Voices for Health Justice 2.0: 2025 Evaluation Report- Annotated

November 2025

INSTITUTE FOR COMMUNITY HEALTH
CHA Cambridge Health Alliance

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

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A. Introduction

The Voices for Health Justice 2.0 (Voices 2.0) program is part of a multi-part initiative funded by the Robert Wood Johnson Foundation (RWJF). Voices 2.0 seeks to build on the work of Voices 1.0 with the overarching goal of building power in communities and increasing access and affordability in health care by supporting organizations committed to health justice, racial justice, and anti-racism. As in Voices 1.0, the Voices 2.0 program is overseen by a multi-organization Steering Committee that receives some funding for program administration. Community Catalyst (the lead organization), Community Change, and the Center on Budget and Policy Priorities (CBPP) act as the core partners, and Altarum serves in a more auxiliary role. A restructuring of the program established a small Voices Leadership Team made up of four staff members from the three core organizations. The members of this group work together to make key programming decisions and to guide the provision of technical assistance (TA) support to state project teams.

The Institute for Community Health (ICH) has been contracted by RWJF to conduct an evaluation of Voices 2.0 using a participatory and utilization-focused approach guided by the principles of equitable evaluation. Building on our evaluation of Voices 1.0, we are examining how the program has evolved from the previous grant cycle and how it is building community power to fight health inequities. This report documents our findings from the second year of Voices 2.0. We give an overview of our evaluation methods below, and more detail is available in the evaluation plan. Our data collection in the second year of the evaluation included both qualitative and quantitative data, and captured insights about the experiences of Steering Committee members, TA providers and the state teams. This report shares findings from data collected through June 2025. It represents a snapshot in time of a program that is continuously learning and adapting. There is significant additional evaluation planned for the next year of the program, and our learnings from these first two years will guide our future data collection.

B. Methods

Evaluation questions and data collection

At the beginning of 2.0, ICH developed an evaluation plan, which seeks to answer evaluation questions in six key areas. These questions guide the evaluation, including our tool creation, data collection, analysis, and reporting processes, and are shown in Figure 1.

Figure 1. *Voices 2.0 Evaluation Questions*

Our major data collection activities are shown in the timeline in Figure 2. These include:

- **Case studies:** ICH is partnering with several state teams with a diverse and contrasting set of experiences, contexts, and characteristics to conduct case studies, which will allow us to deeply explore our evaluation questions in a context-specific manner. As of July 2025, our mid-point write-ups of the projects in Louisiana, Maine, Maryland, and Ohio - Cleveland appear in our case study memo. Several other state partners are also working with us on a case study focusing on conflict within state teams under the condition of anonymity. Data collection with case studies have entailed interviews with state partners, interviews with TA providers, observation of TA meetings, document review, and member checking of findings. We have further conducted one site visit and intend to conduct site visits with the remaining states in the coming months.
- **State team interviews:** In December 2024 and January 2025, we conducted semi-structured interviews with individuals from 11 state teams, who were selected because they had not completed the 2024 grantee SNA and were not case studies, giving us the opportunity to check in with teams we would otherwise have only had minimal contact with.
- **Social Network Analysis (SNA):** In the Fall of 2024 we conducted a SNA survey with state teams. We administered the grantee survey to all state grantees in Year 2, from September through December 2024. The survey had a 62% response rate, with eight

state teams having every organization in their coalition complete the survey and eighteen state teams having a partial response from their organizations.

- **Other methods:** Finally, in this second year of the evaluation we have continued to meet with our Evaluation Advisory Committee (EAC) to have regular perspectives from state partners and to ensure that our decision-making is guided by their interests and values. We have also continued regular observations of State Strategy meetings and led quarterly reflection sessions with the Steering Committee. The Steering Committee, TA providers, and case study states have given us access to various documents, including notes from grantees' annual oral reporting to their TA providers, and our review of these has provided another data source.

We describe our methods in more detail in the Appendix.

Refocusing of the evaluation

In early 2025, as we were working on the analysis of some of our interview data with state teams, our evaluation team came to the realization that we would need to do some refocusing of our evaluation plan. Our original evaluation plan relied on looking for common patterns and outcomes across state teams. However, as the program has evolved and the TA and support structure has taken shape, we have come to understand that the programming is extremely variable from state to state, partially in response to the correspondingly variable contexts, and partially due to different approaches and decisions taken by different TA teams. Further, the work needs to be situated within each state's context, goals, and strategy to have meaning. Therefore, comparing patterns and outcomes across states is a less viable approach.

In response, and in conversation with RWJF, we have adjusted some pieces of our evaluation. We are not changing our evaluation questions, because these still retain relevance. However, moving forward, we plan to de-emphasize our work on identifying themes from interviews with the entire set of state teams. We also no longer plan to conduct a follow-up to

Figure 2. *Timeline of Evaluation Activities*

the Social Network Analysis, which depends on a theoretical model of coalitions working largely the same way in comparable circumstances.

In exchange, we are increasing emphasis on three components. First, we are turning extra attention to our case studies. This work allows us to dive deeply into the specific context of states in variable circumstances, and understanding how the Voices programming plays out in each of these states is a valuable way to examine the evaluation questions. Next, we see opportunities to leverage some of the interesting programming that is happening to orient data collection moving forward. Therefore, we are working on studying the three learning cohort groups that have been organized by the Steering Committee to provide the opportunity for states to have cross-state learning. The cohorts are organized around the themes of Building Black Power, Immigrant Health, and Reproductive Health, Rights, and Justice. We are still at an early stage of learning about the cohorts, therefore we are not sharing many findings about them in this report, though we expect to do so in future reporting. Finally, we are adding an emphasis on examining how the TA structure has responded to the various state teams that have experienced significant challenges in their collaborations. Our preliminary learnings around this are shared below.

C. Current moment in history

Over the past few years, and particularly in 2025, shifts in the national political climate have impacted both the opportunities for and challenges to advancing health justice. The national political shift to the right following the 2024 election, which placed Republicans in control of the presidency and both legislative houses, has had significant impacts on the state level and on the ability of Voices grantees to successfully advocate for progressive policies. Numerous executive orders, the work of DOGE: Department of Government Efficiency, and the recently passed H.R. 1 consolidated budget bill (the "One Big Beautiful Bill Act") have impacted funding and the ability to do equity or racial justice focused work, and forced advocates to focus on defensive work to protect marginalized populations.

Funding and support for healthcare, as well as many other government programs, was significantly impacted in the first half of 2025. Programming cuts, led by the DOGE team, eliminated grants for programs and federal staff to oversee programs in partnership with states or non-profit organizations. Additionally, uncertainty around the possibility of future funding cuts, particularly through the passage of H.R. 1, meant that organizations and state and local governments have been focused on identifying ways to continue to support existing programs and hesitant to commit to new healthcare programming. Decreased staffing, as federal employees were laid off or put on leave, made it more challenging to fully implement programming that was still funded across the non-profit sector.

At the same time, executive orders and federal messages against Diversity, Equity, and Inclusivity (DEI) initiatives led to additional funding cuts, and forced many stakeholders receiving federal funding to invest significant time in removing the words diversity, equity, or inclusion from their outward facing program materials and websites. The ICE-led arrests of immigrants, including those of documented immigrants engaged in advocacy work, have both created a culture of fear among immigrants and redirected the attention of state and local governments and community organizations towards that issue. These actions also continue to make it very challenging for organizations that work on health equity, such as Voices grantees, to generate interest and support for their proposed actions.

Amid this uncertainty and upheaval, Voices 2.0 grantees have shifted attention from trying to move forward progressive advocacy work to defensive advocacy and community support. Organizations that have had to lay off staff have also had to redirect attention to immediate priorities and away from longer-term goals. The work of Voices grantees has continued despite this more challenging political environment. Further details about how state teams have been impacted and responded is provided in section E. We now turn our attention to shifts at the Steering Committee level.

D. What's happening in the states?

Who is participating in Voices?

Social network analysis results

We administered a Social Network Analysis (SNA) to state team partners in the Autumn of 2024. The objective of the Social Network Analysis was to understand the ways that relationships between organizations in states are changing over the course of the Voices for Health Justice work. A secondary objective was to examine the degree to which organizations with different roles relative to the grant are experiencing partnerships differently. This methodology responds to the priority which was identified during the participatory design phase of the evaluation that Voices 2.0 was expected to contribute to the growth and strengthening of relationships between organizations doing related work within each state.

We note that this method has a number of limitations. First, it was premised on the assumption that within state teams, partners would have similar types of relationships that could be understood using similar measurement scales. Our qualitative data has been revealing that this assumption is not always valid, posing a major limitation to the survey. For example, in some state teams, the lead grantee is essentially hiring subgrantees as subcontractors, and a level of close collaboration is not necessary, while in others, the subgrantees interact as equal partners with various divisions of labor. A second important limitation is that the survey assumes that although the quality and strength of relationships would change, the team structures would remain the same over the course of the grant. Again, we have come to find that this is not a

valid assumption: a number of teams experienced changes in composition and membership[1]. Finally, there were limitations imposed by the low response rate – some analyses and comparisons rely on having complete network data within each state team, and in other cases we had much more complete data from some subcategories of respondents than others. For these reasons we are opting not to do a follow-up time point and not attempt to answer longitudinal questions with this method (as described above). However, we are sharing some findings from the single time point we have.

Because respondents were grouped into state teams, there were several different meaningful ways to calculate the data completion rate.

- 50 / 89 (44.5%) organizations responded
- 180 / 322 (55.9%) possible relationships described
- 26 / 26 (100%) state teams had at least one response
- 5 / 21 (23.8%) multi-partner teams had all organizations respond

We calculated a Collaboration index for each 1:1 relationship based on answers to three questions about the nature of the relationships between partner dyads, which we describe as "Committed", "Tough topics", and "Future work"[2]. Respondents chose answers ranging from Strongly Agree to Strongly Disagree, and these answers were converted to a numeric scale from 1-5, where 5 is Strongly Agree and 1 is Strongly Disagree. With this system, higher numbers correspond to more positive relationship characteristics.

Our overall collaboration index shows a lot of consistency between the ratings from the three questions, although "Tough topics" was consistently rated slightly lower, suggesting that communication, more so than commitment or willingness to work together in future, has been the most important challenge.

Committed	4.37
Tough topics	4.04
Future work	4.32
Overall Collaboration Index	**4.24**

In looking at data from individual states, we find that 12 out of 26 states had more than one respondent. Of these states, we see that though the collaboration indices are all relatively high,

[1] Our information is not consistent enough for us to be confident identifying an exact number here.

[2] **Committed**: "My organization and [Partner1] are committed to working together whether or not we agree about tactics."
Tough topics: "Our 2 organizations have conversations about tough subjects (*e.g., values and cultural norms, organizational theories of change, power dynamics between our organizations, distributions of funds and responsibilities, race/racism, conflicting priorities, etc.*)."
Future work: "We would seek out this organization to partner on new work (*e.g., narrative change work, a grant application, a campaign, a coalition, policy and advocacy work, something else*)."

there is some variation, with indices ranging from one state with 3.83 to another with a 4.72. More detail may be found in our February results presentation.

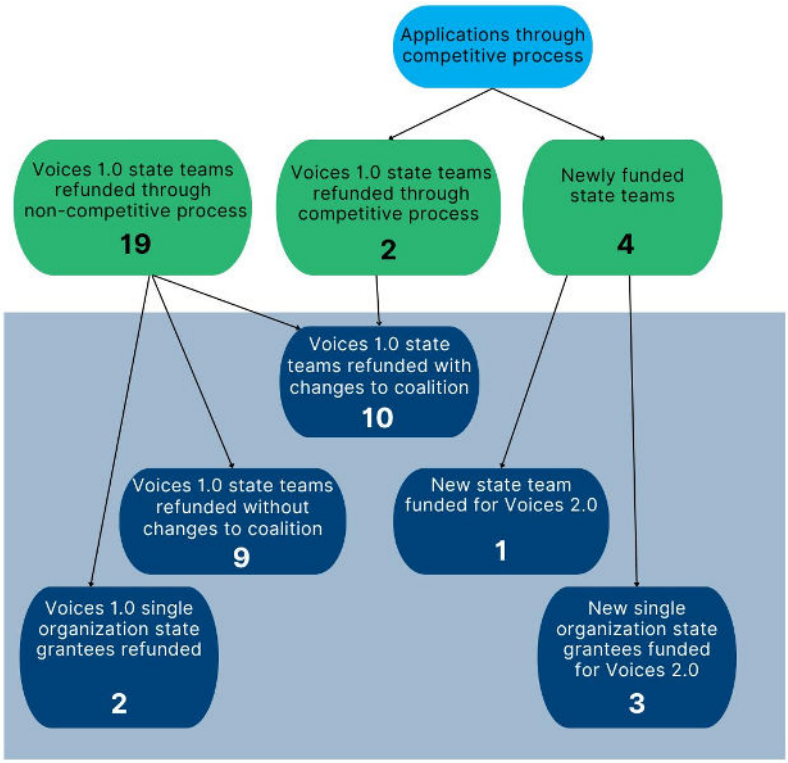
However, our data overall suggests that organizations who responded to the SNA may have better relationships than those who did not respond to the survey (see February results presentation). These results are statistically significant with a $P < .0001$. This implies two things: first, that response to the SNA may potentially be used as a proxy indicator for relationship strength. Second, that our overall collaboration index may overrepresent the true relationship strength for the full group of partners.

About partnerships

While there was meaningful continuity between Voices 1.0 and Voices 2.0, there were important changes made to the organizational composition of the participating state teams:

- At the end of Voices 1.0, the Steering Committee decided to re-fund **19** of the original 25 state projects.
    - For Voices 2.0, **nine** of those state teams initially maintained the same composition of participating organizations, though some made changes in which organization was the project lead for Voices 2.0. Several state teams in this category have subsequently made changes to their partnerships, however.
    - **Two** of those state projects do not have official Voices subgrantee organizations, although they do partner with other organizations in their communities.
    - The other **eight** state teams either removed partners or added new partners in the transition from Voices 1.0 to 2.0, though the lead grantee stayed consistent.
- The Steering Committee chose not to automatically re-fund the rest of the Voices 1.0 state teams and instead invited them to participate in an open competitive funding round which also included new applicants that did not participate in Voices 1.0.
    - Through that process, **two** more of the Voices 1.0 states were re-funded (Wisconsin and Michigan), though both included new partnerships and did not retain the original team composition from 1.0.
    - One of these projects (Wisconsin) has since split into two separate projects in the same state.
- In addition, **four** new states were chosen,
    - One of those state projects (Kansas) was funded as a state team with multiple participating organizations
    - Another one of the state projects (Ohio - Cleveland) applied for the grant as a single organization, without plans to involve other Voices partner organizations.
    - Two of the newly funded lead grantees (Tennessee and North Carolina) initially intended to identify partner organizations to participate in their Voices projects, but North Carolina has not built Voices partnerships as of now, and Tennessee's original lead organization has changed.

Figure 3. *Voices 2.0 State Grantees*



What we know about work in the states

Throughout Voices 1.0 and 2.0, grantees have used the Voices money to do a very wide array of projects. These include:

- Pushing forward ongoing work towards longstanding organizational goals, including promoting the advocacy and organizing work of existing coalitions. In a number of cases, the Voices grant has coincided with – and likely helped to push over the finish line – significant policy wins (often related to expanding Medicaid coverage), particularly prior to the November 2024 election.
- Cultivating relationships with new audiences, with a particular focus on outreach to harder to reach populations, such as youth, mothers, or people in rural communities.
- Investing in more general community listening, including storybanking or campaigns to hear from communities about concerns in order to shape planned work
- In post-policy win situations, focusing on building community awareness of changes and facilitating successful implementation
- Promoting leadership development and capacity building in specific communities of color
- Conducting narrative change work, using strategies such as storytelling as a way to highlight policy impacts on community members, and social media messaging to provide clarifying information

- Pivoting to the vital defensive advocacy work that is needed in the current political climate
- Finally, in a few states the grant has been used to do relationship repair and reconciliation work among organizations who, although allied in purpose, experienced breaches of trust and conflict due to disagreements over resource allocation (including Voices funding), analysis and prioritization of goals, and strategy.

About the case study states

Although our four named case study states do not represent the full range of circumstances that can be found in the 26 Voices 2.0 state projects, they provide useful examples of the variety of approaches taken by different state projects and how the trajectory of Voices work in different settings is shaped by the national program structure, local history and organizational landscape, and political context.

The case study projects: Louisiana, Maine, Maryland, and Ohio - Cleveland

The **Louisiana** Voices 2.0 project is a continuation of the 1.0 project, and all partner organizations continue to collaborate together in the new grant cycle. The overarching goal of the project is to build up and support Community Health Workers (CHWs) as a profession in Louisiana, specifically to expand CHW capacity to advocate for themselves in their profession, as well as for the unique needs of their communities. There are three partner organizations for this project: Invest in Louisiana (Invest), the Louisiana Community Health Outreach Network (LACHON), and Southwest Louisiana Area Health Education Center (SWLAHEC). The three organizations had not worked formally together prior to the Voices 1.0 program, and have built strong partnerships through Voices, which have been critical for furthering the work. Their individual and organizational capacities complement each other, and they have built an interracial team able to connect to diverse communities across Louisiana.

The **Maine** Voices team consists of seven organizations centrally organized within the All Means All Coalition. Six of these seven organizations also worked together in Voices 1.0. Over the past year, the coalition partners have continued to collaborate in the face of mounting political pressure and an increasingly challenging policy environment. The coalition's three main goals are to 1) pass Medicaid expansion or remove barriers for all immigrants, 2) build power and solidarity among and between immigrant communities, and 3) change the narrative around how immigrants are talked about in the media and the framing of immigrant access to healthcare in the legislature.

The **Maryland** Voices for Health Justice project, like Louisiana, started in 1.0, and the constellation of organizations – Healthcare for All, CASA, and Empowerment for Collective Change – has remained the same from 1.0 to 2.0. In general, although they consider each other

allies, the three organizational members work in parallel towards compatible wider goals rather than collaborating on a specific common project. Their work focuses on Medicaid and expanding Medicaid coverage, in particular on expanding healthcare coverage to people regardless of their immigration status. In the co-design phase of 2.0, the goals of the project were described as "all Marylanders, regardless of immigration status, will gain access to quality affordable healthcare and that health disparities in Maryland are addressed through leadership development and funding for Black and Brown communities across the state". Nevertheless, in the aftermath of the November 2024 election and a big state budget deficit, the work has shifted into defensive mode.

The **Ohio - Cleveland** project partner, Greater Cleveland Congregations (GCC), began receiving Voices for Health Justice funding at the beginning of Voices 2.0. This Ohio project[3] is based out of the Cleveland, Ohio area and their work primarily focuses on the Lee-Harvard, Lee-Miles, and Lee-Seville neighborhoods, which the state team describes as "long-time bastions of Black working and middle-class residents." The main goal of the project is to bring quality and accessible health care to the community through their Healthy Blocks Initiative (HBI). The HBI aims to open a Primary Care Practice (PCP) first in the Lee-Harvard neighborhood, and later in other similarly underserved neighborhoods. The Voices team consists only of GCC staff, and GCC are the only ones engaging with Voices program offerings, such as TA. However, GCC is using Voices funds as part of the larger HBI, which is a coalition composed of different organizations and individuals. This project is distinct from the other cases, and from most other Voices projects, because its goals and strategies are at the neighborhood level rather than statewide.

How are states coping with this moment in history

Across the Year 2 data collection activities, Voices state partners shared information regarding how this moment in history is impacting their work and how they are responding to these impacts. State partners have called attention to current political decisions that are most affecting their work, including changes to the funding landscape, threats of Medicaid cuts, and increased arrests and deportation among immigrant communities. States reported a variety of ways they have adapted the implementation of their work in response to the current political climate, including shifting towards defensive advocacy, changing their organizational plan in order to accomplish their previously established goals, leveraging political changes to deepen community connections, and disseminating messaging to their communities about the potential impact of policy changes.

Shifts in the legislative picture have caused state teams to pivot from an offensive stance of advocating for progressive policies to a defensive stance, trying to prevent policy losses. Drawing on several data sources, including oral reporting, the Evaluation Advisory Committee

[3] Note that there are two Voices for Health Justice 2.0 projects located in Ohio, so we distinguish this one by calling it Ohio - Cleveland.

Meeting in December 2024, the case studies, and interviews with states conducted by ICH in December 2024, we learned that about a third of the Voices state teams felt the need to immediately change their strategy in response to the election, though others voiced that they would continue with their current plans until pivoting was necessary, due to concrete policy changes. States reported varying capacity around their ability to plan for the future of their work, while also advocating reactively in the current moment. For example, this is highlighted in the work of the Maryland coalition, where they expressed that they were intentionally bracing to defend the health infrastructure that was already in place, as opposed to working towards building new systems.

In order to focus effectively on threats to Medicaid policy, a few state partners reported turning their focus towards advocacy at the federal level, in order to try to address and lobby against federal legislation that would be harmful to their states. For example, in Maine, a Voices 2.0 case study, the coalition has focused on lobbying one of the U.S. Senators for Maine. This has included talking to and educating their Senate staff about how federal changes to Medicaid policy could be harmful to Maine residents.

Some states have also shifted their coalitions' goals and plans to achieve these goals, in response to federal changes. In several states, this has included moving away from large policy goals that no longer feel attainable, in favor of smaller ones that have a greater likelihood of being achieved. For example, in the case study state of Maine, Voices grantees have decided to scale back on their Medicaid policy goals, shifting away from advocating for a large Medicaid expansion package in favor of pursuing smaller, incremental policy changes at the state level.

Voices grantees have made significant efforts to inform their communities about the impacts of legislative changes. The H.R. 1 consolidated budget act (the "One Big Beautiful Bill Act") and the resulting cuts to Medicaid, as well as negative impacts to immigrant populations have been of particular concern among state partners. Many coalitions shared that they have been working on creating messaging to support narrative change, hosting webinars to educate community members, and talking with other local stakeholders about opportunities for collaboration and supporting each other's work. In the Year 2 oral reporting, several state teams shared that developing their social media presence, messaging, and communications has been important to help them clarify confusing topics for their followers and generate engagement. As a case study example, the Louisiana team has spent time talking with community members and legislators about the impact of federal policy on healthcare systems and communities, providing education and information both to decision-makers and the individuals who will be most impacted.

State partners have also faced a changing financial landscape, due to decreases in donations and grants being offered by funders. In response to the changing funding environment, state teams have adjusted their plans. In the oral reporting, a couple of these organizations stated that they have adjusted their budgets to try to support their missions and staff with fewer resources, while others have pursued new funding sources. For example, in Ohio, the coalition

led by Greater Cleveland Congregations has leveraged the current moment and the threat of decreased funding to place pressure on local hospitals and insurers to financially support the creation of a local clinic. They argue that if Medicaid is scaled back, the addition of a clinic in the community will decrease the load on local hospitals, since community members will not be reliant upon hospital emergency rooms for their care.

At the same time as having to adapt to political changes and legislation that pose harm to their communities, Voices state partners are creating avenues to try to leverage the current moment for good. A few state teams expressed that they see this current moment as an opportunity to engage with new community members who they might not have otherwise been able to reach, or those who may personally be impacted by the change in the political landscape. Additionally, Voices partners have been able to seek support from each other and share ideas for how to address policy changes through previously established relationships, as well as through new relationships suggested by Voices TA providers and the content-specific cohorts created by Community Catalyst. For example, the state team in Maryland shared that the current moment has inspired them to connect with Voices partners in other states to discuss how to leverage political changes to advance their Voices work.

Community power building in the case study states

Approach to power building in each state

Power building is a central part of Voices 2.0, but state teams have their own ways of conceptualizing what power building is and how to use that power to support their Voices goals. **Louisiana** is focused on building power among a certain professional group, by providing both education and training to increase Community Health Workers' capacity to engage in advocacy and increase their leadership skills. **Maryland** also emphasizes leadership building, working to provide community members opportunities to advocate, particularly in spaces where community voices are not usually heard. In **Maine**, the state team members approach power building both through individual empowerment, often by supporting someone not engaged in advocacy to increase their engagement, and through increased visibility and representation of immigrant communities to the legislature. **Ohio - Cleveland** also focuses on building power among community members in order to build a base of support for their healthcare initiative, but they emphasize what they call "relational power" and helping individuals recognize the power they already hold.

Health systems change advocacy

As described above, each state is working on organizing and advocacy around different aspects of their local and statewide health systems. The two Republican states focus on smaller-scale change projects for specific populations. **Louisiana** focuses on a specific profession: organizing Community Health Workers to build a professional identity that includes political activism on behalf of their communities. **Ohio - Cleveland** focuses on specific neighborhoods within

Cleveland: they are building both institutional and community support for a primary care clinic that will be embedded in the fabric of the local neighborhood. The two Democratically-controlled states, **Maine** and **Maryland**, are both working on Medicaid expansion for immigrant communities, and both additionally have partnered with specific community groups: **Maryland** incorporates a focus on Black faith leadership; and **Maine** spreads their funding across a wide coalition with multiple community foci.

Coalition and partnership work

The four state projects are each taking different approaches to their partnerships. In **Louisiana**, the three organizations formed their partnership at the beginning of 1.0, and have been building their relationships and trust through their close partnership on the CHW organizing project. In **Maine**, the seven Voices organizations are all part of a larger, pre-existing coalition, and they use the Voices funding and TA as support for smaller components of the larger work. Although funding from Voices 2.0, 1.0, and similar funding from Community Catalyst prior to 1.0 has supported this work in Maine, members of the coalition also incorporate other revenue streams, as the Voices funding is insufficient when divided up among so many organizations. The three **Maryland** organizations, although seeing themselves as a partnership and sharing larger goals, work more on parallel projects than they do on a single body of work. One of them works closely with legislators, one takes more of an outsider agitation role, and one builds advocacy capacity with community members, including faith communities. Finally, the **Ohio - Cleveland** project has only one organization that we consider a grantee of Voices 2.0, Greater Cleveland Congregations (GCC). GCC is building partnerships with other organizations in the area, and is using some Voices 2.0 funding to pay these organizations for specific pieces of the work, but the quantity of funding shared is smaller than subgrants in other states. Further, the partner organizations do not participate in grant reporting or have relationships with the Voices 2.0 TA providers.

Infrastructure

Our evaluation has been attempting to understand infrastructure as both relationships and as the communication channels, coalitions, committees, and similar institutions which provide a more lasting framework for working together towards health justice goals. Building infrastructure that will last beyond the life of the Voices grant has generally been outside of the scope and focus of most projects. However, we do see all four projects taking advantage of existing infrastructure for health systems advocacy, including infrastructure remaining from prior campaigns. In some cases we also see the projects making small contributions to infrastructure.

In **Louisiana**, the new relationships built through the Voices project have resulted in the formation of new channels for communication, including the standing meeting series that the three organizations use to advance the project work, and other structures such as having Invest staff present policy updates to CHWs at the monthly CHW meeting. All three organizations also had pre-existing connections to other organizations in the state as well. In **Ohio - Cleveland**,

the project takes advantage of a great deal of existing communication channels and relationships which the organization already had access to. Through working within the context of GCC's existing networks and relationships, the project is able to both broaden and deepen its reach. In **Maine**, the existing coalition that is funded by the project constitutes significant infrastructure in the state, and the funding from the Voices project strengthens it. In **Maryland**, too, CASA and Health Care for All both take advantage of their considerable pre-existing connections to advance their work. A meaningful change enabled by the Maryland project is the way community members are newly being connected to opportunities to serve on advisory boards and committees at the state level.

E. Focus on conflict

Scope of conflict

As part of our evaluation, we are closely examining the states where conflicts have posed a major disruption to project work and required TA-led interventions as part of a resolution or mitigation effort. This inquiry is central to our evaluation. Our hope for this examination of conflict resolution is to identify commonalities within the perceived sources of conflict and document successful strategies for conflict resolution, which will ultimately inform our understanding of how the national structure can support state level work. Note that due to the sensitive nature of the information being reported, we are not naming specific states in the discussion below.

Intra-state conflict on Voices projects exists in various forms, and requires unique and context-specific responses. For example, during the second year of the funding period, a number of states experienced conflict that prompted slight adjustments to project-related goals or approaches. Meanwhile, other state teams experienced conflicts that necessitated a more significant response, such as restructuring the project team, redistributing funding or consulting with outside conflict-resolution specialists. In total, our evaluation team has been made aware of conflicts in ten state project teams across both Voices 1.0 and Voices 2.0 that fit into two categories[4]. The first category includes six state projects that to date have required a minimal response and TA involvement. The other category includes four state projects that required more intensive TA-led interventions. The sections below primarily focus on these four states, and will provide additional detail about the perceived sources of these conflicts and provide examples of different resolution and mitigation activities implemented by TAs.

[4] Due to the dual role that Community Catalyst plays as coordinators of both technical assistance and of subgranting/reporting, it is possible that some state teams declined to share information about ongoing conflict with their TA provider. Therefore, our reporting may not reflect the total number of states experiencing conflict.

Perceptions of conflict origins

Perceptions of factors contributing to conflict

Across the states experiencing more significant conflict, we identified factors that contributed to coalition tension and breakdowns in collaboration. We then member-checked these factors with TA providers and state partners. Although each conflict emerged in its own unique context, common patterns were evident.

These included: the direction of work and strategic approach; the approach, weight, and value given to legislative versus community buy-in; cultural conflict, including the impact of white supremacy culture in organizational practice; the intersection of race, gender, and leadership, particularly for Black women leaders; funding distribution and decision-making; and the history and trust between coalition partners. Below, we describe what each of these conflict elements entails and share illustrative, but anonymized examples that shed light on how these dynamics played out in practice.

Direction of work and strategic approach: Some cases of conflict emerged when organizational partners experienced differences in opinion about how a coalition should pursue their goals, such as some partners prioritizing legislative advocacy while others prioritized community-based organizing. Conflict would occur when one organization, typically in a leadership or fiscal role, prioritized policy wins or rapid progress, while others emphasized the importance of long-term relationship-building and community ownership. In one example, a controversial bill was introduced into the legislature and framed as having the support of the coalition without full group approval. Other partners felt blindsided and excluded, especially as the proposal ran counter to values that some organizations in the coalition held deeply. When concerns were raised, the divide between those pushing for legislative wins and those working from a grassroots frame deepened. The result was a breakdown in trust and public fallout, requiring external facilitation and long-term strategy realignment.

Cultural conflict and white supremacy in organizational practice: Some conflict occurred when coalitions encountered a cultural misalignment, particularly when white-led organizations operated in ways that replicated white supremacy culture, such as unilateral decision-making, urgency-driven timelines, or merely symbolic inclusion of BIPOC partners. The example we described previously, about a controversial bill that was hastily introduced without buy-in from all members of the coalition, also highlights characteristics that are consistent with white supremacy culture, specifically urgency-driven timelines. In another state, community-based organizations were brought into initial proposal meetings but not included in shaping key strategy or funding decisions. When this pattern was questioned, the response from leadership was defensive rather than reflective. These cultural tensions were not always named explicitly but become clear when mapped to the characteristics most commonly associated with white supremacy culture.

Intersection of race, gender, and leadership, particularly for Black women leaders: Black women leaders experienced particular challenges as other people and organizations reacted to their identities at the intersection of race, gender, and leadership. These individuals often held key roles in coalitions, yet they described experiences of being sidelined, overlooked, or held to different standards than their peers. These dynamics created lasting harm, including causing damage to trust and organization-level relationship building. This example illustrates the need for more intentional equity in leadership structures.

Funding and resource distribution was not just a practical concern for coalitions, but was also symbolic of power and priority-setting. Coalitions struggled with unequal resource distribution, lack of transparency, and limited funding for organizations doing community-rooted work. In one example, a lead organization regranted only a small fraction of funds to partners without disclosing the full budget, leading to confusion and mistrust. In another state, competing priorities over how to distribute the limited funding caused a rift between coalition partners. Funding structures like the ones described above often mirrored broader power imbalances and became flashpoints in coalition dynamics.

History and trust: Not all conflict stemmed from the current project. In several sites, unresolved histories between organizations, such as prior competition for funding, exclusion from past coalitions, or interpersonal rifts, resurfaced and influenced the present work. For example, a pattern emerged across several states when the primary source of tension was not a current disagreement, but rather longstanding mistrust between key players. This shaped how partners interacted (or avoided interacting), slowed progress, and made it difficult to build a sense of shared direction. Addressing this required acknowledgment of the history, space for reflection, and, in some cases, restructuring of the coalition itself.

TA strategies

In response to these conflicts, TA providers used a variety of approaches. In some cases, TA providers worked with partners on intensive relationship repair and trust re-building. In at least one case, the goals of the coalition were changed to only focus on building trust and a willingness to work together again. Conflicts in other state teams were approached differently. In some cases, it was determined that the state partners were not going to be able to work together again on Voices. In these cases, either one of the coalition partners was removed from the project at the halfway point or the team was split into two separate teams. A direction for future inquiry is to examine how these various interventions impacted the ongoing relationships between the organizations – and therefore the ecosystem of organizing in the state – in the medium term.

F. Discussion - overarching themes and recommendations

Recurring themes

Throughout this report, and throughout our overarching work with the Voices 2.0 project, there are a number of themes that recur frequently. First is the external political environment and its impact on the work. One of the consistent strengths of the Voices program from its inception has been its ability and willingness to pivot in response to changing political circumstances. We have seen the need for this in particular during this past year of tumultuous change and increasing threats to underserved communities. State partners and TA providers alike have responded to these challenges with flexibility, creativity, and great energy.

A second recurring theme is that of variability. From its initial setup, Voices 2.0 has been characterized by a wide range of partners taking an equally wide variety of approaches to the broad goal of transforming health systems. This work occurs in contexts that range from individual neighborhood projects to broad state-wide organizing efforts. The projects focus on populations and communities that are defined by geography, by profession, by religious affiliation, by race and ethnicity, by ability, and by immigration history. In this context, we see partners using different approaches to the work of community organizing, tapping into distinct methodologies rooted in a variety of collective action traditions. Therefore, partners understand and engage with key terms used by the Steering Committee in different ways: in our work we have particularly focused on the terms "community power building" and "infrastructure".

The three Steering Committee partners are each also rooted in different traditions of work and specialize in distinct methodologies for creating change. Partially due to this fact, partially in response to the variable contexts and circumstances in the states, and partially due to challenges inherent in coordinating decision-making in the complex organizational structures that govern Voices 2.0, we have also seen variability in the responses and decisions made by the TA providers and Steering Committee members.

Finally, throughout our work on the Voices for Health Justice program, we have seen the recurring impacts of the fact that this is short-term funding for work involving the development of trust and community building that is, and must be, long-term.

Recommendations

The following recommendations are intended to help the Robert Wood Johnson Foundation think through their design for future grantmaking and better support the state teams, and were originally presented to the Accessibility, Affordability and Dignity Committee in June 2025.

1. Acknowledge and honor the long-term nature of the work

We see several opportunities for how to do this:

- Make longer-term grants
- When short-term funding for long-term work is unavoidable, clearly commit to funding partners for multiple grant cycles – avoid conditional renewals, or make conditions very clear and in writing
- Make "bridge grants" between funding cycles
- Clearly and at all levels communicate that renewals are not conditioned on policy or other longer-term outcomes
- Provide general operating support

2. Set clear, consistent, and specific goals at the Foundation

Some focusing questions that may be helpful:

- What is most important to your long-term goals: advancing a specific policy goal or agenda in friendlier political contexts, or building conditions for long-term change in more hostile political contexts?
- What unites the grant program as a whole? Is it similar goals, similar political contexts, or similar coalition makeups?
- What are you trying to contribute that is currently missing?

3. Offer grounded, relational, and right-sized TA

In our work we have learned that states see TA as effective when it is trust-based and flexible and comes from a TA provider with a deep knowledge of and strong relationship with the partners. When TA relationships are working well, the providers meet partners where they are, like we have seen Voices 2.0 providers doing most of the time. However, TA providers must also balance this with the need to work with grantees to engage with the grant vision and objectives, and there is an opportunity to strengthen Voices 2.0 providers' ability to do this through stronger and more consistent guidance from the Steering Committee. Other opportunities include ensuring that either TA provider skill sets are well-matched to grantee needs, or providers know how to bring in needed expertise; junior TA providers receiving more mentoring and guidance from experienced TA providers; and avoiding situations in which grantees feel that they are training their TA providers in either the context of their state or the methods and approach that they use.

4. Separate the work of TA provision from grant administration

We have seen that the ability of TA providers and state teams to build trusting relationships is impaired by the fact that TA providers are in the dual role of providing TA and contributing to decisions around future funding. Therefore, we recommend that the work of providing TA should be done by one organization, and either RWJF or a separate organization should do the

work of granting, monitoring, reporting, deciding about renewals, deciding about supplemental funding disbursals, and other administrative work.

Knowing that this may not be possible, however, we recommend the following improvements to organizations in the combined TA provision / grant administration role that may help reduce the power differential inherent in relationships that combine these two roles.

- Define reporting requirements at the beginning of the grant period, and do not make changes to these requirements
- Do not disburse supplemental funding through an application process throughout the grant, instead award all funds up front
- Clearly specify conditions under which a grant will not be renewed, or the second half of funding will not be disbursed, both for a coalition and for an individual partner
- Look for more opportunities to implement coordinating structures such as the centralized request system for policy TA

5. Increase funding to targeted grantees

As described above, although the overall amount of the grant is very large, the subdivisions among grantees mean that the funding is not adequate for accomplishing the systems change that the grant has as its ultimate goal (see table 5). We see several opportunities for how funding could be increased to grantees. Obviously, the ideal situation would be increasing the overall budget. But given structural constraints, we know that this is unlikely. Therefore, one other opportunity is to examine the Steering Committee structure, identify the advantages and disadvantages of its various components, and focus spending on those places that provide the most benefits. Secondly, spending could be increased to state teams by focusing funding on a smaller subset of states. Economies of scale could potentially be improved by focusing on teams with a narrower range of project types, coalition types, and/or external circumstances.

G. Next Steps

RWJF recently announced that Voices for Health Justice 3.0 will be funded, although at a reduced amount – the total funding is being reduced from 27 million to an estimated 10-12 million. In this context, as we finish up the evaluation of 2.0, we will be attentive to identifying recommendations that could be informative to Voices 3.0 as we continue with our re-oriented emphasis away from cross-state comparisons and more on individual circumstances. Therefore, as described above, we will continue with our deepened case study work, including continuing our work with TA responses to conflict, and a focus on learning more about the cohorts.

Highlights of upcoming data collection activities include site visits to Louisiana, Maryland, and Maine, focus groups with participants in cohorts, ongoing check-ins with case study partners and the Steering Committee, and a survey for all state partners. In addition, we look forward to lending our perspectives to RWJF and the foundation during their upcoming planning for 3.0,

and welcome the opportunity to provide further specific data or information that would be helpful for either party in these efforts.

Relevant Links

1. 2023 Evaluation Report
2. 2024 Evaluation Report
3. 2024 Evaluation plan
4. Slides from February reporting
5. AAD presentation
6. Case study memo

Appendix: Detailed Methods

The following table details our planned data collection activities and the current status of each.

Table 6. *Data Collection Activities and Status*

Activity	Status as of July 31, 2025	Upcoming activities
Case studies	Identified criteria for case study selection Finalized case study partners and began engagement Reviewed Voices-related documentation provided by the state teams and the Steering Committee Interviews with TA providers Individual interviews with each state partner organization Site visit conducted with OH GCC	Site visits for remaining case studies Interviews with grantees and subgrantees at two more time periods Meeting observations
Evaluation Advisory Committee (EAC)	Established and onboarded the EAC Evaluation support from the EAC: ongoing	Continued evaluation support from the EAC Evaluation-related training for members
Social network analysis (SNA)	Designed, pilot tested, fielded, and analyzed the TA providers' SNA survey Designed, pilot tested, fielded, and analyzed the state grantees/subgrantees' SNA survey	
Steering Committee interactions	Completed interviews with Steering Committee organizational members Steering Committee meeting observations: ongoing Quarterly reflection sessions: ongoing	Continued meeting observations and reflection sessions with Steering Committee and TA providers
Other data collection with state teams	Interviews with select state grantee/subgrantees	State team survey
Document review	Review of documents provided by Steering Committee organizations: ongoing	Review of documents provided by Steering Committee organizations: ongoing

Case studies

ICH is partnering with several state teams to conduct case studies, which will allow us to more deeply explore our evaluation questions. In Year 1 of Voices 2.0, we selected the state teams who will be participating as case studies by identifying projects that have a diverse and contrasting set of experiences, contexts, and characteristics. As of July 2025, our mid-point write-ups of the projects in Louisiana, Maine, Maryland, and Ohio (Cleveland project) appear in our case study memo. Several other state partners are also working with us on a case study focusing on conflict within state teams on the condition of anonymity.

The case studies have offered us an opportunity to gain a deep understanding of our evaluation questions in a manner that enables comparison across contexts and settings. In particular, case studies allow us to closely examine campaign development and power-building strategies, as well as help us to learn more about the strategies used to mitigate conflict within the selected state teams.

ICH has worked in partnership with the case study state teams to tailor the specific evaluation activities to the capacities and interests of that state team and their project. During Year 2 of the evaluation, ICH completed a variety of data collection activities with the case study state teams.

From November 2024 through April 2025, ICH conducted interviews with individuals from 20 state partner organizations, across case studies. These interviews focused on learning more about their Voices 2.0 projects overall, including their goals, the composition of their state team, the political and contextual factors impacting their work, and how the Voices 2.0 supports are impacting their work towards their goals.

ICH facilitated 6 interviews with the TA providers of the case study states from November 2024 through May 2025. The purpose of these conversations was to learn more about the logistics and relationships between the state grantees and the TA providers, the relationships between organizations within the state team, the current political context and its impact on the state project, and the work the state teams have been doing, with a focus on power building and infrastructure. For state teams with internal conflict, ICH met with the TA providers to learn more about the conflict and strategies being used by the TA providers to mitigate the situation.

Throughout Year 2 of the Voices 2.0, ICH has been attending the majority of the meetings between the case study state teams and their TA providers.

ICH conducted a site visit for the Ohio (Greater Cleveland Congregations) case study in May 2025. During this site visit, ICH staff facilitated four interviews with staff and volunteers of the Ohio GCC project to better understand the team structure, the status of their work in relation to their stated goals, and the impact of the current political climate. During this site visit, ICH observed an in-person meeting of the individuals working towards the goals of their Voices 2.0

project. We were also given a tour of the community to learn about the history of health care in the community.

During the next year of our evaluation, we plan to continue our data collection with the case study states by conducting site visits with the remaining case studies, conducting interviews with grantees and subgrantees at two more time periods, and continuing to observe meetings between grantees and TA providers.

Grantee Social Network Analysis (SNA) survey

In Voices 1.0, ICH developed a grantee social network analysis (SNA) survey to measure changes in relationships and network maps as organizations engaged in the Voices project and built relationships with other organizations in their state and in other states. Through administering the survey at multiple time points, we were able to observe changes in state network densities and relationship strengths, observing an increase both in the number of relationships as well as the strength of the relationships. Our original plan for Voices 2.0 was to continue to measure changes in networks involved in the Voices initiative by administering the SNA survey to grantee and subgrantee organizations in fall 2024 and again in spring 2026. However, due to the low response rate of the fall 2024 SNA, the spring 2026 SNA will not be able to show longitudinal changes and so will not be conducted.

We created and piloted the grantee SNA survey during Year 1 of the evaluation. At this point we also created and administered an SNA to TA providers. We administered the grantee survey to all state grantees in Year 2, from September through December 2024. The survey had a 62% response rate, with eight state teams having every organization in their coalition complete the survey and eighteen state teams having a partial response from their organizations. Findings from the two 2024 SNA surveys – TA and Grantee – are documented in the body of the report.

Voices grantee interviews

From November to December 2024, ICH conducted eleven interviews with Voices organizations that had not completed the 2024 grantee SNA and were not case studies. The conversations focused on sharing information about their Voices state team, their relationships with other Voices 2.0 grantees, their relationship with their TA providers, and how the Voices 2.0 supports are impacting their work towards their goals.

Evaluation Advisory Committee (EAC)

In year 2, our team continued to convene and engage with the Voices Evaluation Advisory Committee (EAC), whose members represent a range of grantee and subgrantee perspectives. The purpose of the EAC is to collect evaluation-related ideas and input from state grantees and subgrantees, facilitate evaluation-focused thinking and conversations, and build relationships and community between grantees across state lines. The EAC meets on a quarterly basis.

EAC members contributed to the development of the evaluation plan during the design phase of Voices 2.0. Once the design phase concluded, EAC members were invited to remain on the committee to provide guidance throughout the rest of the evaluation. ICH has committed to pay an annual stipend of $2,500 to each member for participation in the committee. All ten members of the EAC decided to remain on the committee following the design phase; however, since then, the group composition has changed, with three members stepping down from the committee. ICH began targeted recruitment for the EAC during the Fall of 2024, with the goal of inviting additional grantees to participate in the EAC. This outreach resulted in one grantee joining the committee, Majorie Waters, from Rhode Island organizing Project (RIOP) . Unfortunately, shortly after joining the EAC, Majorie passed away in February of 2025.

To date, EAC members have provided critical feedback about the Social Network Analysis (SNA) survey; the Special Opportunities Fund (SOF); the ICH Year 1 report; communication between the steering committee, TAs, ICH, and the grantees; and the current political climate and its impact on Voices grantees. We hope to continue to engage this group for support with interpreting data and findings, as well as providing the EAC members with trainings on evaluation-related topics.

In lieu of the June 2025 EAC meeting, ICH launched a questionnaire to learn more about the grantee's perspective on the evaluation questions that would be particularly impactful to learn about in our data collection. These responses will help us gauge which information we should be collecting and sharing over the final year of Voices 2.0. This questionnaire also collected information on the trainings that EAC members would be interested in attending, including potential topics related to evaluation and producing a competitive application for funding in today's political climate.

Cohorts

Community Catalyst is offering three content-specific cohorts to Voices 2.0 state grantees who work on projects related to Building Black Power; Immigrant Health; and Reproductive Health, Rights, and Justice. During these cohort meetings, Voices 2.0 state grantees, together with grantees from other Community Catalyst projects, convene to share resources, discuss the current political impact on their work, and build community partnerships with organizations working in similar fields across the country.

ICH plans to conduct focus groups with the members of these cohorts, in order to learn more about their experiences with the cohorts and how participation has supported their Voices learnings and coalition work. The focus group for the Building Black Power cohort was conducted in April of 2025 during a regularly scheduled meeting time. The Immigrant Health cohort focus group is scheduled to be conducted early in Year 3 and we are negotiating around scheduling with the Reproductive Health cohort.

Communication between ICH and SC

Meetings with Community Catalyst Leadership

ICH has a monthly meeting with Community Catalyst Voices leadership and a biweekly meeting series with the Community Catalyst Voices Associate Director. These meetings serve as a space to discuss Voices 2.0 and evaluation activities. ICH uses this time to coordinate communications, discuss sharing of materials and information, and ask questions that are helpful for our evaluation.

State Strategy Meeting Observation

ICH attends bi-weekly State Strategy meetings in order to learn more about how TAs support state partners. During these meetings ICH is also able to observe discussions about program reporting requirements and other cross state activities.

Steering Committee Reflection Sessions

We have facilitated quarterly reflection sessions with members of the Steering Committee since the beginning of our work on Voices 1.0. During Year 2 of Voices 2.0, we have conducted the following reflection sessions:

- **7 October 2024** on ICH Voices 2.0 Year 1 report
- **24 February 2025** on Voices 2.0 TA and grantee Social Network Analyses (SNAs)
- **21 July 2025** on Voices 2.0 Year 3 evaluation priorities

Document review

Steering Committee members have made key program documents available to us and we have reviewed them as data sources. The documents used for evaluation purposes during Year 2 of the evaluation include:

- Voices 2.0 State Team Project Summaries and Policy and Power-Building Goals
- Voices 2.0 Full Coalition & Grantee Contact List
- Voices 2.0 States Initial Intake - State Profile Template
- Voices 2.0 Non-Competitive and Competitive Co-Design Project Descriptions and Budgets
- Voices 2.0 TA assignments
- Voices 2.0 Year 1 Financial Reports from Grantees
- Voices 2.0 Special Opportunity Fund Application Criteria, FAQs, Budget Template, RFP Application, RFP responses, and Award Tracker
- Voices 2.0 State Team Presentations from Y1 Celebration
- Voices 2.0 State Team Year 1 oral reporting
- Voices 2.0 State Team Year 2 oral reporting
- Voices 2.0 National Partners TA Support Menu
- Voices 2.0 List of Program Elements Available to Grantees
- Voices 2.0 List of Cohort-Engaged Organizations
- Voices 2.0 Background Information of Cohorts
- Voices Steering Committee Meetings Running Agendas
- Voices 2.0 Roles and Responsibilities for Voices for Health Justice