Consumer Voices for Innovation 2.0

Evaluation report

September 2021

INSTITUTE FOR COMMUNITY HEALTH

CENTER FOR CONSUMER ENGAGEMENT in health innovation

COMMUNITY CATALYST

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Community Catalyst's Center for Consumer Engagement in Health Innovation

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This work was designed and begun in close collaboration with the late Leah Zallman, MD, MPH. Her contributions and presence are felt throughout.

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

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Executive summary

In the spring of 2019, the Center for Consumer Engagement in Health Innovation (the 'Center') launched the Consumer Voices for Innovation 2.0 (CVI 2.0) program. Less than a year into the two-year program, grantee and subgrantee organizations, as well as the communities that they served, were hit by the COVID-19 pandemic. This public health crisis impacted all aspects of well-being across communities, from physical health due to the virus, to mental health due to traumatic loss and quarantine-related isolation. It also impacted economic well-being, as community members lost jobs and income, which had repercussions on their food and housing security. Social disparities became increasingly evident during this time, and garnered even more attention with the media spotlight on police brutality on Brown and Black communities after the death of George Floyd, which sparked worldwide protests and brought flaws in the institution of law enforcement in the U.S. into greater prominence. The end of 2020 also brought a beam of hope, with the change in federal administration, that helped to keep communities mobilized and engaged in advocacy work.

CVI 2.0 supported seven state health advocacy organizations to build an engaged base of community members to advocate for policies and programs that expand how the health care sector addresses the SDOH. The program focused on food security, housing security and non-emergency medical transportation (NEMT) for communities that have been traditionally left out of policy conversations including: people from low-income communities, people of color, and/or older adults. Each grantee received funding, technical assistance (TA), and access to group learning opportunities from the Center. The Institute for Community Health (ICH) conducted a mixed methods evaluation incorporating learnings from surveys and interviews with grantees, subgrantees, and community leaders, conversations with Center staff, and review of quarterly reports. ICH produced a mid-point report in the summer of 2020 to document our learnings from the first year of CVI 2.0.[1] This final report builds on the lessons we learned during that time.

Through this tumultuous time, CVI 2.0 grantees and subgrantees adapted to rapidly changing conditions and challenges. They were successful in remaining close to the community, paying attention to members' needs, and staying relevant during the time of crisis. Most state teams adapted to the changing needs by providing direct services to the communities they served, such as opening food banks or providing transportation to community members that needed rides to the hospital. All CVI 2.0 state teams had to adapt their organizing and advocacy

[1] Fisher, Carolyn, Sofia Ladner and Leah Zallman. 2020. Consumer Voices for Innovation, 2.0 (CVI 2.0) Interim Report. https://www.healthinnovation.org/resources/publications/consumer-voices-for-innovation-2-0-cvi-2-0-interim-report

strategies, shifting activities to online platforms and using new opportunities to engage new people. Due to this shift in activities, state teams prioritized building existing relationships with community members rather than engaging with new community members on the ground. This prioritizing of depth over breadth helped to increase the number of community members participating in leadership activities.

While keeping a focus on the social determinants of health (SDOH), state teams also pivoted their policy goals and objectives due to changing legislative sessions, new crises that needed attention, and opportunities that arose. An astounding forty-three policy wins were achieved during the course of the CVI 2.0 grant, with wins across all states and influencing different levels of the government and health systems. Along with policy successes, grantees and subgrantees also achieved several other objectives throughout the course of the grant. They built new relationships and opened avenues of trust with community members, increased their capacities in many areas of their work, and strengthened their relationships with coalition partners. Despite significant challenges throughout the course of the grant, organizations and community leaders adapted, thrived, and contributed to the growth of communities' ability to advocate for the expansion of health systems' focus on social determinants of health.

Several recommendations emerged from the CVI 2.0 program:

- In future work, grant-makers and technical assistance providers can continue to play a network infrastructure role to **foster relationships between organizations**.
- In future work, grant-makers and technical assistance providers should continue to be explicit in **naming and prioritizing antiracist work**.
- In future work, grant-makers and other organizations like the Center can continue to support organizations to do both **broad community outreach and deep grassroots leadership development**.
- In future work, organizers can continue to play a supportive role and offer techniques and materials, **leaving community members to lead the way**.
- In future work, grant-makers can consider providing **longer-term funding** in order to allow grantee organizations to spend a smaller percentage of their time on seeking new sources of funding, and more time on the work of building relationships and responding to opportunities.
- In future work, grant-makers can continue to **enable resilience and creativity. Specific strategies for doing this include flexibility** with objectives and deliverables, providing lighter and more flexible reporting requirements, and providing flexible funding arrangements such as general operating support. This can leave organizations with more time and bandwidth to focus on the work of organizing and to respond to the unexpected.

Introduction and context

From 2017-2019, Community Catalyst's Center for Consumer Engagement in Health Innovation (hereafter, 'the Center') led the Consumer Voices for Innovation program, an innovative and successful effort to support grassroots organizing and base building in health system transformation.[2] In 2019, utilizing lessons learned from that effort, the Center launched the Consumer Voices for Innovation 2.0 (CVI 2.0) program. The goals of CVI 2.0 were to:

1) support state efforts to build an engaged base of community leaders, with a particular focus on those from communities of color, to advocate for policies and programs that expand how the health care sector addresses the social and economic drivers of health (SDOH) and
2) understand the most effective strategies for engaging grassroots leaders in both short-term and long-term advocacy around SDOH.[3]

The program focused on the SDOH of food security, housing security and transportation.[4] Grantees have all embraced policy goals designed to increase the ability of the health system to address SDOH. Over the long term, the goal is to foster community member activism in SDOH advocacy, especially in low-income communities, communities of color, among people with disabilities, and/or in communities of older adults. CVI 2.0 funded a total of 7 grantees and 6 subgrantees across seven states (see Table 1, and for more detail, see Appendix B: Grantee profiles).

Toward the end of the program's first year, the COVID-19 pandemic suddenly upended society worldwide. Stay-at-home orders and shutdowns began in March 2020, followed quickly by significant economic disruption and widespread unemployment. The disease overwhelmed health care systems; deaths and long-term illness profoundly disrupted the fabric of some communities, including several of the communities supported by CVI 2.0 grantees. The pandemic made visible the vast existing inequities in U.S. society, and in late May a nationwide racial justice movement, sparked by police violence, made race and racial justice an urgent item on the national agenda. Beginning in the fall of 2020, President Donald Trump's efforts to hold on to office by subverting the democratic process

[2] Consumer Voices for Innovation: Grant Program Evaluation Final Report. Leah Zallman, Carolyn Fisher, Sofia Ladner, Kirstin Lindeman, Martina Todaro. https://www.healthinnovation.org/resources/publications/consumer-voices-for-innovation-grantprogram-evaluation-final-report

[3] The original goals of CVI 2.0 were to (1) support state efforts to build an engaged consumer base in order to permanently foster engagement in advocacy around social determinants of health (SDOH), with a particular focus on communities of color, and (2) understand the most effective strategies for engagement in advocacy around SDOH. They were later updated – the updated versions are above.

[4] Transportation has a specific lens on the non-emergency medical transportation (NEMT) benefit in the Medicaid program

culminated in a violent revolt at the U.S. capitol on January 6, 2021. Prior to the November 3 election, several CVI 2.0 grantees and subgrantees also directed significant effort into get-out-the-vote work.[5]

It is normal and expected that advocacy objectives will change and respond to shifting windows of opportunity in the policy landscape. The profundity of the societal disruptions during the period of CVI 2.0, however, meant that it only made sense to almost entirely reorient both the project and the evaluation work around these multiple national crises and the responses to them.

Table 1. Grantees, subgrantees and their objectives

State	Grantee, *subgrantee(s)*	SDOH of focus	Community of focus
Alabama	Alabama Arise, *Bay Area Women Coalition*	Food security	Black, low-income community in Mobile, AL
Colorado	Year 1: Together Colorado, *Center for Health Progress* Year 2: Center for Health Progress	Transportation	Low-income NEMT users
Georgia	Georgians for a Healthy Future, *The Arc Georgia*	Transportation	People with intellectual and developmental disabilities
Maine	Maine People's Resource Center, *Maine Community Integration*	Transportation	Immigrant communities, NEMT users; Lewiston, ME and surrounding communities
Massachusetts	Massachusetts Senior Action Council	Food security	Low-income seniors
New York	Make the Road New York	Housing	Low-income Latinx community in New York City
Pennsylvania	Pennsylvania Health Access Network Year 1: *New Voices for Reproductive Justice* Year 2: *ACLAMO Family Centers; Neighborhood Health Centers of the Lehigh Valley*	Transportation	Rural communities and communities of color, specifically Latinx communities, in Montgomery County and the Lehigh Valley

[5] The get-out-the-vote work was not performed using Center funds.

Methods

The Center: Program activities

Funding: The Center provided a total of $1,400,000 to the grantees over the two years of the program ($100,000 per state per year).

One-on-One Technical Assistance (TA): The Center's state advocacy managers (SAMs), policy analysts, and communications staff provided customized TA to grantees. TA focused on six capacity areas: campaign development, communications, policy analysis and advocacy, resource development, coalition and stakeholder alliances, and grassroots organizing. SAMs conducted regular TA check-ins with project staff at least once per month and more frequently upon request, mostly by telephone and videoconference. Topics addressed varied widely according to the specific needs of the grantee.

Group Learning Opportunities: The Center offered multiple group learning opportunities for grantees and community leaders. Regularly scheduled learning community calls focused on a variety of topics, such as sustainability, effective community advocacy strategies, the impact of managed care on individuals with intellectual and developmental disabilities, using academic research in policy advocacy, communicating with a grassroots base virtually, long-term care, partnering with philanthropy, and federal and state policy changes in light of the COVID-19 pandemic. Grantees also participated in a Partner Meeting in November 2019 in Washington, DC where they heard from national speakers, participated in a wide variety of workshops and networked with their colleagues. Grassroots community leaders who were engaged with the CVI 2.0 projects (hereafter "grassroots leaders") also attended this meeting, providing the opportunity for these community leaders to build their leadership skills and share their experience by serving as speakers on workshop panels (see section on Leadership development below). The pandemic prevented any in-person activities in Year 2.

Flexibility and pivoting: The Center aided grantees and subgrantees to respond to the events of 2020 with resilience and flexibility by loosening its requirements on the organizations. First, the Center authorized the projects to shift the focus of their work from health systems to more general SDOH issues. Second, the quarterly reporting was first replaced with interviews in the fall of 2020, and then the narrative reporting requirements greatly reduced for the remainder of reports, in consultation with ICH.

Institute for Community Health: Evaluation activities

The Institute for Community Health (ICH) was the evaluation partner for the program. ICH began by reviewing relevant background documents and collaboratively developing a framework for the evaluation through the creation of a logic model (Appendix A: Logic Model). This framework reflects the Center's approach to community engagement,

understood as a pyramid of five levels of engagement.[6] These formative activities led to the following key evaluation questions:

1) How many community members (particularly from low-income communities, communities of color, people with disabilities and older adults) and community leaders were engaged through grantee initiatives?[7]
2) Did community members become more meaningfully engaged as a result of grantee initiatives?
3) What aspects of the community engagement strategy were most effective at encouraging and supporting community engagement and leadership development?
4) How did policies, programs, or practices change in some states as a result of community engagement and action?

To answer these questions, ICH engaged in several broad evaluation activities: grantee surveys administered at baseline, interim and final timepoints, three interviews with each grantee, interviews with subgrantees and with community leaders, and review of grantees' quarterly reports (see Appendices C, D, E and F). This report is based on these data sources.

At the baseline and midpoint periods, we also conducted a grassroots leader survey, which asked demographic questions and questions about social determinants of health vulnerabilities. Our intention was to conduct the survey at the end of the funding period, as well, to be able to make statements about the longitudinal trends in demographics among grantee participants as the pool of grantees grew. However, the COVID-19 pandemic disrupted both data collection methods and outreach activities so profoundly that we determined that this data collection effort was unlikely to produce comparable findings. This survey was discontinued after the midpoint.

ICH produced a mid-point report in the summer of 2020 to document our learnings from the first year of CVI 2.0.[8] This final report builds on the lessons we learned during that time.

Aside from the sections outlined in this report, several cross-cutting themes also emerged that are highlighted throughout the report. Each cross-cutting theme is highlighted with an icon, following the key below:

[6] Community Catalyst Pyramid of Engagement. https://www.communitycatalyst.org/resources/tools/pyramid-of-engagement

[7] The original evaluation questions used the term "consumer" instead of community member. Following changing Center policy, we have changed this language throughout.

[8] Fisher, Carolyn, Sofia Ladner and Leah Zallman. 2020. Consumer Voices for Innovation, 2.0 (CVI 2.0) Interim Report. https://www.healthinnovation.org/resources/publications/consumer-voices-for-innovation-2-0-cvi-2-0-interim-report

Icon	Cross-cutting theme description
Trusting relationships 	**Importance of building trust**: During interviews throughout the two years of the grant, the importance of building trusting relationships arose repeatedly as a theme. This included both between community members and organizers and between different organizations.
Racial equity 	**Racial equity/racial justice**: CVI 2.0 began with an explicit focus on promoting health equity among communities of color -- this part of the program objective received additional focus and urgency from the racial justice movement of 2020.
Community resilience 	**Community resilience**: Community members and grassroots organizations responded to profound crises by caring for one another, shrewdly taking advantage of emerging opportunities, reorienting their work, finding new tools and techniques to accomplish their goals, and growing in new directions. We highlight evidence of this resilience throughout.

Grantee activities and outcomes

Organizational capacity building

One of the primary objectives of CVI 2.0 was to build organizational capacity at the grantee and subgrantee level to be able to better support communities and advocacy efforts. During the two years of the grant, grantees/subgrantees and TA providers worked to build capacity in a variety of areas; nevertheless, external circumstances impacted organizations' ability to grow their capacity. At each of the three timepoints on the grantee surveys, we asked grantee representatives to rate the capacity of their combined grantee/subgrantee teams in several areas, including their capacity to train community leaders, to build and maintain relationships with partner organizations, analyze policy options, and influence policy. We did not see clear patterns of change in these numbers (see Appendix G: Data tables for grantee survey).

Increasing capacity in new categories: However, in interviews with grantees and subgrantees, we learned that the categories of organizational capacities we originally identified had become less important to grantees and subgrantees, and different capacities emerged as more meaningful. For example, the capacity to integrate a racial equity lens into the work was critically important to organizations in the context of the racial justice movement (see Racial equity work below). In addition, the pandemic created a need for organizations to quickly ramp up their abilities to organize and advocate virtually. All grantees and subgrantees quickly grew their capacity in this realm during the Spring and Summer of 2020 -- nevertheless, this set of skills was not captured in our originally-identified capacity categories.

Subgrantee capacity: Another pattern that emerged from the interviews was that several subgrantees felt that their work with the grantee organizations on the CVI 2.0 program increased the capacities of the subgrantee organizations overall. This was not captured quantitatively, because the survey asked about the grantee teams as a whole. In the words of one subgrantee, **"it was a learning experience working with a partner in that capacity."** Subgrantees noted that some of the skills they learned from grantees included how to better run virtual meetings, how to better manage and report data, and how to write testimonials for legislative hearings, for example. More generally, subgrantees felt that the relationships with the grantees increased their individual organization-level capacities, the policy analysis provided by grantees made the subgrantees' organizing more powerful, and it made their organization stronger to know the grantee has "got your back."

> **"[Working with the grantee] made us stronger. And we feel that we can achieve things that, at first, we thought we couldn't have. It makes you feel good to know you have somebody that's got your back."** - Subgrantee

Racial equity work

From its inception in 2019, CVI 2.0 was designed to work on issues of racial equity and lifting the voices of communities of color. The events of 2020, including the pandemic and the racial justice movement, caused a cultural

> **"I think like most people I was really traumatized, impacted by a lot of things we've seen in our country. The pandemic has exacerbated existing social inequities, so versus it's just something where you kind of feel sick about it, being involved in these advocacy efforts makes me feel like in my small way I can try and contribute to my community to address some of these really big concerns."** – Community leader

shift in which race and racism became increasingly "speakable." This was the case in the work of CVI 2.0 grantees, subgrantees, and community leaders as much as anywhere else. Community leaders told us that there had been an increase in the amount and urgency of dialogue around race and racial equity in their activism work. Some discomfort remained around talking about race; however, some white community leaders felt more empowered to discuss race and work on the issues.

Within grantee and subgrantee organizations, there was an increase in attempts to more explicitly incorporate a racial equity lens into organizational practices. For example, organizations discussed making more explicit policies around incorporating racial equity into hiring and other policies; there were new committees formed around racial equity, and the topic was brought up more frequently in existing committees.

Racial equity

In addition, organizations added several new foci to their work: organizers began speaking more often and more openly about the ways in which issues specifically impacted communities of color. For example, the intersectionality of race and disability became more visible in Alabama; a new campaign around police violence was started in Massachusetts; and the Maine organizations successfully lobbied the state legislature to pass a bill mandating the inclusion of a racial impact statement in each new policy.

Finally, these intensified conversations led to representation among organizers working in communities being more explicitly discussed in several states. In some places, organizers and community leaders reflected that it was important for the organizers to represent the communities, or that the work was made easier by the fact that the organizers shared a racial or ethnic identity and/or a disability status with the community being organized. However, in other cases, organizers who were not members of the communities they were working with had great success in building relationships; it helped when organizers were already comfortable speaking the language of the community or when they were already comfortable working in racial equity spaces. In some cases, communities found specific benefits in allying with people from outside the community:

> **"...we're new to the country. And because [the grantee organization is mostly] longtime Americans, ... a lot of times you are scared, what if there is a consequence or repercussions if you're protesting too much. So it was them that would train us and say it's okay, you will not face persecution, just because you don't have the right paperwork. If you're an asylum seeker you can still fight for your rights."** – Subgrantee

Overall, although CVI 2.0 grantees and subgrantees had long been focused on the complex topic of racial equity, the events of 2020 allowed these organizations to intensify these efforts.

Grassroots organizing

Year 2 of this program began in the middle of the COVID-19 pandemic, and with that came a change in grassroots organizing strategies and activities. Most traditional organizing activities, such as door-knocking, passing out flyers, and having tables at community events came to a sudden halt. Most grantees and subgrantees shifted their focus to the direct needs in their communities; many were able to use this direct service provision as an organizing tool that allowed them to reach community members to whom they may not have had access in the past. Two grantees and one subgrantee shifted their activities to direct food provision to their communities, in one case by converting their space to allow people to pick up food and in the other by delivering food directly to people's homes. One grantee launched a state-wide digital platform to help community members donate to their neighbors in need and to connect to social services, which they used to also add people to their base. One subgrantee provided transportation to hospitals for community members, and used this transportation to deliver food to those most isolated by the pandemic. Another grantee provided tablets and WiFi to members who were isolated and had no other way of participating in community activities.

"True community organizing must move at the pace of the community. A key lesson we learned is that community leaders are passionate and engaged. They work in their communities among family and friends. Therefore, we had to facilitate processes, resources and build relationships to motivate and inspire leaders to advocate outside those comfort zones." – Grantee

Organizing tactics also changed in response to the needs and voices of community members. For example, one grantee helped to organize a hunger strike in the city, mobilizing members to participate or support the event, to help pass the Excluded Worker Fund,[9] which provided economic relief to people who are undocumented and/or those employed in the informal sector.

Although there continued to be an appreciable amount of engagement during this time, understandably, the pace of outreach slowed. While some of the grantees and community members felt that virtual meetings helped to bring their community together during a time when everyone felt so far apart, as expected, many experienced challenges during the beginning of the pandemic. Two subgrantees specifically discussed technology issues and getting things "up and running," expressing feelings of frustration in areas that felt out of their control. One subgrantee stated that they received a lot of support from the grantee to figure out how to conduct virtual meetings. This was particularly valuable for this subgrantee

[9] https://dol.ny.gov/EWF

because most of their members were seniors and did not feel comfortable with new technology.

Community resilience

Despite the difficulties involved in making these rapid and drastic changes, grantees were successful at pivoting to working remotely. There are some circumstances in which grantees felt that getting back to in-person activities as soon as possible will be essential. However, most grantees expressed that they plan to keep using many of the digital organizing practices that they adopted in many other circumstances even after the pandemic, especially in larger states where distance poses barriers to organizing in-person meetings.

The pandemic presented other challenges for grassroots organizing. For example, one grantee discussed the difficulty of focusing the conversation topics on NEMT, since the pandemic highlighted so many other needs, and NEMT felt too narrowly focused. Another grantee discussed how their community members had limited time and mobility to concentrate on the specific issues of the project, and that they had to be thoughtful about their communications and what they should ask from them.

Trusting relationships

Many subgrantees discussed the successful techniques that grantees used to build trust with community members, a prerequisite to doing the work. One subgrantee discussed that having someone from the grantee organization who spoke the same language as the community members was important in building trust. Another subgrantee described ways in which the grantee representative would be very engaged and attentive during meetings with community members: **"she was very careful to make sure everybody's voice was being heard and nobody was silent…she would keep up with who said what."** A different subgrantee stated that their community leaders trusted the policy research that the grantee provided for them, noting that it helped them lead conversations and mobilize their communities with data-driven issues. Finally, one subgrantee described building trust with community members as a process that takes time, but noted that they were able to achieve a level of trust during the course of the grant through consistency and following through on promises.

Established trust between organizers and community volunteers and leaders was also crucial in maintaining relationships and connections while people were isolated at home. One of the grantees felt that videoconferencing only worked well because the strong relationships had already been established before the pandemic. Another grantee pointed to their past "wins" in the community as critical to engaging people in their calls to action during the pandemic. This was especially true early in the pandemic when the organization was trying to mobilize and build leaders while community members were more deeply focused on their personal and family needs. Although challenges to grassroots organizing were heightened during the pandemic, grantees and subgrantees were

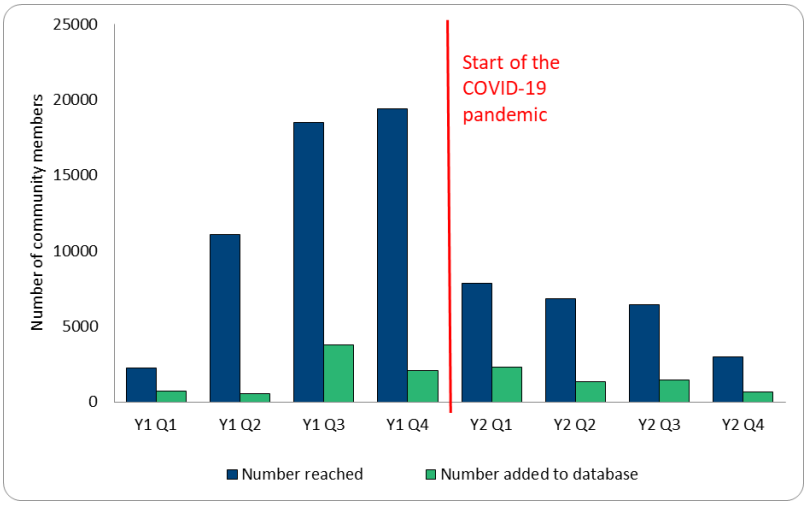
Community resilience

successful in engaging, continuing work, and in some cases deepening their work with their communities of focus.

Increasing depth of engagement

Grantees reported in interviews that after the COVID-19 crisis began, they found it easier to prioritize organizing strategies that emphasized depth over breadth; in other words, grantees prioritized leadership development over base building. The numbers reported by grantees support this observation. The number of people reached and added to grantee databases dropped off in the quarter-to-quarter numbers in the second year of the program (Figure 1).

Figure 1. Outreach and engagement



Although there was not a clear trend in the numbers of community members participating in commitment-level activities (Tier 1 leaders, Figure 2), the number of community members participating in deep leadership-level activities (Tier 2 leaders) showed a steady increase (Figure 3).[10] This again demonstrates that grantees emphasized depth of relationship as the pandemic unfolded.

Figure 2. Tier 1 leaders built

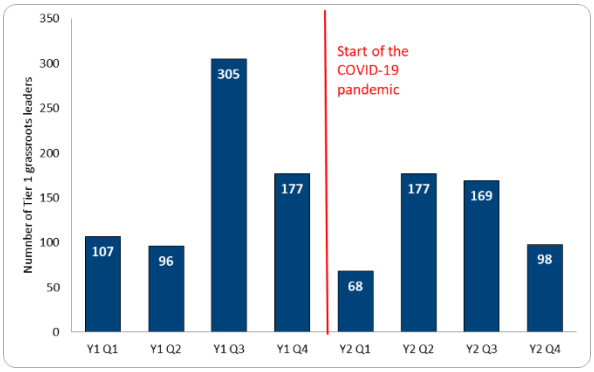
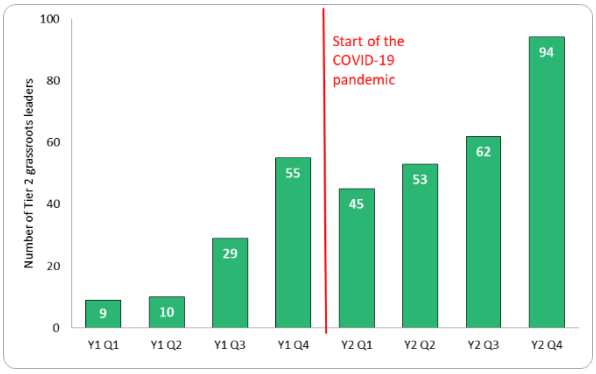


Figure 3. Tier 2 leaders built



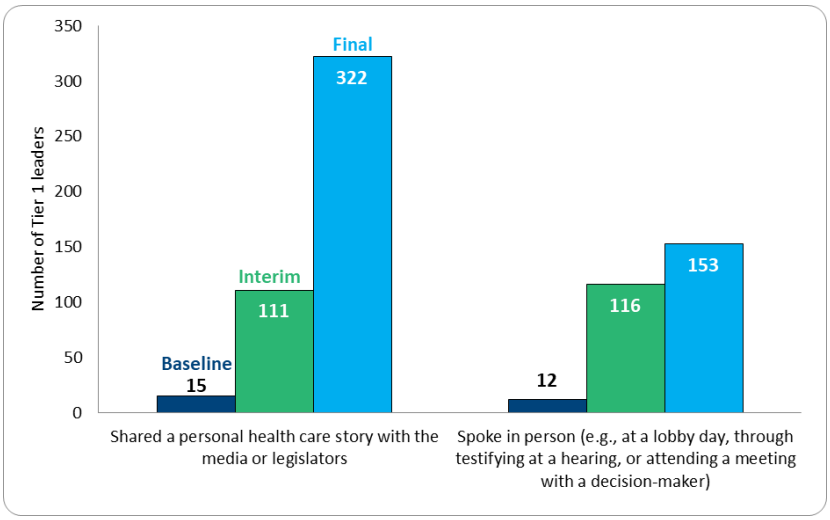
[10] For the purposes of this evaluation, the Center and ICH divided community leaders into two tiers according to the depth of their engagement. Tier 1 leaders spoke in person with a decision-maker, such as at a lobby day, through giving testimony, or at a meeting; shared a personal health care story with the media or elected official; or attended a training or workshop related to health system transformation. Tier 2 leaders served on boards, committees, public workgroups or regional partnerships relevant to health system transformation; attended a train-the-trainer workshop or trained people in their community about a health system transformation issue; and/or regularly served as a spokesperson on health system transformation issues.

Digital organizing and advocacy: In order to maintain and deepen these relationships, grantees and subgrantees had to quickly adopt stronger and more creative digital organizing techniques. All grantees and subgrantees mentioned the use of videoconferencing platforms to connect with members, and almost all discussed their success in getting specific community members onto virtual platforms and using these platforms to meet. Conventional wisdom regarding some of these communities, such as older adults and/or people with intellectual disabilities, was that they would be very limited in terms of how easily they could use communications technology. Grantees and subgrantees put in the work to aid older adults, people with disabilities, and people with limited access to the internet to continue meeting and stay connected with the community and the organizations through virtual means.

Remote communications did open up new opportunities for some leadership activity. Several community members and grantees discussed how videoconferencing made it possible to sit in on government hearings as well as share testimony with representatives despite not being able to attend in person. Further, a number of the grantees stated that videoconferencing allowed some members, particularly those in farther-flung geographical locations, to participate more easily in all the aspects of their organizing work, and it felt like certain community leaders were taking a more active role due to the reduced barriers of time and transportation.

Path of engagement: From our interviews with grantees, subgrantees, and community leaders, we saw a common path that community members follow on their journey to becoming leaders in the organizations. As described above, one way that many people first become engaged with the organizations is when grantees help them with concrete problems. This technique is not limited to the pandemic and times of crisis even though organizations did provide aid specifically connected with pandemic-related problems. Once an individual is engaged with an organization and begins to form relationships with the organizers or other leaders, the organizers guide the individual to a realization that the problem they are experiencing is a system-level problem experienced by many others. One important

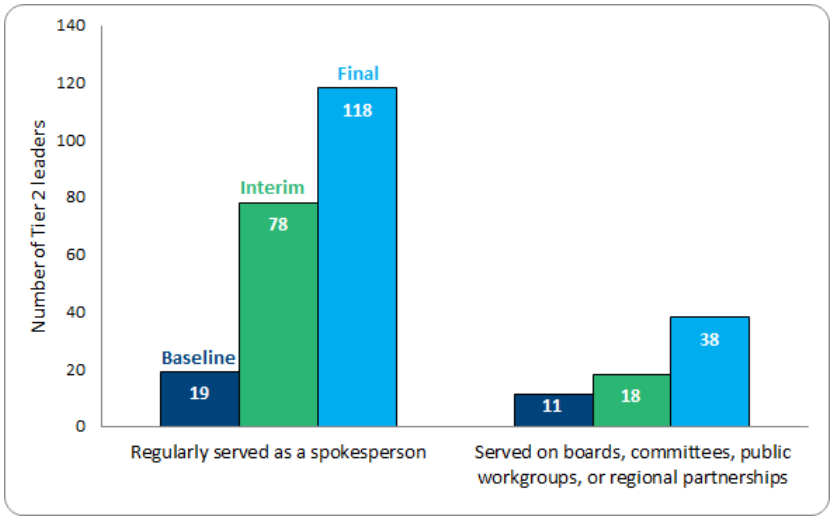
Figure 4. Specific Tier 1 leader activities



way that people make this connection is by being encouraged to tell their own story. This provides both validation to the individual and evidence to the campaigns of this system-level problem.

Sometimes at this point, the individual may begin working to provide concrete aid to others experiencing the same problem. Organizers also begin to provide opportunities for the individuals to get involved in advocacy campaigns. Starting with mass actions like protests, letter-writing campaigns, or attending hearings, individuals then may move on to deeper roles like serving as representatives on advisory boards, speaking directly to decision-makers, and providing public testimony. In these actions, organizers ensure that individuals feel prepared and supported in their roles by providing complete and accurate information on the issue and the process, rehearsing, giving encouragement and emotional support, and sometimes by providing professional-looking written materials to distribute.

Figure 5. Specific Tier 2 leader activities



The challenges that organizers described in bringing leaders along this path of engagement fell into two categories. First, the work of community leaders is always in competition with other life priorities. This became especially acute during the pandemic:

> **"[Community members] have lots of other things going on, especially during a pandemic when there are people at home, when either they are the person that is at high risk for COVID, or they are a caregiver for the person that is at high risk of COVID. The advocates we were working with were some of the most at-risk populations for COVID. So they were really limited in their mobility for months. And all the stress that comes with that…"** - Grantee

Second, organizers saw their work as one of bridging communication gaps, and saw their efforts to do this as a work in progress. In the case of working with populations whose primary language is not English, the need to both provide translation and convince decision-makers that translation was necessary was a primary challenge. In other cases, such as working with people with other accessibility needs or even just people who are not accustomed to using the formal language of decision-makers, the work is also one of bridging communication gaps.

Leadership development

Several community leaders described undergoing personal transformations through the process of working with the CVI 2.0 grantees. A number of community members found meaning and direction through getting involved in this work. One community leader, talking about the meaning that the work brought to their life, said: **"I had a lot to offer [grantee organization], but they also had a lot to offer me at the same time".**

> **"I was at a point in my life where I really didn't have a direction or anything like that. And so if I were not involved in [grantee organization], I'd be basically a hermit."**
> – Community leader

The difficult times caused by the pandemic inspired some people and communities to become more deeply involved in the work, as observed by one organizer:

> **"This neighborhood has a lot of ill people because we've lost one person or maybe three people on every street who have died from the COVID-19. So, we know it's serious. And we thought that would slow us down, but it didn't. It gave us more meat to add to the pot because we know now, more than ever, we need to continue the work."** – Subgrantee

Community resilience

When asked whether becoming a leader increased their engagement in their own health care, several community leaders said that they had always been effective in advocating for their own health, but that the work had allowed them to extend their effective advocacy to include the needs of others. Other community leaders strongly agreed that they had become more effective self-advocates. One person said:

> **"I think, prior to starting an advocacy, I thought that my opinion had little value. I used to think, 'I don't want to upset anybody. I don't want to say the wrong thing. Whatever the doctor says, they're right, whatever the provider says, they're right.' Now, I think, 'Oh, no. If there's a wrong to be righted, I am right there to right it.'"** – Community leader

Some grassroots leaders also talked about having changed their approaches to problems they saw in their communities. Before becoming engaged in the work, they would have seen a problem and just thought it was unfortunate. After working with the grantee organizations, they now see those things as problems that can be solved.

> **"I guess it changes everything for me, because I'm just not afraid of anything, anymore. I'm not afraid to just get out there and say, 'Can this be made better?'... I think just overall, in everything for me, my confidence is higher, I feel like there's no space that I can't be in, at this point, if I have something to offer."**
> – Community leader

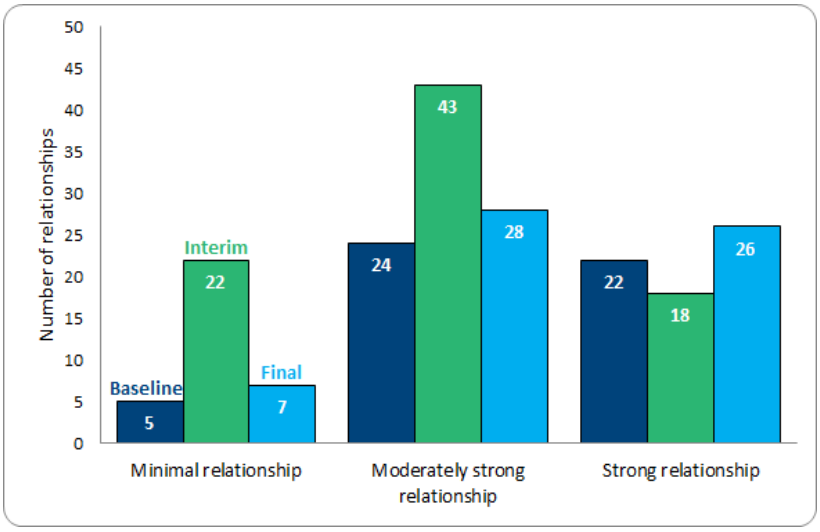
Building relationships among organizations and community members

Compared to the grantee organizations, all of the subgrantees are smaller in size and had less previous experience in this work (some had never done advocacy work in the past). Grantees also strategically chose subgrantees that are deeply rooted in the communities, and were able to bring in their knowledge and expertise with respect to the communities that the project was trying to reach. For example, a few grantee organizations do mostly state-level advocacy work, while their subgrantee organizations were geographically focused in a community and do deep grassroots work in their area of focus. Because of this, grantees expressed needing the subgrantee for a connection between them and the community, while subgrantees expressed needing the grantee for validation and financial support; in this way, the relationships were mutually beneficial.

Grantees, subgrantees, and community leaders all identified building and strengthening relationships as critical to being able to do the work and reach their goals. These relationships included those between coalition members, between grantees and subgrantees, and between grantees/subgrantees and the community.

Coalition-building: Each grantee's original project plans included some aspect of coalition-building. Four grantees, however, said they had deprioritized coalition building during the pandemic to focus on the community's immediate needs, adding that there was not a lot of progress made on original coalition-building goals. One of the grantees stated that the deprioritization was due to shifts in the state legislative session – causing their coalition not to need to meet as frequently. Although grantees described slow progress in coalition-building, they stated that it was still important work, and hoped to soon be able to make it a priority in their work. Figure 6 shows the trends in the number of relationships between the grantee organizations and other partner organizations, and the strength of those relationships. Although minimal and moderately strong relationships increased between baseline and interim and decreased between interim and final, strong relationships decreased slightly between baseline and interim, and increased between interim and final. This supports the point that that building new relationships was deprioritized during the pandemic, but that grantees maintained their strong relationships.

Figure 6. Coalition partner relationships



"I can't even talk about one side of the table or the other, because towards the end of this grant, we were such powerful partners, there was no table." – Subgrantee

Grantee/Subgrantee relationships: While all subgrantees discussed either sharing a space with their grantee or working together in organizing campaigns or other events prior to CVI 2.0, no subgrantee organization had ever worked formally with their grantee. This foundational familiarity between the organizations helped to cultivate the level of trust needed for the project to be successful. One subgrantee expressed ambivalence at the beginning of their involvement in the project, knowing that trust needed to be built in order for the project to work and for the grantee organization to be "let into" the community. However, by the end of the funding period, this relationship had been strengthened, and the grantee was able to access the community. Subgrantees expressed having an overall positive experience working with the grantee, describing grantees as coming in with a lot of energy and ideas, regular communication, and overall mutual respect.

Trusting relationships

> **"Overall, over the two years in total, it was fantastic. And the partnership that has blossomed… it's powerful what has come out of this work."** – Subgrantee

Community member relationships: Building relationships and trust with community members was also an essential ingredient in the projects and in the organizing work (see more in Grassroots Organizing section), and many grantees and subgrantees described needing trusted community leaders be the voice in the community:

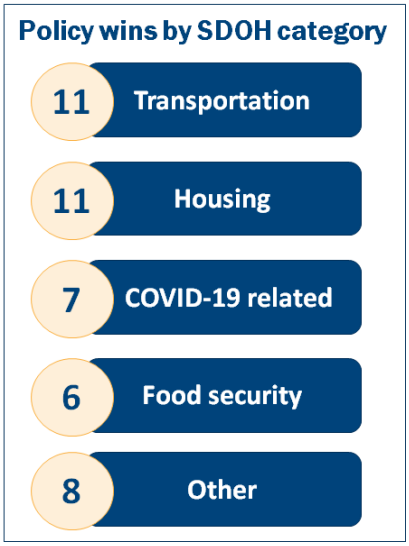
> **"It's all about relationships, and it can't be this old white woman who goes into [the community] and says, 'You know, we're trying to find out more about healthcare access. Will you tell me your story?' 'Mm, no, I don't know you. I don't trust you, and we've had too many old white women come in and say that they're going to do something, and nothing happened.'"** – Subgrantee

Trusting relationships

Building trust with community members takes time and effort. Grantees and subgrantees that were new to some of the communities that their project targeted described this as a learning experience. In order to develop that trust, they had to be consistent, follow through on points discussed, have constant communication with community leaders, be available to them, and make sure that everyone's voices were heard. For example, one grantee described investing time in helping a young community leader apply for a fellowship. The grantee felt that this was a great opportunity for this leader to continue their personal growth. While the grantee acknowledged that this took time that had not been planned for in the planning phase of the project, they knew it was an absolutely necessary part of the process in building relationships and trust.

Policy and advocacy work

During the two years of the grant, all grantees and subgrantees in the seven states influenced policy wins. These policy wins were categorized based on the SDOH focus area, with eleven wins in housing, six in food security, eleven in transportation, and seven wins specifically related to COVID-19. Some SDOH wins overlapped with COVID-19, but in total there were forty-three policy wins. The policy wins were also categorized by which decisionmaker in the government (or health system) they occurred at, with three policy wins at the local government level, six policy wins at the health system level, seventeen state legislative wins, and eighteen state administrative wins. Table 2 highlights some examples of the policy wins achieved during the CVI 2.0 funding period.



Incorporating input from community members and community leaders was key to shaping the policy agendas for many grantees. For example, one grantee identified changes that people wanted to see in their state's NEMT system through a survey given to community members and coalition members. Another grantee described ways that both the organization and community members themselves used their stories and lived experiences to inform policy campaigns during the pandemic.

At the beginning of the pandemic, the Center permitted grantees to switch their focus from health systems to broader SDOH goals. For many grantees, the pandemic presented a window of opportunity to mobilize around new or related issues. Many were able to take advantage of these opportunities while maintaining focus on the SDOH they were working on. For example, one grantee working on housing was able to win an eviction moratorium and rent relief program at the state level. In another state where the grantee was working in transportation, they helped pass a new bill that established a pilot program to provide rides for non-medical errands to seniors and people with disabilities under Medicaid.

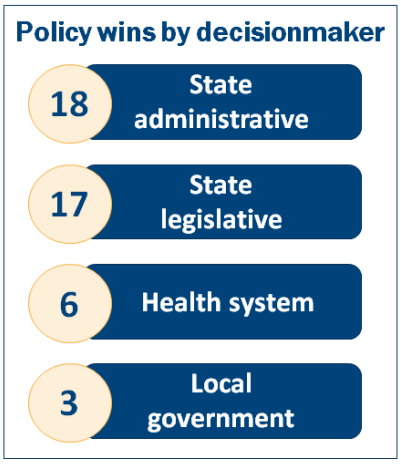


Table 2. Examples of policy wins by decision-maker

18 State administrative	17 State legislative	6 Health system	3 Local government
❖ **Colorado** Health Care Policy and Financing (HCPF) completed a rule change regarding NEMT to remove the pre-authorization requirement for appointments beyond a 25+ mile radius. ❖ **Pennsylvania**'s Office of Medical Assistance Transportation Program developed several Operations Memoranda that correspond with issues identified by advocates. These included updates to the referral process, reminders to providers to send formal denial notices, and separate memos for denials and complaints.	❖ **Massachusetts** State Senate passed a new process directing the administration to spend $5m secured in the IT Bond Bill to enable MassHealth and Medicare Saving Program (MSP) applicants to apply for SNAP on the same application ❖ **New York** won $2.1 billion income replacement funding for vulnerable populations excluded from government pandemic relief through the Fund Excluded Workers Campaign.	❖ **New York**'s Health + Hospitals made improvements to their COVID-19 hotline based on community feedback. ❖ In **Alabama**, Mobile-area Alabama Coordinated Health Network (ACHN) committed to implementing a pilot food security project. Arise developed a partnership with the American Heart Association of Alabama to implement a pilot Produce Prescription program with the ACHN.	❖ Springfield, **Massachusetts** mayor announced free shuttle three times per week for senior center. ❖ **New York** City successfully integrated community health workers into the city's COVID response programs.

Although the grantees and subgrantees were clearly successful at achieving local and state level policy wins, most felt that those were not the most important successes of the projects. One subgrantee expressed that this project partnership allowed for leaders at her organization to talk about transportation as an issue in their community. The same subgrantee also discussed that through this project they were able to get a seat at the table with important stakeholders in the state NEMT discussions. Two subgrantees discussed how through the work on this project their community leaders grew in number, and they were surprised to witness people from their community step up in ways they never expected. One subgrantee stated that their greatest achievement was being able to distribute food and provide transportation to their community during the pandemic. About half of the grantees pointed to building trust with partner organizations and community members as the biggest success of the project. A few of the grantees, for example, noted that they were able to build and reinforce strong coalition relationships during the pandemic, since it felt like everyone was working towards similar goals.

Work on policy and advocacy also brought some challenges during the period of this grant. A few grantees described the long process of not only getting people involved in policy change, but also keeping people engaged when policy changes take a long time to achieve. Some grantees also discussed the efforts of learning and understanding the complexities of the policy changes that they were fighting for, especially around Medicaid NEMT. One grantee said that it was difficult at times to get people interested in the complicated policy topic, but having the data on how it impacted the communities helped. Others said that sharing knowledge around policy issues in the community is a form of building power. One grantee specifically discussed the need for community members to understand the function and structure of the policies that affect them. The government, on the other hand, needs to understand day-to-day implementation and impact of policy programs. Each side needs to bring in their knowledge and share it with each other to help everyone understand the system.

Resilience and creativity responding to changes in external circumstances

It was clear that grantees, subgrantees, and community members from every state exhibited creativity and resilience in dealing with the multi-layered tragedies and disruptions of 2020. As one community leader put it in our interview:

> **"That's pretty common in my experience of what a devalued population is; that there is always that level of resiliency where they're just not going to stop. They're not going to quit. Even though we keep bumping them or putting up barriers and roadblocks. That group will always continue to move."**
>
> – Community leader

Although no community was untouched, the crises impacted states and communities to different degrees and on different levels. In response, organizations and individuals transformed their work to respond to the immediate needs. For example, in response to the overwhelming numbers of illnesses and deaths caused by the pandemic in New York City, MRNY's responses included providing assistance with locating bodies of loved ones and with burial expenses.

Community resilience

In response to the economic crises, various organizations did wellness check calls for isolated seniors, set up food aid and delivery, and organized other forms of mutual aid. In various cases, the original SDOH goals of the organizations were repurposed to respond to the moment: some transportation work was re-oriented to provide food delivery, and housing projects were re-oriented to focus on eviction moratoriums. Finally, policy change opportunity windows shifted dramatically in response to the pandemic and grantees capitalized on those opportunities in response. For example, one project worked to provide economic relief to workers in the informal sector (including undocumented workers) via the Excluded Worker Fund, another worked to provide COVID-related written information in different languages, and some transportation work was shifted to focus on telemedicine and broadband access.

Some community leaders also demonstrated personal resilience in the ways that they rose to the challenges presented by the events of this year.

> **"I've literally been home for over a year now. I've only gone out for medical appointments because I'm high-risk. And if I did not have these boards to be a part of, I'm not sure it would have gone as well this past year. But this past year has, honestly, been a great year for me. And I know not everyone can say that."**
>
> – Community leader

Through the CVI 2.0 projects, these leaders found social connection, a sense of purpose, and an increased sense that they could make a difference in the world.

Conclusion: Learnings and recommendations

Organizers in the policy advocacy realm are expected to be able to quickly pivot in response to shifting opportunities and circumstances. During the CVI 2.0 program, in particular during the second and final year of the funding cycle, organizations were confronted by circumstances, including the pandemic, the racial justice movement, and the political upheavals, that demanded far more pivoting than usual. The CVI 2.0 program provides key lessons on engaging community leaders in advocating for policies that address the health needs of vulnerable populations, and these lessons will remain relevant for organizers long after we pass this historical moment.

Relationships are key: Grantees, subgrantees, and community members were most successful when they focused on relationships with one another. We saw throughout the work on CVI 2.0 that trusting relationships were critical to the success of the shift to remote work, and that building trust with communities takes time, attention, and effort.

Further, organizations found great value in relationships with other organizations, including both their grantee/subgrantee relationships and their counterparts in other states. They consistently reported that it was valuable when the CVI 2.0 program served as a means for them to connect with other organizations or learn about approaches to similar issues taken in other states. This included helping organizations to prioritize the relationship-building they knew they should be doing by providing funding for this work.

> Recommendation: In future work, grant-makers and technical assistance providers can continue to play a network infrastructure role to **foster relationships between organizations.**

Explicitly combating structural racism: The events of 2020 have shown us that even in organizations where antiracist work is central to the mission and work, structural racism has often gone unnamed, or more "diplomatic" language has been substituted. As a society, the racial justice movement that was sparked in the summer of 2020 has caused us to be bolder in naming racism when we see it and when we are working against it -- we must remember this lesson moving forward.

> Recommendation: In future work, grant-makers and technical assistance providers should continue to be explicit **in naming and prioritizing antiracist work.**

Depth over breadth: Organizations adapted to pandemic lockdowns by pivoting their relationship work to focus on deepening relationships, while deprioritizing widespread outreach. This was the case for relationships with both community members and coalition partners. In the case of community members, we saw a drop in the overall numbers of people receiving outreach and being added to the database. Work with community leaders, especially Tier 2 leaders, however, showed a steady rise.

> Recommendation: In future work, grant-makers and other organizations like the Center can continue to support organizations to do both **broad community outreach and deep grassroots leadership development**.

Integrating complex policy with community knowledge: Integrating policy knowledge with community knowledge was an important task for the CVI 2.0 grantees. In the first year of the grant, some grantees grappled with the challenge of learning about a complex policy topic they had not previously worked on. All grantees successfully met this challenge.

An important challenge in this realm was ensuring that advocates were striking the right balance between sharing knowledge and information and centering community priorities and voices. Information was received best when those doing organizing work avoided sounding like they were “educating communities about their own issues.”

Recommendation: In future work, organizers can continue to play a supportive role and offer techniques and materials, **leaving community members to lead the way**.

The work is longer-term than the funding cycle: We consistently heard throughout the project that the work of organizing, building trusting relationships, and advocacy, especially around complex SDOH issues, is long-term work that does not necessarily match up with funding cycles.

Recommendation: In future work, grant-makers can consider providing **longer-term funding** in order to allow grantee organizations to spend a smaller percentage of their time on seeking new sources of funding, and more time on the work of building relationships and responding to opportunities.

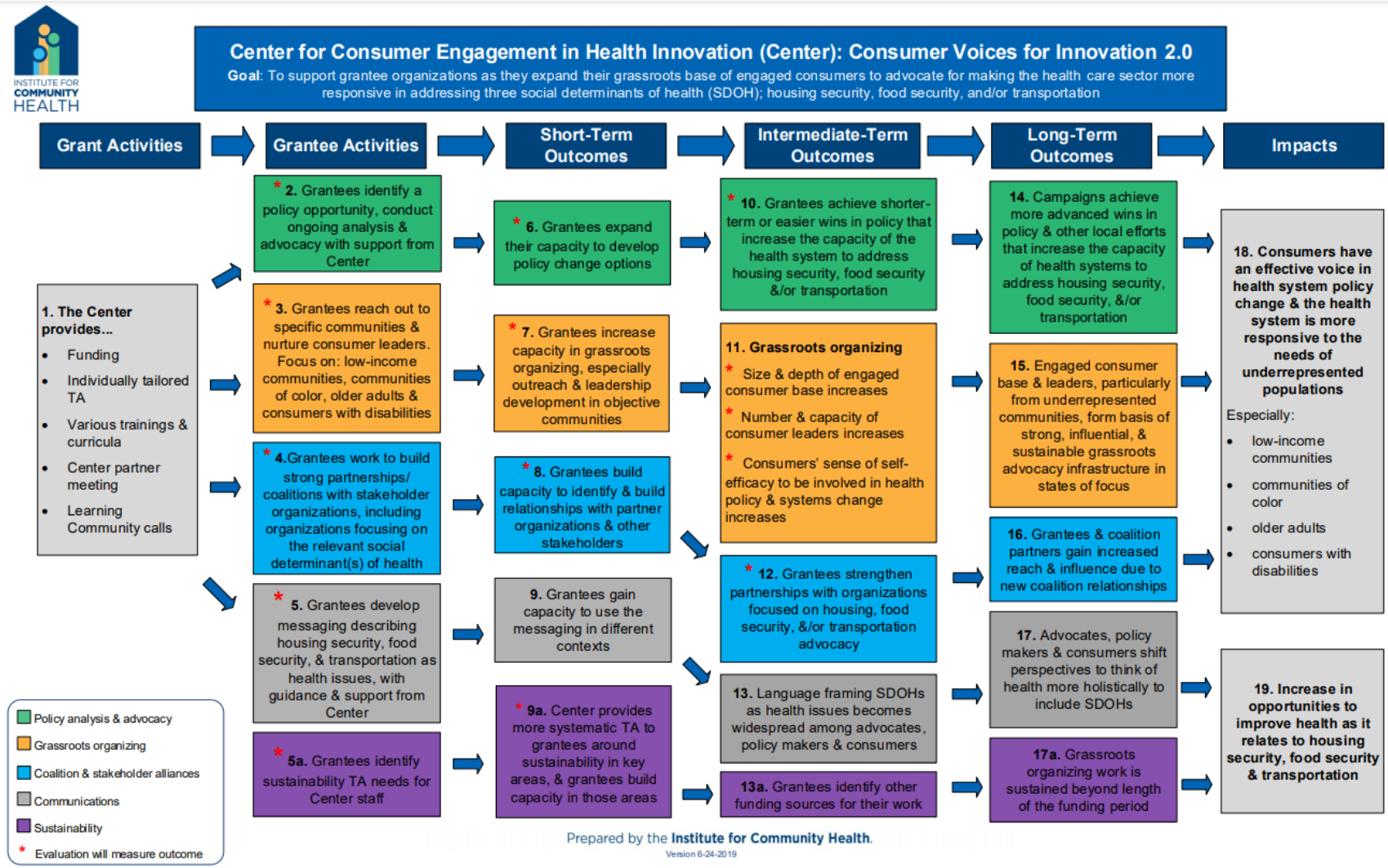
Communities are resilient: The biggest lesson we learned through the evaluation of CVI 2.0 is that community organizations, community leaders, and individual people can be resilient in the face of unimaginable disasters. Enabling this resilience and creativity was a critical part of the role played by the Center.

Recommendation: In future work, grant-makers can continue to **enable resilience and creativity**, for example by being flexible with objectives and deliverables, providing lighter and more flexible reporting requirements, and providing flexible funding arrangements such as general operating support. This can leave organizations with more time and bandwidth to focus on the work of organizing and to respond to the unexpected.

Appendices

A. Logic model
B. Grantee profiles
C. Interview guide: Grantees
D. Interview guide: Subgrantees
E. Interview guide: Community leaders
F. Grantee final report/survey format
G. Data tables for grantee survey

Appendix A: Logic model



Appendix B: Grantee profiles

ALABAMA
Grantee: Alabama Arise
Subgrantee: Bay Area Women Coalition

Overview

Alabama Arise is a statewide organization that works to promote state policies that improve the lives of people living with low incomes in Alabama. Bay Area Women Coalition is a grassroots organization that works to bring people together in the Trinity Gardens neighborhood of Mobile, Alabama. Through their partnership, Alabama Arise and Bay Area Women Coalition worked to engage the community in events and organizing activities to discuss issues and possible solutions around food insecurity and Medicaid's policy influence in this area.

Key activities

- Engaged Trinity Gardens community members through meetings, organizing events, and activities to build ongoing relationships and leadership roles
- Trained and shared knowledge with community leaders on state policy issues, including Medicaid and Advocacy 101 sessions
- Devised a strategy for engaging the Mobile-area Alabama Coordinated Health Network (ACHN) in addressing food security among enrollees
- Produced and published on their website a comprehensive guide to help people access resources during COVID-19
- Focused efforts on providing food and other needs to community members during the pandemic

Community engagement

- Reached over 4,000 community members
- Added over 120 community members to the base
- Built 40 Tier 1 grassroots leaders and 23 Tier 2 grassroots leaders

Policy wins

- In response to consumer advocacy by Arise and partners, Alabama Medicaid issued new bed bug policy guidance, including assurances of continuation of services and pest management services when necessary
    - In July 2020, state expanded bed bug policy to include, when necessary, a requirement for health plans to pay for bed bug eradication
- ACHN committed to implementing a pilot food security project in Mobile.
    - Alabama Arise developed a partnership with the American Heart Association of Alabama to implement a pilot Produce Prescription program.
- In November 2020, after consumer advocates appealed to ICN board, state adopted a new process for allocating Home and Community-Based Services (HCBS) slots that ultimately allowed more HCBS slots per year
- At consumer advocates' request, ICN agreed to retrain regional care coordination staff after dually eligible individuals had been improperly denied ICN benefits

COLORADO
Grantee: Center for Health Progress

Overview

The Center for Health Progress is an organization that works to create opportunities and eliminate barriers to health equity in Colorado through community organizing and policy advocacy. Through this project, they worked to address Medicaid non-emergency medical transportation (NEMT). The grantee focused their efforts on building their base through digital organizing, advocating for community members to be in decision-making roles, as well as meeting regularly with government decision-makers to influence the Medicaid NEMT contracts in the state.

Key activities

- Created and distributed an NEMT patient satisfaction survey
- Led organizing efforts in the Person-Centered Transportation Coalition (PCTC)
- Through pre-COVID digital organizing efforts, created an online community for users and others affected by NEMT services (launched in February 2020)
- Re-focused policy efforts on holding IntelliRide (manages Medicaid NEMT services in Colorado) accountable to the provisions of their state contract through meetings with the Department of Health Care Policy and Financing (HCPF) and other decision makers.
- Shifted policy work to making sure that NEMT services were accessible and safe to use during the pandemic
- Checked in with members during the pandemic, and provided direct services to make sure that basic needs were being met.

Community engagement

- Reached over 24,000 community member
- Added over 660 community members to the base
- Built 12 Tier 1 grassroots leaders, and 4 Tier 2 grassroots leaders

Policy wins

- HCPF issued COVID-19 guidance for NEMT drivers to better protect riders
- The Transportation Community Board was created to help IntelliRide receive continuous input and feedback from community members and NEMT users
- HCPF completed a rule change to remove the 25+ mile radius permission requirement for appointments
- New amendments to transportation bill passed in State legislature that would consider bill impacts to NEMT providers in rural communities

GEORGIA
Grantee: Georgians for a Healthy Future
Subgrantee: The Arc Georgia

Overview

Georgians for a Healthy Future (GHF) is an organization that mobilizes around consumer health policy efforts in the state of Georgia. The Arc Georgia specifically works to empower and work alongside people with intellectual and developmental disabilities. Through their partnership, The Arc Georgia and GHF worked with community leaders (called grassroots connectors) to share health policy information with communities of caregivers of and people with intellectual and developmental disabilities across the state. They specifically built their capacities and conversations around non-emergency medical transportation (NEMT).

Key activities

- Disseminated a rider survey for NEMT users to have users share impact
- Trained grassroots connectors to provide them with new skills and tools to continue their NEMT grassroots organizing efforts
- Hosted meetings to discuss Georgia's advocacy and political landscape related to transportation, as well as advance their campaigns
- Completed a Health Transportation Shortage Index (HTSI) data analysis to identify transportation shortage areas in the state, and highlight areas for improvement
- Published a fact sheet about NEMT in Georgia
- Built technology capacity and accessibility for people with intellectual and developmental disabilities during the shift to using virtual platforms
- Shifted work to a new policy opportunity regarding telehealth services and broadband access

Community engagement

- Reached about 5,300 community members
- Added over 200 community members to base
- Built 84 Tier 1 grassroots leaders and 16 Tier 2 grassroots leaders

Policy wins

- The Governor included $30 million in proposed budget for improvements to broadband infrastructure, which made it into the final state budget.

MAINE
Grantee: Maine People's Resource Center
Subrantee: Maine Community Integration

Overview

Maine People's Resource Center (MPRC) is a widely recognized organization that works for social change by engaging the community through advocacy efforts. Maine Community Integration works locally to integrate immigrants into their communities through various education and advocacy programs. Through their partnership, MPRC and Maine Community Integration focused their grassroots organizing efforts on improving the state's Medicaid NEMT system by engaging immigrant communities.

Key activities

- Conducted policy work research, culminating in a report summarizing Maine's Medicaid transportation system and comparing models in other states
- Engaged and connected with immigrant owners of transportation companies, as well as other interest groups, to grow their base and get their feedback on the NEMT system
- Grew their base through door-knocking and tabling at polling locations, food pantries and senior living facilities
- Grew their coalition by building their relationships with other organizations in the state with similar big-picture interests
- Trained volunteers on the importance of transportation for health outcomes
- Launched a massive mutual aid network during the early stages of the pandemic to connect Mainers to basic needs; this helped them grow their base and build community leaders

Community engagement

- Reached over 84,000 community members
- Added over 6,000 consumers to base
- Built 125 Tier 1 grassroots leaders and 53 Tier 2 grassroots leaders

Policy wins

- The Governor authorized an eviction moratorium and rent relief program, and renewed and extended the rent relief fund through September 2021
- The Medicaid transportation pilot was engrossed in the Maine House and Senate. Instead of being funded off of the appropriations table, it was included in the Maine DHHS' application for federal Medicaid matching funds. Assuming the department's application is approved, it would establish a pilot program that would give seniors and people with disabilities rides for non-medical errands. This bill was introduced by Senator Chloe Maxmin.

MASSACHUSETTS
Grantee: Massachusetts Senior Action Council (MSAC)

Overview

The Massachusetts Senior Action Council (MSAC) is a grassroots, senior-led organization with a long history of building power among its senior membership to address key community issues through local and state policy change. Through this program, MSAC has worked to build its base of lower-income seniors, deepen member engagement, and developed leadership to address state-wide food insecurity.

Key activities

- Provided input to integrate the SNAP (Supplemental Nutrition Assistance Program) application into the MassHealth application for seniors (65+) as a "SNAP sign-off page" to streamline the application process.
- Conducted community outreach and education, including presentations at senior housing developments and senior centers.
- Facilitated regular member strategy meetings to build grassroots leadership, deepen engagement, and ensure ongoing strategic direction.
- Organized advocacy activities at the State House (in-person and virtually) for MSAC members to show their collective power and engage with decision makers.
- Educated key policy makers on the impact of food insecurity and strategies to improve access.
- Provided wellness checks and connected members with needed resources throughout the pandemic.
- Developed new virtual engagement strategies with individualized technology support and distribution of tablets with service to bridge the technology divide among lower-income seniors

Community engagement

- Reached over 1,100 community members
- Added over 400 community members to the base
- Built over 400 Tier 1 grassroots leaders and 40 Tier 2 grassroots leaders

Policy wins

- Expansion of the Medicare Savings Program on January 1, 2020 from 135% FPL to 165% FPL providing more than $100M in new benefits to over 20,000 seniors the first year alone.
- Streamlined SNAP application included with all MassHealth paper applications beginning March, 2020, and all Medicare Savings Program applications beginning March 2021.
- Governor included $1 million in FY21 budget to support development of integrated eligibility and enrollment system
- Senate voted unanimously to support a budget amendment directing the administration to spend $5 million secured in the IT Bond Bill to enable MassHealth and Medicare Savings Program (MSP) applicants to apply for SNAP at the same time
- All MassHealth and MSP paper applications to include new "SNAP check box" on July 1, 2021; all new and recertifying applicants able to apply for health and food benefits at the same time.
- Secured free senior center shuttle service three times a week to support Springfield seniors access to food and programming.

NEW YORK
Grantee: Make the Road New York (MRNY)

Overview

Make the Road New York (MRNY) builds the power of immigrant and working class communities to achieve dignity and justice. MRNY's model integrates legal, health and survival services, transformative education, community organizing, and policy innovation. They focused this project on continuing their work in New York City on their asthma community health workers (CHWs) program. MRNY's project aimed to connect their CHW's health care work with housing advocacy work, with an eye toward identifying more permanent municipal funding sources for the program. Due to the pandemic, they pivoted advocacy work to focus on housing security and income supports for immigrants, regardless of status. This led to two momentous victories at the state level: a $2.4 billion emergency rental assistance program, and a $2.1 billion excluded worker fund.

Key activities

- Created a CHW screening tool to connect community members to housing services, and trained CHWs on social determinants of health and the relation to their work
- Worked closely with NYC's public hospital system to adapt their CHW asthma program
- Created a new organizational wide database that launched in February 2020 which included better tracking of CHW activities and facilitated the referral process for services to address social determinants of health
- Continued engaging with community members during COVID-19 through check-ins and expanding their food pantries in their offices
- Pivoted CHW work to COVID-19 contact tracing and city response programs, thereby capitalizing on both state and municipal funding opportunities for the CHW program
- Pivoted advocacy work after the pandemic to focus on housing security and income supports for immigrants regardless of status
- Led multiple meetings with housing leaders in different boroughs to collect stories and engage the community in different parts of their campaign
- Organized in person and virtual actions to advocate for the key policy changes mentioned below

Community engagement

- Reached over 9,400 community members
- Added over 3,500 community members to the base
- Built over 160 Tier 1 grassroots leaders and 101 Tier 2 grassroots leaders

Policy wins

- Governor signed new rental assistance fund and moratorium on evictions**.** The eviction moratorium was extended through then end of 2020 and then again to August 31, 2021
- New application process created for rent relief with broader eligibility requirements
- A $2.4 billion emergency rental assistance program passed, which includes eligibility for undocumented people
- Health + Hospitals (NYC's public hospital system) made improvements to the COVID-19 hotline as well as shifted CHWs to work remotely based on their feedback
- Grew their CHW program by jumping on contract tracer opportunities funded with federal dollars, and by successfully integrating CHWs to the city's COVID-19 response programs; secured this funding through June 2021
- Won a $2.1 billion income replacement funding for vulnerable populations excluded from government pandemic relief through the Fund Excluded Workers Campaign

PENNSYLVANIA
Grantee: Pennsylvania Health Access Network
Subgrantees: ACLAMO Family Centers, Neighborhood Health Centers of the Lehigh Valley

Overview

Pennsylvania Health Access Network (PHAN) is Pennsylvania's main consumer-led health advocacy organization. ACLAMO Family Centers is a set of community service organizations that provides a wide array of services to Latinx community members in Montgomery County. Neighborhood Health Centers of Lehigh Valley provides four community health centers to residents of Lehigh Valley; their community initiatives department specifically worked on this project. During this project, PHAN worked with both partners to organize consumers to share their stories and experience with the state's Medical Assistance Transportation Program (MATP), focusing efforts on rural communities and communities of color.

Key activities

- Held multiple presentations, focus groups, and conference calls for community members and advocates to share knowledge, feedback, and experience with MATP
- Distributed and collected a 2-page survey in English and Spanish to gauge consumer awareness and use of MATP with 528 individuals across Pennsylvania; combined survey results and consumer feedback in a comprehensive report distributed to the state and policymakers.
- Followed-up with interested participants from the survey to collect their stories
- Held ongoing calls and coordinated efforts with 62 partners across the state
- Shifted their policy efforts to focus on distributing guidance on using NEMT services during the pandemic to protect access for vulnerable communities with complex health needs.
- Created and facilitated a feedback loop to connect advocates and consumers with the state
- Held nearly 80 sessions educating communities on available transportation benefits, how to access them, and consumer rights- prior to, during, and post pandemic.
- Supported consumers in filing formal complaints and letters to the editor to highlight problems
- Created and distributed consumer friendly guides and tools about MATP

Community engagement

- Reached over 20,000 community members
- Added over 1,600 community members to the base
- Built 364 Tier 1 grassroots leaders and 100 Tier 2 grassroots leaders

Policy wins

- State delayed and then ultimately ruled out moving to a NEMT broker model; advocates were successful in requiring a study and evaluation period with extensive stakeholder engagement that concluded with the state ruling out a broker and focusing on system improvements.
- Protected patient access to in-person medical care through NEMT during the pandemic by securing guidance from the Office of MATP to stop service interruptions and kept patients safe.
- The Office of MATP is developing four major Operations Memorandums to change policy that correspond with issues identified by advocates; it includes updates to the referral process to prevent service interruptions, requirements on formal denial notices to promote appeals, standardization of the complaints process, and increased program transparency.
- The Office of MATP developed eleven recommendations to improve the program after advocates pushed for consumer feedback listening sessions, including one in Spanish, and an extended comment period. These are currently under review by DHS leadership.

Appendix C: Interview guide: Grantees

Consumer Voices for Innovation 2.0

Interview guide, Grantees, February 2021

Hi, thank you for taking the time to participate in this interview. My name is _____ and I work for the Institute for Community Health (ICH), which is helping the Center for Consumer Engagement in Health Innovation ("the Center") evaluate Consumer Voices for Innovation 2.0 (CVI 2.0).

We wanted to spend the next 30-45 min reflecting back on your CVI 2.0 project. Our goal is to identify common themes and lessons that we will share with the Center at a high level.

We know that not every project runs perfectly all the time and this is completely normal and expected. We want to hear about all types of experiences, including things that went smoothly as well as things that were challenging in order to help the Center learn from your experiences for future programs.

We will summarize the themes from our interviews with grantees in our report to the Center. If we include a quote from you, we will check with you first to make sure it is okay with you. Moreover, the notes that we take will not be shared with anyone other than our staff. If there is anything you want to say but do NOT want us to include in the report, that is fine - please let us know.

While participating in evaluation activities is a requirement of the grant, you should feel free to decline to answer any given question that you don't feel comfortable with – and we won't share the details about this with the Center.

Do you have any questions for me before we move on?

Finally, with your permission we would like to make an audio recording of our conversation so that we can make sure we accurately capture your words. Is this OK with you? [If yes] Thanks, I will now turn on the recorder.

Domain	Questions
Overall experience	*(Assuming we've talked to this person before, we can skip intros)* Can you tell me about your experience with this grant overall; what has been the most interesting part of doing this work?
Grassroots organizing	With this project, what successes/challenges have you encountered in your **grassroots organizing**? (such as reaching consumers, or having them participate in your proposed activities) What have you learned?
"Deployment" of the people organized into advocacy work	As you know, reaching and training consumers is one part in organizing, and deploying them to do the advocacy work is another part. Can you talk about the **successes and challenges that you have encountered deploying consumers** in doing advocacy work? What have you learned?
Leadership development	Can you tell me about the challenges you encounter with leadership development work?

	Is there a particularly successful consumer leader that stands out in your mind? Could you describe the story of this person's growth? What lessons have you learned from consumer leaders you have worked with? What challenges/opportunities for improvement in your own work at leadership development have you encountered so far? Tell me about how much your organization has prioritized base building vs. building leaders during these last two years.
Policy work	One of the activities of this grant was policy work, can you talk about what you have learned? What successes and challenges have you encountered in your **policy work**? Can you talk about any ways in which you may have incorporated input from consumers and consumer leaders in shaping your policy agenda? (if needed) Any successes or challenges that you could share with us?
Coalition-building	As you know, another goal of this program is to build strong coalitions with other stakeholder organizations, and specifically organizations that work in the [SDOH] area, but who have not traditionally tied that to health care. What has this experience been like for you? *If needed, probe on subgrantee relationship.* What have you been learning with this coalition building work? What successes and challenges have you encountered?
Equity, especially racial equity	One of the things that we know that can be challenging for organizations doing the type of work that you do is grappling with issues of racial equity. What are your impressions on how the organization has tackled your issues with a racial equity lens? [If applicable] How has your partnership with your sub-grantee helped or hindered you in this area, or did it have no impact?
COVID-19	We understand that your work plans were significantly affected by the COVID-19 pandemic, and that your organization's work may have shifted. Since our conversation about this in August, how have you been coping with ongoing challenges? How has your coping with new strategies been refined/what have you learned? [if yes] Were there any ways that the Center could have better supported you? How has your organization contributed to the resilience of your community this past year?

Technical Assistance	What have been the most and least effective types of technical assistance that you've received from the Center during this grant? Do you have any suggestions or recommendations for the Center for future programs regarding TA? (If needed) Was there any TA that you needed and did not receive?
Wrap-up	What do you hope that Community Catalyst has learned from this grant that they could use for other community power projects? Is there anything that you feel it's important we understand about this topic that you haven't gotten a chance to say yet? Now I'd like to check in with you about how I will share what you've said to me. Is there anything you've said that you would prefer to remain anonymous?

Thank you!

Appendix D: Interview guide: Subgrantees

Consumer Voices for Innovation 2.0

Interview guide, Sub-grantees, February 2021

Hi, thank you for taking the time to participate in this interview. My name is _____ and I work for the Institute for Community Health (ICH), which is helping the Center for Consumer Engagement in Health Innovation ("the Center") evaluate Consumer Voices for Innovation 2.0 (CVI 2.0).

We wanted to spend the next 30-45 min reflecting back on your work on the CVI 2.0 project and your partnership with the main grantee. Our goal is to identify common themes and lessons that we will share with the Center at a high level.

We know that not every project runs perfectly all the time and this is completely normal and expected. We want to hear about all types of experiences, including things that went smoothly as well as things that were challenging in order to help the Center learn from your experiences for future programs.

We will summarize the themes from our interviews with grantees in our report to the Center. If we include a quote from you, we will check with you first to make sure it is okay with you. Moreover, the notes that we take will not be shared with anyone other than our staff. If there is anything you want to say but do NOT want us to include in the report, that is fine - please let us know.

While participating in evaluation activities is a requirement of the grant, you should feel free to decline to answer any given question that you don't feel comfortable with – and we won't share the details about this with the Center.

Do you have any questions for me before we move on?

Finally, with your permission we would like to make an audio recording of our conversation so that we can make sure we accurately capture your words. Is this OK with you? [If yes] Thanks, I will now turn on the recorder.

Domain	Questions
Overall experience	Can you tell me about your experience with this grant/working with the main grantee overall? Tell me about what role you've filled in this grant.
Partnership with main grantee	Tell me about your previous relationship with [partner org] and how has this grant impacted that. How has working with the main grantee impacted your organization?
Racial Equity	Tell me about the ways that you and [the grantee] have been working on issues of racial equity. Are there ways in which you think your partnership has helped to tackle racial inequities in your state?

	Can you tell me about the racial dynamics between your organizations and the ways in which that has impacted your work together?
Policy wins	From your point of view, what were the most important wins? *(health system, policy wins)* How did the organization/project contribute to the community's resilience/agility, or not, during this last year? In what ways did you and the grantee adjust your work during the crises?
Wrap-up	What do you hope that Community Catalyst/the grantee/your organization will take away from this collaboration? Is there anything that you feel it's important we understand about this topic that you haven't gotten a chance to say yet? Now I'd like to check in with you about how I will share what you've said to me. Is there anything you've said that you would prefer to remain anonymous?

Thank you!

Appendix E: Interview guide: Community leaders

Consumer Voices for Innovation 2.0

Interview guide, Community leaders, February 2021

Hi, thank you for taking the time to participate in this interview. My name is _____ and I work for the Institute for Community Health (ICH), which is an organization specializing in evaluating programs. XX at [organization] recommended that we speak with you, because we are evaluating their project.

We wanted to spend the next 30-45 min reflecting back on your work with [organization]. Our goal is to understand your experiences that we will share back at a high level with Community Catalyst, who is a funder of their work. The overall goal is to learn lessons that we can use to improve the work of organizations in the future.

We know that not every project runs perfectly all the time and this is completely normal and expected. We want to hear about all types of experiences, including things that went smoothly as well as things that were challenging.

We will summarize the themes from our interviews with consumers like you in our report to Community Catalyst. That report will then be shared with [organization]. If there is anything that you would like to say anonymously, or aren't sure about whether you would like to share, we can go "off the record" while you say it. Then we can discuss whether and how you'd like us to report it back.

It is your choice whether to participate in this interview. If I ask a question you don't want to answer, you can say "pass" and I'll move right on to the next question. We can also end the interview at any time.

Do you have any questions for me before we move on?

Finally, with your permission we would like to make an audio recording of our conversation so that we can make sure we accurately capture your words. Is this OK with you? [If yes] Thanks, I will now turn on the recorder.

Domain	Questions
Involvement in the organization	Please tell me about the role you currently play in [organization]. Could you tell me about your history of being involved in the work of this organization? How did you first get involved, and what are the things that you've worked on with the organization? What is important for us to know about this organization and how it works?
Capacity of consumer leaders	Can you tell me about how your leadership skills and confidence may have changed in the last two years? How much of this change has been due to your work with [organization]? How much of it has had to do with other factors? Have the COVID-19 pandemic and/or racial justice movements had anything to do with how your skills and confidence have changed?

Sense of self-efficacy	One of the things we are curious about is how much doing this type of advocacy work changes the ways that people approach other things in their lives. How much do you feel like you approach your own health care any differently since you've been doing this work? In what ways has it changed? How much do you feel like your approach to other problems in your community has changed since you've been doing this work? In what ways has it changed? What is it that's worked really well for you (to do the work of a community organizer/leader)? What hasn't worked for you/barriers? What has it been like communicating with other consumers in the organization? (especially with the pandemic and the ways we've had to change how we communicate)? Can you think yet about where you may be planning to carry forward these new methods that they've been using?
Policy wins	From your point of view: what have been the most important wins or accomplishments of the organization over the past 2 years? *(health system, policy wins)* So your organization started out this 2 year project with a plan to work on [issue as a health issue]. And then a lot happened. It's normal for advocacy work and goals to change over time in response to changes under normal circumstances -- and these have not been normal circumstances. We'd like to hear your thoughts about how the goals and the strategies have changed over the last 2 years.
Racial equity	Everything that has happened in this last year has really highlighted a lot of the racism and racial inequities in this country… what has this been like for you as a volunteer with this organization? Can you talk about ways in which the organization has tackled these issues? What are your feelings about the organization's work in this area? This last year has been really challenging for everybody, and that includes organizations. Can you tell me about the ways you've seen the organization changing and adapting during the crises?
Wrap-up	Is there anything that you feel we should know that you haven't gotten a chance to talk about? Now I'd like to check in with you about how I will share what you've said to me. Is there anything you've said that you would prefer remain anonymous?

Thank you!

Appendix F: Grantee final report/survey format

Grantees/Subgrantees Final CVI 2.0 Survey and Report
(Filled out by each grantee, together with sub-grantees if applicable)

Intro page: Thank you for participating in this survey. Institute for Community Health (ICH), the external evaluators for Consumer Voices for Innovation 2.0 (CVI 2.0), are sending you this survey on behalf of Community Catalyst's Center for Consumer Engagement in Health Innovation (the Center). The goal of this survey is to collect information on your organization's grassroots organizing efforts around enhancing the ability of the health system to address the social determinants of health, specifically housing security, food security, and transportation.

We want to understand both what has gone well and where you've experienced challenges. Please do share any challenges. **You will not be penalized in any way for what you report; on the contrary, we value your honest feedback**. We want to learn collectively about what works and does not work in organizing and engaging community members on this topic. This is particularly urgent in light of the COVID-19 global pandemic and the shift to organizing strategies that comply with physical distancing protocols. We look forward to continuing to learn with you!

To ease final reporting, we have integrated the final report questions into this survey. Therefore, **completing this survey will count as your final report.**

Please pay special attention to the reporting period referred to in each section, as some questions ask you to report only on the final quarter and some others on the final year of the grant.

We invite you to complete the questions below on behalf of your organization AND your sub-grantees, if any, by combining the responses of your two organizations. **While all grantees are strongly encouraged to include their sub-grantees in the process of completing this survey, grantees who sub-granted more than $20,000 to a single organization are required to complete the survey in collaboration with their sub-grantee.**

For most of this survey, your responses will be shared with Center staff in the aggregate, though your comments will not be connected to your organization. There are some questions in which your responses will be shared with Center staff in connection with your specific project. We have clearly marked those questions throughout the survey. Please do your best to complete the survey as accurately as possible. We estimate that this survey will take about 30 minutes to complete. If you have any questions or concerns, please reach out to Madison Tallant, mtallant@communitycatalyst.org, or to Carolyn Fisher, cffisher@icommunityhealth.org. Thank you for your help!

Background on Respondent

1. What is the name of your organization?
2. What is the name of the person completing this survey?
3. What is the role of the person completing this survey?
4. What is the best email address to reach the person completing this survey?

Growing Your Base

Note that you should answer questions 5-8 below thinking **only about the final quarter (Quarter 4, 2/1/21-4/30/21**). Please also note that your report will be returned to you as incomplete unless you answer questions 5-8. Please also note that these numbers will be shared with the Center in connection with your specific project.

1. How many new people did you reach as part of your grant in the final quarter (e.g. you phone banked them, or knocked on their door, you surveyed them, etc.)? Please provide an estimated number.

___ people were **reached**

6. How many new people interested in the social determinant(s) of health on which you are focusing did you add to your database (e.g. you obtained contact information and put that information in your database) in the final quarter? Please provide a number.

___ people interested in the social determinant(s) of health on which we are focusing were **added to the database**

In reporting your work in developing leaders who are interested in the social determinant(s) of health on which you are focusing, we would like you to break this group up into two subgroups which we are calling Tier 1 and Tier 2 leaders as described below. Please reach out to your SAM if you have questions about how to characterize your work with leaders.

1. How many <u>new</u> **Tier 1 grassroots leaders** (e.g. people who spoke in person with a decision-maker, such as at a lobby day, through giving testimony, or attending a meeting; shared a personal health care story with the media or elected official; attended a training or workshop related to health system transformation, etc.) did you build in the final quarter? Please provide a number.

___ Tier 1 grassroots leaders were built.

8. How many new **Tier 2 grassroots leaders** (e.g. people who served on boards, committees, public workgroups or regional partnerships relevant to health system transformation; attended a train the trainer workshop or trained people in their community about a health system transformation issue; regularly served as a spokesperson, either with the media or policymakers, etc.) **did you build** in the final quarter? Please provide a number.

___ Tier 2 grassroots leaders were built.

Impact

Note that you should answer the question below thinking **only about the final quarter (Quarter 4, 2/1/21-4/30/21). Note that this information will be shared with the Center in connection with your specific project.**

1. Please provide information about the impact of your project during the final quarter (Quarter 4, February 1 2021-April 30, 2021). Please note that impacts should not be a list of

your activities, but should demonstrate the effect of your activities in moving you closer to achieving your project goals.

Depth of Consumer Engagement (note that this information will only be shared in the aggregate with the Center)

1. Please estimate the number of people who, in the second project YEAR (between **5/1/20 and 4/30/21)** . . .	
Interest	a. signed up to receive more information about making the healthcare system more responsive to the social determinant(s) of health you are focusing on b. Engaged in some way with your campaign on social media (liked or followed your Facebook page, followed you on Twitter, etc.)
Participation	*c.* attended an event such as a rally, community forum or other public event (including video-conference events, webinars, or in-person events that honored physical distancing protocols) related to expanding the ability of the healthcare system to address the social determinant(s) of health you are focusing on *(please add up the total attendance at all events)* a. provided a personal health care story to your organization related to the social determinant(s) of health you are focusing on a. contacted a decision-maker (e.g., by email, letter, post-card, or phone call) about expanding the ability of the healthcare system to address the social determinant(s) of health you are focusing on
Commitment	f. shared a personal health care story with the media or legislators about expanding the ability of the healthcare system to address the social determinant(s) of health you are focusing on a. attended a training or workshop (including via video conference) related to expanding the ability of the healthcare system to address the social determinant(s) of health you are focusing on a. spoke in person (e.g., at a lobby day, through testifying at a hearing, on a webinar, or attending a meeting with a decision-maker) about an issue related to expanding the ability of the healthcare system to address the social determinant(s) of health you are focusing on
Leadership	i. attended a train-the-trainer training or trained individuals in the community about issues related to expanding the ability of the healthcare system to address the social determinant(s) of health you are focusing on a. regularly served as a spokesperson for expanding the ability of the healthcare system to address the social determinant(s) of health you are focusing on a. Served on boards, committees, public workgroups, or regional partnerships relevant to expanding the ability of the healthcare system to address the social determinant(s) of health you are focusing on
Other	l. Is there another key activity related to expanding the ability of the healthcare system to address the social determinant(s) of health you are focusing on that consumers participated in during the past year? □Yes □No (if no skips to #6) i.briefly describe the activity: _____ i.estimate the number of people who participated in this activity: _____

Capacity Assessment
Together with your sub-grantees (if applicable), please rate the capacity of your organization to do the following:

	No Capacity	Little Capacity	Some Capacity	Strong Capacity	Very Strong Capacity
1. Mobilize a strong **grassroots base of support** for policy change related to the social determinant(s) of health you are focusing on	☐	☐	☐	☐	☐
2. Train **consumer leaders** in advocacy for policy change related to the social determinant(s) of health you are focusing on	☐	☐	☐	☐	☐
3. **Build and maintain relationships with partner organizations** for advocating for policy change related to the social determinant(s) of health you are focusing on	☐	☐	☐	☐	☐
4. Effectively **analyze policy options** for the social determinant(s) of health you are focusing on	☐	☐	☐	☐	☐
5. Influence policy around the social determinant(s) of health you are focusing on	☐	☐	☐	☐	☐
6. **Effectively use messaging** about housing security, food security and/or transportation as health issues	☐	☐	☐	☐	☐
7. **Develop a continuous funding stream** to continue to support consumer advocacy in policy change related to SDOH generally, and/or the social determinant(s) of health you are focusing on	☐	☐	☐	☐	☐

Engagement with Partners (note that this information will only be shared with the Center in the aggregate).

Number of relationships and frequency of contact

1. Not counting your sub-grantees, how many partner organizations focused on housing security, food security and/or transportation advocacy do you currently work with (i.e., participate in meetings or activities with)? You will be asked to name each of these organizations in the next question. _____

Strength of relationship

1. Please list each such partner organization you work with below. Then characterize your relationship with that organization by marking the appropriate box (excluding your sub-grantees). If you've listed more than 20 partner organizations, there is extra space to list the remaining all together. *(Add as many rows below as you need.)*

Partner organization name	**Minimal relationship** (little shared work, no shared leadership or responsibility; no shared mission & vision)	**Moderately strong relationship**	**Strong relationship** (Partners work together or delegate work, share leadership & responsibility, achieve tasks, deals with group issues, shares funding, shares database lists)
a.			
b.			
c.			
d.			
e.			
f.			

Matching Funds

Note that you should answer the question below thinking about **the entire grant year (5/1/20-4/30/21), not just the final quarter. Note that this information will be shared with the Center in connection with your specific project.**

1. Please tell us about your efforts and progress toward obtaining matching funds. As a reminder, the match requirement for this grant is 50%. Please tell us whether you met the match, and if so from whom. Please share any challenges you had in achieving your match.

Wrap up (Note that this information will only be shared with the Center in the aggregate)

1. Is there anything else you would like to share about your organization's grassroots organizing efforts in making the health care sector more responsive in addressing social determinants of health?

Appendix G: Data tables for grantee survey

Depth of Consumer Engagement

5. Please estimate the number of people in past year who . . .

	Baseline	Interim	Final
Interest	**1,300**	**336,316**	**187,161**
signed up to receive more information about making the healthcare system more responsive to the social determinant(s) of health you are focusing on	1,300	7,088	6,636
engaged in some way with your campaign on social media (liked or followed your Facebook page, followed you on Twitter, etc.)*	-	329,228	180,525
Participation	**911**	**5,319**	**4,823**
attended an event such as a rally, community forum or other public event (including events that honored physical distancing protocols) related to expanding the ability of the healthcare system to address the social determinant(s) of health you are focusing on	353	2,999	3,752
provided a personal health care story to your organization related to the social determinant(s) of health you are focusing on	90	886	223
contacted a decision-maker (e.g., by email, letter, post-card, or phone call) about making the healthcare system more responsive to the social determinant(s) of health you are focusing on	468	1,434	848
Commitment	**281**	**1,495**	**49,032**
shared a personal health care story with the media or legislators about making the healthcare system more responsive to the social determinant(s) of health you are focusing on	15	111	322
attended a training or workshop related to making the healthcare system more responsive to the social determinant(s) of health you are focusing on	254	1,268	48,557
spoke in person (e.g., at a lobby day, through testifying at a hearing, or attending a meeting with a decision-maker) about an issue related to making the healthcare system more responsive to the social determinant(s) of health you are focusing on	12	116	153
Leadership	**70**	**264**	**493**
attended a train-the-trainer training or trained individuals in the community about issues related to making the healthcare system more responsive to social determinant(s) of health	40	168	337
regularly served as a spokesperson for making the healthcare system more responsive to social determinant(s) of health	19	78	118
served on boards, committees, public workgroups, or regional partnerships relevant to making the healthcare system more responsive to social determinant(s) of health	11	18	38

*Not asked at baseline

Capacity Assessment

	Timepoint	No Capacity	Little Capacity	Some Capacity	Strong Capacity	Very Strong Capacity
6. Mobilize a strong grassroots base of support for policy change related to the social determinant(s) of health you are focusing on	Baseline	0	0	1 (14%)	3 (43%)	3 (43%)
	Interim	0	0	0	4 (57%)	3 (43%)
	Final	0	0	1 (14%)	3 (43%)	3 (43%)
7. Train consumer leaders in advocacy for policy change related to the social determinant(s) of health you are focusing on	Baseline	0	0	0	3 (43%)	4 (57%)
	Interim	0	0	1 (14%)	3 (43%)	3 (43%)
	Final	0	0	2 (29%)	1 (14%)	4 (57%)
8. Build and maintain relationships with partner organizations for advocating for policy change related to the social determinant(s) of health you are focusing on	Baseline	0	0	1 (14%)	1 (14%)	5 (71%)
	Interim	0	0	0	3 (43%)	4 (57%)
	Final	0	0	0	4 (57%)	3 (43%)
9. Effectively analyze policy options for the social determinant(s) of health you are focusing on	Baseline	0	0	3 (43%)	1 (14%)	3 (43%)
	Interim	0	0	0	3 (43%)	4 (57%)
	Final	0	0	1 (14%)	3 (43%)	3 (43%)
10. Influence policy around the social determinant(s) of health you are focusing on	Baseline	0	0	2 (29%)	3 (42%)	2 (29%)
	Interim	0	0	1 (14%)	4 (57%)	2 (29%)
	Final	0	0	1 (14%)	4 (57%)	2 (29%)
11. Effectively use messaging about housing security, food security and/or transportation as health issues	Baseline	0	0	2 (29%)	2 (29%)	3 (42%)
	Interim	0	0	1 (14%)	2 (29%)	4 (57%)
	Final	0	0	1 (14%)	2 (29%)	4 (57%)
12. Develop a continuous funding stream to continue to support consumer advocacy in policy change related to SDOH generally, and/or the social determinant(s) of health you are focusing on	Baseline	0	2 (29%)	3 (42%)	2 (29%)	0
	Interim	0	0	5 (71%)	2 (29%)	0
	Final	0	1 (14%)	4 (57%)	1 (14%)	1 (14%)

Engagement with Partners

	Sum of all grantees		
	Baseline	Interim	Final
13. Not counting your sub-grantees, how many partner organizations focused on housing security, food security and/or transportation advocacy do you currently work with (i.e., participate in meetings or activities with)?	51	83	61

Strength of relationship with each partner	Sum of all grantees		
	Baseline	Interim	Final
Minimal Relationship	5 (10%)	22 (27%)	7 (11%)
Moderately Strong Relationship	24 (47%)	43 (52%)	28 (46%)
Strong Relationship	22 (43%)	18 (22%)	26 (43%)
Total	**51**	**83**	**61**