

Community Solutions for Health Equity (CSHE) Final Evaluation Report

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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.

Table of Contents

Introduction	2
Methodology	3
Evaluation objectives.....	3
Evaluation design and Principles-Focused Evaluation	6
CSHE evaluation learning group.....	8
ICH data collection activities.....	8
Role and contributions of evaluation in the CSHE program.....	9
CSHE Theory of Change	10
Findings: CSHE values	11
Cultural translation and cultural self-study	11
The sweet spot.....	13
Language justice.....	14
The process is the product, and moving at the speed of trust.....	15
Advantages and challenges of a values-based model.....	17
Outcomes	19
Changes at level of funded partners.....	19
Changes in local communities.....	20
Changes in grantmaking practices	21
Changes in local health systems.....	22
Discussion and Recommendations	23
Links to materials and resources	25

Introduction

The [Community Solutions for Health Equity](#) program (CSHE) is a grant-making and technical support program funded by the [Robert Wood Johnson Foundation \(RWJF\)](#).

In the language of CSHE's original Call for Proposals (CFP), CSHE's objectives are to:

- Elevate voices, stories, priorities, and knowledge of communities¹ to make local health care systems more responsive to the needs of the community;
- Build power from the community level to gain access to system-level engagement;
- Create opportunities for community¹ groups and representatives of the health care ecosystem to co-create solutions toward health equity.

The CFP also lists the following longer-term objectives, saying “we believe that there will be value in making progress on [these objectives], and expect that we will learn from both successes and challenges faced by grantees”:

- Health care systems understand their role in dismantling systemic racism and other forms of systemic oppression, and work in partnership with consumers to act on that understanding.
- Health care systems incorporate diverse consumer voices in their design, modification, and implementation of health care delivery models.
- Health care systems recognize their responsibility to improve health and well-being for all consumers in their communities.

From the beginning, the CSHE program leadership was given the time and flexibility to develop the support/training/technical assistance (TA) approach without specific parameters set by RWJF. This is reflected in the language quoted above about *making progress towards* objectives rather than *achieving* objectives.

The original grant was made in 2019 and administered by [Community Catalyst](#) (CC). The program began in the summer and fall of 2019 by convening a National Advisory Committee (the NAC), a group with a broad range of experiences and stakeholders, half of whom had lived experience as members of communities that have been historically excluded and underserved in the healthcare context. Also important to the process was a set of organizations hired as TA providers. The following organizations were involved as TA providers at different points during the program: the Cultural Wellness Center, AIDS United, CLASP, and Design Impact.

In March 2021, after CSHE led a [grantee selection process](#)² to identify organizations compatible with CSHE goals, RWJF awarded three-year CSHE grants to eleven community-based organizations in nine states to conduct projects to promote health systems transformation. The

¹ The original CFP used the term “consumers” instead of community. However, terminology in the program has since shifted, and we therefore follow current usage by using community here.

² Described in detail in the Formative Evaluation Report: [A. CSHE formative period evaluation report.pdf](#)

11 grantees (referred to hereafter as “funded partners”)—most of which are small organizations, with fewer than 50 employees—are conducting projects involving community organizing, collaborative policy development, and policy change work within local health care systems. CSHE provides ongoing support, training, and on-demand technical assistance to each of the funded partners.

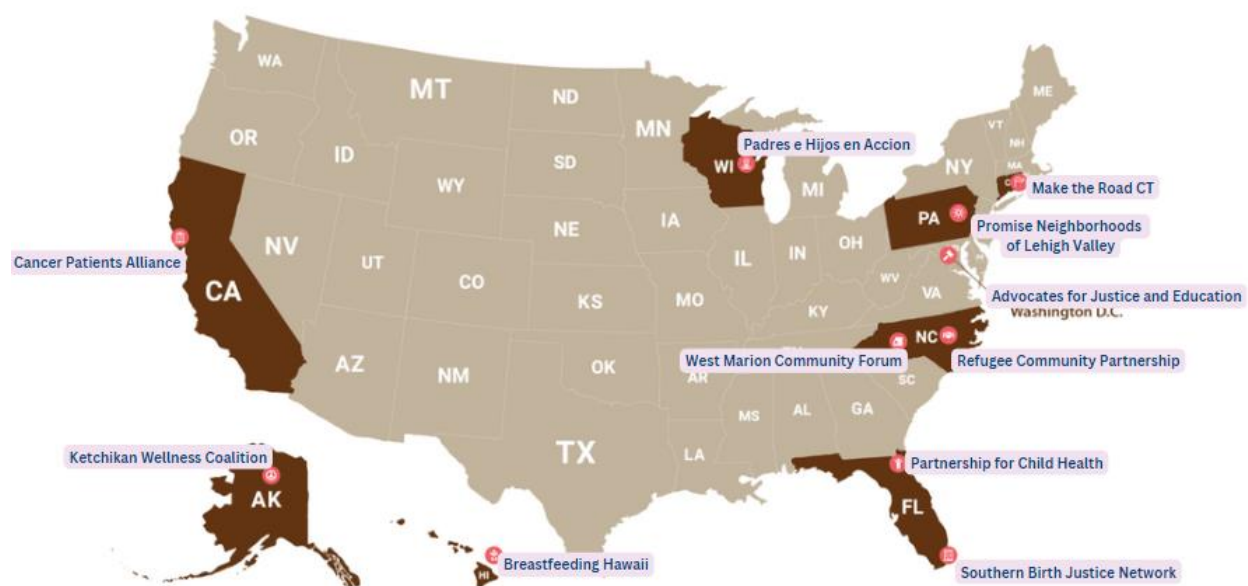


Figure 1: Map with 11 CSHE funded partners³

CSHE has had three stages so far: 1) the original program and first grant cycle, referred to as “CSHE 1.0”, began in May 2021 and the national program office was housed in [Community Catalyst](#); 2) the national program office’s transition from Community Catalyst to the [Cultural Wellness Center](#) (CWC) in the Fall of 2023, referred to as “CSHE 1.5”; and 3) the most recent beginning of “CSHE 2.0”, which was co-designed by the funded partners, and continues the funded partners’ work.

Methodology

Evaluation objectives

The Institute for Community Health (ICH) was contracted by the Robert Wood Johnson Foundation (RWJF) to conduct an evaluation of the CSHE program in late 2019. RWJF requested an evaluation informed by the principles of the Equitable Evaluation Initiative, which are:

³ Map adapted from CSHE website: <https://cshepartnership.org/about/>

- Evaluation and evaluative work should be in service of equity: Production, consumption, and management of evaluation and evaluative work should hold at its core a responsibility to advance progress towards equity.
- Evaluative work should be designed and implemented commensurate with the values underlying equity work: multi-culturally valid, and oriented toward participant ownership.
- Evaluative work can and should answer critical questions about the: ways in which historical and structural decisions have contributed to the condition to be addressed, effect of a strategy on different populations, on the underlying systemic drivers of inequity, and ways in which cultural context is tangled up in both the structural conditions and the change initiative itself.

In the original evaluation concept, ICH described the aims of the evaluation in this way:

“Both because the program is in a formative stage and because it addresses nuanced issues such as race and power dynamics, we propose a mixed methods evaluation with a significant focus on formative evaluation and qualitative methods. We use a utilization-focused approach, providing timely, relevant data throughout the evaluation to inform the program. Because trauma influences how underserved and disadvantaged populations experience the power of health care systems, we utilize a trauma informed approach to data collection”.

Both equitable evaluation and trauma-informed data collection put a strong emphasis on participant ownership of the evaluation. Therefore, in discussion with the CSHE team and RWJF, the primary goal became documenting the approaches CSHE developed and selected as the program grew and developed, and exploring the ways these approaches were implemented and the impact they had on funded partners.

ICH completed a [formative evaluation](#) of the first year of CSHE’s grantmaking and funded partner support in 2020. At that point, ICH began a developmental evaluation of the implementation of the project. This report describes the results of that developmental evaluation.

Table 1: CSHE timeline of program and evaluation

CSHE program	ICH evaluation
May 2021 CSHE 1.0 grant begins	May 2021 Completes the formative period evaluation and finalizes CSHE reviewer interviews memo
Summer 2021 CSHE hosts cultural translation and disability justice sessions	Summer 2021 Finalizes the CSHE RWJF staff interviews memo and the CSHE interviews with non-LOI submitters
Fall 2021 Design Impact conducts 4 sessions on theory of change	Fall 2021 ICH facilitates reflection session
	January 2022

	ICH facilitates reflection session and conducts interviews with CSHE staff
Spring 2022 Knowledge Exchanges held	April 2022 ICH facilitates reflection session Finalizes the Summary of follow-up data from Blueprint Series sessions
July 2022 CSHE hosts retreat for TA providers at the Cultural Wellness Center	July 2022 ICH attends TA retreat Video on presentation about CSHE formative evaluation period, and the CSHE formative period evaluation report
	August 2022 ICH facilitates reflection session
September 2022 Promise Neighborhoods of Lehigh Valley leads Knowledge Exchange Community Catalyst Convening	September 2022 ICH conducts interviews with funded partners
	October 2022 ICH leads Knowledge Exchange on co-creating the evaluation questions
November - December 2022 Padres e Hijos en Acción leads Knowledge Exchange CSHE Community Consortium	
	January – March 2023 Finalizes the CSHE evaluation plan and the CSHE Memo: 1:1 conversations with funded partners Impact mapping exercise with Evaluation Learning Group
April 2023 CSHE site visits to Promise Neighborhoods of Lehigh Valley and Refugee Community Partnerships	April 2023 Finalizes the CSHE evaluation learning group impact map (see Figure 2) and the CSHE formative period learning memos
May 2023 CSHE attends the National Indian Health Board Conference in Anchorage, Alaska	
June 2023 CSHE E3 Summit in Ketchikan, Alaska	June 2023 ICH attends the E3 Summit in Ketchikan, Alaska Finalizes the Learning brief: Conducting an equitable, relational evaluation
August 2023 CSHE retreat in Minnesota with funded partners	August 2023 ICH conducts interviews and impact mapping exercises with funded partners
	September 2023 ICH develops and shares the individual and overall impact maps with partners, and finalizes the CSHE funded partners - overall impact map and the CSHE

	funded partners - individual impact maps
November 2023 CSHE hosts Community Connections Hour CSHE moves to the Cultural Wellness Center and CSHE 1.5 begins	November 2023 Finalizes the CSHE findings from 2023 summer interviews with funded partners , and video presentation of CSHE findings from 2023 summer interviews with funded partners
December 2023 CSHE 2.0 co-design begins	
	February 2024 ICH interviews NAC members, CSHE staff, and RWJF staff/ contractors
March 2024 CSHE 1.0 ends	

Evaluation design and Principles-Focused Evaluation

As described above, from the beginning, the CSHE evaluation was designed to be developmental and participatory, and to follow the principles of Equitable Evaluation:

- Developmental: CSHE has never taken a pre-formulated approach but instead has always been a program that is flexible and responsive to evolving needs, contexts, and opportunities, and takes a collaborative approach to governance and decision-making. ICH has followed the lead of CSHE in this regard: meeting the program where they were as the program evolved, contributing thought partnership and space for reflection when possible.
- Participatory: The evaluation was designed and implemented with participation from program staff and its key stakeholders at every stage. These methods involved significant investment in relationships and trust-building – particularly in the beginning but ongoing throughout. Relationships are not always smooth, and there was [a learning curve](#) at the beginning of the evaluation process to understand the ways in which CSHE was developing the program, develop approaches to evaluation that were meaningful to the program and funded partners, and build trust. In the end, we conducted an evaluation that was designed in a participatory manner made possible by the deep relationships we built.
- Language justice: An important part of the methods we used was to follow the lead of the CSHE program by putting an emphasis on language justice and English/Spanish bilingualism. The ICH team committed to this by hosting and facilitating bilingual meetings, disseminating materials and resources in both languages, and engaging with both monolingual English and Spanish speakers in the program to build relationships.

As CSHE began to grow and develop, the ICH team came to understand that values were central to the approach – throughout its evolution, the program oriented itself around values and strove to design its activities in alignment with those values. Therefore, the evaluation began to

draw from the principles-focused evaluation approach for the evaluation design.⁴ Principles-Focused Evaluation⁵ is an approach to evaluation that focuses on program values (or “principles”) and works well for more complex programs, such as coalitions and networks, and programs that are in a developmental stage. It is also explicitly useful for work that is focused on equity and social justice.⁶ Specifically, Principles-Focused Evaluation is a collection of approaches that can be used to formulate and answer questions at any stage of evaluation that focus on the degree to which the program is using values (or principles) to inform decisions.

Because the CSHE evaluation has been deeply participatory and relational, and therefore has been responding to the priorities of multiple stakeholders, the Principles-Focused Evaluation approach was customized and operationalized it to best fit the needs of the program. In August of 2022, ICH facilitated a reflection session with the CSHE staff in which the participants brainstormed and articulated the CSHE core values (see Table 2). A document was created based on this reflection session, and confirmed formulations of the values with session participants. [This document](#) was subsequently referred to during data collection with the CSHE evaluation learning group (see below), the CSHE funded partners, NAC members, and CSHE staff, all of whom reflected on how the values resonated with them, how they informed their work, and what impact those principles ultimately had.

Table 2: CSHE values

CSHE values

- Moving at the speed of trust.
- Making space for life.
- Entering spaces as both students and teachers.
- Working to ensure community knowledge and institutional knowledge are on equal playing fields - the sweet spot.
- The process is the product.
- We strive for excellence, not perfection.
- Showing up as our whole, authentic selves. Trusting in our own power, we have the tools we need.
- Respecting the power brought by others. Authentic relationships are building blocks for transformation.
- Centering Black leadership.
- Language justice.
- Cultural self-study and cultural translation.
- Rejecting false sense of urgency, trusting the process.
- Small-scale growth.

⁴ Wolfe, S. M., Long, P. D., & Brown, K. K. (2020). Using a principles-focused evaluation approach to evaluate coalitions and collaboratives working toward equity and social justice. In A. W. Price, K. K. Brown, & S. M. Wolfe (Eds.), *Evaluating Community Coalitions and Collaboratives*. *New Directions for Evaluation*, 165, 45–65.

⁵ Patton, M. Q. (2018). *Principles-focused evaluation: The GUIDE*. New York: The Guilford Press.

⁶ Wolfe, S. M., Long, P. D., & Brown, K. K. (2020). Using a principles-focused evaluation approach to evaluate coalitions and collaboratives working toward equity and social justice. In A. W. Price, K. K. Brown, & S. M. Wolfe (Eds.), *Evaluating Community Coalitions and Collaboratives*. *New Directions for Evaluation*, 165, 45–65

CSHE evaluation learning group

An important piece of the CSHE evaluation was the creation of the CSHE evaluation learning group (“the learning group”). The learning group was made up of members of the NAC, funded partners, CSHE staff, and the ICH evaluation team. The ultimate goal of the learning group was to lead the evaluation while grounding it in the CSHE values, tone, pace, and overall CSHE approach. Guidelines specific to the learning group (different than the [CSHE values](#)) were co-created as a group early on (see Table 3 below for the learning group guidelines). The learning group activities guided the ICH team through all evaluation activities, including the co-creation of a work plan and eventually the evaluation plan, co-creation and review of data collection materials, participatory data analysis and data interpretation, and planning of funded partner engagement and dissemination of learnings.

Table 3: CSHE evaluation learning group guidelines

CSHE evaluation learning group guidelines

- Centering the community and starting from community knowledge
- Building trust and building relationships
- Evaluators coming from a place of support, not criticism and judgment
- Evaluation as a partnership, co-created between evaluators and programs/community members
- Evaluation should experience (not just observe) the program, be with the program in the community
- Expectations being set in collaboration with community
- Since the work is flexible, the evaluation needs to be flexible as well
- Being truthful, not just whitewashing

Meeting regularly – on a monthly basis during the more intensive phase of the work, and later quarterly – allowed the group to not only build relationships with each other and learn from each other’s work and experiences, but also allowed the evaluation team to have continuous input and feedback into evaluation decision-making. Having the perspective of funded partners and NAC members who worked in similar organizations helped to interpret the results of the data collected; for example, in one meeting, the evaluation team facilitated a participatory data analysis, where aggregated results were themed collectively.

ICH data collection activities

During the course of the CSHE evaluation, ICH conducted a range of evaluation activities to understand the CSHE program and its impacts on all those involved. Consistent with the values of CSHE and ways Equitable Evaluation principles were interpreted, the methods were qualitative-leaning, emphasizing the words and framing of participants rather than predefined categories or theories.

Activities included:



- **Development of an evaluation plan:** The [CSHE evaluation plan](#) was developed in the winter of 2022-2023. The ICH team co-developed the plan with the CSHE evaluation learning group (see below), with iterative feedback from RWJF and the CSHE team, as well as the funded partners through an evaluation-focused grantee and NAC virtual meeting (a Knowledge Exchange).
- **Interviews with funded partners at two timepoints:** The ICH team conducted two sets of interviews with each funded partner. The first round were brief, 30-minute interviews focused on checking in on the funded partners' experiences with CSHE to date (see [memo with findings](#)). The second round of interviews were conducted in the summer of 2023. These semi-structured interviews also delved into funded partner's experiences, as well as the impacts that the program has had on their organizational growth and community (for more details, see [bilingual slides with findings](#)).
- **Impact mapping with funded partners:** During the second round of interviews, funded partners also participated in impact mapping activities that ICH facilitated. Through this activity, funded partners explained how the CSHE program has impacted different parts of their work. See [the aggregate](#) and [funded partner-level impact maps](#).
- **Interviews with CSHE staff:** Two rounds of interviews were conducted in the winter of 2022 and in the winter/spring of 2024. ICH staff conducted interviews with CSHE staff to better understand the story of CSHE and the perceived impact of the program.
- **Interviews with the NAC:** The ICH team conducted semi-structured interviews with members of the NAC in the winter/spring of 2024. Six interviews were completed. These interviews focused on the experience of NAC members with CSHE and how this has impacted their own work.
- **Interviews with RWJF staff and consultants:** The ICH team conducted interviews with RWJF staff and consultants who could speak to CSHE or similar programs in the winter/spring of 2024. Five interviews were completed. These interviews focused on the ways that CSHE is viewed from within the foundation and by consultants who assist the foundation to develop their strategic vision.
- **Analysis of post-meeting surveys:** During the CSHE Blueprint Series and Knowledge Exchanges, the CSHE team administered post-event evaluation surveys to gather feedback about individual sessions. The ICH team gathered and analyzed the feedback, and created [brief memos with data summaries](#).
- **Document review:** The ICH team reviewed materials and documents from the CSHE program.

Role and contributions of evaluation in the CSHE program

As partners from the inception of the CSHE program, ICH's role was integrated into the development of the program early on. During the call for proposals and the selection of the funded partners, from December 2019 - May 2022, ICH's evaluation sought to learn about the unique features of how the CSHE program developed (see [CSHE formative period evaluation report](#)). We also served several other functions in the development of the project itself.

Promoting introspection: Throughout the time of our engagement with CSHE 1.0, we facilitated quarterly reflection sessions with core program staff. These reflection sessions served a dual purpose. First, it set aside a dedicated time and place to promote introspection and self-examination on topics that the CSHE team identified as being particularly salient. Second, it gave the ICH team an additional window into the decision-making processes, helping us to focus and make ongoing decisions around the evaluation implementation.

Identifying values: Although the CSHE program was deeply rooted in its values from the start, ICH assisted the program to articulate these values and see that they were the core of the CSHE model. After some months of talking about the values, in August of 2022 ICH guided the CSHE team in brainstorming the values that guide their work. This document is used as a guidepost for the program (see below).

Dissemination and communication: ICH was committed to a process promoting participant ownership over evaluation data and findings. Therefore, we sought feedback from project stakeholders before we distributed these findings. At times we experienced challenges in the timely dissemination of our findings due to our commitment to this process and the burden involved in detailed review of our products. In addressing this challenge, we produced findings for dissemination using a wide variety of communication techniques with an objective of making the findings more accessible and less burdensome to review, including conventional written reports, brief memos, videos, slide decks, and visual impact maps (see Links to Materials and Resources).

CSHE Theory of Change

In the Winter of 2021-2022, CSHE worked with the firm Design Impact to co-create a theory of change together with the funded partners. Through a series of four sessions, the funded partners and CSHE program agreed on a set of outcomes that they were all aiming to achieve. The four common outcomes that were identified by the project were power, co-creation, healing and trust, and person-centered ([Design Impact, 2022: 10](#)). In the words of the Design Impact report, these outcomes can be understood as follows:

- **Power**: “Community agency over institutional decisions and their own care” (2022: 11).
- **Co-Creation**: “Collaboration that invites multiple perspectives to the table to build solutions together” (2022: 11).
- **Healing and Trust**: “Processes, structures, and engagement that acknowledge and repair the harm caused by the system” (2022: 12).
- **Person-Centered**: “Amplifying the needs and strengths of patients” (2022: 9).

The Theory of Change then “identifies mindsets, actions, and conditions the funded partners hope to see change because of their projects” ([Design Impact, 2022: 3](#)). Each of these outcomes

comes with a set of specific Mindsets, Actions, and Conditions that the project also “intend(s) to see as a result of our work with communities and the health care system” (2022: 10). In the next section, we describe the values developed by the CSHE program which largely correspond to the Mindsets of this Theory of Change.

Findings: CSHE values

Guiding values are essential parts of how CSHE seeks to achieve its goals. They also characterize the fundamental learnings that people have gained because of their participation in CSHE. In this section, we share our findings around those values that are most central to the CSHE program’s ways of working.

Cultural translation and cultural self-study

Definition: Cultural translation and cultural self-study are two of the most salient values of the CSHE program. The concept of cultural translation was introduced by the [Cultural Wellness Center](#) during the application review process in early 2020, and has been embraced by CSHE as a foundational value. Connected with a cultural wellness approach, cultural translation and cultural self-study involve the idea that culture is not just a custom, tradition, or practice, but is also an asset and resource to be leveraged when defining health. Additionally, these values teach that cultural systems influence how people understand the world, and that community knowledge and institutional knowledge are both valid. Cultural self-study is defined as an introspective process by which people and communities acquire deeper self-knowledge. The process of cultural self-study “is about valuing the knowledge from your heart as your seat of intelligence.”⁷

Importance: Cultural translation can be a fundamental catalyst to leadership development and healthcare systems change, therefore although it starts as a mindset, it goes on to impact actions and structures. CSHE staff shared that as communities engage in the process of cultural self-study and become empowered by their own cultural practices, they begin to recognize their own legitimacy, authority, and knowledge. These acts of recognition reflect leadership growth and also encourage communities to come together to make demands for changes in healthcare systems. This process continues to expand as others come to this same recognition. This coalescing of minds is inextricably rooted in the Cultural Wellness Center’s approach as it is emblematic of the African institution of eldering, an essential channel for the production, transmission and retention of knowledge.

⁷ Source of definition:

<https://communitycatalyst.app.box.com/s/5ouuvqfnq54sz9khzzrtrr1kthmxlms3/file/961936451394>

The ways in which cultural translation will impact mindsets, actions, and conditions are laid out in the CSHE theory of change outcome of Co-Creation, pictured below.



Implementing cultural translation and cultural self-study in CSHE: As mentioned above, cultural translation was first introduced during the grant application process, when application reviewers attended a training on cultural translation and how they should apply it to the review process. Since then, cultural translation has been shared with funded partners and other members of the CSHE community through the Blueprint Series, Knowledge Exchanges, and other activities. In interviews, funded partners, NAC members, CSHE staff, and RWJF staff discussed what these values mean to them and illustrated how they have manifested in their own lives and work. They agree that CSHE is intentional about cultural inclusivity, prioritizes the different cultural experiences that people bring into the CSHE space, honors community voices and experiences, celebrates cultural differences, centers Black and Brown communities, and values community-led work.

Most notably, interview participants talked about how cultural translation and cultural self-study have deeply transformed their own learnings and value systems. They have learned to deeply respect and lift up different cultural knowledge systems by understanding that knowledge is inherently valuable and shaped by lived experience. These values have allowed them to be less judgmental and more inclusive, to grow self-awareness, and to harbor a deeper commitment to identify and rectify behaviors they want to change in themselves, others, and in their communities.

“I felt like the cultural translation pieces just felt incredibly natural and exactly how we think about the work, like eliminating every barrier to participation, making sure that those who are kept from participating because of unjust systems, you’re not just limiting barriers, you’re actually creating structures that change that.” (NAC member)

Some NAC members have applied these values directly to their work in other spaces. They described themselves being more receptive and open to different ways of thinking and eager to

discover opportunities for cultural engagement. For example, cultural translation has equipped them with the necessary language to articulate to grant makers that it is important to think beyond conventional notions of institutional philanthropy and to recognize that grantmaking is not only about investing money, but also about supporting and uplifting good work in communities.

"It's about cultural translation where I feel like instead of just encouraging our community reviewers to step outside of the box of institutional philanthropy as they're doing this, to see community and I feel like I have more language to help them kind of understand like what that really looks like. Like it's not about the money. It's about seeing good work, investing in good work, supporting, lifting up good work." (NAC member)

Some people conveyed that they were less certain about how cultural translation and cultural self-study align with CSHE's overall strategy to impact healthcare systems. They expressed that it may be challenging to apply cultural translation to institutions and people in power. Additionally, participants' initial understandings of cultural translation and cultural self-study differed based on their racial and ethnic identity. We saw a pattern in which the learning of these concepts was more likely to be challenging for those identifying as white.

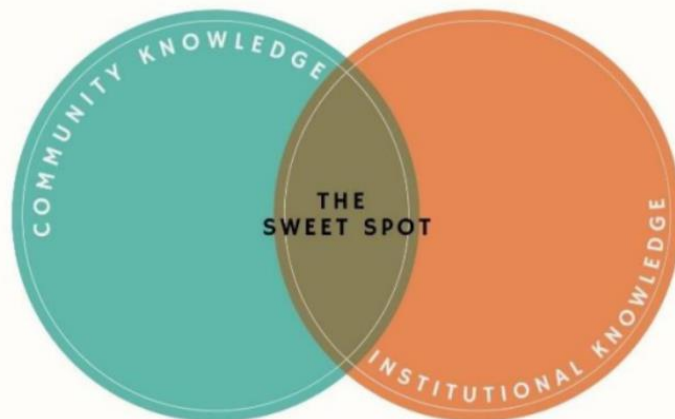
Our interviews with CSHE staff elucidated how cultural translation and cultural self-study are being leveraged as an alternative to the current way healthcare is conceived and practiced. CSHE 1.5 is building capacity for knowledge production that will be leveraged in CSHE 2.0 to transform healthcare systems:

"We are at a very powerful state of understanding, awareness, and knowing that can now in my sense that I have with people -- can become the next step. And the next step is we will create another pillar that has to do with knowledge. Knowledge production. With an emphasis on knowledge that will be put in place as an alternative to the knowledge that at this point in time is at the core of how health care is formed. How health care is formulated. How health care is practiced. That's what we have the capacity -- we're building the capacity to do in CSHE 2.0. And right now CSHE 1.5 we're creating the space for that to happen and for people to realize and recognize that in themselves." (CSHE staff)

The sweet spot

Definition: Closely associated with the concept of cultural translation is "the sweet spot" which refers to the space where institutional and community knowledge coexist and are equally valued.

Importance: The idea of the sweet spot is that people have different ways of knowing – some of these ways of knowing, referred to as Institutional Knowledge, have been historically valued in the wider culture and been given disproportionate weight, and are typically those associated with credentials or official positions. Community Knowledge is learned through lived experience, interactions with one’s community, and is transmitted from ancestors through family. By only valuing institutional knowledge, organizations like healthcare systems miss out on valuable insights and understandings.



Finding the sweet spot in CSHE: CSHE strives to find the Sweet Spot between both forms of knowledge, in which both are equally valued and wielded to work for health. In order to achieve “the sweet spot,” communities and institutional actors both leverage and bridge their knowledge systems, leading to a space where multi-directional learning and knowledge sharing can occur and prosper.

“I think there’s a lot, especially in hospital space, as in many others, there’s valuing of professionalism, and degrees, and all that kind of stuff, which confers knowledge on people, which is a very white supremacist idea, versus this idea of community and people have the knowledge, which I think CSHE has really tried to lead with in terms of where knowledge can come from. So, I think that is definitely an antiracist principle I think CSHE really strives to abide by, and, many times, does.” (CSHE funded partner)

One example of how this can happen was a gathering organized by grantee Breastfeeding Hawai’i. In this gathering, community members were invited to get together to talk and make leis. The community members were overall more experienced and expert at making leis than the organizers, and the community members taught organizers how to improve their techniques. This activity helped placed the conversation on a more equitable plane for the organizers to talk about breastfeeding and lactation consultants, because the different areas of expertise of the community members and the organizers were both honored in the gathering.

Language justice

Definition: Language justice is a key practice of including languages in programs, events, movements, and other spaces that are socially less empowered than the English language. Language justice goes beyond interpretation and translation services, and it is about making

space and community where anyone can participate using the language they feel most comfortable with and close to.

Implementing language justice in CSHE: From the beginning of the program, CSHE was committed to language justice, releasing the CFP in both English and Spanish, for example, and making it possible for applicants to ask questions in both languages as well.

Once the grantees were selected, staff from the funded partner Refugee Community Partnership led an influential Knowledge Exchange on language justice. Other funded partners and members of the CSHE network embraced this Knowledge Exchange and often referenced it in evaluation interviews.

CSHE made a practice of releasing all communications in both English and Spanish, and providing simultaneous interpreters at all meetings. Native Spanish speakers elaborated on the importance of CSHE accommodating their language needs, even inviting them to speaking engagements where their words were interpreted live. The following quote encapsulates the idea that funded partners can use the language in which they feel most expressive and powerful, and English fluency isn't a barrier to contributing knowledge and expertise.

"I feel more comfortable speaking my language. The language is more fluid, more fruitful. So, I have more of an opportunity to express what I want, what I feel, and this is the opportunity that CSHE and the committees and these boards like this one give me" (CSHE funded partner)

"We are a growing, diverse community, and so even the way the meetings were structured with interpreters and the spaces that were welcoming of language diversity was refreshing. So I appreciated that from a training and development perspective." (CSHE funded partner)

CSHE's commitment to language justice has in turn been a model for how funded partners conduct their work. Because of CSHE, over half of funded partners volunteered (without a specific prompt) that they are more intentionally inclusive of linguistic diversity, making accommodations so that people can participate in their most comfortable language. They also share learnings from CSHE sessions about language justice with community members, and think more about policies around language access. Language justice has also impacted funded partners more broadly, forging stronger connections with other partners whose work focuses on language justice.

The process is the product, and moving at the speed of trust

Definition: Another value that is nested deeply within the foundation of the CSHE program is the idea that "the process is the product." This mindset emphasizes the importance of giving the same value to the journey of learning and change as is typically bestowed upon conventional, measurable outcomes in funded projects. "Moving at the speed of trust", similar to "the process

is the product”, is about rejecting false urgency, not having to adhere to artificially constructed deadlines, and prioritizing relationships and trust between partners.

Importance: CSHE and involved stakeholders are continuously learning and growing as a result of their engagement with the program, and CSHE, in turn, is shaped by stakeholders’ learning. For example, understanding agendas and timelines to be goals, rather than something to rigidly adhere to, enables this continuous learning. The flexibility of this principle allows the program to make space for steps that need more time or deeper engagement, to make room for people to express themselves, to share ideas and concerns, and to meaningfully shape the direction of the work.

Implementing “the process is the product” and “moving at the speed of trust” in CSHE: CSHE is a deeply relational and process-oriented program. This not only means that relationships and trust are seen as critical drivers of healthcare systems transformation and leadership development in the program’s theory of change, but they are also considered practical and valuable outcomes in their own right. One CSHE staff member spoke about the intrinsic worth of relationships and trust as they relate to the CSHE value of “the process is the product.” They shared:

“I believe that leadership is also a process. Like how people work together is more important than whether they actually achieve the goal or outcome. I don’t want to say that the goal and outcome isn’t important, but whether the breastfeeding network actually solves the problem to me is not actually, from a leadership perspective, the goal. The goal for me from a leadership perspective is, is like, were they able to work better together, were they able to incorporate new ideas, were they able to resolve conflict, were they generative.” (CSHE staff)

Additionally, many of the funded partners see the prioritization of relationships over timelines as transformative. Unlike a “typical” funder/grantee relationship, CSHE is seen as a program that is reciprocal and bidirectional. The program is trying to both teach and learn, change in response to feedback and mistakes, and grow itself while it supports funded partners to grow. Funded partners noted that the CSHE program models vulnerability, encourages deeper, not broader, community outreach, reinforces Black and Brown solidarity, provides a safe space, and embraces concepts such as forgiving and giving grace, restoring relationships, and ‘failing forward.’ CSHE is responsive and open to feedback and leans into funded partners’ work, which fuels strong and lasting relationships between CSHE and funded partners.

“So when we talk about this idea of belonging, we say that you must have co-created roles...CSHE lives that. So I know my role with CSHE, I know when they reach out and ask me to help, what strengths and talents I bring to the table and how they can benefit the whole. That’s a function of equity, that’s the function of value, and you kind of just said it, right, but it’s like that’s what CSHE does... and traditionally that’s not the relationship in a

funding or oversight relationship, right? There's this reciprocity that exists that strengthens the funded and the funder and the whole, and that's something that's different." (CSHE funded partner)

We got examples of what this looks like in a discussion with the CSHE evaluation learning group. The evaluation team facilitated an impact mapping activity with the learning group members to better understand what members learned and what changed for them because of their participation in the CSHE learning group (see Figure 2). One strong impact that emerged was the collective understanding from the learning group that the process of the evaluation of CSHE had equal, if not greater, value than the products that would emerge.

There has been a strong emphasis on relationship-building throughout the entirety of the CSHE program. Building authentic relationships between various CSHE stakeholders, including funded partners, NAC members, the CSHE team, TA partners, RWJF staff, and the ICH team, was imperative in order to appropriately implement the vision of the CSHE program. Embedding flexibility into building relationships speaks to the notion of "moving at the speed of trust," and therefore remaining flexible and responsive to both external events and internal process changes.

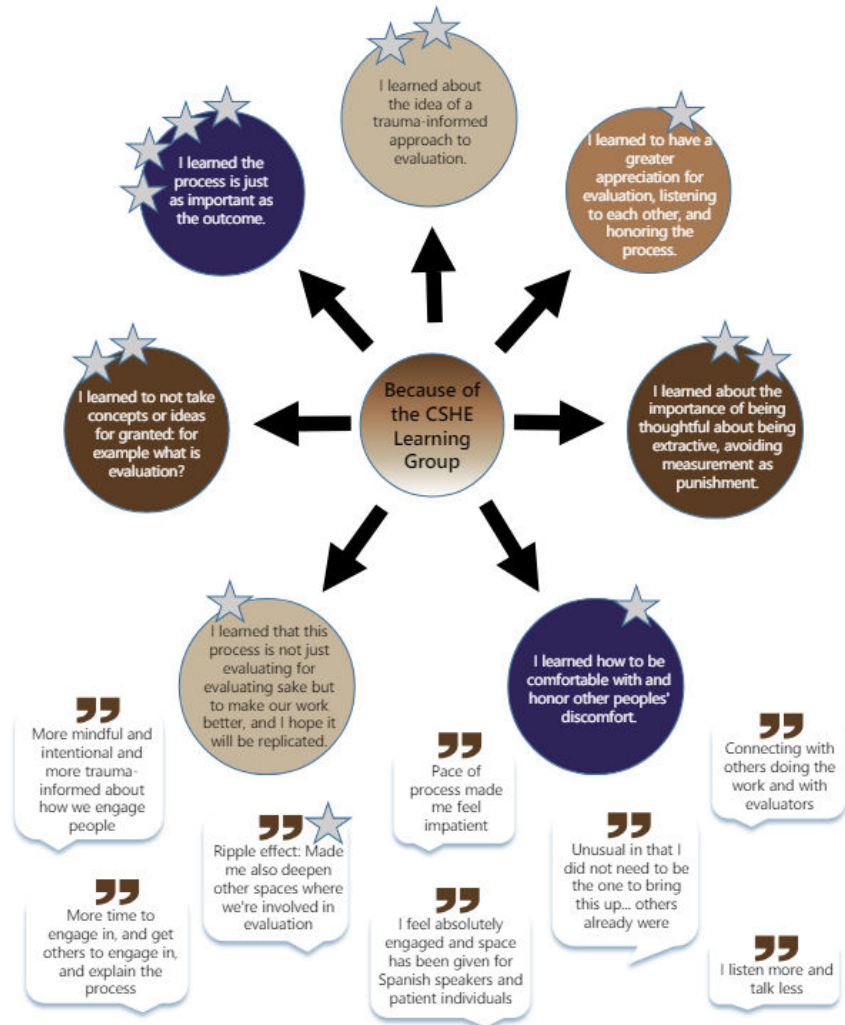


Figure 2: CSHE evaluation learning group impact map

Advantages and challenges of a values-based model

CSHE defines itself as a values-based program, basing its theory of change in transformation of values, and relationships and actions that arise from those values. The clarity of these values has

been a major strength of the program, leading to a strong sense of coherence and community among participants. From the evaluator's perspective, the CSHE value of "the process is the product" helps external observers to understand that although the program theory assumes that the changes in actions and structures will flow from changes in mindsets, the biggest emphasis of the project is on changing mindsets.

CSHE was conceived to be a mechanism for fostering change in local healthcare systems. The program's theory of change describes change flowing from changes in mindsets to changes in actions and changes in systems, ultimately resulting in outcomes such as health systems becoming strong, accountable community partners, other healthcare systems being pressured to change, and community members becoming vital to decision-making processes.

Differing understandings of goals: Through the course of our conversations with various stakeholders, including CSHE staff, foundation staff, NAC members, and funded partners, we heard differing understandings of the goals of CSHE. Several stakeholders described feeling uncertainty about the strategy of CSHE, including whether CSHE's strategy is focused on community leadership development to engage with local healthcare systems, or whether it has an ultimate objective of engaging with healthcare systems on a larger scale. We theorize that one origin of this confusion is that there may be different understandings of the term "healthcare system." Some people seem to understand this to mean specific local healthcare systems comprised of a specific hospital network and associated clinics. Others clearly are talking about a wider system that includes all hospital networks in an area, plus policy, state and national laws, and health insurance, all of which shape the type of care that patients receive.

There may be different understandings of the term "healthcare system".

Other stakeholders expressed uncertainty about different aspects of this model. Some people shared with us that they felt that there was a gap in connecting this to a larger-scale theory of change, for example change on a state-wide or national scale. A couple of stakeholders also said it was difficult for them to identify how CSHE's cultural translation approach could achieve healthcare systems outcomes. There were also questions about how CSHE fits into the wider healthcare advocacy ecosystem, and whether the program should be doing more to coordinate with other organizations and coalitions with similar goals. This last point arose in discussions of CSHE's move from Community Catalyst to the Cultural Wellness Center, as stakeholders expressed that they did not fully understand how CSHE's departure from Community Catalyst, an organization described as well-connected and well-resourced within the healthcare advocacy ecosystem, to the Cultural Wellness Center could increase opportunities for larger scale healthcare systems change. Finally, some funded partners and NAC members expressed

discomfort with the pace of work, feeling that the work of health systems change was urgent and that this urgency was not reflected in the program.

Through the strong focus on values and mindsets, CSHE has caused outcomes at different levels which we describe in the next section below.

Outcomes

CSHE has produced change at different levels, including individual, organizations, communities, local healthcare systems, and philanthropic practice.

Changes at level of funded partners

Funded partners shared ways that the CSHE program has impacted both them as individuals and their organizations. Many funded partners shared that their individual experiences through the CSHE program helped them and their organizations grow. At least half of funded partners shared that the CSHE program supported new staff time, which allowed them to devote more focus on relationships with stakeholders and community members. Some also noted how expanded staff capacity allowed staff to specialize in their roles and deepen ongoing work.



Funded partners and NAC members pointed out how the CSHE program has encouraged them to learn and grow in a variety of ways. Participants described how CSHE made them stronger organizational leaders and taught them that community voices and perspectives are inherently valuable. They have come to genuinely appreciate the non-hierarchical nature of CSHE and the bidirectional growth and learning that the program provides space for. Cultural translation in particular has created an expansive new way of thinking, enabling CSHE stakeholders to be more self-reflective and less judgmental, and more aware of historical traumas that have afflicted marginalized groups. For example, some NAC members shared that cultural translation has transformed how they will engage in application review processes moving forward.

Advocates for Justice and Education shared that attending the E3 Summit in Alaska inspired them to make structural changes to their organization, restructuring their advocacy work and overall approach as it relates to their project. In particular, the organization developed a separate program on

“Cultural translation in particular has created an expansive new way of thinking.”

advocacy that enables staff to focus more directly on advocacy work and take affirmative steps rather than reactionary ones. **Ketchikan Wellness Coalition** explained how organizing the E3 Summit in Alaska enabled them to generate more opportunities for collaboration locally in Ketchikan, and statewide in Alaska. Ketchikan also shared how the resources from CSHE has helped them to hire staff that allow them to forge more connections to community leaders and launch a series of annual cultural festivals to bring people from different communities together, which has increased awareness and knowledge of the Filipino community, particularly among healthcare workers.

Make the Road CT discussed that CSHE provided a national space where they could connect with other organizations. This made staff at their organization more confident that they themselves can use resources if other states are using them, too. **Partnership for Child Health** shared that CSHE funding enabled them to devote more staff time to more closely engage with youth, implement more effective youth participatory work, and scale up youth leadership development activities. **Promise Neighborhoods of Lehigh Valley** adopted a Radical Welcome and Engagement Restoration Model that resonates with and is reinforced by the CSHE approach and values. This new model has strengthened reciprocity between CSHE and their organization – CSHE is engaged in this work, which has created space for CSHE to change their organization as their organization simultaneously teaches the CSHE leadership about their own practices, especially including restorative conflict resolution approaches. Additionally, they have expanded their organizing advocacy perspective to be more thoughtful about systems and tri-sector leadership and working with stakeholders and decision-makers.

Changes in local communities

The original CSHE Call for Proposals listed two of the objectives of the program as: “Elevate voices, stories, priorities, and knowledge of communities⁸ to make local health care systems more responsive to the needs of the community” and “build power from the community level to gain access to system-level engagement. ”

CSHE funded partners described the ways they are elevating community voices and building power from the community level. CSHE allowed funded partners and local community members to engage more closely with one another. In many cases, this engagement has allowed community members to better understand their rights in healthcare settings. This engagement has also permitted funded partners to more deeply understand community needs in health settings, and to communicate with community members about the work funded partners are doing. Funded partners shared that in their contact with community members, they have been able to validate the difficulties those people were experiencing. This has led to community members becoming more confident and assertive.

⁸ The original CFP used the term “consumers” instead of community. However, terminology in the program has since shifted, and we therefore follow current usage by using community here.

Most stakeholders discussed how community empowerment drives community leadership, which in turn can generate healthcare systems transformation. When communities learn and recognize the value and legitimacy of their own cultural practices and knowledge systems, they become more powerful advocates. This process has characterized the foundation of CSHE 1.5 and will continue to build into CSHE 2.0.

West Marion Community Forum has held community forums in three different regions of the county; held various events such as a Fall Festival, a Juneteenth 4-day event, summer and holiday events, a health equity town hall, a manna food market, and roundtables; and has conducted surveys and 1-1 conversations with health care staff and community members.

Refugee Community Partnership shared that being a relationships-first organization is one of their core values. They have built relationships with local volunteers doing interpreting work and non-profit work in their home countries. As RCP has grown as an organization, they have deepened relationships with contractors with lived experiences. **Southern Birth Justice Network** has implemented reflective practices to debrief with their staff and community around their work, which has ensured moments of both consultation and connection. They continue to bring important services to key communities. **Padres e Hijos en Accion** has built relationships with their local communities through workshops, conferences, and other trainings. They have provided families with simplified information in their home languages, as well as 1-on-1 support to families based on their needs to help them feel empowered. With a diverse group of staff and strong volunteer base, they have learned about different cultures and approaches to best serve their diverse communities.

Changes in grantmaking practices

For most of the funded partners, this is the first time that RWJF or a similarly-sized philanthropic organization has funded their work. When large national funders support small, grassroots organizations, this can have great influence on the funded organizations' local impact, sustainability, and credibility. As an RWJF staff member stated, *"CSHE was an acknowledgement that we need to expand our grantmaking to organizations that we haven't funded before. I really think that is the big intention of that work."* (RWJF staff)

RWJF and the CSHE team put a lot of thought into creating a meaningful grant creation process. Interviewed NAC members felt that they were part of the decision-making and involved in selecting the grantees:

"We were being asked questions like what we thought about how we built the program out, how do we ask the questions, what kinds of ways are we assessing the organizations? And to be able then to also be a part of reading and having conversation about which groups met those goals. Yeah, I felt very involved in helping to shape, in a role as the NAC member." (NAC member).

There was also representation of different populations in the grant application review teams, not only in demographic diversity but also of the type of work reviewers did. The application review process was deeply impacted by and guided by cultural translation. Many believe that the process was more valuable because cultural translation was a core part of it:

"This whole initiative at the Cultural Wellness Center that we would form a small group of us as faculty to be able to teach the cultural wellness approach to cultural translation in order to make the review of the proposal more equitable. And in order to perhaps impact philanthropy to look at their bias in the process of magnanimously dispensing philanthropy." (CSHE staff)

CSHE's focus on relationship-building and creating an atmosphere of trust and vulnerability has changed the overall grantmaking experience for those involved in the program. The focus on process rather than outcomes in setting grant expectations demonstrates support of the funded partners' work, no matter where in the process they are. CSHE has also promoted collaboration and not competition within their network. CSHE encourages people to show up as themselves, not just in a mode geared towards satisfying the funder. One NAC member described CSHE as a "healing process", compared to traditional grants.

Lastly, RWJF program officers working on CSHE have been especially receptive to the CSHE structure and focus on values. They have entered CSHE spaces with a spirit of humility and desire to learn. The CSHE community has recognized this, despite the gap in power between grant makers and grantees, and has found relationships with CSHE program officers to be genuine. This has allowed for trust-building and has created space to have uncomfortable conversations, allowing the program to deepen and mature. As one person described it, CSHE is *"...a fertile ground for understanding what RWJF means when we say we're working towards dismantling structural racism and anti-racist grant-making processes."* (RWJF staff)

Changes in local health systems

Here we describe how CSHE funded partners saw themselves moving in the direction of making "local health care systems more responsive to the needs of the community" and creating "opportunities for community groups and representatives of the health care ecosystem to co-create solutions toward health equity". Funded partners discussed how through the CSHE learnings and use of tools and approaches like cultural translation they were able to approach health system executives and people in leadership who otherwise would have been inaccessible. These new connections between health systems and funded partners sparked new conversations that have grown into relationships. As one funded partner stated:

"...a lot of the time, we feel powerless, and when we're talking about a huge hospital system, we're like, 'Well, we can't make any change ... But then coming together, and them seeing the video, and also seeing the CEO of the hospital in our county getting up and

sharing some things, and people making her accountable for what she was saying really showed how much power we have.” (CSHE funded partner)

While this work takes time, and funded partners face numerous barriers including systemic inertia and active resistance from those who benefit from the status quo, funded partners have felt that they have made progress towards the goal of creating positive changes in their local health systems.

These conversations have led to health care executives having more awareness about the voice of community members and their role in making decisions. Most funded partners and their members have been making recommendations to health systems, and some have gotten direct access to decision-makers at the healthcare institutions. For example, **Ketchikan Wellness Coalition** described having conversations with their local healthcare providers about cultural stigma and family dynamics within the Filipino community, which has helped the community’s overall health care access. **Padres e Hijos en Accion** began a new partnership with a local therapy center to support families through mental health/storytelling workshops. **Refugee Community Partnership** is supporting their local health center in a needs assessment around language navigators to help them understand the linguistic needs of their community and make the appropriate changes in their healthcare delivery.

To see more about the changes in health systems and the strategies that funded partners are using, see the [findings from interviews with funded partners](#).

Discussion and Recommendations

CSHE has had some remarkable successes. The building of a deeply values-based program has been an effective way of developing a tightly-knit community among diverse grantees, NAC members, TA partners, funders, and CSHE staff. This in turn has led to stronger organizations, stronger leadership, and stronger communities. At the same time, the program has experienced challenges. In particular, the continually evolving nature of CSHE has created a challenge for clear communication about the nature and goals of the program. In addition, the focus on values and the building of an alternative model has resulted in some perceived gaps in the connection to a clear, longer-term systems change strategy. In the following recommendations, we make some suggestions for addressing both of these challenges. Each recommendation is followed by learning questions for CSHE leadership to ask themselves as they move forward with the program.

1. Shifting towards next phase of work: Up until now, CSHE has been in a formative stage, with a focus on learning and teaching, developing a new way of working, and building trust and relationships. With the program now settling down in its new home at the Cultural Wellness Center and moving into CSHE 2.0, and with strong relationships of trust now established, the

program has the opportunity to stabilize and consolidate its learning, ensuring that lessons learned will be applied, and focusing on sustaining the work for the longer term. Successfully navigating this transition will be important to ensuring that the program continues to thrive and be sustainable while it becomes more institutionalized.

Learning question: How much are we working in a way that would be sustainable over the long term? How much are we building on what we have learned?

2. Linking day-to-day work to a theory of systems change: It is important to be able to explain why CSHE is doing what it's doing, and how this relates to the ultimate goal of transforming health systems to be more accountable to communities and their needs by, as the CSHE goals state, "Creat[ing] opportunities for communities and representatives of the healthcare ecosystem to co-create solutions toward health equity." We recommend strengthening conceptual connections between the day-to-day work and the CSHE theory of change. In addition, CSHE may benefit from developing a clearer sense of what types of supports and resources are needed for mindset shifts to lead to action shifts, and for action shifts to lead to condition shifts. This would help both people close to the day-to-day work, but particularly those who are further from the center, to understand the wider strategy. In addition, these linkages may help CSHE to strategically develop its network in order to maximize the ability of the program to create change.

Learning question: How does each activity contribute to advancing our longer-term goals?

Is our theory of change working the way we think it should?

What resources and supports are needed for mindset shifts to lead to action shifts and condition shifts?

3. Maintaining focus on values and relationships: One of the major strengths of CSHE is its focus on the values of the program, which include a deeply relational way of working. This focus has ensured the program is deeply meaningful to participants at all levels. As the program shifts into a more established phase, it will be critical to maintain the focus on these individual relationships and values in order to continue to nurture the heart of the program even as it grows.

Learning question: How are our CSHE values and relationships informing our decision-making?

4. Developing and disseminating the message: In CSHE's formative stage, learning has been immersive and continuous. This has been an incredibly generative process for those who are

fully immersed. However, communication with those further from the center has been challenging, because the learnings have been progressively getting deeper. As CSHE moves into the next stage, it will be important to settle on a clear way to describe the program that resonates with both core members of the project and with people who are less immersed, in order to continue to garner support for the project and disseminate the learnings.

Learning question: How are we communicating about CSHE both internally (among people closely involved in the day-to-day work of CSHE) and externally (with people less closely involved)? How do those further from the center of the work understand the goals, theory, and activities of CSHE, compared with those closer to the center?

5. Continue participatory learning and self-study: Now that our external evaluation is ending, we understand that the task of program evaluation will be moving to the CSHE staff at the Cultural Wellness Center, and will be conducted through the staff's ongoing practices of self-study and introspection. We recommend that the program continue to convene an Evaluation Learning Group, including funded partners and NAC members, with the explicit purpose of ensuring that the task of program self-study is shared among the wider group of CSHE network members. As the program moves forward, linking this committee more closely to CSHE's leadership will ensure that the insights garnered will inform the strategic direction of the program.

Links to materials and resources

- A. [CSHE Formative period evaluation report](#)
- B. [Evaluation plan](#)
- C. [CSHE Memo: 1:1 conversations with funded partners](#)
- D. [CSHE findings from 2023 summer interviews with funded partners](#)
- E. [CSHE overall impact map](#)
- F. [CSHE reviewer interviews memo](#)
- G. [CSHE interviews with Non-LOI Submitters](#)
- H. [Summary of follow-up data from Blueprint Series sessions](#)
- I. [CSHE RWJF staff interviews memo](#)
- J. [CSHE formative period learning memos](#)
- K. [Learning brief: Conducting an equitable, relational evaluation](#)
- L. [CSHE Co-creating our Theory of Change \(created by Design Impact\)](#)
- M. [CSHE Values](#)
- N. [CSHE Call for Proposals](#)