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A Model for Multilevel Advocacy Evaluation

Tanya Beer, M.P.A., M.A., The Colorado Trust; and Ehren D. Reed, Innovation Network, Inc.

Access to Health in Colorado

Colorado is often ranked one of the healthiest states in the nation, with the lowest obesity rates, the third lowest rate of death from heart disease, and the third lowest prevalence of adult diabetes in the nation (Henry J. Kaiser Family Foundation, n.d.). However, the condition of Colorado's health system reveals disturbing trends in rates of public and private insurance coverage and access to quality health care. According to The Commonwealth Fund's state scorecards, Colorado is among the bottom third of states in rates of insurance coverage and ranks 45th in the number of children insured and 43rd in health equity (Cantor, Schoen, Belloff, How, & McCarthy, 2007).

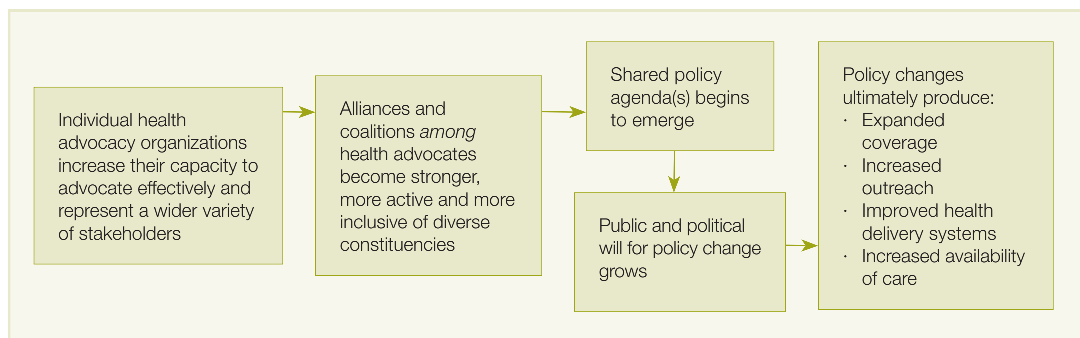
In the face of such low rankings and a growing crisis in health care, in early 2008 The Colorado Trust announced a new goal of achieving access to health for all Coloradans by 2018. As in most states, factors preventing Coloradans from accessing health care include low rates of insurance, a shortage of providers, and lack of affordable, quality care. Sustainable solutions to such complex, intractable, and contentious problems as these require funding strategies beyond traditional programmatic service delivery.

As The Trust was establishing its new vision, there appeared to be a window of opportunity for a variety of policy changes that could increase health insurance coverage and improve the delivery system. In 2006, the Colorado legislature created the Blue Ribbon Commission for Healthcare Reform to study and establish models that expand health care coverage, especially for the underinsured and uninsured, and decrease health care costs for Colorado residents. In 2007, The Trust, along with other funders, provided general operating support to the commission, and The Trust funded the

Key Points

- The Colorado Trust provided three years of general operating support to nine advocacy organizations working to increase access to health through policy change work.
- The nine grantees had a variety of goals and strategies and had different levels of organizational capacity, but were evaluated using a uniform evaluation approach.
- The evaluation was designed to build grantees' own evaluation capacity to incorporate real-time feedback, monitor progress toward goals, and to assess growth in the overall health advocacy community in Colorado.
- Individual grantees identified short- and intermediate-term outcomes related to The Trust's intermediate outcomes, which were in turn related to the long-term outcomes developed by The Trust and the grantees.
- Challenges include aligning outcomes across levels, defining the baseline of the current "health advocacy community," and identifying the time involved in managing the multitiered data collection effort.

FIGURE 1 The Colorado Trust's Framework for Change Through Advocacy Grants



governor's office for planning, outreach, and public education efforts to support the development and implementation of health care reform in Colorado. As a private foundation, The Trust takes no position on particular legislative proposals. As a result, the strategy was intended to *lay the groundwork* for implementation of any proposals that might be adopted by policymakers in early 2008 as a result of the commission's work on health care reform.

Several coalitions of private sector and nonprofit organizations had formed in anticipation of legislative action on reform. However, the combination of Colorado's political and fiscal situation would not easily lend itself to a sweeping, comprehensive reform measure. Colorado's constitution constrains expenditures and requires voters to approve all tax increases, meaning that comprehensive health reform would require widespread voter support. Additionally, the governor and legislature, facing a rapidly worsening economic environment, together with significant demands from multiple sectors (i.e., K–12 and postsecondary education, roads and infrastructure), chose small incremental changes rather than calling for significant reform. The hopefulness and momentum that accompanied the development and release of the comprehensive report from the Blue Ribbon Commission on Healthcare Reform seemed short-lived. It quickly became clear that health reform in Colorado was more likely to happen slowly and incrementally, requiring the long-term engagement of advocates, funders, the business community, and the wider voting population to move the issue into a position of priority.

Funding Strategy

In its 23-year history, The Trust had not invested in a focused and comprehensive advocacy strategy to support policy change, but the ambitious goal of achieving access to health for everyone within 10 years demanded a new approach. Attaining coverage and an improved delivery system for all Coloradans would require "grassroots-to-treetops" advocacy and mobilization.

Given Colorado's political and economic dynamics, and the fact that no viable policy path to reform had surfaced, The Trust theorized that the most effective use of its advocacy funding would be to help create the right environmental conditions for policy solutions to emerge and to lay the groundwork for future legislative and voter action by building awareness and support for the issue. As a result, its first advocacy grants were focused on

1. Building public awareness and the base of support for increased access.
2. Strengthening the capacity of the relatively small health advocacy community in Colorado to participate in the policy process.
3. Increasing the variety of communities whose interests are represented in the policy process.
4. Ultimately, strengthening alignment around a health policy agenda.

A more robust health advocacy community that represents and aligns a broader array of voices could help shape policies and systems so that they work better for everyone. Stronger advocates would be better prepared to mobilize voters

to take action when the time comes. Although a simple linear logic model is problematic in a complex and iterative policy process, The Trust's theory of change for its advocacy funding can be boiled down as shown in Figure 1.

The Trust's first round of advocacy grants targets the first two boxes in this theory of change, with the idea that future grantmaking will support continued movement along this path. Specifically, the foundation defined the following benchmarks of success for its first round of advocacy funding, taken in part from indicators suggested by Organizational Research Services' (2007) *A Guide to Measuring Advocacy and Policy*:

- Health advocacy organizations develop a stronger and more nuanced understanding of the policy process.
- Health advocacy organizations improve their strategic ability to respond to shifts in the environment.
- Health advocacy organizations demonstrate increased capacity to communicate and promote advocacy messages to diverse audiences.
- The management and stability of health advocacy organizations improves.
- Representation of racial, ethnic, and rural communities in health advocacy in Colorado increases.

Overall, The Trust hypothesized that this kind of success on the level of individual advocacy organizations should, in the long term, contribute to increased alignment around a shared health policy agenda (i.e., the emergence of a viable solution) among advocates, the communities they represent, and the decision makers they target.

The first round of health advocacy grants began in summer 2008 with nine advocacy organizations invited to apply for core operating support. These organizations are not engaging in a single coordinated campaign, nor do they necessarily share a specific policy agenda. Instead, the organizations were selected because each fills a unique niche in the health advocacy community, and each brings different skill sets and represents different populations. The grantees, whose core operating grants from The Trust range from $150,000 to $700,000 over three years, represent the full range of advocacy expertise, organizational age, and capacity.

The nine grantees selected include:

- Three well-established advocacy organizations working together to advocate for changes to the fiscal constraints in the Colorado constitution to increase revenue for health and other quality-of-life investments.
- One grantee expanding its Denver-based leadership and health policy training to reach rural community leaders.
- Long-standing Area Health Education Centers, new to advocacy work, conducting consumer training in advocacy through five regional centers.
- A nine-year-old consumer membership organization focused on increasing awareness and providing education to health consumers.
- A start-up organization representing ethnically and geographically diverse health consumers, including faith communities, on physical, oral, mental and behavioral health.
- A rural health organization supporting the health needs of rural Colorado through research, education, communications, and advocacy aimed at state policy and health leaders.
- A new coalition of organizations helping south and southeastern Colorado communities identify health needs and advocate for improved access to health.

Trust staff hypothesized that supporting this combination of grantees would strengthen the skills and the representative breadth of the Colorado health advocacy community, whereas grantees' work would build awareness and support for health access issues among a wider population of voters and policymakers.

Evaluation Approach

Although The Trust had not previously funded a comprehensive advocacy strategy, it has a long history of evaluation, with dedicated evaluation staff and about $13.3 million invested in evaluation of $155 million in grants over the last 10

years. With its new venture into advocacy funding, its board of trustees felt no less need to gauge the impact of its investment. However, trustees and staff had doubts about the feasibility of attributing changes in a complex health policy environment directly to Trust funding and about the usefulness of a retrospective evaluation that would reveal the effectiveness of the strategy after the fact.

The Trust and the evaluation team all had to adopt an attitude of openness, experimentation, and responsiveness.

Furthermore, the design of the funding strategy created several challenges for an evaluation. Drawing from the reflections of The Atlantic Philanthropies on its purpose for investing in advocacy evaluation, The Trust wanted its evaluation to generate knowledge that could be used by the individual grantees on a real-time basis to inform their advocacy strategies (Harvard Family Research Project, 2007). However, The Trust wanted more than nine individual grantee-level evaluations; such an approach would not tell Trust staff whether its portfolio of advocacy grants as a whole was the right one, nor would it reveal whether progress was being made toward creating favorable conditions for future legislative or voter action to expand access to health. These top-level questions were important to The Trust's strategic learning about effectively funding advocacy work. Creating an evaluation that would serve both purposes — informing the funder on portfolio-level progress and impact and building grantee capacity to advocate successfully — proved complicated, especially considering that the nine grantees had very different goals and characteristics.

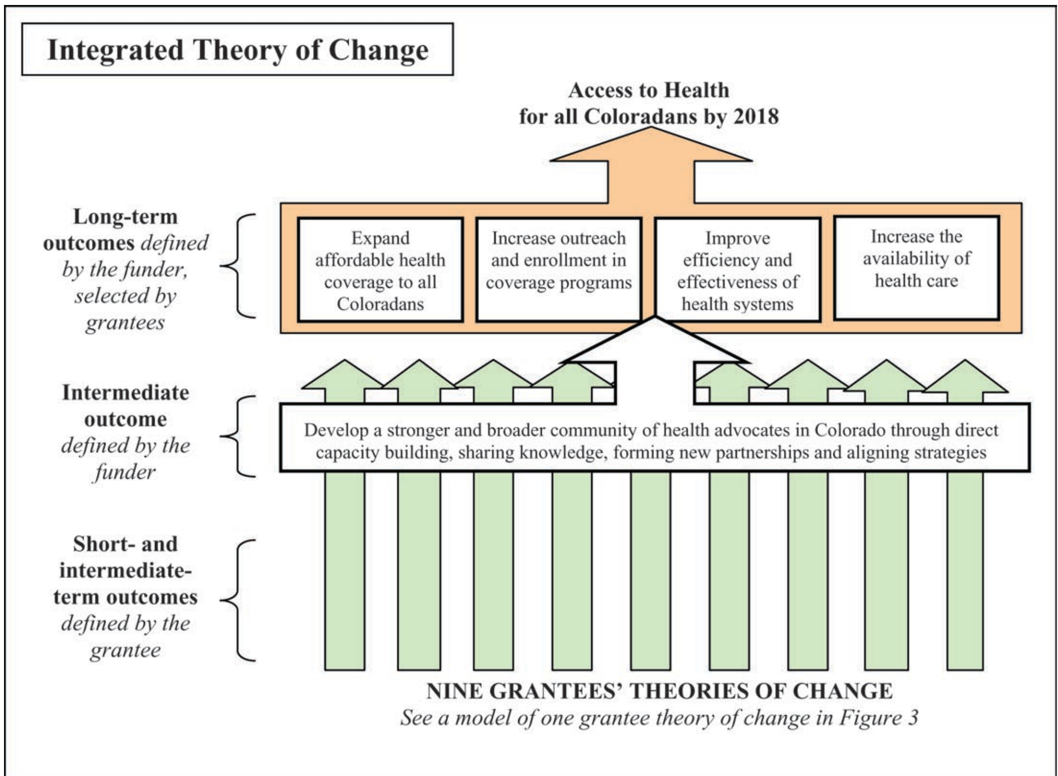
Staff developed a set of evaluation questions intended to identify and support grantee-level progress and capacity development and to capture changes happening as a result of the grant portfolio as a whole. Both the grantee-level and the portfolio-level evaluations should provide grantees and The Trust with feedback useful for planning and decision making (Appendix A).

This evaluation approach is based on the experience and advice of other funders who have evaluated their advocacy funding. The accepted guiding principles of advocacy evaluation that have emerged in recent years are incorporated into the approach; two, in particular, are central to the design. First, acknowledging and accepting the complexity and extended time frame inherent in most advocacy efforts, the evaluation focuses on grantees' progress toward rather than simply their completion of desired outcomes. Second, rather than conducting the evaluation as a point-in-time consideration of achievements, the engagement ensures continuous learning within the advocates' organizations — incorporating informed, evidence-based decision making into grantees' day-to-day operations. See Appendix B for more detail.

An evaluation that monitors tactical progress, combined with a formative or developmental evaluation, builds the capacity of the grantees to advocate more effectively, as well as the capacity of The Trust to effect policy change. The evaluation becomes, in fact, a key part of the intervention to build a stronger health advocacy community in Colorado. For the evaluation to result in rapid, meaningful learning that could influence planning and implementation, the grantees, The Trust and the evaluation team all had to adopt an attitude of openness, experimentation, and responsiveness. Furthermore, staff and trustees had to accept some compromise between their desire for understanding grantees' impact and the need to learn quickly to support strategic decisions.

As its evaluation partner, The Trust turned to Innovation Network — a Washington, D.C.-based firm experienced in the emerging field of advocacy evaluation. The foundation chose Innovation Network due to its history of working with nonprofit organizations to build evaluation capacity and integrate real-time learning into strategic decision making. Additionally, The Trust evaluation staff gathered a team of Colorado-based evaluators who have experience working with nonprofit organizations to build evaluation capacity, who value

FIGURE 2 Framework Connecting Nine Advocacy Grantees to The Colorado Trust's Goals



a participatory approach to evaluation, and who have an understanding of Colorado's health policy environment. The local evaluators will provide one-on-one coaching and evaluation assistance to the nine grantees over the life of the grant.

Collectively, The Trust evaluation staff, Innovation Network, and the team of local evaluators developed a novel evaluation approach for this engagement. The design, described below, includes individual grantee-level evaluations that are linked by a chain of outcomes to the broader evaluation of the portfolio as a whole and its impact on the policy environment. Although the evaluation is still in its first year of implementation, three particular elements of the approach have been critical to its effectiveness thus far: integrated evaluation planning, open communication lines, and shared responsibilities.

Integrated Evaluation Planning

As suggested by the guiding principles, the evaluation framework should be grounded in a theory connecting an organization's activities to the anticipated outcomes. However, in this situation, the individual actions and impact of at least 10 organizations (The Trust and its nine grantees) need to be aligned. This required an integrated, overarching theory of change that articulated the connection between the efforts and goals of the foundation and its grantees. The integrated theory of change can be visualized as an arrow with nine separate trunks: The top of the arrow represents the grantees' and The Trust's collective long-term goals; the nine trunks represent the individual efforts (and theories of change) of each grantee.

As the first step in developing this integrated theory, Innovation Network led a series of evaluation planning discussions with The Trust to clarify the long-term outcomes for its advocacy funding. The Trust selected four health access outcomes that formed the apex of the integrated theory (Figure 2). As noted previously, The Trust's theory

of change acknowledged that Colorado was not yet ready for a coordinated push toward health reform or a substantive health system overhaul. Nor was there much evidence that stakeholders were aligning around a shared definition of the problem, much less around viable policy solutions. As a result, these long-term outcomes remained very broad and distant — a target for advocates and The Trust to aim for.

As a result, these long-term outcomes remained very broad and distant — a target for advocates and The Trust to aim for.

Still, these outcomes provided a framework around which grantee activities and evaluation work could be clustered. In their initial grant application, grantees were asked to identify at least one of these long-term outcomes to guide their work. Grantees working toward the same goals can then be considered together in the evaluation.

Additionally, The Trust also identified one intermediate outcome that connects all nine grantees together and is a key prerequisite on the way to the long-term goals: "a stronger and broader field of health advocates." Regardless of which of the four long-term goals grantees chose to work toward, they are all expected to make contributions to this outcome.

As a next step, Innovation Network and The Trust outlined shorter-term outcomes that grantees might use in their individual theories of change. This list was intended to help grantees build a chain of anticipated changes leading from their day-to-day tactics all the way to the long-term outcomes they selected. Acceptable short- and intermediate-term outcomes[1] included, but were not limited to

- *Organizational capacity*: The ability of an organization or coalition to lead, adapt, manage, and technically implement an advocacy strategy.
- *Partnerships or alliances*: Mutually beneficial relationships with other organizations or individuals who support or participate in an advocacy strategy.
- *Collaboration and alignment*: Individuals or groups coordinating their work and acting together.
- *New advocates*: Previously unengaged individuals who take action in support of an issue or position.
- *New champions*: High-profile individuals who adopt an issue and publicly advocate for it.
- *Media coverage*: Quantity and/or quality of coverage generated in print, broadcast, or electronic media.
- *Issue reframing*: Changes in how an issue is presented, discussed, or perceived.
- *Awareness*: Recognition that a problem exists or familiarity with a policy proposal.
- *Salience*: Increased importance assigned to an issue or a policy proposal.
- *Attitudes or beliefs*: Changed feelings or affect about an issue or policy proposal.
- *Growth of constituency or base of support*: Increase in the number of individuals who can be counted on for sustained advocacy or action on an issue.

Using this list, grantees were tasked with developing individual theories of change with assistance from the local evaluators. These theories demonstrated how they intended to make progress first toward the goal of a stronger and broader field of health advocates and ultimately toward The Trust's long-term vision of achieving access to health for all Coloradans. For example, one of The Trust's long-term outcomes is that affordable health insurance coverage is available to all Coloradans. In an effort to help bring about that outcome, one grantee may be working to craft a supportive piece of legislation through regular meetings with state policymakers in Denver. This grantee's theory of change may articulate an outcome chain that moves the grantee from doing policy research to communicating findings with

[1] These outcomes were excerpted from the *Composite Logic Model* developed by J. Coffman, A. Hendricks, B. Masters, J. Williams Kaye, and T. Kelly (see http://www.innonet.org/index.php?section_id=6&content_id=637).

individual policy makers and then developing champions among them. A second grantee may be working to build voter support for the issue through town hall meetings throughout the state. A third may be building its capacity to engage in more effective media advocacy to generate pressure on legislators and rally voters. A fourth may develop a policy analysis that investigates the hidden costs to the state of having such a large uninsured population. Collectively, these four grantees would contribute to the overall success of the long-term goals, but due to their differing strategies, each grantee would need to articulate its own discrete set of short-term and intermediate outcomes.

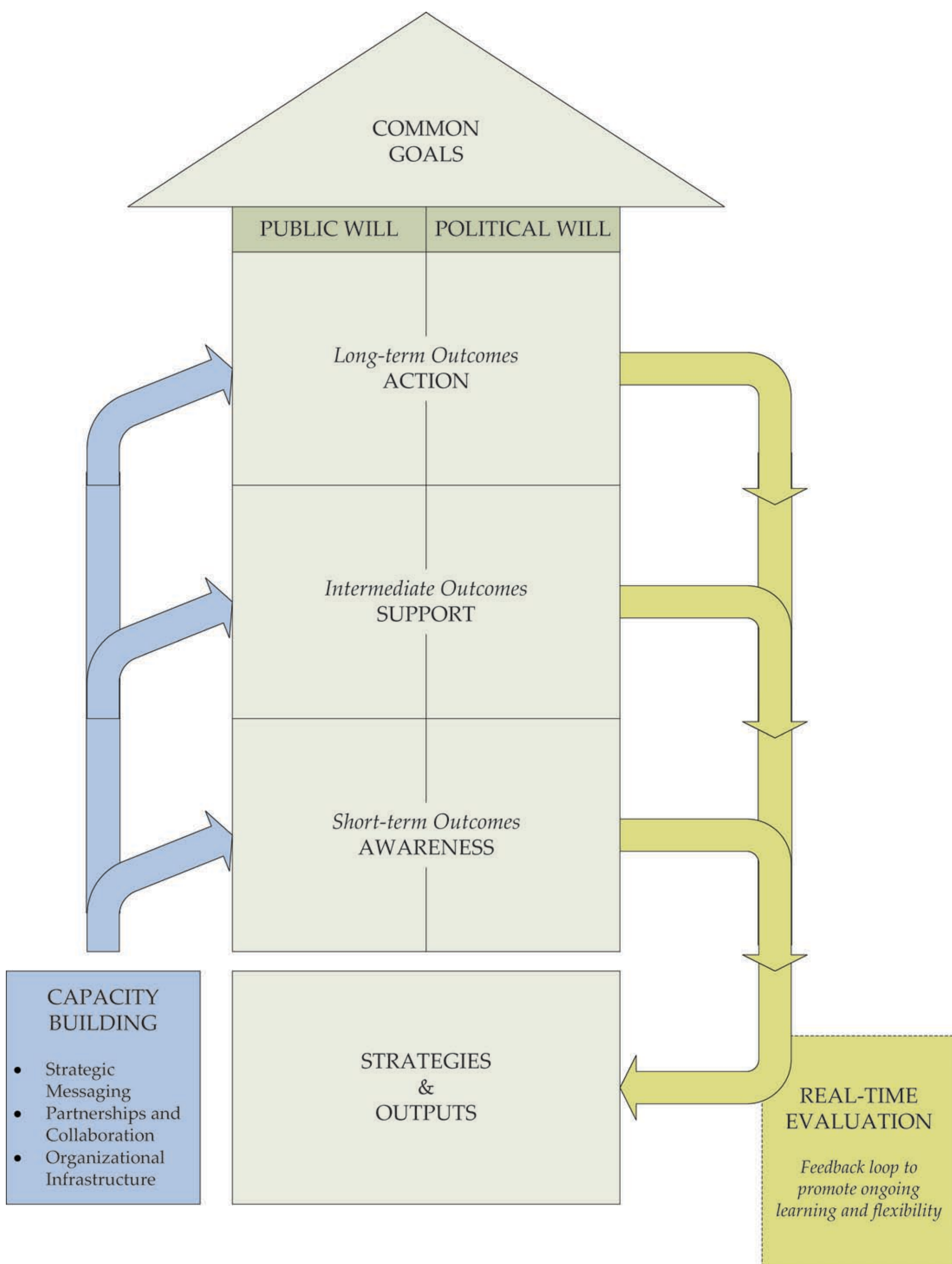
One of the inherent challenges in any advocacy evaluation involves the recognition that one organization is rarely, if ever, the only change agent involved in its respective fight. Not only are there a myriad of external factors at play, but numerous other organizations are advocating on the same issues with the same targets. It is therefore essential that the evaluation recognize that these particular nine grantees not only are working in different areas to promote the same goals of health care access, but it must acknowledge as well that there are many other similarly involved organizations that lie outside of the scope of this evaluation.

Rather than a broad effort toward comprehensive statewide health care access, imagine for a moment the analogy of a concert. And rather than a variety of advocacy organizations, consider instead the numerous men and women who are needed to make that concert successful: the band members, the roadies, the security, the light technicians, the sound technicians, those staffing the ticket booths, and those working the refreshment stands. Each of those individuals has his or her own unique responsibilities to execute if the concert is going to be successful. Each one need not spend time considering whether the concert will be profitable, well reviewed, or will achieve its other broad goals. Instead the woman working the spotlight needs to focus on hitting her targets, the man on the bass needs to worry about keeping the beat, the woman belting out the lyrics needs to make sure she is hitting her notes. Their individual tasks are all they can control, all that they can contribute. Nonetheless, they must certainly pay attention to other concert participants — the bass player to the timing of the drummer or the spotlight operator to the movements of the singer — in order to do their tasks well.

This evaluation effort takes into account these challenges and therefore focuses on ensuring that each individual organization is able to most effectively assess and adjust their performance on an ongoing basis, paying attention all the while to the shifting environment and the other players. The evaluation will also answer some questions useful to the concert promoter (read: The Colorado Trust) about the overall event, but this information — though undoubtedly useful to each individual involved in its execution — is not sufficient for their specific needs.

In their theories of change, which were developed by grantees with the help of local evaluators, grantees were responsible for describing the strategies they intend to employ by using the model explained in the next section. Through the articulation of a clear chain of outcomes, they are describing how they envision those strategies will contribute to the achievement of the common health access goals outlined by The Trust. Although specific strategies vary broadly across grantees, all must describe whether their strategies are aimed at generating awareness, support, and/or inciting action and whom their strategies will target. Their target audiences are either critical allies and the public at large — the "public will" side of the model — or the Colorado legislature and local policymaking bodies — the "political will" side of the model. Some organizations may focus on one at the exclusion of other; other organizations may focus on both. Additionally, because one of the stated goals of this effort is to build a stronger community of health advocates in Colorado, each of the grantees will document how it expects to build its own internal capacities through this effort and how that capacity development will lead to the achievement of desired outcomes. The smaller arrows on the side of the model represent the chain of outcomes related to

FIGURE 3 Model of Grantee-Level Theory of Change



the capacity-building work, and the flow of information from the real-time evaluation that informs their strategies.

Once grantees have developed their theories of change, The Trust, Innovation Network, and the local evaluators will overlay all grantees' individu-

al theories of change with The Trust's overarching theory about how to achieve access to health for all Coloradans. Each grantee was provided with a one-on-one coaching relationship with an evaluator so that they might both develop an evaluation system that provides them with their unique informational needs (remember, what a guitarist needs is not what a lighting technician needs) and build their evaluation capacity so that when this project comes to a close their evaluations do not end with it (Figure 3).

Through these processes, it was possible to identify the appropriate measures and strategies for assessing both the grantees' individual and collective progress toward long-term goals. Additionally, as the evaluation team examined the links between grantees' and The Trust's theories of change, they identified overlaps in grantees' goals that lend themselves to common data collection instruments. Shared data collection across advocacy organizations creates efficiencies, eliminates duplication, and perhaps encourages increased alignment between organizations as they see where their strategies and target audiences overlap.

Open Communication and the Changing Role of the Program Officer

Due to the inherent complexity of this effort and the number of moving parts, clear and open communication lines between all parties are essential to the evaluation's success. The evaluation team — composed of The Trust's evaluation staff, representatives from Innovation Network, and the local evaluators — meet for three hours each month via conference call and together in Denver in person at least once per quarter. These meetings allow the team to discuss and solve any challenges encountered and share lessons learned. Additionally, this forum is used to proactively adjust the evaluation plan and design as needed.

The Trust stays in the loop through formal and informal reporting from both the evaluation team and grantees. Every six months, evaluators (both Innovation Network and the local evaluators) submit a collective report of their activities and results to The Trust. Grantees are responsible for doing the same formal reporting on an annual basis. Rather than simply asking for an accounting of activities, as is common for a program delivery grant, advocacy progress report guidelines ask grantees to analyze why they believe their tactics did or did not produce the results described in their theory of change. In their analysis, grantees are asked to consider their evaluation data, environmental context, key partnerships, and their organizational capacity. Finally, grantees provide an assessment of the "field" of health advocacy in Colorado, sharing insights such as any alignment they see developing, new players entering, and changes in the opposition's tactics.

Due to the inherent complexity of this effort and the number of moving parts, clear and open communication lines between all parties are essential to the evaluation's success.

Early experiments with this kind of progress report generated mixed results, because most grantees are unaccustomed to reporting to funders with this level of candor and/or analysis. This highlights how the traditional program officer-grantee relationship must change for an evaluation of this type to be effective. Grantees must have faith that the program officer values their honest reflection and sees their admission of "failures" and corresponding shifts in tactics as a sign of a healthy advocacy organization rather than a weak one. Informal communication between grantees and their program officer can encourage this kind of relationship by focusing on how grantees are shifting strategies in response to the evaluation data between progress reports. Perhaps more important, the program officer can demonstrate this kind of candor by likewise reflecting openly on how the funder shifts strategies in response to evaluation data and other lessons learned.

Finally, portfolio-level evaluation data on changes in the health policy environment will be communicated as appropriate to the larger health advocacy and funding community to support learning.

Tiered Data Collection Methodology

In order to simultaneously meet the data requirements of each grantee and The Colorado Trust, the evaluation relies on a multicomponent approach to data collection.

Most data collection conducted as part of the first component, in the spirit of strategic learning, will likely focus on the activities and outcomes of individual grantees.

The first component, consisting of customized evaluation support for each of the grantees, serves as the heart of this approach. Each grantee was provided with a one-on-one coaching relationship with an evaluator to help the grantee design, develop, and implement a strategic mix of data collection instruments that will satisfy the unique informational needs of each grantee (per the earlier concert analogy, what a guitarist needs is not what a lighting technician needs). Drawing from the theories of change, the evaluators work with each grantee to help identify what information would be most valuable to collect and what method should be used to capture it. Through this process, the evaluators also will build grantees' evaluation capacity so that when the formal evaluation comes to a close, the grantees' evaluative activities can continue.

Although most data collection instruments developed by evaluators will be customized for the needs of an individual grantee, it is likely that shared interests will occasionally call for the use of common tools. One such tool already has been identified: an assessment tool to gauge grantees' advocacy skills and capacity. It is anticipated that this instrument will help The Trust understand how grantees evolve over the duration of the project and will help grantees prioritize areas for growth.

Most data collection conducted as part of the first component, in the spirit of strategic learning, will likely focus on the activities and outcomes of individual grantees. However, it is important that the methodology also include additional evaluation of the policy landscape and the broader field. Such information will be of primary value to The Colorado Trust but will arguably prove useful to all of the individual grantees as well.

At this stage, Innovation Network has identified three priorities within this component:

- *Network analysis:* to document the relationships between grantees and to identify other important players — and potentially, future grantees — within the field.
- *Bellwether interviews*[2]*:* to accurately assess where specific issues and grantees are positioned within the broader policy landscape.
- *Policy tracking:* to document the movement of targeted policymakers and the advancement of policies that improve access to health.

This evaluation approach relies on a series of partnerships: between The Trust and evaluation team; between The Trust and its grantees; between Innovation Network and local evaluators; and between local evaluators and grantees.

Whereas local evaluators are charged with assisting grantees with their individual evaluation efforts, Innovation Network is leading the comprehensive assessment of grantees' collective impact on long-term goals. However, this macro-evaluation will rely on input and data from the local evaluators. Shared responsibilities allow each party to work together seamlessly, yet maintain focus on their individual efforts.

[2] The bellwether methodology was designed by Julia Coffman and the Harvard Family Research Project. For more information, see http://www.innonet.org/resources/files/Unique_Methods_Brief.pdf

Another important sharing of responsibilities will take place between local evaluators and grantees. As an element of the evaluation capacity-building component of this effort, data collection responsibilities will transition gradually from the local evaluator to grantees over time. Initially, the local evaluators will develop and implement the appropriate data collection tools, with input from grantees. This will allow grantees to benefit from the resulting information, building their buy-in to the evaluation as they experience the utility of the data generated before they take on the responsibility of data collection. For example, if a grantee chooses to build public support for an issue through increased media coverage, the local evaluator could both develop a system for tracking media coverage of the issue and handle the data collection responsibilities for the first few months. Only after the grantee has experienced the benefit of having access to those results and witnessed how the results can inform strategy planning would the grantee begin taking on the responsibilities of data collection and analysis in-house.

Benefits and Challenges

The evaluation is designed to benefit a variety of audiences. The Trust will understand clearly the accomplishments of individual grantees, as well as how to best fund and evaluate advocacy in the future. The evaluation provides each grantee with a clearer understanding of its achievements, along with practical strategies and tools to help them become more skillful advocates due to their increased capacity to evaluate their efforts and incorporate learning into their strategies. The local evaluators also benefit from the engagement, gaining hands-on experience conducting advocacy evaluations.

However, this approach is not without its challenges:

- Embedding an external evaluator within a grantee organization — to design and implement a comprehensive evaluation and simultaneously build the grantee's evaluation capacity — can be a particularly time- and resource-intensive intervention for both the funder and the grantee. Waiting several months while evaluators and grantees build a theory of change for their work, The Trust has had to temper its expectations for its own "rapid" feedback until later in the grant period.
- This evaluation targets both individual and collective achievements. Such an undertaking requires the alignment of grantees around long-term outcomes. This often is not an easy task, especially in this example. The long-term health access goals articulated by The Trust are broad enough that organizations with markedly different capacities and strategies still fit under the same umbrella. Clustering grantees based on similar outcomes in order to identify opportunities for shared data collection and to monitor changes resulting from their activities has been difficult. In a different context, where the goal is narrower or centered on a particular policy change, the task of aligning grantees likely would be simpler. It remains to be seen how effectively the evaluation can track collective progress in a way that stays linked to the grantees' specific activities but still gives a sense of the broader health policy environment.
- Differing expectations of a funder and its grantees about the purpose and usefulness of the evaluation can create tensions. In allowing grantees to focus the evaluation on the information that would be most useful to them, a foundation cedes some control of the evaluation to the grantee. The evaluation questions of most interest to the foundation (in this case, collective progress and impact) may not be a focus for the grantee. This kind of flexibility on the part of the foundation requires buy-in from the board level down, in part to manage expectations about what kind of feedback the evaluation will and will not provide. Allowing for clear and open conversations between the grantee and the funder about what is being measured and why, and a discussion of what the results might mean, can help ameliorate tensions between what the grantee finds useful and what the funder would like to know.
- The Trust hypothesizes that in Colorado, building the capacity of the health advocacy community and expanding the variety of communities participating in advocacy are neces-

sary precursors to what is often cited as the first step in the policy change process: setting the agenda for what issues are to be discussed. Who participates in the discussion from the very beginning helps determine whether emerging solutions will best serve the entire state and thus gain traction with a diverse voting public in the future. A broader and more robust advocacy community can ensure that agendas are set through the interaction of a wide variety of stakeholders — not only the traditional players in the policy process, but also rural and mountain communities, small businesses, and communities of color who are not often participants in the state-level policy debates. But what does a robust and effective health advocacy community look like, and how can the current condition of that community be assessed as a baseline? Even the composition of the "health advocacy community" is open to debate and difficult to define outside the context of a specific policy goal.

The advocacy evaluation field is in the early stages of development, and evaluators have been testing a variety of approaches and tools. Evaluations of advocacy work to date have focused primarily on the work of individual advocacy organizations or coalitions working toward a shared policy goal. There are few examples of evaluations that track the growth in capacity of an advocacy "community" prior to its coalescence around a shared agenda. Likewise, there are few established methods for evaluating advocacy grants on the level of a grantmaking portfolio. During the remaining two years of the advocacy funding and evaluation, Trust staff and the evaluation team will embrace creativity and experiment with methods to link such diverse grantees' approaches and policy goals with The Trust's larger access to health goals. The evaluation approach described here, as it helps clarify the foundation's theory of change and goals as they unfold, is thus truly developmental for The Colorado Trust as well as its grantees.

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APPENDIX A

The Colorado Trust's advocacy evaluation will answer the following four questions on an ongoing basis, rather than retrospectively at the end of the three-year funding period:

1. To what extent are individual grantee strategies having a positive impact on one or more of these four preconditions for policy change?
    - Public awareness and the base of support for increased access are strong.
    - There is a strong health advocacy community and consumer voice in Colorado.
    - Alliances for increased access to health are strengthened, active, inclusive, and aligned around a shared policy agenda.
    - Policy options for increased access to health are researched, developed and implemented.
2. How do grantees respond to the rapid feedback about the effectiveness of their strategies, and do they effectively integrate feedback into future activities?
3. What impact are the grantees collectively having on the preconditions listed above and on the health policy environment as a whole?
4. What other necessary conditions for policy change do not yet exist in Colorado, and how can The Trust help create these conditions?

APPENDIX B

Although the field of advocacy evaluation is still new, early research into promising practices and frameworks has identified several important guiding principles. Blueprint Research & Design, in its October 2006 publication *The Challenge of Assessing Policy and Advocacy Activities: Part II*, describes seven such principles.

1. Expand the perception of policy work beyond state and federal legislative arenas.
2. Build an evaluation framework around a theory about how a group's activities are expected to lead to its long-term outcomes.
3. Focus monitoring and impact assessment for most grantees and initiatives on the steps that lay the groundwork and contribute to the policy change being sought.
4. Include outcomes that involve building grantee capacity to become more effective advocates.
5. Focus on the foundation's and grantee's contribution, not attribution.
6. Emphasize organizational learning as the overarching goal of evaluation for both the grantee and the foundation.
7. Build grantee capacity to conduct self-evaluation.