



**Implementation of Voices for
Health Justice in diverse
contexts: Case studies of six state
projects**

AUGUST 2023

Implementation of Voices for Health Justice in diverse contexts: Case studies of six state projects

AUGUST 2023

PREPARED FOR:

The Robert Wood Johnson Foundation

PREPARED BY:

Institute for Community Health

350 Main Street

Malden, MA 02148

www.icommunityhealth.org

TEAM:

Ranjani Paradise, PhD

Carolyn Fisher, PhD

Amanda Robinson, PhD

Sofia Ladner, MPH

Nubia Goodwin, MPH

Benjamin Goldberg

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.

Contents

- Introduction..... 1
- Cross-case analysis..... 2
 - 1. How did Voices state teams understand community power building and how did this affect their approach to their work? 2
 - 2. What policy, budget, and administrative outcomes did the Voices state teams contribute to? 3
 - 3. How did the design, structure, and implementation of Voices affect state teams’ ability to do community power building and policy advocacy? 4
 - 4. How did state teams develop over the course of the Voices 1.0 period, and what factors facilitated or hindered successful collaboration within state teams? 5
 - 5. How did state-level political context affect teams’ ability to do community power building and policy advocacy? 6
 - 6. What other contextual factors impacted the work? How did these factors affect teams’ ability to do community power building and policy advocacy? 6
- Case study key takeaways..... 7

Introduction

Voices for Health Justice (Voices) is a program funded 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. The first grant cycle, referred to here as Voices 1.0, began in December 2020 and ran through March 2023. Voices 1.0 supported 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 consisted of both funding and the provision of technical assistance (TA) and connections with other programs.

With the core Voices 1.0 program, RWJF supported Community Catalyst, Community Change, and the Center on Budget and Policy Priorities, which together comprised the Voices Steering Committee (SC), as well as the Altarum Healthcare Value Hub through an adjacent grant. This national infrastructure funded 25 state grantees across 24 states, each of which had between zero and six subgrantees. Technical assistance was provided to each individual project from the Steering Committee organizations, as well as Altarum Healthcare Value Hub and McCabe Message Partners.

The Institute for Community Health (ICH) is the evaluation partner for the Voices program. A central part of the evaluation of Voices for Health Justice 1.0 has been conducting in-depth case studies with a sample of state projects. We used a systematic process to select a diverse set of projects, taking into account 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 were Colorado, Georgia, Illinois, Massachusetts, Louisiana, and Washington, DC. Compared to the overall cohort of Voices states, the case study states were more liberal (the states who declined to participate were all more conservative), had a similar number of sub-grantees on average, and had policy and legislative aims that are representative of the full cohort of Voices 1.0 projects.

Because each project took a different approach based on their own context and needs, each case study was customized and focused on the specific lessons we could learn from that project. We learned about the case study projects through group interviews and individual interviews with grantee and subgrantee organization staff, TA providers, and community members. We also reviewed project and organizational documents including grant applications, reports, notes, blogs and websites, and strategy documents. In some

states we were able to observe virtual events and/or TA calls. Finally, we were able to conduct an in-person site visit at the offices of one of the Louisiana partners.

An individual in-depth report for each case study is provided in this document. In addition, we conducted a cross-case analysis to identify learnings from the case studies that apply to the six core evaluation questions we addressed in the companion report, “Voices for Health Justice: 2023 evaluation report”.

Cross-case analysis

1. How did Voices state teams understand community power building and how did this affect their approach to their work?

The Voices for Health Justice program did not disseminate a standardized definition of one of the priorities of the funding: building community power. One impact of this is that each of the case study states defined this work differently. There was substantial overlap in organizations’ understandings of the ingredients of community power – connecting one’s own problems to structural patterns, leadership development, intra-community solidarity, collectively identifying policy priorities, elevating the voices and agency of community members within the advocacy process, and passing and implementing policies aligned with community priorities. However, these different definitions, in addition to different situations on the ground, caused each state to differ in the particular ingredients they emphasized, and therefore the strategies they pursued.

Four states – Massachusetts, Georgia, Washington, DC, and Louisiana – emphasized leadership development in their organizing work. Massachusetts conducted a Health Justice Academy, which was a series of trainings for both community leaders and healthcare providers. Georgia conducted an intensive year-long paid Fellowship in which Fellows went through a structured curriculum and ran individual community organizing projects. Louisiana focused on developing the self-image of community health workers (CHWs) as people who do advocacy work and educating CHWs about how to do this work. Washington, DC also saw their work with community leaders in storytelling sessions as developing leadership and advocacy skills. In addition, although Colorado did not originally focus on leadership, the lead grantee in Colorado did an intensive dive into developing leadership teams once their original legislative goal had been achieved.

State projects also varied in the extent to which they saw policy advocacy as core to their power-building work. Georgia’s lead organizer had a very specific understanding of power building, defining it as connecting individuals’ challenges to larger structural patterns and bringing people together around these patterns; thus Georgia’s exclusive focus on the Fellowship

programming without additional policy advocacy activities was appropriate. Louisiana, DC, and Massachusetts, on the other hand, both concurrently did policy advocacy along with their leadership development. However, Massachusetts had different organizations with different approaches on their team, and experienced difficulty coalescing around a single priority.

The power building work in Illinois was focused on building solidarity between U.S.-born Black and Latinx communities in the area. Although understandings and relationships were built, the two communities were not able to agree on a shared legislative priority. Instead, the organizations have engaged in reciprocal advocacy for one another's priorities. In Colorado, the organizations also had different theories of organizing – this did not pose an obstacle as long as they shared legislative priorities, but once those goals were accomplished, the organizations agreed to head in separate directions.

2. What policy, budget, and administrative outcomes did the Voices state teams contribute to?

Five of the case study states were able to point to policy outcomes of their work that they had contributed to more or less directly. Four of the states saw expansions of Medicaid coverage for specific services or populations: Louisiana began covering some CHW services, Illinois and DC began covering doulas, Colorado and Illinois both saw expansions of Medicaid for immigrant seniors and reproductive health, and Colorado in addition achieved a broader expansion of Medicaid coverage for people regardless of immigration status. Massachusetts also saw some legislative success with an expansion of the Medicare Savings program and movement forward on multiple other bills. Additionally, Louisiana passed a bill establishing a Community Health Worker Workforce board, Washington, DC's council established a Perinatal Mental Health Task Force, and Illinois mandated implicit bias training for medical professionals.

The differences in these states had to do with a) the degree to which the outcomes were the result of ongoing work versus new work initiated by the Voices grant, b) the degree to which the goals were identified and prioritized through a process of community power-building, and c) the degree to which the Voices grantees and subgrantees within the state were working closely together to achieve the outcomes versus independently. In addition, it is not possible to ascertain whether or not these outcomes would have been achieved without the Voices funding.

Georgia's work was an outlier among the case study states in that this project did not pursue a policy advocacy campaign during the grant period. Unlike the other five, Georgia used the Voices project exclusively to create and operate a new leadership development Fellowship. Georgia was not the only state to do leadership development: the Massachusetts organizations began their collaboration with shared contributions to an ongoing leadership academy,

Louisiana worked on the development of CHWs as leaders, and the Colorado lead grantee turned to leadership development once its policy outcomes were passed. However, the other states did their leadership development both less intensively and concurrently with (or after, in the case of Colorado) working for policy goals. Through a structured curriculum and intense mentorship, the Georgia project had important achievements in leadership development and community power building. However, due to the fact that this program was designed from scratch under the grant and conceptualized very ambitiously with both individual projects and a collectively-developed group project, it simply ran out of time and did not progress to the planned stage of identifying shared policy objectives and advocating for them.

3. How did the design, structure, and implementation of Voices affect state teams' ability to do community power building and policy advocacy?

State teams: Several aspects of the Voices design, structure, and implementation impacted the work of our case study state teams. The first aspect of the design was the way in which organizations within each state were invited to apply together in a way that did not feel optional to many organizations. The objective of the Steering Committee in designing it this way was to encourage collaboration rather than competition among organizations and to build infrastructure for progressive organizing and advocacy in the form of additional relationships. In Colorado and Washington, DC, the organizations had for the most part already been working together, and the grant supported these ongoing collaborations. In other cases, the grant brought together organizations without active ongoing collaborations – more partnerships and coalitions were not always what the organizations felt they needed. In Illinois, Georgia, and Massachusetts, the organizations did not gel into active coalitions and for the most part worked separately rather than together, although they did report building relationships between their organizations. Louisiana was perhaps the exception, in that the Voices grant facilitated the development of a strong new coalition that strengthened all parties.

TA structure: Case study state teams engaged with the Voices TA structure in different ways. In Massachusetts, the TA calls were the principal time when the partners met to coordinate their projects. In Colorado and Louisiana – states at very different places in the community power-building process – the grantees and subgrantees felt that the TA providers had a deep understanding of the organizations and the local context, and were able to provide helpful input. In Illinois, the team largely saw the calls as part of the reporting structure of the grant. In Georgia and in Washington, DC, the projects used the TA calls as an opportunity for raising questions, having a sounding board for ideas, and receiving feedback. In two states, there was an explicit understanding of the TA partners as gatekeepers to funding – TA was seen as a way

to cultivate funder relationships and increase the likelihood of future funding. This lent a sense of an unequal power dynamic between the TA provider and the state team.

Timeline: In most cases, the community power building and health justice objectives of the grant could not be realistically achieved within the timeline of the Voices funding alone. In states where the Voices grant initiated new work – Georgia, Louisiana, and Washington, DC – the projects were just beginning to show results at the end of the funding period. In Illinois, Massachusetts, and Colorado, the Voices funding went to support ongoing work that had begun well before the start of the Voices period and would continue beyond it.

Communication of expectations: In several cases, there were disconnects between the Steering Committee’s priorities and criteria for success and those understood by grantees and subgrantees. This had the most impact in Georgia, where the lead organizer felt she would have structured the program differently had it been clear that the policy side of the work was as important as it wound up being in the renewal decision-making. In general, communication between state teams and the Steering Committee was impeded by turnover in the Steering Committee, among TA providers, and in the grantee and subgrantee organizations. There were additional disconnects when the grant application and co-design was led by someone who did not end up working on the grant, either because they were exclusively grant writers or because of turnover.

4. How did state teams develop over the course of the Voices 1.0 period, and what factors facilitated or hindered successful collaboration within state teams?

The case study states showed a wide variety of patterns in the partnerships between the grantee and subgrantee organizations. In Louisiana, Voices fostered a strong new partnership between organizations that hadn’t previously worked together. In some cases, the Voices grants funded ongoing partnerships that predated the grant (CO, DC). In other cases, although the organizations were friendly towards one another, and got to know each other better through Voices, the partnership never coalesced around a single project and focus or partners did not find clear roles (MA, IL, GA). Each of these states seemed to have unique circumstances causing this pattern, however. In Massachusetts, each of the organizations in the partnership had their own model integrating organizing and advocacy and their individual processes for working deeply with their base constituencies to identify priorities meant that it was harder to work with other organizations to set goals. In Illinois, although attempts were made to bring two communities together, it was concluded that their individual issues and priorities were too disparate to identify a single legislative aim; in addition, the policy and organizing sides of the project functioned almost separately. In Georgia, there were several barriers, including that the

subgrantees received relatively small portions of the grant funding, the lead organization was primarily focused on specific types of activities which couldn't be funded through Voices, the project ran out of time for the final stage which would have integrated the subgrantee organizations more fully, and there was a sense of deference to the lead organization as both the lead and as an organization of color. In Colorado, once the groups had achieved their specific shared objectives, they mutually agreed to move in different directions and dissolved the formal coalition; they felt that coalitions were most useful when there was a specific objective. In two states, more established partners saw their roles as mentoring a less-established organization: in Louisiana, the Louisiana Budget Project worked to increase the overall capacity of LACHON, and to increase SWLAHEC's capacity in advocacy spaces; in Massachusetts, the other three partners worked with MOCHA to develop that organization's ability to work on policy.

5. How did state-level political context affect teams' ability to do community power building and policy advocacy?

The political context of each state had a profound impact on the teams' ability to do policy advocacy. The favorable political climates in Washington, DC and Massachusetts were instrumental in allowing the passage of key legislation. In Washington, DC, in particular, the Council was very responsive to their policy objectives and quickly put together legislation addressing these objectives. Illinois and Colorado, although both more politically centrist than Massachusetts and Washington, DC, also both had success in part thanks to the fact that Democrats held power in the state government. Although Louisiana was the most conservative state among the six cases, they had a Democratic governor, and were able to achieve administrative advocacy goals. In Georgia, partner organizations reported always having to be in defensive or rapid response mode due to their tumultuous electoral landscape.

In addition to the impact of political context on policy advocacy, there were notable differences among states in the ability of the state teams to do organizing and community power building. Both Southern states, Georgia and Louisiana, expressed concern about the physical safety of their organizers, particularly in rural areas.

6. What other contextual factors impacted the work? How did these factors affect teams' ability to do community power building and policy advocacy?

All of the Voices projects were impacted by the moment in history in which they took place. The COVID-19 pandemic meant that people were unable to gather in person and that attention of community-based organizations was focused on meeting the basic needs of communities and

on efforts such as vaccine outreach. A hurricane and concomitant flooding shut down or slowed operations in Louisiana organizations for weeks. In Illinois, the coerced resettlement of migrants from Texas to Chicago increased tensions between U.S.-born Black communities and Latinx communities across the state. And in the relatively liberal state of Massachusetts, both the pandemic and the Trump administration's anti-immigrant policies helped increase sympathy for immigrants. Finally, the tight labor market throughout the grant period meant that hiring took longer and that turnover was increased – this particularly impacted the Georgia project, but was part of the experience in other states as well.

Case study key takeaways

Colorado

- Colorado has a FiveThirtyEight partisan lean score of D+6.4, indicating that it is fairly close to center but leans more Democratic than the nation as a whole
- State population: 5.9 million (estimated), 13% rural
- Colorado has adopted Medicaid expansion as of 2013

Key takeaways:

- The Colorado team was organized around ongoing work to expand healthcare access for immigrants. Three organizations received funding under the grant; two others were considered unfunded partners by virtue of their participation in the coalition.
- Colorado falls within the purple state category according to the partisan lean index, and conservative forces have influence within state government; however, Democrats have held the trifecta of power (governor, House, and Senate) at the state level since 2019.
- The Voices for Health Justice funding occurred at an opportune time for the coalition, in which 6 years of previous work and advantageous conditions culminated in the passage of two major bills in 2021 and a further more expansive bill in 2022, all expanding healthcare for different populations.
- Following the policy wins of 2022, the coalition members decided to move in different directions. Some of the partners turned to other priorities, including implementation of the bills. The lead grantee, Center for Health Progress, took a step back from policy advocacy and did a deep dive into community power-building, focusing on intensive organizing and leadership building in their focus communities and constituents.

Georgia

- Georgia has a FiveThirtyEight partisan lean score of R+7.4, indicating that it is somewhat more conservative than the nation as a whole
- State population: 10.7 million, 25.9% rural
- Medicaid expansion has not been adopted in Georgia

Key takeaways:

- The Georgia team developed a Fellowship model for building organizing and advocacy capacity among local community members, called Voices for a Healthy Georgia (V4HG). They piloted the model with a cohort of 15 diverse Fellows from west central and southwestern Georgia.
- V4HG's approach of combining a structured training curriculum with individual project work was successful. Fellows built knowledge and skills relevant to organizing and advocacy for health justice, developed meaningful connections with each other, grew their professional networks, and gained confidence and purpose. They also broadened their perspective to see health as a product of systems, structures, and policies, rather than an individual issue.
- The skill and dedication of the Lead Organizer who ran the program was a key facilitator to V4HG's success.
- The team originally planned to have a final phase in which the Fellows would collectively identify a policy advocacy goal and work on a campaign together. However, the program did not reach this phase, primarily due to timeline delays and diverted attention during election seasons, particularly the 2021 and 2022 Senate races, which had national implications and received significant media attention.
- The organizational partners encountered challenges building a strong collaboration and identifying roles, particularly as the project plan shifted. The project was also not well integrated into the lead grantee organization and did not align with the organization's main area of work.
- V4HG provides a model that future programs can build upon or adapt. Future iterations of the Fellowship would benefit from more support for organizational partners to identify roles, increased funding, more staffing, and a longer timeline to help the program reach its full potential.

Illinois

- Illinois has a FiveThirtyEight partisan index of D+13.4. This score indicates that Illinois leans Democratic compared to the nation as a whole but is still within the central third of states
- State population: 12.8 million, 13.1% rural
- The state of Illinois adopted Medicaid Expansion in 2014

Key takeaways:

- The Illinois Voices Project partners focused their efforts in two main areas, community organizing and policy advocacy. They strategically divided their objectives and workload, based on their capacities and each partner's respective expertise. Coordination between the two work areas was sometimes a challenge.
- The social political climate in Illinois is deeply divided making it difficult to pass progressive legislation. The team noted a significant rural-urban divide as well as a divide between U.S. - born Black and Latinx immigrant communities.
- The project team accomplished their goals. They found success in the maintenance and strengthening of their intra-coalition relationships as well as in the development of understanding and solidarity between the U.S. -born Black and Latinx communities. They also

passed a number of policies that support access to healthcare for vulnerable populations like low-income immigrants and expectant families.

Louisiana

- Louisiana has a FiveThirtyEight partisan lean score of R+20.5, indicating that it is substantially more conservative than the nation as a whole
- State population: 4.7million, 28.5% rural
- Medicaid expansion has been adopted in Louisiana

Key takeaways:

- The Louisiana Voices project was focused on leading an effort to raise awareness about the roles and benefits of community health workers (CHWs), to build political power and advocacy skills among these workers, and persuade state policymakers to adopt policies that would expand CHWs' reach.
- The development of strong working relationships among state team members who had not previously worked together was one key part of the success of the LA Voices project. While there were some existing ties, the two most engaged organizations had never worked together before this project. The partners recognized each others' expertise in their respective areas and focused on aligning their efforts to further the overall project goals.
- As Louisiana is a politically conservative state with a Democratic governor during the Voices 1.0 period, the Louisiana Voices project partners focused on administrative advocacy. Working with the Louisiana Department of Health, they supported a State Plan Amendment (SPA) to ensure Medicaid coverage for some CHW services and developed and disseminated materials to educate providers about how to take advantage of this new benefit.
- Doing community organizing in a state hostile to progressive advocacy is challenging. Taking advantage of one partner's close ties to CHWs, the Voices team focused on educating CHWs about what was happening at the policy level that impacted their work and how they could be involved in advocacy, as part of a process of building an understanding of the potential power of their position, and how the problems their communities face are systemic and could benefit from larger scale advocacy efforts.

Massachusetts

- Massachusetts has a FiveThirtyEight partisan lean score of D+32.6, indicating a significantly Democratic-leaning state compared to the country as a whole
- State population: 7 million, 8.7% rural
- Medicaid expansion has been adopted in Massachusetts

Key takeaways:

- The Massachusetts Voices project partners focused their advocacy and organizing efforts on making health care more affordable in the Commonwealth, and had major state policy wins throughout the course of the grant, including expanding the Medicare Savings Program to cover more low-income seniors and passing the Safe Communities Act.
- Their main activity of the grant was the Health Justice Academy (HJA), an interactive series of

modules used to train advocates, community leaders and members, as well as health care providers across the state on advocacy issues and provide tools to navigate the MA health care system. Though, this only lasted the first 6 months of the grant, and after it was over, the funded organizations had a difficult time congregating around a shared project, and so they each focused their energy on policies impacting their own members.

- Although the state partners had a difficult time finding a focused project for all to work on, the partnership grew and evolved over time, resulting in partners supporting each other along the way.

Washington, D.C.

- Washington DC has a FiveThirtyEight partisan lean score of D+68.2, indicating that it is substantially more liberal than the nation as a whole.
- Population: 643,301, 0 percent rural
- Medicaid expansion has been adopted in Washington, DC

Key takeaways:

- By successfully bridging elements of grassroots organizing and policy in their Voices project, the DC team was able to build community power. The grassroots organization's programming, with its particular emphasis on storytelling, helped community members build advocacy skills and grow into community leaders by preparing them to share their stories and testify in policy and advocacy spaces. The participatory and recurrent process of reviewing and editing policy with the community allowed the grassroots organization to develop materials that were directly responsive to the community's needs.
- The DC Voices for Health Justice project successfully advocated for the passage of a Medicaid doula benefit and the establishment of a Perinatal Mental Health Task Force. Since the passage of the doula benefit in October 2022, the DC Voices team's work took on a much broader scope as they not only focused on identifying ways to disseminate knowledge to the healthcare provider community and beneficiaries about the doula benefit, but also how to educate community members around the end of the public health emergency.
- DC's smaller size and liberal political context allowed the DC Voices team to build strong relationships with policymakers and advance their policy objectives with minimal opposition.

