

Voices for Health Justice: 2023 evaluation report

JULY 2023



Voices for Health Justice: 2023 evaluation report

JULY 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.

Table of Contents

Executive summary	1
I. Background	6
II. Evaluation methods	8
III. Findings: Overall themes across the cohort	9
1. How did Voices state teams understand community power building and how did this affect their approach to their work?	9
2. What policy, budget, and administrative outcomes did the Voices state teams contribute to?	11
3. How did the design, structure, and implementation of Voices affect state teams' ability to do community power building and policy advocacy?	13
4. How did state teams develop over the course of the Voices 1.0 period?	21
5. What factors facilitated or hindered successful collaboration within state teams?	25
6. How did state-level political context affect teams' ability to do community power building and policy advocacy?	28
7. What other contextual factors impacted the work? How did these factors affect teams' ability to do community power building and policy advocacy?	31
III. Findings: Case studies of six state teams and their projects	32
IV. Recommendations	36
V. Reflections on evaluation	39
VII. Appendices	46
Appendix A: Evaluation methods	47
Appendix B: Rapid Response grants	51

Executive summary

Background and evaluation methods

Voices for Health Justice (Voices) is a program funded by the Robert Wood Johnson Foundation (RWJF) that supports 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. A second grant cycle, Voices 2.0, will begin in summer/fall 2023.

Voices 1.0 supported Community Catalyst, Community Change, and the Center on Budget and Policy Priorities, which together comprised the Voices Steering Committee (SC). This national infrastructure funded and provided technical assistance (TA) to 25 state grantees across 24 states, each of which had between zero and six subgrantees. State projects were rooted in building the power of communities facing disproportionate health inequities, including low-income communities and communities of color.

The Institute for Community Health (ICH) is the evaluation partner for the Voices program. ICH 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. During an initial participatory design phase, ICH worked with the EAC and the Voices SC to develop a program [theory of change](#) and an [evaluation plan](#). Over the course of the Voices 1.0 evaluation, we identified evaluation questions in collaboration with the EAC, Voices SC, and RWJF, and explored these questions utilizing a range of data collection approaches, including qualitative interviews, social network analysis, document review, secondary data analysis, reflections sessions with the SC, and in-depth case studies with six state teams.

In this report, we integrate all data collected over the Voices 1.0 evaluation period to answer seven evaluation questions and identify recommendations for future work. We also reflect on the Voices 1.0 evaluation process and how we plan to evolve our approach for the Voices 2.0 evaluation.

Findings

This report focuses on themes that we identified across the overall Voices 1.0 cohort as a whole. Findings from case studies of six state projects (Colorado, Georgia, Illinois, Louisiana, Massachusetts, and Washington, DC) can be found in the companion report, *Implementation of Voices for Health Justice in diverse contexts: Case studies of six state projects*.

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

Though community power building has always been central to Voices, the program did not set a common definition or framework, and states had some room to interpret what community power meant to them and to design their grant programs accordingly. Voices state teams generally agreed that the goal of community power building is for the people affected by issues to have the influence and ability to bring about change that meets their needs and benefits their communities. State teams articulated that power building can be a vehicle for policy/systems change, and vice versa, and many emphasized that community power is a valued outcome in its own right. Teams described narrative change, fostering connections between people, and capacity-building as essential components to the process of building community power for health justice. There was variation across state teams in which elements of power building they prioritized in their projects, their goals, and what they accomplished over the grant period. Some were building upon a long history of work and were operating in more favorable political climates, making it easier to build power quickly or exercise built power towards specific policy advocacy efforts. Others were at earlier stages and designed their work accordingly.

Which policy, budget, and administrative outcomes did the Voices state teams contribute to?

Over the first 20 months of the Voices 1.0 grant period, state teams contributed to a number of policy, budget, and administrative wins that aligned with their objectives. Seventeen states had documented victories relevant to Voices, many of which were related to expanding Medicaid or other insurance coverage, often for undocumented people and/or prenatal or postpartum services, including doula services. Though these policy, budget, and administrative outcomes were all related to Voices goals, some of them were the result of many years of community organizing, advocacy, and legislator education, much of which predated the Voices funding. The power building, organizing, and advocacy of Voices state teams during the life of the grant is meaningful, but is just one factor within a complex set of contributions.

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

There were five areas in which the design and implementation of Voices 1.0 had a significant impact on the state projects:

1. The team-based grant structure: Most of the Voices state grants were multi-organizational partnerships bringing together organizations with complementary skills and expertise. State grantees and subgrantees felt that there was value in this structure and that it made their work more effective. However, some teams were more well-

aligned than others, and some had challenges coming to agreement about the project focus or identifying the best role for each partner.

2. Grant size and timescale: A theme that came up consistently throughout the evaluation process was that it was challenging for state teams to accomplish everything they wanted to accomplish within the timeline and budget parameters of the grant. Building community power to improve healthcare access, affordability, and dignity is long-term work, and state teams felt that the grant did not allow enough time for all of the steps required to reach this goal. Some teams also felt that the amount of funding was insufficient, particularly after the grant was divided among partner organizations.
3. TA provision: Many state teams found the TA offered through Voices to be helpful for their work, particularly when TA providers helped support strategic planning, problem solving, idea development, brainstorming, and resource sharing. However, there were some challenges related to power dynamics and relationship-building between teams and TA providers, misalignments between TA providers' expertise and teams' needs, lack of understanding about how best to use TA, turnover among TA providers, and organizational capacity to engage with various TA offerings.
4. Reporting structures: The Voices Steering Committee did not require any reporting from state teams after the first year of the grant. This helped reduce burden on teams, but also limited their opportunities to present their progress and highlight what they saw as their main accomplishments over the second half of the grant.
5. Communication around success criteria and grant renewal for Voices 2.0: State teams had received feedback and guidance from their TA providers over the course of the Voices 1.0 grant about their project plans, success and challenges, and how to move forward effectively. However, because of the renewal approval timeline, teams were largely unaware for most of the 1.0 grant period that their progress in specific areas could impact their opportunity to receive continued funding. Some state teams expressed that they felt there was a lack of clarity from the TA providers about the Steering Committee's expectations for the projects, with one particular area of confusion being whether they should prioritize grassroots power building or policy outcomes.

How did state teams develop over the course of the Voices 1.0 period?

By funding multi-organizational partnerships to implement state projects, Voices sought to foster collaborative relationships among organizations working within each state, theorizing that if successful, the team would develop into a whole that was greater than the sum of its parts, and would be more effective in making progress towards Voices goals. Social network analysis

(SNA) showed that there was notable growth in the density of the state team networks from 2020 to 2023, demonstrating that organizational relationships within each state were built over the Voices 1.0 period. In addition, there was growth in the strength of the relationships between organizations on Voices state teams over the grant period, measured by the Collaboration Index on the SNA survey. Many state teams highlighted their partnership development as one of their biggest achievements under the Voices grant, describing their collaborations as “strong” and “invaluable”. Teams were able to build new relationships, deepen existing relationships, have meaningful and open conversations with partners, and build trust and respect. They viewed their relationships as a sustainable element of the work that would continue beyond the funding period, and many organizations hoped to continue working with their partner organizations in the future outside of Voices.

What factors facilitated or hindered successful collaboration within state teams?

There were several factors that impacted the development of strong collaborations within the state teams. Facilitators to effective collaboration included having shared values, goals, and understanding of issues; communicating regularly and transparently; devoting time to resolving challenges and aligning priorities; having previous experience working together; having partner organizations that could complement each other’s work; and identifying a clear role for each partner. Some teams that had not worked together previously found it difficult to get their collaborations off the ground, as they had to devote more time to partnership development work before moving forward on other project activities. In addition, there were sometimes challenges related to organizational capacity, typically around the amount of time and attention specific organizations could devote to Voices. When some organizations were not able to engage fully in the partnership or in the project work, this made it harder for teams to work together effectively.

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

Many state teams experienced challenges related to their state’s political climate, and one clear theme from the evaluation was that multiple factors made power building and advocacy particularly challenging in politically conservative states. In these states, legislatures had greater opposition to the Voices advocacy goals, community power was weakened due to redistricting or gerrymandering, and teams had to change strategies in response to harmful conservative rhetoric and budgetary challenges. In addition, even when favorable legislation is passed, there can be challenges securing funding or implementing policies effectively. All these challenges ultimately impact community power building, as community members can become disenchanted by politics when they don’t see positive changes, which leads them to disengage from organizing efforts. The evaluation also suggests that political context may affect

partnership-building, and that it may have been more difficult for projects in conservative states to succeed with their Voices 1.0 grants, achieve policy wins, and meet the criteria for renewal.

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

Voices for Health Justice unfolded during a particularly tumultuous time in history, and there were a number of contextual factors that affected the state projects. These included COVID-19 and its impacts on communities of color, the murder of George Floyd and increased national attention on structural racism, economic stimulus measures, national disasters, and a widespread pattern of high worker turnover. In some cases, these external factors forced organizations to focus on urgent community needs rather than longer-term Voices goals and/or reduced their capacity for grant-related work during certain periods of time.

Recommendations

Based on the findings of the Voices 1.0 evaluation, we offer the following four recommendations for the implementation of Voices 2.0 and/or future programs seeking to promote community power building for health justice:

1. Dedicate time up front to developing a common understanding of key concepts and definitions of success
2. Support development of specific power ecosystem elements within state teams
3. Offer more customized TA
4. Structure funding to align with the long-term nature of community power building and to meet the needs of projects in different political environments

Reflections on evaluation

In reflecting on the Voices 1.0 evaluation, we identified a number of successes and challenges with the methods we used and our application of the principles of equitable evaluation. We see the engagement with the EAC as a key success that strengthened our evaluation, and we plan to continue working closely with this group for the Voices 2.0 evaluation. We also plan to refine our data collection approaches, including doing more targeted sampling for interviews and scaling back our dependence on secondary data. Finally, a core goal for the Voices 2.0 evaluation is to develop a rubric to use for evaluating community power building progress, grounded in the Barsoum and Farrow power ecosystem framework. We expect that developing and applying this rubric will help us to capture progress in a nuanced way and understand the different ways in which state power ecosystems develop through Voices for Health Justice 2.0.

I. Background

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. 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.

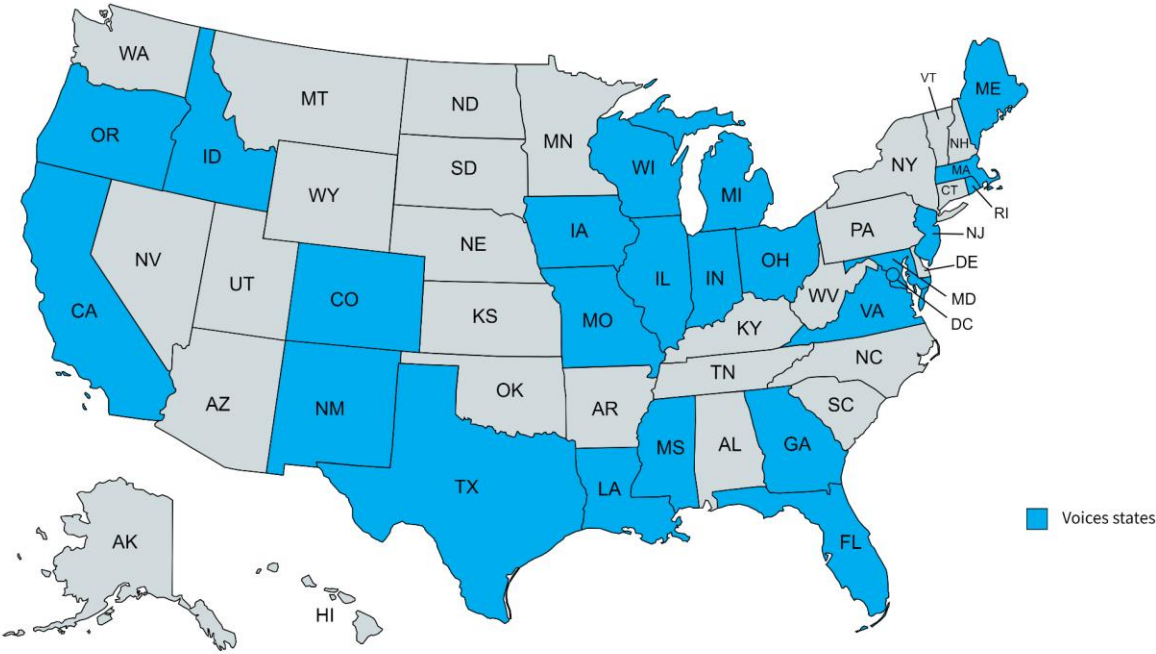


Figure 1: Map of Voices state projects

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 (Figure 1). Technical assistance (TA) was provided to each individual project from the Steering Committee organizations, as well as Altarum Healthcare Value Hub and McCabe Message Partners. Small group TA was available for states working on similar issues, and cohort-wide TA was offered to all projects. The program also ran a communications strategy called the National Wave which sought to build momentum for initiatives and priorities held in common across the various projects. Finally, Voices 1.0 funded additional states and organizations through strategic Rapid Response grants.

The Voices 1.0 grants ended in March 2023, and Voices for Health Justice 2.0 will begin in the summer/fall of 2023. Out of the 25 Voices 1.0 projects, 19 were selected to receive renewal funding through a non-competitive mechanism, and the remaining six were invited to submit a new proposal for a competitive round that also included applications from new state teams that did not participate in Voices 1.0. The Voices 2.0 cohort will be finalized at the end of the summer. This report focuses on the Voices 1.0 grants, including reflections on the renewal decisions.

We use the following terminology to refer to the various organizations involved in the Voices for Health Justice program:

Voices Steering Committee (SC): A committee composed of representatives from Community Catalyst, Community Change, and the Center on Budget and Policy Priorities, responsible for the planning, administration, and oversight of the Voices 1.0 program, including allocation of funds to states.

State grantees: Each of 25 organizations that were the direct state-level awardees of Voices 1.0 funds.

State subgrantees: Each of the organizations that subcontracted with state grantees. Each state grantee had between zero and six subgrantees.

State team: Each group of grantee and subgrantees working on a project together in a given state. There are 25 state teams in 24 states.

State project: Each specific project that a given state team worked on with the Voices 1.0 funds.

Evaluation Advisory Committee (EAC): A committee composed of representatives from grantee and subgrantee organizations that advises the evaluators.

II. Evaluation methods

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 related evaluation approaches. Over the initial design period and subsequent implementation of the evaluation plan, we 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 also engaged with the Voices Steering Committee to guide us.

Over the course of the evaluation, we identified evaluation questions in collaboration with the EAC, Voices SC, and RWJF, and explored these questions utilizing a range of data collection approaches (see [Appendix A](#) for details and links to previous reports). Over the last year we continued to work closely with the Steering Committee and our Evaluation Advisory Committee. We facilitated a reflection session with the SC on renewal decisions for Voices 2.0, led an impact mapping exercise with the EAC, and facilitated a feedback discussion with the EAC about their experience participating on the committee. We also conducted primary data collection with state grantees and subgrantees, including interviews with all state teams in summer-fall 2022, and additional group interviews in spring 2023 with the state teams that had not yet been selected for non-competitive renewal for Voices 2.0 funding at that time (note that some of these states eventually did receive approval for renewal funding). In addition, we continued our social network analysis (SNA) with state grantees and subgrantees and administered a follow-up survey in early 2023.

We also focused on completing our six in-depth case studies of the state projects in Colorado, Georgia, Illinois, Massachusetts, Louisiana, and Washington, DC. As reported previously, 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. During the last year we worked to build relationships with the members of the state teams as well as their TA providers. To learn about the cases, we conducted interviews, observed meetings and grant-related activities, conducted a site visit (in Louisiana), and reviewed web articles, blog posts, training materials, and other documents. The full findings from the case studies are available in the companion report, *Implementation of Voices for Health Justice in diverse contexts: Case studies of six state projects*.

In this report, we integrate all data collected over the Voices 1.0 evaluation period to answer the following seven evaluation questions:

- How did Voices state teams understand community power building and how did this affect their approach to their work?
- What policy, budget, and administrative outcomes did the Voices state teams contribute to?
- How did the design, structure, and implementation of Voices affect state teams' ability to do community power building and policy advocacy?
- How did state teams develop over the course of the Voices 1.0 period?
- What factors facilitated or hindered successful collaboration within state teams?
- How did state-level political context affect teams' ability to do community power building and policy advocacy?
- What other contextual factors impacted the work? How did these factors affect teams' ability to do community power building and policy advocacy?

We conclude the report with a discussion of recommendations for future work that have emerged from the evaluation, including recommendations that could be incorporated into the implementation of Voices 2.0 and broader suggestions for future programs. We also provide a reflection on the Voices 1.0 evaluation process and how we plan to evolve our approach for the 2.0 evaluation.

III. Findings: Overall themes across the cohort

This section includes themes that we identified across the overall Voices 1.0 cohort as a whole. In the following section (Findings: Case studies of six state teams and their projects), we provide a brief overview of how some of these themes appeared in the six case study states. This is further detailed in the companion report (*Implementation of Voices for Health Justice in diverse contexts: Case studies of six state projects*).

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

Community power building has always been a core component of the Voices program; for example, the initial materials soliciting Letters of Intent (LOI) from states laid out three focus areas for policy/systems change (healthcare access, affordability, and dignity) and specified that *"The initiative is committed to funding projects whose work is rooted in **building the power of these communities** to improve access and affordability and treatment by the health care system*

through ongoing participation, visibility and leadership from affected individuals” [emphasis added]. The materials did not give a specific definition for community power, but provided grassroots organizing and leadership development as two example approaches for building power. Because the program did not set a common definition or framework, states had some room to interpret what community power meant to them, and to design their grant programs accordingly (with support from the Steering Committee during the co-design phase). As part of the evaluation, we explored how state teams understood community power and how this influenced the way they approached their work.

Though some organizations said that they do not typically use the term “community power” in their work, there was broad agreement among state teams that the goal of community power building is for the people affected by issues to have the influence and ability to bring about change that meets their needs and benefits their communities. State teams articulated that power building can be a vehicle for policy/systems change, though many emphasized that community power is a valued outcome in its own right, regardless of policy outcomes. Some further elaborated that policy advocacy can help support power building by keeping people energized and engaged; thus policy change efforts can be a vehicle for power building, in addition to the other way around.

Teams described elements that they saw as essential in the power-building process for health justice, including:

- Changing the narrative: Facilitating a mindset shift of moving from seeing health challenges as a result of individual actions or choices to seeing them as a product of systems and structures
- Building connections: Helping people build connections to one another, find a sense of unity in their experiences, and work together towards collective goals
- Capacity-building: Supporting people to understand policies and how policy processes work, learn how to participate, develop skills to be effective advocates, and feel comfortable getting involved

State teams’ collective understanding of community power building was closely aligned with literature on this topic, such as the learnings that have emerged from the Lead Local project¹ and other work summarized in our landscape scan [white paper](#). While teams generally agreed upon where they wanted to get with their power-building work, there was variation across states about what they needed to do to get there, based on the history of related work in their state,

¹ <https://nam.edu/why-community-power-is-fundamental-to-advancing-racial-and-health-equity/>
<https://nam.edu/community-power-and-health-equity-closing-the-gap-between-scholarship-and-practice/>

the experience each organization brought, and what stage their communities were at. As such, teams prioritized different elements of power building when developing their projects. For example, the Georgia project worked on capacity- and relationship-building among a small group of community leaders, as well as facilitating the mindset shift from individual to systems; the Louisiana project worked on building a sense of shared identity among community health workers (CHWs), de-mystifying policy information, and supporting CHWs to see a place for themselves in policy advocacy; and the DC project worked on sharing policy information with communities, helping people connect with one another through storytelling and unite around common experiences, and helping prepare community members to share their stories effectively for policy advocacy purposes (see companion report, *Implementation of Voices for Health Justice in diverse contexts: Case studies of six state projects*, for more details on these projects).

With this variance in the projects' strategies and approaches to power building, there was also natural variance in their goals and what they accomplished over the grant period. Many teams were working on aspects of power-building that were not as visible as policy wins or were not easy to report on in terms of concrete statistics, such as mindset shifts and relationship-building. Some teams understood community power building differently than their TA providers, and some felt that they were expected to engage in policy advocacy campaigns or achieve policy outcomes prematurely, because they had not yet gone through more formative steps towards building power in their communities.

State teams also emphasized that building community power is long-term work requiring sustained engagement, and that there are many steps in the process that need to happen for communities to be able to authentically elevate their priorities and take leadership in advocating for the changes that they want to see. The progress each team was able to make over the Voices 1.0 grant was dependent on where they were starting as well as the overall political environment in the state. Some were building upon a long history of work and were operating in more favorable political climates, making it easier to build power quickly or exercise built power towards specific policy advocacy efforts. Others were at earlier stages and designed their work accordingly.

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

Community Catalyst tracked policy, budget, and administrative outcomes that were related to Voices state projects. We reviewed this information and categorized wins that occurred over the first 20 months of the Voices 1.0 grant period (December 2020-July 2022). At the time of writing this report, additional policy wins from the last eight months of the grant period (August 2022-

March 2023) had not yet been compiled by Community Catalyst. We will provide an update to this section of the report when this information becomes available.

Over the first 20 months of the Voices 1.0 grant period, state teams contributed to a number of policy, budget, and administrative wins that aligned with their objectives. These wins are summarized in Table 1 below (these are related to the 25 grants that were awarded through the core Voices funding. For information on the grants that were awarded through the additional Rapid Response mechanism, see Appendix B). Many of the victories were related to expanding Medicaid or other insurance coverage, often for undocumented people and/or prenatal or postpartum services, including doula services. In interpreting these wins within the context of Voices, it is important to note that although the policy, budget, and administrative outcomes compiled here are all related to Voices goals, some of them were the result of many years of community organizing, advocacy, and legislator education, much of which predated the Voices funding. The power building, organizing, and advocacy of Voices state teams during the life of the grant is meaningful, but is just one factor within a complex set of contributions.

State	Medicaid	Immigrant health	Prenatal and postpartum care	Racial justice	Other	Description
CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Expanded postpartum Medicaid coverage
						Creation of a new race equity innovation fund
						Prevented closure of several Head Start locations and preserved many child care slots and teaching jobs
CO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Passed the Cover All Coloradans bill, which expands health coverage to children and pregnant persons regardless of immigration status.
						Passed legislation to make a higher quality and lower cost standardized plan available to all Coloradans regardless of immigration status
						Passed the Reproductive Health Care Program which will allow all Coloradans regardless of immigration status to access contraception
DC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creation of doula reimbursement pilot program
						Implementation of transportation subsidies for maternal health appointments
IL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	New coverage for doulas and home visiting
						Healthcare coverage for all adults age 42 and up regardless of immigration status expanded under Illinois law
						Implemented grants to hospitals to reduce structural racism
IN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevented Medicaid budget cuts
LA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coverage for midwives and doulas in insurance plans
MA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Massachusetts cohort member MSAC contributed to a successful effort to raise the state's Medicare Savings Program eligibility threshold to 225% FPL.
MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Increased coverage to pregnant people for prenatal and postpartum care regardless of immigration status
						Passage of HERC law, which funds organizations in communities that suffer disparate health outcomes

State	Medicaid	Immigrant health	Prenatal and postpartum care	Racial justice	Other	Description
ME	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Increased coverage for undocumented children and pregnant people
MO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The state Supreme Court directed the state to implement Medicaid expansion
NJ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eliminated waiting periods and premiums for Medicaid and increased coverage for undocumented children
NM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Passed a Medicaid debt bill to assist people to find coverage Newly created paid sick leave and economic relief fund
OH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One year of postpartum Medicaid coverage adopted as part of the 2022-2023 budget
						Expanded eligibility for childcare subsidies
						Medicaid coverage for breast cancer and cervical cancer treatment
OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Investments in mental health and diversity of behavioral health workforce
RI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nursing home staffing limits to protect workers and patients and higher Medicaid rate increases for wage increases
TX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passed a bill to expand Medicaid postpartum coverage to 6 months
VA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eradicated a law that required residents to have a 10-year work history before qualifying for Medicaid benefits
						Expanded prenatal coverage to pregnant people regardless of immigration status

Table 1: Policy, budget, and administrative victories, by type and by state

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

Through our evaluation, we gathered information about the way RWJF and the Steering Committee designed and structured the Voices 1.0 grants, how various aspects of the design were intended to facilitate progress towards the program goals, and how the program was implemented in practice. We also focused on understanding how the design decisions and program implementation affected Voices state teams' ability to do their work effectively. Our evaluation identified five areas where the design and implementation of the program had significant impact on the state projects: a) the team-based grant structure, b) grant size and timescale, c) TA provision, d) reporting structures, and e) communication around success criteria and renewal.

3a. Team-based grant structure

A core element of the Voices 1.0 project design was the team-based grant structure. RWJF aimed to bring together small or under-resourced BIPOC-led organizations and more-resourced organizations with complementary strengths, with the intention of fostering collaboration rather than competition among organizations doing compatible work. In the initial application phase,

the Steering Committee reached out to a set of organizations within each potential Voices state, inviting them to submit a group proposal. Application materials suggested that an organization of color and a grassroots organizing organization should have substantial roles on the state team, in addition to any other partners that could contribute to the work (such as policy-focused organizations). In interviews, state grantees and subgrantees reflected that this general approach offered real benefits to their work. Key advantages were the emotional support, companionship, brainstorming, and knowledge sharing that came from working with partners. As one organization said, *"...this is such a big project, and it can feel daunting and overwhelming, even with three of us working on it, but it would feel like an insurmountable mountain of opposition if we were looking at it alone, right?...All working together, we can lean on each other tremendously."*

"I think that approach is right, right? Like, we're all more effective. You need policy, you need organizing, you need grassroots. It is right, building that and providing money to see that." - Member of a Voices state team

The decision to encourage partnership between organizations focused on grassroots organizing and those focused on policy work was an approach that state teams felt positive about, as it brought stakeholders with different expertise, perspectives, and skill sets together, allowed for learning and resource sharing, and built

organizational and collective capacity. In the 2023 interviews, state team members talked about how this approach led to better and more effective work.

However, the success of the multi-organizational collaboration structure was significantly impacted by how well aligned the partners within each state team were. In interviews, state teams shared that the decision to reach out to multiple organizations in a state and invite them to apply together, what some state teams referred to as "arranged marriages" or "forced marriages", led some organizations into collaborations that were not good fits. This had significant implications for their work. During the co-design phase, organizations had to make decisions about how to distribute funds among partners while partner activities were still being negotiated. State teams in this situation also had to invest time into relationship-building, and early program activities were sometimes delayed or disrupted by a lack of understanding about each others' roles. Some state teams had difficulty coming to agreement about a focus area for their Voices project or developing a specific work plan that would be a good fit for all partners' skill sets and backgrounds. Additionally, some felt there was a lack of clarity around whether

"I think in the onset it was really hard because it was -- and this is not a bad term, necessarily -- but it was sort of a forced marriage on the onset without a focus." - Member of a Voices state team

policy work or community power building was supposed to be the main priority, which caused challenges for them as they tried to identify how work should be structured and define roles and responsibilities.

The grant also required that one organization for each team be designated a lead grantee, with other partners as subgrantees. Some interviewees shared that this structure felt problematic at times, as it reinforced a hierarchy. In addition, the Steering Committee encouraged applicants to put an organization of color or a grassroots organizing organization in the lead grantee role to make their proposals more competitive. In some cases, this led to organizations taking on a bigger role than they were equipped for, or becoming responsible for areas of the grant that were outside of their interests or expertise. Some expressed that they would have liked more clarity about the parameters of the lead grantee role, and whether or not certain tasks could be delegated to subgrantees.

“So I think that’s really important to this project moving forward, if this was going to be replicated, to just have a conversation [...] around what does leadership mean? So that people can not have that stop/start kind of bump in the road [figuring out what the lead role involves].” - Member of a Voices state team

3b. Grant size and timescale

The Voices program ran from December 2020 to March 2023, for a total of 28 months of funding. Each state team received a minimum of \$250,000 for the grant period, though some organizations received some supplemental funding on a case-by-case basis. Teams ranged in size from 1-8 organizations, and each team’s award was distributed among the individual partners. A theme that came up consistently throughout the evaluation process was that it was challenging for state teams to accomplish everything they wanted to accomplish within the timeline and budget parameters of the grant.

The Voices goal of building community power to improve healthcare access, affordability, and dignity is long-term work, and state teams felt that the grant did not allow enough time for all of the steps required to reach this goal. For example, some of the Voices state teams - particularly those who had not worked together before - started by investing time in developing relationships and trust among their partner organizations, to strengthen their collaborations so that their work

“We can do all the tinkering we want, but in a sense the resources [and] time potentially were not even there for us to be successful, however we arranged the relationship. And so it really requires Catalyst and Community Change in others to have had more of a negotiation with us about what is accomplishable, what we should be shooting for, rather than what happened.” - Member of a Voices state team

together would be more effective. Many state teams also spent time learning from communities about their priorities and/or implementing community education campaigns to raise awareness of and interest in healthcare issues or leadership training opportunities. There was also significant variability in how much infrastructure for progressive policy action was already in place in the Voices states, and some projects devoted effort to building new infrastructure and capacity. Some teams expressed that they needed to be able to spend more time on these sorts of activities to be able to make meaningful progress towards the Voices goals.

In addition to the duration of the grant, the amount of funding sometimes constrained the work. Because each project’s award was distributed among partners, some organizations received a relatively small amount of funding; this was a particular challenge in states with many subgrantees. This limited the amount of staff time that organizations could allocate to Voices, and some shared that they would have liked to hire a dedicated person for their Voices project but did not have the funds after the award was divided among partners. Limited staff time also affected organizations’ ability to provide support and capacity building to each other. Further, being unable to offer long-term funding or competitive salaries slowed the hiring process and contributed to turnover in some cases, which negatively impacted the work.

“We ended up dividing this grant three ways, so each ended up with about forty-some thousand dollars a year. It’s not enough for a position, so it’s not enough to have one person focus on [the Voices project].” - Member of a Voices state team

3c. Technical assistance

As part of the voices program, grantees and subgrantees received individual project technical assistance from a team of people at the Steering Committee organizations and partner TA providers. The TA provided support in several major areas based on Community Catalyst's six capacities for effective advocacy, with additional targeted support to match state projects' needs. There were also occasional webinars and other trainings offered around specific topics or skills that were relevant to Voices.

"[The TA providers] were really helpful in some of those discussions and checking us so that we didn't put our energy into strategies that were going to be fruitless, and then giving us some insights into who some departments and contacts would be that are levers to pull...We really heavily depend on folks who have a higher-up vantage point of the whole system to be able to help inform what our strategies are as far as advocacy." - Member of a Voices state team

TA was generally provided in regular, generally monthly, meetings between 1-2 TA providers and state team organizations. One goal of Voices was that the TA relationship would be led by the state teams, so that state grantees and subgrantees could use the time in the way that would be most valuable to them. Overall, the majority of state teams felt that their TA meetings had real value, particularly when they were used for strategic planning discussions,

problem solving, idea development, and brainstorming. It was also helpful when TA providers shared resources and relevant expertise with the state teams.

However, there were some challenges with the TA process. First, power dynamics between state teams and TA providers impacted the way TA meetings were used. Because TA providers were generally associated with the SC organizations who managed the program and made funding decisions, some state team partners felt pressure to demonstrate they were using the funding effectively, even if this expectation was never explicitly stated. Many state teams shared that their meetings sometimes felt like check-ins, with the time being focused on them reporting on what they had done since the previous meeting. Power dynamics may have also made state teams hesitant to talk openly about challenges, even if they would have benefited from the opportunity to brainstorm solutions with their TA providers. In addition, different organizations within the state teams had different relationships with the TA providers. Often one partner, usually the lead grantee, had a pre-existing relationship with one of the TA organizations, while other partners needed to develop a relationship with the TA provider before they felt fully comfortable making TA requests. This challenge was heightened by the fact that in some states, the lead grantee met with the TA providers without the subgrantees. This was usually intended

to lessen the burden on subgrantees who typically had a smaller portion of the grant funds, but it also reduced the opportunity for relationship-building that was key to effective communication and potential future collaboration.

Grantees and subgrantees who had more experience with this type of TA or grants of this type were more comfortable taking a lead in guiding TA meetings and identifying the types of supports they were interested in receiving. However, some organizations were newer to this TA structure and did not always know exactly what kind of TA might be available to them. Some Voices organizations expressed an interest in having specific information about what types of support or resources that TA providers could offer, so they would be more equipped to make TA requests that were tailored to their needs.

Another challenge was related to the number of different individuals who were involved in providing TA over the Voices 1.0 grant period. The effectiveness of TA was related to the skills and capacities each specific TA provider brought and how those aligned with the needs of the state teams they were working with. Despite the goal to align TA providers' expertise with project aims, some state teams shared in interviews that their TA providers did not necessarily have the level of grassroots organizing or power-building expertise that they needed. In addition, many state teams shared in interviews that there had been turnover in their TA providers. When a new provider joined, the team had to invest time in relationship-building and helping the TA provider learn details about the state project, which diverted focus from more productive discussions. In some cases, it also created confusion among state teams about who their point of contact should be if questions arose.

***"We had so much amazing historical knowledge in how [our state] works and the organizations that were a part of this grant... The original grant managers knew us, knew our strategy, knew the politics, knew the challenges. So, everything was designed knowing the support and the historical knowledge that was in place. And I feel like that all changed very quickly. And with the turnover, we lost that historical knowledge."** - Member of a Voices state team*

Finally, TA needs varied within state teams, with newer or smaller grassroots organizations often needing more intensive or specialized support than other partner organizations. Further, some of the trainings offered through the Voices TA structure assumed a certain level of background knowledge or experience, which made them

“So we have a great TA team that works with us but it’s taken a lot of our capacity just meeting with TA teams [...] it’s actually taken a lot more capacity from us to meet with the TA team and give them updates, honestly, than what’s benefited us.” -
Member of a Voices state team

inaccessible to some organizations. For example, some trainings were designed to deepen the skills of staff working in development or communications, but the smallest organizations often did not have these roles on their staff. Finally, the time it took to meet with TA providers and engage with TA offerings strained the capacity of some organizations.

3d. Reporting structures

State teams’ requirements for reporting to the Steering Committee evolved over the course of the grant. Six months into the grant, state teams provided an informal oral report to their TA providers on accomplishments, challenges, the outreach and leadership development they were doing through their organizing activities, and reflections on their TA. They were asked to report on the same topics in a written format in December 2021, at the end of the first year of the grant. In order to be responsive to state teams’ limited capacity, the Steering Committee decided to reduce the burden of reporting, and did not require any reporting during the second year of the grant or a final report at the end of the Voices 1.0 funding period. Instead, teams that were invited to renew their projects for Voices 2.0 funding participated in a co-design process with their TA providers during the summer of 2023, a portion of which included a discussion of accomplishments during Voices 1.0.

While reducing burden was an important consideration, the decision to eliminate reporting after the first year also meant that state teams did not have any formal opportunities to present their progress and highlight what they saw as their main accomplishments over the second half of the grant. This had implications for how Voices 2.0 funding decisions were made, because the Steering Committee made their assessments of Voices 1.0 projects based on information provided by TA providers, rather than reports prepared by the state teams themselves. While TA providers had valuable perspectives, their impressions of the work were not necessarily comprehensive and may have missed components that were not emphasized in TA meetings. In addition, because there was turnover among TA providers, some newer providers were not able to take into account the full history of work or how the projects had changed over time.

3e. Communication around success criteria and renewal

A proposal for the Voices 2.0 program was approved by RWJF in 2023, and the Steering Committee moved forward with a process in which they evaluated the Voices 1.0 projects and either invited them to move forward to participate in a co-design process and renew their projects for Voices 2.0, or enter a competitive round, submitting LOIs that would be rated and compared against additional applicants. Of the Voices 1.0 grantees, 20 programs were invited to renew their projects and the remaining five were invited to submit to the competitive round.

As described above, renewal decisions were made largely based on the information provided by TA partners about state project progress. In a reflection session with the Steering Committee, members shared that their evaluation of state projects was primarily focused on how effectively the state team worked together and the extent to which the project was doing anti-racist work and building community power, rather than on policy outcomes. They emphasized that these key values and goals of the Voices program were included in the original grant proposal materials, and that these criteria for success had remained consistent throughout the grant period. However, it was not known for most of the duration of the Voices 1.0 grant period whether or not the overall program would be renewed, and, if it was, whether or not existing state projects would be able to be refunded. State teams were informed in December 2022 that there would be a second round of Voices funding and contacted shortly afterwards by their TA providers to let them know if their project was being invited to renew or if they were being moved to the competitive round. State teams had received feedback and guidance from their TA providers over the course of the Voices 1.0 grant about their project plans, success and challenges, and how to move forward effectively. However, teams were largely unaware that they should demonstrate progress in specific areas in order to be renewed, and there was no opportunity, once the new funding had been announced, for state teams to advocate for their renewal if they had not been selected.

In interviews, some state teams expressed that they felt there was a lack of clarity from the TA providers about the Steering Committee's expectations for the projects, with one particular area of confusion being whether they should prioritize grassroots power building or policy outcomes. A couple of teams said that they had been expected to focus on power- and base-building during the design stage, but their TA providers emphasized progress on

"I'm not sure that I understood more about any sort of expectations from [the monthly TA] meeting. And, you know, obviously because that group itself, our national TA group, has had some turnover during this project too. And so I think that it's been sort of disjointed on both ends, for lack of a better word." - Member of a Voices state team

policy outcomes during the grant implementation. This perceived change in expectations put pressure on teams and made them feel like their grant performance rested on the achievement of an end goal rather than the process for getting there. This confusion could have been impacted by turnover among the TA providers or staff changes within the state team organizations, particularly for organizations who brought on project managers to lead their Voices work after the design stage was over.

4. How did state teams develop over the course of the Voices 1.0 period?

By funding multi-organizational partnerships to implement state projects, Voices sought to foster collaborative relationships among organizations working within each state, theorizing that if successful, the team would develop into a whole that was greater than the sum of its parts, and would be more effective in making progress towards Voices goals². Throughout the evaluation, we have conceptualized the Voices state teams as mini power ecosystems, and have examined them through this lens, drawing from Barsoum and Farrow's ecosystem framework³. Our inquiry has focused mainly how relationships between organizations on state teams evolved over the Voices 1.0 period, measured by Collaboration Index and network density.

First, we calculated network density for each state, which is a measure of the connectedness of the overall state network. Figure 2 shows the average state network density over time, and Figure 3 provides a visual representation of the networks in 2020 compared to 2023. Table 2 provides network density for each of the Voices states. Overall, there was notable growth in network density over the Voices period, with the average state density increasing from 0.44 in 2020 to 0.81 in 2023. The increase from 2020 to 2023 was statistically significant ($p < 0.0001$; paired t-test). This demonstrates that organizational connections within each state were built over the Voices grant period, which indicates growth of relationships in the state power ecosystems. In addition, we observed new connections *between* states that emerged between 2020 and 2023. These may be a result of

Network density: Network density is calculated as the total number of connections that exist within a network divided by the total number of possible connections within that network; thus density ranges from 0 to 1. We counted a connection in the density calculation if its Collaboration Index was > 3 . If both organizations for a given connection filled out the survey, then the average of their ratings was used; if only one organization completed the survey then that organization's ratings were used alone. Connections with no data were counted as not existing.

² See Voices theory of change: <https://icommunityhealth.org/wp-content/uploads/2021/08/VHJ-theory-of-change-model-FINAL-July-2021.pdf>

³ 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

Voices activities, such as participation on the EAC or state-to-state connections made by TA providers to support knowledge sharing, or they may be a result of non-Voices activities that led to new relationships across states.

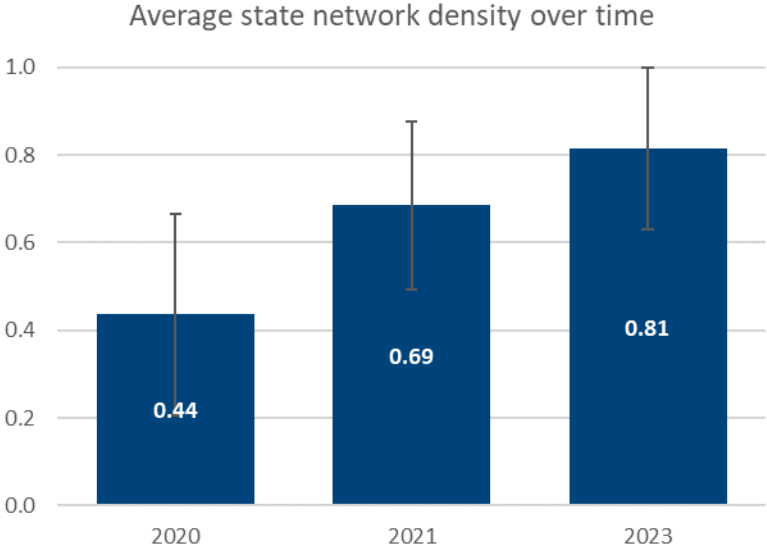


Figure 2: Average state network density over time. Bars show standard deviation.

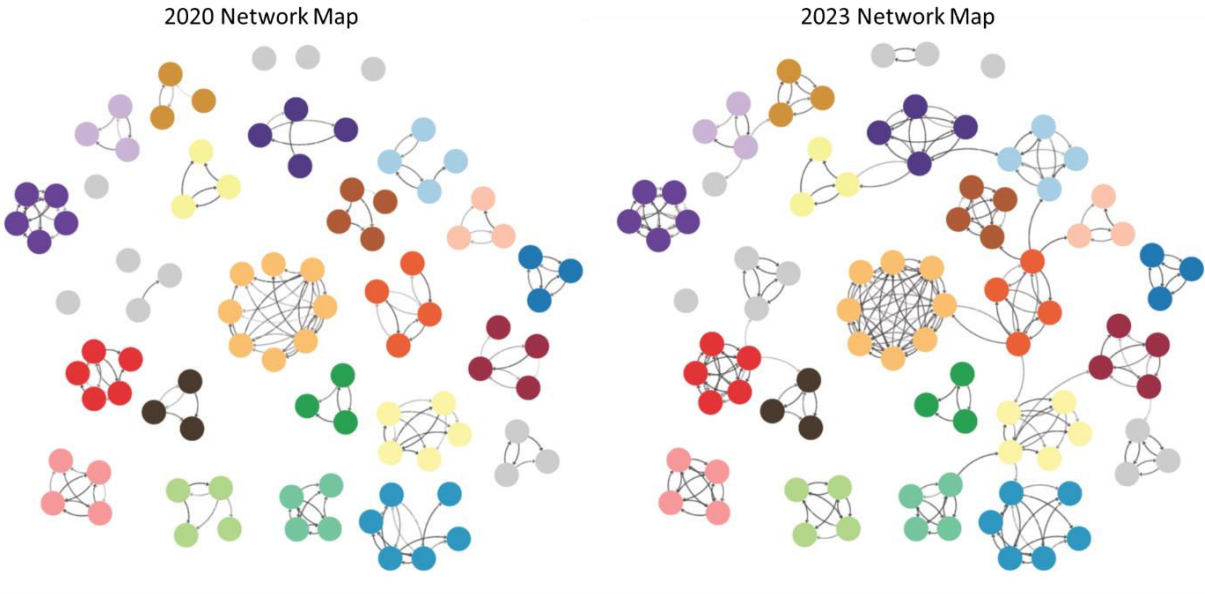


Figure 3: Network maps of all Voices states in 2020 and 2023.

State*	Number of organizations in Voices state team	Collaboration Index				Network density			
		2020	2021	2023	Change from 2020-2023	2020	2021	2023	Change from 2020-2023
California**	4	4.07	5.00	4.59	0.52	0.42	0.50	0.75	0.33
Colorado	5	3.67	4.11	4.11	0.44	0.35	0.60	0.45	0.10
Florida	5	4.04	4.47	4.32	0.28	0.35	0.60	1.00	0.65
Georgia	3	3.42	3.50	3.92	0.50	0.17	0.33	0.67	0.50
Idaho	3	3.50	4.00	3.92	0.42	0.50	0.67	0.50	0.00
Illinois	4	3.71	3.89	4.11	0.40	0.33	1.00	1.00	0.67
Iowa	3	2.50	4.06	4.06	1.56	0.17	1.00	1.00	0.83
Louisiana	4	4.08	3.86	4.36	0.28	0.25	0.67	1.00	0.75
Maine	6	4.33	4.31	4.60	0.27	0.37	0.47	0.50	0.13
Maryland	3	4.25	4.50	4.42	0.17	0.67	0.67	0.67	0.00
Massachusetts	4	3.22	4.33	3.67	0.44	0.50	0.58	0.75	0.25
Michigan	4	4.00	3.93	3.83	-0.17	0.42	0.75	0.75	0.33
Mississippi	3	4.00	4.50	4.52	0.52	0.17	0.33	1.00	0.83
Missouri**†	2	--	4.17	4.22	--	0.00	1.00	1.00	1.00
New Jersey	4	4.44	4.59	3.47	-0.97	0.75	0.75	0.75	0.00
New Mexico	8	3.87	3.96	4.02	0.15	0.39	0.48	0.80	0.41
Ohio	5	4.12	3.70	3.55	-0.57	0.65	0.85	0.65	0.00
Oregon	3	4.33	5.00	4.72	0.39	1.00	1.00	1.00	0.00
Rhode Island	3	4.67	4.75	4.61	-0.06	0.67	0.67	1.00	0.33
Texas	3	3.75	4.08	3.61	-0.14	0.33	0.67	0.83	0.50
Virginia	4	4.04	4.56	4.56	0.52	0.67	0.75	1.00	0.33
Washington, DC	3	4.75	4.75	5.00	0.25	0.67	0.67	0.67	0.00
Wisconsin	4	3.53	4.67	4.08	0.55	0.25	0.75	1.00	0.75
All states mean (SD)		3.92 (0.49)	4.30 (0.41)	4.18 (0.41)	0.26 (0.47)	0.44 (0.23)	0.69 (0.19)	0.81 (0.18)	0.38 (0.32)

*Indiana is not included because the organizational partner does not have subgrantees.
 **There were two funded projects in California and in Missouri - this analysis includes the projects by California Pan-Ethnic Network and Missouri Budget Project/Missouri Faith Voices, respectively. The other projects were not included because the team includes only one organization.
 †Missouri does not have a Collaboration Index for 2020 because there were no existing relationships at that time - this Missouri is not included in the "All states" Collaboration Index averages.

Table 2: Collaboration Index and network density for Voices states in 2020, 2021, and 2023.

Collaboration Index: The Collaboration Index is a composite measure that we developed for the purposes of quantifying relationship strength. The measure is calculated based on three survey items assessing Partnership, Commitment, and Communication. Items use a 5-point Likert response scale (5 = Strongly agree; 1 = Strongly disagree). At each timepoint the survey assessed, each organization in a state team was given these items about each other organization in the team. For each one-to-one connection at each timepoint, there can be six responses because the connection can be rated in both directions. The average of these six responses is the Collaboration Index for that relationship; thus the Collaboration Index can range from 1 (indicating weak relationships) to 5 (indicating strong relationships). The Collaboration Index for a state is the average of all of the individual item ratings that were provided by that state team’s organizations. Because some relationships did not exist at all prior to Voices and thus could not be rated for the 2020 timepoint, these relationships were treated as missing data and not included in calculations.

Next, we calculated the Collaboration Index for each state, which is a measure of the strength of the relationships within the state network. Figure 4 shows the average state Collaboration Index over time, and the individual state-level data is provided in Table 2. Collaboration Index at

baseline (2020) was relatively high, with an average of 3.92 across the Voices states. We observed a small increase in Collaboration Index from 2020 to 2021 and then a slight decrease from 2021 to 2023. The overall increase over the Voices period (2020 to 2023) was small but statistically significant ($p = 0.0183$, paired t-test).

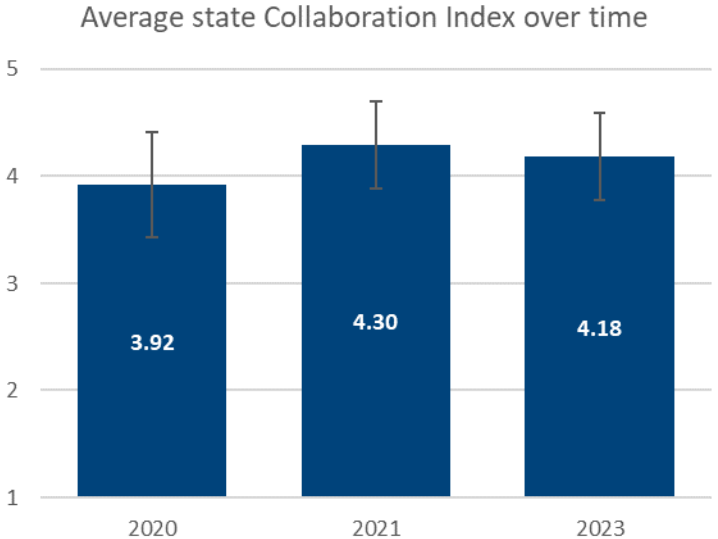


Figure 4: Average state Collaboration Index over time. Bars show standard deviation.

In addition to the quantitative SNA data, we also explored relationships among state team partners through qualitative data collection. Many state teams highlighted their partnership development as one of their biggest achievements under the Voices grant, describing their collaborations as “strong” and “invaluable”. Teams were able to build new relationships, deepen existing relationships, have meaningful and open conversations with partners, and build trust and respect. They viewed their relationships as a sustainable element of the work that would continue beyond the funding period, and many organizations hoped to continue working with their partner organizations in the future outside of Voices, with almost half (41%) reporting that they had applied for grants with some of their Voices partners.

“I think, for me, the biggest strength or win or victory, however we want to frame it, from this project, would be our partnership development with another entity in [our state] really focused on community health workers... So I think just developing a partnership with that organization and being able to attend some of their policy and legislative work group meetings was certainly something that I saw come out of this work, and I think helped our learning and certainly to move some of the project goals forward” - Member of a Voices state team

5. What factors facilitated or hindered successful collaboration within state teams?

Through the qualitative inquiry over the course of the evaluation, we identified a number of factors that impacted the development of strong collaborations within state teams. These included factors that facilitated successful collaboration, as well barriers and challenges⁴.

5a. Shared values, goals, and understanding of issues

Several state teams highlighted that having shared values and shared goals, including intentionally using their time to find alignment around their values, goals and theories of change, helped build successful relationships between state team partners. Conversely, when partner organizations had differing goals and priorities, this made it challenging for the teams to identify areas of work to come together on.

Another challenge arose when state team partners had differences in the communities they historically work with. A number of project teams described needing to navigate differences in issue area priorities and in the ways racial justice was understood in different communities. These teams mentioned spending time considering how racism arises in different communities, including communities of color (for example, anti-Black racism in Latinx communities). State teams discussed the importance of working together to build shared understandings of racial/health justice issues that would resonate among all of their constituent communities.

5b. Work practices

For state teams that found it difficult to identify a shared focus area for their project and roles for each partner, having specific work practices in place made it easier to come together. Teams described a variety of practices, including devoting time to discussing how different priorities among partner organizations could be aligned; communicating regularly and transparently; setting structures for updating partners and staying informed of one another's tasks and responsibilities; and sharing information and expertise with each other through one-on-one meetings. These practices made it easier to work together, built trust among project partners, got the team on the same page about project progress, and allowed for flexibility in responding to changes and challenges in project work. Although identifying a shared area of focus was challenging for some project teams, working through this challenge sometimes led to honest conversations that ultimately strengthened the collaboration.

⁴ Factors related to "arranged marriages" and grant timescale are discussed in the section entitled "How did the design, structure, and implementation of Voices affect state teams' ability to do community power building and policy advocacy?", and factors related to political context are discussed in the section entitled "How did state-level political context affect teams' ability to do community power building and policy advocacy?".

5c. History of collaboration

A major theme that came up repeatedly in the evaluation was that previous experience working together facilitated effective collaboration on Voices. Organizations that had partnered in the past had already built relationships, developed trust, learned one another's dynamics, and sometimes had experience working together to successfully overcome challenges. This helped teams move forward on their Voices project more quickly, because they did not have to spend too much time getting to know one another and setting expectations for how they would work together.

For those organizations engaging in new partnerships the experience was often quite different. Without preexisting trust and prior experience working together, some state teams found it difficult to get their collaborations off the ground. They required more time to learn how each individual organization works and what capacities it could offer, decide what role(s) each would take in the work, and build the trust

“None of our organizations were meeting for the first time that December, and almost all of us had really forged those relationships... So I think when this came along, there was a group of people with preexisting trust, relationships, track record, success, shared alignment on values and centering directly affected people. All that stuff was there already and so this grant [...] was just like pouring gas on a fire.” - Member of a Voices state team

needed to work smoothly together. One organization described the challenge of embarking upon Voices with new partners, saying, “...we hadn't yet taken the time to really think about who we are as organizations. Who our community is, how do decisions get made, who our audience is. And so I think because we hadn't done that, we really didn't have the opportunity to think about how we could really complement each other's work.” Partnership development work was further challenged because many meetings were held virtually due to COVID-19 or geographic distance between organizations, making it harder to build relationships, as personal connections are often more naturally fostered in person.

5d. Organizational skills, roles, and capacities

Having partner organizations that could complement each other's work helped facilitate successful and effective collaboration. This meant that the organizations' skills and areas of expertise were well matched to the project needs and allowed them to leverage their strengths and come together effectively in service of a shared goal. Having clarity around each organization's role, experience, and areas of expertise was crucial to effective collaboration and impactful work, and many state teams found that it worked best to designate a specific role for each partner in the team (e.g., dividing up policy and organizing work).

“We complement each other really well. Like, some of us do organizing, some of us have community leaders, some of us offer direct services that connect us to a broader segment of the population, and some of us do policy-briefing, and disseminate information that is really needed to do the work, to lay the foundation. So it's like, we really all need each other. So, it's very fortunate that we also happen to like each other. It's a very symbiotic relationship.” - Member of a Voices state team

However, even when partner organizations brought relevant skills, there were sometimes challenges related to organizational capacity, typically around the amount of time and attention specific organizations could devote to Voices. For example, in some cases, grassroots organizations (which were

sometimes under-resourced and stretched thin to begin with) were not able to engage fully in the partnership or in the project work. This made it harder for teams to work together effectively, led to some grassroots organizations becoming disconnected from some project components, and put pressure on other state team partners to step in and offer their own capacity to get grant-related work done. There were two common reasons for capacity limitations: 1) organizations not having enough funding to support the necessary staff time, and 2) competing organizational priorities and projects taking attention away from Voices, particularly during times like election seasons. While some organizations were able to offer in-kind support to supplement what could be covered by grant funds, many were not in the position to do so. In general, challenges around the extent to which each partner organization could focus on Voices caused strain for some of the state teams and sometimes impeded their work together.

“When we applied as the three groups, we were really encouraged to have [state grantee] be the lead, even though we did raise red flags and kind of highlighted the risks associated with that. And so, then it was challenging, because as we, you know, worked on the initial work plans and the budget, we left a very, very minimal amount for our groups. And I mean, I can speak specifically to [my organization]. You know, we took a very small amount of the grant, because so much of our work was coming from, like, the coalition and network building side of things that we were, like, you know, funded from other sources. But then, as things started to get into trouble, we just didn't have the capacity at all to be able to help them the way that it needed. And so, that's a challenge, too, right?” - Member of a Voices state team

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

Through the evaluation, we explored how the political context within the Voices states impacted teams’ ability to make progress on community power building and policy advocacy. To quantify the political environment in each state, we used the FiveThirtyEight partisan lean score⁵, which measures the partisanship of how each state votes relative to the nation as a whole. Voices states have a wide range of partisan lean scores, from -68.2 in Washington, DC (most Democrat-leaning) to 37 in Idaho (most Republican-leaning). The group of Voices states has a mean partisan lean score of -2.5, which is slightly more Democrat-leaning than the set of all U.S. states which has a mean score of 5.3 (Table 3).

Group	Mean	Median	Standard deviation	Min, max
All U.S. states (N=51; includes Washington, DC)	5.3	7.4	22.9	-68.2, 49.7
Voices states (N=24)	-2.5	-1.2	22	-68.2, 37
Voices states with documented policy wins (N=17)	-8.7	-7	22.3	-68.2, 21.2
Voices states without documented policy wins (N=7)	12.5	7.6	11.4	1.6, 37
Voices states invited to non-competitive renewal (N=18)	-7.9	-6.7	21.9	-68.2, 20.5
Voices states not invited to non-competitive renewal (N=6)	13.5	8.9	12.2	1.6, 37

Table 3: Partisan lean score statistics for various groups of states

Many state teams experienced challenges related to their state’s political climate, a finding that was not limited to conservative states. Trends of increasing political polarization⁶ have led in some cases to a more difficult landscape for organizers; for example, in election years, some legislators were reluctant to vocally support issues that appeared to be partisan, thus backing away from some of the Voices teams’ goals.

⁵ The partisan lean score (source: [FiveThirtyEight’s Partisan Lean Metric](#)), is 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. The scores reported here incorporate 2020 election results. For our reporting, we converted Democratic-leaning scores to negative numbers to enable average calculations. Thus, the lower a state’s partisan lean score is, the more politically liberal that state is, and the higher a state’s partisan lean score is, the more politically conservative that state is, compared to the nation as a whole.

⁶ Desilver, Drew. 2022. “The polarization in today’s Congress has roots that go back decades”, Pew Research Center, March 10. <https://www.pewresearch.org/short-reads/2022/03/10/the-polarization-in-todays-congress-has-roots-that-go-back-decades/>

One clear theme from the evaluation was that multiple factors made power building and advocacy particularly challenging in politically conservative states. These states had legislatures with greater opposition to the Voices advocacy goals, which made it extremely difficult to pass policies. Additionally, redistricting or gerrymandering weakened or fragmented community power in some states, and harmful conservative rhetoric and budgetary challenges teams to change their strategies, sometimes sidelining issues that had previously taken priority and pivoting to focus on new topics.

Even when policies are passed in conservative states, there can be challenges securing funding or implementing policies in a way that allow people to access the benefits; thus a legislative win can create a need for administrative or budget advocacy. All these challenges ultimately impact community power building, as community members can become disenchanted by politics when they don't see positive changes, which leads them to disengage from organizing efforts. A few teams also discussed how working in hostile political environments presents both a physical and mental risk for organizers, especially those who identify as BIPOC.

Although the political environments in many Voices states presented challenges, there were a few cases in which the state's political context facilitated the Voices work. For example, one team said that their state government has strong infrastructure and policies in place that support the work their Voices project is pushing forward. Another team, working in a politically conservative environment, said that

***"It is impossible to get a good bill, like that's why we didn't make Medicaid expansion our primary issue for this grant because it's impossible because there's no incentive for the legislative majority who identify as Republicans right now in our state, which won't change for at least a decade. There's no point in trying to get them to do it when they won't do it, right? So it is just they've insulated their power, they've manipulated the system."** - Member of a Voices state team*

division between their state's conservative caucus and legislators has prevented unfavorable legislation from getting passed. Finally, some areas of defensive advocacy have energized certain communities, such as advocacy against the attacks on reproductive rights following the reversal of *Roe v. Wade*.

We also used SNA data to examine whether there was a correlation between the level of connection or strength of relationships within state teams and the partisan lean of the states. We divided Voices states into three partisan lean categories: blue (partisan lean < -10, meaning most Democrat-leaning), purple (partisan lean between -10 and 10, meaning relatively less

partisan than other states), and red (partisan lean > 10, meaning most Republican-leaning). Blue states included Washington, DC, Massachusetts, Maryland, California, Rhode Island, Illinois, New Jersey, and Oregon. Purple states included New Mexico, Colorado, Virginia, Maine, Michigan, Wisconsin, Georgia, Florida, and Iowa. Red states included Texas, Ohio, Mississippi, Louisiana, Missouri, and Idaho.

Table 4 shows the average Collaboration Index over time by partisan lean group. As described above, the Collaboration Index is a composite measure of the strength of a relationship. Overall, blue states had the highest average Collaboration Index at baseline. The trends over time varied by partisan lean group. For blue states, the average Collaboration Index increased from 2020 to 2021 and then somewhat decreased in 2023. For purple states, the average Collaboration Index increased from 2020 to 2021 and then remained steady. For red states, the average Collaboration Index increased slightly from 2020 to 2021 and then decreased very slightly in 2023. Table 4 also shows the average network density over time by partisan lean group. Blue states had the highest average density at baseline; however, average density was similar for all three partisan lean groups in 2023. This shows that red and purple states had more growth in network density than blue states over the Voices grant period. These findings are preliminary and the differences between state groups are relatively small; however, the results warrant further exploration, particularly to understand what might be underlying these trends.

Partisan lean category	Collaboration Index* mean (SD)			Network density mean (SD)		
	2020	2021	2023	2020	2021	2023
Blue (N=8)	4.18 (0.48)	4.60 (0.34)	4.32 (0.50)	0.63 (0.20)	0.73 (0.17)	0.82 (0.14)
Purple (N=9)	3.71 (0.50)	4.17 (0.35)	4.17 (0.25)	0.35 (0.14)	0.64 (0.19)	0.80 (0.21)
Red (N=5)**	3.89 (0.23)	4.03 (0.27)	3.99 (0.39)	0.32 (0.21)	0.70 (0.20)	0.83 (0.19)

*Collaboration Index means do not include Missouri because there were no existing relationships in 2020
 **Indiana is not included because the organizational partner does not have subgrantees.

Table 4: Average state Collaboration Index and network density over time for Voices states by partisan lean group

Finally, we compared the partisan lean of states that had certain outcomes vs. the partisan lean of states that did not (Table 3). First, we looked at the outcome of having a documented policy win, and found that the 17 Voices states that had wins (see Table 1 for a summary of wins) were more Democrat-leaning on average than the seven states without documented policy wins (mean partisan lean scores of -8.7 and 12.5, respectively; $p = 0.0270$; unpaired t-test). Next, we looked at project renewal status as a proxy indicator of successful outcomes, and found that the 18 states that were invited to the non-competitive renewal were more Democrat-leaning on average than the six that were not (mean partisan lean scores of -7.9 and 13.5, $p = 0.0343$; respectively; unpaired t-test). It is important to note that these are imperfect measures of

outcomes, because the policy win information is not fully updated and may not be comprehensive, and the renewal status was based on a subjective assessment of project success. However, our overall findings highlight the particular challenges of doing community power building and policy advocacy for health justice in politically conservative states, and suggest that these challenges made it more difficult for projects to succeed with their Voices 1.0 grants, achieve policy wins, and meet the criteria for renewal.

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

Organizing and advocacy work is always subject to external forces, and seldom progresses linearly. Organizations must respond to external circumstances, quickly shifting gears to meet community needs, take advantage of new opportunities, and perform defensive work. However, the Voices for Health Justice grant program unfolded during a particularly tumultuous time in history. The original call for letters-of-intent was issued in the spring/summer of 2020, only a few months into the beginning of the COVID-19 emergency – the rollout was accomplished with a heightened sense of urgency due to the felt need to “get money into communities” to help them cope with the pandemic. At the same time, community organizations and the communities they worked with were coping with massive societal disruption and trauma that interfered with their usual work, starting with varying levels of illness, death, and disability depending on the community. Furthermore, the COVID-19 safety measures adopted - including social distancing, the shutdown of schools and other childcare arrangements, and the closing of numerous businesses - led to economic distress in many communities, particularly Black and Latinx communities, putting grassroots organizations in particular in the position of pivoting to respond to immediate and severe needs, deprioritizing longer-term planning and strategizing. The emotional toll of the pandemic also made it more difficult for organizational partners to find the bandwidth to exercise the creativity and energy needed to engage fully in Voices projects.

In the summer of 2020, fueled by racial inequities in COVID-19 impacts and sparked by the murder of George Floyd by police in Minneapolis in May 2020, there were several months of protests organized by the Black Lives Matter movement over structural and cultural racism. The heightened societal awareness caused by this movement focused national attention on structural racism generally and led to a new willingness in progressive circles to name and directly address race and racism. In some cases, this opened up opportunities for Voices organizations, when talking to funders and the public, to more directly name the antiracist work that they have long been doing. In other cases, it inspired introspection and reorientation of the work to more directly address racism and specifically organize around it.

Between 2020 and 2022, a series of economic stimulus measures were implemented by the federal government, which amongst numerous other actions sent money into state and local governments for public health purposes. Grassroots organizations often found themselves working urgently as brokers and advocates for their communities, both to fight for the equitable distribution of the benefits and to build knowledge and trust within the communities around measures such as social distancing and vaccines. Although that work was sometimes compensated and sometimes not, all of it contributed to organizations being pulled to respond to immediate community needs rather than focusing on longer-term Voices goals.

Various additional factors caused disruptions in the work over the course of the grant. Increasing rates of natural disasters due to climate change⁷ impacted several Voices state teams, causing organizations to once again turn their focus to meeting immediate community needs on an emergency basis. An overall pattern of high worker turnover has also impacted many organizations – the loss of institutional knowledge and relationships have temporarily reduced the capacity of organizations across the economic spectrum.

III. Findings: Case studies of six state teams and their projects

We were able to dive deeply into the situations on the ground in our six case study states: Louisiana, Georgia, Colorado, Illinois, Massachusetts, and Washington, DC. Our case study states spanned the political spectrum, ranging from Washington, DC, the most left-leaning state in the U.S., to deeply right-leaning Louisiana. They also spanned a range of issues, from Black maternal health outcomes to healthcare coverage for immigrants. In four of the cases: Massachusetts, Colorado, DC, and Illinois, the Voices for Health Justice funding went towards supporting and advancing ongoing work. All four of these states saw policy wins during the period of the funding. The two other states, Louisiana and Georgia, developed new initiatives with the funding. Louisiana focused on organizing and advocacy among community health workers, and Georgia focused on an intensive leadership development program. As with the overall cohort of Voices states, some of the case study state team collaborations worked well, while others encountered challenges – these challenges were encountered in states across the political spectrum. A summary of key points from the cases studies is provided in Table 5 below, and we describe these cases in more detail in our companion report, *Implementation of Voices for Health Justice in diverse contexts: Case studies of six state projects*.

⁷ NOAA National Centers for Environmental Information (NCEI) U.S. Billion-Dollar Weather and Climate Disasters (2023). <https://www.ncei.noaa.gov/access/billions/>, DOI: 10.25921/stkw-7w73

Colorado

Center for Health Progress (lead grantee)

COLOR: Colorado Organization for Latina Opportunity and Reproductive Rights (subgrantee) The

Colorado Consumer Health Initiative (CCHI) (subgrantee)

Colorado Fiscal Institute (unfunded)

Colorado Cross Disability Coalition (unfunded)

Key Takeaways:

- The Colorado team was organized around the Coalition for Immigrant Health, a pre-existing group focused on expanding 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 dissolve the coalition. 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.

Washington, D.C.

SPACEs In Action (lead grantee)

Children's National Hospital/Early Childhood Innovation Network (ECIN) (subgrantee)

Children's Law Center (subgrantee)

Key Takeaways:

- By successfully bridging elements of grassroots organizing and policy in their Voices project, the DC team was able to build community power. SPACEs In Action'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 SPACEs In Action 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.

Georgia

New Georgia Project (NGP) (lead grantee)

Georgians for a Healthy Future (GHF) (subgrantee)

Equality Foundation of Georgia (EFG) (subgrantee)

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, which was voter engagement and mobilization.
- 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

Shriver Center on Poverty Law, Health Team (lead grantee)

Illinois Coalition for Immigrant and Refugee Rights (subgrantee)

Workers Center for Racial Justice (subgrantee)

EverThrive (subgrantee)

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 Budget Project (LBP) (lead grantee)

Louisiana Community Health Outreach Network (LACHON) (subgrantee)

Southwest Louisiana Area Health Education Center (SWLAHEC) (subgrantee)

The Louisiana State University Center for Healthcare Value and Equity (LSU) (unfunded partner)

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, LBP and LACHON, 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 LACHON'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

Health Care for All (HCFA) (lead grantee)

Massachusetts Immigrant & Refugee Advocacy (MIRA) Coalition (subgrantee)

Massachusetts Senior Action Council (MSAC) (subgrantee)

Men of Color Health Awareness (MOCHA) (subgrantee)

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.

Table 5: Case study summaries

IV. Recommendations

Over the course of the Voices 1.0 evaluation, we have identified recommendations for funders and program administrators seeking to promote community power building for health justice. Here, we compile key recommendations that can inform the implementation of Voices 2.0 and/or future programs working in this space.

Set a common understanding of concepts and definitions of success

Our learnings from Voices 1.0 suggest that it would be worthwhile for Voices 2.0 and other future programs to spend some time up front establishing a common understanding of community power and the program's power-building objectives. Although Voices 1.0 state teams largely agreed upon the ultimate goal of community power building, they did not all use the same terminology or emphasize the same components. With the sheer number of organizations and partners involved - including RWJF, the Voices Steering Committee, TA providers, state grantees and subgrantees, and evaluators - an intentional effort to ensure alignment would have been helpful for all parties. In addition, future work would benefit from 1) providing guidance on whether specific elements of power building should be prioritized in the

project plans, 2) ensuring that expectations are aligned with timelines and state-level contextual factors, and 3) providing more clarity about success criteria and how they are assessed. Particularly when progress and outcomes can impact likelihood of obtaining additional funding, transparency and regular communication about definitions of success can help build trust and reduce misunderstandings.

However, we recognize that developing clear definitions of success is a complex task for a program like Voices. There is a tension between having clear and specific expectations set by the funder/decision-maker versus allowing state teams to lead the way, determine their own desired milestones and outcomes, and change course as needed. While offering state teams the opportunity to set their own definitions of success helps shift the balance of power away from the funder/decision-maker, this makes it challenging to come up with a consistent way to compare projects against one another. Further, this power shift is less meaningful if the funder/decision-maker uses separate success criteria to make funding decisions. Models of participatory or community-led grantmaking may offer a path forward for future programs; for example, empowering a committee of community representatives to determine how projects should be assessed for the purposes of making funding decisions or even to make the decisions themselves. Evaluators may also be able to contribute by developing frameworks for organizing information and gathering data from multiple perspectives that can inform decision-making.

Support development of specific power ecosystem elements within state teams

Voices seeks to build the strength of the power ecosystems in the funded states in addition to supporting teams to exercise built power towards improving healthcare access, affordability, and dignity. This is a two-part goal including both building and exercising power, and there can be tension when teams are unclear about what to prioritize. For future work, it may be helpful to draw a more explicit distinction between projects that should focus primarily on building power versus those that are in the position to exercise power they have already built towards specific policy objectives. This would help in determining appropriate success criteria as well as the TA and supports that would be most beneficial for each team.

For projects focused on building or strengthening power ecosystems, the grant structure of supporting multi-organizational partnerships bringing together partners with different expertise provides a foundation for this work. Voices 1.0 state grantees and subgrantees endorsed the value and potential of this approach, but also highlighted that it takes time and effort to build a thriving collaboration that is greater than the sum of its parts and can effectively engage with and build power in communities. For Voices 2.0, some teams may benefit from a power ecosystem analysis to help them identify where to focus their power-building efforts. The

ecosystem rubric that we plan to develop for the evaluation (see Reflections on evaluation, page X) may be a tool that could support this analysis. In addition, TA could support specific components of power ecosystem development, such as offering facilitation to help team members build strong working relationships, clarify roles, and come to alignment about goals (especially for partners who have not worked together before); continuing to offer capacity-building in key areas that are identified as gaps for the teams as a whole; and building infrastructure that supports effective collaboration and can be sustained after the grant if possible.

Offer more customized TA

Throughout the evaluation, we heard a great deal of feedback about the value of the TA that was offered, as well as a desire for TA schedules, formats, and topics to be more customized to the needs of individual teams and organizations. The Steering Committee has already incorporated more flexibility and customization into the TA model for Voices 2.0, and ongoing iterative improvement based on state grantee and subgrantee feedback will help optimize the model even further. In addition, Voices has always aimed for the TA relationship to be driven by the state team rather than the TA provider. However, this can be challenging for organizations that have not previously experienced this type of TA or do not understand the full scope of assistance they may have access to. Offering more information about potential ways to use TA and the expertise of individual TA providers up front could help aid state teams in identifying the supports that would be most helpful to them.

Structure funding to align with the long-term nature of community power building and to meet the needs of projects in different political environments

A salient theme that came through repeatedly in the evaluation was that community power building for health justice is dynamic and long-term work. State teams highlighted multiple stages of work involved in the path to sustainable change, emphasizing that the work cannot be rushed or forced to fit funder timelines. Further, issue areas and advocacy opportunities may need to be reoriented as the work proceeds, necessitating a responsive and iterative approach. Another key theme was the impact of state-level political context, and the particular challenges of doing this work in conservative settings that have strong and often hostile opposition to the types of goals that Voices seeks to promote. Informed by our learnings around these themes, we identified recommendations for how funders can structure programs that seek to advance community power building for health justice. While some of these suggestions are outside of the bounds of the Voices 2.0 structure, we offer them as ideas for consideration with future programs.

First, grant proposal templates typically ask applicants to identify their goals and target outcomes up front in the proposal phase. To allow for more responsiveness to community input, proposal templates could be redesigned to ask applicants to outline a community-engaged process for how they will go about identifying goals. Structuring grants with a funded planning phase would make space for grantees to engage in this kind of participatory planning with their communities as well as to develop relationships and work processes with partners. Next, grant sizes should be large enough to support all organizational partners to be able to cover the staff time that will enable them to participate meaningfully in the work, in addition to being able to compensate community members and leaders who take active roles. Providing some unrestricted or general operating funds would also give organizations flexibility to use resources in whatever way would be most beneficial for furthering their missions, including strengthening their own infrastructure to be able to work effectively. Additionally, grant timelines should be long enough to allow teams to focus on moving their work forward without simultaneously trying to plan for the end of the funding, and should enable them to thoughtfully lay the groundwork for community-led systems change without feeling pressured to produce specific outcomes prematurely. Finally, funders can consider offering different structures or different levels of support based on the history of work and infrastructure that already exists in a given state in addition to the political landscape. This may mean offering different levels of funding for projects in different contexts, such as more funding for groups in politically challenging settings that may be operating with less resources to begin with and are likely to encounter more barriers that need to be overcome. Distribution of limited resources is always challenging, but it is worth considering different models for how to equitably meet states where they are and provide the support to help them get to the next stage.

V. Reflections on evaluation

In addition to generating findings about the Voices for Health Justice 1.0 program, a goal of this evaluation was to increase our understanding of how to conduct an equitable evaluation of a large-scale power building and advocacy project. In this section, we reflect on our successes and challenges with the various methods we have used and our application of the principles of equitable evaluation. Throughout, we discuss future directions for evaluation with the Voices for Health Justice 2.0 program.

Evaluation Advisory Committee (EAC)

Our initial call for involvement in the EAC generated an unexpectedly large number of responses, and we had the privilege of working with a group of 19 state grantees and subgrantees to develop a theory of change and design the evaluation. After the design period,

we continued to work with 10 EAC members who provided input and feedback on the evaluation implementation and findings. In a reflection session during our last Voices 1.0 EAC meeting, members shared that they appreciated the chance to be involved in the evaluation and learned from being part of the process. They felt that they had been able to contribute to the evaluation, and that their contributions were taken into consideration. They also found the EAC meetings to be a good place to connect with one another and to build connections. Members shared some ideas for improvements in the future, including incorporating more opportunities to connect one-on-one, structuring meetings to allow for different forms of communication, receiving materials further ahead of time, creating a repository of notes and reference materials, and offering more opportunities to review and reflect on ICH's evaluation reports. They also said they would like to learn more about doing evaluation with fewer resources so that they could more readily apply the things they learned about evaluation to their own organizations. Our ICH team agreed that the process of engaging with the EAC was very positive, and that our work was influenced and improved by the perspectives of the EAC members. In Voices 2.0, we plan to incorporate EAC members' suggestions into our work processes and do intentional recruitment to ensure that the Voices 2.0 EAC is diverse and representative of the overall group of state grantees and subgrantees.

Group interviews

One of our means of primary data collection was to conduct group interviews with each state team. We conducted these group interviews at three time points over the course of the grant, inviting representatives from each organization in the state team to meet with us and answer questions for a roughly hour-long conversation. For the first timepoint, we invited all Voices to states to participate; for the second, we invited all states except case study states⁸; and for the third, we invited only the states that had not yet been invited to participate in the noncompetitive Voices 2.0 renewal at that time.

There were advantages and disadvantages to performing this qualitative data collection on such a large scale. First, we experienced challenges related to the massive volume of information that we collected – both collecting and analyzing were tremendously time-consuming, especially because data were complex and nuanced, requiring careful and thoughtful interpretation. Second, although these group interviews allowed us to explore relationships between teams and external partners to some extent, we suspect that there was an over-representation of the points of view of team leads, and that participants were reluctant to share differences of opinion or talk openly about team challenges in front of their partners.

⁸ Case study organizational representatives were interviewed separately and those transcripts were analyzed along with the overall dataset.

Finally, when there were common patterns across states, we were very pleased with how strongly themes emerged around these patterns. One example of a common pattern was how having a history of working together made it easier for teams to develop an effective Voices collaboration, and vice versa. However, while we appreciated the opportunity to get a strongly qualitative sense of the breadth and complexly diverse experiences in state teams across the country, we also found that by asking the same set of questions to groups with vastly different experiences, projects, and contexts, there were many weak or idiosyncratic themes that emerged which were more challenging to interpret. We found that this challenge was lessened in our third set of interviews, when we focused the data collection on a smaller group of state teams who had common features. For Voices 2.0, we are considering using this more focused approach with organizations that have other commonalities, such as policy targets, geography, political context, or stage of power ecosystem development. We may also pair this approach with some interviewing of individual organizations within teams and/or TA providers working with selected states, depending on the goals of our data collection.

Case studies

Our case studies provided a wonderful way to do a deep dive into the stories of six states and uncover patterns and themes that would not have emerged from the group interviews. The relationships we built with each of these teams allowed us to reflect and hypothesize in a more grounded and nuanced way. In addition, deep knowledge we had of the case study states was helping for developing lines of inquiry to use with the broader evaluation and interpreting the data we were seeing for the overall cohort.

Some challenges with case studies originated in the design and logistics. We hoped to co-design the priorities and goals of each case study with the individual state teams. However, this task was bigger than anticipated, and felt incompatible with the stated need of most teams to have a case study that was not burdensome or time intensive. We asked each team “what do you want to get out of the case study”, but in most cases a clear vision did not emerge. In addition, organizations had differing levels of capacity and engagement. We initially invited teams from a well-distributed set of states (based on geography, partisan lean, and intra-team relationships); however, some of the selected states declined to participate, and these tended to be more politically conservative and had less overall capacity. Among projects that did agree to participate, some teams and some individual organizations were much more deeply engaged than others. Ultimately, the ability to engage with the case study taps the same capacity as the ability to engage with the Voices for Health Justice project in general, and there are limits to the time that organizations can offer.

For Voices 2.0, we plan to facilitate participation and data collection through more regular and low-barrier or passive means of engagement, such as having ICH staff attend TA meetings or other events that the state teams are already conducting. We also plan to promote deeper relationships through site visits.

Social network analysis

The social network analysis provided a valuable complement to the qualitative data that the rest of the evaluation leans on. The SNA allowed us to explore relationships in a way allowed for comparison across states and identification of quantitative patterns. The method was particularly fruitful when SNA data were triangulated with findings from different methods – patterns that we suspected from our qualitative data were made clear, and sometimes refuted using the SNA data.

We were very pleased with the SNA survey response rates of 84% and 86% at the first and second time points, respectively. However, missing data still presented a challenge and there were limits to the conclusions we could draw from incomplete networks in some states. A second challenge was around our measures. We had a robust process for developing and piloting the Collaboration Index; nevertheless, we learned from our qualitative evaluation that this measure was not a comprehensive representation of what makes a strong relationship between organizations. We revised our survey instrument for the second timepoint to mitigate this. Next, because the survey was filled out by individuals answering on behalf of their organizations, their perspectives represented a limited view of organizational relationships and comparability of data over time was impacted when there was staff turnover. For our second survey, we used a proactive dependent surveying approach (sharing the organization's previous responses within the instrument) to improve the quality of longitudinal comparisons. Finally, there were some limitations in how we bounded the networks that we inquired about. Our primary unit of analysis was organizations participating in Voices 1.0, and only in a secondary way did we ask about other organizations and coalitions outside of the grant. This made the data collection much more feasible and facilitated obtaining a high response rate, but we also know that the Voices organizations do not represent the full power-building and advocacy ecosystem in each state. For Voices 2.0, we plan to retain many of the same questions on the current SNA survey instrument, including the revisions we made in the most recent data collection. We may also add a separate section to the survey to gauge elements of power ecosystem development beyond the relationship element measured by the SNA questions.

Steering Committee reflection sessions

Our objectives for holding reflection sessions with the Voices Steering Committee were to gain insight into the relationships and decision-making processes of the SC, to build relationships

between the Steering Committee members and our team, and to foster evaluative thinking and introspection among the SC members. The SC gave us feedback that they appreciated the time to sit back and reflect on their work, which was otherwise difficult to prioritize given the fast-paced nature of the work. Our team received input about evaluation lines of inquiry and gained valuable insight into the dynamics and work processes of the SC, which helped us identify actionable and tailored recommendations. We also had the opportunity to facilitate conversations about evaluation findings and their implications for program improvement. One challenge was that significant turnover among the SC members meant that attendance was inconsistent, understanding of the objectives of the reflection sessions was variable, and our relationships with the members were harder to foster. Nevertheless, we intend to continue with these valuable sessions during the Voices 2.0 evaluation.

Secondary data and document review

We gained valuable background information from our review of secondary data and documents, particularly state team proposals and reports submitted in the first grant year. We also reviewed the TA tracking database, a list of policy wins documented by Community Catalyst in the first and second years, Rapid Response grant documentation (when made available), and other miscellaneous documents from the Steering Committee and case study states. Compiling information from these documents reduced the amount of primary data collection needed, and helped us understand the state projects and key accomplishments. However, the usefulness of these data sources were limited by some inconsistencies in data collection/documentation and incomplete information in some cases. For 2.0, we plan to scale back our dependence on secondary data review to the extent possible. We will work with Community Catalyst and/or the SC to determine the minimal set of secondary data necessary for the evaluation and to establish more effective processes for regular tracking and sharing of high-priority information, such as policy outcomes data for the Voices states. We will plan to have more regular check-in discussions about secondary data status and quality to ensure that any challenges and issues are reviewed and resolved in a timely manner.

Equitable Evaluation

The Equitable Evaluation Initiative⁹ identifies three core principles of equitable evaluation (paraphrased here): 1) evaluation should promote equity through its questions and findings; 2) evaluation should use and model equitable practices; 3) evaluation should look at the bigger picture, including structural factors and historical patterns. We understand these principles to call for us to keep equity in mind as a primary evaluation criteria, to use participatory methods and root our inquiry in grounded participant perspectives, and to always situate and

⁹ www.equitableeval.org

contextualize our findings in their larger context. In reflecting on our successes and challenges in working according to these three principles, we consider in particular our use of participatory practices and grounded participant perspectives. We see that we had meaningful successes, and that there is also room to deepen our practices.

A primary challenge with using participatory practices for the Voices for Health Justice evaluation was in balancing the need to prioritize the perspectives of a very large group of grantees and subgrantees through qualitative research and participatory design practices with the need to synthesize and interpret information in a timely manner and provide actionable feedback to the program. A primary mechanism for using participatory approaches in the evaluation was through our work with the Evaluation Advisory Committee. The EAC was closely involved in developing the Voices theory of change and in designing our evaluation questions and instruments from the outset, and many members remained involved past the initial intensive design period. During the evaluation implementation, the EAC assisted in piloting data collection instruments, field testing ideas, and providing feedback on our hypotheses, all of which brought significant value to our work. Further, our engagement with the EAC was rewarding and energizing – it was a venue for idea generation and for grounding our work in the day-to-day reality of state team partners. We also consider our ambitious qualitative data collection to be a way in which we promoted equity, as the rich data we collected was able to lift up the perspectives of state grantees and subgrantees, sometimes in ways that challenged the perspectives of national program partners.

We see several opportunities for deepening our application of equitable evaluation principles in the Voices 2.0 evaluation. We plan to re-engage those EAC members whose projects are ongoing and expect this group will be richer due to our established relationships and our mutually increased knowledge of one another's areas of expertise. We plan to do more deliberate and ongoing planning and agenda-setting with this group: for example by beginning with a look at the composition of our committee, asking who is not included, and setting priorities for targeted outreach for new members. We also see an opportunity for more participatory interpretation of findings, post-data collection, with this group. Finally, a committee is only ever a sample of the whole – we are considering the possible utility of more communication with the full group of state grantees and subgrantees in order to increase the transparency of our practices.

Measuring community power building

With the Voices 1.0 evaluation, we explored how state teams understood community power and power building and how they applied this understanding in their work. It was clear that the community power building that happened through Voices was complex and multifaceted, taking

different forms based on each project's context and goals. Our ability to concretely measure the progress of the power-building work with the Voices 1.0 evaluation was limited. For example, we reviewed and compiled secondary data for metrics related to base building and policy outcomes; though these can provide rough indicators of some elements of power building and exercising of power, we recognized that they do not capture this work in a comprehensive or nuanced manner. For the Voices 2.0 evaluation, we hope to develop ways to measure community power building progress that take into account the wide variation in projects' baseline status, context, goals, and strategies. Our approach will be grounded in the Barsoum and Farrow power ecosystem framework, which describes six elements of power ecosystems¹⁰. We plan to use a participatory process to develop a structured rubric that will provide indicators for different levels of development for each ecosystem element. We will then use this rubric to guide our data collection and analysis, aiming to understand each team's stage of development at the start of the grant compared to follow-up timepoints. We expect that this will help us to capture progress in a nuanced way, showing how each team moved the needle on power building in relation to their own starting point, and allowing us to understand which of the ecosystem elements are more or less developed through Voices.

¹⁰ 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

VII. Appendices

- A. Evaluation methods
- B. Rapid Response grants

Appendix A: Evaluation methods

Evaluation planning period: virtual design sessions

ICH facilitated virtual design sessions with the Voices Steering Committee and Evaluation Advisory Committee:

- May 2021: discussion of issues and ultimate goals, pathway of change, and local context to inform the development of a [logic model](#)
- June 2021: discussion of domains of inquiry to inform the development of an [evaluation plan](#)

Evaluation planning period: reflection sessions with Voices Steering Committee

ICH facilitated discussions with the Voices Steering Committee on selected topics:

- April 2021: discussion of evaluation approaches and anticipated outcomes from the first year of Voices
- May 2021: discussion of the TA process
- June 2021: discussion of the National Wave, rapid response funding, and base funding increases

Implementation period reflection sessions with Voices Steering Committee

ICH facilitated discussions with the Voices Steering Committee on selected topics:

- Sept 2021: discussion of criteria for selecting case study projects
- Oct 2021: discussion of LOI submission and co-design process
- Jan 2022: discussion of race and anti-racism in Voices design and implementation
- May 2022: discussion of findings from qualitative interviews with state project teams
- Sept 2022: discussion of rapid response strategy and implementation and new ideas for supplemental funding in Voices 2.0
- May 2023: discussion of renewal decisions for Voices 2.0

Meetings with the Evaluation Advisory Committee

ICH facilitated discussions with the Evaluation Advisory Committee on selected topics:

- May 2021: discussion of change pathways design and grantee activities and outcomes
- June 2021: discussion of community power and organizational capacity building
- July 2021: discussion of evaluation plan, logic model, domains of inquiry, power ecosystem, and potential data sources
- Feb 2022: discussion of case study process
- Aug 2022: discussion of Voices renewal and structural recommendations for the Evaluation Advisory Committee and Voices
- Dec 2022: discussion of what has changed because of Voices and engagement in impact mapping exercise
- Feb 2023: discussion of the Evaluation Advisory Committee process

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. A report of the findings is available [here](#).

ICH completed qualitative group interviews with the state project teams in summer/fall 2022 to explore how these groups are thinking about and approaching their work within each of our six core domains of inquiry. Selected findings from these group interviews were shared in 2-pagers linked here:

- [Community power](#)
- [TA and other feedback](#)
- [Race and racial justice](#)
- [Relationships and coalitions](#)
- [Sustainability](#)
- [Political context](#)

In spring 2023, ICH completed qualitative group interviews with the state project teams that had not yet been selected for non-competitive Voices 2.0 renewal at that time, to explore how these groups are reflecting back on their Voices projects.

Social network analysis survey

ICH administered three social network analysis (SNA) surveys to all grantees and subgrantees to understand the organizational relationships within each state and how they evolved over the grant period. The first SNA was launched in October 2021 and involved the dissemination of two surveys, one that collected retrospective baseline data that was intended to capture the network landscape in 2020 before Voice began, and a second that collected data about the network landscape roughly one year into the Voices program. ICH administered a third SNA survey in February 2023.

Case studies

ICH engaged with six state projects in order to conduct case studies: Colorado, Georgia, Illinois, Louisiana, Massachusetts, and Washington DC.

Data for the case studies was tailored to each state, and included interviews, meeting observations, and documents/materials provided by case study partners.

Secondary data review

ICH reviewed and analyzed secondary data to the extent that they were made available for evaluation, including:

- Rapid Response grant documentation: Community Catalyst tracks data on the Rapid Response grants they make and the associated outcomes.
- Policy tracking: Community Catalyst tracks and compiles policy wins that Voices organizations were involved in.
- TA tracking: TA providers document TA provision in a database, including TA topics for each session.
- Reports from project teams: Each state team completed an interim oral report before July 31, 2021 and a written report in January 2022 based on a template provided by Community Catalyst.

Meeting notes

ICH attended and reviewed notes from renewal planning meetings:

- Renewal meeting with RWJF, Community Catalyst, and ICH (April 2022)
- Renewal “worker bee” meeting in New York City (Sept 2022)
- Renewal meeting for grantees (Dec 2022)
- Voices 2.0 co-design training session (March 2023)
- Community Catalyst power building training sessions (July 2023)

Table A1: Evaluation activities and data sources. A report of findings from the first nine months of the program is available [here](#), and a report of findings from the first 19 months of the program is available [here](#).

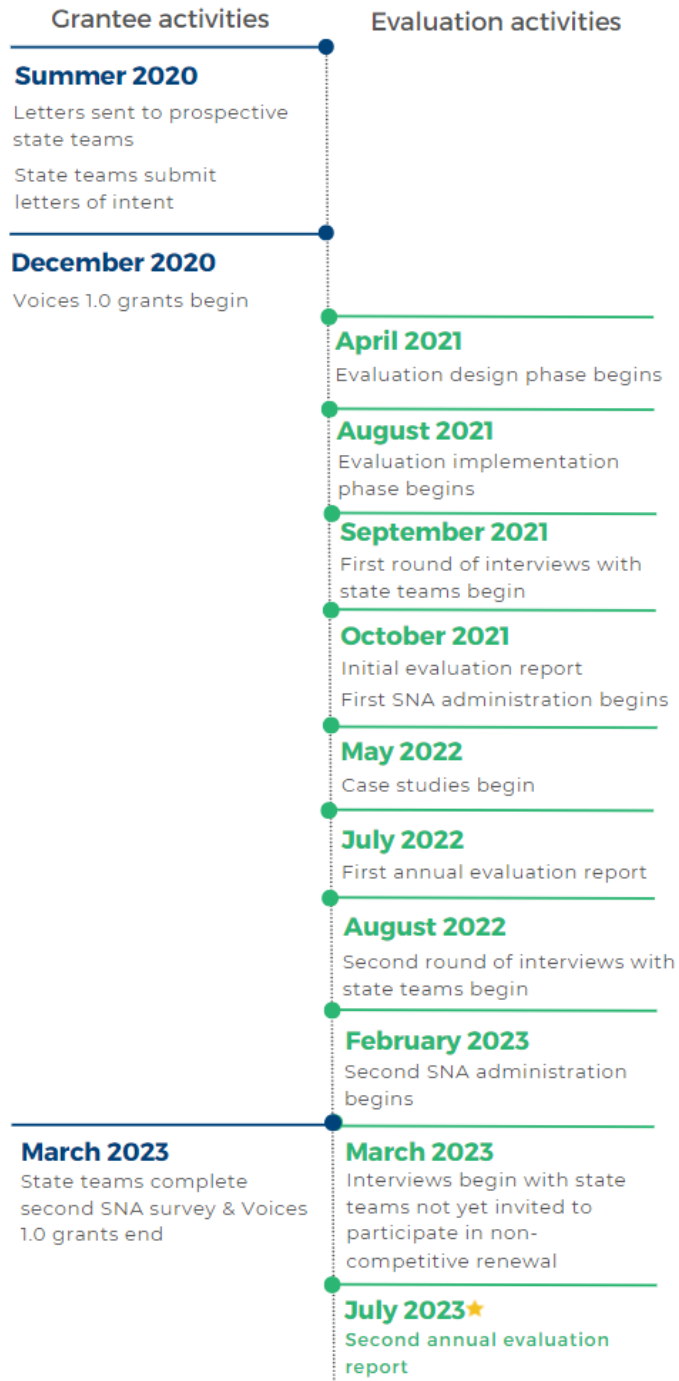


Figure A1: Evaluation timeline

Appendix B: Rapid Response grants

The Voices Steering Committee used Rapid Response funds to support strategic and timely work that could advance the 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 were intended to support organizations to respond to a specific, short term (spanning 2-6 months) policy, organizing, or campaign opportunity. Voices state grantees and subgrantees were eligible for the Rapid Response funds, as were organizations that were not part of the core group of 25 Voices state projects. The Steering Committee selected potential grant recipients based on their knowledge of policy opportunities across the country and through their ongoing conversations with states. Rapid Response grants could be used to support activities like public events (such as 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.

Community Catalyst provided information on the focus areas for Rapid Response grants awarded in 2021 and early 2022, and information on project outcomes for grants that were completed in 2021. At the time this report was prepared, additional information about 2022 and 2023 Rapid Response grants had not yet been shared. We will update this section if/when this information becomes available.

In 2021 and early 2022, nine Rapid Response grants were 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). Data on the funded organizations, award amounts, and grant lengths are summarized in the table below, followed by a description of each project's focus and outcomes, if information was available.

State	Funding Amount	Grant Period
West Virginians for Affordable Healthcare #1	\$50,000	February 8, 2021 – May 8, 2021
West Virginians for Affordable Healthcare #2	\$10,000	July 27, 2022 – January 27, 2023
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 31, 2022
Texas - Transgender Education Network of Texas (TENT)	\$25,000	May 1, 2021 – October 31, 2021
New Jersey – Salvation and Social Justice	\$30,000	September 15, 2021 - January 15, 2022
Mississippi Center for Justice	\$60,000	September 15, 2021 - March 15, 2022
Texas – Afiya	\$50,000	December 1, 2021 - June 30, 2022
Utah Health Policy Project	\$70,588	January 1, 2022 - April 1, 2022
Michigan - Arab Community Center for Economic and Social Services (ACCESS)	\$50,000	June 1, 2022 – August 31, 2022
Virginia – REPRO Rising Virginia	\$45,000	July 19, 2022 – January 19, 2023
Idaho – Jannus	\$34,412	November 7, 2022 – March 31, 2023

Table B1: Rapid response grant information

West Virginia (grant #1): West Virginians for Affordable Health Care, in collaboration with the West Virginia Center on Budget and Policy, West Virginia Citizen Action Group, and the West Virginia Delta Sigma Theta Sorority, aimed to defeat Governor Jim Justice’s proposal to eliminate the state’s personal income tax. If enacted, these cuts would shift the tax burden to lower income people in the state and cause cuts to state funded programs such as Medicaid, public health programs, parks and recreation, and public education. West Virginians for Affordable Health Care and their coalition partners launched a public education campaign about the tax’s importance to health care access, affordability, and equity, and were able to garner opposition to the Personal Income Tax phase-out. The bill was ultimately defeated in the 2021 state legislative session. In their organizing, the West Virginia group also brought together a new network of community advocates, created a diverse coalition focused on the issue, and grew their base of health and social service providers, Black community leaders, and college student advocates.

West Virginia (grant #2): West Virginians for Affordable Health Care sought to launch an educational campaign to fight against drastic cuts to the state personal income tax that would

severely hurt public programs such as public education and Medicaid. They hoped to mobilize community members through this campaign to engage with particular legislative targets, particularly in the state senate, to garner their support in protecting this crucial source of revenue. They planned to use Rapid Response funding to boost staff capacity and invest in campaign tools to activate their grassroots network.

Tennessee: Rapid Response funding was allocated to the Tennessee Justice Center and Tennessee Disability Coalition to increase awareness and gather feedback on proposed changes to the Tennessee Medicaid waiver program, which would have weakened access to and effectiveness of supports and services for individuals with intellectual and developmental disabilities. The changes were challenged in court, and that lawsuit is currently paused pending CMS review of comments; the ultimate outcome will depend on the comment review and the litigation.

Texas (Equality Texas Foundation): Equality Texas Foundation sought to use Rapid Response funding to support community organizing efforts and awareness campaigns to fight against anti-trans legislation and narratives in Texas. They planned to create educational materials, issue briefings, and video campaigns in order to highlight the importance of healthcare access and gender-affirming care and the impacts of anti-trans legislation. With their messaging, they aimed to highlight trans voices and the ramifications of attacks on trans people in Texas.

Texas (TENT): 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 they also launched 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.

Mississippi: The Mississippi Center for Justice hoped 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 were 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 planned to showcase individual stories and harness social media channels to bolster its policy campaigns.

Texas (Afiya): With Rapid Response funding, The Afiya Center planned to 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 were legally banned after six weeks into a pregnancy. The Afiya Center sought to grow and mobilize its volunteer and donor base, implement reproductive justice training and policy advocacy sessions, and strengthen cross-organizational partnerships.

Utah: The Utah Health Policy Project sought 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 planned to design and run advertisements through various digital channels and social media, engage in grassroots outreach, launch storytelling projects, and disseminate educational materials.

Michigan: As part of their work that addresses access to reproductive health care, the Arab Community Center for Economic and Social Services (ACCESS) sought to leverage Rapid Response funding in order to develop and disseminate a fact sheet to community members and key stakeholders about the impacts of changes in reproductive health care access. They also planned to assemble recommendations illustrating how members of the Middle Eastern and

North African (MENA) community can approach reproductive health and abortion access education and outreach.

Virginia: Through digital advertising campaigns and the development of videos and billboards, REPRO Rising Virginia aimed to use Rapid Response funding to educate Virginians about abortion and abortion access in the state. They wanted to shed light on barriers that marginalized communities (e.g., Black, brown, Indigenous and other communities of color, LGBTQ+ people, immigrants, rural, and low-income communities) continue to face, and highlight the implications of abortion restrictions and a potential absolute abortion ban.

Idaho: Jannus sought to engage in outreach, education, and lobbying work with Rapid Response funding. They planned to work with a communications consultant to develop and distribute Medicaid expansion education materials and push back against false information and negative messaging regarding Medicaid. They also hoped to work with a lobbyist who could monitor the situation, offer legislative guidance and insight about threats to Medicaid expansion, find new legislative champions, and influence lawmakers for the 2023 Legislative Session. In the event that legislation to repeal Medicaid becomes a true threat, Jannus planned to leverage Rapid Response funding to engage in grassroots organizing work.