centering race in communications, and re-orienting organizing work to have a racial justice

focus by more intentionally following the community's lead in identifying priorities. Some interviewees also shared that the Voices partnerships have helped them further their racial justice priorities.

A salient theme that cut across interview topics was the dynamic and long-term nature of this work, with teams highlighting multiple stages of work involved in the path to long-term change. A critical step involves building long-term relationships and trust within coalitions, as well as relationships with the communities of focus. Policy goals and associated plans identified in the grant proposal phase may need to be reoriented as the work proceeds, necessitating a responsive and iterative approach.

Social network analysis findings: The first question we explored with the data from the social network analysis (SNA) survey was whether organizations of color were substantively leading the work, using centrality within the state network as an indicator. The average centrality of organizations of color was not statistically significantly higher than that of organizations not meeting the definition of organizations of color. However, both the average centrality and the range of the variation of centrality are higher for organizations of color, suggesting that there may be a meaningful difference even in the absence of statistical significance. Trends in these numbers in future iterations of the survey will be useful in understanding how meaningful these differences are. The second question we explored was whether state networks were more closely connected after one year of work than before the Voices project started; we calculated this through examining the density of the network before the Voices project (2020) compared to at the end of the first year of the grant (2021). We found that the networks were significantly denser in 2021 than in 2020.

Secondary data analysis

Policy wins and related achievements: In our analysis of policy wins compiled by Community Catalyst, it was notable that there were fewer outcomes reported in the second 9-month period (September 2021 – July 2022) than in the first 9-month period (December 2020 – August 2021), and also that the states reporting policy wins were substantially more politically liberal than the overall set of Voices states. In addition, it is important to note that there are many factors that contribute to a policy win; specifically, although the policy outcomes compiled here are all related to Voices goals, some of them are the result of many years of community organizing, advocacy, and legislator education on related issues, much of which predated the Voices funding.

Policy wins related to Voices Projects

- In 2021, grantees from California successfully prevented the closure of seven Head Start locations in Oakland, and collectively preserved 52 child care slots and 30 Head Start teaching jobs.
- Legislation passed in Colorado that established a health benefit plan within health insurance options for individuals regardless of immigration status, and expanded affordable healthcare for immigrants regardless of immigration status.
- In Ohio, grantees secured expanded eligibility for childcare subsidies, a year of guaranteed postpartum care, and guaranteed Medicaid treatment for breast cancer and cervical cancer.
- Virginia witnessed the eradication of a law that required residents to have a 10-year work history before qualifying for Medicaid benefits. In addition, Virginia expanded Medicaid prenatal coverage to pregnant women regardless of immigration status.
- In 2022, Colorado signed reproductive rights legislation thereby protecting reproductive rights as fundamental rights under the law.
- Healthcare coverage for all adults age 42 and up regardless of immigration status expanded under Illinois law.
- Maryland saw an increase in Medicaid coverage to pregnant people for prenatal and postpartum care regardless of immigration status.
- In July 2022, Massachusetts cohort member MSAC contributed to a successful effort to raise the state's Medicare Savings Program eligibility threshold to 225% FPL.

Learnings from grantee annual reports: Grantees are asked to periodically report on their activities to the Steering Committee. In these reports, grantees share their reflections on accomplishments, challenges, goals, and experience with Voices TA. In reflecting back on what they have accomplished in their first year, many grantees highlighted the successes they have had in getting their Voices projects started, as well as their thoughts on successful organizing strategies and techniques for messaging to their base. Many grantees wrote about the importance of clear and understandable communication, and recommended tying concrete realities and experience to more abstract concepts around health inequity. Some noted that outreach should be tailored to community preferences about communication formats and should be accessible to people who speak different languages. Grantees also shared that direct engagement through one-on-ones is most effective for bringing people into active roles, but that other forms of outreach (e.g., texts, emails, virtual events) can be effective for sharing information and raising awareness.

Grantees were also asked about what direct impacts on decision-makers they have been able to achieve through their organizing. A significant number of programs reported that they have been successful in connecting members of their communities with lawmakers to share their stories, which they feel impacted lawmakers' decisions.

Grantees were also asked to reflect on challenges they encountered. Almost all grantees discussed the ongoing external challenge of COVID-19 and the way it has impacted and will continue to impact their work. Grantees also emphasized that the state and national political climate is a significant external factor affecting their ability to reach goals. This includes projects in conservative political settings as well as some in more liberal states, who noted that in election years, legislators tend to be less willing to take policy action that may be controversial. Grantees also experienced challenges building coalition relationships and staffing key positions; while these challenges are experienced within project partnerships and individual organizations, they are related to broader macroeconomic and political environments that affect organizational priorities and capacities.

Finally, grantees shared how they have changed their strategies in light of their experiences and learning. Grassroots engagement remains central to most organizations' work, and many grantees noted that they are becoming more effective in virtual and remote engagement, which is now a longer-term reality than initially expected. A number of grantees noted that they are now able to move towards broader community engagement and messaging, and several noted that they are focused more now on collecting stories and lifting up community voices, sometimes as part of a messaging strategy for pushing back against misinformation. Finally, some grantees shared that they are moving their focus to administrative advocacy; this includes grantees who had success passing policies in their first year who are working on ensuring that the policy is enacted in the best way possible, as well as some who experienced challenges building support for legislative change.

Discussion

Although we are still early in our evaluation, themes have started to emerge around several of our domains of inquiry that cross-cut the various data collection methods we are using.

Deep and broad community engagement: It was clear that many state coalitions feel that at 18 months into the grant, this work is only beginning. Although a number of obstacles influenced the pace of work, including the need to do defensive advocacy, natural disasters, and COVID-19-related barriers, it is apparent that even in the absence of emergencies the work of engaging community takes significant time, and that a 2-year funding cycle can at best lay groundwork for a longer-term change in patterns.

Power ecosystem: The results of our inquiries using the social network analysis around the leadership of lead grantees and organizations meeting the project definition of "organizations of color" were indeterminate. Through our qualitative work, we have gained additional perspective on the various roles of organizations within the state coalitions, and come to understand that leadership has more

nuance than we originally understood. The role of project lead may look very different in different projects, and in some cases a subgrantee may be acting as the project convener, for example. We will explore this further through the rest of the evaluation.

Policy, budget, and administrative outcomes: It was notable that there were fewer policy wins reported in the second year than in the first, and also that the states reporting outcomes were substantially more politically liberal than the overall set of Voices states. In addition, it is important to recognize that there are many factors that contribute to a policy win, and that some of the biggest policy outcomes reported by Voices grantees are the result of many years of effort predating the grant funding. The advocacy and organizing work of Voices teams during the life of the grant is meaningful, but just one factor within a complex set of contributions.

Community power: It clearly emerged from our qualitative data that building community power is much longer-term than the duration of the Voices grants. Although the Voices grants have allowed grantees to begin this work – or in some cases to continue work that was previously funded through other mechanisms – in order to have long term impact the funding needs to be both longer-term and less project-specific. Significant funding and time need to be dedicated to participatory processes for developing project plans that include relationship-building between organizations, organizing within the communities, and collectively developing objectives with participation from both community and organization stakeholders.

Looking forward: Now that the grantees are more than 18 months into their 26-month funding period, the next phase of the evaluation will focus on understanding changes over time as well as identifying additional lessons that can inform future programs and the broader power-building field.

I. Introduction and data sources

Voices for Health Justice (Voices) is a program funded in part by the Robert Wood Johnson Foundation (RWJF) that provides grants and other support to organizations committed to health justice, racial justice, and anti-racism work. The overarching program goals are to increase access to health care, make healthcare more affordable, and increase the ability of the healthcare system to treat all people with dignity. With the core Voices program, RWJF is supporting Community Catalyst, Community Change, and the Center on Budget and Policy Priorities (together comprising the Voices Steering Committee), as well as the Altarum Healthcare Value Hub through an adjacent grant. This national infrastructure funds 25 state grantees across 24 states, each of which has between zero and six subgrantees. The grantee funding began in December 2020 and runs through March 2023. Voices supports projects that are rooted in building the power of communities facing disproportionate health inequities, including low-income communities and communities of color (Black, Indigenous, Hispanic, Latino/a/e/X, Arab/Arab American, Southeast Asian, Asian, Asian Pacific Islander, Native Hawaiian, Desi and/or immigrant communities). The support consists of both funding and the provision of [technical assistance \(TA\)](#) and connections with other programs. The program is also running a communications strategy called [the National Wave](#) which seeks to build momentum for initiatives and priorities held in common across the various projects. Finally, the program has funded additional states and organizations through strategic Rapid Response grants (see [Appendix A](#) for more details on Rapid Response grants).

Throughout this report, we follow the language in the Voices application materials by using the terms 'building community power' or 'building power in communities.' We recognize that these terms may mean different things to different people and that there is no standard definition currently being used by the program. However, during the evaluation's formative period, we extensively explored this concept by conducting a landscape scan resulting in our white paper "[Community power: Deconstructing the concept and understanding evaluation approaches](#)". We further engaged with the concept via our participatory evaluation planning involving Steering Committee members, RWJF staff, grantees and sub-grantees. We found that the following definition of community power, created by the Lead Local project report, resonates widely with those impacted by the Voices project:

Community power is "the ability of communities most impacted by structural inequity to develop, sustain and grow an organized base of people who act together through democratic structures to set agendas, shift public discourse, influence who makes decisions and cultivate ongoing relationships of mutual accountability with decision makers that change systems and advance health equity."¹

Our [theory of change](#), developed as part of the participatory evaluation planning period, further develops this concept as follows:

¹ Pastor, M., Ito, J., & Wander, M. (2020, September). Leading Locally: A Community Power-Building Approach To Structural Change. Los Angeles, CA: USC Dornsife Equity Research Institute.
https://static1.squarespace.com/static/5ee2c6c3c085f746bd33f80e/t/5f98a9a4cd172a172549dcce/1603840428427/Leading_Locally_FULL_Report_web.pdf

Community power means:

- Community members are invited and welcomed into spaces where they have historically been excluded, including policy-making spaces and other decision-making arenas
- Community members have leadership roles
- Policies are intentionally designed – design is led by or done in collaboration with the people impacted
- Community members are valued and compensated for their time, insight, and energy
- Community members have more agency and can make informed choices about if/how to participate
- People being impacted are centered and can demand and create positive change

Throughout this report, we use this understanding of community power-building. Exploring what this means and how it plays out is a central area of exploration for the evaluation moving forward.

The Institute for Community Health (ICH) is the evaluation partner for the Voices program. Our evaluation is guided by [equitable evaluation principles](#) and participatory approaches, and began with a four-month intensive design phase to develop a [theory of change](#) and an [evaluation plan](#). During this period we also created a [white paper](#) on the topic of community power and evaluation approaches to the concept. Over the design period and ongoing implementation of the evaluation plan, we have formed and engaged with an Evaluation Advisory Committee (EAC) made up of grantee and subgrantee representatives to guide the direction of the evaluation and the interpretation of findings. We have also engaged with the Voices Steering Committee to guide us.

Our evaluation plan identifies six domains of inquiry along with a cross-cutting focus on structural racism: 1) deep and broad community engagement, 2) power ecosystems, 3) sustained capacity growth, 4) narrative change, 5) policy, budget, and administrative outcomes, and 6) community power. As articulated in the [full evaluation plan](#), we are guided by Barsoum and Farrow's [power-building framework](#); within this framework, community engagement, power ecosystem development, and capacity growth are elements of building power, which can then be channeled towards particular goals, such as narrative, policy, or other changes that are aligned with community needs and priorities.² As such, we see the first five domains of inquiry as all being aspects of the broader overarching domain of community power. This is also reflected in the Voices [theory of change](#), which was co-developed with the EAC and the Voices Steering Committee, and incorporates multiple stakeholders' perspectives on what community power means within the context of this program.

To explore evaluation questions within each of the domains, we are utilizing a range of data collection approaches, including reflection sessions with the Voices Steering Committee, review of secondary data, group interviews with state project teams, a longitudinal social network analysis (SNA) survey,

² Barsoum, G. and Farrow, F. An Ecosystem to Build Power and Advance Health and Racial Equity: A Report for the California Endowment. Center for the Study of Social Policy. 2020. https://www.calendow.org/app/uploads/2021/09/An-Ecosystem-to-Build-Power-Final-Report_2021.pdf

and in-depth case studies with six projects. Evaluation data sources for this report are summarized in Table 1 below, and further details about domains and methods are available in the full evaluation plan.

Table 1: Evaluation data sources

Data source	Description and timeframe of data collected thus far	Data included in this report
Reflection sessions with Voices Steering Committee	<p>ICH facilitates discussions with the Voices Steering Committee on selected topics.</p> <p>Sept 2021: discussion of criteria for selecting case study projects</p> <p>Jan 2022: discussion of race and anti-racism in Voices design and implementation</p> <p>May 2022: discussion of findings from qualitative interviews with state project teams</p>	Information from Jan and May sessions are included here
Secondary data: reports from project teams	Each state teams completed an interim oral report before July 31, 2021 and a Year 1 written report in January 2022 based on a template provided by Community Catalyst	<p>Data from Year 1 written reports are included here</p> <p><i>Data from interim oral reports were summarized in the initial evaluation report that was prepared in Oct 2021</i></p>
Secondary data: TA tracking	TA providers document TA provision in a database and provide information to ICH on a quarterly basis	<p>Data from Q3-Q6 (Jun 2021-May 2022) TA tracking are included here</p> <p><i>Data from Q1 and Q2 (Dec 2020-May 2021) were summarized in the initial evaluation report that was prepared in Oct 2021</i></p>
Secondary data: policy tracking	Community Catalyst tracks and compiles policy wins that Voices organizations were involved in	<p>Policy wins from Oct 2021-Jun 2022 are included here</p> <p><i>Policy wins from Dec 2020-Sep 2021 were summarized in the initial</i></p>

		<i>evaluation report that was prepared in Oct 2021</i>
Secondary data: Rapid Response grant documentation	Community Catalyst tracks data on the Rapid Response grants they make and the associated outcomes.	Information about Rapid Response grants are included here
Group interviews with state project teams	ICH completed qualitative group interviews with the state project teams in Fall 2021 to begin exploring how these groups are thinking about and approaching their work within each of our six core domains of inquiry	Core findings from interviews are briefly summarized here <i>Full interview findings are summarized in the interview report that was prepared in Apr 2022</i>
Social network analysis survey	ICH administered a social network analysis survey in November / December 2021 to all grantees and subgrantees to understand the local power ecosystem within each state and how it is evolving over the grant period	Findings from the SNA survey are included here
Case studies	ICH has begun engaging with six state projects in order to conduct case studies: Louisiana, Georgia, Washington DC, Massachusetts, Illinois, and Colorado. Specific data collection will be determined in partnership with each state project team.	An initial profile of each case study project is included here

As shown in the timeline to the right (Figure 1), our participatory design phase lasted from Apr-Jul 2021, and we have been carrying out the evaluation plan since Aug 2021. At the time that this report is being prepared, in July of 2022, the grantees have been working for about 19 months out of their 28 funded months, and the evaluation is still relatively early in our data collection phase. The objective of this report is therefore to review the learnings we have identified so far and begin to identify the major themes that unite them. This should be considered a preliminary report that can be used to facilitate ongoing productive discussions among stakeholders regarding current and future programming.



Figure 1: Voices for Health Justice grant and evaluation timeline

II. Update on Voices for Health Justice activities

A. Technical Assistance (TA) tracking and feedback

TA tracking: As part of the program, grantees and sub-grantees receive individual project TA from a small team of people from the Steering Committee organizations and the TA provider Altarum Healthcare Value Hub, as well as McCabe Message Partners. The Steering Committee’s aim is to have common threads between TA providers’ skill sets and project foci. Small group TA was added in response to grantee requests on capacity assessments. Small groups are available for states working on similar issues, and cohort-wide TA is available for all projects.

TA providers record details about each meeting in a tracker, including the capacity being focused on during each meeting. Our previous report included TA data from Year 1 Quarter 1 and Quarter 2. Figure A below illustrates the numbers of meetings held per quarter per program, showing that most programs had between 2-3 meetings per quarter.

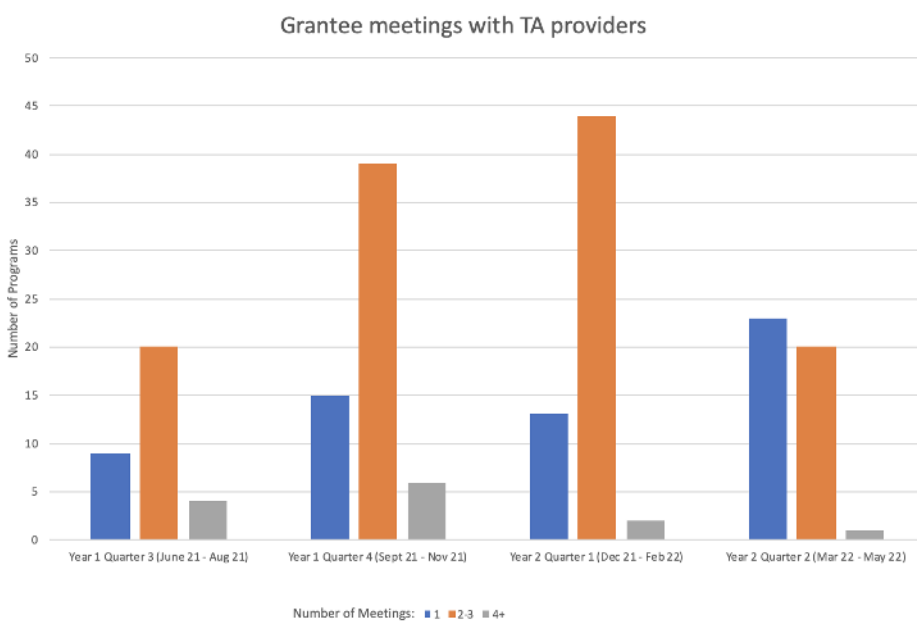


Figure 2: Grantee meetings with TA providers

TA providers categorize each meeting according to which capacity areas the call was addressing, with categories based on Community Catalyst’s [six capacities for effective advocacy](#). This includes campaign development and execution, grassroots organizing, policy analysis and advocacy; communications, coalition and stakeholder alliance, resource development, organizational development, and other.³ This information is summarized in the following graph (note that many meetings covered more than one capacity area). Patterns identified from the analysis show that

³ <https://www.communitycatalyst.org/work/our-approach>

certain topics (Campaign, Communications, and Coalition and Stakeholder Alliances) were most in-demand during the early quarters and steadily less requested during later quarters, while other topics had a steadier demand. Overall, the number of topics became less throughout the four quarters examined. If this pattern holds true, it could potentially inform TA planning.

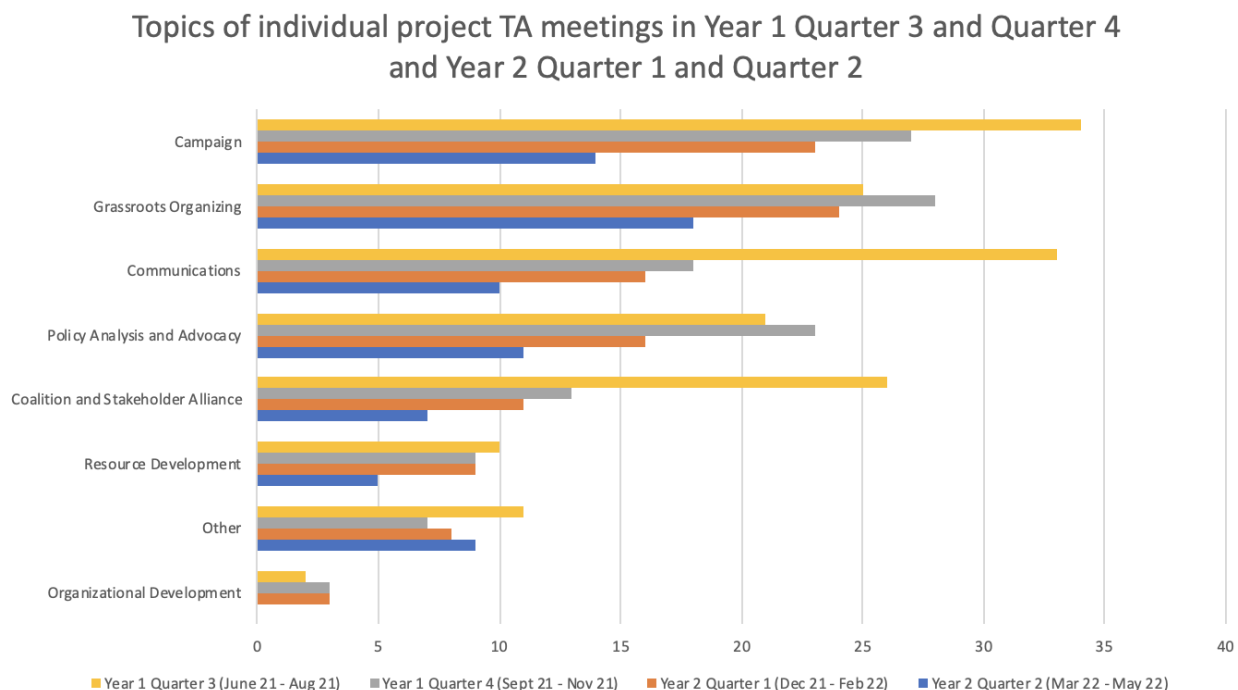


Figure 3: Topics of individual project TA meetings in Year 1 Quarter 3 and Quarter 4 and Year 2 Quarter 1 and Quarter 2

TA feedback: During the qualitative interviews we conducted with project teams in Fall 2021, we gathered feedback and recommendations about the TA provided through Voices. In general, interview participants found that having access to TA provider knowledge, resources and training opportunities strengthened their project work. Project teams commented that TA providers bring added capacity, policy expertise, and relevant knowledge to support their work, and some expressed appreciation for TA providers’ responsiveness. Some teams highlighted that TA support has helped facilitate communication within their coalition and/or has helped them connect with relevant outside organizations. When asked about areas for improvement, some teams shared that TA calls were too frequent. Some teams also said their calls were too oriented around progress updates, and expressed a desire for more flexibility with TA requirements and structures, as well as more focus on problem solving, idea development, and brainstorming. These suggestions were shared with the TA providers via the Steering Committee in December 2021, and led to some shifts in practices.

We also collected feedback from individual TA providers during a meeting in February 2022, where they shared best practices across states. Multiple providers reported success with giving state partners a menu of TA options including specific skills and areas of expertise they could offer, as well as

resources the national organizations could provide. At the same time, TA providers encouraged one another to focus on being part of the group rather than being an expert joining the group.

B. National Wave

The National Wave is a component of Voices which supports coordinated media campaigns that strategically elevate the work of state partners. It serves to continue the efforts in improving health care access, affordability, and the ability of the system to treat all people with dignity. National Wave topics are identified by members of the Steering Committee and TA providers, and campaigns consist of multiple media centered activities supported by the Voices communications manager. The first 'mini' or pilot wave occurred in March-May 2021, and focused on equitable COVID-19 vaccine distribution, where participating state partners were provided support and tools (including media materials or draft OpEds) to help build a community-centered narrative to illustrate gaps in vaccine access and actionable policy solutions. The current wave focuses on campaigns to support Cover All Kids state legislation, which refers to "a statewide, state-funded, comprehensive, Medicaid-like program for children and adolescents including up to the ages of 19 and/or 20 years old regardless of immigration status and that together with Medicaid and CHIP ensures that all children have a pathway to coverage."⁴ As of the writing of this report, six state partners are currently participating in the Cover All Kids National Wave: Colorado, Maryland, Maine, Massachusetts, New Jersey, and Virginia, each at different phases of the campaign.

- Maryland is in the planning phase, and trying to build up their campaign
- Massachusetts and Virginia have active campaigns
- Colorado started as an active campaign, and the bill passed in 2022
- New Jersey and Maine are in the implementation phase, their bills passed in 2021

A few learnings have already emerged from the work with the first mini (pilot) National Wave as well as the current National Wave. First, the Steering Committee quickly realized that National Waves should be focused on state and local initiatives instead of national policies. This is important because none of the state teams are focused on national policies. Second, there is a need to ensure that enough time is built in to help each state team modify and align their efforts, and make sure the staff working on the National Wave are responsive to states' needs. Lastly, National Waves are meant to support existing work that the state partners are doing, and should not get in the way of their overall Voices project or other advocacy efforts. After the mini (pilot) wave, these changes were integrated into the current National Wave.

C. Rapid Response funds

Another tool that the Steering Committee has is a reserve of Rapid Response funds to support strategic and timely work that advances Voices goals of increasing health care access. Because these funds are aligned with but not central to the efforts of the Steering Committee and grantees, we review the progress with Rapid Response funds in [Appendix A](#).

⁴ Quoted from an internal presentation.

III. Evaluation process activities

A. Evaluation advisory committee (EAC)

The evaluation advisory committee (EAC) was created during the formative period of the evaluation and was originally composed of thirteen members from different grantee and subgrantee organizations participating in the Voices program. Once the implementation phase of the program evaluation began in August 2021, the size of the EAC was reduced to ten members through mutual agreement based on members' interest and availability. The purpose of the EAC during the implementation phase is not only to gather ideas and input from people that are closest to the work of the program, but also to create a space that promotes reflection and evaluative thinking, to build relationships and community, as well as to promote networking among the state partners. Due to busy schedules and in an attempt to minimize burden, the EAC now meets quarterly to discuss relevant Voices evaluation activities. Along with building time to check-in, build community among the group, and provide evaluation updates, topics on which the group has discussed and provided feedback have included 1) the social network analysis (SNA) survey questions; 2) the case study process, including selection criteria, data collection methods and ideas on equitable compensation; and 3) feedback and context of the findings from the group interviews.

The EAC is a mutually-beneficial group. We strongly feel that the Voices evaluation is stronger for incorporating grantee and subgrantee perspectives from the beginning and throughout the evaluation process. The EAC has guided us to understand how they were conceptualizing the program and community power overall, as well as guiding us to identify evaluation activities that would be of particular importance to us gaining understanding of grantees' work. EAC members' organizations receive monetary compensation for their participation, in addition to gaining deeper knowledge about evaluation and evaluative processes, and a space to share ideas and build relationships with others doing similar work across state lines.

A few learnings about working with an advisory group have emerged from our work with the EAC to date:

- It is important to begin by building relationships before committing to the work
- Information should be kept relevant and simple
- Too much information at once can lead to disengagement and decreased participation
- Meetings should balance structure and flexibility in order to promote fruitful discussions
- Evaluators must be authentic and create genuine relationships
- We must recognize both the value of all members' contributions AND the unavoidable power dynamics in a mixed group
- There may be a racial divide in meetings regarding who is most comfortable speaking up: people of color might be more hesitant to demonstrate vulnerability by sharing ideas that might not be successful

- People are comfortable participating in different ways, and it is important to provide multiple methods for providing feedback, including one-on-one meetings, asynchronous written feedback, during-meeting chats, and large group discussions.

B. Steering Committee reflection sessions

ICH facilitates reflection sessions with the Voices Steering Committee on a roughly quarterly basis both to promote reflection and evaluative thinking and to gather data and input into the evaluation approach. Since the evaluation implementation phase began in August 2021, we have facilitated three reflection sessions. The first, in September 2021, focused on identifying criteria to use for selecting case study projects (for more detail, [see section below](#)). The second session, in January 2022, focused on how the Steering Committee has worked to center race and anti-racism in the Voices program design, grantee selection, and ongoing implementation. The third session, in May 2022, focused on reactions to the findings from the qualitative interviews with the state project teams, with emphasis on how those findings could inform future programs (for more detail, [see section below](#)). In this section, we summarize learnings from the conversation about race and racial justice.

Reflections on how race and anti-racism have been centered with the Voices program

The Steering Committee began the discussion by reflecting on the program design phase, discussing how race was centered within the health justice focus of the program, as well as how other intersectional identities were considered. They noted that they were primarily focusing on identifying and funding organizations led primarily by people of color “organizations of color” and/or projects that had specific elements related to combating racism. They were not explicit about using an intersectional identities lens when considering other (non-race-based) marginalized populations of focus, but intersectionality came up naturally; for example, with immigrants’ rights organizations that are also working in anti-racist space. The Steering Committee also shared that they did an analysis to make sure that there was a balance between organizations that focused on immigrant communities and organizations that focused on American-born Black people.

The Steering Committee also discussed their approach for explicitly seeking to fund organizations of color with the Voices grant. First, the Letter of Intent (LOI) materials encouraged applicant groups to identify an organization of color to fill the lead grantee role, or to sub-grant a substantial (at least 30%) amount of the award to an organization of color. Organization of color was defined in the LOI materials based on a pre-existing definition that Community Catalyst had used for a number of years.⁵ The Steering Committee noted that their intent was to ensure that organizations of color were

⁵ The following text is from the LOI materials: “The CSA [original name of Voices for Health Justice] project defines an organization of color (OOC) as follows: 1a. Constituents are comprised mainly of the following identities: Black, Indigenous, Hispanic, Latino/a/e/X, Arab/Arab American, Southeast Asian, Asian, Asian Pacific Islander, Native Hawaiian, Desi and/or immigrant communities, and/or any other identities of color not listed. OR 1b. The organization is primarily focused on improving the lives of the communities listed above and their families, and this is reflected in the organization’s mission, goals, and program activities AND 2a. A majority (75%) of staff members identify as members of the above listed communities OR 2b. A majority (75%) of Leadership (board members and executive director) identify as members of the above listed communities.

leading the work or at least participating in a meaningful way, and they tried to be transparent in the LOI to reach this goal. The Steering Committee meant for there to be flexibility in identifying the lead partner; there was not a strict requirement for it to be an organization of color, and groups were free to divide the lead responsibilities among multiple partners. However, the emphasis on organizations of color led to some tensions; for example, with small organizations of color that were burdened by the lead role due to their limited administrative experience and capacity, or organizations of color that were strong in community-based organizing but had less experience in the policy realm. However, the Steering Committee reflected that they could have been clearer and more explicit about this flexibility in their communications and in the applicant webinar. They also noted that each state has different dynamics with the landscape of potential organizational partners, but that they could not fully embrace this nuance during the grantee selection process. Instead, they needed to develop a generalized process with uniform criteria across settings due to the fast turnaround to select grantees and release funds.

Finally, the Steering Committee reflected on how well the state project teams are doing with regard to the goals of building power within communities of color and creating changes that further racial equity in health care. The group agreed that the strength of the coalition relationships within each Voices project team has been closely related to how successful the projects have been thus far. Groups with stronger relationships have been able to move forward on their Voices project more quickly and effectively, highlighting that for groups without pre-existing collaborations in place, relationships have to be built before the project implementation phase can begin in earnest. In addition, the Steering Committee highlighted that the political context in each state is also a critical factor influencing coalitions' ability to succeed with their project goals.

C. Case study state selection

A central part of the Voices evaluation is conducting in-depth case studies with example state projects. Case studies will consist of in-depth engagements with six individual state coalitions through some combination of interviews with staff members, community members, and other stakeholders in the state who might be able to speak to the impact of the work of the organizations in the coalition. In addition, case studies may include focus groups, review of existing documents, participant observation at events, and site visits. Because each state coalition selected is taking a different approach and are at different points in the process, each case study write-up will look different, focusing on the lessons we can learn from each case. The six states we selected are Colorado, Georgia, Illinois, Massachusetts, Louisiana, and Washington, DC. For preliminary data on each one, please see [Appendix B. Individual case study descriptions](#).

Methods for selection

We used a systematic process to select six state project teams to participate in case study analysis of their project work. The selection process for these case studies took into account a number of factors, including geography, partisan lean, intra coalition relationships, and the willingness and capacity to participate in the projects. Researchers selected geographically diverse state project teams that cover

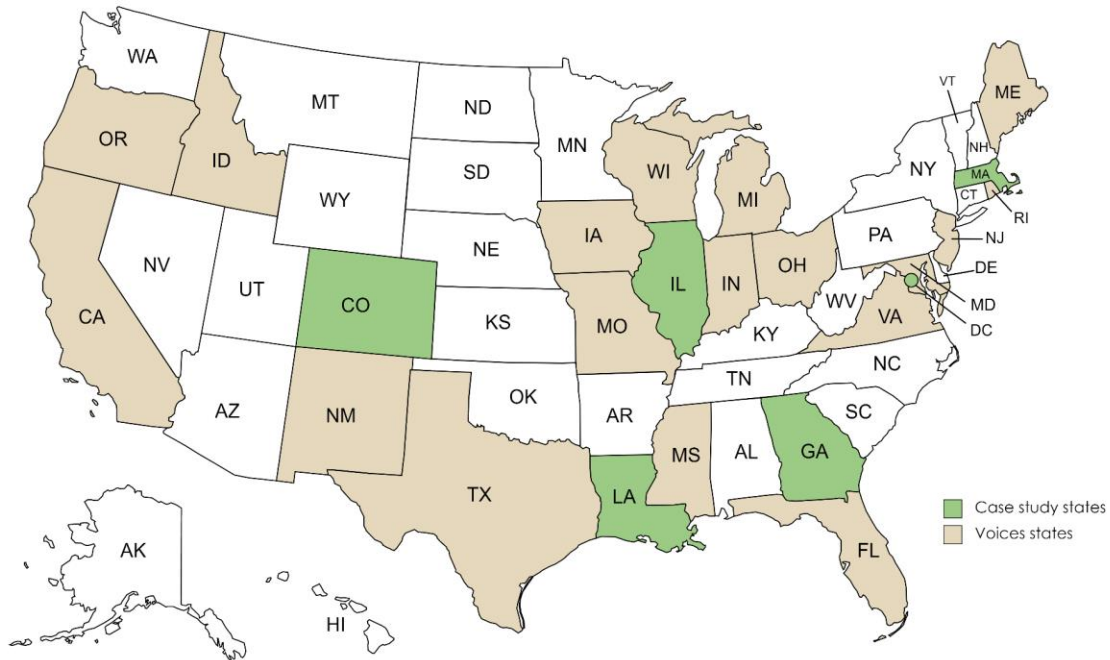
a range of the geographical regions within the US. We also worked to choose organizations with a good distribution of partisan lean and the strength and duration of relationship among coalition partners prior to the Voices project. In order to quantify and compare the coalition relationships we used the relationship index (described above in the SNA section) which assigns numerical scores to these variables. We used the Partisan Index Average⁶ to quantify the political leaning of each state. Relationship index scores were then plotted against partisan lean. We selected states that fell on both sides of the political spectrum and that had a range of relationship index scores. Finally, states were invited to participate. Three states (Texas, Idaho, and Wisconsin) declined our invitations due to capacity concerns. Based on these considerations, we determined that Massachusetts, Colorado, Illinois, Louisiana, Georgia, and Washington D.C. constituted a suitable and diverse group of candidates.

Comparison of case study states to overall Voices states

Geographic distribution: Our team sought to ensure that case study states were broadly distributed geographically, reflecting the diversity of regions that Voices for Health Justice programs are working in. Each of these states is positioned geographically within a different area of the United States, with Massachusetts in the Northeast, Georgia in the Southeast, Washington D.C. in the Mid-Atlantic, Illinois in the Midwest, Louisiana in the South, and Colorado in the West.

The average partisan lean of all U.S. states is 7.4, and Voices states tend to be slightly more liberal, with an average partisan lean of -1.2. Our case study states have an average partisan lean of -15.4, showing that they are more liberal, on average, than Voices states. To note, the average of all states we invited to participate in case studies was -4.4: the states who turned us down were on average much more conservative than those who accepted us.

⁶ The case study states were also chosen to be representative of the political diversity of the Voices for Health Justice state programs, with case study states ranging politically from liberal to moderate to conservative. Our team utilized a partisan index scale that we pulled from [FiveThirtyEight's Partisan Lean Metric](#), defined as "the average margin difference between how a state or district votes and how the country votes overall." This metric combines presidential as well as state-legislative election results. Thus, the lower a state's partisan index average is, the more politically liberal that state is, and the higher a state's partisan index average is, the more politically conservative that state is.



Relationships

For case study state selection, we wanted to include state organizations that reported a diverse combination of responses, including teams that reported different responses both one year before and after the inception of Voices, teams with both long and short histories of working together, and organizations with stronger and weaker ties and commitments to other organizations.

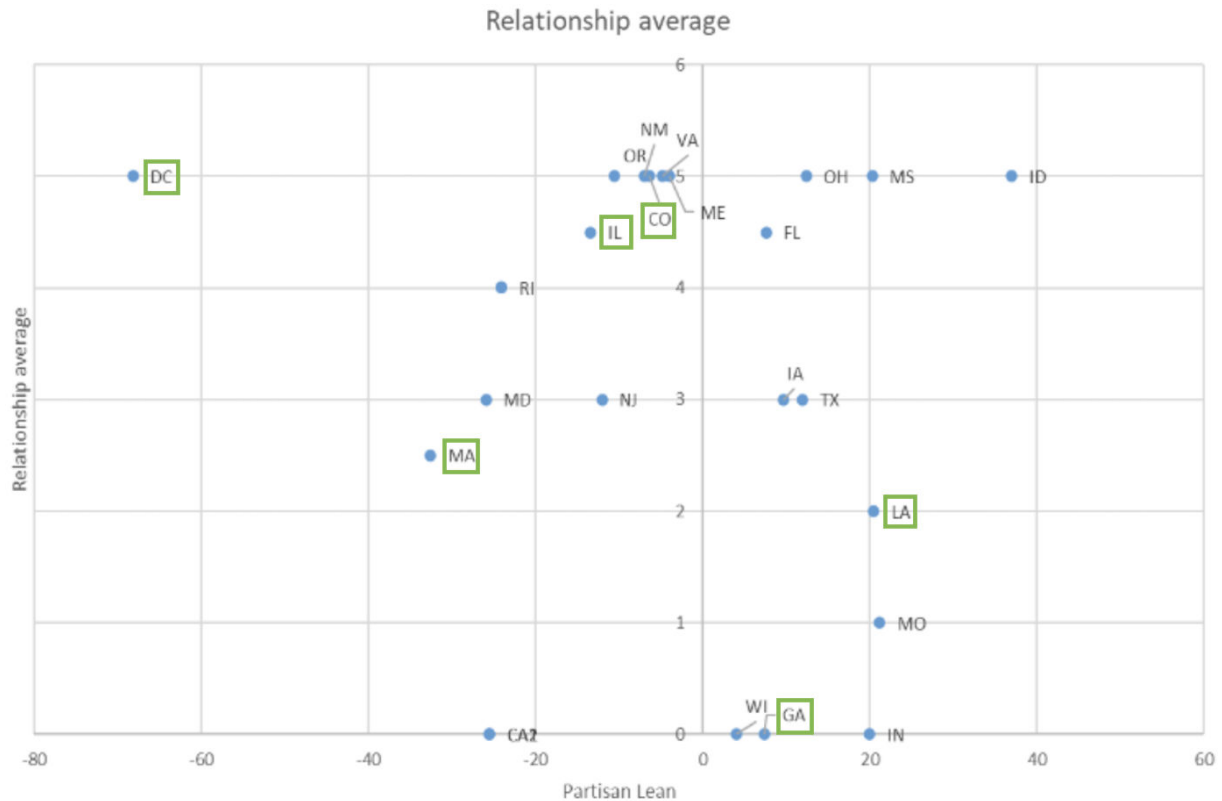


Figure 4: Partisan lean values for potential case study states plotted against the state’s collaboration index from the SNA

Figure 9 shows the partisan lean values for potential case study states plotted against the state’s collaboration index found in the SNA. Case study states are identified inside green boxes. We noticed that in some states that are politically more liberal, there tends to be better relationships among coalition partners. We sought to include states with both stronger and weaker relationships from each of the four quadrants in the above chart.

Number of subgrantees

All of the Voices grantees partnered with between 0 and 8 sub-grantee organizations: the average number of organizations per state is 3.8. The Louisiana Voices project team consists of four organizations, the Georgia project team is made up of three organizations, Washington D.C. has three organizations, Colorado is made up of five organizations, Massachusetts is made up of four organizations, and Illinois is made up of four organizations. The case study states have an average of 3.8 organizations in their coalitions, showing that they are representative of the Voices average. For more detail, see the individual case study state descriptions.

Legislative and policy targets

Case study states support various legislative and policy targets from which many parallels can be drawn. All states firmly orient their goals within a framework of health equity, and many of them

explicitly design and pursue these goals through an anti-racist lens. Populations that experience persistent barriers to healthcare coverage and access comprise the central focus of each state's advocacy efforts; states share goals to advance healthcare legislation that covers children, pregnant and parenting people, individuals with low incomes, and BIPOC and immigrant communities. Louisiana, Georgia, Washington D.C., Colorado, and Illinois all submitted proposals that highlight the importance of expanding Medicaid. Louisiana and Washington DC share a focus on classifying the services of community health workers as reimbursable Medicaid providers. Achieving and protecting health coverage status for undocumented immigrants remains a top policy objective in Colorado, Illinois, and Massachusetts.

These legislative and policy aims resonate strongly with those of all Voices state project teams. The majority of states champion Medicaid equity, seeking to expand Medicaid access, eligibility, and coverage. Many states apply this aim specifically to BIPOC and immigrant communities and highlight the disproportionately adverse health outcomes that these populations face.

IV. Primary data collection results

A. Learnings from group interviews

Background

We conducted semi-structured qualitative group interviews with state project teams in the fall of 2021 to deepen our understanding of how teams are thinking about and approaching their work within each of the six core domains of inquiry for the evaluation. Through the interviews, we also gathered feedback and recommendations related to the overall grant structure and the supports offered through the program. A brief summary of what we learned from the interviews is provided below, and more details can be found in the full report on interview findings.

Findings: Power ecosystems

Building on the notion that each state project team is its own local power ecosystem, project teams were asked to consider which factors made it easier for coalition members to work together. State project teams highlighted that shared values and a history of collaboration between partners helped facilitate successful collaboration and strengthen the power ecosystem. Alongside these factors interviewees also noted that transparent and regular communication, complementary skill sets and/or capacities among organizational partners, and role clarity were facilitators. Some teams also said that the flexibility of the grant program created an environment of learning and adaptation that fostered relationship-building.

State project teams also identified collaboration challenges related to building and navigating relationships within newly formed coalitions, particularly when working with organizations with different political objectives, priorities and/or capacities. Additionally, coming together with a shared understanding of racial/health justice issues across different communities proved to be difficult for

some state project teams. Finally, working virtually due to COVID-19 made it more difficult for team members to build relationships and required teams to develop new approaches for grassroots organizing.

Despite some challenges in developing their coalition relationships, many organizations described significant benefits and value added by working in collaboration with one another. Not least of these benefits was the emotional support and companionship that came from working closely together. Teams also described the productive thought partnership they found in their coalition relationships, and ways in which their partnerships increased their effectiveness, such as by increasing their credibility with different communities.

Findings: Approaches to power-building and systems change

State project teams shared their approaches to organizing and leadership development as components of power-building, highlighting that they are focusing on the most marginalized populations, including low-income communities and communities of color. Many state project teams were in early phases of their organizing work, and described their efforts around building relationships, earning trust, and learning from communities. Teams highlighted that they were hoping to build a broad base of support and bring together different communities of color to further the work. Interviewees also described their approaches to leadership development, including informal ways to identify and encourage leaders as well as more concrete leadership training programs and curricula.

Another important component of state Voices projects is developing communications strategies that have an impact on the broader narrative in each project's area of focus. State project teams reported that they are in early stages of narrative change work, but consider this central to achieving their long-term goals. Teams are working to debunk misinformation and negative narratives spread by political opponents in order to build public opposition to the teams' policy goals. The teams work to replace these negative narratives with positive ones in support of their project goals. Interviewees described their communications strategies, which included community education, building narratives that draw connections between health equity and racial justice, and building support for health equity policies by connecting them to universal moral values.

Through their Voices projects, state teams are focused on building community power⁷ and directing that power towards policy, budget or administrative goals. Since our interviews were conducted relatively early in the grant period, we focused the inquiry on understanding how teams identify policy goals and engage communities in this process. State project teams described how the organizational partners within their coalition have worked together to find a shared policy goal, some noting that this was difficult due to differing organizational priorities. Additionally, state teams recognized the importance of involving community members in identifying and shaping policy goals. Interview participants also talked about the importance of being flexible and responsive to community needs

⁷ See Introduction for discussion of our working definition of building community power.

and shifting political landscapes, and discussed how policy wins and losses can impact community members' engagement on issues.

Finally, state teams discussed how they center race and racism in their work. Many participants expressed that a racial justice or anti-racism lens is core to everything they do, although this was operationalized in different ways among the Voices organizations. Interview participants described activities such as internal trainings on racial justice topics, hiring efforts to diversify staff, looking at data disaggregated by race, centering race in communications, and re-orienting organizing work to have a racial justice focus by more intentionally following the community's lead in identifying priorities. Some interviewees also shared that the Voices partnerships have helped them further a racial justice priority.

Findings: Feedback on grant structure and supports

Regarding the grant structure, several teams commented that the flexibility and openness of the Voices program has facilitated innovation and allowed them to be more intentional about spending time on relationship-building and maintaining focus on community priorities. Although a couple of state project teams noted having to navigate uncomfortable relationship dynamics during the process of identifying their Voices coalition, others felt that the coalition structure of Voices brought new capacities that have benefited their work.

State project teams provided feedback and recommendations for the RWJF and the Steering Committee, sharing that more funding is needed to adequately cover the time spent on project work and the efforts of all partners. Interview participants also offered ideas for how to structure future programs to reduce competition among organizations in coalition, such as allowing organizations to co-lead, developing a collaborative process for dividing funds, and dedicating extra time and funding for new coalitions to develop their relationships and processes for working together. Teams called for longer-term grants and for funding and TA that supports organizational development and infrastructure building. Finally, teams recommended that funders dedicate more resources to newer organizations and to states with a less robust power-building and advocacy landscape.

Recommendations based on interview findings

A salient theme that cut across interview topics was the dynamic and long-term nature of this work, with teams highlighting multiple stages of work involved in the path to long-term change. A critical step involves building relationships and trust within coalitions, as well as relationships with the communities of focus. Policy goals and associated plans identified in the grant proposal phase may need to be reoriented as the work proceeds, necessitating a responsive and iterative approach. Overall, based on the themes identified through our interviews, we suggest some ideas for structuring future programs that aim to advance community power-building for health justice. These include redesigning proposal templates to encourage responsiveness to community input rather than predetermined policy goals, funding a discrete planning phase to facilitate coalition-building, reassessing award amounts and grant period timeframes, more customization of grant objectives to

meet groups where they are at, and more support to help grassroots organizations successfully take leadership roles.

Steering Committee reflections on interview findings

The Voices Steering Committee reflected on the interview findings in a facilitated reflection session in May 2022. In general, the Steering Committee felt that the information from the interviews was well aligned with their own observations and perspectives regarding the state teams' experiences and progress with Voices thus far. The points made about the long-term nature of this work resonated with the committee, and they discussed the importance of providing time for foundational relationship-building work in a way that is responsive to the unique history of and dynamics of each coalition. The group brainstormed ideas such as a tiered grant structure that could progress from a planning phase in which groups build their coalition relationships and develop project goals together, to a project implementation phase, to a best-practices sharing phase. In addition, they highlighted that funding programs must be flexible and encourage adaptation, and that this must be clear to applicants from the start so that they can be comfortable proposing bold ideas knowing that they can reorient the work based on new learnings and changing landscapes.

The Steering Committee also discussed how to support smaller organizations to take a lead role with grants like Voices. They noted that being the lead grantee on a large grant from a national foundation can give an organization credibility, but it can also both impede the grant as a whole and be an overwhelming burden on the organization if it does not have the necessary capacity and experience, especially with the administrative side of grant management. In addition, the group discussed how power dynamics among organizations can influence who ends up in the lead role. The Steering Committee reflected on the need for more time and more transparent communication during the proposal development process, so that each organization can find the best role for their skills and capacity and the group can come to consensus on how to use the funding. One specific suggestion that came up in the discussion was to have a paid facilitator supporting coalitions with the planning and proposal development process.

Finally, the Steering Committee reflected on general funding structures and the role of foundations in supporting power-building, organizing, and advocacy organizations. They suggested that providing a general operating support grant coupled with a more targeted project grant could be an effective approach for strengthening organizations while still promoting work towards specific goals. They also highlighted that foundations are a critical part of the power ecosystem, and that sustainability may in fact involve long-term foundation funding rather than expecting coalitions to find ways to continue their work without this.

B. Social network analysis (SNA)

The first iteration of the social network analysis (SNA) survey was administered to grantee organizations in the Fall-Winter of 2021. Additional iterations will be administered at the end of the funding period in March 2023 and one year later in March 2024. The first survey collected two sets of

data: 1) retrospective baseline data that was intended to capture the network landscape before Voices began, and 2) current data about the network landscape roughly one year into the Voices program.

An SNA has been historically used as a visualization tool and a way to quantify and analyze relationship networks. We decided to use an SNA as an evaluation method for Voices for a number of reasons. First, during our design phase the EAC identified relationships between organizations as a priority and important influence over project success. Second, RWJF was particularly interested in learning more about existing power ecosystems. Finally, the Steering Committee had observed a correlation between how smoothly the project was going and the strength of relationships between organizations in the Voices state teams.

The Voices SNA tests the following hypotheses:

- A. Organizations of color are leading the state teams
- B. State power ecosystems will grow stronger and stay stronger during and after the Voices program
- C. Stronger networks will lead to more successful collaborations

SNA survey development and administration

ICH developed the SNA survey (which will be consistently used at each timepoint to ensure longitudinal analysis) with input from the Steering Committee, as well as multiple iterations of piloting with EAC members. ICH prioritized asking the minimum necessary information and ease of completion for the participants, which included selecting questions that they did not need to look up information for as well as ensuring that the survey was easy to navigate and understand.

The SNA survey was sent out to all 92 participating organizations across the 25 project groups in October 2021. Community Catalyst sent the initial email launching the survey to all the organizations participating in the Voices project, as well as the first reminders. ICH then followed up with specific organizations who had yet to complete the survey. After multiple rounds of outreach, 77 organizations completed the SNA survey (84% response rate). Of the 25 state project groups, 16 states had all of their organizations complete the survey ('complete states'). We asked organizations to submit only one response each; for organizations that submitted more than one survey, we filtered out incomplete responses, and if more than one response remained, we compared and averaged those responses.

We used the SNA data to calculate a Collaboration Index for each one-on-one relationship within the state at each timepoint. For each possible one-on-one relationship within a state team, we asked three questions answered by each organization for the 2021 timepoint plus three for the 2020 timepoint (see figure *). Therefore, we had 6 data points per timepoint for each one-on-one relationship – the average of these 6 data points was turned into the relationship’s Collaboration Index. In addition, we averaged all of the Collaboration Index numbers in a given state to arrive at an overall state Collaboration Index. Looking at the differences between the two timepoints gave us a way to estimate change in the relationships over time. In cases where two organizations did not have a relationship prior to their work together in Voices, the 2020 relationship was treated as missing data and was not included in the averages, while the 2021 relationship was included.



Figure 5: Calculation of collaboration index

In Table 2, we show the state-wide collaboration indices for each state for which there is enough data to calculate. Positive numbers in change over time indicate an increase in relationship strength as estimated by the Collaboration Index. We can see that the majority of states’ Collaboration indices increased over time.

One-on-one relationship questions.

Partnership: “we would seek out this organization to partner on a grant application”

Commitment: “our 2 organizations were committed to working together whether or not we agreed about tactics”

Communication: “our 2 organizations had open conversations about tough subjects (like power dynamics between our organizations, distributions of funds and responsibilities, race/racism, or conflicting priorities)”

Answer choices: Strongly agree (5), Agree (4), Neutral (3), Disagree (2), Strongly disagree (1).

Table 2: Collaboration index⁸

State	2020	2021	Change over time
CA2 ⁹	5	5	0
CO	3.7	4.2	0.5
DC	4.5	3.7	-0.8
FL	4.3	4.2	-0.1
GA	3.7	3.9	0.2
ID	3.8	4.1	0.3
IL	3.9	4.2	0.3
IA	2.3	4.3	2
LA	4.3	4.1	-0.2
ME	3.9	4.3	0.4
MD	4	4.3	0.3
MA	3.2	4.1	0.9
MI	4	4.1	0.1
NJ	4.4	4.6	0.2
NM	3.9	4.2	0.3
OH	4.1	4.1	0
OR	4.3	5	0.7
RI	4.6	4.8	0.2
TX	3.8	4.1	0.3
VA	4	4.5	0.5
WI	3.5	4.7	1.2

SNA Year 1 findings

⁸ Average does not include orgs without responses in both years. A number of state Voices partners were not included in this analysis due to insufficient data.

⁹ California has two state project teams. CA2 is the Voices project led by California Pan-Ethnic Network.

Hypothesis 1: The first question we asked was whether the SNA data showed that organizations of color were substantively leading the work.¹⁰ We operationalized this concept by looking at the average network centrality of different types of organizations. An organization’s network centrality describes how many other organizations it is connected to, compared to the total number of organizations it would be POSSIBLE to be connected to. Because it only understands relationships as binary (yes or no), for the purposes of this calculation we found the median of all the collaboration indices. We treated relationships that had a collaboration index above the median as “Yes”, and relationships with a CI below the median as “No”. Results are illustrated in Figure 5, which uses Maine as an example. In this figure, the font size is determined by the centrality of the organization.

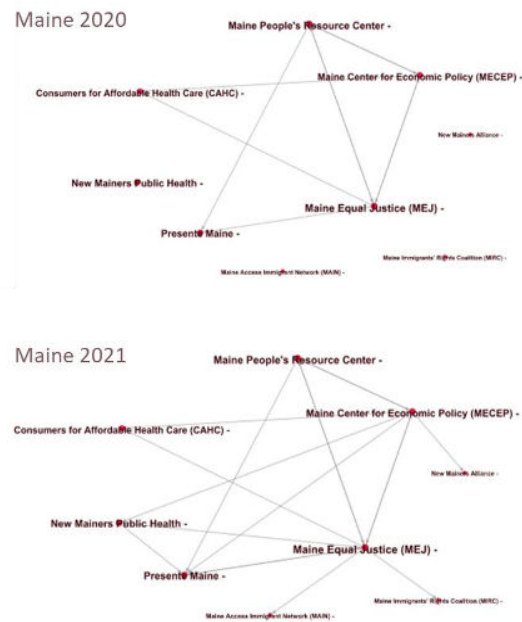


Figure 6: Centrality of organizations in Maine, 2020 and 2021

We began by looking at the average centrality of lead organizations versus subgrantees, to check whether lead grantees had higher centrality, which was our expectation based on our initial understanding of the roles. The data used in these analyses was only taken from states where all organizations completed the survey. The sub-hypotheses using centrality were tested using an ANOVA test, and the hypothesis using density was tested using a paired t-test, with $p < 0.05$ as the threshold for determining statistical significance.

Hypothesis 1a: Lead grantees will have higher centrality than subgrantees.

The average centrality of lead grantees (Average = -0.38) was not higher than subgrantees (Average = -0.01). Figure 6 illustrates the average and variation in centrality scores for grantees.

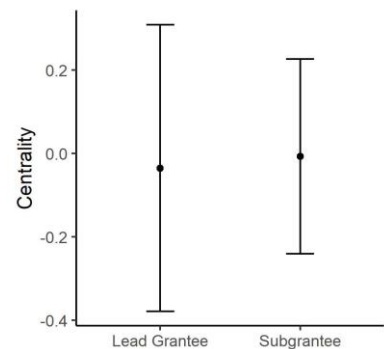


Figure 7: Centrality by grantee role

¹⁰ We also attempted to calculate these numbers for “organizing organizations” versus more policy-oriented organizations. However, we were unable to classify a substantial enough number of these organizations to perform the calculation.

Hypothesis 1b: Organizations of color will have higher centrality than other organizations.

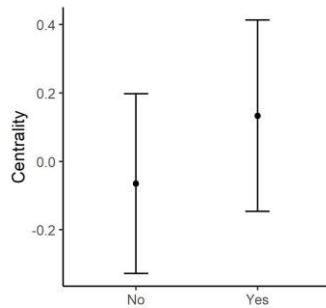


Figure 8: Centrality by organizations of color

The average centrality of organizations of color (Average = 0.13) was not statistically significantly higher than that of organizations not meeting the definition of organizations of color (Average = -0.07). However, both the average centrality and the range of the variation of centrality are higher for organizations of color, suggesting that there may be a meaningful difference even in the absence of statistical significance. Trends in these numbers in future iterations of the survey will be useful in understanding how meaningful these differences are.

Hypothesis 2: Density of the networks will be higher in 2021 than before the Voices project began.

The second hypothesis addresses how the density of the networks changes from before the Voices project (labeled 2020) to the end of the first year of the grant (2021). Density was determined by dividing the total number of connections within the project by the total number of possible connections. A higher density indicates a more closely interconnected network. We found that the networks were significantly denser in 2021 than in 2020, with the average density difference between years (0.164) being positive and statistically significantly different from zero. Figure 8 shows the average density of networks in 2020 and 2021.

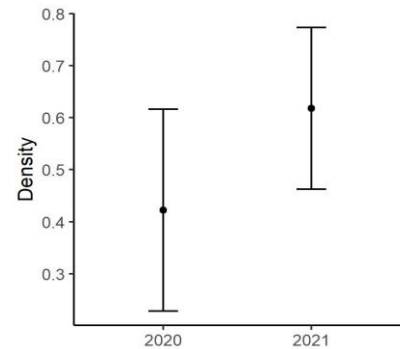


Figure 9: Average density of networks in 2020 and 2021

Hypothesis 3: Our third hypothesis is that stronger network relationships will lead to more successful collaborations. We plan to develop a definition for successful collaborations in a participatory fashion incorporating input from the EAC, the Steering Committee, and RWJF, and then will test this hypothesis using future iterations of the SNA.

V. Secondary data analysis

A. Policy wins and achievements

Community Catalyst collected information about grantee organizations' policy wins and showcased them on the Voices website. We reported on many of those policy wins in our previous report. The policy wins shared below occurred since that report.

- In 2021, grantees from California successfully prevented the closure of seven Head Start locations in Oakland, and collectively preserved 52 child care slots and 30 Head Start teaching jobs.
- Legislation passed in Colorado that established a health benefit plan within health insurance options for individuals regardless of immigration status, and expanded affordable healthcare for immigrants regardless of immigration status.
- In Ohio, grantees secured expanded eligibility for childcare subsidies, a year of guaranteed postpartum care, and guaranteed Medicaid treatment for breast cancer and cervical cancer.
- Virginia witnessed the eradication of a law that required residents to have a 10-year work history before qualifying for Medicaid benefits. In addition, Virginia expanded Medicaid prenatal coverage to pregnant women regardless of immigration status.
- In 2022, Colorado signed reproductive rights legislation thereby protecting reproductive rights as fundamental rights under the law.
- Healthcare coverage for all adults age 42 and up regardless of immigration status expanded under Illinois law.
- Maryland saw an increase in Medicaid coverage to pregnant people for prenatal and postpartum care regardless of immigration status.
- In July 2022, Massachusetts cohort member MSAC contributed to a successful effort to raise the state's Medicare Savings Program eligibility threshold to 225% FPL.

We examined which states had policy wins in Year 2, and calculated their average partisan index.¹¹ We found that states with a policy win had an average partisan index of -10.6, compared to the overall Voices partisan index state average of -2.5 and the overall U.S. states average of 5.3. This shows us that states that reported wins are substantially more politically liberal than the overall Voices states.

B. Learnings from grantee annual reports

Grantees are asked to periodically report on their activities to the Steering Committee. In these reports, grantees share their reflections on accomplishments, challenges, goals, and experience with Voices TA. They presented interim oral reports in the summer of 2021 in a group meeting with their TA provider. Themes from those reports were included in the previous evaluation report. Grantees also produced written reports on their first year of program activities in January 2022. These reports included their responses to questions about their accomplishments, challenges, grassroots organizing and leadership development work, how they have adapted their strategies over the last year, and their experience with technical assistance and other support they've received from the Steering Committee organizations. This section shares the themes from this reporting that informs our evaluation questions.

¹¹ As described below in the section on case study selection, we used the Five Thirty-Eight partisan index in order to quantify the political leanings of each state. A positive number means the state leans further to the political right, and a negative number means the state leans further to the left.

Qualitative information

Accomplishments: In reflecting back on what they have accomplished in their first year, many grantees shared about the successes they have had in getting their Voices projects started. Many organizations talked about hiring staff to fill key roles and strengthening the relationships among coalition partners, which has allowed them to increase their capacity and begin implementing their Voices projects.

"The wide range of policy priorities of the different organizations has enabled the partnership to engage with a wider audience of participants and cross-pollinate advocates from otherwise different advocacy camps to work in solidarity with each other to advance health justice."

When asked about what worked well in the first year, many grantees emphasized the relationship building work they have done, which includes strengthening relationships between coalition partners, between grantees and their target communities, and between community members and lawmakers. In addition, a number of organizations successfully advocated for legislation and had policy wins.

Successful organizing strategies and messaging: Grantees also shared their thoughts on what had been successful organizing strategies and techniques for messaging to their base. We reviewed their feedback and identified a number of themes related to what grantees had learned about being successful. Many of these themes related to being clear and understandable when talking about their work. Grantees shared that it is important to tie concrete realities and experience to more abstract concepts around health inequality.

Additionally, outreach should take accessibility into consideration, ensuring materials are translated and interpreters also participate in events, and the type of outreach, whether over the phone or virtually, should be tailored to the community. One grantee shared, *"Digital web-ins with ASL interpretations has allowed [us] to reach new audiences in an accessible manner."*

"All of these moments, shared as a group, ha[ve] contributed to the strong leadership that has developed and enabled several members to feel power in telling their stories for the first time."

How to approach community members was also important to consider. Grantees shared that virtual outreach, such as texts, emails, and big virtual events, can be effective for sharing information and raising awareness, but direct engagement through 1-1s is much more effective for bringing people into the organization. One grantee also noted that focused 1-1 work builds a type of engagement that can be leveraged for a variety of campaigns, rather than just building interest in a single policy goal.

"Allocating greater time with getting to know community members and really hearing their stories have allowed our organizers to build deeper connections that have allowed them to empower members into telling their stories and advocating for themselves."

Where and with whom the outreach was done was also important. A number of grantees spoke about connecting with people in places they already gather, such as churches or food distribution sites, and having trusted messengers, such as from familiar organizations, increases people's comfort with engagement. Related to this, several grantees talked about how networking with other groups

doing similar work, in their coalition and across coalitions, helps them all build a stronger advocacy network.

"All three project partners have been engaging in this multi-state space. This also builds capacity to do events and activities in coalition and with support from additional partners."

In reflecting on the lessons they have learned about messaging to their grassroots base, grantees echoed some of the same themes they shared related to organizing work. The messaging should be kept relevant to people by connecting their lived experience to the broader policy discussion, and focus on the big picture rather than the policy implementation details. Keep messaging simple and relatable, avoiding technical language or jargon. Also, tailor messaging to the intended audience. Focus on presenting messaging in a way that will align with local values and be successful with that audience. This applies to both messaging to communities and messaging to lawmakers.

"We have a lot of work to do to make sure that people understand the system as it is, the victory that we achieved, and how they can take advantage of the new benefits. We cannot get bogged down in overly-complex language about policy and the legislative process."

One important way to ensure that messaging is effective is to include community members in shaping the messaging, and check in with them to ensure that messaging correctly captured what they wanted to share.

"Keeping messaging adaptive and context-specific is essential. Additionally, starting any community meeting by asking members to share their perspectives on an issue helps ensure that those leading the discussion are meeting people where they are at rather than speaking in a manner that isn't accessible."

Grantees were also asked about what direct impacts on decision-makers they have been able to achieve through their organizing. A significant number of programs reported that they have been successful in connecting organized members of their communities with lawmakers to share their stories, which they feel impacted lawmakers' decisions. Decisions included votes for health equity programs, implementing policies in ways favored by communities, and establishing community advisory committees. A few grantees also reported that lawmakers have taken up messaging and education developed by their programs.

"The fact that elected officials use our talking points, framing and messaging, and our policy outcomes are a testament to our collective impact on elected officials and decision makers."

Challenges: Grantees were also asked to discuss challenges they encountered and challenges they anticipate. Two types of challenges were found: the first type arose purely from external / environmental factors. The second type of challenge included things that, although internal to the programs, were also influenced by external factors.

Almost all grantees discussed the ongoing external challenge of COVID and the way it has impacted and will continue to impact their work. COVID restrictions continue and limit the ability to organize and engage people in person. Grantees shared that they had high infection rates among staff and

immediate family members, and the communities they work with have also been affected, reducing people's ability to engage with advocacy. This has slowed grantees' progress towards their goals; nevertheless, some grantees shared that they are figuring out ways to be effective amidst COVID.

"As we head into the third pandemic year, we are learning how to keep leaders and community members engaged in a virtual world... It also requires additional creativity such as props and visuals that convey the same strong message without needing large crowds of people."

Another significant external factor impacting grantee efforts is the state and national political environment. Many grantees shared that a challenging political climate would affect their success this year. Grantees with more conservative state governments discussed this issue, but many grantees in more liberal states noted that the fact that it is an election year in many states causes legislators to be less willing to take policy action that may be controversial while they are trying to be reelected.

"2022 is an election year, which tends to make some policy makers more moderate in their policy positions and votes leading up to election day."

Within the program organizations, many grantees shared that staffing is a challenge – although an organizational challenge, this is also closely related to the macroeconomic environment. Organizations have faced high staff turnover and difficulty attracting specialized staff which can impact program progress. A shortage of organizers and other trained activists makes it hard for organizations to build their internal capacity. Additionally, the continuing impact of COVID decreases the pool of people willing to do community engagement.

"One of our biggest challenges has been hiring experienced field organizers and canvassers... [one of the] parents identified for the Field Organizer position... took another job that paid better and required less community engagement."

The final challenge, building strong coalition relationships, is internal to coalitions but related to the external political climates of states. A few grantees shared that they were still working to build a strong working relationship with their partners and have faced challenges related to different priorities and goals for the work.

"There was a disconnect within the partnership as we were all working on different projects and priority areas. The complexities of the projects and challenges related to coordinating meeting times made it difficult to work cohesively and feel connected as a group."

Strategy adaptations: Grantees were asked how they've changed their strategies in light of their experiences. Grassroots engagement remains central to most organizations' work. Following up on their discussion of the challenge of COVID, many grantees emphasized the work they are doing to become more effective in virtual and remote engagement, which is now a longer-term reality. One grantee shared, *"Though we know COVID can be a deciding factor in how we engage, we are prepared to have contactless engagements utilizing door hangers and phone bankers to follow up and ask any questions they may have."* A number of grantees noted that they are now able to move towards a stage with more community engagement and messaging more broadly. Several grantees noted that they are focused more now on collecting stories and lifting up community voices. Grantees also talked

about building more cohesive messaging to build support and push back against misinformation by sharing those community member stories more broadly.

"In the next phase of our advocacy efforts, we hope to leverage our leaders and grassroots coalition to strengthen the Medicaid expansion campaign's capacity for community outreach. Our goals are primarily to identify more health care stories, grow the list of grassroots supporters, and drive attendance to campaign events."

For grantees who had success passing policies they supported in their first year, they noted that it is important to focus on implementation and ensure that the policy is enacted in the best way possible. On the other side, various grantees who experienced challenges building support among lawmakers for legislative change shared that they are focusing on advocacy around administrative policy. By engaging with administrators and working on influencing operations of health departments and similar agencies, they hope to have a positive health impact.

Quantitative data

In addition to the narrative data, grantees were also asked to provide quantitative data about their activities.

Number of people reached: Grantees were asked how many people they reached through direct and indirect contact. Direct contact includes one-on-one contact and live group contact, and indirect contact includes emails, newsletters, or social media. There was significant variation among grantees. Data on the number of people reached through various mechanisms are summarized in the table below. Note that we do not have data on the demographics of the people reached from the Year 1 annual reports.

Table 3: Data on number of people reached, contacted via different mechanisms, and added to databases for each program

Direct contact	
<i>Number of people reached</i>	<i>Number of state project teams whose responses fell into the range (%) (n=24)</i>
40-170 individuals	1 (4%)
200-800 individuals	6 (25%)
1,000-3,500 individuals	7 (29%)
4,500-10,500 individuals	4 (17%)
11,000-15,000 individuals	4 (17%)
~68,000 individuals	1 (4%)

~189,000 individuals	1 (4%)
Indirect contact	
<i>Number of people reached</i>	<i>Number of state project teams whose responses fell into the range (%) (n=23)</i>
0-1,750 individuals	6 (26%)
2,000-20,000 individuals	6 (26%)
22,000-50,000 individuals	5 (22%)
60,000-100,000 individuals	1 (4%)
105,000-200,000 individuals	3 (13%)
~500,000 individuals	1 (4%)
~840,000 individuals	1 (4%)
People added to programs' databases	
<i>Number of People Added</i>	<i>Number of State project teams whose responses fell into the range (%) (n=23)</i>
0-300	5 (22%)
400-750	7 (30%)
1,000-3,000	7 (30%)
3,500-6,000	3 (13%)
~7,800	1 (4%)

Leadership engagement: Grantees and sub-grantees were asked to provide quantitative data about how many leaders they engaged in leadership activities. Data on the number of leaders engaged through leadership activities are summarized in the table below. Note that we do not have data on the demographics of the leaders engaged from the Year 1 annual reports.

Table 4: Data on number of people engaged in leadership activities

Number of Leaders Engaged	Number of State project teams whose responses fell into the range (%) (n=22)
0-20	6 (27%)
21-40	7 (32%)
100-300	3 (14%)
350-500	3 (14%)
750-1000	1 (4%)
1000-2000	2 (9%)

VI. Discussion

Although we are still early in our evaluation, themes have started to emerge around several of our research questions that cross-cut the various qualitative and quantitative data collection methods we use.

Deep and broad community engagement: It was clear that many state coalitions feel like after 18 months of work, this work is only beginning. Although a number of obstacles influenced the pace of work, including the need to do defensive advocacy, natural disasters, and COVID-19-related barriers, it is clear that even in the absence of emergencies the work of engaging community takes significant time, and that a 2-year funding cycle can at best lay groundwork for a permanent change in patterns.

Power ecosystem: The results of our inquiries using the SNA around the leadership of lead grantees and organizations meeting the project definition of “organizations of color” were indeterminate. Through our qualitative work, we have gained additional perspective on the various roles of organizations within the state coalitions, and come to understand that leadership has more nuance than we originally understood. The role of project lead may look very different in different projects, and in some cases a subgrantee may be acting as the project convener, for example.

Policy, budget, and administrative outcomes: It was notable that there were fewer policy wins reported in the second year than in Year 1, and also that the states reporting outcomes were substantially more politically liberal than the overall set of Voices states. In addition, there are many factors that contribute to a policy win; specifically, some of the biggest policy outcomes are the result of many years predating the Voices grants of community organizing, advocacy and legislator education on related issues. The advocacy and organizing work of Voices grantees during the life of the project is meaningful, but just one factor within complex situations.

Community power: It clearly emerged from our qualitative data that building community power is much longer-term than the duration of the Voices grants. Although the Voices grants have allowed grantees to begin this work – or in some cases to continue work that was previously funded through other mechanisms – in order to have long term impact the funding needs to be both longer-term and less project-specific. Significant funding and time need to be dedicated to participatory processes to develop project plans that include relationship-building between organizations, organizing within the communities, and collectively developing objectives with participation from both community and organization stakeholders.

Looking forward: Now that the grantees are more than 18 months into the funding period, the next phase of the evaluation will focus on understanding changes over time as well as identifying additional lessons that can inform future programs and the broader power-building field. We have identified some emerging areas of inquiry below, and will refine these and identify others in partnership with the Evaluation Advisory Committee, Voices Steering Committee, and RWJF.

Emerging focus areas for future inquiry:

- How have project teams evolved their goals and their activities in response to their state political landscape and in response to community-identified priorities and needs?
- How has the national and state political context influenced projects and how has this changed since the beginning of the grant period?
- How have the local power ecosystems in each state evolved over time?
- What does community power mean to different teams and how has this taken shape with their projects? Here, we are interested in exploring cases in which community power is conceptualized as a valued outcome in its own right vs. as a means to achieving policy or systems changes, or both - and how this affects the way grant activities are designed and carried out.
- What does it take to achieve wins - even small ones - in states with more challenging political climates? What kind of resources need to be dedicated, and to what?
- What additional needs are there for building community power in states with more challenging political climates? How do these differ from states with more liberal political climates?
- What does leadership of the coalition look like in different states, and how does this differ across states? How have teams structured the parameters of the lead grantee role and what has influenced this? Are there better ways to support leadership of organizations of color and grassroots organizations? Are there more meaningful ways of quantifying the extent to which organizations lead the work than SNA centrality?

We expect to be able to explore these questions (as well as other questions within our core evaluation domains) during the next rounds of team interviews with the full cohort of projects, which will occur in August-September 2022 and February 2023. In addition, the next social network analysis survey (March 2023) will provide longitudinal data on key metrics related to the power ecosystem in each state. Furthermore, we will spend the remainder of the grant period continuing our engagement with the case study projects to be able to deeply explore evaluation questions within each of their unique

settings. With the case studies, we are also aiming to do some primary data collection with people outside of the funded project teams - such as community members being engaged and people with influence in the issue area of focus - to provide more perspectives on the work and its outcomes. The case studies will provide detailed stories and context-specific lessons that will complement the findings from the cohort-wide data.

VII. Appendices

- A. Rapid Response reports
- B. Individual state case study descriptions
- C. Links to previous write-ups

Appendix A. Rapid Response reports

Rapid Response grants: The Voices Steering Committee also has a reserve of Rapid Response funds to support strategic and timely work that advances Voices goals of increasing health care access, making health care more affordable and increasing the ability of the healthcare system to treat all people with dignity. Rapid response grants are intended to support organizations to respond to a specific, short term (spanning 2-6 months) policy, organizing, or campaign opportunity. Current Voices grantees and sub-grantees are eligible for the Rapid Response funds, as are organizations that are not part of the core group of 25 Voices projects. The Steering Committee selects potential grant recipients based on their knowledge of policy opportunities across the country and through their ongoing conversations with states. Potential grant recipients are invited to put together a proposal outlining the use of Rapid Response funds, and the Steering Committee makes the decision. Rapid Response grants can support activities like public events (such as public education/events to cultivate awareness of an issue), digital base-building/organizing, media work (such as ads, social media), constituent calls, opinion polling, and activities that boost contributions to public comment periods.

The steering committee has continued to disseminate funds through this process. To date, nine Rapid Response grants have been made in six states (four in Texas, one in West Virginia, one in Tennessee, one in Mississippi, one in New Jersey, and one in Utah). The policy wins from Rapid Response grant funding in West Virginia, Texas, and Tennessee were also noted in our [initial Voices report](#) published in October 2021. Equality Texas Foundation has received two Rapid Response grants and did not need to submit a second proposal; their work is a continuation of the first grant. Data on the Rapid Response grants, funding amount, and length of grant are summarized in the table below.

Table 5: Rapid response grant information

State	Funding Amount	Grant Period
West Virginians for Affordable Healthcare	\$50,000	February 8, 2021 – May 8, 2021
Tennessee Justice Center	\$25,000	March 23, 2021 – May 23, 2021
Texas - Equality Texas Foundation #1	\$25,000	May 1, 2021 – October 31, 2021
Texas - Equality Texas Foundation #2	\$25,000	March 1, 2022 - August 1, 2022
Texas - Transgender Education Network of Texas (TENT)	\$25,000	May 1, 2021 – October 31, 2021
Texas - Afiya	\$50,000	December 1, 2021 - June 30, 2022
Mississippi Center for Justice	\$60,000	September 15, 2021 - March 15, 2022
Salvation and Social Justice (NJ)	\$30,000	September 15, 2021 - January 15, 2022
Utah Health Policy Project	\$70,588	January 1, 2022 - April 1, 2022

Two of the above listed organizations, Texas - TENT and New Jersey - Salvation and Social Justice completed their Rapid Response projects in the last year. The information captured in their reports highlight the work that these organizations were able to accomplish because of Rapid Response grant funding.

Texas: In Texas, TENT increased its advocacy efforts, managing to block around 80 anti-LGBTQ bills, including all medical bans that would impact trans kids and adults. They organized knowledge-building sessions and trainings for medical providers to discuss the state legislative session and ways to advocate outside of the Capitol. TENT also expanded and diversified its base of supporters, doubling its social media following across all platforms. Not only did TENT leverage its social media growth to highlight policy goals, discuss anti-trans legislation, and inform its audience, but to also launch a media project with Equality Texas called ["I'm a Texan Too."](#) This project cast light on BIPOC trans people, families, and medical providers, centering their voices in conversation around challenges that trans people face in the healthcare landscape.

New Jersey: In New Jersey, Salvation and Social Justice utilized its Rapid Response grant funding towards developing its pilot program around restorative and transformative justice for youth and communities pilot program. This program is expected to launch in November 2022 and will establish restorative justice hubs that provide a space for youth to cultivate a healthy connection to their communities. Through a trauma-informed lens that emphasizes rehabilitation and healing, the goal of these hubs is to prevent youth involvement in the criminal justice system and to strengthen communities. Salvation and Social Justice hosted a series of information sessions for community stakeholders who seek to integrate restorative justice hubs into their communities and disseminated key resources and information to interested stakeholders. They also drafted a seven-course curriculum with trainings on asset mapping and strategic planning, restorative mindset, dialogue circles, restorative community conferencing, youth mental health and first aid, and youth mentorship and life success. Completing this course will would enhance knowledge in a variety of realms, such as community engagement, youth development, the benefits of restorative practices, community-based services and support, fiscal responsibility, nurturing personal and community relationships, and mental health risk factors and crises. The next phase of the project roll-out will entail strategic implementation, planning additional information sessions, engaging in fundraising and community outreach efforts, establishing memorandums of understanding with community partners, writing grant proposals, and hosting training and skills building sessions.

The following projects were proposed and have received Rapid Response grant funding. Outcomes will be discussed in a future report when projects have been completed and reported on.

Utah: The Utah Health Policy Project seeks to expand Medicaid coverage to all eligible Utah children, without regard for documentation or citizenship status, and reduce uninsured rates among Latinx families. Using Rapid Response funding, the Utah Health Policy Project will design and run

advertisements through various digital channels and social media, engage in grassroots outreach, launch storytelling projects, and disseminate educational materials.

Mississippi: The Mississippi Center for Justice hopes to expand Medicaid coverage under the Affordable Care Act to roughly 200,000 working Mississippians who are unable to access affordable health care. Rapid Response funds will be allocated to support a policy education campaign and a legislative messaging campaign to generate a narrative in support of expansion. In conjunction with its coalition partners, the Mississippi Center for Justice will showcase individual stories and harness social media channels to bolster its policy campaigns.

Texas: With Rapid Response funding, The Afiya Center will design and launch its #AllHandsonDeckTX campaign to raise awareness around the consequences of abortion regulations and their impact on Black womxn in Texas. In the wake of SB8's passage in September 2021, abortions in Texas are legally banned after six weeks into a pregnancy. The Afiya Center seeks to grow and mobilize its volunteer and donor base, implement reproductive justice training and policy advocacy sessions, and strengthen cross-organizational partnerships.

Appendix B. Individual case study descriptions

COLORADO

Center for Health Progress (lead grantee)
COLOR - Colorado Organization for Latina Opportunity and Reproductive Rights (sub-grantee)
Colorado Consumer Health Initiative (sub-grantee)
Colorado Fiscal Institute (unfunded partner)
Colorado Cross Disability Coalition (unfunded partner)

Overview

The Colorado Voices for Health Justice project was formed to continue and deepen the work of the Coalition for Immigrant Health, of which all five organizations are members. Although there had been advances in healthcare coverage for Coloradans in the years before Voices began, immigrant communities had not experienced the same gains. The objectives of the project were to advocate for the expansion of coverage for immigrants, to build community power around the issue of coverage for immigrants, and to shift the narrative around immigrant communities and health.

The Colorado Voices coalition is comprised of three funded members and two unfunded members. The Center for Health Progress is the lead grantee and has recently shifted its organizing strategies to focus on power-building approaches, with presence across the state but an especially strong focus on the communities of Fort Morgan and Pueblo. Colorado Consumer Health Initiative is a membership-based health advocacy organization that convenes and supports grassroots organizations in their campaigns. COLOR, the Colorado Organization for Latina Opportunity and Reproductive Rights, is a grassroots organization focusing on health and reproductive justice in the Latinx community.

Policy wins

The work of the Colorado Voices team did not start with the beginning of the Voices funding in 2020 – the project allowed the coalition to continue the trajectory of its work. The funding started at a point when the organizing and power-building efforts of many years had helped create a policy landscape in which several big wins were achieved in short order.

- SB21-009, the Reproductive Health Care Program, was signed into law in June 2021 and was expected to launch in July 2022. Colorado immigrants regardless of status will be able to access contraception.
- HB21 1232, the Colorado Option, was also signed into law in June 2021. The bill will make a higher quality and lower cost standardized plan available to all Coloradans starting in 2023, including undocumented community members. This was made possible by the coalition's previous work to pass SB20-215, passed in 2020, which established additional subsidies for these plans via a Health Insurance Affordability Enterprise.
- Building on those victories, HB22-1289, known as Cover All Coloradans, was signed into law in June 2022.

Power-building activities

Strategies that the coalition used to build power and leadership in the impacted communities include:

- One-on-one meetings and contacts
- Leadership development program including training components around anti-racism, health equity, power building, health care power analysis, and understanding the legislative process
- Advocacy training series held by CCHI
- Healthcare Day of Action, a day in which people were supported to meet with legislators and aides
- Listening Tours throughout the state in order to hear concerns and needs of impacted community members, including 1 in Spanish
- Building a Community Advisory Board

Moving forward

In the wake of the significant policy wins of the last couple of years, the coalition intends to focus on several priorities:

- Advocacy to ensure accountability around the implementation of the bills. This includes ensuring a timely start to the program as well as the inclusion of culturally and linguistically appropriate materials and resources.
- Work with communities to build awareness and trust of the new programs in order to ensure that people can take advantage of the programs.

GEORGIA

New Georgia Project (NGP) (lead grantee)
Georgians for a Healthy Future (GHF) (sub-grantee)
Equality Foundation of Georgia (EFG) (sub-grantee)

Overview

The Georgia Voices for Health Justice project team is developing the Voices for a Healthy Georgia (V4HG) Fellows Program to address inequities in west central and southwestern Georgia. With this structured leadership development program, the project team will support a cohort of Fellows to build organizing and advocacy skills so that they can work locally and regionally for solutions that address community needs. The overall grant team has not named a policy goal; rather, Fellows who have lived experience with healthcare access challenges will identify goals that resonate with their communities.

Key activities for the first year

- The team hired key staff to support the project; most significantly, NGP hired Addie Britt as Regional Program Organizer to lead the V4HG program. Bringing urban planning experience, Addie is responsible for designing and managing VRHG's Fellows Program, including curriculum development, participant recruitment, and providing ongoing support to Fellows. In addition, GHF hired Alex McDoniel, Strategic Communications Manager, to support the V4HG Program.
- The team developed the curriculum for the V4HG Fellows Program, and received nearly 130 applications for the first cycle, of which 19 were selected to join the inaugural cohort. The program began in January 2022.
- The team developed relationships with local/regional individuals, organizations, and institutions that will provide opportunities for V4HG Fellows to engage with subject matter experts to further their depth of understanding of the overall program material.
- The team has connected with hundreds of residents within the west central and southwestern GA regions, resulting in a base of interested community members that Fellows may engage with as they develop their advocacy goals.

Moving forward

- The GA state project team will continue implementing their 24-week V4HG Fellows Program and supporting Fellows to identify and organize around policy goals.

ILLINOIS

Shriver Center on Poverty Law (lead grantee)

Everthrive Illinois (sub-grantee)

Illinois Coalition for Immigrant and Refugee Rights, ICIRR (sub-grantee)

Workers Center for Racial Justice (sub-grantee)

Overview

The Illinois coalition is composed of four organizations, three of which had a working relationship on health advocacy prior to the Voices project. Of the four, both the Shriver Center on Poverty Law's Health Law team (lead) and Everthrive IL focus predominantly on policy advocacy to achieve health coverage and health equity for targeted groups including women, children and low income populations. The Workers Center for Racial Justice engages in community advocacy work for racial justice. While the Workers Center for Racial Justice's work on health care coverage issues is new with the launch of this project, they have strong community relationships as well as a long history of working with ICIRR and the Shriver Center on other issues including economic justice and criminal justice. Finally, the Illinois Coalition for Immigrant and Refugee Rights engages in both community advocacy work and policy work in support of immigrant and refugee groups. While all four organizations are headquartered in Chicago, the policy and community engagement work they do impacts people across the state.

Project Goals

The organizations held complementary aims and capacities before agreeing to work together and to develop shared policy and racial justice goals for the Voices project. The project team's policy goal is to find policy and practice solutions to affordable coverage for the remaining uninsured and underinsured individuals in Illinois as well as to create a bridge between U.S.-born Black and immigrant communities to identify health issues that affect all communities. They also aim to address racial injustice by directly involving impacted individuals in developing and advocating for policy solutions to reduce health disparities in coverage and access.

Activities and accomplishments

In the first year of the project, the project focused on a number of activities and accomplishments in the categories of outreach and organizing, policy advocacy, and implementation.

- Launched the Immigrant Health Academy to train and empower immigrant leaders and community members in the greater Chicago area around health and healthcare access
- Conducted presentations, trainings and information sessions for immigrant-serving organizations, service providers, and the general public, enrolling thousands of newly eligible immigrants into Medicaid-like healthcare expansions.
- Prepared community leaders to share stories with legislators or media reporters.
- Identified current barriers to equitable health coverage, and identified possible solutions, via community listening sessions and consultation with community leaders.
- Continued to engage Family Councils composed of family members impacted by maternal morbidity and mortality via advocacy trainings, and discussions.

- Held community focus groups in communities impacted by high maternal morbidity/mortality to identify barriers to prenatal and postpartum care
- Hosted virtual community listening sessions to identify health issues that affect all communities.

Policy wins and political climate

The political climate in Illinois is ever-changing. Currently the state has progressive leaders in power, and the Voices organizations have been involved in the successful efforts to pass several important pieces of legislation. An effort to expand a “Medicaid-like” coverage program for immigrants age 55 and older was successfully passed in 2021, and expanded further down to age 42 in 2022 – opening up a path to coverage to over 30,000 immigrants. In addition, a hospital transparency bill took effect in January of 2022, increasing accountability measures and access to coverage for patients at FQHCs. The project also achieved wins to improve race equity in health care including coverage for doulas and 12-month post-partum Medicaid coverage to improve morbidity and mortality in pregnant and post-partum people of color, immigrants and their children. These wins will positively impact access to healthcare for the marginalized communities that the Voices organizations serve. The progressive climate has also allowed Voices state partners to make significant inroads in community engagement and narrative change, especially around the notion that “access to healthcare is a right”. Despite these wins, systemic social problems, the COVID-19 pandemic, political divisions and ongoing recovery from decades of state budget mismanagement represent looming threats to progress and the health of communities across Illinois.

LOUISIANA

Louisiana Budget Project (LBP) (lead grantee)
Louisiana Community Health Outreach Network (LACHON) (sub-grantee)
Southwest Louisiana Area Health Education Center (SWLAHEC) (sub-grantee)
LSU Health Services Center Center for Healthcare Value and Equity (unfunded partner)

Overview

The Louisiana Voices for Health Justice partners are working to empower Louisiana's community health workers (CHWs) to facilitate their ability to drive decisions about how to support their work. Their efforts include raising awareness about the role and benefits of community health workers, building the political power and advocacy skills of those workers through training and leadership development, and using administrative advocacy to expand the coverage of CHWs under Medicaid.

Key activities in the first year

- Began laying the groundwork for future project activities through activities such as hiring a program coordinator at LACHON and having one-on-one conversations with individuals about leadership training and advocacy
- Did significant relationship building work among project partners, particularly between LBP and LACHON who had not previously worked together
- LACHON and LBP collaborated to offer presentations and a webinar series to CHWs about the Louisiana budget, legislature and administrative advocacy, among other issues.
- LACHON implemented a survey of members to gauge interest in advocacy topics and issues.
- Engaged in administrative advocacy with the Louisiana Department of Health (LDH) to obtain Medicaid reimbursement for CHWs. Successfully worked with LDH to enact a Medicaid State Plan Amendment (SPA) to cover certain CHW activities.

Early learnings and strategy adjustments

- Through initial engagement with CHWs, the project team has begun learning how best to connect with them. Trainings are now offered at times that are more convenient for CHWs. Messaging has been updated to make their language more accessible.
- CHWs, as a profession, are very fragmented and have different types of employers, which impacts what work they are allowed to do. The program team is working to identify ways to overcome this and build CHWs ability to advocate for their communities. One area of focus is on education, working to get employers on board with their staff being advocates.

Challenges and strategies to overcome those challenges

- The political environment in Louisiana is very conservative and resistant to progressive policy solutions. The program team intends to focus on administrative advocacy, working with the Louisiana Department of Health and Governor's office to move their policy objectives forward.
- COVID continues to impact relationship-building among program team members and with CHWs. The team members meet regularly over Zoom and have increased one-on-one follow-ups with LACHON members to compensate for the loss of informal interactions that happen during in-person meetings.



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MASSACHUSETTS

Health Care for All (HCFA) (lead grantee)

Massachusetts Immigrant and Refugee Advocacy Organization (MIRA) (sub-grantee)

Massachusetts Senior Action Council (MSAC) (sub-grantee)

Men of Color Health Awareness (MOCHA) (sub-grantee)

Overview

The Massachusetts Voices for Health Justice organizations have three main goals to advance health equity in the Commonwealth: 1) increase health care affordability for low-income seniors by expanding Medicare Savings Program eligibility; 2) reduce out-of-pocket expenses and premiums for individuals with private health insurance and coverage through the Health Connector; and 3) ensure affordable health care options are available to all residents regardless of their immigration status.

Key activities for the first year:

- All four partner organizations completed the series of Health Justice Academy sessions in the spring of 2021. The Health Justice Academy was an interactive learning/training series for advocates, community leaders, community members, and health care providers from around the state that led participants through a three-part process to cultivate, inform and organize new leaders to get involved in different health justice advocacy topics.
- The partner organizations have joined the Voices for Health Justice Supporting Immigrants' Access to Equitable Health Care Cohort to learn from other state teams working on immigration policy issues, as well as sharing their knowledge on the subject.
- MA is one of the six states involved in the current national wave, Cover All Kids. They are currently in an active campaign in MA to "expand comprehensive MassHealth coverage to children who would be eligible for MassHealth except for their immigration status." The Cover All Kids Senate bill (S.762/H.1309) was reported out favorably to Senate Ways and Means in November 2021 from the Joint Committee on Health Care Financing.
- The partner organizations have also worked in several other campaigns to advance health equity, including the Vaccine Equity Initiative (VEI), More Affordable Care (MAC) Act, and Prescription Drug Cost Transparency and Affordability legislation, organizing individuals to give testimony and engaging community members in other ways. Additionally, the Safe Communities Act (H.2418/S.1579) was also reported out favorably to the House Ways and Means in June 2022.
- MSAC developed a 10-member campaign leadership team which helped to support the proposal to expand the Medicare Savings Program.
- MOCHA resumed its health classes with men in Springfield, and has included advocacy training and community leadership in its updated curriculum.

Moving forward

- The MA state team secured additional funding to implement a project in the Springfield area that will engage older men of color, and will spend the remainder of its Voices grant on this project.

WASHINGTON DC

SPACeS in Action (lead grantee)

Children's National Hospital's Early Childhood Innovation Network (ECIN) (sub-grantee)

Children's Law Center (sub-grantee)

Overview

The DC Voices for Health Justice Project, "Birthing Justice for Black, Brown, and Immigrant Birthers, BJ4BBIB" (originally named "Black Moms Rising"), is focused on building power with expectant moms, new moms and other allies in an effort to reduce Black women's maternal and infant mortality rates in DC. The goal of the initiative is to build support for equitable health care services, such as community health workers, doulas and childbirth educators for Black expectant mothers in DC. They are also working to ensure those services are covered by Medicaid through the implementation of a State Plan Amendment (SPA).

Key activities in the first year

- Built connections and relationships with the DC Health team, and participated in coalitions, policy tables, and conversations in DC focused on expectant families.
- Worked with a DC city councilor to successfully pass a mandate for doula coverage in Medicaid through the DC FY22 budget.
- Engaged the community through Parent Cafes, Storytelling sessions, and Leadership trainings.
- Built relationships with new community members by networking with groups working on adjacent issues, having translation available during meetings, and streaming meetings live to reach a broader audience.
- Created a discussion series on birthing and implemented two virtual conversations on Zoom with doctors, doulas, a DC At Large Council member and others.

Moving forward

- In the context of the passage of the Medicaid doula coverage mandate, the coalition will focus on ensuring strong implementation.
- The program team is interested in exploring more opportunities and strategies for policy change and improved sustainability of programs supporting childbirth educators.
- The program team has expanded their work to connect with communities beyond just Black communities, such as Latinx families.
- A newer focus is on the mental health of birthers, and the coalition is working on programs providing support for families around perinatal and post-perinatal mental health.

Challenges and strategies to overcome those challenges

- COVID continues to impact the project's communities of focus and their work. Program staff are focused on engaging people in ways that allow them to reach their communities in a way that is safe.

Appendix C. Links to previous Voices evaluation write-ups

Evaluation planning:

- [Community power: Deconstructing the concept and understanding evaluation approaches](#)
- [Voices for Health Justice Evaluation Plan](#)
- [Voices for Health Justice: Theory of change](#)

Evaluation reports:

- [Voices for Health Justice Initial Report: Program Activities and Early Learnings December 2020 – July 2021](#)
- [Voices for Health Justice: Findings from interviews with state project teams](#)