

# Community Leaders in Health Equity Evaluation

## Final Report

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## Executive Summary

In 2019, [The Colorado Trust](#) (The Trust) contracted with the [American Institutes for Research](#) (AIR), formerly IMPAQ International, to evaluate the [Community Leaders in Health Equity](#) (CLHE) program. This final report presents the key findings and recommendations based on the evaluation activities that AIR conducted over the course of the program.

### Understanding of CLHE

Conceived and implemented by [Transformative Alliances LLC](#) (Transformative Alliances), an anti-oppression and equity consulting group, CLHE was designed to increase awareness and understanding of systems of oppression, issues surrounding health equity, and the social determinants of health (SDOH) in diverse communities in Colorado. In its second round of implementation, the program included two program tracks for evaluation: the 2021 Cohort and the Continuing Track cohort.

The 90 participants in the 2021 Cohort came from across Colorado to engage in a 24-month curriculum to learn about social justice and health equity, race and racism, socioeconomic class and classism, gender and sexism, nation of origin and nationalism, and language oppression and language justice. As part of the overall anti-oppression curriculum, each 2021 Cohort participant designed a personal equity-focused project, and each regional grantee organization facilitated the design of a group project with their participants. The purpose of the project plan activity was for participants to apply what they were learning to an individual project plan and a collaborative project plan.

In the Continuing Track, a group of 23 participants who expressed interest in continuing after graduating from the first round of CLHE in 2018–2019 participated in this additional 18-month program track. This group focused on developing leadership and community-organizing skills, building relationships and support networks, working on community outreach and engagement, engaging policy makers, organizing grassroots fundraising, resolving community conflicts, and developing actionable plans for equity and health equity-based change. Many projects designed during the Continuing Track participants' initial CLHE program participation were moved to implementation during this track.

To help ensure that participants could reasonably take part throughout the extended time frame, the program provided food, lodging, transportation, childcare, language interpretation and translation, other accessibility supports, and economic harm offsets for those who did not



have paid time off. The program also provided lodging, transportation, and food to participants' family members to further aid participation.

## **Evaluation Approach**

Using a mixed-methods approach guided by a communities of practice (CoP) framework, the AIR evaluation team answered the evaluation questions by drawing on data collected from activity observations, feedback surveys, social network surveys, participant reflections, and focus groups involving CLHE's 2021 Cohort and Continuing Track cohort. Data from these varied sources documented participants' diverse backgrounds and how they engaged with one another through the program activities and concepts.

In this report, we present our findings in relation to the evaluation questions and highlight observed changes over time. Our recommendations are intended to inform future programming similar to CLHE that focuses on the history and context of oppression, grassroots engagement, language justice, and engaging diverse community members in a CoP in order to move them to action. Below is an overview of the findings organized by evaluation question and a summary of the recommendations shared in this report.

## **Key Overall Findings**

### ***How did participants experience the program?***

- Most participants experienced the program as transformational, changing how they viewed themselves in the context of inequity and oppression.
- Participants found the program emotionally challenging and believed it was ultimately worth the effort.
- Participants cited work commitments and other home-life logistics as their biggest challenges to participation.
- CLHE was a catalyst in participants' journeys to becoming and growing as advocates for equity and social justice.

### ***How did participants' knowledge and awareness change over time?***

- Participants' knowledge and awareness of systems of oppression and health equity increased over the course of the program.
- This increased knowledge supported a greater sense of self-efficacy among participants along with participants' belief that they could engage in change for their communities.

### ***How did participant engagement change over time?***

- Participants' engagement with one another increased over time.
- While there was attrition, participants who graduated remained engaged in program activities and expressed a desire for future programming.

### **Key Implementation Findings**

#### ***How were participants actively engaged in events, activities, and assignments? What worked well/did not work well? How were challenges resolved? What were some suggestions for improvement? What were some lessons learned?***

- The CLHE curriculum was designed to reach participants at all levels and learning needs, enabling accessible learning opportunities.
- Participants demonstrated engagement in learning by using terminology, becoming more active participants, and confirming they believed the material was important to learn.
- Program facilitators were well regarded and participants cited them as a key facilitator of the success of the program.
- There was room for improvement around expectations for the project design and implementation in the Continuing Track.

### **Key Outcome Findings**

#### ***To what extent did the program activities and events change participants' views of themselves and their relationships to systems of oppression?***

- Participants reported a shift in how they approached their personal and professional relationships.
- Over the course of CLHE, participants shifted from learning the concepts of systems of oppression and issues related to health equity to applying them to their work in their communities.
- Most participants identified as being affected by oppression but said they now had the tools to begin addressing it.

#### ***To what extent did the program activities and events build participants' motivation and self-efficacy to take action to address inequities and health inequities in their local communities?***

- By the end of CLHE, participants believed that they could bring about change and involve others in that effort.

- Participants had active, concrete plans to share what they had learned and to implement their project plans.

***To what extent did the program activities and events build participants' leadership skills related to communication, grassroots organization, meeting facilitation, and public speaking?***

- The applied learning opportunities created space for participants to engage in building skills.

***To what extent did the program activities and events develop a social network through which participants could share information and discuss issues related to social determinants of health and equity with others?***

- A bilingual, multicultural CoP was formed through participation in CLHE.
- While language justice principles were employed, there were differences in the volume of connections across language groups.
- Participants expressed interest in maintaining the network developed through participation in CLHE after funding ended.

## **Recommendations for Program Implementers**

- Consider creating a version of CLHE that includes shorter term, regionally oriented programming.
- Continue to foster connections and network development among those who speak different languages, with a strong emphasis on language justice as a program priority.
- Provide a structured way to participate for small regional groups or participants who are the only representatives from their regions who wish to continue in an advanced or second round of programming.
- Facilitate a mechanism for Continuing Track participants to serve as mentors to those in an later cohort.
- Narrow the project scope for the project plan activity to ensure the topic is feasible on an independent or small-group level. Further, more clearly articulate the expectations of implementing a project in the Continuing Track.
- Reconsider the timing for when participants must decide on a topic for their projects to ensure that they have enough knowledge of the health inequities in their communities to choose a meaningful yet realistic topic.
- Draw a stronger connection between applied learning activities and the projects that participants implement.

- Identify potential funding streams for participants to pursue if they are interested in implementing their project plans and consider discussing the potential funding streams at multiple points in time throughout programming to reach participants when they are ready.

## **Recommendations for Funders**

- Support participants' continued engagement with one another and the program by hosting a (virtual) space for them to stay in contact after the program concludes.
- Provide the 2021 Cohort with the opportunity to participate in the Continuing Track, where they would have the chance to further and deepen their learning and move more concretely to action via the applied learning activities and project implementation.
- Offer grants to each regional grantee to foster the implementation of their group projects designed during the course of the program.
- Hire graduated participants as consultants in other community-based strategies.
- Provide clear communication to community partners of decisions to end funding strategies, which would acknowledge the personal nature of this work as well as the power dynamics between the funder and grantees.
- Ensure that all interested parties are aware of the scope and intentions of the strategy so that when there is a change in circumstances (e.g., a leadership change, or a pandemic), all parties can come to a mutual understanding and agree on the programmatic adjustments that need to be made and so that expectations concerning outcomes are clear.

## Chapter 1. Introduction

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The purpose of this document is to present the final analysis of the data collected for the evaluation of [The Colorado Trust's](#) (The Trust) [Community Leaders in Health Equity](#) program (CLHE). This report provides an overview of the evaluation, the methods used to collect and analyze the data, the key findings and recommendations, and the limitations of the evaluation.

The CLHE program, evaluation questions, and evaluation approach are described in [Chapter 1](#). The evaluation data collection methods are described in [Chapter 2](#). The key findings are presented in [Chapter 3](#), and the recommendations are listed in [Chapter 4](#). A brief review of this evaluation's limitations is provided in [Chapter 5](#).

Finally, we have provided appendices containing the evaluation logic model ([Appendix A](#)), the full qualitative analysis ([Appendix B](#)), the full social network analysis ([Appendix C](#)), and the full participant feedback analysis ([Appendix D](#)).

### A NOTE ABOUT THE EVALUATION IN THE CONTEXT OF COVID-19

This evaluation was originally planned for implementation in the spring of 2020 and was put on hold due to the onset of COVID-19. Subsequently, we kept in touch with The Trust about when the program would relaunch and what it would look like. Once we were notified in the summer of 2021 that in-person CLHE convenings and Continuing Track gatherings were recommencing, we resumed evaluation activities and came to understand that some additional programming had taken place in the interim. This evaluation was designed to have a baseline/endline approach. However, given the intervening programming, it must be acknowledged that the baseline data presented in this final report do not constitute a true baseline, as many participants had been involved with the program in some capacity before the in-person activities resumed. Endline assessments were collected at the last event for each track. We still believe that these data provide The Trust with a useful comparison and that we have been able to document changes in participants' experiences, attitudes, behaviors, skills, and knowledge.

### Understanding of CLHE

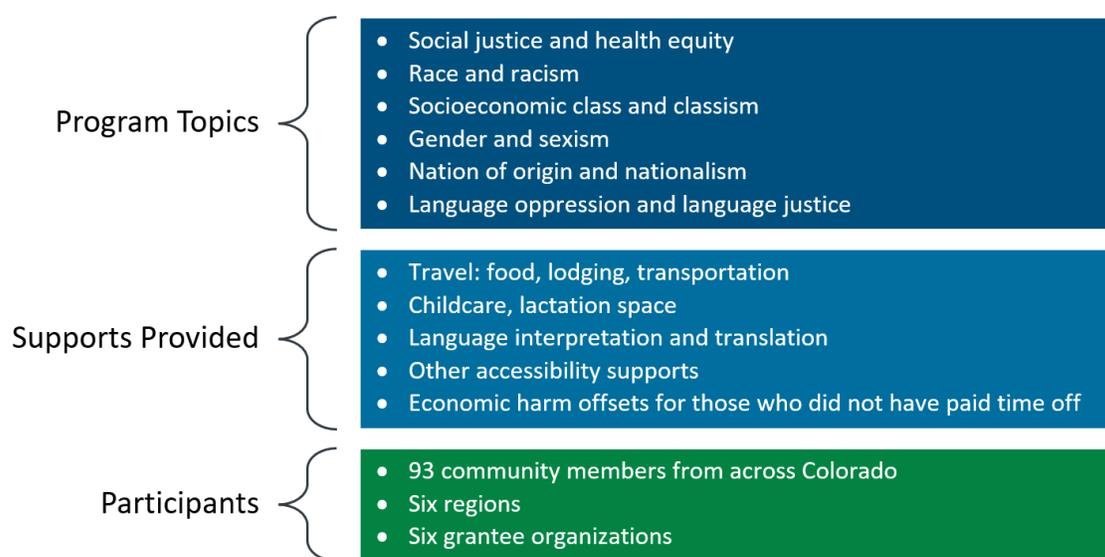
CLHE was designed to increase awareness and understanding of systems of oppression, issues surrounding health equity, and the social determinants of health (SDOH) in diverse communities in Colorado. In its second round of implementation, the program included two program tracks for evaluation: the 2021 Cohort and the Continuing Track cohort. CLHE was

designed and implemented by [Transformative Alliances LLC](#) (Transformative Alliances), an anti-oppression and equity consulting group.

### 2021 Cohort

The 2021 Cohort track was a 24-month anti-oppression curriculum developed and implemented by Transformative Alliances and their team of facilitators.<sup>1</sup> Exhibit 1 provides an overview of the CLHE 2021 Cohort track. The curriculum covered an overview of social justice and health equity, with presentations and activities focused on race and racism, socioeconomic class and classism, gender and sexism, nation of origin and nationalism, and language oppression and language justice.

#### Exhibit 1. CLHE 2021 Cohort Track At-A-Glance



Six regions in Colorado had an organization or consortium that received a grant from The Trust to locally steward CLHE. The six CLHE grantees each recruited 12–14 participants from the community, comprising of no more than three staff from their organizations, no more than four from other nonprofits, and a minimum of five grassroots community members, including people of color, immigrants, women, LGBTQ+ people, undocumented people, people with disabilities, or low-income people. Four of the six regions had more than 14 participants to account for attrition, creating a group of more than 90 community members from across Colorado who participated in CLHE. Exhibit 2 presents an overview of the 2021 Cohort participants' self-reported demographics based on the program roster.<sup>2</sup>

<sup>1</sup> The original design of CLHE was 18 months, but accommodations due to COVID-19 extended the program to 24 months for this cohort.

<sup>2</sup> The 2021 Cohort started with 93 participants, and after initial drops, we have roster-based demographic data on 89 participants.

## Exhibit 2. 2021 Cohort Participant Demographics (n = 89)

| Demographics                     | %   | Demographics               | %   |
|----------------------------------|-----|----------------------------|-----|
| <b>Region</b>                    |     | She/her                    | 82% |
| 1–Fort Morgan & Yuma             | 19% | They/them                  | 2%  |
| 2–Lamar                          | 11% | <b>Race/Ethnicity</b>      |     |
| 3–Antonito, Saguache, & San Luis | 16% | Asian                      | 1%  |
| 4–Montrose                       | 15% | Black                      | 3%  |
| 5–Leadville                      | 17% | Multiracial                | 2%  |
| 6–Colorado Springs               | 22% | White                      | 20% |
| <b>Language</b>                  |     | Latinx/Chicanx/Hispanic    | 51% |
| Monolingual English              | 58% | Mestizx                    | 11% |
| Monolingual Spanish              | 7%  | Native American/Indigenous | 9%  |
| Bilingual English/Spanish        | 33% | Missing (left blank)       | 2%  |
| Other                            | 2%  | <b>Age</b>                 |     |
| <b>Pronouns</b>                  |     | Youth                      | 26% |
| He/him                           | 15% | Adult                      | 70% |
| He/they                          | 1%  | Missing (left blank)       | 4%  |

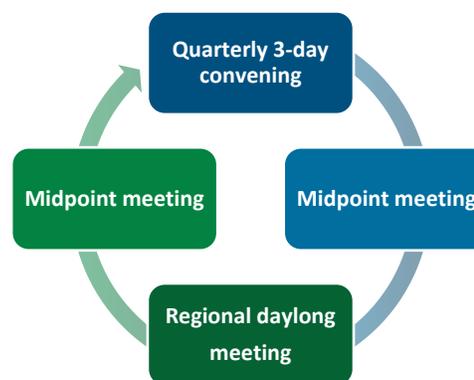
Note. Youth includes participants less than or equal to 25 years old.

The grantees championed the program, guided participants through it, handled travel and support logistics, and coordinated and led regional program midpoint meetings. To help ensure that participants could reasonably take part throughout the 24-month time frame, the program provided food, lodging, transportation, childcare, language interpretation and translation, other accessibility supports, and economic-harm offsets for those who did not have paid time off. The program also provided lodging, transportation, and food to participants’ family members to further aid participation.

The program curriculum unfolded in a cycle according to the following sequence (see Exhibit 3):

(1) full-cohort quarterly convenings held around the state, (2) midpoint meetings held in each region, (3) Saturday daylong meetings with a group of one or two regions in that region(s), and (4) another set of midpoint meetings. Each of these meetings was attended by program participants and Transformative Alliances facilitators. The 2021 Cohort attended a total of five quarterly convenings throughout the program.<sup>3</sup>

### Exhibit 3. CLHE Event Cycle



<sup>3</sup> The program was originally planned with six convenings, but the convening scheduled for February 2022 was cancelled due to a COVID-19 surge.

As part of the overall anti-oppression curriculum, each 2021 Cohort participant designed a personal equity-focused project, and each regional grantee organization facilitated the design of a group project with their participants. These projects were fully planned by the end of the 24-month curriculum (November 2022) but were not necessarily intended to be implemented during the 24-month cycle and may or may not be implemented after the grant period. The purpose of the project plan activity was for participants to apply what they were learning to an individual and a collaborative project plan. While there were no fixed criteria for the projects in terms of topic or scope, they were expected to address one or more of the root causes of inequity in participants' communities and be feasible to implement within local socio-political contexts.<sup>4</sup> Transformative Alliances provided technical assistance to plan the projects.

### ***Continuing Track***

CLHE's Continuing Track picked up where CLHE's inaugural 2018–2019 cohort left off. Exhibit 4 provides an overview of the CLHE Continuing Track. A group of 23 participants who expressed interest in continuing participated in this program track.<sup>5</sup> The curriculum in this track focused on developing leadership and community-organizing skills, building relationships and support networks, working on community outreach and engagement, engaging policy makers, organizing grassroots fundraising, resolving community conflicts, and developing actionable plans for equity- and health equity-based change.

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<sup>4</sup> Both individual and group project plans were required to include the following eight components: (1) Project topic/focus, (2) health equity issues and health impact, (3) oppressed people or groups of people to be impacted, (4) community helpers (those helping to get the project done) and connectors (people who could help with connections), (5) advisors (community experts who could help the project), (6) decision makers (those who could make or break the project), (7) opponents, and (8) potential funders.

<sup>5</sup> Five participants were enrolled in both program tracks – four of them were grantee point people in the 2021 Cohort and were also continuing participants in the Continuing Track. As such, they had the opportunity to provide evaluation data via both tracks. The Continuing Track had one grantee who guided participants and handled logistics.

#### Exhibit 4. CLHE Continuing Track At-A-Glance

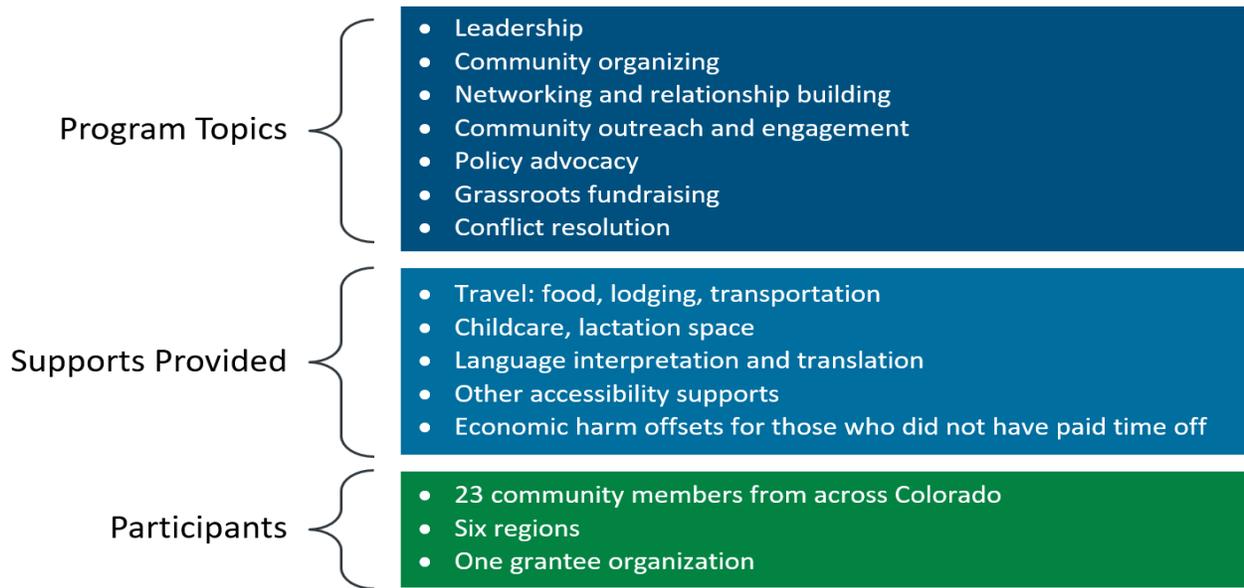


Exhibit 5 presents an overview of the Continuing Track participants’ self-reported demographics based on the program roster.

#### Exhibit 5. Continuing Track Cohort Participant Demographics (n = 23)

| Demographics                     | %   | Demographics          | %   |
|----------------------------------|-----|-----------------------|-----|
| <b>Region</b>                    |     | <b>Pronouns</b>       |     |
| 1–Fort Morgan & Yuma             | 30% | He/him                | 4%  |
| 2–Lamar                          | 9%  | She/her               | 87% |
| 3–Antonito, Saguache, & San Luis | 26% | They/them             | 9%  |
| 4–Montrose                       | 4%  | <b>Race/Ethnicity</b> |     |
| 6–Colorado Springs               | 9%  | Black                 | 13% |
| 7–Denver Metro                   | 22% | Mestizx               | 52% |
| <b>Language</b>                  |     | Third Space Mestizx   | 9%  |
| Monolingual English              | 61% | White                 | 26% |
| Monolingual Spanish              | 17% | <b>Age</b>            |     |
| Bilingual English/Spanish        | 22% | Youth                 | 17% |
| Other                            | 0%  | Adult                 | 83% |

Note. Youth includes participants less than or equal to 25 years old.

Like the 2021 Cohort, Continuing Track participants were provided with lodging, meals, interpretation and translation support, other accessibility supports, childcare, and economic-harm offsets. The track activities consisted of a rotation of nine full-group, 2-day gatherings held in Denver and Pueblo and eight small-group intensive coaching sessions, all facilitated by Transformative Alliances (Exhibit 6).<sup>6</sup>

**Exhibit 6. Continuing Track Event Cycle**



### Evaluation Questions

The evaluation questions are presented in Exhibit 7.

Designed to touch on multiple aspects of the program and evaluation, these questions guided our evaluation-plan design, data collection, and final analysis. We have presented our findings for each question in [Chapter 3](#).

**Exhibit 7. CLHE Evaluation Questions**

| Question type                       | Evaluation questions  | 2021 Cohort Track                   | Continuing Track                    |
|-------------------------------------|---|-------------------------------------|-------------------------------------|
| <b>Overall evaluation questions</b> | <ul style="list-style-type: none"> <li>How did the participants experience the program?</li> <li>How did participants' knowledge and awareness change over time?</li> <li>How did participant engagement change over time?</li> </ul>   | <p>✓</p> <p>✓</p> <p>✓</p>          | <p>✓</p> <p>✓</p> <p>✓</p>          |
| <b>Implementation question</b>      | <ul style="list-style-type: none"> <li>How were participants actively engaged in events, activities, and assignments? What worked well/did not work well? How were challenges resolved? What were some suggestions for improvement? What were some lessons learned?</li> </ul>  | <p>✓</p>                            | <p>✓</p>                            |
| <b>Outcome questions</b>            | <p>To what extent did the program activities and events:</p> <ul style="list-style-type: none"> <li>Change participants' views of themselves and their relationships to systems of oppression?</li> <li>Build participants' motivation and self-efficacy to take action to address inequities and health inequities in their local communities?</li> <li>Build participants' leadership skills related to communication, grassroots organization, meeting facilitation, and public speaking?</li> <li>Develop a social network through which participants could share information and discuss issues related to SDOH and equity with others?</li> </ul> | <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> | <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> |

*Note.* SDOH = social determinants of health.

<sup>6</sup> The original design of the Continuing Track was 24 months, but accommodations due to COVID-19 extended the program from 2019–2022.

## Evaluation Approach

### CoP Conceptual Framework

To guide the evaluation, we used the CoP conceptual framework,<sup>7</sup> an adult learning theory that emphasizes the social nature of learning through engagement in a shared practice. This framework enabled us to create a logic model representing the theory of action driving the program implementation and expected outcomes of CLHE participation. The logic model (see [Appendix A](#)) identified points in the program implementation where we expected to see evidence of and therefore measured change at the participant and community levels.

Three key components of the CoP framework that apply to the evaluation of CLHE are the domain, the community, and the practice.<sup>8</sup> In the context of CLHE, the domain is health equity, the community is the grantees and participants, and the practice is social action toward equity. The idea is that to reach CLHE's long-term goals, grantees and participants must move into the realm of practice through engagement in social action toward equity. This action may involve designing and implementing a community project to promote health equity, or it may involve joining an ongoing health equity effort in the community.

### Mixed Methods

An evaluation of this scope lends itself to a mixed methods approach with a focus on qualitative data to account for the diverse community contexts in which CLHE participants live and work. The evaluation team drew on the literature to develop evaluation tools that fit within one common plan and that could be varied slightly based on local context.<sup>9</sup> For example, we designed focus group guides as semi-structured protocols that allowed for question probing and flexibility based on the issues that arose within each group. We also designed the feedback and social network surveys that allowed us to capture consistent quantitative data across the cohorts. For this evaluation of CLHE, we also designed a participant reflection tool in order to center participant voices. This approach provided a complex and multifaceted picture of CLHE and allowed us to describe implementation and key outcomes broadly. The use of mixed methods also allowed us to triangulate information gathered quantitatively and qualitatively, supplement data gathered from one source with data gathered from another and produce richer analyses by integrating different viewpoints into the data.

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<sup>7</sup> Lave, J., & Wenger, E. (1991). *Situated learning: legitimate peripheral participation*. Cambridge University Press.

<sup>8</sup> Wenger-Trayner, E., & Wenger-Trayner, B. (2015, June). *Introduction to communities of practice: A brief overview of the concept and it uses*. Wenger-Trayner.com, <https://wenger-trayner.com/introduction-to-communities-of-practice/>.

<sup>9</sup> Ross, S. J., Preston, R., Iris, L. C., Matte, M. C., Samson, R., Filedito, T. D., Larkins, S. L., Palsdottir, B., and Neusy, A. J. (2014). The training for health equity network evaluation framework: a pilot study at five health professional schools. *Education for Health, 27*(2), 116–126.

## Implementation and Outcome Evaluation

The implementation aspect of the evaluation assessed how participants experienced and engaged with CLHE activities and identified facilitators and barriers in meeting participants' learning needs. The outcomes aspect of the evaluation described the progress toward the outcomes that the CLHE tracks were intended to achieve (i.e., changes in participant knowledge, awareness, self-efficacy,<sup>10</sup> and engagement over time). Both aspects of the evaluation were guided by the CoP conceptual framework. Based on the results of the evaluation, we have made recommendations that can be considered in future implementations of programs similar in scope.

## Chapter 2. Methods

This evaluation employed five data collection methods to gather a robust data set that we used to answer the evaluation questions. These methods included: (1) observations, (2) focus groups, (3) a participant feedback survey, (4) a social network analysis survey, and (5) a participant reflection tool. Most data were intended to be collected on site at CLHE convenings and Continuing Track gatherings. While navigating COVID-19, some of the baseline data collection was conducted virtually.



The on-site data collection team consisted of two local consultant partners from the AIR evaluation team: Mariana Enríquez and Miriam Estrada. Based in Denver, they are both fluent in English and Spanish and familiar with the social landscape in which the program operated, enabling them to provide nuance to our analyses. They presented the overall data collection effort to both program tracks and were on-site during planned events to conduct field observations and help facilitate completion of the participant feedback and network surveys, facilitate focus groups, and offer participants an opportunity to engage with the reflection tool. They were able to work with participants in their preferred language both on site and during follow-up communications. When possible, they participated in program activities to better understand the participant experience and have a better context of the program.

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<sup>10</sup> In this evaluation, self-efficacy is operationalized as part of a progression, where an increased knowledge and understanding leads to a change in attitudes, attainment of new skills and self-efficacy, or the participants' belief that they can successfully engage in change-making. Sharp, A., Brandt, L., Tuft, E., & Jay, S. (2016). Relationship of self-efficacy and teacher knowledge for prospective elementary education teachers. *Universal Journal of Educational Research*, 4(10), 2420–2427. <https://doi.org/10.13189/ujer.2016.041022>

For detailed descriptions of the methods used for each data collection activity, see [Appendix B: Community Leaders in Health Equity: Qualitative Analysis](#); [Appendix C: Community Leaders in Health Equity: Social Network Analysis](#); and [Appendix D: Community Leaders in Health Equity: Analysis of Participants' Feedback Survey](#).

## Evaluation Advisory Group

To ensure validity of the evaluation findings we engaged participants in both cohorts in an evaluation advisory group (EAG) after programming, data collection, and analysis were completed as an opportunity to review the initial results and evaluation findings. These member-checking sessions allowed the evaluation team to discuss our initial findings and interpretations and ask participants whether these findings resonated with them and their experience of the program. The discussions informed the final findings, and the feedback participants provided is woven into the analyses provided in Appendices B–D.

For the 2021 Cohort, the evaluation team recruited participants via email to participate in a virtual feedback session. We emailed all participants who completed the program using email addresses from the initial program roster. We scheduled one-hour sessions facilitated by the evaluation team, offering them in both English and Spanish at different times of the day and on different days of the week. We facilitated seven sessions, each including between 1–4 people, with a total of 13 participants. Participants who attended were provided with a \$50 gift card of their choice (electronic or physical Amazon, Target, or American Express) as an appreciation of their time and insight. The 2021 Cohort participants were presented with a selection of highlighted findings across data collection efforts, including both qualitative and quantitative findings. The evaluation team probed participants after each set of results about whether the results resonated with them, whether they had additional feedback to consider in the interpretation, or whether they had any questions about the results and how they were presented. Participants also provided input on data visualizations and recommended audiences for the evaluation findings.

The evaluation team recruited Continuing Track participants in the summer of 2022 to participate in an EAG and provide feedback on the [CLHE Continuing Track report briefs](#) developed based on the specific elements of the Continuing Track data. Recruitment took place via email (all participants who completed the program for whom we had email addresses from the program roster were invited to participate). We scheduled two sessions with simultaneous English/Spanish interpretation—one focusing on the Continuing Track's social network analysis and the other on the personal transformations that took place during broader CLHE participation. Participants were invited to attend one or both sessions and were offered a \$50 gift card of their choice for each session attended as a token of appreciation for their time and insight. Although there was a lot of initial interest, scheduling at a time that accommodated everyone's needs

proved to be a challenge, and in the end, only one participant attended both sessions. Although this participant’s feedback was essential, it cannot be considered as representative of the entire group.

## Chapter 3. Findings

The findings from the CLHE program based on the data collected and analyzed from both the 2021 Cohort and the Continuing Track cohort have been organized according to the evaluation questions. Where the evaluation questions were oriented toward change over time, we have highlighted any observed changes over time. We have also specified where findings were unique to a specific track.

### How did participants experience the program?

***Most participants experienced the program as transformational, changing how they viewed themselves in the context of inequity and oppression.***

Participants across both program tracks described the experience as life changing and the learning as essential to bringing about social justice for specific communities. Several acknowledged even at baseline that **the program made them aware for the first time that they had experienced both privilege and oppression, which helped them empathize with the plights of others.**

Participants also said that they had begun behaving differently in their families, calling out oppressive actions, and that they had gained an increased sense of empathy and humility toward others who experience similar or different oppressions. Participants reflected that they gained greater self-awareness and began to

- heal from past traumas,
- recognize and unlearn internalized oppression,
- think for themselves,
- acknowledge privileges they had benefitted from, and
- show themselves more compassion for behaviors they engaged in or decisions they made in the past.

“  
Aquí aprendí . . . que tal vez yo no la sienta, pero puedo distinguir de otras personas menos privilegiadas que yo que sí están sufriendo. Ya tengo la respuesta del por qué las personas menos privilegiadas se comportan de cierta manera . . . Porque tienen que buscar el modo de sobrevivir.

*Here I learned . . . that although I may not experience it, I can distinguish that other people less privileged than me are suffering. I have the answer to why less privileged people behave in a certain way . . . Because they have to find a way to survive. (2021 Cohort participant in endline focus group)*

The program challenged them to consider new perspectives, and as a result, they reported the abilities to check their biases and practice being more open minded. They left the program with hope that change can occur at the grassroots level and that they could be agents of that change.

***Participants found the program emotionally challenging and believed it was ultimately worth the effort.***

By design, the CLHE curriculum was emotionally challenging for many participants. As they learned about different forms of oppression in depth, both those who had had experiences of oppression and those who began to recognize themselves as people of privilege found that the program content could evoke emotional reactions, such as anger, fear, defensiveness, numbness, and feelings of being threatened or unsafe. Transformative Alliances built into the program ways for participants to keep safe spaces, recognize their own responses, and take care of themselves. The facilitators advised individuals who benefitted from oppression not to process their emotions with others from a group targeted by that oppression. Participants were encouraged to talk with the program facilitators when those issues arose, highlighting the importance of addressing such feelings and engaging in their own healing work.

The Continuing Track program proved especially challenging for participants who entered the program by themselves or whose fellow regional members did not continue participating, as they did not feel that they had access to the same level of emotional support as those whose regional groups stayed more intact. They recommended that all participants who chose to participate in the Continuing Track be informed ahead of time that they will benefit the most if they have someone close with whom they can process the heaviness of the topics.

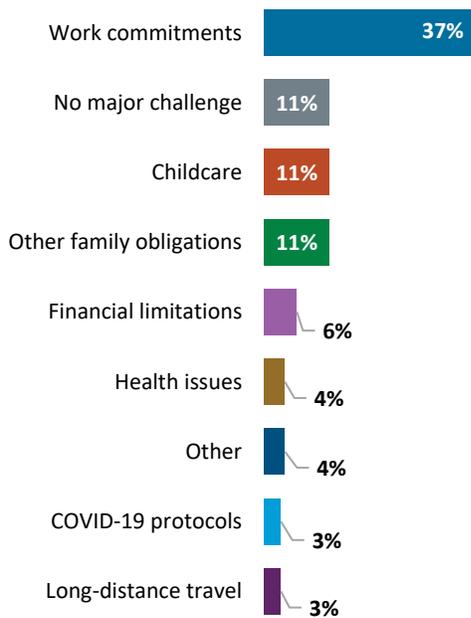
While the content was challenging, participants ultimately felt their experiences were reflected in the curriculum. They found the reflection of their experiences particularly moving and validating; several indicated that they would graduate from the program with a greater understanding of themselves and their personal stories. **Participants left the program with greater recognition of where they were positioned and had to reckon with the harmful actions in which they had previously, albeit unintentionally, engaged.**

“  
I’m a very sensitive person, and I magnify . . . things. And a lot of the conversations we’ve had here have been very deep for me and real intense. But like [another participant said,] at the end of the day, you get together with your friends and have a little fun and it lightens everything up, but it’s opened up a lot of me that really needed to be opened up.  
(Continuing Track participant in  
endline focus group)  
”

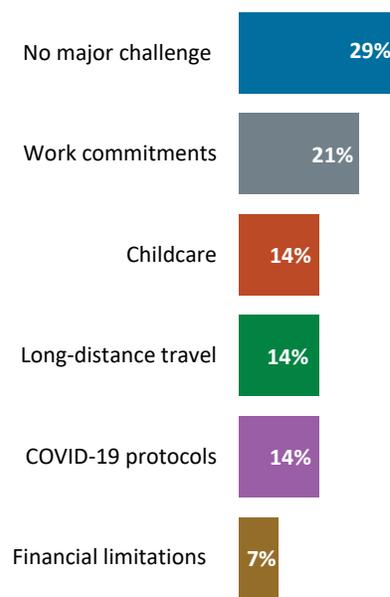
***Participants cited work commitments and other home-life logistics as their biggest challenges to participation.***

While several survey respondents across both cohorts noted they had no major challenges to participation, those who did report challenges cited work commitments more than any other factor (see Exhibits 8 and 9). Childcare, long-distance travel, and other family obligations were also reported as challenges to participation. While Transformative Alliances took care to make the program accessible to as many grassroots community members as possible, the realities of participants' individual lives, work obligations, and family situations did not always facilitate participation in a program that required being away from home for multiple days at a time on multiple occasions. Some participants' employers supported their participation, but others did not, and those participants had to figure out how to engage without that support.

**Exhibit 8. 2021 Cohort's Greatest Challenges to Participation (n = 35)**



**Exhibit 9. Continuing Track Cohort's Greatest Challenges to Participation (n = 14)**



***CLHE was a catalyst in participants' journeys to becoming and growing as advocates for equity and social justice.***

The thorough curriculum provided participants with the knowledge and practical skills they needed to start thinking about and implementing change in their communities. The curriculum was structured to include both traditional lectures and a presentation-style format along with immersive, participatory activities. **Participants credited their participation in CLHE with helping them gain a strong sense of empowerment and hope in their capacity to be agents of change for their community and also in their capacity to advocate for themselves and improve their own lives.** Participants repeatedly referred to CLHE as a life-changing

opportunity. They made it clear that this was not an exaggeration and that they were in fact profoundly impacted by the program. This experience included discerning an increase in their self-efficacy to be change-agents, detecting a newfound and invigorating desire to share with others what they learned, arriving at a commitment to implement changes in their household, and finding within themselves a greater capacity for empathy.

## How did participants' knowledge and awareness change over time?

### ***Participants' knowledge and awareness of systems of oppression and health equity increased over the course of the program.***

Whether participants entered the program with no prior knowledge of various forms of oppression or health equity or entered it having worked in the field, they all reported having learned an immense amount from CLHE. From baseline to endline across both tracks, survey respondents reported an increase in all knowledge areas. For the 2021 Cohort, these knowledge areas included the following: social power, privilege, and oppression; race and racism; socioeconomic class and classism; gender and sexism; language and language oppression; nation of origin, citizenship status, and nationalism; health equity; how inequities and social factors affect health; leadership; and hosting and facilitating events in their communities. The Continuing Track cohort saw an increase in knowledge across the following areas: social power, privilege, and oppression; health equity; how inequities and social factors affect health; leadership; how to set realistic goals and build a plan or campaign; how to talk to decision-makers and influential people in support of equity issues; and how to work with members of their community to promote equity, health equity, and justice.



Esa es la habilidad que aprendimos aquí, a distinguir y cómo abordar (el problema), cómo voy a poder llegar hasta ahí, por pasos, cómo agarrar a las personas que me van a ayudar, cómo buscar los recursos . . . Aunque sea un poquito puedo apoyar, poner mi granito de arena para empezar a fomentar el cambio.

*This is the skill that we learned here, to distinguish and how to approach (the problem), how I am going to be able to get there, step by step, how to get a hold of the people who are going to help me, how to find the resources . . . Even if by only a little, I can support, do my bit to start advancing change. (2021 Cohort participant in endline focus group)*



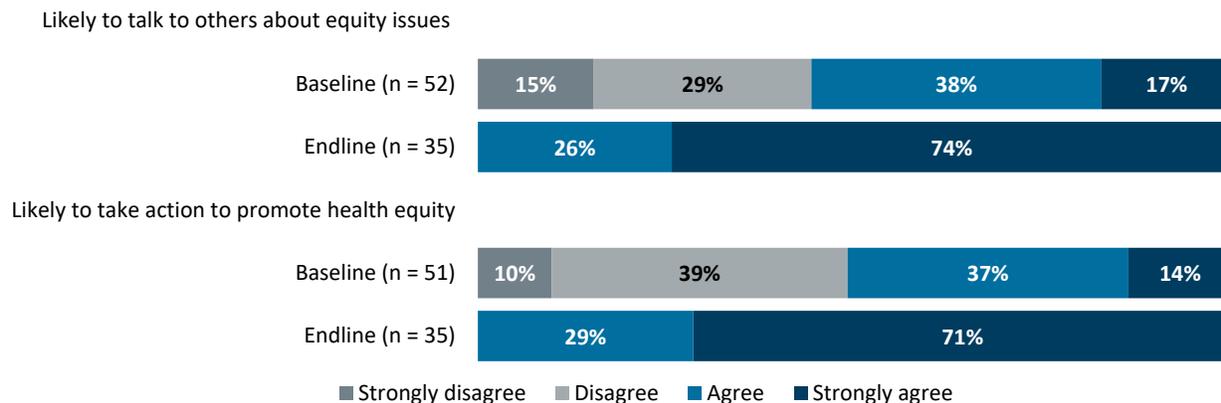
Survey respondents also confirmed at both baseline and endline that it was important for them to learn the material, they understood the topics presented, and they would use what they had learned. In their reflections, participants commented that some of the particularly memorable content focused on learning about biases, the history of the United States, and various “-isms” (e.g., racism, classism, sexism, nationalism, and language oppression), as well as the history of resistance movements against these forms of oppression. The content provided participants with the knowledge not just to name inequities but to understand their roots and the greater implications of those inequities. **With this increased knowledge and awareness, participants gained confidence to apply what they learned in the program to various aspects of their lives.** They also expressed their intent to share what they learned through their participation in the program.

“  
Something another participant said has stuck with [me]: “I knew some of these things, these facts (like the wealthy getting tax breaks). But now I understand the *implications* of those things. It really means something more than just the fact.”  
”  
(2021 Cohort participant reflection)

***This increased knowledge supported a greater sense of self-efficacy among participants along with participants’ belief that they could engage in change for their communities.***

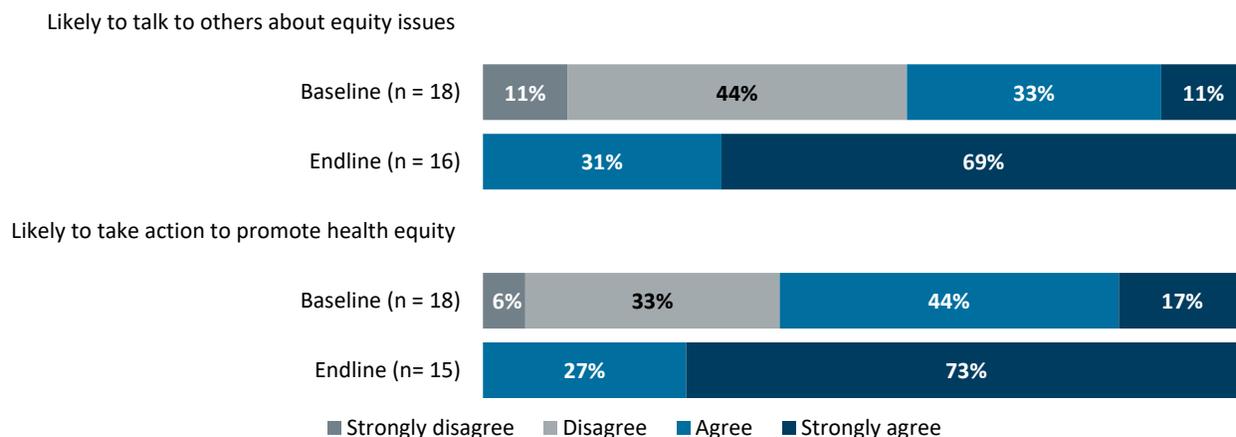
At baseline, only just over half of 2021 Cohort survey respondents noted that they were likely to talk to others about equity issues and were likely to take action to promote health equity, whereas by endline, all survey respondents indicated they were likely to do so. **Without the knowledge learned throughout the program, and the skills they developed through the applied learning activities, participants would not have seen themselves as change-agents, capable of going back to their communities to engage in conversation and action around equity.** While the survey data are not generalizable to the whole cohort, EAG members’ feedback confirmed that this finding reflected their experiences and noted that it was likely applicable to all participants, not just those who completed the survey.

## Exhibit 10. 2021 Cohort’s Intention Toward Diffusion and Action



At baseline, fewer than half of Continuing Track respondents were likely to talk to others about health equity issues, and two thirds reported that they were likely to take action to promote health equity. At endline, all respondents were likely to talk to others about health equity issues and were likely to take action to promote health equity. Although it was surprising that the baseline numbers were not higher—these participants had already undergone the initial round of CLHE programming—as in the 2021 Cohort, the results indicated that the program provided them with the tools and confidence to act on what they had learned.

## Exhibit 11. Continuing Track Cohort’s Intention Toward Diffusion and Action



## How did participant engagement change over time?

### *Participants’ engagement with one another increased over time.*

Participants made connections with one another throughout the program, and the intensity of these connections also increased in both cohorts. **The total number of same-region and cross-**

regional ties<sup>11</sup> among participants increased substantially over the course of CLHE: there was a nearly eightfold increase in ties among the 2021 Cohort (from 112 to 881) and a nearly ninefold increase among the Continuing Track cohort (from 23 to 205), suggesting that the initiative brought together previously disconnected individuals to form a CoP.<sup>12</sup> Ties among participants within the same region more than doubled in both cohorts, from 89 to 191 in the 2021 Cohort and from 18 to 41 in the Continuing Track, and an even greater expansion occurred in ties across regions, likely because there were more people outside of their region with whom to connect (Exhibit 12).

**Exhibit 12. Counts of Ties Prior to CLHE and at End of CLHE, Both Tracks**

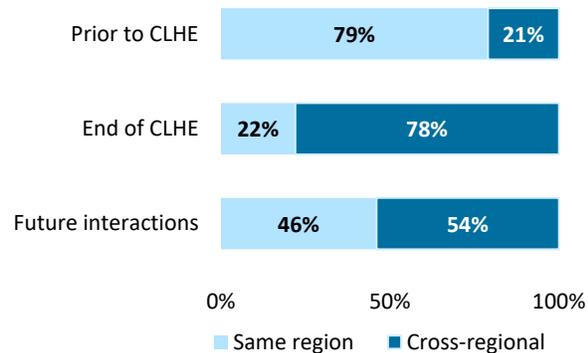
|                  |                | Prior to CLHE | End of CLHE |
|------------------|----------------|---------------|-------------|
| 2021 Cohort      | Same region    | 89            | 191         |
|                  | Cross-regional | 23            | 690         |
|                  | <b>Total</b>   | <b>112</b>    | <b>881</b>  |
| Continuing Track | Same region    | 18            | 41          |
|                  | Cross-regional | 5             | 164         |
|                  | <b>Total</b>   | <b>23</b>     | <b>205</b>  |

Thus, although prior to CLHE, a little more than 20% of ties in both cohorts were within the same region, by the end of CLHE, 78% of ties in the 2021 Cohort and 80% of ties in the Continuing Track were cross-regional. In the 2021 Cohort, cross-regional ties increased from 23 to 690; in the Continuing Track cohort, ties increased from 5 to 164. Although the proportion of cross-regional ties increased relative to the within-region ties, both sets of ties increased, further highlighting participants’ increased engagement with one another during the program.

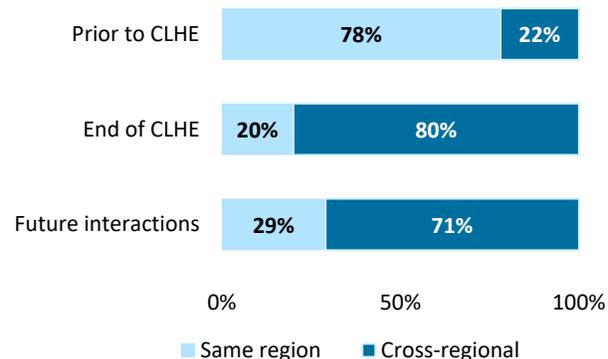
<sup>11</sup> Ties means two nodes (participants) were connected or interacted with one another. In our analysis, ties are undirected, meaning we considered two participants connected if at least one of them reported an interaction with the other.

<sup>12</sup> Note that there were 61 baseline and 27 endline respondents in the 2021 Cohort compared with 17 baseline and 18 endline respondents in the Continuing Track, which is why there are fewer Continuing Track ties overall.

**Exhibit 13. 2021 Cohort’s Percentage of Ties Across Regions**



**Exhibit 14. Continuing Track Cohort’s Percentage of Ties Across Regions**



Note. CLHE = Community Leaders in Health Equity program.

This engagement in the CoP was also observed throughout the program, and participants were observed becoming friendlier and more engaged with one another as they got to know one another better and work together on the various activities. A sense of camaraderie was developed, with participants seen in animated conversations during meals, breaks, and at the end of each day. Even those who spoke different languages were observed communicating with one another. Further, participants from different regions reported wanting to learn from one another, becoming interested in one another’s work, and trying to find connections with their own work. They reported extending their social and professional networks, and they expressed immense appreciation for the opportunity to meet people from all over the state, citing this as an important part of their CLHE experience.

***While there was attrition, participants who graduated remained engaged in program activities and expressed a desire for future programming.***

The 2021 Cohort lost about one-third of its original participants over the course of the program. Those that remained in the program through graduation, however, were engaged and committed to seeing CLHE to completion. They were disappointed that they were not offered an opportunity to participate in the Continuing Track and to learn that CLHE would no longer be funded by The Trust. **Many participants reflected that they would recommend the program to others, and some were eager to do their part to bring the content to their community.**

Universal participation in the group and individual project plan presentations among the 2021 Cohort demonstrated this continued engagement. Participants intended to continue working on their projects by conducting workshops, receiving support from their workplace, working with local community officials, promoting adult education and information access, and working with hospitals, among other efforts.

“  
I can't express how much I have benefited from this program for the last 4 years . . . Thank you so much – Please continue to support this program and our communities. More people need this education!!!  
(Continuing Track participant reflection)  
”

Continuing Track participants were similarly engaged to the end of programming; all survey respondents confirmed that their expectations of the program were met, and all agreed that they would encourage others to participate in the Continuing Track. They were unaware of The Trust's decision to not pursue funding at the time of endline data collection, but informally the evaluation team observed their disappointment in the cessation of resources, and they were also disappointed that the 2021 Cohort would not be able to experience the Continuing Track as they had.

**How were participants actively engaged in events, activities, and assignments? What worked well/did not work well? How were challenges resolved? What are some suggestions for improvement? What are some lessons learned?**

***The CLHE curriculum was designed to reach participants at all levels and learning needs, enabling accessible learning opportunities.***

The CLHE curriculum was developed to meet and engage with participants however they learned best. Observation data showed that during the CLHE convenings, facilitated activities were varied in format to include lectures, video presentations, role-playing, games, reviews of written content, question-and-answer sessions, and individual, paired, and small-group reflections. By engaging in these diverse activities, participants were able to develop and practice different skills, such as public speaking, active listening, negotiation, and team building.

**The structure of the program events provided participants with multiple opportunities to engage with the content and process new information in a variety of ways.** The mix of facilitation approaches was used effectively to provide participants with a range of backgrounds, prior knowledge, and skills to engage with and learn from one another. All participants, including those from groups targeted by oppression, had various opportunities to speak and be heard.

***Participants demonstrated engagement in learning by using terminology, becoming more active participants, and confirming they believed the material was important to learn.***

At endline, all survey respondents in both the 2021 Cohort and the Continuing Track agreed or strongly agreed that learning about the materials and concepts presented in the program was important, that they understood the basic topics presented, and that they would use what they had learned.

**By endline, focus group respondents' discussion was more focused on moving to action. They expressed their desire to share their newfound knowledge with others in their community and to start (or continue) applying what they had learned.** Their commitment to learning and engaging with the program events, activities, and assignments meant that they left the program with more confidence and self-efficacy to make change in their communities.

***Program facilitators were well regarded, and participants cited them as a key facilitator of the success of the program.***

Overall, participants were impressed with the facilitators' knowledge, organization, stamina, and kindness. At baseline, focus group participants expressed admiration for the way the facilitators were able to "walk the talk" and practice equity principles throughout the program. They also appreciated the way facilitators appropriately attended to the emotional needs of participants and engaged in conflict resolution when interpersonal incidents occurred. Participant reflections noted participants' gratitude for the Transformative Alliances team, who they described as knowledgeable, creative, and exceptional role models who led by example. Moreover, participants felt that the facilitators made the content comprehensible and engaging, which in turn made the experience unforgettable.

One Transformative Alliances co-president and three of their facilitators were bilingual and able to present content and provide help to participants in their own language. Throughout the



The program is giving me the skills to be able to talk about inequity and oppression in an informed way. I'm getting more confidence initiating and facilitating these conversations. I will be using my personal project outcomes and everything I've learned in my work as a trainer and group facilitator. (2021 Cohort participant reflection)



This program is amazing at breaking down the oppression and systematic exclusion that is prevalent in our institutions and culture. I really appreciate the amount of statistics and quantitative graphics used. They make it extremely easy to understand and internalize. (2021 Cohort participant reflection)



program, it was clear that participants felt comfortable with all Transformative Alliances members, as participants frequently approached them with questions after activities.

***There was room for improvement around expectations for the project design and implementation in the Continuing Track.***

The Continuing Track was intended to help participants to move from project planning to implementation and many participants received funding from The Trust to implement their plans. The projects were designed to address health inequities identified by program participants in their communities. Most respondents who implemented their projects said that they would continue them and articulated what they planned to do next. The [Applied Learning in the CLHE Continuing Track](#) report brief provides a more comprehensive understanding of the projects that came out of the Continuing Track and of what the applied learning component was able to achieve.

Not all Continuing Track participants were able to move to project implementation, and participants reported mixed experiences with the process. Several participants shared that they did not think the expectations for the projects were sufficiently or clearly communicated by the facilitators, which created some challenges. These challenges included realizing too late that they had chosen a project that was unattainable within the given time frame, confusion regarding which project to move forward with, and feeling dissatisfied with the project they chose to pursue. Some participants described the Continuing Track’s project component as feeling disconnected from the rest of the program, especially once the planning discussions ceased and seemed to become a background activity outside the Continuing Track’s central events and activities.

“ I think the project for me was the biggest miss of this program. It just felt clunky or disconnected, so in the first convenings [the initial CLHE track], we had our personal projects that we presented and a group project. And then when we started the Continuing Track, we created a new project, or at least I did. And that piece never felt totally cohesive to me. (Continuing Track participant in endline focus group)

”

Although a few Continuing Track participants felt that their individual and group projects were not as successful as they would have liked, participants recognized that there were other informal projects and pursuits they took on in both their personal and professional lives as a result of the Continuing Track that they were proud of. These included developing working relationships with programs in other communities across the state and finding a greater sense of competency in community organizing and campaign running. Even though not all the projects were successful in terms of reaching their goals, the project activity met its objective of providing a context for applied learning.

## To what extent did the program activities and events change participants' views of themselves and their relationships to systems of oppression?

### *Participants reported a shift in how they approached their personal and professional relationships.*

Continuing Track participants reported positive changes in their attitudes and behaviors, specifically as a result of the relationships they developed with the other program participants. **They also discussed changes in how they interacted with others in their family and communities; with greater self-awareness came more motivation to make changes themselves.**

CLHE inspired personal growth that helped participants improve their lives both professionally and personally. The program helped them gain greater self-awareness to the extent that they were able to start understanding and healing from past traumas, recognize and unlearn internalized oppression, think for themselves, acknowledge privileges they had benefited from, and show themselves more compassion for past behaviors and decisions. Participants also described being motivated and confident in their ability to take action to address biases reflected in their workplaces, communities, families, and in their own behavior.

Inspired to improve their workplaces, participants reported joining board discussions, encouraging others to do so, using organizational funds to support diverse candidates running for elected positions, and building a pipeline for diverse candidates to enter leadership positions.

### *Over the course of CLHE, participants shifted from learning the concepts of systems of oppression and issues related to health equity to applying them to their work in their communities.*

With time, participants became more comfortable with the terminology and with contributing ideas, defending their positions, and becoming more assertive. They also reflected on the impact of oppression in their own and their families' lives, with some expressing the need to change the way they were parenting. **Toward the end of the program and especially during**

“  
I’m braver to correct my mother . . .  
Yeah. That’s a space I’ve never entered [before], the oppressions that we have, but also being the oppressor, and then also the language that sometimes my mother uses, or my family uses, and stopping it instead of just, “Oh, that’s just how they are.” (2021 Cohort participant in endline focus group)  
”

“  
The CLHE program has taught me how to think for myself and to interrupt some of the internalized ideas I have developed through growing up. (2021 Cohort participant reflection)  
”

**the presentation of their group and personal projects, it became clear that participants saw themselves as agents of change.**

Throughout the program, participants learned to identify health and social problems that created health inequities in their communities. They also learned to identify when these problems were caused by oppression and what type of oppression. They engaged in root-cause analyses and generated possible solutions. Through the guidance of the Transformative Alliances team, participants distinguished which solutions were actionable and identified potential allies in their community, possible barriers, and potential funders for implementing their project plans. At the end, each regional group and individual participant presented their plan to address health equity problems in their community, with some sharing how they had already begun the process of implementation.

***Most participants identified as being affected by oppression but said they now had the tools to begin addressing it.***

While most participants identified as being affected by some type of oppression, the program helped them learn to begin to do something about it. They identified their acquired tools as including a rich vocabulary, a profound awareness regarding issues of health equity, and a repertoire of hands-on teaching exercises. These skills stood out to them as useful in engaging others to share information on and discuss SDOH and other issues of equity. **Some of the spaces that participants listed as places where they were currently integrating their new skills and tools or would like to in the future included their classrooms, youth groups, and anywhere where there was someone willing to listen.** Participants discussed feeling hopeful for the future because they were provided with these tools in the program.

“  
Pienso que he sido parte de un gran comienzo para empezar un cambio positivo e interrumpir injusticias.  
*I think that I have been part of a great beginning to start a positive change and interrupt injustices.*  
(Continuing Track participant reflection)  
”

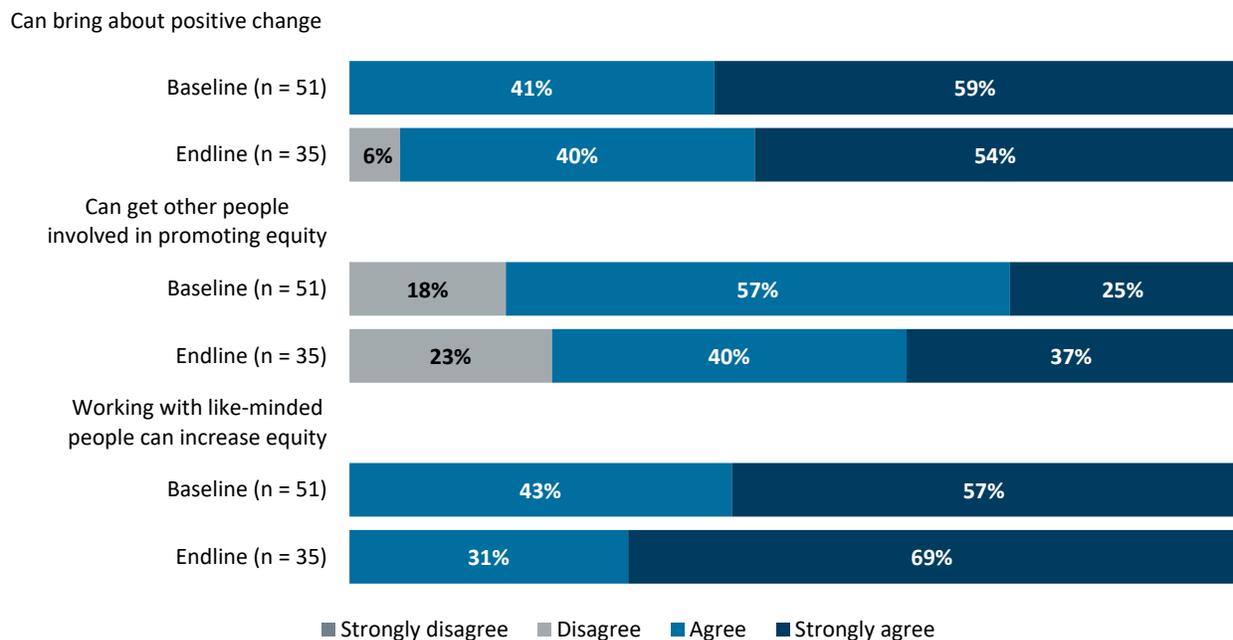
“  
I will be using what I've learned from my position at [place of employment] in several areas: for one, we need to make sure that what we do is more equitable, all the way around, and feasible for all oppressions, because what we've been doing in the past is not necessarily good for everybody. We've made stepping stones, but it's not where it needs to be yet.  
(2021 Cohort participant in endline focus group)  
”

## To what extent did the program activities and events build participants' motivation and self-efficacy to take action to address inequities and health inequities in their local communities?

*By the end of CLHE, participants believed that they could bring about change and involve others in that effort.*

At endline, 94% of 2021 Cohort survey respondents believed they could bring about positive change, and 77% believed they could get others involved in promoting equity, indicating that self-efficacy among participants was high and that they were motivated to move into action.

### Exhibit 15. 2021 Cohort's Belief That They Can Address Equity



Interestingly, these metrics both decreased from baseline, when 100% of participants thought they could bring about change and when 83% thought they could get others involved in promoting equity. While these decreases were not large, one reason for them could have been that with increased knowledge and awareness came a realization of how large the equity gaps are and how systemic oppression is, which may have led some participants to become more realistic about what they could accomplish. Another potential reason could have simply been respondent bias, as the baseline and endline respondents were not necessarily the same participants. EAG members also found this decrease surprising but hypothesized similar interpretations when we discussed reasons for the decrease.

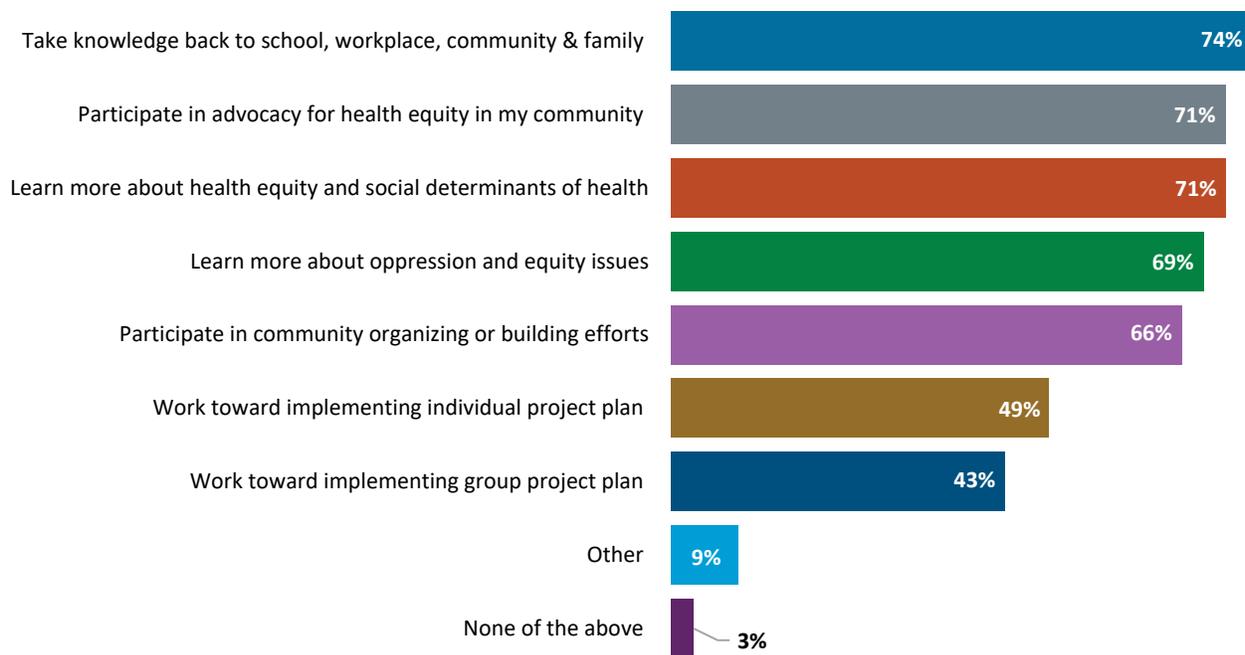
Not surprisingly, Continuing Track survey respondents all believed at baseline and endline that they could bring about positive change, get others involved in promoting equity, and work

together to increase equity in their communities. These participants had already gone through the initial round of CLHE and had increased their self-efficacy and continued their participation in the program with movement toward action as a primary motivator.

***Participants had active, concrete plans to share what they had learned and to implement their project plans.***

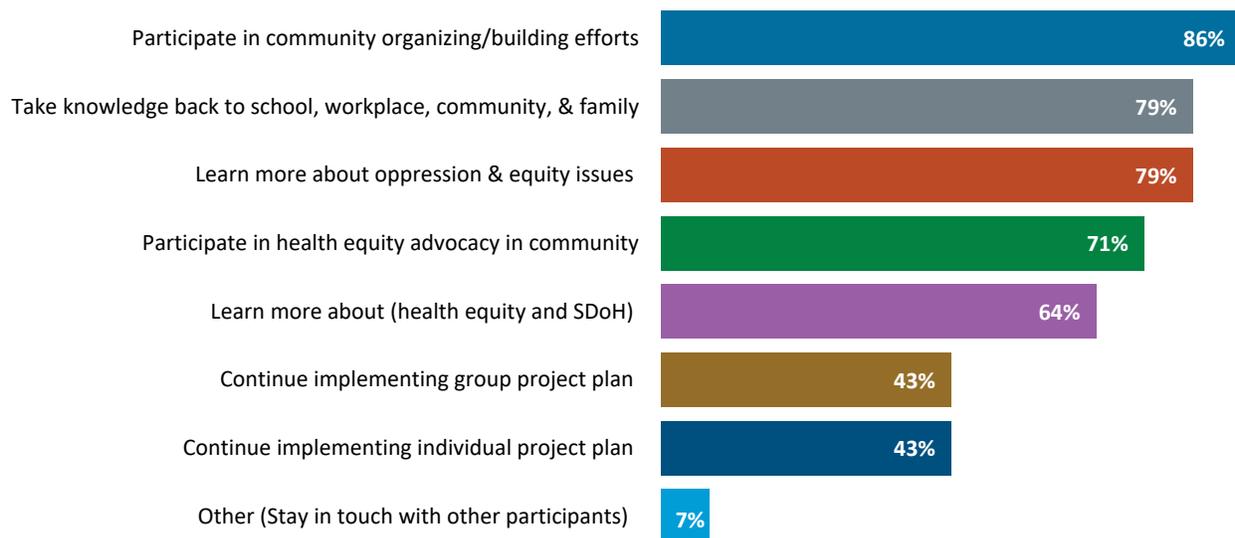
The majority of 2021 Cohort survey respondents reported planning to take their new knowledge back to their schools, workplaces, communities, and families after the program ended as well as planning to participate in advocacy efforts in their communities and further their learning in health equity, SDOH, oppression and equity issues. **CLHE participants largely felt that this was a steppingstone to further work by incorporating principles learned into their workplaces, implementing their project plans, or changing how they interacted with their families.**

**Exhibit 16. 2021 Cohort’s Future Plans (n = 35)**



More than 85% of Continuing Track survey respondents noted that they intended to participate in community-organizing and -building efforts as a result of participating in CLHE, further confirming the self-efficacy gained and increased over the course of the initial CLHE track. More than three quarters of respondents also noted that they planned to take knowledge back to their school, workplace, community, and family and that they would continue to learn about oppression and equity issues.

### Exhibit 17. Continuing Track Cohort’s Future Plans (n = 14)



Project plans for the 2021 Cohort varied, focusing on populations such as mothers, youth, those who experience language oppression, people who are unhoused, people who identify as queer, immigrants, and other populations targeted by oppression. The topics addressed included storytelling, cultural events, leadership training, incorporating DEI principles into workspaces, providing safe spaces for people who are experiencing oppression, increasing access to systems through language justice approaches, and creating media (e.g., newsletters and podcasts) to disseminate information related to health equity to community members. Participants intended to continue their projects by conducting workshops, receiving support from their employers, working with local community officials, promoting adult education and information access, and working with hospitals.

### To what extent did the program activities and events build participants’ leadership skills related to communication, grassroots organization, meeting facilitation, and public speaking?

*The applied learning opportunities created space for participants to engage in building skills.*

The formats of the observed activities were varied and included lectures, video presentations, role-playing, games (competitive and noncompetitive), reviews of written content, question-and-answer sessions, and individual, paired, and small-group reflections. **Through the activities, participants developed and practiced different skills, such as public speaking, active listening, negotiation, and team building.**

Opportunities for applied learning were further facilitated through the project plan activities for the 2021 Cohort when participants were encouraged to address a health equity issue in their community by thinking about whom they would reach and how, how they would engage other interested parties, and from whom they would seek funding. Group project presentations to the whole cohort and individual project plan fair-style presentations (in which participants stood by their poster to discuss their project plan and answer questions) provided concrete avenues for them to practice communication and public speaking.

Toward the end of the program, there was an observable change in how comfortable 2021 Cohort participants appeared when talking about issues of equity. The interactive CLHE program activities and events offered them the valuable experience of applying what they were learning in a safe environment. Participants were observed presenting their point of view on issues of oppression, while supporting their arguments with ideas that were well thought out, and sometimes confronting other participants' arguments in a respectful way. In the focus groups, several participants mentioned how this practice gave them the confidence to begin applying what they learned through CLHE at their workplaces. Others said they would use what they learned to continue working on their individual and group projects within their communities. Along with the knowledge and information, participants said they also gained soft skills critical for good leadership, such as self-awareness and empathy.

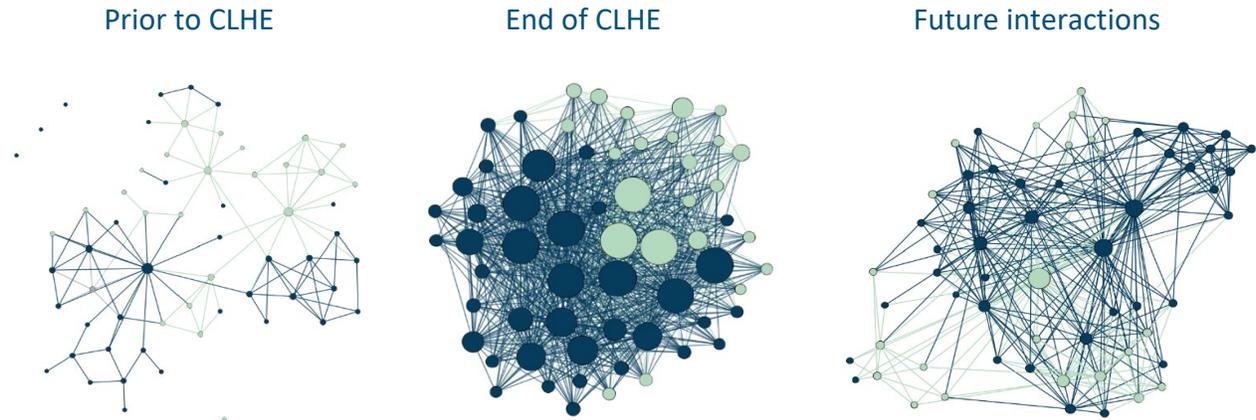
“  
My organization is a community-organizing group, and so we do a lot of organizing every day. But seeing people who are not cis white men of a certain age and status in positions of power is still not common. And so, building a bench . . . [and] leadership development . . . those two things are really instrumental in seeing systemic changes on a local level. (2021 Cohort participant in *endline focus group*)  
”

### **To what extent did the program activities and events develop a social network through which participants could share information and discuss issues related to social determinants of health and equity with others?**

#### ***A bilingual, multicultural CoP was formed through participation in CLHE.***

The number of connections developed over time and the intensity of interactions over time and across both geographic and language groups in each cohort indicated that strong networks were established in each CLHE cohort and that a CoP was formed across regional and language barriers. Participants in each cohort left the program tied into a statewide, bilingual, and multicultural network they could call on to advance their equity work.

### Exhibit 18. 2021 Cohort’s Network Graphs by Language Group

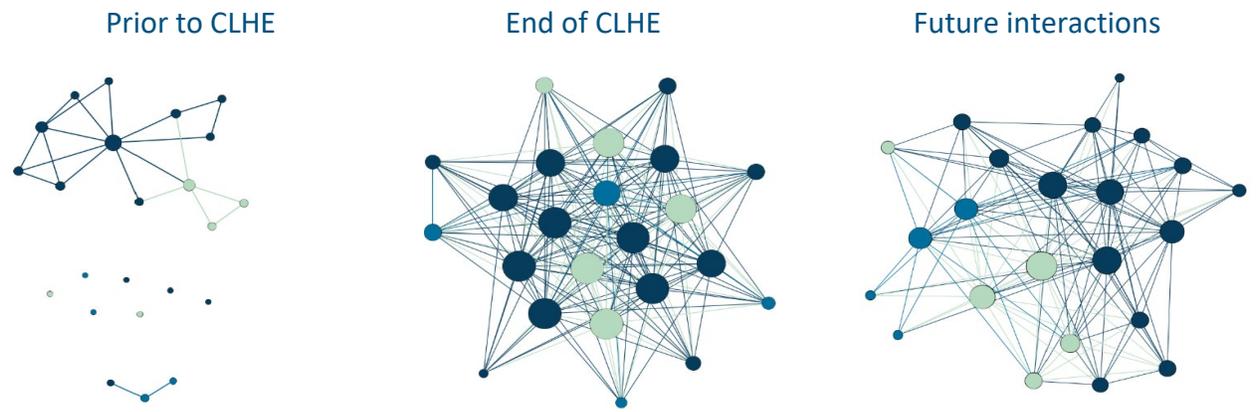


**Legend**

Monolingual English  Monolingual Spanish and bilingual

*Note.* CLHE = Community Leaders in Health Equity program. Monolingual Spanish and bilingual speakers were combined to preserve the anonymity of the two monolingual Spanish speakers in the 2021 Cohort. Each circle (node) represents a participant, and each line (tie) represents connections between participants. Larger circles correspond to participants with a greater number of lines, or ties, leading to other participants. For a larger version of this graphic, click [here](#).

### Exhibit 19. Continuing Track Cohort’s Network Graphs by Language Group



**Legend**

Monolingual English  Bilingual  Monolingual Spanish

*Note.* CLHE = Community Leaders in Health Equity program. Monolingual Spanish and bilingual speakers were combined to preserve the anonymity of the two monolingual Spanish speakers in the 2021 cohort. Each circle (node) represents a participant, and each line (tie) represents connections between participants. Larger circles correspond to participants with a greater number of lines, or ties, leading to other participants. For a larger version of this graphic, click [here](#).

Participants expressed immense appreciation for the opportunity to meet people from all over Colorado. They reported learning a lot about one another, the organizations they were associated with, and the communities they came from. Some acknowledged that they had no idea that some of the towns from which other participants came even existed or that if they were aware of them, they had made assumptions about the people who lived there—assumptions they learned were incorrect. Traveling and talking to people from different parts of Colorado opened participants’ eyes to the reality that the state is not a monolith, and participants realized that challenges and initiatives undertaken across the state affect each community uniquely and that there are passionate activists and advocates everywhere.

“ I think it’s really easy to make assumptions about Colorado . . . You can’t just paint broad brush strokes about what needs are in our communities. And this has just so highlighted the different needs in our communities and the experts that we now know who we can talk to about various regions and various organizations . . . I’m so impressed with people in Colorado. It was so nice to be in this particular space, having these conversations with a large group of people was so exciting. (2021 Cohort participant in *endline focus group*) ”

Participants expressed interest in maintaining their relationships with counterparts from across the state. Some had already circumvented the distance by creating online spaces where they could share resources. **Overall, participants agreed that they now had a rich network of people to whom they felt comfortable reaching out to for guidance, support, and resources related to their equity projects and pursuits.** Even those who felt they did not form as many connections as they could have during the program expressed the desire to follow up with other CLHE participants in the near future.

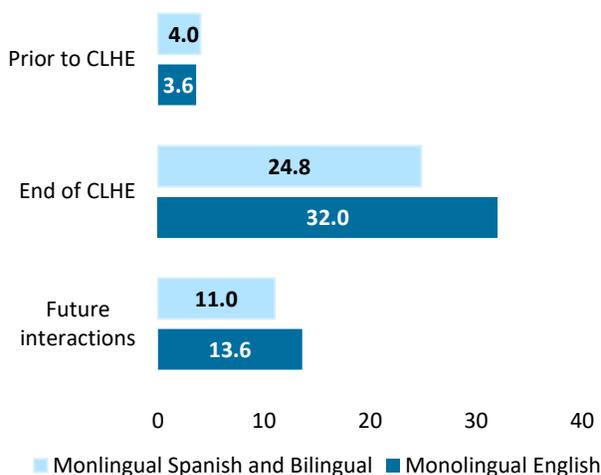
***While language justice principles were employed, there were differences in the volume of connections across language groups.***

In accordance with language justice principles, most of the program content was delivered with live English/Spanish interpretation by the [Community Language Cooperative](#). Everyone who was not bilingual was offered a headset to follow along and participate in the program. There were occasionally times when small groups were divided based on language lines due to the logistics of spreading interpreters around.

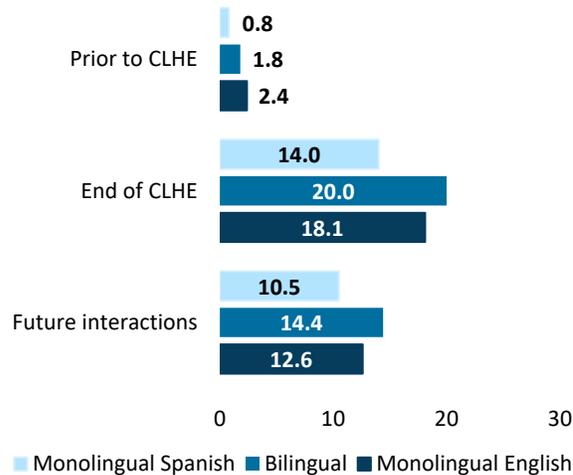
**In the social network analysis, while there were data to support connections and an increased intensity of connections across language groups, monolingual Spanish speakers had fewer ties on average than monolingual English and bilingual speakers.** Average ties were lower among monolingual Spanish and bilingual speakers in the 2021 Cohort and among monolingual Spanish speakers in the Continuing Track. This finding underscores the ongoing challenge of

addressing language oppression. However, the number of ties does not speak to the quality of ties; while Spanish speakers had fewer ties on average, they may have made strong connections with those with whom they reported interacting.

**Exhibit 20. 2021 Cohort’s Average Number of Ties per Participant in Each Language Group**



**Exhibit 21. Continuing Track Cohort’s Average Number of Ties per Participant in Each Language Group**



Note. CLHE = Community Leaders in Health Equity program.

***Participants expressed interest in maintaining the network developed through participation in CLHE after funding ended.***

**Beyond merely appreciating the connections they made during the program, participants were clear about their desire to stay in contact with one another even after the program ended.**

When asked about their current communication habits with other CLHE participants, more than half of those who participated in the endline focus groups shared that they regularly texted, called, and met in person, mostly with those from the same regional group.

However, without continued support from The Trust, ties among participants are at risk of decreasing. Successful CoPs require a structure, including leadership to help facilitate, different opportunities and avenues for participation and exploration, and understanding the value of participation.<sup>13</sup>

The number of ties based on intended future collaborations were lower overall than those achieved at the end of CLHE. This attrition was present in all regional and language subgroups. Participants acknowledged the regional, language, and general life-logistical limitations of

<sup>13</sup> Centers for Disease Control and Prevention. (2022, November 21). *Communities of Practice Resource Kit*. Public Health Professionals Gateway <https://www.cdc.gov/publichealthgateway/phcommunities/resourcekit/welcome-to-the-communities-of-practice-resource-kit.html>

staying in contact with some of the participants in their network. Without the formal structure of CLHE, supported by The Trust, including continued support for meaningful interaction across regional and linguistic barriers, the CoP that was developed will likely weaken over time.

## Chapter 4. Recommendations

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The findings from this evaluation suggest that CLHE was largely successful in building a CoP, which enabled participants to develop and increase relationships with one another across the state and across different languages, increase their knowledge and awareness of different types and impacts of oppressions and key equity issues, and increase their self-efficacy toward action in their communities to address health inequities.

Given that the CLHE program has concluded, the recommendations presented below are shared for consideration when producing similar programming in the future—that is, programming that focuses on the history and context of oppression, grassroots engagement, language justice, and engaging diverse community members in a CoP with the intent of moving them to action. Recommendations for program implementers are borne out of the data and findings presented here, which we believe will enhance future programming efforts. Recommendations for program funders take a wider lens, considering the evaluation team’s almost 5-year involvement with the program and highlighting the ways funding decisions can make an impact.

### Recommendations for Program Implementers

- Consider creating a version of CLHE that includes shorter term, regionally oriented programming that aligns better with work schedules in order to increase accessibility for those who cannot make an 18-month or longer statewide commitment.
- Continue to foster connections and network development among those who speak different languages, with a strong emphasis on language justice as a program priority. Continually evaluate whether interpretation strategies are working as intended and can be improved.
- Provide a structured way to participate for small regional groups or participants who are the only representatives from their regions who wish to continue in an advanced or second round of programming to promote continued engagement and a feeling of belonging to the overall CoP, as well as increasing and strengthening their ties in the participant network.
- Facilitate a mechanism for Continuing Track participants to serve as mentors to those in a later cohort, thereby encouraging cross-cohort engagement and further expanding the participant networks and CoPs established within individual cohorts.

- Narrow the project scope for the project planning activity to ensure each topic is feasible on an independent or small-group level. Further, more clearly articulate the expectations of implementing a project in the Continuing Track, whether the one planned in an earlier track or a new one.
- Reconsider the timing for when participants must decide on a topic for their projects to ensure that they have enough knowledge of the health inequities in their communities to choose a meaningful yet realistic topic.
- Draw a stronger connection between applied learning activities and the projects that participants implement so they can see the value in the project exercise and feel more supported as they move to action.
- Identify potential funding streams for participants to pursue if they are interested in implementing their project plans and consider discussing the potential funding streams at multiple points in time throughout programming to reach participants when they are ready.

### Recommendations for Program Funders

- Support participants' continued engagement with one another and the program by hosting a (virtual) space for them to stay in contact after the program concludes. This could include inviting participants to sign up to be informed of future Trust or Transformative Alliances events in their communities and keeping participants apprised of future strategies that they might be interested in participating in. Without some ongoing structured space for participants to continue engaging with one another, the CoP is likely to weaken.
- Provide the 2021 Cohort with the opportunity to participate in the Continuing Track, where they would have the chance to further and deepen their learning and move more concretely to action via the applied learning activities and project implementation.
- Offer grants to each regional grantee to foster the implementation of their group projects designed during the course of the program.
- Hire graduated participants as consultants in other community-based strategies. CLHE program graduates carry a wealth of knowledge, skill, and desire to make change in their communities, and would make an excellent hiring pool for community-based positions. Bringing in outside facilitators after funding a community leadership initiative does not build trust within those communities.
- Provide clear communication to community partners of decisions to end funding strategies. Convening a group of community members from across a large geographic area is resource intensive but can yield meaningful change in individual participants' lives and in their work in their communities. Take into consideration the personal nature of this work and acknowledge the power dynamics between the funder and grantees.

- Ensure that all interested parties are aware of the scope and intentions of the strategy so that when there is a change in circumstances (e.g., leadership change, or a pandemic), all parties can come to a mutual understanding and agree on the programmatic adjustments that need to be made and so that expectations concerning outcomes are clear.

## Chapter 5. Limitations

This evaluation of CLHE had limitations that should be considered when interpreting the results and designing similar evaluations in the future. However, given that the triangulation of multiple data sources identified similar key themes and that EAGs confirmed that the findings reflected their experiences, the evaluation team feels confident that the findings presented in this report represent the experience of most participants across both program tracks.



### **COVID-19**

COVID-19 interfered with evaluation plan intended to capture change-over-time data on participant experience, engagement, and knowledge gained. The baseline assessment was not a true baseline, especially for the Continuing Track, and events were canceled midstream. While the evaluation team adapted the evaluation plan accordingly, analyses should be interpreted with this impediment in mind.

### **Low Response Rates**

Response rates for each individual data collection effort were low and, therefore, findings should not be generalized beyond the respondent sample. Voluntary data collection opportunities were presented to program participants at each event, providing participants with the agency to choose to engage in the ways that most appealed to them. Although participants seemed interested in sharing with the evaluation team, the burden of the data collection was high, which ultimately resulted in low response rates. Small trinkets were provided for the 2021 Cohort as incentives to participate in focus groups at endline, however, they were not enough to engage greater participation.

### **Stratifying Data by Demographics**

The evaluation team had to make decisions about how to group demographic data for the analysis, which was not always clear-cut. Due to low participation by monolingual Spanish

speakers in the Continuing Track social network survey, we decided to group them with bilingual speakers to ensure anonymity.

### **Evaluation Advisory Group**

We were unable to provide the Continuing Track participants with the opportunity to review the full scope of the evaluation findings via an EAG due to timing and budget limitations. Although we engaged these participants in an EAG opportunity to review early findings for the report briefs during summer 2022, they did not review the final evaluation analysis when it was ready in early 2023. Given that most findings were similar across cohorts, we think that the EAG feedback we received for the 2021 Cohort likely reflects what we would have received from Continuing Track participants.

The EAG opportunity overall was limited in scope. Although we discussed how to incorporate participatory approaches during the initial evaluation planning phase, we ultimately did not have the bandwidth to pursue this at the outset of the evaluation. Toward the end, we identified resources we could allocate toward facilitating member-checking sessions of the 2021 Cohort results, which we believe to be vital to our final reporting, but ultimately this was not sufficient to achieve a true equitable and participatory evaluation.

### **Implications for Future Evaluations**

Given the limitations listed here, the evaluation team offers the following ideas to enhance future evaluation efforts of this kind.

It is possible that offering other, more meaningful incentives may help to produce better response rates. Future evaluations of similar programs should balance considerations of inviting the whole cohort of participants to participate versus targeting a representative sample. Further, although the evaluation team decided to not provide gift card incentives for participation, especially in focus groups, the data collection burden on participants was sufficient enough to consider some kind of incentive to honor their time, especially outside of the bounds of the program, to provide valuable insights.

Recognizing that imposing discrete demographic groupings does not always support the equity principles represented in the program, we encourage the research and evaluation community to continue to think through how best to present and honor these kinds of data.

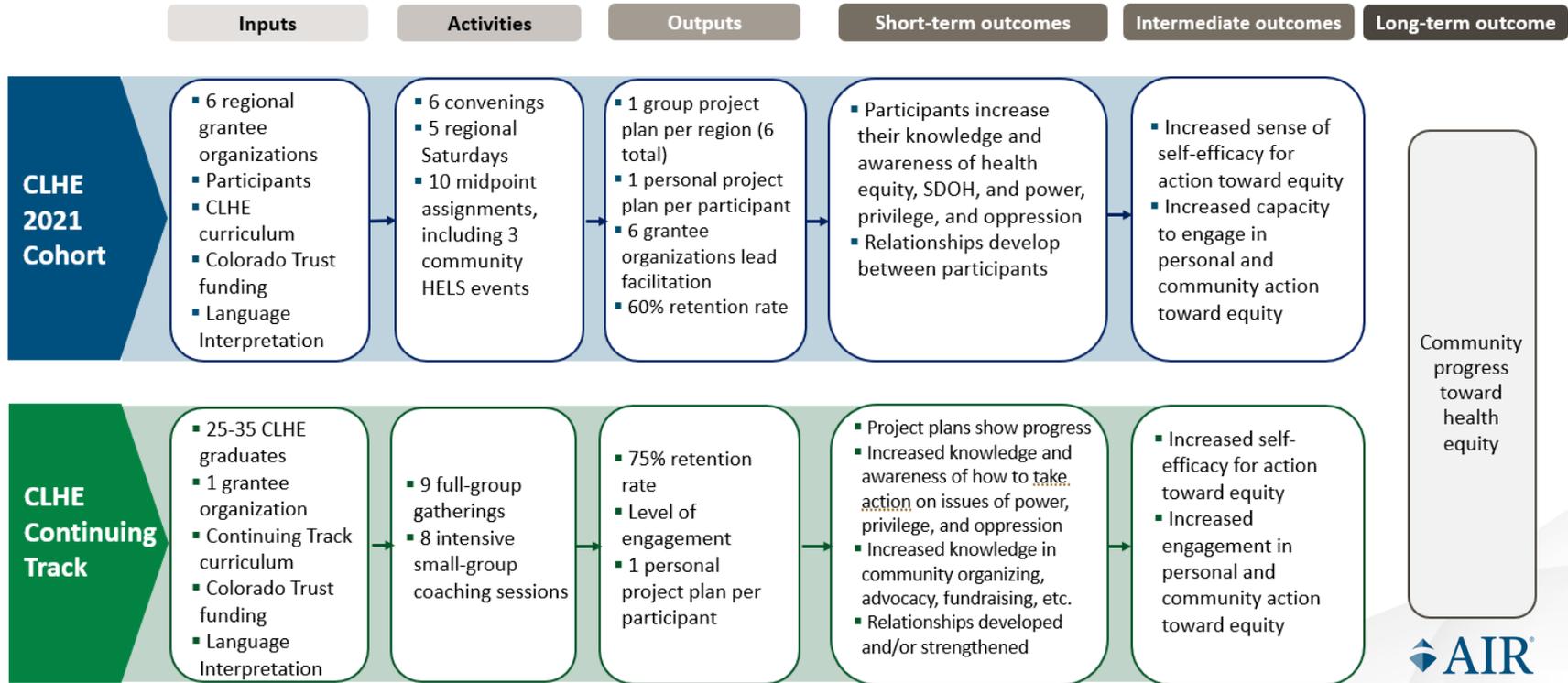
Finally, in the quest to produce increasingly equitable evaluations, the evaluation team encourages future evaluators to incorporate participatory approaches more fully. Although we created an Evaluation Advisory Group at the end of programming, we would advise that evaluators partner with participants from the beginning to identify meaningful ways to involve them in the work of the evaluation, from designing the plan and protocols, to collecting the data, to interpreting the results. While this approach is inherently more time and resource

intensive, doing so may increase buy-in from the community served and ultimately be more meaningful for them and other interested parties.

# Appendix A. CLHE Evaluation Logic Model

## Conceptual framework: Community of Practice

**CLHE framework for change:** In a health equity community of practice—a learning partnership among people who find it useful to learn about health equity from and with one another—participants use one another’s experience of practice as a learning resource. Through these connections, participants make sense of and address challenges they face individually or collectively. They use their connections and relationships as resources to make further connections, share knowledge, and plan and convene action toward health equity. Thus, communities and networks work collectively in their learning processes.



Note. CLHE = Community Leaders in Health program; HELS = Health Equity Learning Series; SDOH = social determinants of health.

# Appendix B. Community Leaders in Health Equity

## Qualitative Analysis

### Introduction

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This appendix presents the full analysis of the qualitative data collected throughout the course of The Colorado Trust’s Community Leaders in Health Equity program (CLHE) for both the 2021 Cohort and the Continuing Track cohort. These data included observations, focus group transcripts, and participant reflections. The full evaluation findings and recommendations, which triangulate data across data-collection methods, reside in [Chapter 3](#).

### Methods

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#### Observations

Two local, bilingual (English/Spanish) consultants took detailed field notes of activities during Cohort 2021’s 3-day convenings in November 2021, April 2022, August 2022, and November 2022. The number of participants ranged from convening to convening, with an overall range of 50 to 85. The consultants balanced the roles of participant and observer to construct descriptive field notes that accurately reflected what transpired at the meetings.<sup>14</sup> To support this approach, we organized the notes into two categories:

1. The first had a focus on describing the physical environment, noting the extent to which the sessions covered information and skills associated with health equity and leadership capacity building (e.g., discussions related to the social determinants of health, the practicing of leadership skills, community building, and opportunities to share marginalized voices).
2. The second had a focus on how participants *engaged* with the content and experienced the program activities as evidenced by their words and behaviors. For the last three convenings, the focus switched from engagement to the impact of the activities on participants in terms of their learning about issues of discrimination, oppression, equity, health equity, and personal and professional growth while seeing themselves as change agents motivated to act, reflect, and engage in additional learning.

The consultants recorded their observations based on the activities presented in the Convening agendas. They then compared their notes and found high levels of agreement in the descriptions of the physical environment, content covered throughout the sessions, levels of participant engagement, and

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<sup>14</sup> This approach to observation-data collection is more fully described by Merriam, S., and Tisdell, E. (2016). *Qualitative research: A guide to design and implementation*. Jossey-Bass.

impacts of activities on participants. Specific details noted complemented one another and together provided a comprehensive description of participants’ experiences.

**Focus Groups**

Focus groups were facilitated with participants in both cohorts at the baseline and endline data points. For the 2021 Cohort, the evaluation team conducted the baseline focus groups at the November 2021 convening as well as virtually afterward due to a COVID-19 scare that restricted in-person participation. The endline focus groups took place in person at the November 2022 convening. Exhibit B1 provides a summary of focus group participation by location, language, and number of participants. Focus group language was determined based on the language preferences of the interested participants.

**Exhibit B1. 2021 Cohort’s Focus Group Participation**

| Focus group | Survey wave | Location | Language | Number of participants |
|-------------|-------------|----------|----------|------------------------|
| 1           | Baseline    | Denver   | Spanish  | 4                      |
| 2           | Baseline    | Denver   | English  | 2                      |
| 3           | Baseline    | Denver   | English  | 5                      |
| 4           | Baseline    | Virtual  | English  | 4                      |
| 5           | Baseline    | Virtual  | English  | 1                      |
| 6           | Endline     | Greeley  | English  | 5                      |
| 7           | Endline     | Greeley  | Spanish  | 2                      |

*Note.* When only one person showed up to a focus group, the questions of the focus group protocol were used, but it became a one-on-one conversation.

The evaluation team invited the Continuing Track cohort to participate in baseline virtual focus groups via the Participant Feedback Survey but gathering interest and follow-through on scheduling proved difficult. As an alternative, the local consultants offered in-person opportunities for individual or group conversations during the gathering in October 2021 in Pueblo. This invitation resulted in one focus group in Spanish with four participants and a conversation with an individual participant also in Spanish. At endline in May 2022, one focus group with 7 participants was held in English; monolingual Spanish speakers chose not to participate. Therefore, our endline analysis cannot be generalized to the entire group.

A third-party transcription service transcribed the audio recordings from the focus groups, and then the local consultants reviewed and cleaned the transcripts of the discussions they facilitated. Evaluation team members uploaded the transcripts to NVivo 12 in order to conduct thematic analysis. The evaluation team developed an initial qualitative coding scheme using a priori codes based on the [conceptual framework](#) and [evaluation questions](#). The evaluation team members reviewed one another’s coding and discussed divergent perspectives on the meanings and applications of specific codes. Emergent codes were added to account for concepts and themes not captured by the a priori codes.

Once all transcripts were coded, a bilingual AIR researcher queried the data set and summarized the emergent themes. The summary narrative was reviewed by the local consultants and further refined based on their feedback.

## Participant Reflections

Participants were encouraged to submit self-reflections throughout the program. They were provided with a series of prompts and encouraged to reflect in a way that felt most comfortable to them, whether by responding in writing, drawing, or audio recording with their thoughts either by themselves, with a partner, or as a small group.

Participants in the 2021 Cohort submitted one audio-recorded and 43 written reflections over the course of the program. Uptake in the Continuing Track cohort was smaller: participants submitted one audio-recorded and six written reflections over the course of the program.

The written reflections submitted by the 2021 Cohort were scanned and then uploaded to NVivo 12 for thematic analysis. Due to the much smaller sample size, the written reflections submitted by the Continuing Track cohort were instead uploaded to an Excel spreadsheet for analysis.

Once all reflections were coded, a bilingual evaluation team member queried the data set and summarized the emergent themes. The summary narrative was reviewed by other members of the evaluation team and further refined based on their feedback.

## Evaluation Advisory Group

Once the initial qualitative analysis of all the collected data was complete, a summary of 2021 Cohort findings was presented to that cohort's participants who chose to join its evaluation advisory group (EAG). The evaluation team held a series of feedback sessions during which findings were presented on a virtual call, and participants were asked to reflect on whether the findings resonated with their experiences, whether they had additional interpretations of the analyses, and whether anything seemed inaccurate. Their feedback on the clarity of the presentation of findings was also requested during these sessions. Thirteen 2021 Cohort participants formed the EAG, and each member received a \$50 gift card for their participation. The evaluation team engaged the Continuing Track cohort in a similar process to develop a series of [report briefs](#) but did not engage that EAG in a review of the full evaluation analysis, as too much time had passed since the Continuing Track programming was completed.

## Analysis: 2021 Cohort

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### Observations

Field observations during CLHE convenings showed a series of activities that guided participants in increasing their knowledge and understandings of oppression and inequity. Some activities focused on providing information to increase participants' knowledge (e.g., presentation of historical timelines, histories of resistance and disruption, and statistical data on classism and racism) with further personal reflections on those data. Other activities engaged participants in the exploration of relevant concepts (e.g., power and oppression) through immersive activities, such as that offered by the [Theatre of the Oppressed](#), while developing their skills (e.g., leadership, negotiation, and public speaking).

Each convening focused on different content, including racism, classism, sexism, and power and oppression, with an emphasis on how each relates to health and impacts health equity. Activities were designed to be mindful of networking and trust building among participants from different regions via changing seating arrangements, assigning participants to different activities, and engaging participants in daily opening activities that facilitated their getting to know one another in nonthreatening environments. Each day of the convenings included time for reflection or processing and self-reflection activities, partnered activities (e.g., [community counseling](#)), or small-group activities in which participants took turns answering reflective questions.

Language justice was addressed through simultaneous oral interpretation and the concurrent translation of all written comments, and all handouts and presentations were provided in both English and Spanish. Participants were always encouraged to use their preferred language (the language of their heart). Other equity practices included using inclusive language, offering prayer and lactation spaces, ensuring physical access, providing gender-neutral bathrooms, and taking frequent breaks. All convenings and activities took place in low- or no-scent spaces, and during the COVID-19 pandemic, the use of face masks was a requirement for unvaccinated participants and everyone in common spaces outside the meeting rooms.

COVID-19 statistics were provided at the beginning of each gathering and the [Transformative Alliances](#), LLC (Transformative Alliances), team encouraged people to take care of themselves and to follow any practices that made them feel safe and comfortable. When convening participants fell ill with COVID-19, the entire group was notified as soon as possible, and appropriate measures were taken (e.g., providing quick COVID-19 tests for everyone in attendance).

Convenings were primarily led by the copresidents of Transformative Alliances, and six other members of their team were often in charge of facilitating small-group activities, answering questions, and supporting all participants as required. One Transformative Alliances copresident and three of their facilitators were bilingual and able to present content and provide help to participants in their own language. Throughout the program, it was clear that participants felt comfortable with all

Transformative Alliances members, as participants frequently approached them with questions after activities.

The formats of the activities observed were varied and included lectures, video presentations, role-playing, games (competitive and noncompetitive), reviews of written content, question-and-answer sessions, and individual, paired, and small-group reflections. Through the activities, participants developed and practiced different skills, such as public speaking, active listening, negotiation, and team building. Additionally, throughout the sessions, participants learned vocabulary and information related to different types of oppression. Emphasis was placed on understanding and identifying the different types of oppression (e.g., the [four \(4\) I's](#)<sup>15</sup>: internalized, ideological, interpersonal, institutional) and on the development of plans for participants' personal and group projects, which were required to address health equity in their communities. Some activities asked participants to reflect on how the program content related to their personal, family, and lived experiences.

The Transformative Alliances team also carefully explained how some of the activities and content could provoke emotional reactions, such as anger, fear, defensiveness, numbness, or feeling threatened and unsafe, especially in participants who had experienced oppression but also in those who were from privileged groups. Although such responses were to be expected, they were not helpful when doing equity work, so the Transformative Alliances team encouraged everyone to be aware of their own responses and to take care of themselves. The facilitators advised individuals who benefited from oppression not to process their emotions with others from a group targeted by oppression. Participants were encouraged to talk with program leaders if these issues arose, highlighting the importance of addressing such feelings and engaging in their own healing work. Transformative Alliances also remarked that unconscious comments and actions could harm others and encouraged everyone to be mindful of their attitudes and behaviors while processing these issues.

### ***Impact on Participants***

Throughout the program, participants were observed becoming friendlier and more engaged with one another as they got to know one another better and had opportunities to work together on various activities. A sense of camaraderie was developed, with participants seen in animated conversations during meals, breaks, and at the end of each day. Even those for whom language seemed to be a barrier were observed communicating with one another. This change was also observed among participants from different regions, and some of them reported wanting to learn from each other, becoming interested in the work of those from other regions, and trying to find connections to their own work. They reported extending their social and professional networks and sometimes being surprised by how similar or different their experiences were even when living in different regions of the state. Solidarity among participants was greatly evident at the Grand Junction convening (the fourth of five in-person convenings), when more than 20 participants volunteered to help gender

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<sup>15</sup>Note: The Chinook Fund uses this model but did not create the model. The original creators of the model are unknown.

nonconforming, nonbinary, and LGBTQ+ participants feel safe around unfriendly and possibly harassing external groups sharing the venue.

In addition to developing a sense of camaraderie, participants learned from and with one another, asking for one another's thoughts during small-group and individual activities as well as sharing reflections. During small-group activities, participants were seen actively listening to one another and giving space for others to share by asking for their thoughts and opinions. For example, participants were observed getting stuck on an activity and turning to their peers for help or clarification. They were also able to reflect and process with one another. Community counseling sessions in which participants would take turns answering reflective questions in pairs without the other person giving any verbal responses were a strong example of participants' being comfortable enough to share their own individual processing with one another. Beyond community counseling, participants were seen frequently engaging in reflective discussions with one another during breaks and after daily activities.

The CLHE program focused on getting participants to know and understand the 4 I's within the contexts of the different types of oppression as well as the intersections between them, all within the framework of their impact on health and health equity. Activities ranged from academic (e.g., reading definitions, sorting cases, and analyzing data) to playful and entertaining (e.g., trivia and vocabulary dominoes) while still being challenging in content. Role-playing activities (e.g., Columbian Hypnosis, and other Theatre of the Oppressed activities) gave participants opportunities to experience what it means to have power, be oppressed, or be in a position of privilege. Many activities encouraged participants to find ways to disrupt different types of oppression. Overall, program content and activities frequently provoked emotional reactions (e.g., a male participant realizing how he had raised his daughters in a sexist way). Some participants expressed surprise at realizing the impact of being oppressed while at the same time being privileged in other aspects of their lives.

With time, participants became more comfortable with the terminology and ideas, defending their positions and becoming more assertive. They also reflected on the impacts of oppression on their own and their families' lives, with some of them expressing the need to change the way they were parenting. Toward the end of the program—and especially during the presentation of their group and personal projects—it became clear that participants saw themselves as agents of change.

Throughout the program, participants learned to identify health and social problems that created health inequities in their communities. They also learned to identify when these problems were caused by oppression and what type of oppression. They engaged in root-cause analyses and in generating possible solutions. Through the guidance of the Transformative Alliances team, they recognized which solutions were actionable and identified potential allies in their community as well as possible barriers, and potential funders for implementing their project plans. At the end, each regional group and individual participant presented their plan to address health equity problems in their community, with some sharing how they had already begun implementing their plans.

## Focus Groups

Findings from the focus group discussions with the 2021 Cohort were strikingly similar to those that emerged from the focus group discussions the year prior: (1) the facilitation provided by Transformative Alliances was high quality, (2) the learning activities were high quality, (3) participants found value in the new social network connections they made through the program, and (4) the learning opportunity was life changing. However, possibly because this was the last convening that participants would attend, the themes they discussed most were the value of the new social connections they made through the program and the life-changing aspects of the learning opportunity. Specifically, participants discussed what it was like to meet fellow Coloradans, how they saw these new relationships progressing, changes in their self-efficacy, and a blossoming desire to apply what they learned in their communities, workplaces, and families. These findings are explored in greater detail below.

### *Social Connections Formed*

During the November 2022 focus group discussions with the 2021 Cohort, participants expressed immense appreciation for the opportunity to meet people from all over Colorado. For some, this was one of the most important experiences afforded by CLHE. Participants reported learning a great deal about one another, the organizations other participants were associated with, and the communities they came from. In fact, some participants acknowledged that they were not aware that some of the towns from which other participants came from even existed and that if they were aware, they had made assumptions about the people who lived there—assumptions they learned were incorrect. Being able to travel to and talk to people from different parts of Colorado opened participants' eyes to the reality that the state is not a monolith. They realized that the challenges experienced and initiatives undertaken across the state affect each community uniquely and that there are passionate activists everywhere. Finally, in addition to being impressed by the diverse geographic backgrounds of the people they met, participants were also struck by the diversity in age. They appreciated the opportunity to learn from the different generations that participants represented. One participant commented that

- “I think it’s really easy to make assumptions about Colorado . . . You can’t just paint broad brush strokes about what needs are in our communities. And this has just so highlighted the different needs in our communities and the experts that we now know who we can talk to about various regions and various organizations . . . I’m so impressed with people in Colorado. It was so nice to be in this particular space, [and] having these conversations with a large group of people was so exciting.”

Beyond merely appreciating the connections they made during the program, participants were clear about their desire to stay in contact with one another afterward. When asked about their current communication habits with other CLHE participants, more than half of those who participated in the endline focus groups shared that they regularly texted, called, and met in person, mostly with those who belonged in the same regional group.

- “Han continuado [las relaciones con la gente de la misma región]. Sí, se han fortalecido. Y siento que nuestra región, todas tenemos el interés de seguir, [y] hemos estado hablando del cafecito al mes, o una cosa así, donde sigamos en contacto después [del programa]. Queremos llevar a cabo el proyecto de comunidad, y también queremos el poder seguir, [para] darnos ese tiempo para poder estar [juntos] y unirnos más.” *“The relationships with people (from the same region) have continued. Yes, they have strengthened. And I feel that our region, we all have an interest in continuing, (and) we have been talking about meeting for coffee once a month, or something like that, where we stay in contact after (the program). We want to carry out the community project, and we also want to be able to continue, (to) give ourselves that time to be able to be (together) and unite more.”*

However, it is important to note that there was also interest in maintaining relationships with other participants from across the state. Some participants had already circumvented the distance by creating online spaces where they could share resources with one another. Overall, participants agreed that they now had a rich network of people who they felt comfortable reaching out to for guidance, support, and resources related to their equity projects and pursuits. Even those who felt they did not form as many connections as possible expressed the desire to follow up with other CLHE participants in the near future.

The EAG agreed that meeting people from all over Colorado was a remarkable aspect of participating in the CLHE program. Their view of Colorado expanded as they learned more about other people’s communities and the equity work they are involved in. They also agreed that the connections they formed have been of both professional and personal value, with participants from at least one region even getting together for the holidays, while others continue to have active group chats. However, the EAG pointed out that although they talked with participants from other regions during the convenings, strengthening those relationships was much more challenging to coordinate outside of the convenings. Only some EAG participants collected email addresses or business cards from participants from other regions and shared that they felt no hesitation about reaching out to them if something came up.

### ***Transformative Experience***

During the endline focus group sessions, participants repeatedly referred to CLHE as an experience that changed their life. They made it clear that this was not an exaggeration and that they were in fact profoundly impacted by the program. This experience included discerning an increase in their self-efficacy, a newfound and invigorating desire to share with others what they learned, a commitment to implement changes in their household, and a greater capacity for empathy. We discuss these in greater detail below.

Participants credited their participation in CLHE with having helped them gain a strong sense of empowerment and hope not only about their capacity to be agents of change in their community but also about their capacity to advocate for themselves and improve their own lives. One participant stated that

- “Esa es la habilidad que aprendimos aquí, a distinguir y cómo abordar [el problema], cómo voy a poder llegar hasta ahí por pasos, cómo agarrar a las personas que me van a ayudar, cómo buscar los recursos . . . Aunque sea un poquito puedo apoyar, poner mi granito de arena para empezar a fomentar el cambio.” *“This is the skill that we learned here, to distinguish and how to approach (the problem), how I am going to be able to get there step by step, how to get a hold of the people who are going to help me, how to find the resources . . . Even if by only a little, I can support, do my bit to start advancing change.”*

Beyond feeling empowered and hopeful, participants expressed an intent to share what they learned through their participation in CLHE. When asked what skills or tools they felt they gained from CLHE, almost all participants in the endline focus group mentioned acquiring a rich vocabulary and profound awareness regarding issues of health equity as well as a repertoire of hands-on teaching exercises. These skills stood out because they facilitated participants’ ability to share information on and discuss the social determinants of health and other equity issues. Some of the spaces that participants listed as places where they were currently integrating these skills and tools or would like to in the future included their classrooms, youth groups, workplaces, and anywhere they found someone willing to listen. While there was not time to delve too deeply into each of these contexts, participants more thoroughly discussed some of the specific workplace initiatives in which they were engaging. These initiatives included evaluating the progress their organization was making toward equity and inclusion efforts, joining board discussions, encouraging other community members to do the same, using organizational funds to support diverse candidates running for elected positions, and building a pipeline of diverse candidates to enter leadership positions. For example, two participants shared the following perspectives:

- “I will be using what I’ve learned from my position at [place of employment] in several areas: for one, we need to make sure that what we do is more equitable, all the way around, and feasible for all oppressions, because what we’ve been doing in the past is not necessarily good for everybody. We’ve made steppingstones, but it’s not where it needs to be yet.”
- “My organization is a community-organizing group, and so we do a lot of organizing every day. But seeing people who are not cis white men of a certain age and status in positions of power is still not common. And so, building a bench . . . [and] leadership development . . . those two things are really instrumental in seeing systemic changes on a local level.”

Participants shared similar responses when asked about how they were applying what they learned in the program to their relationships with others. Everyone in the English-language focus group mentioned ways that they were showing up differently in their family, including a greater willingness to modify their parenting and/or grandparenting styles and to speak up and teach family members who were being offensive. The parents in this focus group agreed that it had been a tough realization that they had been unconsciously engaging in [horizontal oppression](#) and proliferating misogyny and double

standards in their households. Their responses reflected remorse, and they resolved to do better. One participant commented that

- “I’m braver to correct my mother . . . Yeah. That’s a space I’ve never entered [before], the oppressions that we have, but also being the oppressor, and then also the language that sometimes my mother uses, or my family uses, and stopping it instead of just, “Oh, that’s just how they are.” But really just control that . . . Trying to be able to control my environment and the community words that I don’t want to hear . . . Setting boundaries . . . Acknowledging the harm my daughter—I go back to a lot is acknowledging the parenting style I was doing, or the words that I’m doing to her as a young woman. Not knowing that beforehand because that’s how it was. That’s how it is . . . Or trying to protect her in a way that does not need to be protected.”

The responses shared by participants in the Spanish-language focus group regarding how their relationships with others changed after participating in CLHE were slightly different than those shared by participants in the English-language focus group. While most of these participants focused on how they now felt a greater capacity to empathize with others, especially with those who with very different experiences, one of them expressed how her language has changed, reflecting a new sense of empowerment in her relationship with her partner. Their responses show these different aspects of personal change:

- “Aquí aprendí . . . que tal vez yo no la sienta, pero puedo distinguir de otras personas menos privilegiadas que yo que sí están sufriendo. Ya tengo la respuesta del por qué las personas menos privilegiadas se comportan de cierta manera . . . Porque tienen que buscar el modo de sobrevivir.” *“Here I learned . . . that although I may not experience it, I can distinguish that other people less privileged than me are suffering. I have the answer to why less privileged people behave in a certain way . . . Because they have to find a way to survive.”*
- “El apoyo familiar [me ayudó a participar] . . . El que tenga una pareja que, que me deje... no me deje, sino que me apoye, porque también, fijese, lo que aprendimos de que, de nuestro lenguaje, eh, para nosotros era normal . . . decir “pedí permiso”, no, no, no, me apoya.” *“The family support helped me to participate . . . Having a partner that, who allows me... not allows me, instead, supports me, because also look at it, what we learned about our language, eh, it was normal to us . . . to say, ‘I asked for permission,’ no, no, no, he supports me.”*

The EAG agreed that this was a life-changing opportunity. By teaching participants the skills and tools to be active agents of change and to take ownership of what they want to see in their community, the program transformed the way they saw themselves. Those who had successful projects also expressed having the reassurance that they can take on and coordinate a huge project. Others commented on how just the sheer amount of knowledge they gained has boosted their self-efficacy.

The focus group discussions with the 2021 Cohort highlighted the extent that CLHE activities and events precipitated positive outcomes for participants. To summarize, at endline, participants valued the

development of their social network across Colorado, and they noted how they now had at their fingertips an expansive community of equity leaders and game changers with whom they were eager to stay connected. Participants also described being motivated and confident in their ability to take action to address biases reflected in their own behavior as well as in their workplaces, communities, and families.

## Participant Reflections

The findings that emerged from the participant reflections submitted by the 2021 Cohort similarly highlighted the extent that CLHE activities and events were positively experienced and, furthermore, were associated with beneficial outcomes. Participants' reflections on the personal changes they underwent, their opinions on the usefulness of the program, their feelings about CLHE more generally, and their other reflections are discussed below.

### Personal Change

One finding that emerged from the reflections was that many participants credited CLHE with helping them attain greater self-awareness. They explained that the content and activities helped them begin to heal past traumas, recognize and unlearn internalized oppression, think for themselves, acknowledge privileges they had benefitted from, and show themselves more compassion for behavior they engaged in or decisions they made in the past.

Although the topics addressed during CLHE events were heavy and sometimes emotionally challenging, many participants ultimately felt that their experiences were reflected in the program curriculum. They found this particularly moving and validating. Overall, a high number of reflections submitted by participants indicated that they were graduating from the program with a greater understanding of themselves and their personal story:

- “The CLHE program has taught me how to think for myself and to interrupt some of the internalized ideas I have developed through growing up.”
- “Participating in CLHE helped me stop blaming myself for the difficulties I experienced when I was poor.”
- *“Lo que he aprendido aquí me ha ayudado a validar mi experiencia y a darle nombre a tantas cosas a mi alrededor.” “What I have learned here has helped me validate my experience and give a name to so many things around me.”*

Other personal changes that participants attributed to CLHE were rooted in their attitudes, behaviors, and values. For instance, some participants commented that the program challenged them to consider new perspectives they had not had access to before, and as a result, they felt they had been able to check their own biases and practice being more open minded. Participants wrote the following:

- “I have learned so much about myself and my own biases. I have been able to self-reflect and be more open minded. I have learned different perspectives and languages.”

- “CLHE has helped me personally grow into a more open-minded person and increased my understanding of others’ sufferings and oppressions.”

Changes in participants’ attitudes, behaviors, and values were also expressed through their newfound goals and aspirations. Examples included recognizing the importance of and being motivated to advocate for their community, connect with others, and implement changes to how they show up in different spaces, such as their home and workplaces. Participants stated the following:

- “I’m wanting to be able to take all that I’m learning to help my community as a whole. I believe this time around also is going to help me grow as a community advocate/organizer . . . My goals are to take what I’m learning and grow as a woman/community member.”
- “One of my biggest takeaways is that I plan to run for public office due to CLHE. I always knew the systems perpetuated inequities but now have a much more in-depth understanding of how. Due to this understanding, I feel more confident that I know more of what needs to be fixed and [have] a deeper conviction that things can’t continue on the way they are.”

### **Program Usefulness**

As discussed in the previous section, participants said they were implementing many changes in themselves, their families, and their workplaces as a result of their CLHE experience. Furthermore, they spoke about feeling more confident in their ability to talk to others about health equity. When asked about the usefulness of the program, participants offered overwhelmingly positive responses. First and foremost, they agreed that they learned a lot from the program. Some of the content that was particularly memorable to participants was learning about biases, the history of the United States, and various “-isms” (e.g., racism, classism, sexism, nationalism, and language oppression). The content provided them with the knowledge to not just name inequities but to understand the greater implications of those inequities. In addition, participants also gained the confidence to apply what they learned in the program to various aspects of their lives. Participants stated the following:

- “The program is giving me the skills to be able to talk about inequity and oppression in an informed way. I’m getting more confidence initiating and facilitating these conversations. I will be using my personal project outcomes and everything I’ve learned in my work as a trainer and group facilitator.”
- “Something another participant said has stuck with [me]: ‘I knew some of these things, these facts (like the wealthy getting tax breaks). But now I understand the *implications* of those things. It really means something more than just the fact.’”

Beyond the usefulness of the knowledge and tools instilled by the program, participants also found the opportunity to network tremendously rewarding. Similar to the findings that emerged in the focus group sessions, participants once again expressed gratitude for the opportunity to connect with other Coloradans. In their reflections, they mentioned benefitting from being exposed to diverse perspectives and hearing about the different advocacy work in which other communities were

engaging. In addition, participants learned from, supported, and developed numerous friendships across the program, but the friendships with those who shared similar backgrounds and experiences were particularly special, as these were the people with whom they were able to create safe spaces. Participants stated the following:

- “I enjoy the CLHE program because it has allowed me to meet so many wonderful people. A lot of people I met at our first convening . . . I have grown closer with and made friends with. The CLHE cohort has become like a family to me!”
- “This training is important because you get the opportunity to meet so many different people and gain different perspectives that would not be available in my home region.”

### ***Transformative Power of CLHE***

In their written reflections, participants described CLHE as life changing or eye opening. One participant reflected that CLHE gave them a new pair of glasses through which to view reality, a view attuned to issues of equity. Other participants commented:

- “CLHE has taught me to lose my blinders and take notice of the inequities our community is facing.”
- “Being in the CLHE program has made me aware of just how unaware I was of different equity issues such as classism and racism, frighteningly present in the U.S.”

Others also described the program as empowering, uplifting, and motivating. Some participants clarified that this was because they felt they had been given the tools to do something with the knowledge they gained and that they were hopeful for the future. One participant stated that:

- “In learning how the systems work, I have learned how we can work together to make the world more equitable and fair. Knowledge is power and the power to suppress facts is far more powerful, and so I feel like I was lied to my whole life about this country and what it really stands for. Now I am empowered and motivated to educate others and work towards uniting everyone to make this world one that our children deserve.”

Another aspect of CLHE that participants found memorable was the quality of the facilitation. They were grateful for the Transformative Alliances team, who they described as knowledgeable, creative, and exceptional role models who led by example. Moreover, participants felt that the facilitators made the content comprehensible and engaging, which in turn made the experience unforgettable. Two participants stated the following:

- “This program is amazing at breaking down the oppression and systematic exclusion that is prevalent in our institutions and culture. I really appreciate the amount of statistics and quantitative graphics used. They make it extremely easy to understand and internalize. I look forward to seeing how this program progresses!”

- “Agradezco la manera y estrategia en la que el contenido se ha compartido. Hay un término reciente: *racially literate*. Este término explica cómo para ser consciente de racismo y otras opresiones se necesita la mente y el corazón. La mente con información correcta (estadísticas, significados, etc.) y corazón: conectar estos términos con historias personales y ser consciente cómo estos “términos” impactan de manera real y objetiva a las personas oprimidas. CLHE ha logrado este objetivo con sus presentaciones, ejercicios, reflexiones y actividades. Estoy muy agradecida de ser parte de este programa.” *“I appreciate the way and strategy in which the content has been delivered. There is a recent term: racially literate. This term explains how being aware of racism and other oppressions requires the mind and the heart. The mind—with correct information (statistics, meanings, etc.)—and the heart—connecting these terms with personal stories and be aware of how these “terms” impact oppressed people in a real and objective way. CLHE has achieved this objective with its presentations, exercises, reflections, and activities. I am very grateful to be a part of this program.”*

The EAG agreed with these findings and added that while the depth of the facilitators’ knowledge was impressive, what was even more remarkable was the facilitators’ ability to teach. EAG participants were especially struck by the movement-based learning, as that was a unique experience for them. And although some of the learning activities forced them out of their comfort zone, they were effective and the end payoff was worth it.

Although the participant reflections were overwhelmingly positive, one participant expressed dissatisfaction with the competence of some of the regional leaders (e.g., the grantee point people). Notably, this was an outlier case and did not seem representative of common experiences.

- “Our regional leaders have not communicated very well with me (I don’t know about others) regarding logistics, homework, assignments, and other items we are responsible for. The HELS [Health Equity Learning Series] have been so disorganized and notifications about timing/dates and plans have not been timely. There is a lack of accountability and follow-through on the part of leadership that has made this training seem not as serious as I think it should be. It has impacted my personal experience negatively.”

### **Recommend to Others**

A final theme that emerged in participants’ reflections was that many agreed that they would recommend CLHE to others, with some eager to do their part to bring the content to their community. Two participants stated the following:

- “The CLHE Program has been a true blessing . . . The information presented will help me help others and provide them with accurate information and resources. It will help make small changes in the world for a better tomorrow.”
- “I wish more community members had the same opportunity to engage with this content, especially [those that are] not directly impacted . . . or people who see themselves as allies, but struggle to connect deeply with oppressions and how to resist.”

To summarize, except in one case, participants' reflections were positive and highlighted that they felt CLHE was useful, of high quality, likely to inspire change, and, as a result, an experience they would recommend to others.

## Analysis: Continuing Track Cohort

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### Focus Groups

The focus group discussions with the Continuing Track cohort focused on participants' experience of the program, challenges and successes with their projects, and the additional learning and growth the Continuing Track inspired. Monolingual Spanish speakers did not participate in the endline focus groups for the Continuing Track cohort, and therefore the analysis below cannot be generalized to the whole group.

### *Participant Experience of the Program*

During the endline focus group discussions with the Continuing Track cohort in May 2022, participants expressed profound satisfaction with the CLHE Continuing Track program, describing it as eye opening, relevant, and inspiring to personal growth. However, the program was also challenging for participants. Oppression and inequity were heavy topics, and consequently, participants also described the experience as emotional. This was especially true when difficult emotions were elicited because participants recognized some of their social identities reflected in the content as the oppressed. Other times, participants recognized themselves reflected in the content as the oppressor and had to reckon with the harmful actions in which they had previously (albeit unintentionally) engaged. Two participants stated the following:

- “I feel like I have a wide range of emotions. Sometimes it’s like heaviness or sadness or hopelessness because we’re discussing such a heavy oppressive system. And then other times it’s fun and light and energizing or firing you up to change the world. It’s all over the place, I feel like for me.”
- “I’ve left here angry about stupid things that I did. I’ve left here in tears because of things that I didn’t realize. So, there’s been a lot of emotions.”

Some participants shared that the time they were able to spend reflecting was incredibly important, whether during or after Continuing Track events and activities, because it gave them the opportunity to process the various emotions brought to the surface by the program curriculum. Many participants used this time to informally convene with those with whom they had formed close relationships and were able to create a safe space to ask remaining questions regarding the content. One tearful participant stated that

- “I’m a very sensitive person, and I magnify . . . things. And a lot of the conversations we’ve had here have been very deep for me and real intense. But like [another participant] said, at the end of the day, you get together with your friends and have a little fun and it lightens everything up, but it’s opened up a lot of me that really needed to be opened up.”

Unfortunately, not all participants had the opportunity to experience a sense of comradery and emotional catharsis. Some felt they did not have a support system. The Continuing Track program proved especially challenging for participants whose fellow regional members did not continue participating, as they did not feel they had access to the same level of emotional support as those whose regional groups remained more intact. They recommended that all participants who chose to participate in the Continuing Track be informed ahead of time that they would benefit the most if they had someone close with whom they could process the heaviness of the topics. Almost tearful, one participant stated that

- “I think it’s important with groups moving forward, you all have very close groups and have people to go to, but for me, I didn’t have that. So, it was really isolating. I’m gonna get emotional now, it was hard. So, I think if you’re doing this, you have to have somebody that you can have that debriefing with because it’s hard conversations and you got to have support.”

### ***Project Plans***

Participants had mixed experiences with the individual and group projects, and the reasons why are further elaborated in the section below. In summary, participants felt that expectations were unclear, that selecting and gauging the feasibility of a topic was challenging, and that the COVID-19 pandemic created logistical obstacles.

Several participants shared that they did not think the expectations for the projects were sufficiently communicated and that the projects felt disconnected from the rest of the program. This created some challenges, including when participants belatedly realized that they had chosen a project that was unattainable within the given time frame, when they were confused regarding which project to move forward with, and when they felt dissatisfied with the project they chose to pursue. Two participants stated that

- “When we were devising our projects, it wasn’t necessarily clear to me . . . that there was an expectation of follow through. It was more . . . to me, it was presented as what kind of ideas do you have around health equity more than anything . . . Had I known that the end goal was the evaluation point, . . . I wouldn’t have chosen what I chose. So I think making expectations clear when you’re applying for the program and while you’re in the program that we want to see movement here, we want to see [intended] outcomes [, would be helpful].”

- “I think the project for me was the biggest miss of this program. It just felt clunky or disconnected, so in the first convenings [the initial CLHE track], we had our personal projects that we presented and a group project. And then when we started the Continuing Track, we created a new project, or at least I did. And that piece never felt totally cohesive to me.”

In addition, some participants felt that those who came into the program with less prior knowledge were at a disadvantage when it came to picking a project topic. This is because as participants progressed in the program, their interests and understandings evolved, which for some meant that they were no longer as eager about the project they had originally designed. A few participants agreed that introducing the project component midway through the program, instead of at the beginning, could have helped this issue. One stated that

- “The learning curve, though, I think plays in there for people who don’t know as much about the equity and the social determinants, because at the beginning, when you’re picking a project, you have this much knowledge and it grows and grows and grows. And so there’s this arc that builds and you look back, you’re like, oh, well maybe that wasn’t what I wanted.”

COVID-19 was a roadblock that most participants mentioned as particularly challenging. Because of the virus, not only was scheduling a persistent obstacle, but participants were also limited in the activities they could pursue with their communities. Some participants felt that there was insufficient momentum to even get their projects off the ground until the program was nearly over. However, one participant made the astute observation that COVID-19 may have helped them solidify the topics they were learning about in the program, as it highlighted health inequities in real time:

- “COVID helped my project because the project was to educate clinics. So I continued with my personal project, but it was also part of my job. But then . . . people being food insecure and not being able to pay their rent because they weren’t working, really, at the clinic level, they were able to see what we were talking about for two years. Like, oh, it is important for people to get food. It’s important to address these needs because they’re not addressing their medical needs because they’re not able to pay their rent.”

Although a few participants felt that their individual and group projects were not as successful as they would have liked, participants recognized that there were other informal projects and pursuits they took on in both their personal and professional lives as a result of the Continuing Track that they were proud of. These included developing working relationships with programs in other communities across the state as well as developing a greater sense of competency in regard to community organizing and campaign running. One participant added that

- “I feel like I used skills that we learned to do other things. So it wasn’t a project that I conceived here or anything, but I set up a health equity learning day for our families at Head Start. And I wouldn’t have done that had I not come here.”

## ***Learning and Growth***

The extensive personal development that Continuing Track participants underwent and described during the focus group discussions was wide ranging. However, what much of their learning and growth had in common was that it indicated positive changes in their attitudes and behaviors. In addition, participants grew professionally, as they networked with one another and became informal intermediaries between their respective organizations.

Remarkably, almost all participants shared that they noticed positive changes in their attitudes and behaviors as a result of their participation in the program. Even participants who came with prior exposure to and experience with social justice and equity issues expressed that they grew significantly. Some examples of the personal growth participants reflected on included practicing humility, learning to take an adaptable approach when conducting outreach in different communities, and feeling empowered to introduce CLHE content and activities to their workplaces. Participants also felt a newfound appreciation for other people's struggles and a greater sense of hope that change can occur at the grassroots level. It is important to note that these positive changes were not only precipitated by the program's content and activities but also by the relationships participants developed with one another. Several participants acknowledged that they previously held assumptions of who was passionate about and participated in social justice efforts. The relationships that formed organically during the program proved these assumptions incorrect, a powerful experience that altered participants' willingness to engage with people from different backgrounds. Participants shared the following:

- “We were able to take a lot of the resources and a lot of what we learned back to our clinics and really show them why it's important to address health equity. And one of the biggest presentations we did, which was an ‘a-ha’ . . . the difference between equity versus equality. And people were just blown away by the differences and why it's important to understand that. So, a lot of what we learned, we were able to take back to our communities, but I don't think we would've had that if I hadn't continued with the second track.”
- “I'm less judgmental of people and give them more . . . I think it's grace, I don't know what the word is, but instead of being surprised that people don't understand something or believe something or think something the way that I feel . . . I'm more apt to have a conversation rather than just make a judgment.”
- “[The relationships built in the program] really made a difference on my internalized stuff and introspecting on myself and kind of unraveling the things that I grew up knowing maybe didn't understand or have a feel for it. And it just kind of rewound my life so that I could move forward with a clearer understanding and the ability to direct myself in a way that I didn't know was really possible, or that I could really question this or that . . . So that's how it made a really large impact for me.”

Along with the experience of forming relationships with people they may not have interacted with before, participants also had the opportunity to form partnerships between the organizations they

came from. For example, one participant explained how the Continuing Track allowed them to build great personal relationships with two participants from another region and with their respective programs; they were able to maintain their relationship even while they were changing jobs in different counties. One of those participants explained that

- “Both organizations did not have an existing relationship with their program. And their program is very important in the communities that we serve. So this program helped me develop that relationship with them and be able to work together, so both doing the same things and we brought it to our communities together like a team.”

## Participant Reflections

As did the themes that emerged from the focus group discussions, participant reflections also revolved around their learning and growth as well as their experience with the program. These reflections primarily focused on the personal changes participants underwent and their thoughts on the usefulness of the program. Each of these topics is explored below.

### Personal Changes

The reflections submitted by participants during the final Continuing Track convening made it clear that participating in the program inspired personal growth that helped improve their lives, both professionally and personally. Moreover, the reflections affirmed that this was a life-changing experience for a significant number of participants, who expressed wholehearted gratitude in their reflections. Participants were thankful for the program curriculum, for being continuously challenged, and for the facilitators, who were described as patient and warm. Taken together, this feedback created an environment that was unique and conducive to learning. Two participants wrote the following:

- “Quiero expresar mi agradecimiento por este programa especialmente a nuestras facilitadoras . . . por su paciencia de enseñar y de facilitar. Esta experiencia ha sido única para mí y mi familia, con el aprendizaje recibido. Muchos seremos los beneficiados.” *“I want to express my gratitude for this program especially to our facilitators . . . for their patience in teaching and facilitating. This experience has been unique for me and my family, with the learning received. Many of us will be the beneficiaries.”*
- “I can't express how much I have benefited from this program for the last 4 years . . . Thank you so much – Please continue to support this program and our communities. More people need this education!!!”

Many participants also expressed an increase in self-efficacy. In their reflections, they indicated a newfound sense of empowerment. Their reflections suggested not only a motivation to continue implementing what they had learned to make changes in their own lives but an eagerness to share what they had learned with their families and their communities. Participant reflections included the following:

- “The CLHE program is helping me grow because I have been empowered to create space for change. What I’ve learned in the CLHE program I can put to use in my home and community. Participating in CLHE motivates me to change my world one thing at a time.”
- “Pienso que he sido parte de un gran comienzo para empezar un cambio positivo e interrumpir injusticias.” *“I think that I have been part of a great beginning to start a positive change and interrupt injustices.”*

### **Program Usefulness**

Each participant brought unique background knowledge, so there were some differences in what they took away from the program. Participants who were already familiar with social justice and equity reflected on how the CLHE experience taught them the importance of practicing humility and being open to questioning what they think they already know. Meanwhile, participants with less prior exposure learned about the root causes of different social issues, and as a result, they learned to practice more empathy.

- “The CLHE program has taught me that I still have a lot to learn when it comes to systems of oppression. When I first entered the program, I was sure that through all my training, education, and lived experience . . . I knew everything there was to know as it related to power, privilege, and oppression. Participating in CLHE motivates me to continue learning and growing. There are so many things I didn’t know and continue to learn more about every day.”
- “When I started, I didn’t understand how much different cultures and people were oppressed . . . I have worked with people and gotten them resources for over 30 years, but now I understand why people are stuck in their positions. I have grown to be a better person and am now able to serve our community without judgment of biases.”

Participants also shared that the friendships made through the CLHE program were incredibly valuable, and some participants mentioned that they hoped to maintain those connections. Participants shared that even when close friendships did not necessarily blossom, they still learned a lot from their peers. Some were very honest and confessed that as a result of participating in CLHE, they had the opportunity to interact with people from backgrounds they would not normally choose to interact with, which taught them to question their own biases and assumptions.

## **Discussion**

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To reiterate, the qualitative data collected throughout the course of CLHE for both the 2021 Cohort and the Continuing Track cohort included observations, focus group transcripts, and participant reflections. By looking at the themes that emerged from each of these data sources, we are able to state that for most participants in each cohort, the program proved to be an overwhelmingly positive

and fruitful experience and that this was the case for a wide variety of reasons and across diverse participant backgrounds. Below we summarize the primary findings of this analysis.

**The CLHE program activities and events changed participants' views of themselves and their relationships to systems of oppression.** One key finding that emerged from the focus groups and participant reflections—and that was confirmed by those who attended the EAG sessions—was that many participants exited the program with a distinct sense of empowerment. They felt confident about their ability to not only name systems of oppression they themselves faced but also to recognize the privileges they held and, even more importantly, how to use this new view of the world to stand up for themselves and others.

**CLHE activities and events developed participants' motivation and self-efficacy to take action to address inequities in general and health inequities in particular in their local communities.** Beyond feeling self-empowered, participants made it clear that they wanted to stay involved in their community. One of the transformative personal changes that participants discussed was how they developed hope that change is possible. For many, this hope translated into action by beginning to address issues of equity within their own household or workplaces.

**The CLHE program activities and events developed participants' leadership skills related to communication, grassroots organization, meeting facilitation, and public speaking.** Toward the end of the program, there was an observable change in how comfortable participants appeared when talking about issues of equity. The interactive CLHE activities and events offered participants the valuable experience of applying what they were learning in a safe environment. In the focus groups, several participants mentioned how this experience gave them the confidence to begin applying what they learned through CLHE at their workplaces. Others used what they learned to continue working on their individual and group projects in their community. In addition to acquiring knowledge and information, participants also gained soft skills critical to good leadership, such as self-awareness and empathy.

**CLHE activities and events created a social network through which participants could share information and discuss issues related to equity and the social determinants of health with others.** The sense of comradery observed between participants at the convenings extended beyond mere politeness. In both the focus groups and submitted reflections, participants spoke sincerely about the meaningful connections they developed. Reflecting on the lifelong friendships they developed and on the new partners in thought with whom they could share resources and ideas, many agreed that they developed a rich social network they felt comfortable reaching out to for support.

# Appendix C. Community Leaders in Health Equity: Social Network Analysis

## Introduction

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This appendix presents the analysis of the social network data collected from the 2021 Cohort and Continuing Track cohort of The Colorado Trust’s Community Leaders in Health Equity program (CLHE). The evaluation was guided by the conceptual communities of practice (CoP) framework, an adult learning theory that emphasizes the social nature of learning through engagement in a shared practice, in this case social action toward equity. This study contributes to the field by demonstrating the efficacy of social network analysis as a descriptive method for evaluating the interactions of a bilingual and multicultural CoP focused on health equity. The full evaluation findings and recommendations, which triangulate data across data-collection methods, reside in [Chapter 3](#).

## Methods

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### Data Collection

AIR contracted with local consultants for onsite data collection, including for the administration of a paper social network survey to the 2021 Cohort and Continuing Track cohort. The survey was available in English and Spanish and was administered twice. For the 2021 Cohort, administration occurred in November 2021 and November 2022, and for the Continuing Track cohort, administration occurred in October 2021 and May 2022. For easy navigation, the survey included a roster detailing each member of the cohort by region. On the survey, we asked participants to identify who they knew prior to CLHE participation, the extent to which they interacted with each member while participating in CLHE, and whether they planned to stay connected when the program concluded (see Exhibit C1 for an example).

## Exhibit C1. Social Network Survey Example

| (1) Name<br>Nombre | Region/<br>Location<br>Región/<br>Ubicación | (2) Knew this person before CLHE (prior to April 2018)?<br>(Circle Yes or No)<br><b>¿Ya conocía a esta persona antes de participar en CLHE?</b><br>(Encierre sí o no en un círculo) | (3) No Interaction<br>(I do not recognize this name or don't remember interacting with them)<br><br><b>Ninguna interacción</b><br>(No reconozco este nombre y/o no he interactuado con esta persona) | (3) Minimal Interaction<br>(I know who this person is and have had minimal interaction with them)<br><br><b>Interacción mínima</b><br>(Sé quién es esta persona, pero solamente he interactuado muy poco con elle) | (3) Occasional Interaction<br>(I know this person and we have shared information/communicated with each other on occasion)<br><br><b>Interacción ocasional</b><br>(Sé quién es esta persona y hemos compartido información   nos comunicamos de vez en cuando) | (3) Frequent Interaction<br>(I know this person and we often share information/work actively together/have ongoing communication)<br><br><b>Interacción frecuente</b><br>(Conozco a esta persona y frecuentemente compartimos información   trabajamos juntas   nos comunicamos constantemente) | (4) Future Interaction<br>(I plan to stay connected with this person to share information/work together after the program is over)<br>(Circle Yes or No)<br><br><b>Interacción en el futuro</b><br>(Planeo mantenerme en contacto con esta persona para compartir información/trabajar juntas después de que termine el programa)<br>(Encierre sí o no en un círculo) |
|--------------------|---|---|--|--|--|---|---|
| Jane Doe           | 1 - Fort Morgan                             | Yes/Sí    No/No   |  |  |  |   | Yes/Sí    No/No   |
| John Doe           | 1 - Fort Morgan                             | Yes/Sí    No/No   |  |  |  |   | Yes/Sí    No/No   |

Note. CLHE = Community Leaders in Health Equity program.

Our data-collection strategy included two components at baseline and three at endline. First, we asked participants to identify who they knew prior to participation in the program. Then we asked them to rate their level of interaction with each participant. At endline, we asked them to indicate whether they intended to stay in touch with each of their fellow participants. Response rates for the surveys ranged from 45% to 78% (see Exhibit C2). Given the response rates, results should be interpreted with caution and cannot be generalized to each cohort's whole network.

## Exhibit C2. Social Network Survey Response Rates

| CLHE track       | Baseline respondents | Endline respondents |
|------------------|----------------------|---------------------|
| 2021 Cohort      | 61/93 (66%)          | 27/60 (45%)         |
| Continuing Track | 17/23 (74%)          | 18/23 (78%)         |

Note. CLHE = Community Leaders in Health Equity program.

## Data Analysis

We entered survey responses into an Excel matrix whereby each row corresponded to responses that the respondents gave regarding each of the participants listed on the roster. We imported the social network data into Gephi,<sup>16</sup> a social network analysis software, to construct social network maps and calculate social network measures. In social network maps, individual participants are represented by

<sup>16</sup> Bastian, M., Heymann, S., & Jacomy, M. (2009). Gephi: An open source software for exploring and manipulating networks. *International AAAI Conference on Weblogs and Social Media*, 3(1), 361–362.

circles, or *nodes*, and interactions between individuals are represented by lines, or *ties*, which connect the two nodes. In our maps, ties are undirected, meaning we considered two participants connected if at least one of them reported an interaction. We mapped three different networks for each cohort:

- First, we mapped ties prior to CLHE based on respondents' reporting of who they knew before joining CLHE.
- Second, we mapped ties at the end of CLHE based on respondents' reporting of their level of interaction with other participants at the time of the survey.
- Third, we mapped ties of planned interactions based on respondents' reporting of their intended future interactions beyond CLHE.

We also imported participants' demographic information provided to us by Transformative Alliances into Gephi, including preferred language(s). This allowed us to display the network data by linguistic and regional characteristics.

## DATA ENTRY CONSIDERATIONS

Missing and/or conflicting responses were addressed as follows:

- When participants marked responses for people in their region but skipped responses for people outside it, the missing data (those rows left blank) were coded as “no interaction,” “not known prior to CLHE,” and “no intended future interaction.”
- When participants marked responses for some people on the roster but not all, skipped individuals were coded as “not known prior to CLHE,” “no interaction,” and “no intended future interaction.”
- When participants responded to at least one question for an individual but not all, the missing responses were coded as “not known prior to CLHE,” “no interaction,” and/or “no intended future interaction.”
- When participants marked multiple options for the level of interaction with a single person, the response was coded as the lowest level of interaction indicated.
- Regarding ties, if one participant had missing data or was a nonrespondent, we used the data from the participant who responded to determine whether two participants were connected.

To characterize each network, we documented the total number of participants, total number of ties, how many ties each participant had with other participants (also known as their degree), the average number of ties per participant across language and regional groups, and range of ties.

To complement the maps, we also analyzed the responses to the social network survey in Stata, a general-purpose statistical software, to determine the portion of ties in each network that occurred within a region versus across regions and the portion that occurred within the same language group.

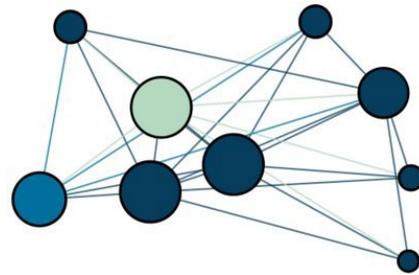
Additionally, we calculated the average degree of participants within each region and linguistic group and the portion of reported interactions that were rated as minimal, occasional, or frequent.

To construct the social network maps (see Exhibit C3 for an example), we used responses from the second administration of the survey. We constructed three maps for both the 2021 Cohort and the Continuing Track: one of ties prior to CLHE, one of ties at the end of CLHE, and one of ties based on intended future interactions. In the maps, nodes vary by size; larger nodes correspond to participants with a greater number of ties to other participants, while smaller nodes correspond to participants with fewer ties.

### Evaluation Advisory Group

Once the initial social network analysis was complete, a summary of 2021 Cohort findings was presented to 2021 Cohort participants who chose to participate in that cohort’s evaluation advisory group (EAG). The evaluation team held a series of feedback sessions during which evaluation findings were presented to the EAG participants on a virtual call, and they were asked to reflect on whether the findings resonated with their experiences, whether they had additional interpretations of the analyses, and whether anything seemed inaccurate. The EAG was also asked about the data visualizations to ensure they were accessible to them and with whomever they may share the results. Thirteen 2021 Cohort participants formed the EAG, and each member received a \$50 gift card for their participation. The evaluation team engaged the Continuing Track in a similar process to develop a series of [report briefs](#) but did not engage that EAG in a review of the full evaluation analysis, as too much time had passed since the Continuing Track programming was completed. The Continuing Track feedback from the EAG discussion that centered on the social network report brief is included here, and it mirrors what was discussed among the 2021 Cohort.

Exhibit C3. Example Social Network Map



#### How to Interpret an SNA Map

Circles represent participants (nodes).



Lines represent connections (ties).

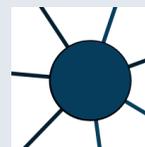


= Connected

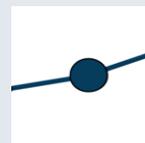


= Not connected

Larger circles correspond to participants with a greater number of lines, or ties, leading to other participants.



= Node with many ties



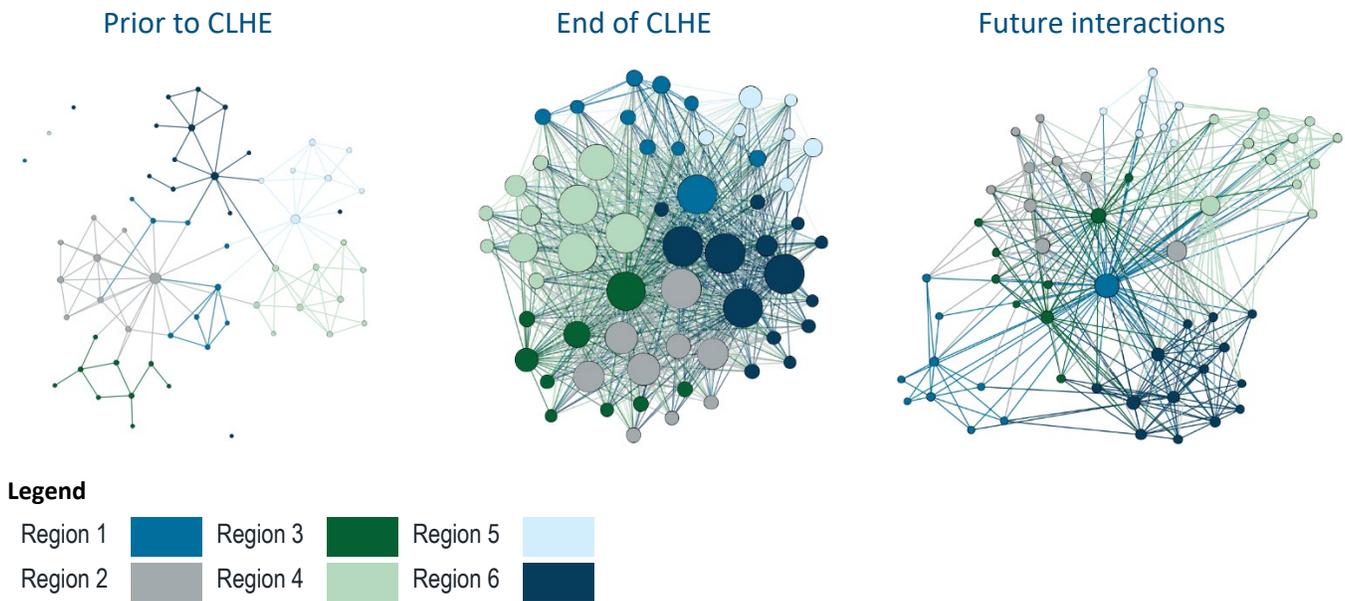
= Node with few ties

## Analysis: 2021 Cohort

This section presents results for the 2021 Cohort, including a description of the maps and analysis of the interactions within and across language groups. In Exhibit C4, the color of the node corresponds to the participant's region, and in Exhibit C5, the color corresponds to their linguistic group. Because only two participants identified as monolingual Spanish speakers in this cohort, they were combined into a group with bilingual speakers to protect their anonymity.

Prior to CLHE, the network of participants was sparse with few ties between them. Overall, there were 112 ties among the 60 participants. On average, participants had 3.8 ties to other CLHE participants, and a little more than half (33 participants) had ties to between zero and three people. By the end of CLHE, the network grew to include 881 ties. All participants had at least 14 ties to other people, and 20 participants had more than 30 ties. At the end of CLHE, participants were asked about their intentions to continue collaborating with each other. This network of intended future interactions included 375 ties, or 43% of the number reported at the end of CLHE. On average, participants in this future network had 12.6 ties, and notably, all participants had at least three ties. Thus, while the network of intended future interactions had fewer ties than the network of interactions achieved by the end of CLHE, it had more ties than what was in place prior to CLHE.

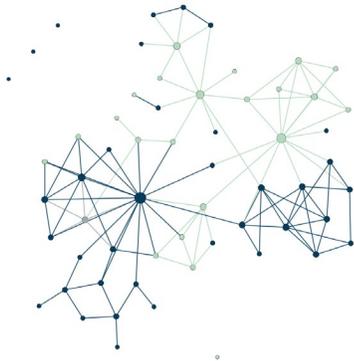
### Exhibit C4. 2021 Cohort Network Graphs by Region



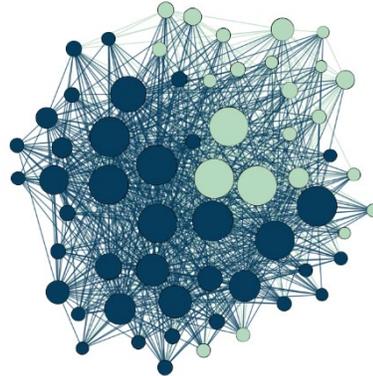
*Note.* CLHE = Community Leaders in Health Equity program. For a larger version of this graphic, click [here](#).

## Exhibit C5. 2021 Cohort Network Graphs by Language Group

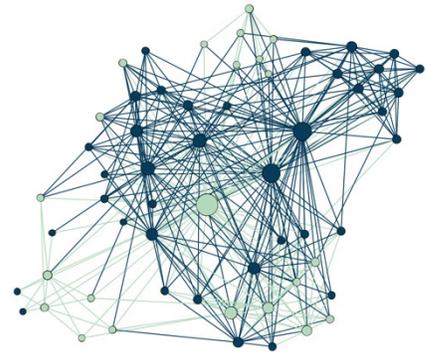
Prior to CLHE



End of CLHE



Future interactions



### Legend

Monolingual English  Monolingual Spanish and bilingual 

*Note.* CLHE = Community Leaders in Health Equity program. Monolingual Spanish and bilingual speakers were combined to preserve the anonymity of the two monolingual Spanish speakers in the 2021 cohort. For a larger version of this graphic, click [here](#).

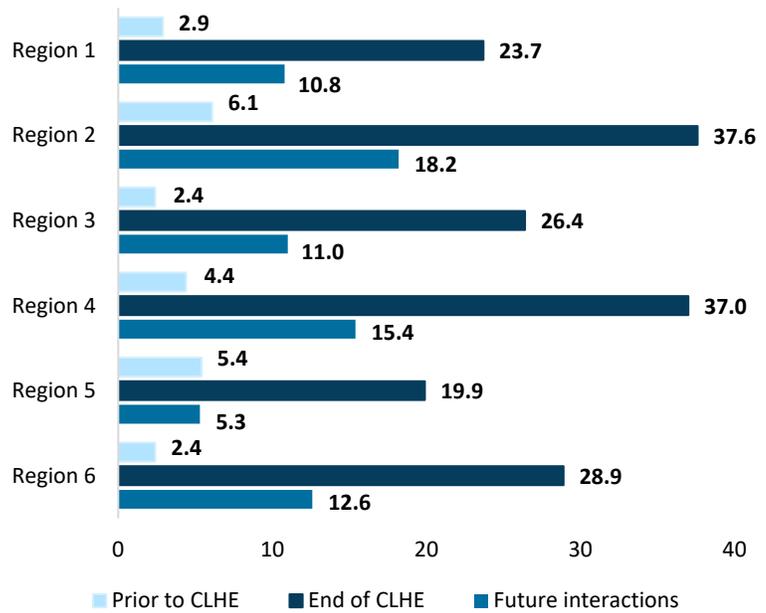
### Interaction by Region

CLHE included participants from six regions in Colorado (see Exhibit C6 for the total number of participants per region). As shown in Exhibit C7, the average number of ties among participants in a particular region ranged from 2.4 to 6.1 prior to CLHE. Ties increased substantially within each region, and by the end of CLHE, the average number ranged from 19.9 to 37.6. Average ties in the intended future interactions network were lower than at the end of CLHE in all regions but higher than those prior to CLHE except in one region, ranging from 5.3 to 18.2.

**Exhibit C6. Participants by Region**

| Region       | Number of participants |
|--------------|------------------------|
| Region 1     | 10 (17%)               |
| Region 2     | 9 (15%)                |
| Region 3     | 9 (15%)                |
| Region 4     | 11 (18%)               |
| Region 5     | 7 (12%)                |
| Region 6     | 14 (23%)               |
| <b>Total</b> | <b>60 (100%)</b>       |

**Exhibit C7. Average Number of Ties per Participant in Each Region**

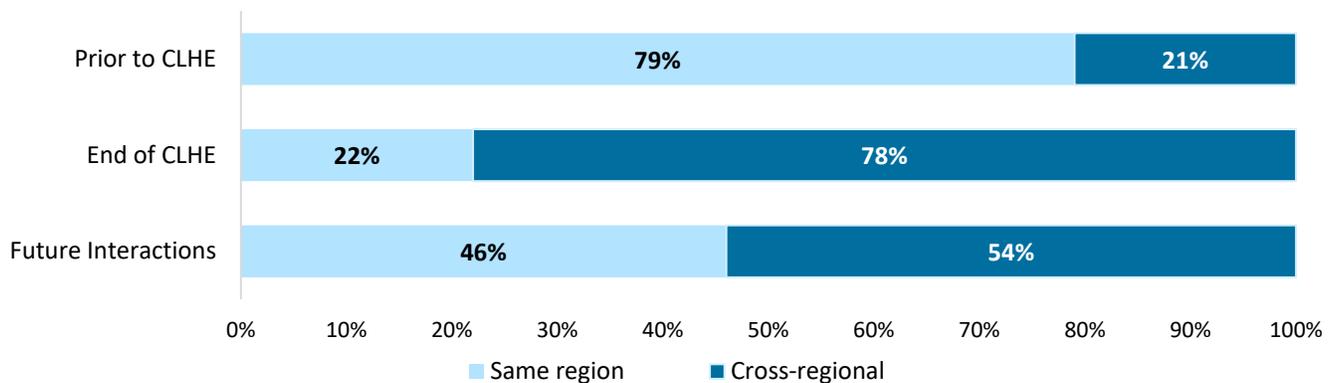


Note. CLHE = Community Leaders in Health Equity program.

### Interaction Across Regions

By the end of CLHE, interaction across regions increased substantially (see Exhibit C8), and a large portion of cross-regional ties were reflected in the network of intended future interactions. Prior to CLHE, only 21% of ties were between people from different regions; that is, there were 23 cross-regional ties and 89 same-region ties. By the end of CLHE, 78% of ties were between participants from different regions, meaning that 690 of the 881 ties were cross-regional, whereas 191 ties were within the same region. In the network of intended future interactions, 54% of the ties were between people from different regions, whereas there were 202 intended cross-regional ties and 173 same-region ties.

**Exhibit C8. Percentage of Ties Within and Across Regions**

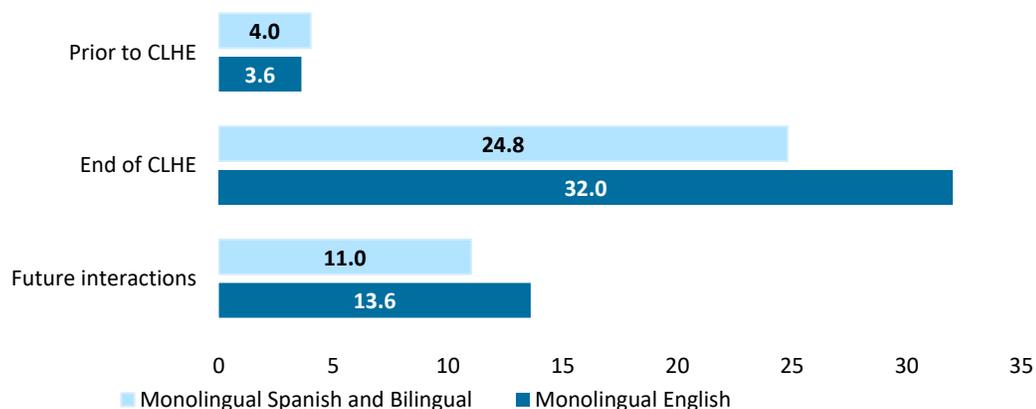


Note. CLHE = Community Leaders in Health Equity.

## Interaction by Language Group

CLHE was inclusive of both English and Spanish speakers. Thirty-eight participants identified as monolingual English speakers, two as monolingual Spanish speakers, and 20 as bilingual or with some ability to speak both languages. To protect the anonymity of the two monolingual Spanish speakers, we grouped them with bilingual speakers for our analysis.<sup>17</sup> The EAG understood and approved of this approach. As shown in Exhibit C9, the average number of ties among monolingual English and among monolingual Spanish and bilingual speakers was similar prior to CLHE (3.6 and 4, respectively). However, although the average number of ties increased for both groups by the end of CLHE, monolingual English speakers had a higher number than Spanish speakers. This difference also appeared in the network of intended future interactions.

### Exhibit C9. Average Number of Ties per Participant in Each Language Group



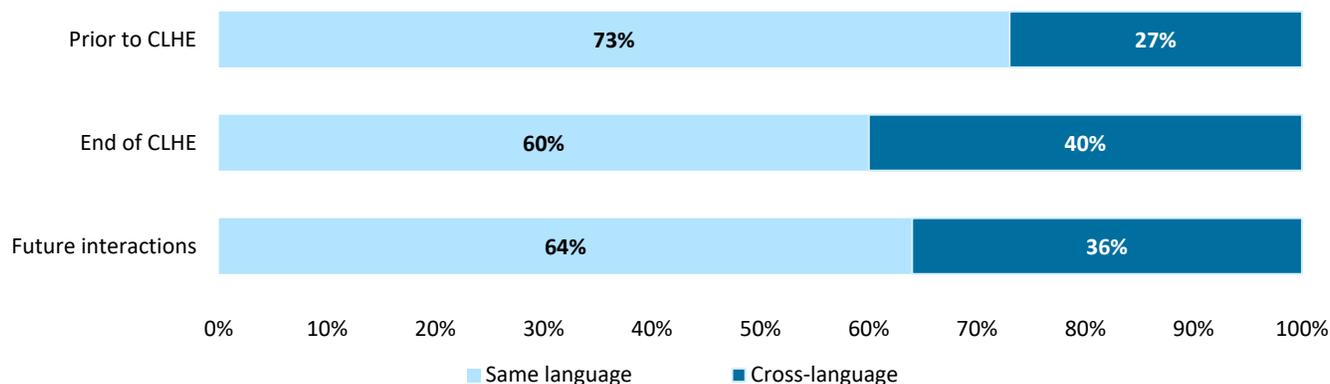
Note. CLHE = Community Leaders in Health Equity program.

## Interaction Across Language Groups

By the end of CLHE, interaction across linguistic boundaries increased (see Exhibit C10), and much of these gains were preserved in the network of intended future interactions. Prior to CLHE, only 27% of ties were between people with different linguistic backgrounds; that is, 82 ties were between participants who spoke the same language and 30 were between participants who spoke different languages. This included ties between monolingual English speakers and monolingual Spanish or bilingual participants. By the end of CLHE, 40% of ties were among participants in different language groups, where 354 of the 881 ties were between those who spoke different languages, and 527 were between those who spoke the same language. In the network of intended future interactions, 36% of the ties were among people from different language groups, meaning there were 136 intended cross-language ties and 239 same language ties.

<sup>17</sup> The term “bilingual speakers” refers to participants who identified as speaking both English and Spanish.

## Exhibit C10. Percentage of Ties Within and Across Language Groups

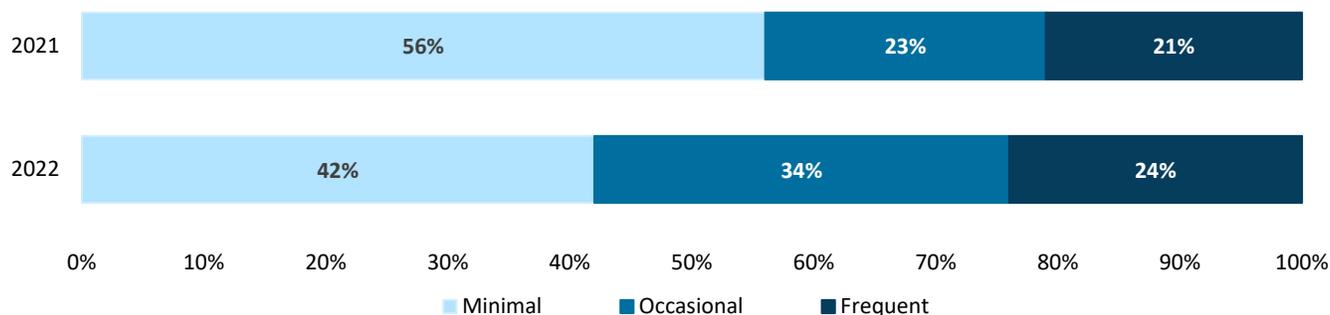


Note. CLHE = Community Leaders in Health Equity program.

## Changes in Level of Interaction

In addition to the formation of new ties, the level of interaction among participants increased during CLHE. In November 2021, we administered the first wave of the social network survey, and participants reported their level of interactions with other participants at the time. As shown in Exhibit C11, 56% of interactions were rated as minimal, while 44% were rated as occasional or frequent. When we administered the second wave of the survey at the end of CLHE in November 2022, 58% of interactions were rated as occasional or frequent. Through participation in the program, participants who responded to the survey confirmed they were engaging with each other more and thus forming a stronger CoP.

## Exhibit C11. Level of Interaction Reported in 2021 and 2022



## Analysis: Continuing Track

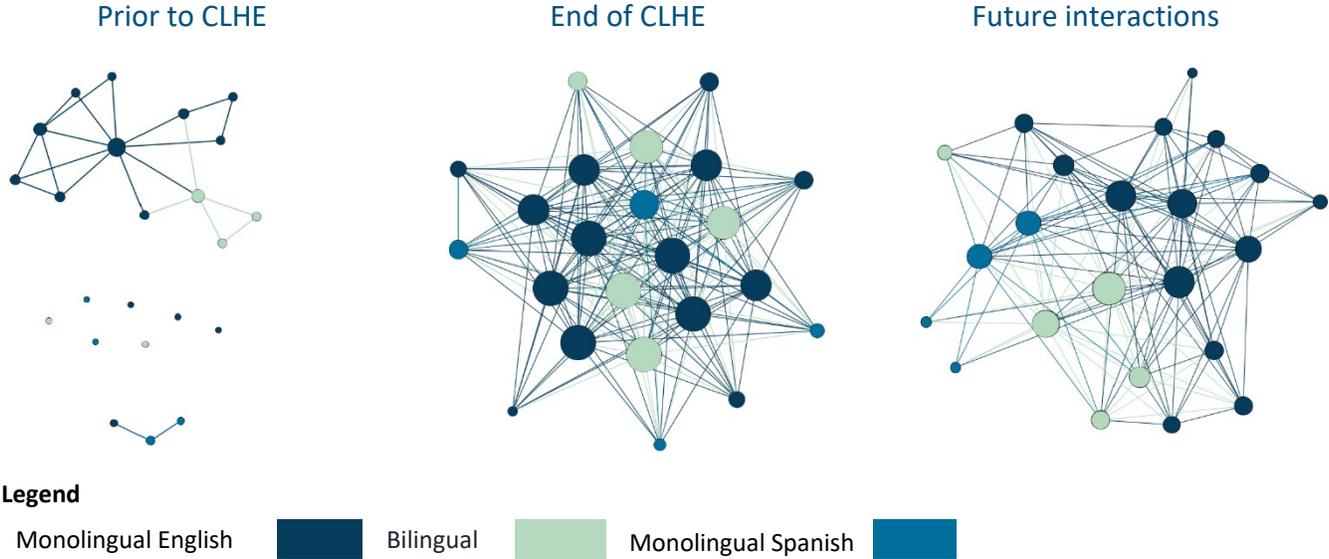
This section contains the results for the Continuing Track, consisting of 23 participants, including the maps and further analyses of the levels of interaction within and across language groups. In Exhibit C12, we present the three maps for the Continuing Track, with the color indicating the participants’

language. Maps with participants’ regions are not presented for the Continuing Track, as some regions had a very low number of participants, feedback from the evaluation advisory group sessions indicated that displaying the maps by region might have been too identifying and looking at the maps by language was more informative.

Prior to CLHE, the network of Continuing Track participants was sparse, with several isolated individuals and relatively few ties. As depicted in Exhibit C12, there were 23 ties among the 23 participants. On average, participants had ties to two other people in the network, and nearly one third (seven participants) had no ties to anyone in the network. By the end of CLHE, the network grew to include 205 ties, and participants had an average of 17.8 ties (out of a possible 22). All participants had ties to at least 10 other people, and seven had ties with every other member of the Continuing Track. The network of intended future interactions included 145 ties, or 70% of the number of ties reported at the end of CLHE. On average, participants in this future network had 12.6 ties, and notably, all participants have at least four ties. Moreover, 15 participants (65%) had more than 10 ties. This suggests a majority of participants had an interest in maintaining their CLHE connections.

The Continuing Track included four monolingual Spanish speakers, five bilingual speakers, and 14 monolingual English speakers. Because there was a greater number and percentage of monolingual Spanish speakers in the Continuing Track network than in the 2021 Cohort, the results were disaggregated across three language groups. The results also focused on language groups rather than region because some regions only had one or two participants and because feedback from the EAG sessions suggested that analysis by language group was more relevant to participants’ experience.

**Exhibit C12. Continuing Track Network Graphs by Language Group**

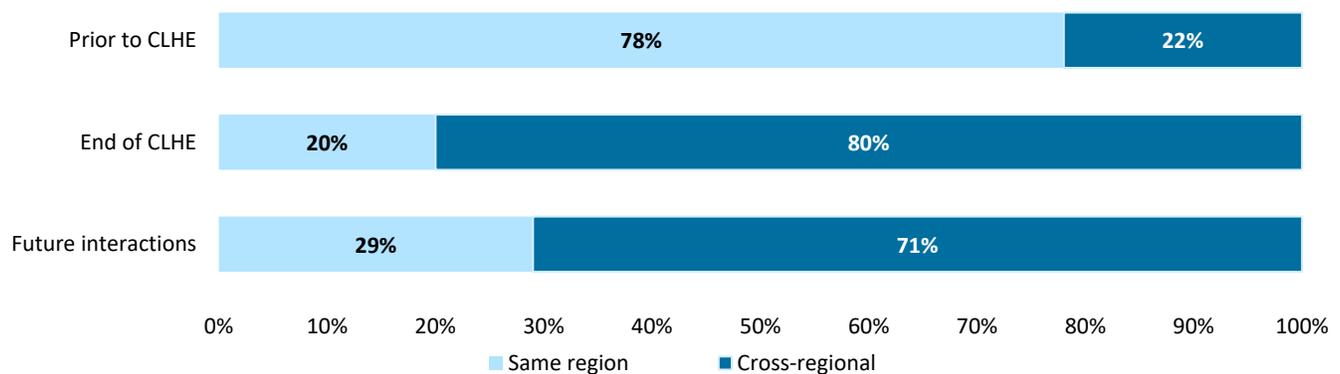


*Note.* CLHE = Community Leaders in Health Equity program. For a larger version of this graphic, click [here](#).

## Interaction Across Regions

By the end of CLHE, interaction across regions increased substantially (see Exhibit C13), and a large portion of cross-regional ties were reflected in the network of intended future interactions. Prior to CLHE, only 22% of ties were between participants from different regions, meaning that five of the 23 ties were cross-regional and 18 were within the same region. By the end of CLHE, 80% of ties were across regions; in other words, 164 of the 205 ties were cross-regional, whereas 41 ties were within the same region. In the network of intended future interactions, more than two thirds (71%) of ties were among people from different regions, so 103 ties are intended to occur across regions, and 42 ties are intended to occur within region.

### Exhibit C13. Percentage of Ties Across Regions

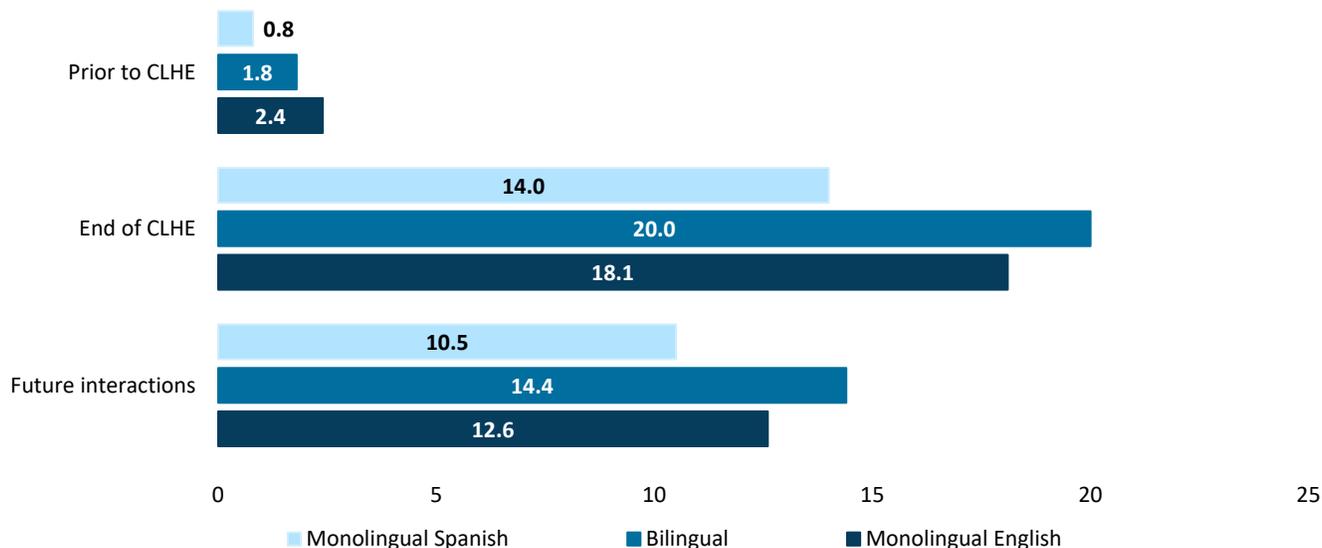


*Note.* CLHE = Community Leaders in Health Equity program.

## Interaction by Language Group

Within the Continuing Track, 14 participants identified as monolingual English speakers, four as monolingual Spanish speakers, and five as bilingual. As shown in Exhibit C14, the average number of ties among all linguistic groups was low prior to CLHE, but monolingual English speakers had an average of 2.4 ties compared to 1.8 among bilingual speakers and 0.8 among monolingual Spanish speakers. By the end of CLHE, the average number of ties noticeably increased across language groups, though monolingual Spanish speakers continued to have fewer ties on average than the other two groups, while bilingual speakers had the most. Specifically, monolingual Spanish speakers (four participants) had an average of 14.0 ties while monolingual English speakers (14 participants) had an average of 18.1 ties and bilingual speakers (five participants) had an average of 20.0. In the network of intended future interactions, the average number of ties was less than at the end of CLHE in each linguistic group, and monolingual Spanish speakers continued to have fewer average ties. However, the gap between monolingual Spanish speakers and the other two groups decreased.

### Exhibit C14. Average Number of Ties per Participant in Each Language Group

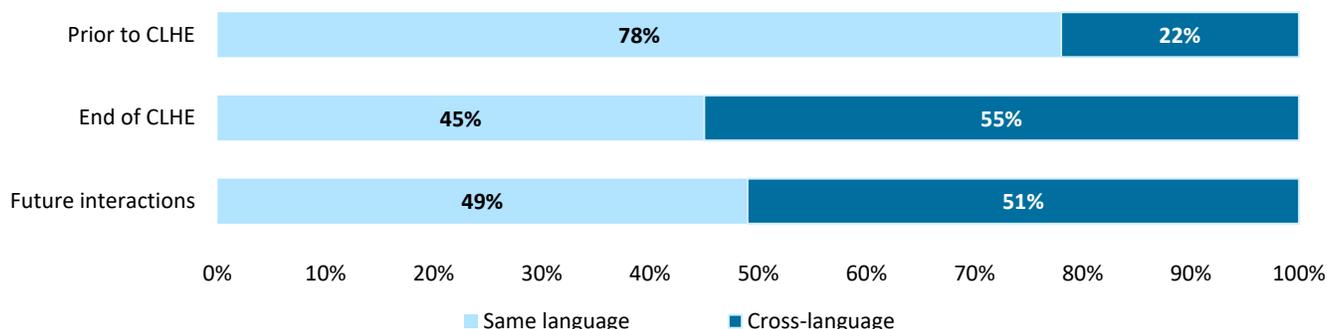


Note. CLHE = Community Leaders in Health Equity program.

### Interaction Within and Across Language Groups

By the end of CLHE, interactions across linguistic boundaries increased (see Exhibit C15), and this trend was generally maintained in the network of intended future interactions. Prior to CLHE, only 22% of ties between participants were between people in different linguistic groups; that is, five of the 23 connections were across language groups, and 18 were within language groups. This included ties between monolingual Spanish and monolingual English speakers, monolingual Spanish and bilingual speakers, or monolingual English and bilingual speakers. By the end of CLHE, 55% of ties were among participants in different language groups, meaning that 113 of the 205 connections were between participants who spoke different languages from one another, and 92 connections were between participants who spoke the same language. In the network of intended future interactions, 51% of the ties were among people in different language groups, where 74 of the 145 intended future ties were among participants who spoke different languages, and 71 were among those who spoke the same language.

### Exhibit C15. Percentage of Ties within and across Language Groups

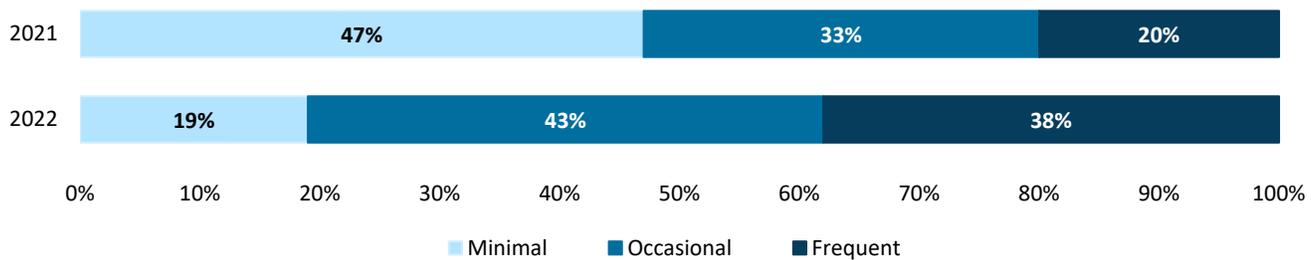


Note. CLHE = Community Leaders in Health Equity program.

## Changes in Level of Interaction

In addition to the number of ties increasing, the reported level of interaction deepened among participants between the first administration of the social network survey in October 2021 and the second administration in May 2022. As shown in Exhibit C16, the percentage of interactions rated as minimal decreased from 47% to 19%. The percentage of interactions rated as frequent also correspondingly increased from 20% to 38%.

**Exhibit C16. Level of Interaction Reported in 2021 and 2022**



## Discussion

EAG members reported that the results of the social network analysis largely aligned with their experiences, though responses might have been different, (e.g., ties likely higher), if participants' photos were placed next to their names on the rosters. The EAG confirmed that CLHE supported the creation of social connections through the convenings and program activities and that participants got to know more people and deepen relationships as the program progressed. The Continuing Track had fewer people which further facilitated the CoP acting as a safe space for participants to share, learn, and engage with one another. The logistical and financial support for attending activities was particularly crucial. EAG participants felt that most interactions occurred within their region but that CLHE's statewide focus allowed them to learn about other regions in Colorado and to interact with participants from other regions during the convenings. Participants also credited the translation services and inclusive programming offered through CLHE with supporting interactions between monolingual English, monolingual Spanish, and bilingual speakers. Because the bilingual participants did not have language barriers, they could continue connecting during off-program times when interpretation services were not available. However, monolingual participants were observed by the EAG as trying to make cross-language connections during these times. Finally, though participants expressed a desire to stay in contact and collaborate with other participants, they were concerned that without the support of CLHE, connections would be hard to maintain.

Social network analysis was used in the CLHE evaluation to investigate and describe the ways that bilingual and multicultural CoP participants interacted throughout the program. In looking at the number of connections developed and the intensity of interactions over time across both geographic

and language groups, we were able to conclude that highly interactive networks were established in each CLHE cohort. Below, we summarize our primary findings from this analysis.

**CLHE promoted network development.** During CLHE, there was a nearly eightfold increase in ties among the 2021 Cohort and a nearly ninefold increase in ties among the Continuing Track, suggesting that the initiative brought together previously disconnected individuals to form a CoP.

**CLHE supported cross-regional interaction.** The average number of ties among participants in each region in the 2021 Cohort varied but increased across all regions. The proportion of ties between participants from different regions versus the same region also increased substantially in both cohorts and was even more pronounced in the Continuing Track.

**CLHE engaged diverse language groups in network development and supported cross-language interaction.** During CLHE, the proportion of ties among participants from different linguistic groups increased, again more so in the Continuing Track. Ties also increased within each linguistic group by the end of CLHE.

**However, greater integration of Spanish speakers would have strengthened network development.** Average ties were lower among monolingual Spanish and bilingual speakers in the 2021 Cohort and among monolingual Spanish speakers in the Continuing Track.

**CLHE has garnered interest from participants in continuing interactions.** All participants were included in the maps of intended future interactions. Interest in future interactions was particularly evident in the Continuing Track, as the network of intended future interactions was 71% of the network in place at the end of CLHE.

**Ties among participants will likely decrease after the program.** The number of ties based on intended future interactions was lower than that achieved at the end of CLHE. This attrition was present in all regional and linguistic subgroups. Without continued support for meaningful interaction across regional and linguistic barriers, the social networks developed through CLHE will likely weaken over time.

# Appendix D. Community Leaders in Health Equity: Analysis of Participants' Feedback Surveys

## Introduction

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This appendix presents the results and analysis of the data collected through two data points, baseline and endline, participant feedback surveys of the Colorado Trust's Community Leaders in Health Equity program (CLHE) for both the 2021 Cohort and the Continuing Track cohort. The surveys were intended to gather feedback on the program and assess whether and how participants were able to increase their knowledge and awareness, self-efficacy and motivation to address equity in their communities. The full evaluation findings and recommendations, which triangulate data across data-collection methods, reside in [Chapter 3](#).

## Methods

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### Data Collection

The data included in this analysis were collected via the participant feedback surveys administered at baseline and endline for both the CLHE 2021 Cohort and the Continuing Track cohort. Using SurveyMonkey, an online survey tool, the evaluation team administered the participant feedback surveys in both English and Spanish. Each participant was provided with an information sheet with the URLs and QR codes so they could access the surveys during full-group events, and they were given time to take the surveys to encourage completion. Participants were also provided with technical assistance, tablets, and pen-and-paper versions if they needed these additional accommodations. Participants in the 2021 Cohort took the baseline survey at the November 2021 convening and the endline survey at the November 2022 convening. Continuing Track participants completed the baseline survey at the October 2021 gathering and the endline survey at the May 2022 gathering.

### Data Analysis

The evaluation team imported the responses into SAS, an analytics software. We computed basic descriptive statistics using the software's PROC FREQ procedure to determine the frequencies of each survey question. The evaluation team then analyzed open-ended questions using inductive reasoning.

### *Evaluation Advisory Group*

Once the initial analysis was complete, a summary of 2021 Cohort results was presented to 2021 Cohort participants who chose to participate in their cohort's evaluation advisory group (EAG). The evaluation team held a series of feedback sessions during which evaluation findings were presented to

participants on a virtual call, and participants were asked to reflect on whether the findings resonated with their experiences, whether they had additional interpretations of the analyses, and whether anything seemed inaccurate. EAG members were also asked about the data visualizations to ensure they were accessible to them and to whomever they may share the results with. Thirteen 2021 Cohort participants formed the EAG, and each member received a \$50 gift card for their participation. The evaluation team engaged the Continuing Track in a similar process to develop a series of [report briefs](#) but did not engage that cohort’s EAG in a review of the full evaluation analysis, as too much time had passed since the Continuing Track programming was completed.

## Analysis

This section presents the analysis of the baseline and endline data of the participant feedback surveys for both the CLHE 2021 Cohort and the Continuing Track cohort. The analysis is organized with a breakdown of the CLHE 2021 Cohort followed by a breakdown of the Continuing Track cohort. The analysis reviews each cohort’s demographics, self-efficacy, knowledge, reasons for participating, and feedback for both waves of survey administration to depict how participants developed in their knowledge and understanding of key program principles and in their ability to implement and effect change. The analyses presented below should be interpreted with caution considering the response rates; neither cohort’s findings can be generalized to the greater participant populations. Exhibit D1 presents the response rates for each survey wave.

**Exhibit D1. 2021 Cohort’s and Continuing Track Cohort’s Response Rates**

| CLHE track              | Baseline respondents | Endline respondents |
|-------------------------|----------------------|---------------------|
| 2021 Cohort             | 52/93 (56%)          | 35/60 (58%)         |
| Continuing Track cohort | 18/23 (78%)          | 14/23 (61%)         |

*Note.* CLHE = Community Leaders in Health Equity program.

### 2021 Cohort

What follows is the analysis for the 2021 Cohort based on responses provided from survey administration at baseline and endline.

#### *Respondent Demographics*

Most respondents for both survey waves identified as Mestiza/o/x or White/European American, and more than half in both survey waves identified as Hispanic/Latina/o/x. The ages of respondents varied for both waves, and fewer youth (under 18 years of age) responded at endline. The majority of respondents in both waves self-identified as women, and most respondents at baseline and endline also identified as not transgender nor gender nonconforming, nor as persons with disabilities.

Exhibit D2 shows a summary of the distribution of self-identified gender, age, race, ethnicity, and disability status for 2021 Cohort baseline and endline survey respondents.

### Exhibit D2. 2021 Cohort’s Baseline and Endline Respondent Demographics

| Response options   | Baseline respondents | Endline respondents |
|--|----------------------|---------------------|
| <b>Race</b>  | <b>(n = 52)</b>      | <b>(n = 35)</b>     |
| Black/African American/African   | 2 (4%)               | 2 (6%)              |
| Mestiza/o/x (Latinx/Hispanic people of mixed Indigenous and European ancestry)                   | 30 (58%)             | 24 (69%)            |
| Indigenous/First Nations/Alaska Native/American Indian   | 5 (10%)              | 5 (14%)             |
| Pacific Islander/Native Hawaiian   | 1 (2%)               | 0 (0%)              |
| Asian/Asian American (includes East, Central, West, South, and Southeast Asians/Asian Americans) | 2 (4%)               | 0 (0%)              |
| White/European American  | 17 (33%)             | 11 (31%)            |
| Prefer not to state  | 1 (2%)               | 1 (3%)              |
| Prefer to self-describe  | 1 (2%)               | 0 (0%)              |
| Missing  | 0 (0%)               | 0 (0%)              |
| <b>Ethnicity</b>   | <b>(n = 52)</b>      | <b>(n = 35)</b>     |
| Latina/o/x or Hispanic   | 31 (60%)             | 23 (66%)            |
| Not Latina/o/x or Hispanic   | 19 (37%)             | 12 (34%)            |
| Missing  | 2 (4%)               | 0 (0%)              |
| <b>Age</b>   | <b>(n = 52)</b>      | <b>(n = 35)</b>     |
| Under 18   | 5 (10%)              | 1 (3%)              |
| 18–29  | 13 (25%)             | 8 (23%)             |
| 30–39  | 14 (27%)             | 11 (31%)            |
| 40–49  | 5 (10%)              | 5 (14%)             |
| 50–59  | 10 (19%)             | 8 (23%)             |
| 60–69  | 4 (8%)               | 2 (6%)              |
| Missing  | 1 (2%)               | 0 (0%)              |
| <b>Gender</b>  | <b>(n = 52)</b>      | <b>(n = 35)</b>     |
| Woman  | 44 (85%)             | 31 (89%)            |
| Two Spirit   | 2 (4%)               | 1 (3%)              |
| Nonbinary  | 4 (8%)               | 4 (11%)             |
| Man  | 4 (8%)               | 2 (6%)              |
| Prefer not to state  | 0 (0%)               | 0 (0%)              |
| Prefer to self-describe  | 0 (0%)               | 0 (0%)              |
| Missing  | 0 (0%)               | 0 (0%)              |
| <b>Transgender or gender nonconforming</b>   | <b>(n = 52)</b>      | <b>(n = 35)</b>     |
| Transgender or gender nonconforming  | 3 (6%)               | 2 (6%)              |

| Response options                        | Baseline respondents | Endline respondents |
|---|----------------------|---------------------|
| Not transgender or gender nonconforming | 48 (92%)             | 32 (91%)            |
| Prefer not to state                     | 0 (0%)               | 1 (3%)              |
| Missing                                 | 1 (2%)               | 0 (0%)              |
| <b>Disability</b>                       | <b>(n = 52)</b>      | <b>(n = 35)</b>     |
| Person with a disability                | 3 (6%)               | 4 (11%)             |
| Not a person with a disability          | 48 (92%)             | 31 (89%)            |
| Missing                                 | 1 (2%)               | 0 (0%)              |

*Note.* Responses in the “Race” and “Gender” sections may sum to more than 100% because respondents were asked to select all that applied.

### ***Participant Self-Efficacy***

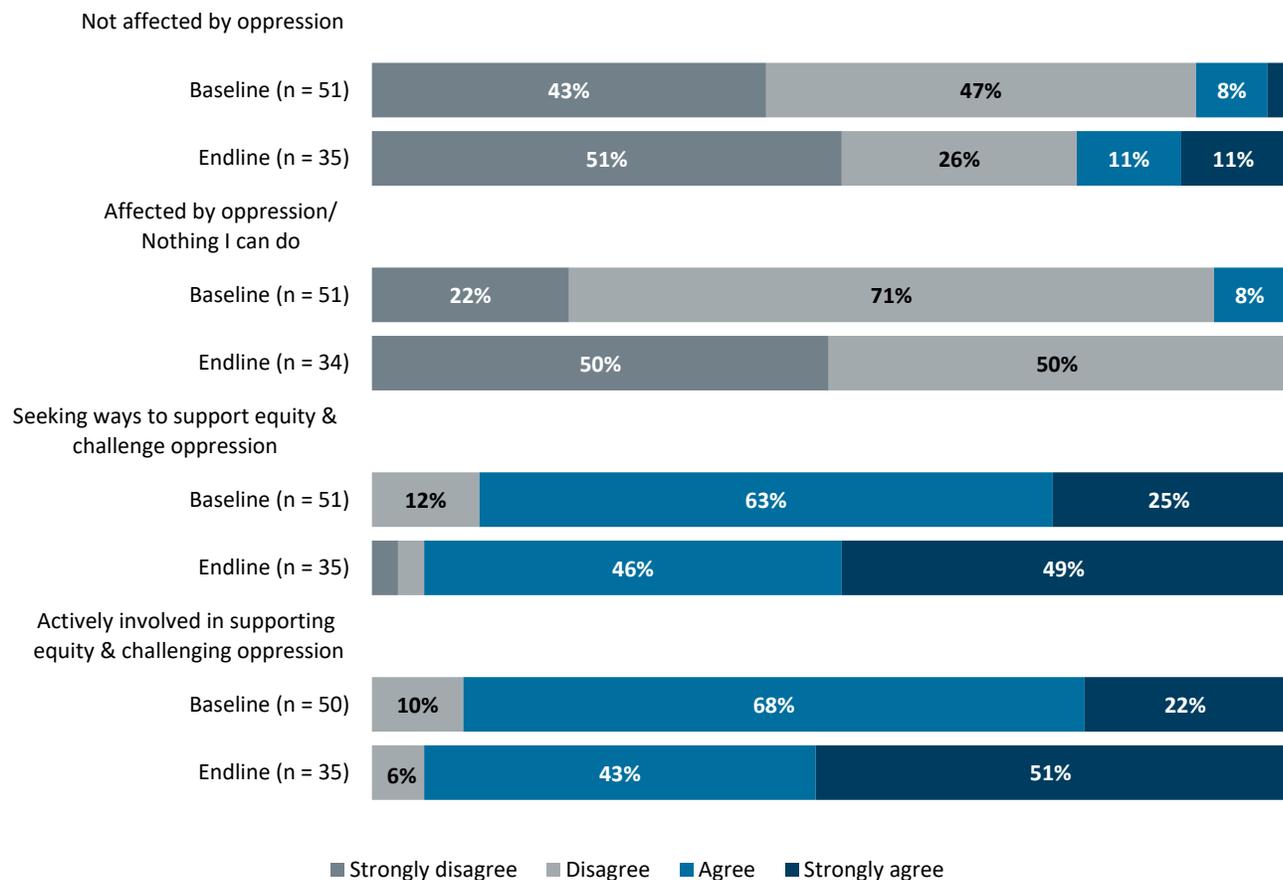
The term “self-efficacy” was here defined as participants’ assessment of how well they could learn and use the information presented to them in the curriculum. Participants were asked to rate to what extent they agreed with how they were affected by oppression, to what extent they agreed that they could learn and use the material from the program, and to what extent they agreed they would be likely to talk to others and take action towards addressing issues of health equity in their communities.

Self-efficacy was high among 2021 Cohort respondents at both baseline and remained high at endline.

### **Attitudes about Oppression**

Exhibit D3 shows that most baseline (90%) and endline (77%) respondents indicated that they were affected by oppression at some level. Of those that were affected by oppression, most (baseline: 93%; endline: 100%) disagreed with the statement that there was nothing they could do about it. Most indicated that they looked for ways to support equity and challenge oppression (baseline: 88%; endline: 95%) and indicated that they were actively involved in supporting equity and challenging oppression (baseline: 90%; endline: 94%).

### Exhibit D3. 2021 Cohort's Attitudes about Oppression

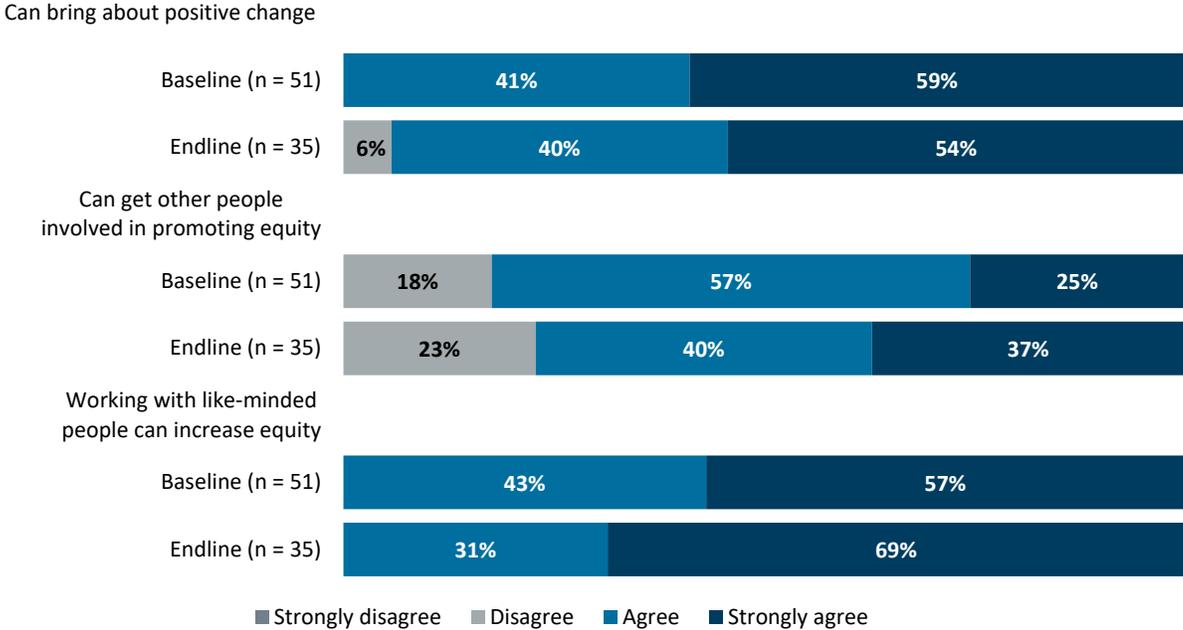


Note. Bars may sum to slightly more or less than 100% due to rounding to whole numbers.

#### Ability to Address Equity

Exhibit D4 shows that more baseline than endline respondents believed that they could bring positive change (baseline: 100%; endline: 94%) and that they could get others involved in promoting equity (baseline: 82%; endline: 77%). This could be in part due to sample bias, as baseline and endline respondents were not necessarily the same participants, and about one third of participants who started the program had dropped out by endline. Another potential factor for this reduction in self-efficacy could be that learning about oppression might make people feel overwhelmed and less optimistic about what can be achieved. When asked about this, EAG members were generally surprised to see the decrease but confirmed that at endline, they were more aware of the wide scope of inequity and how institutionalized it is, making it harder for individuals to overcome. Similarly, they suggested that there were a number of people who started but did not finish the program, which could have affected the responses at baseline and endline. One participant, however, wanted it noted that the decreases of these indicators were relatively small compared to the changes observed in other indicators. In contrast, all respondents at both baseline and endline agreed or strongly agreed that by working together with like-minded people, they could increase equity in their community.

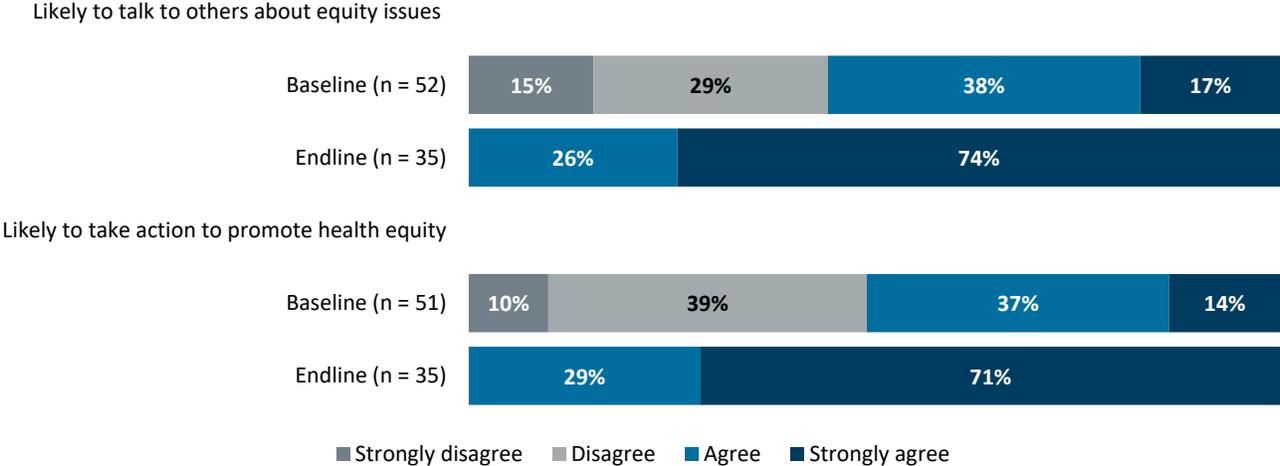
**Exhibit D4. 2021 Cohort’s Ability to Address Equity**



**Diffusion and Action**

As shown in Exhibit D5, when it came to the likelihood of diffusing information and taking action in their community, around half of the baseline respondents (55%) reported that prior to participation in the program, they were likely to talk to others about equity issues, and around half (51%) also reported being likely to take action to promote health equity. By endline, all respondents were likely to talk to others about equity issues and to take action to promote health equity, indicating the program provided them with the tools and confidence to act on what they had learned. The EAG members confirmed that this reflected their experiences, that they appreciated seeing the large increase, and that they felt this was likely applicable to all participants, not just those who completed the survey. They remarked that the program provided them with the opportunity to practice and put the concepts of health equity into action, making those concepts easier to take back to their communities.

**Exhibit D5. 2021 Cohort’s Intention Toward Diffusion and Action**



Note. Bars may sum to slightly more or less than 100% due to rounding to whole numbers.

**Participant Learning**

Participants were asked about their knowledge of concepts introduced in CLHE. In the baseline survey, they were asked to rate the knowledge that they had prior to participating in CLHE. In the endline survey, they were asked whether they knew anything new about the concepts introduced in CLHE.

Responses varied, but overall, most of the baseline respondents agreed or strongly agreed that they had some prior knowledge of the program topics. Exhibit D6 shows that almost all respondents (94%) had prior knowledge of race and racism. More than two thirds of respondents indicated they had previous knowledge about leadership (85%), gender and sexism (79%), socioeconomic class and classism (77%), nation of origin, citizenship status and nationalism (75%), social power, privilege, and oppression (73%), and language and language oppression (71%). Respondents reported lower levels of previous knowledge about hosting events in the community (63%), health equity (61%), and how inequities and social factors affect health (60%).

## Exhibit D6. 2021 Cohort's Reported Knowledge

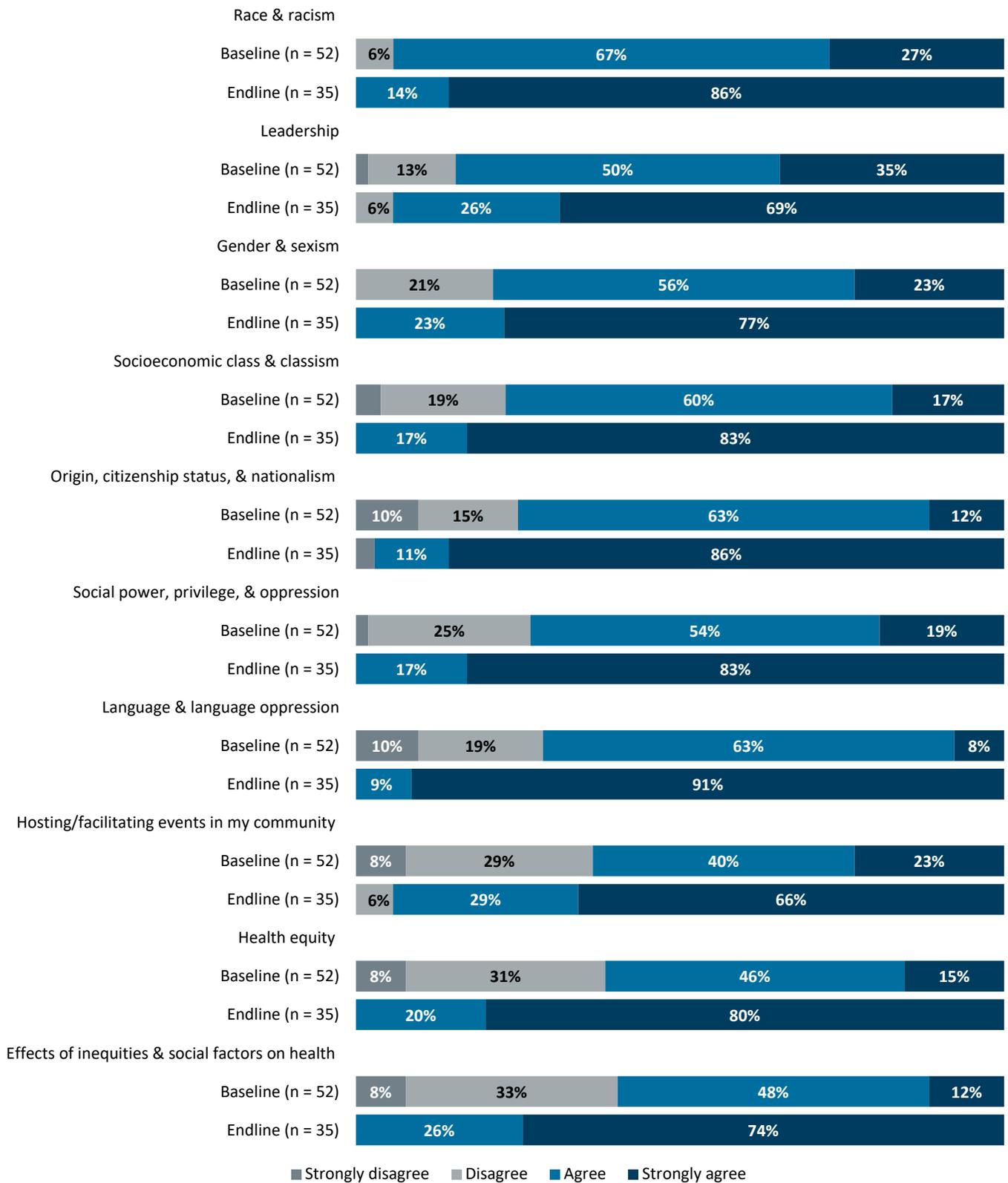
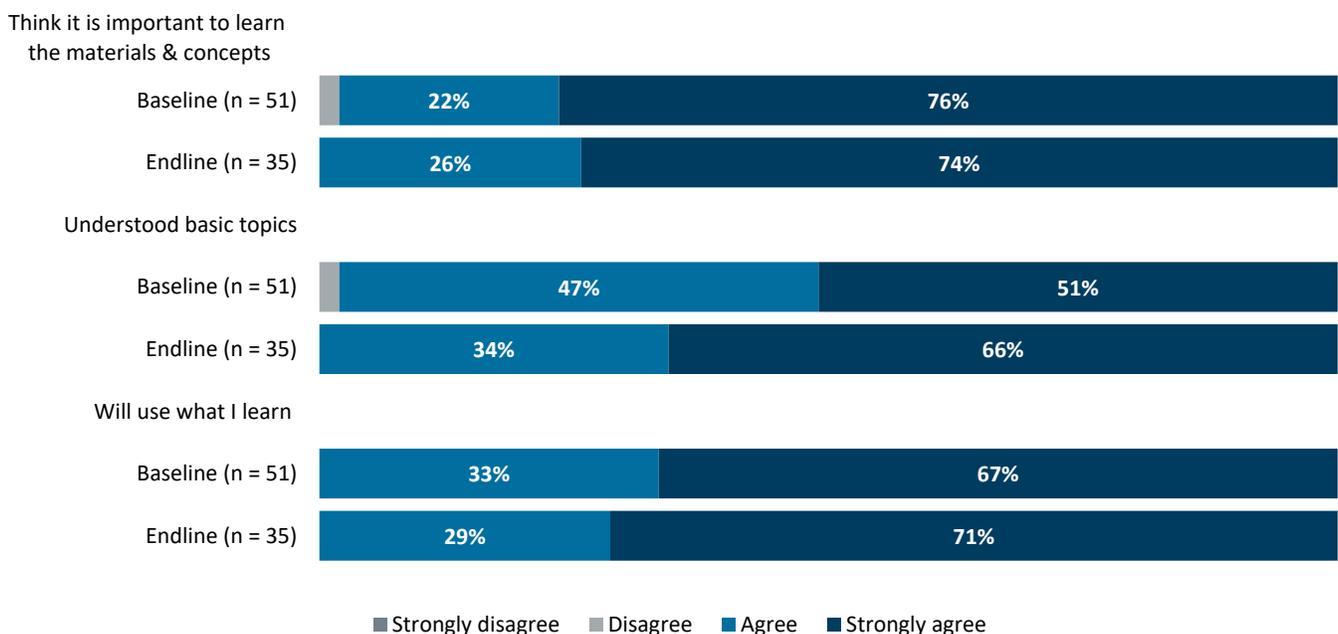


Exhibit D6 also shows that at endline all or an overwhelming majority of respondents from the 2021 Cohort reported learning something new about important program concepts after going through CLHE.

While more than half of baseline respondents reported having prior knowledge of concepts in CLHE, the higher numbers at endline indicate that the program was successful in teaching these key topics to survey respondents. The EAG members further confirmed that their knowledge of all topics had increased, that the content presented to them was new, and that the content expanded their previous understandings of the topics.

Exhibit D7 shows that baseline respondents were hopeful about learning from CLHE. All but one (98%) agreed or strongly agreed that it was important to learn the program materials and concepts and felt that they could understand the topics presented. All baseline respondents believed they would be able to use knowledge from CLHE in their work in their communities. At endline, all respondents agreed that it was important for them to learn the materials and concepts in the program, and all understood the basic program topics presented and would use what they learned in their work in their communities. It should be noted that respondents universally agreeing they would use what they learned in their communities may be partially due to selection bias, as participants chose to sign up for the program knowing that this was an intended outcome.

### Exhibit D7. 2021 Cohort’s Learning

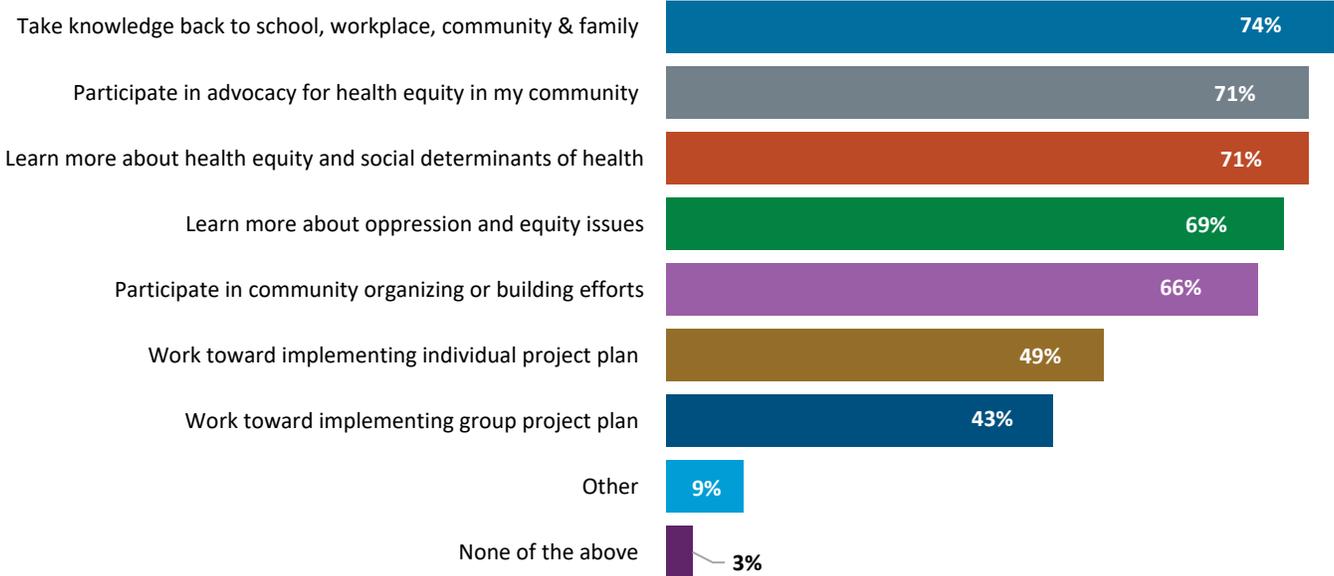


### Future Plans

At endline, when asked about their future plans as a result of participation in CLHE, responses were varied (see Exhibit D8). Most respondents (74%) indicated that they would take what they learned to their school, workplace, community, and/or family. Others described plans to participate in advocacy

for health equity in their community (71%), further their learning about health equity and the social determinants of health (71%), further their learning about oppression and equity issues (69%) and participate in community organizing/building efforts (66%). Close to half of respondents also planned to work toward implementing individual (49%) and group (43%) project plans.

**Exhibit D8. 2021 Cohort’s Future Plans (Endline) (n = 35)**



**Participation Goals, Expectations, Satisfaction, and Challenges**

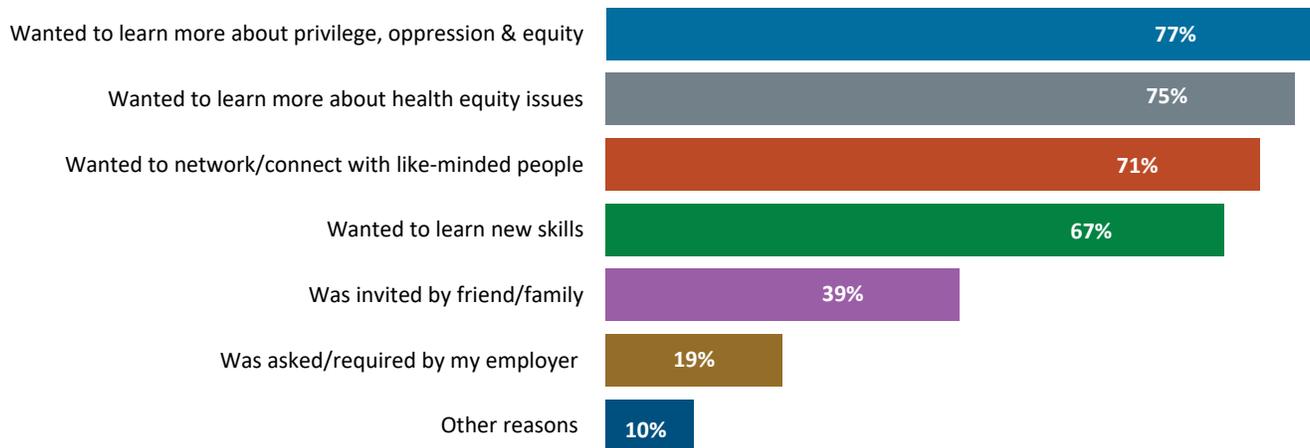
In the baseline survey, participants were asked to provide their reason for choosing to participate in CLHE. To determine whether these goals were fulfilled, the endline survey asked participants if their program expectations were met. The endline survey responses confirmed that respondents felt that the program fulfilled their goals for participating.

**Reasons for Participating**

As shown in Exhibit D9, most respondents chose to participate in CLHE to learn more about privilege, oppression, and equity (77%); learn more about health equity issues (75%); to network (71%); and learn new skills (67%).

A handful of respondents listed other reasons for participating, such as recruitment by a coworker, testimony from a prior point person, and being supported enough to feel that they could take part (e.g., “My barriers were covered which made my participation possible”). A couple of respondents listed more concerning reasons (e.g., “Pressure from regional point person” and “tricked into it”). These outliers seem to be just that, and open-ended participant feedback (see below) did not show further negative feelings.

## Exhibit D9. 2021 Cohort’s Reasons for Participating (Baseline) (n = 52)



Answers varied when respondents were asked what they hoped to get out of the program. Themes from the open-ended responses centered on respondents’ hoping to increase their knowledge, awareness, confidence, and education. Respondents also reported wanting to learn new tools and skills to help their communities. They wanted to understand themselves and the ideas presented in CLHE. Some indicated wanting to connect with others and create stronger networks. Some of the open-ended responses included the following:

- “Awareness to bring positive change and education to my community.”
- “Espero aprender y poner en prácticas nuevas maneras de abordar temas que promuevan la equidad. Quiero mejorar mis habilidades de liderazgo en la comunidad. Quiero rodearme de gente que está apasionada por los mismos temas que yo.” [“I hope to learn and put into practice new ways of approaching issues that promote equity. I want to improve my leadership skills in the community. I want to surround myself with people who are passionate about the same topics that I am.”]
- “How to relate to BIPOC in a fair and open atmosphere.”
- “Knowledge to dismantle systems of oppression.”
- “More understanding of systems of oppression and practical tools and ideas for how to reform them. Also, a better understanding and empathy for others who are oppressed in ways different than myself.”

### Satisfaction With Program

At endline, 2021 Cohort participants were asked whether the program met their expectations and, if so, how. Of those who responded, the majority (91%) expressed that their expectations were met and provided reasons, for example stating the program was “a real eye-opener,” commending the level of depth in and understanding of the various components of the curriculum, learning the [four \(4\) I’s of](#)

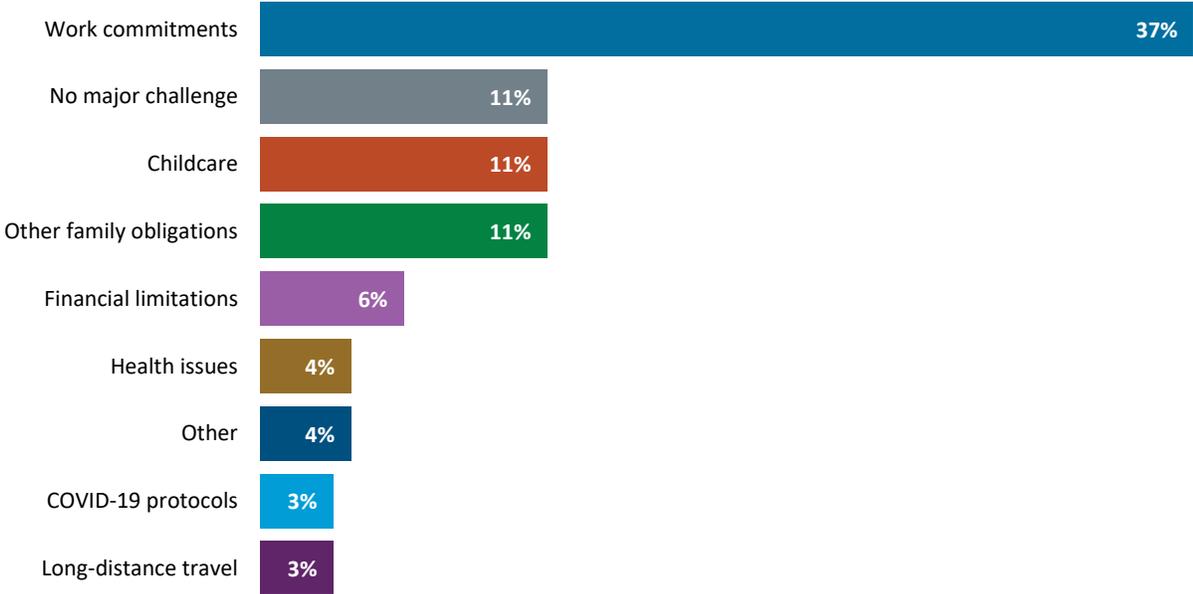
[oppression<sup>18</sup>](#), and learning how to use their knowledge to improve health equity. While the program generally met the expectations of respondents, concerns included needing to further reduce barriers to attending the program due to work and COVID-19, participants’ other life obligations, and the fact that inherent inequity is difficult to overcome. This last point reflected an outlying perspective on the program but one worth mentioning: although the program tried to address equity in implementation, there was still room to grow and improve.

All respondents felt that the topics in CLHE were relevant, felt actively involved through the convenings, and looked forward to continuing equity and health equity work. All respondents also felt respected as participants. Only one (3%) reported that they were not able to connect with others.

**Challenges to Participation**

Respondents indicated that work commitments were their single greatest challenge to participating in the program (37%), followed by childcare and other family obligations (both 11%). No respondents indicated language access or disability access as challenges, highlighting the successes of the language justice and accessible spaces components built into the program (see Exhibit D10).

**Exhibit D10. 2021 Cohort’s Greatest Challenges to Participation (Endline) (n = 35)**



**Project Plans**

Participants were asked to briefly describe their personal project plan, including the title of their project, the scope, and who was most impacted or served by it.

<sup>18</sup> Note: The Chinook Fund uses this model but did not create the model. The original creators of the model are unknown.

## Personal Project Plans

Of the 35 respondents, two thirds (66%) provided a description of their personal project plans. The project plans focused on populations such as mothers, youth, those who are language oppressed, those who are unhoused, queer-identifying people, immigrants, and other populations targeted by oppression. The topics included storytelling, cultural events, leadership training, increasing access to systems through language-justice approaches, incorporating DEI principles into workspaces, creating media (e.g., newsletters and podcasts) to disseminate information related to health equity to community members, and providing safe spaces for people who are experiencing oppression.

Participants intend to continue their projects by conducting workshops, receiving support from their employer, working with local community officials, promoting adult education and information access, and working with hospitals.

Only three respondents reported that they did not plan on continuing their projects, stating reasons such as changing jobs and career paths, and that their “knowledge and expertise could be used at a more upstream level.”

## Open-Ended Participant Feedback

Participants were asked to provide open-ended feedback about the program at the end of each survey.

At baseline, less than half (46%) provided feedback. All the feedback received was positive: respondents praised the program for the opportunity it provided and were thankful for the opportunity to participate. Respondents noted that CLHE provided knowledge and an opportunity to network. One respondent pointed out that this program had the potential to impact many more people. Positive responses included the following:

- “Estoy feliz de ser parte de este programa. ¡Me ha cambiado la vida!” [“I am happy to be part of this program. It has changed my life!”]
- “Great program and great opportunity, can’t wait to make changes in our community and get more people involved.”
- “It has been so great to hear the real-life experiences of the other participants. I have built new relationships and have gained from the respect that we all have shown one another. It has already changed how I present in the world!!”
- “Just really grateful. Also, it’s very humbling to be one of the white minority of this space, to be surrounded by the knowledge and experiences of people of color and third space people and to be able to learn alongside them where I have had very limited experiences and exposure to BIPOC in my rural Colorado life.”

The few suggestions for improvement at baseline included decreasing time spent on going over program rules daily by instead offering a quick slideshow, with one participant stating that “I

appreciate and respect the importance of the rules, but have found myself tuning out during this portion of the presentation because I have heard the same material and seen the same slides so many times.” Another suggested a social hour to increase networking and relationship-building opportunities and a shorter, youth-focused cohort to more easily facilitate student participation.

Another respondent pointed out the need for more time and space for regional team building before diving into the deeper teamwork. They noted they did not “feel cohesive/safe enough to commit my full self and perspectives or [feel] like I share a vision/objectives with my full regional team.” This respondent suggested setting up online forums, which could help with community building within and across regions and could take the form of a contact database or platform such as Discord to foster voluntary communication among participants. This respondent also requested additional focus be put on “grounding” and checking in between activities.

At endline, almost three quarters of respondents (74%) provided feedback. Most responses were positive, thanking the program and expressing gratitude for the experience (58%), though stated satisfaction varied more than at baseline. Six respondents (23%) provided suggestions and other concerns such as Wi-Fi issues and the expense of bringing children to convenings. Four respondents (15%) indicated that they wished for the program to continue in some way.

Positive responses included the following:

- “Thank you for everything, it has been a great experience and I am so happy that we were able to get reimbursed for gas and childcare since I live so far away and that was always my greatest struggle.”
- “This has been an unforgettable experience. [Transformative Alliances] and the team are much needed in this community. And deserve to have their work continue to be funded and brought to communities. This could change the world, if not at the very least, individual people’s lives. I have never seen a curricula or program like this. It’s unique and needed.”

Suggestions included the following:

- “Please include mental and emotional health peers who are not participants or facilitators in site at every convening. Add a room specified healing with resources such as morning yoga. Ask GroundSwell fund for ideas. Be cautious of anti-blackness because it came up a lot.”
- “While controversial, I think that having more white male, and male in general, participants would be useful for actually promoting leadership. White, cisgender, hetero male is considered a problematic demographic but there is not going to be a way to inspire growth with this type of person without allowing them. I know this can be a tenuous combination with those that I have seen as participants but I have overheard organizers saying this type of person was intentionally left out to keep a ‘safe’ environment.”

## Continuing Track

What follows is the analysis of the Continuing Track cohort based on responses from the baseline and endline survey administration.

### Respondent Demographics

More respondents identified as White/European American at endline compared to baseline, when most identified as Mestiza/o/x; more than half of respondents in both surveys identified as Hispanic/Latina/o/x. Respondents' ages varied in both surveys, with most identifying as within 40–49 at baseline and as within 30–39 at endline. The majority of respondents identified as women at the same time that most respondents in both surveys did not identify as transgender or gender nonconforming, nor as persons with disabilities. Additional details of the Continuing Track respondents' distribution of self-identified age, gender, race, ethnicity, and disability status is shown in Exhibit D11.

#### Exhibit D11. Continuing Track Cohort's Baseline and Endline Respondent Demographics

| Response options   | Baseline respondents | Endline respondents |
|--|----------------------|---------------------|
| <b>Race</b>  | <b>(n = 18)</b>      | <b>(n = 16)</b>     |
| Black/African American/African   | 0 (0%)               | 1 (6%)              |
| Mestiza/o/x (Latinx/Hispanic people of mixed Indigenous and European Ancestry)                   | 11 (61%)             | 5 (31%)             |
| Indigenous/First Nations/Alaska Native/American Indian   | 1 (6%)               | 0 (0%)              |
| Pacific Islander/Native Hawaiian   | 0 (0%)               | 0 (0%)              |
| Asian/Asian American (includes East, Central, West, South, and Southeast Asians/Asian Americans) | 0 (0%)               | 0 (0%)              |
| White/European American  | 4 (22%)              | 6 (38%)             |
| Prefer not to state  | 0 (0%)               | 1 (6%)              |
| Prefer to self-describe  | 2 (11%)              | 0 (0%)              |
| Missing  | 0 (0%)               | 0 (0%)              |
| <b>Ethnicity</b>   | <b>(n = 18)</b>      | <b>(n = 16)</b>     |
| Latina/o/x or Hispanic   | 14 (78%)             | 8 (50%)             |
| Not Latina/o/x or Hispanic   | 4 (22%)              | 6 (38%)             |
| Missing  | 0 (0%)               | 2 (13%)             |
| <b>Age</b>   | <b>(n = 18)</b>      | <b>(n = 16)</b>     |
| Under 18   | 0 (0%)               | 0 (0%)              |
| 18–29  | 2 (11%)              | 3 (19%)             |
| 30–39  | 4 (22%)              | 5 (31%)             |
| 40–49  | 7 (39%)              | 2 (13%)             |
| 50–59  | 3 (17%)              | 1 (6%)              |
| 60–69  | 2 (11%)              | 3 (19%)             |

| Response options                           | Baseline respondents | Endline respondents |
|--|----------------------|---------------------|
| Missing                                    | 0 (0%)               | 2 (13%)             |
| <b>Gender</b>                              | <b>(n = 18)</b>      | <b>(n = 16)</b>     |
| Woman                                      | 17 (94%)             | 12 (75%)            |
| Two Spirit                                 | 1 (6%)               | 0 (0%)              |
| Nonbinary                                  | 2 (11%)              | 1 (6%)              |
| Man  | 0 (0%)               | 0 (0%)              |
| Prefer not to state                        | 0 (0%)               | 1 (6%)              |
| Prefer to self-describe                    | 0 (0%)               | 0 (0%)              |
| Missing                                    | 0 (0%)               | 0 (0%)              |
| <b>Transgender or gender nonconforming</b> | <b>(n = 18)</b>      | <b>(n = 16)</b>     |
| Transgender or gender nonconforming        | 2 (11%)              | 1 (6%)              |
| Not transgender or gender nonconforming    | 16 (89%)             | 13 (81%)            |
| Prefer not to state                        | 0 (0%)               | 0 (0%)              |
| Missing                                    | 0 (0%)               | 2 (13%)             |
| <b>Disability</b>                          | <b>(n = 18)</b>      | <b>(n = 16)</b>     |
| Person with a disability                   | 0 (0%)               | 4 (25%)             |
| Not a person with a disability             | 18 (100%)            | 10 (63%)            |
| Missing                                    | 0 (0%)               | 2 (13%)             |

Note. Responses in the “Race” and “Gender” sections may sum to more than 100% because respondents were asked to select all that applied.

### Participant Self-Efficacy

The term “self-efficacy” was defined as participants’ assessment of how well they could learn and use the information presented to them in the curriculum. Participants were asked to rate to what extent they agreed with how they were affected by oppression, to what extent they agreed that they could learn and use the material from the program, and to what extent they agreed they would be likely to talk to others and take action towards addressing issues of health equity in their communities.

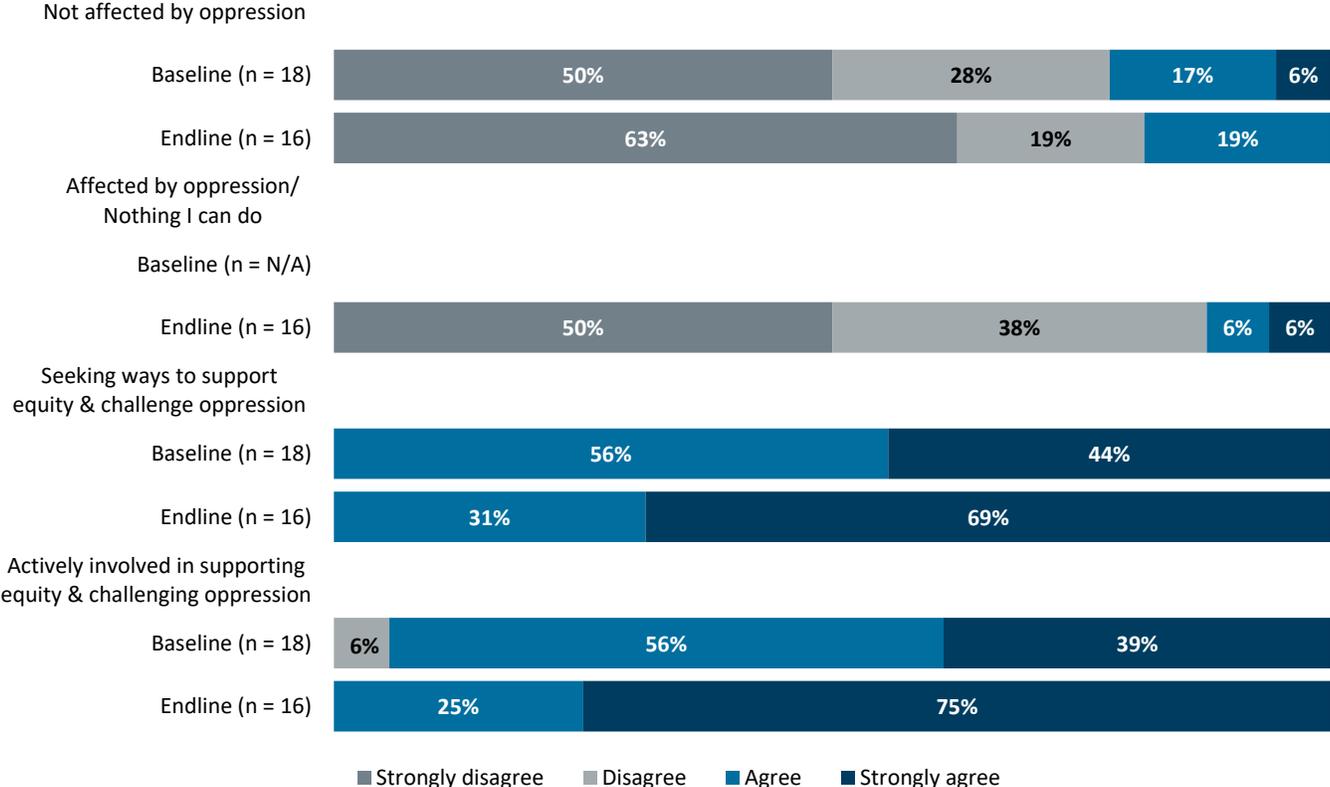
Self-efficacy was high among Continuing Track respondents at baseline and endline, except for the likelihood of talking about equity issues at baseline (44%), though by endline, all respondents felt they could do this.

### Attitudes About Oppression

At baseline, self-efficacy was high among the Continuing Track respondents. The overwhelmingly positive self-efficacy shown in the below exhibits is likely a reflection of participants having already participated in the program for 18 months, as well as their self-selection to participate in the Continuing Track.

Exhibit D12 shows that most respondents thought they were affected by oppression at baseline (78%) and endline (82%). At endline, most (88%) believed there was something they could do about it.<sup>19</sup> All respondents at both baseline and endline indicated that they looked for ways to support equity and challenge oppression. Almost all respondents at baseline (95%) and all at endline indicated that they were actively involved in supporting equity and challenging oppression.

**Exhibit D12. Continuing Track Cohort’s Attitudes About Oppression**



Note. Bars may sum to slightly more or less than 100% due to rounding to whole numbers.

**Ability to Address Equity**

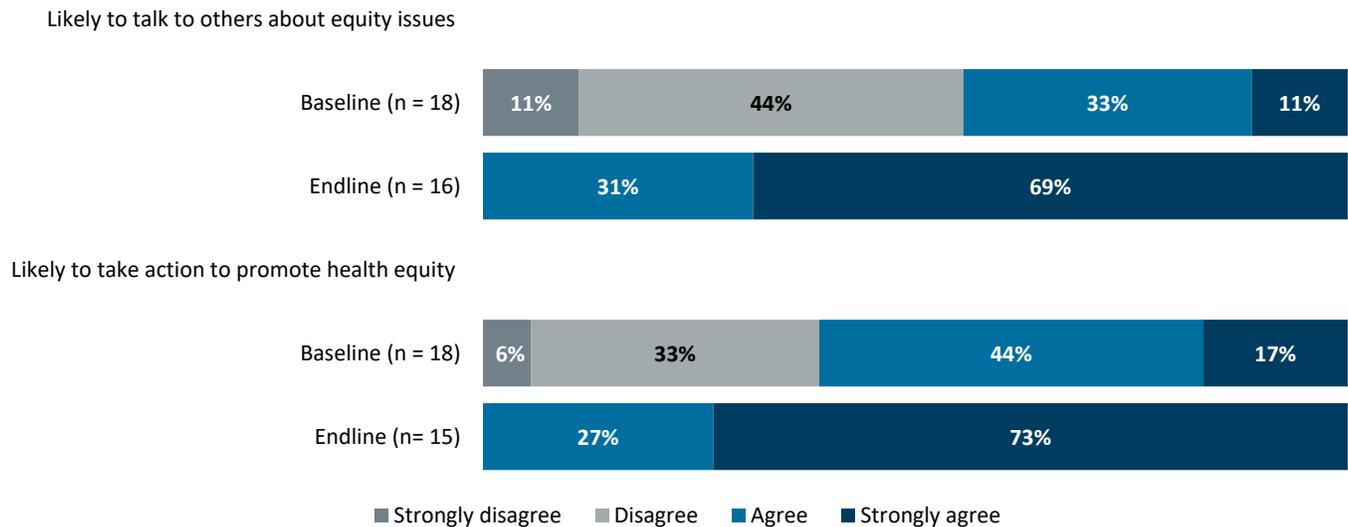
When respondents were asked about their communities at both baseline and endline, they all had a positive outlook. All agreed or strongly agreed that they could bring positive change to their community, could get people in their community involved in promoting equity, and could work with others to increase equity within their community. These data suggest that Continuing Track respondents had high degrees of self-efficacy on bringing about change in their communities in collaboration with those communities.

<sup>19</sup> There was an error in the baseline survey item “I am affected by oppression, but there is nothing I can do about it,” and instead the item read “I am not affected by oppression, but there is nothing I can do about it.” Because of this error the results for this item are not reliable, they are not presented here.

## Diffusion and Action

At baseline, fewer than half of respondents (44%) were likely to talk to others about health equity issues, but at endline, all were likely to talk to others about health equity issues. At baseline, two thirds (61%) reported that they were likely to take action to promote health equity, but at endline, all reported that they were likely to take such action (see Exhibit D13). Although it is surprising that the baseline numbers were not higher, as these participants had already undergone the initial round of CLHE programming, like the results of 2021 Cohort, these results suggest that the program provided them with the tools and confidence to act on what they had learned.

### Exhibit D13. Continuing Track Cohort's Intention Toward Diffusion and Action

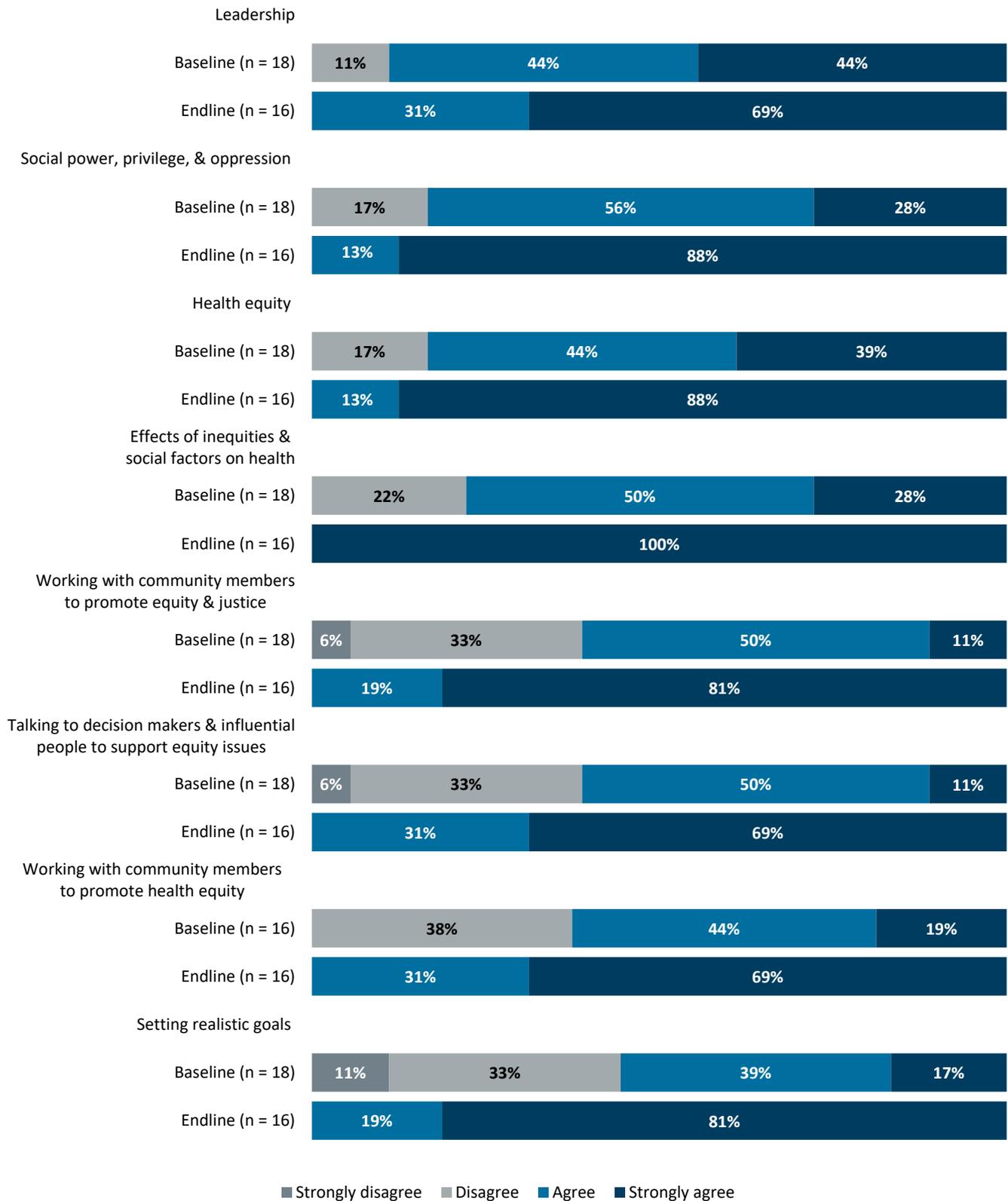


## Participant Learning

When asked at baseline about prior knowledge of the concepts that would be covered in the Continuing Track, responses varied, but overall, most respondents had some knowledge of the program topics. Exhibit D14 shows that more respondents indicated that they had previous knowledge of leadership (88%); social power, privilege, and oppression (84%); health equity (83%); and the effect of inequities on health (78%) than respondents did about other topics. This makes sense, as these were concepts covered in the initial CLHE program track. More than one third of respondents reported that they did not have previous knowledge of how to set realistic goals (44%), how to talk to decision makers in their community (39%), how to work with members of their community to promote equity and justice (39%), and how to work with members of their community to promote health equity (38%); these were Continuing Track topics that were not part of the initial CLHE program track.

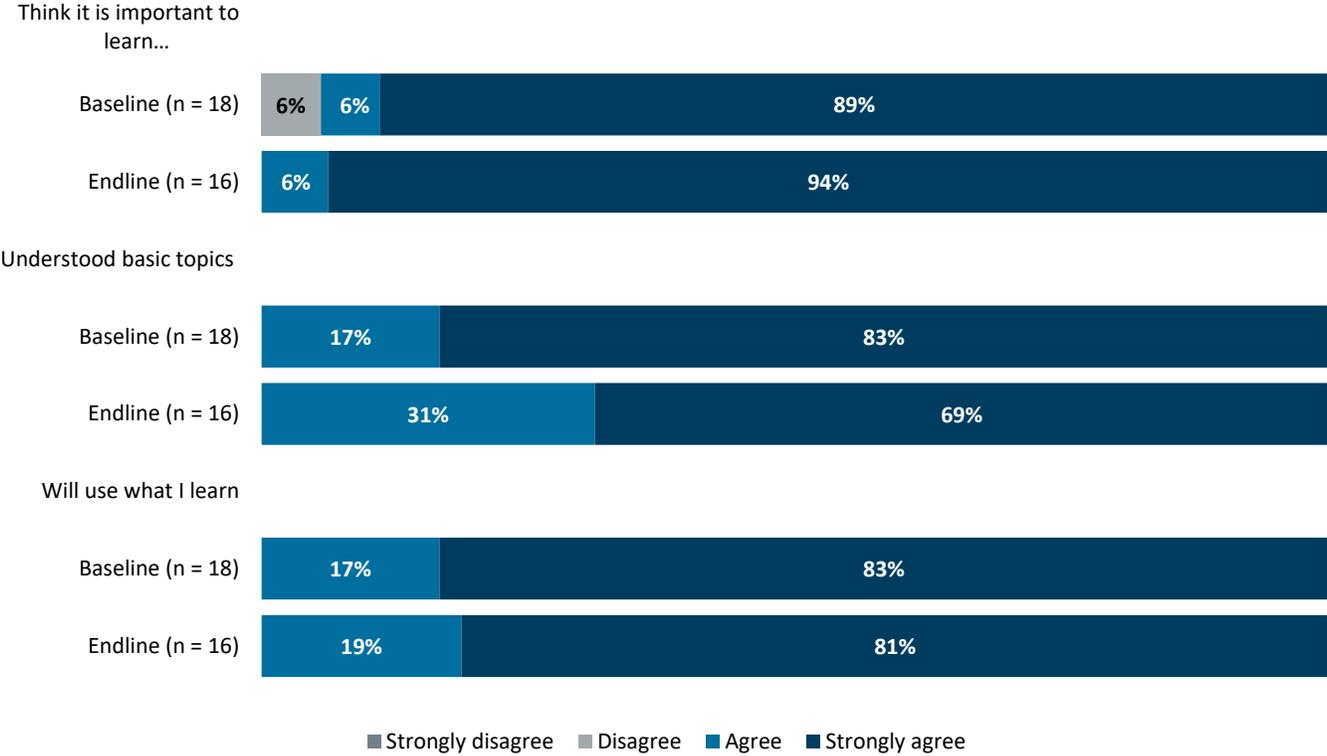
At endline, all respondents agreed or strongly agreed that they had learned about all of these topics as a result of the program.

## Exhibit D14. Continuing Track Cohort's Reported Knowledge



At baseline, respondents were hopeful about learning from the Continuing Track program (see Exhibit D15). All but one (95%) agreed or strongly agreed that it was important to learn the materials and program concepts, while all respondents felt confident that they could understand the topics presented and would be able to use knowledge from the Continuing Track. At endline, all respondents agreed or strongly agreed that it was important for them to learn the materials and concepts in the program and again indicated that they understood the basic program topics and would use what they learned in their community work.

**Exhibit D15. Continuing Track Cohort’s Learning**

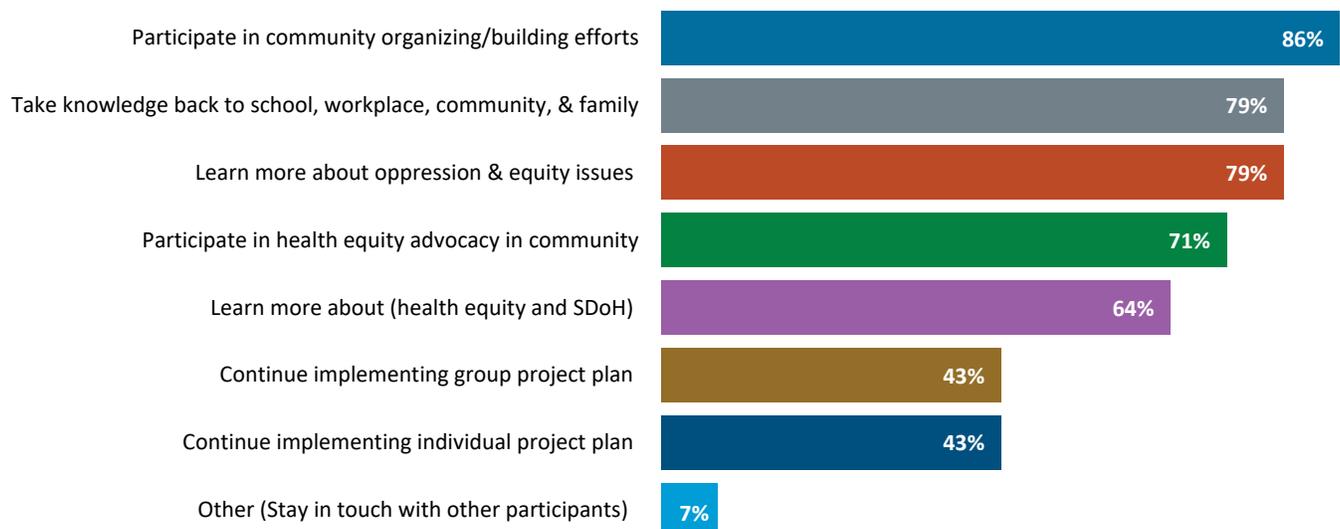


Note. Bars may sum to slightly more or less than 100% due to rounding to whole numbers.

**Future Plans**

When respondents were asked about their plans as a result of participating in the Continuing Track, responses varied (see Exhibit D16). Most (86%) indicated that they planned to participate in community-organizing and -building efforts. This measure was followed in frequency by taking knowledge back to their school, workplace, or community (79%) and furthering their learning about oppression and equity issues (79%). Ten respondents (71%) indicated that they planned to participate in health equity advocacy in their community, a measure followed in frequency by further learning about health equity and the social determinants of health (64%). Some participants (43%) stated that they planned to continue implementing their group and individual project plans.

### Exhibit D16. Continuing Track Cohort's Future Plans (Endline) (n = 14)



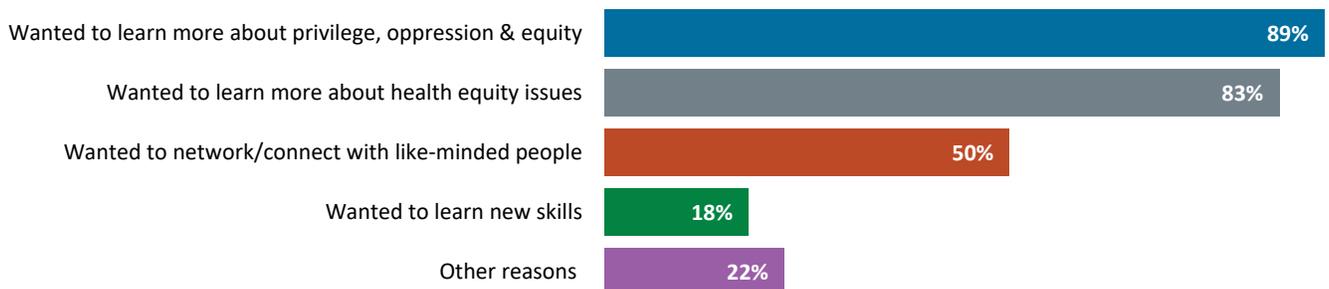
### Participation Goals, Expectations, Satisfaction, and Challenges

In the baseline survey, participants were asked why they participated in CLHE, and the endline survey asked them if their program expectations were met. The endline responses confirmed that respondents felt that the program fulfilled their participation goals and expectations.

### Reasons for Participating

As shown in Exhibit D17, most baseline respondents chose to participate in the Continuing Track to learn more about privilege, oppression, and equity (89%); to learn more about health equity issues (83%); and to develop new skills (18%). Half of respondents (50%) selected networking as their reason for continuing in the Continuing Track.

### Exhibit D17. Continuing Track Cohort's Reasons for Participating (Baseline) (n = 18)



At baseline, respondents had varying open-ended responses when asked what they hoped to get out of the Continuing Track. Respondents hoped to increase their knowledge and skills, gain insights they could use to practice and carry out projects, continue their nonprofit work, and get coaching on how to educate others. They also hoped to become more involved in their communities and promote positive change. Their open-ended responses included the following:

- “Confidence in my knowledge of the issues as well as the way I present myself and engage with the issues within my community and the world.”
- “More ways to have difficult conversations and do equity work in my community.”
- “Poder poner en práctica todo lo que he aprendido.” [“To be able to put into practice everything I have learned.”]
- “Seguir trabajando e interrumpiendo las inequidades [y] opresión. Seguir aprendiendo para interrumpir todo esto que no es saludable para nadie hasta que se logre una buena equidad en general para un mundo más bonito.” [“Keep working and interrupting inequities [and] oppression. Keep learning to interrupt all this that is not healthy for anyone until good equity in general is achieved for a more beautiful world.”]

### **Expectations of Program**

At endline, Continuing Track respondents were asked to provide open-ended responses about whether the program met their expectations and, if so, how. All participants indicated that their expectations were met, including three (20%) who expressed that the program exceeded their expectations. Explanations included that they learned a lot, felt accepted and valued, understood the program topics, and enhanced their advocacy skills. Two respondents (13%) noted that they did not know what to expect but felt that the program met their expectations and that they grew a lot due to the program.

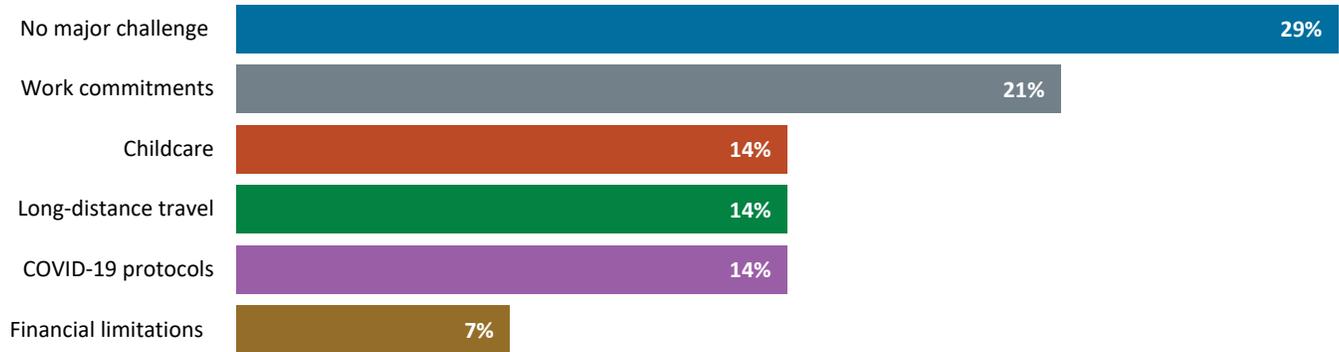
### **Encourage Participation of Others**

All respondents agreed that they would encourage others to participate in the Continuing Track. In open-ended responses, they offered reasons such as the importance of learning and developing new advocacy skills that they could share with the community and the ability to put what they learned into action. Some stated that they felt that they became better people, and one even said that they wished they learned the program skills earlier in life.

### **Challenges to Participation**

When asked about the single greatest challenge for participating in the Continuing Track, more than one quarter of respondents (29%) stated that there were no major challenges (see Exhibit D18). Work commitments were the number one challenge (21%), followed by childcare, long-distance travel, and COVID-19 protocols (all 14%). One respondent (7%) listed financial limitations as their greatest challenge.

## Exhibit D18. Continuing Track Cohort's Greatest Challenge to Participation (Endline) (n = 14)



### Projects

Participants were asked to describe the project they implemented, including the title of the project, the scope, and who was most impacted or served.

#### Personal Projects

Survey data on the personal projects participants completed were limited. Only 10 of the 16 participants who completed the survey provided a description of their projects. The projects implemented and described in the survey varied in focus (e.g., women, children, LGBTQ+, housing communities). The projects' reaches ranged from 4 to 500 people. One respondent implemented their project but had not completed it and therefore did not provide any further information. Although The Trust allocated extra funding that was disbursed through the Continuing Track grantee organization, the Rural Community Resource Center, to support the implementation of the projects, not all respondents applied to receive it, indicating not knowing how to apply or not having a clear project plan when funding was available as reasons for not applying. As far as respondents' plans for continuing their projects, the majority who reported having implemented the project said that they would continue it, and some stated what they would do next, including adding to their original scope and creating annual events. One respondent who did not complete their project said they would continue if funds became available. Another respondent who implemented their project stated that they would not continue due to other priorities in life. For a more comprehensive understanding of the projects that came out of the Continuing Track, please refer to the [Applied Learning in the CLHE Continuing Track](#) report brief.

#### Open-Ended Participant Feedback

For both the baseline and the endline surveys, participants were asked to provide open-ended feedback on the program as a whole. While fewer respondents provided feedback at endline ( $n = 9$ ) than baseline ( $n = 14$ ), almost all feedback was positive in both survey waves.

At baseline, respondents praised the program's instructors and presenters, felt it was a good learning opportunity, were motivated, and said participation was worth their time. One respondent noted that they wished they knew this information earlier in life. Another commented that they would like to see

a shorter track youth program to get more young people in the region involved, as the length of the program was a challenge for them. Finally, one respondent wanted to know what would come after the Continuing Track was finished. Positive responses included the following:

- “Disfruto mucho aprender y compartir con el grupo que hemos formado. Me motiva saber que hay gente en otras ciudades que está igual de comprometida que yo.” [“I really enjoy learning and sharing with the group that we have formed. Motivates me knowing there are people in other cities who are just as committed as I am.”]
- “I wish I had this knowledge earlier in life. I am happy for the youth that have participated!”
- “The continuing track is well worth my time and effort!”

As in the 2021 Cohort feedback, Continuing Track respondents were focused on creating a program specifically for youth that would be shorter and better accommodate their schedules.

At endline, more than half of participants (56%) provided feedback, thanking the program and highlighting their enjoyment, their appreciation of the gained knowledge and experience, and their sense of empowerment to make change. One participant requested a CHLE 3.0. Positive responses included the following:

- “This program has changed my life and the lives of my children. We’ve learned so many things and have been empowered to make change in our part of the state that will have lasting impact. Without this opportunity that never would have happened at this level.”
- “CLHE was the best program ever and I wish it could continue because it is truly necessary for people to be educated about these topics.”
- “Great experience truly this needs to stay around we’ve learned so much and it has domino effected the communities we serve.”

## Discussion

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The participant feedback surveys were used in the CLHE evaluation to understand participants’ views of themselves as agents of change in service of equity toward the beginning and the end of both the 2021 Cohort and the Continuing Track programming. Due to the low response rates of the surveys, the results were not representative of participants as a whole and therefore cannot be generalized. From those who did respond, we identified the following high-level findings.

**Respondents’ knowledge of oppression, equity, and advocacy issues increased across both program tracks.** Respondents reported an increase in all knowledge topics for which they were surveyed, indicating that the program curriculum was communicated to them successfully. For the 2021 Cohort, respondent knowledge increased the most at endline in the areas of hosting and facilitating events, health equity, and the effects of inequities and social factors on health. For the Continuing Track, the areas in which respondent knowledge increased the most at endline were setting realistic goals,

working with community members to promote equity and justice, and talking to decision-makers and influential people to support equity issues. Growth in these areas aligned with the focus of the programming for both cohorts.

**Respondents' self-efficacy increased across both program tracks.** At endline, all 2021 Cohort respondents and more than 80% of Continuing Track respondents believed they could do something about oppression. Also at endline, most 2021 Cohort respondents were seeking ways to support equity and challenge oppression and all Continuing Track respondents were actively involved in supporting equity and challenging oppression. Further, almost 95% of endline 2021 Cohort respondents believed they could bring about positive change, and another three-quarters thought they could get others involved in promoting equity. While 2021 Cohort responses decreased on these indicators from baseline to endline, the numbers still indicated that there was a high level of self-efficacy among respondents, and the EAG participants confirmed that. All Continuing Track respondents believed they could bring about positive change and could get others involved in promoting equity at endline, which is not surprising given how long they committed to and participated in the program.

**Respondents were motivated to continue their work beyond the end of the program.** About three quarters of 2021 Cohort respondents planned to take what they had learned back to their school, workplace, community, and/or family, and more than two thirds planned to participate in health equity advocacy in their community and further their learning about health equity, other equity issues, the social determinants of health, and oppression. More than 85% of Continuing Track respondents planned to participate in community organizing and building efforts, and more than three quarters planned to take their knowledge back to their school, workplace, community and/or family and further their learning about oppression and equity issues.

**Respondents reported that they were satisfied with the program and that it met their expectations.** More than 90% of 2021 Cohort respondents confirmed that CLHE met their expectations, and all felt that the topics were relevant, that they were actively involved through the convenings, and that they looked forward to continuing equity and health equity work. All respondents also felt respected as participants. All Continuing Track respondents indicated that their expectations were met, including three who expressed that the program exceeded their expectations, stating that they learned a lot, felt accepted and valued, understood the program topics, and enhanced their advocacy skills. Two respondents noted that they did not know what to expect but felt that the program met their expectations and that they grew a lot due to the program.

**Competing work commitments were the greatest challenge to participation.** In the 2021 Cohort, challenges to program participation included work commitments, childcare, other family obligations, health issues, financial limitations, COVID-19 protocols, and long-distance travel. Eleven percent of 2021 Cohort survey respondents indicated no major challenge to their participation as was the case for close to 30% of Continuing Track respondents. Respondents in the Continuing Track who indicated challenges to participation reported work commitments as the greatest challenge, followed by childcare, long-distance travel, and COVID-19 protocols, just as for the 2021 Cohort.

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