



**THE
COLORADO
TRUST**

A Health Equity Foundation

DEDICATED TO ACHIEVING HEALTH EQUITY FOR ALL COLORADANS

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EVALUATION

IF YOU BUILD IT, WILL THEY COME?

*Lessons from Project Health Colorado
and Building Public Will to Achieve
Access to Health*

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» EXECUTIVE SUMMARY

This report discusses the findings from the evaluation of Project Health Colorado (PHC), The Colorado Trust's (The Trust) three-year strategy aimed at building public will to achieve access to health for all Coloradans. Through a blend of community-based strategies, including advocacy, leadership, network-building and grassroots mobilizing, as well as an overarching communications campaign, PHC was designed to engage individuals and organizations in a statewide discussion about access to health and how it can be improved. The strategy was supported by a \$7.6 million grant from The Trust and \$2 million from the Colorado Health Foundation.

The PHC strategy engaged 14 grantee organizations in diverse activities, used a common message framework and brought the grantees together at regular intervals to build their network of relationships and advance public will. A paid media and mobilizing campaign, including street team canvassers and an interactive website, supported the work of the grantees and extended the reach of the strategy to new audiences. Key findings include the following:

- Grantees engaged more than 25,000 Coloradans through in-person conversations about access to health care through volunteer trainings, community forums, story collection/sharing strategies and other approaches. In addition, grantees reached more than half a million people through electronic and digital communications.
- The paid media and mobilization campaign generated more than 50,000 unique visitors to the website and engaged more than 6,500 people in public support of the campaign, moving them through the public will-building stages.
- Engagement strategies such as story collection, messenger development and community forums were effective among various audiences at building awareness, understanding, conviction to take action and the belief that taking action matters.
- Types of PHC participants varied widely, from those with a professional role to community members who engaged for more personal reasons. In comparison to professional participants, community members who volunteered their time were found to have almost 10 times more in-person reach and engagement. On average, community members engaged over 70 individuals in-person. In contrast, professionals whose work was focused on health care advocacy reached an average of eight people in person, while other professionals reached an average of less than five.
- When digital engagement is included, community volunteers reached over 170 individuals per volunteer; however, professionals had even greater electronic reach due to email databases, one of which contained 27,000 addresses. While self-reported numbers could be exaggerated, the descriptions of how both the community members and professionals got the word out were detailed and multifaceted, suggesting they reached people in unique ways.
- While community members had tremendous in-person reach, far fewer of them were as successful as the professionals with their electronic reach, suggesting that both types of participants are critical to building public will.

Recommendations

Based on these findings, the following recommendations focus on how to sustain key components or expand upon the more successful elements of the overall strategy to build public will for access to health in Colorado.

1. *Maintain diversity and depth of engagement in public will-building strategies, rather than narrowing to a few key strategies.*
Future advocacy and public will-building funding strategies may want to consider not just the diversity of grantee strategies that will be funded, but also the likelihood that audiences of one strategy can engage in the activities of another.
2. *Explore future strategies that engage faith leaders and community volunteers, leveraging organizations that can demonstrate past success in these areas.*
The successful engagement of faith leaders and community volunteers only occurred in three organizations' strategies, all of which had existing systems in place for this type of engagement.

Future strategies might benefit from identifying and supporting organizations that can demonstrate a network of engaged community volunteers (including faith leaders), and that have mechanisms to continue to recruit and support them.

3. *Assess the added value of a common message framework and develop a narrower, more strategic deployment of the framework if it continues to be used.*

Message use among the grantees, while slow to initially develop, was consistent (though not universal) by the end of the strategy. Message use among grantees' participants was much less consistent, particularly among the professional participants and organizational partners. However, in contrast to the findings on message use, training on a common message framework was one of the most important components of PHC. The evaluation recommends careful consideration of the value of a common message framework, where it has the greatest value in the strategy and the specific participants who should be targets for encouraging message use.

4. *Continue to create supportive infrastructure for grantee cohorts, but more actively manage them as multiple parts of one overall approach.*

While the different components of the PHC strategy collectively supported and amplified the work of grantees, a more cohesive approach to developing the infrastructure could have fostered stronger alignment. Ideas that might help with this include campaign huddles, engaging the different partners in joint learning debriefs, creating shared coaching plans for each grantee, different coaches participating on each other's coaching calls or doing joint coaching, especially when planning major events.

5. *Early on, clearly communicate expectations regarding participation in strategy-level activities, including those that may emerge over the course of the strategy.*

There is ample evidence to suggest that the grantees and funder benefited from participation in strategy-level activities, such as grantee convenings. However, engaging in these activities required a commitment of time and resources that sometimes exceeded initial expectations, particularly among grantees. Future strategies should clearly communicate expectations about participation in the known activities and requirements, but also the need to be adaptable to activities and opportunities that may materialize (sometimes unexpectedly) over the course of the strategy.

6. *Identify ways to successfully sustain the engagement of audience members once the grant period is over.*

While some grantees had mechanisms to sustain engagement with their target audience beyond the grant period, others found this more difficult. Moving forward, it is important to consider the ongoing mechanisms and necessary infrastructure that can support engaged audiences once the grant period is over. However, sustaining engagement does not necessarily require that the PHC strategy continues. Rather, it may be important to intentionally identify and connect with complementary projects or programs in order to sustain involvement.

7. *Build adaptability and information collection into future evaluations of complex strategies, greatly increasing the chance that the evaluation can still answer important questions.*

The evaluation design for this public will-building strategy was developed over a year into the strategy, allowing for investigation into both planning and implementation. Yet even with careful attention to the on-the-ground reality of the strategy, the evaluation had to adapt as the strategy developed. The need for adaptability (but also comparability) over time and across audiences/strategies, means rich, diverse information should be collected whenever possible. Greater depth of information allows for more adaptability in analysis approaches as unexpected outcomes or shifts in strategy emerge.

As these findings and recommendations suggest, building public will for access to health in Colorado is a complex enterprise that requires change on multiple levels with different audiences and approaches. The initial progress made through PHC is but one step in a long process. As the health care environment continues to evolve, engaging, informing and activating an array of individuals and organizations will be central to advancing access to health for all Coloradans.

» LETTER FROM THE COLORADO TRUST

In order to mobilize social change, it is often necessary (if not incumbent) to build awareness, understanding and lasting support among a wide array of public stakeholders. This classically democratic notion underscores the idea that the public plays a central role in identifying, developing and enacting potential solutions to social problems. Too often, however, we see efforts that only episodically engage the public, such as issue-specific opinion or policy campaigns. While these efforts can yield valuable short-term gains, the long-term changes, such as shifts in individual and institutional behaviors, norms and actions, often go unaddressed.

Tackling these long-term changes is by no means easy. It involves a myriad of factors, including explicit attention to connecting people to an issue through their existing values, fostering a sense of public ownership and commitment and, ultimately, translating these sentiments into actions. In other words, it takes building public will.

In 2010, The Colorado Trust set its sights on this very challenge. Through a statewide strategy called Project Health Colorado (PHC), The Trust sought to build public will to help achieve access to health for all Coloradans. Drawing on a combination of leadership, advocacy and communication strategies, PHC was designed to engage people in learning more about access to health in Colorado, create opportunities to share ideas, offer solutions and mobilize people to take action. This effort comprised a blend of multiple grassroots strategies—including 14 grantee partners—and an overarching paid media and mobilization campaign. To support grantee organizations, The Trust provided various forms of technical assistance, including regular convenings, a shared messaging framework and strategic-learning coaching to assist grantees in refining and adapting their respective strategies.

The following report details the PHC evaluation findings. Conducted by Spark Policy Institute, the evaluation examined the process and impact of the collective efforts encompassed within PHC. Given the complexity of evaluating a social change strategy, the evaluation required an adaptive approach that took into consideration the separate but related efforts of grantee organizations, while also linking the collection of grantee strategies and the overarching paid media and mobilization efforts to the desired outcomes of PHC's theory of change. Moreover, the evaluation required an immeasurable level of commitment by everyone involved with PHC, especially the 14 grantee organizations that gave their time, ideas and insights; for this, I am personally and professionally thankful.

At the outset of PHC, the intent was that it would unfold over the long-term with at least a decade-long commitment. However, as The Trust has since shifted its grantmaking focus to health equity, in concert with major changes in the health care landscape in Colorado, PHC has concluded. Still, the findings and lessons of PHC remain pertinent, especially as we continue to navigate a complex health care environment and strive to ensure that every Coloradan has access to health.

Sincerely,



Phillip Chung

Former Assistant Director of Research, Evaluation & Strategic Learning

THE COLORADO TRUST

This report was supported with funding from The Colorado Trust, a health equity foundation. For more information, visit www.coloradotrust.org.

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» GRANT STRATEGY

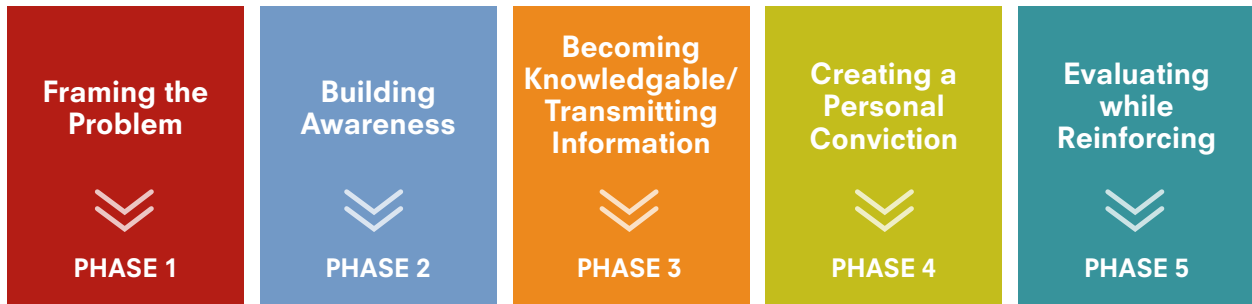
In 2010, The Colorado Trust (The Trust) launched Project Health Colorado (PHC), a three-year statewide strategy to build public will for access to health for all Coloradans. Through a combination of communications, advocacy, leadership, media and network-building efforts, PHC was designed to help increase awareness, understanding and support for making health care and health coverage work better for every Coloradan. PHC was an innovative blend of multiple strategies, including projects led by 14 grantee partners and an overarching paid media and mobilization campaign.

The underlying assumption behind PHC was that building public will would help generate public support for long-term social change. Unlike traditional social marketing or public opinion campaigns that often result in short-term attitudinal adjustments, public will-building creates sustainable change by influencing how people rank issues important to them and, ultimately, by securing their commitment to owning an issue and creating change. For The Trust, the hypothesis was that by supporting a public will-building effort, a diverse array of individuals and organizations would have greater awareness, understanding and ultimately take actions toward identifying and implementing solutions to improve access to health in Colorado.

The Trust operationalized the concept of public will-building as a combination of many strategies, including promotion, advertising, clear communication, partnerships and grassroots mobilizing to “engender a shared priority and turn belief to action.”¹ As such, it focuses on long-term shifts in attitudes and beliefs, seen through individuals taking action and, collectively, those actions making a difference at the community and policy level.¹ In particular, The Trust adopted a five-phase public will-building framework articulated by the Metropolitan Group¹:

- ***Framing the Problem***: This phase, which has a limited audience and occurs early in the issue becoming public, is focused on developing knowledge about the issue, context, players, opportunities, gaps and most relevant values held by the target audience.
- ***Building Awareness***: This phase is focused on identifying, learning about and prioritizing audience groups; developing, testing and refining specific messages; and delivering the messages to those audience members through mass media and grassroots engagement. The audience has expanded, with new people aware of the issue and beginning to understand it.
- ***Becoming Knowledgeable/Transmitting Information***: Here, new information is provided that helps the participant to personally connect to the issue through their values, as well as understand how change can occur and how individuals can make a difference.
- ***Creating a Personal Conviction***: The focus narrows to how people can act and directly supports them in taking actions. These individuals change from audiences of the mass media and grassroots organizing to champions who will carry the message themselves.
- ***Evaluating While Reinforcing***: In the final stage, the messages, activities and results have been evaluated, and changes are being made to improve the outcomes of the effort. Mass media and grassroots mobilization is ongoing, as is communication with champions. Champions receive information that reinforces their desire to act, helping them continue to take ownership of the issue and recruit others.

THE FIVE PHASES OF BUILDING PUBLIC WILL



Source: The Metropolitan Group

The PHC strategy involved a number of components that worked together to build public will for access to health. The components included:

1. Funding for 14 grantee organizations to implement a wide variety of strategies, ranging from “building awareness” to “evaluating while reinforcing”
2. A common message framework that resonated with target populations, developed and refined in response to focus groups and polling
3. A paid media and mobilization strategy designed to reach more Coloradans than grantee strategies alone could accomplish
4. Mandatory participation in grantee convenings to build skills and network with partners
5. Participation in real-time strategic learning, assisting grantees and The Trust in testing and adapting strategies to improve outcomes.

» **PROJECT HEALTH COLORADO** was a critical part of The Trust’s overall strategic grantmaking vision focused on achieving access to health for all Coloradans. Originally initiated in 2007, the vision to achieve access to health was comprised of several different grant strategies intended to support the expansion of health coverage and increase the availability of health care to all Coloradans. At the time, the focus on access to health was intended to be a decade-long effort. However, subsequent organizational changes at The Trust and large-scale changes in the health care landscape in Colorado and nationally have since prompted The Trust to shift its grantmaking focus to achieving health equity, thus ending PHC after three years.

Component 1: Grantee Organizations

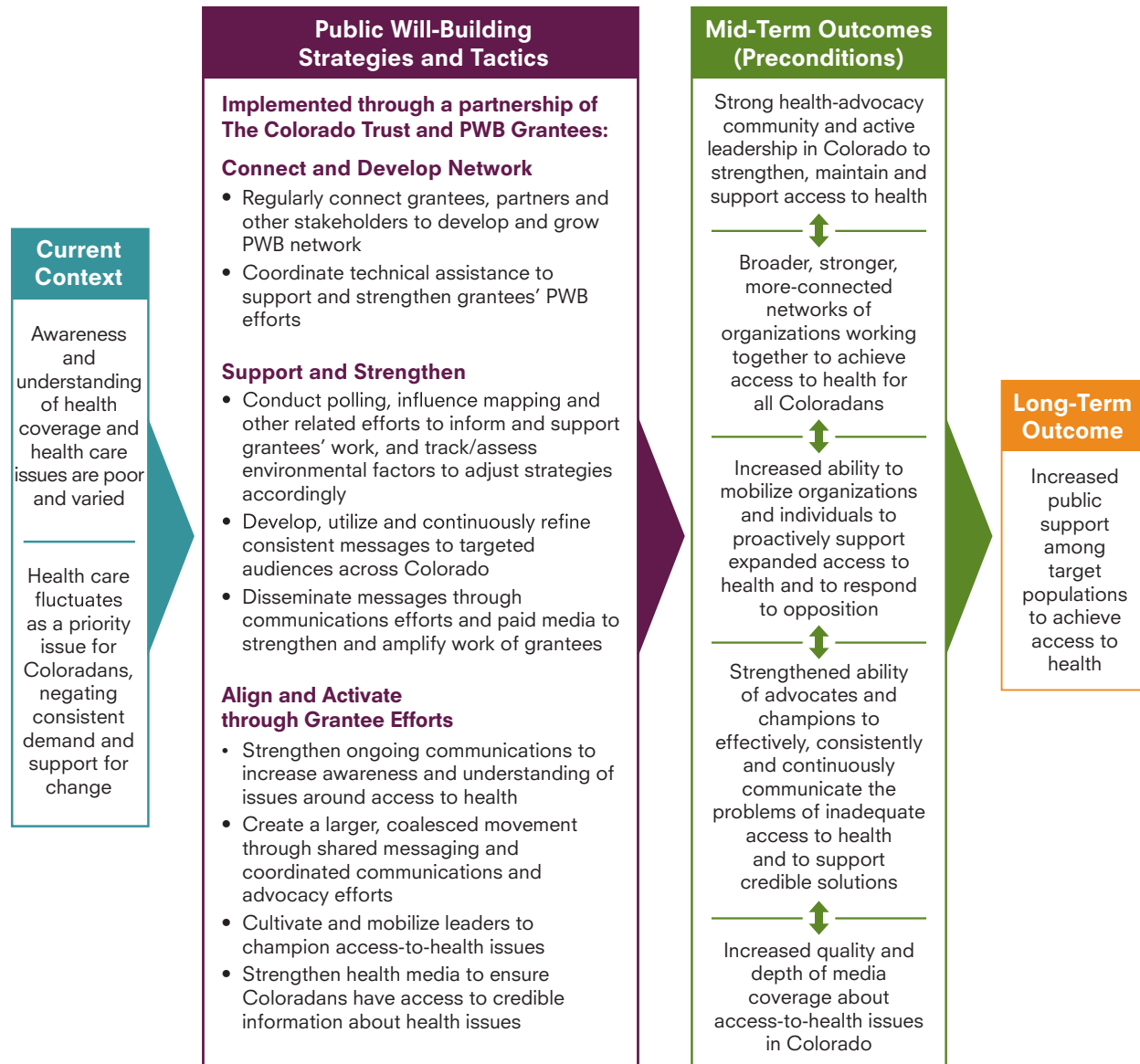
The PHC strategy engaged 14 grantee organizations in diverse activities, used a common message framework and convened twice a year to build a network of relationships and advance public will together. The grantees (see table on next page) implemented a variety of projects including storytelling, leadership development, neighborhood mobilization and community forums.

GRANTEES AND THEIR CORE STRATEGIES TO BUILD WILL

Grantee	Organization Type	Core Strategy to Build Will
9Health Fair	Provider / Public Education	Educated volunteers and 9Health Fair attendees about access-to-health issues, including social media and story collection/telling strategies and forums with volunteers.
be well, an initiative of the Stapleton Foundation	Community Mobilizing	Recruited and trained Block Captains to disseminate the access-to-health message in Denver communities and at community events; included a subgrant to 2040 Partners for Health to support their annual health summits.
Children's Hospital Colorado	Provider	Held advocacy trainings and networking events for mothers to potentially advocate; conducted social media campaigns and engagement and participated in Speak Up for Kids Day at the Capitol events.
Club 20 Education and Research Foundation	Advocacy / Education	Held local and regional forums across the Western Slope; built awareness and consensus on how to achieve access to health.
Colorado Center for Nursing Excellence	Advocacy / Education	Recruited and supported nurses speaking at community events and attaining leadership positions across Colorado; distributed bi-monthly e-newsletters about access to health.
Colorado Children's Campaign	Advocacy	Expanded the Its About Kids Network with an increased focus on access to health; engaged moms as advocates including Speak Up for Kids Day at the Capitol events.
Colorado Consumer Health Initiative	Advocacy	Trained and supported members (a mix of individual and organizational advocates statewide) on the common message framework, social media and advocacy skills.
Colorado HealthStory	Advocacy / Education	Collected stories using audio technology and shared them online and in person. A partnership of the Colorado Rural Health Center, Colorado Coalition for the Medically Underserved and ClinicNet.
Colorado Public News	Public Education	Wrote and published news stories about access-to-health issues in print, video and audio; disseminated through statewide and local media channels.
Evolve Communications	Public Education	Produced two seasons of Tu Salud, a Spanish-language TV show building awareness with community members by using real-life health stories.
Get Healthy SLV, a project of San Luis Valley Health	Provider	Led college and high school service learning projects on access-to-health issues; developed a website and social media plan to engage the community around access to health and understanding health reform.
Health District of Northern Larimer County	Public Health	Held community forums focused on health reform and access to health.
Regional Institute for Health and Environmental Leadership	Leadership Program	Adapted an existing leadership program to specifically engage physicians and encouraged engagement in building will and using the common message. A partnership with the Colorado Medical Society.
Together Colorado	Community Mobilizing	Expanded its clergy and community leader network with an increased focus on access to health and use of the common message; included clergy-led forums on mental health care.

To develop and refine their strategies, The Trust and each of the grantees used a theory of change (TOC) that included specific outcomes. These TOCs, or road maps, focused on fostering a shared priority: access to health for all Coloradans, and on turning “belief into action” by moving audiences through the Metropolitan Group’s five stages of public will-building.¹

THE COLORADO TRUST THEORY OF CHANGE FOR BUILDING PUBLIC WILL



Using their TOCs, the grantees and The Trust developed separate but aligned strategies to build public will. For example, some grantees relied on community forums, one-time community events, newsletters or social media to engage their participants. Through these actions, grantees encouraged participants to be aware of, learn more and perhaps take a small action (“inciting” activities) toward supporting access to health in Colorado. Other grantees engaged a core group of volunteers in intensive training and provided substantial support to allow those volunteers to go out and incite others to action (“mobilizing” activities).

GRANTEE ORGANIZATIONS

MOBILIZE

MOBILIZING AND SUPPORTING MESSENGERS

ACTIONS	GRANTEES
Multi-day, intensive trainings	Together Colorado
1-1 meetings	Stapleton Foundation 2040
Role-play	Regional Institute of Health and Environmental Leadership
Ongoing support	

MOBILIZING MESSENGERS

ACTIONS	GRANTEES
Short and one-time trainings	Colorado Children's Campaign
Social media and e-newsletters	Children's Hospital Colorado
A variety of easy, accessible calls to action	Colorado Consumer Health Initiative 9Health Fair

INCITE

INCITING AWARENESS AND ACTION

ACTIONS	GRANTEES
Community forums and other one-time events	Colorado HealthStory Evolve Tu Salud
Social media and e-newsletters	Get Healthy SLV
Earned media	Health District of Northern Larimer County
TV shows	Colorado Public News
Story collecting and telling	Club 20 Colorado Center for Nursing Excellence

Component 2: Common Message Framework

Interwoven into the grantees' efforts outlined in the previous graphic, PHC used a common message framework that was developed and refined in response to repeated focus groups and polling.² This framework, which was based on research conducted by Spitfire Strategies, one of Project Health Colorado's communications consultants, included four components that could be used separately or together. It provided a shared language for grantees, The Trust and the paid media and mobilization campaign to use with people statewide.

As the strategy developed, The Trust refined the message's intent, provided training to grantees on message use and allowed grantees and PHC to customize their messages to particular audiences. A "learn more about what health care means to you" component was also added when message testing through polling and focus groups found it resonated with target audiences.

COMMON MESSAGE FRAMEWORK



VALUE STATEMENT You should be able to get the care you need to stay healthy and see a doctor when you need to—without unpredictable costs or other burdens like...



BARRIER STATEMENT Your voice matters, because decisions about your health care are too important to be left solely to...



ASK STATEMENT We can help make your voice heard along with other Coloradans. Tell us how you want health care to work for you. We'll bring your ideas to Colorado leaders like...



VISION STATEMENT Getting the care you need, when you need it, isn't too much to ask. Working together, we can move Colorado closer to that common-sense goal.

Component 3: Paid Media and Mobilization

In addition to the grantees' efforts, PHC launched a comprehensive, statewide paid media and mobilization campaign to "increase awareness and engagement about access to health issues in Colorado."¹³ The campaign was implemented by Cactus Marketing Communications, a marketing and advertising agency, and SE2, a communications agency focused on public issues, policy and social marketing. It included two targeted phases spanning 2012 and 2013. The first targeted paid-media phase ran from March through July 2012 and included television, online, print, radio and billboard and bus ads in English and Spanish. The second phase, from April through July 2013, focused on television and online advertising in English and Spanish, as well as a Facebook campaign. In addition to these two phases, the campaign included an interactive website, integrated social media, SMS/mobile messaging support and "street team" canvassers at large events.



Through a variety of targeted messaging tactics, the ads led audiences to the PHC website to conduct ongoing conversations about health care in Colorado. Together, the grantees and the paid media and mobilization strategy engaged a broader audience than either could have reached alone, and prepared a targeted audience to build public will themselves.

STREET TEAMS

As part of the paid media and mobilization campaign, street teams of canvassers were sent out to large community events to engage Coloradans in discussions about PHC, including introducing them to opportunities for people to share their ideas and ask questions about how to improve access to health. Street team



Street teams in the community engaging Coloradans in discussions about Project Health Colorado, introducing them to opportunities to share their ideas and ask questions about how to improve access to health.

(Photo provided by SE2)

staff set up booths equipped with tablet computers, supplied with brochures and other materials at community events. Street team staff used the tablet computers to show event attendees the PHC website while prompting discussions related to health care. The goal was to bring Coloradans into a statewide conversation about access to health.

Component 4: Convenings

Throughout the course of PHC, The Trust convened grantee organizations in-person twice a year and via webinars twice a year. The intent of the convenings was to “maximize the impact of individual grantee efforts” and “share ideas and align around common efforts,”⁴ with a focus on ongoing improvement and alignment of grantee efforts. Convenings included sessions on messaging, strategic learning, specific grantee projects and small-group work on key issues faced by multiple grantees, with a peer-learning emphasis that grew over the course of the campaign. Grantees also had access to other voluntary training and resource opportunities, such as a webinar on using social media, training on storytelling and access to information and toolkits through PHC.

Component 5: Real-Time Strategic Learning

The Trust recognized that as a public will-building campaign, PHC represented a relatively new strategy for change related to access to health, and that there was no clear, tested roadmap of strategies to assure success. This was due both to the relative newness of the concept of campaigns to build public will and to the important role of context (e.g., public opinion of health care, the policy environment, etc.). In recognition of the need for strategy testing and refining, The Trust made a commitment to allow and actively support adaptation, both at the overall strategy level and within individual grantees’ strategies. While The Trust has long recognized that effective strategies require adaptation as the environment changes or when new learning occurs, PHC provided a unique opportunity for The Trust and grantee partners to support and facilitate thoughtful, informed adaptation through real-time strategic learning.

Grantees worked with strategic learning coaches to develop learning plans and implement them throughout their grants. The strategic learning model used by the coaches included three key components: systematic data collection, collective interpretation of the findings from the data and purposeful changes to strategies in response.⁵ Grantees had ongoing access to strategic learning coaching on an as-needed basis. Most grantees accessed these services regularly.

All Together Under the PHC Umbrella

PHC’s many components—a common message framework, 14 grantee organizations implementing varied strategies, a paid media and mobilization campaign, regular mandatory convenings, and a focus on adaptation and real-time strategic learning—came together into a single, comprehensive statewide campaign to build public will for access to health.

» EVALUATION PURPOSE AND METHODS

The evaluation was designed to explore the process and impact of PHC. Specifically, the evaluation was intended to respond to the complex and adaptive nature of the PHC strategy, which required a design that looked quite different from typical program evaluation.^{6,7} As such, the design had to be capable of evaluating a social change strategy focused on a complex, “moving issue” such as health care, capable of telling a single, meaningful story across the many different but complementary grantee projects that formed a core element of PHC, and able to integrate the different reasons that people engaged in the strategy, from the grantees to volunteers to the audiences reached.^{6,7} One of the most challenging aspects of the evaluation was the reality that many of the people affected by the strategy could not be identified until after they had been engaged. For example, grantees did not know in advance who would attend their convenings, talk to a trained volunteer or listen to stories online.

The evaluation sought to answer five questions:

1. How well do grantees convey the message and train others to convey the message? What strategies used by the grantees were most effective in training others?
2. Where are messengers, organizations and audiences on the public will-building spectrum?
 - Are they aware of access to health (and related) messages?
 - Are they motivated to learn more about access to health?
 - Are they taking actions in support of access to health?
 - Do they believe their actions are making a difference?
3. What was the impact on target audiences from messengers (grantee and non-grantee) taking action in areas of intense effort?
4. How did external factors contribute to the overall implementation of the public will-building strategy?
5. How did The Trust’s decisions in managing the overall public will-building strategy influence its implementation?*

(*Findings from evaluation question five are available in the Trust publication "From Paper to Practice: Key Lessons for Foundations Deploying Complex Strategies.")

The development of these questions draws upon two parallel frameworks: The Trust’s five outcomes from their TOC and the five stages of public will-building.⁸

The evaluation design incorporated a variety of methods, including those specifically designed to surface emergent outcomes that were unpredictable before the strategy was implemented; field work to understand these emergent outcomes; in-depth case studies of critical strategies and their outcomes; and spatial analysis. Specific data collection strategies included surveys, phone interviews, observation, document review and focus groups. This report represents the voices of 172 Coloradans who were interviewed; 52 Coloradans who were both surveyed and interviewed; seven Coloradans who participated in focus groups; 580 additional Coloradans who were surveyed (and not interviewed); and 882 paid audience members in Colorado who were surveyed to test messages and stories. (Table 1)

Table 1: Summary of Data Collection Strategies

Surveys	Interviews	Surveys and interviews	Message and story testing survey	Focus groups
N = 580	N = 172	N = 52	N = 882	N = 7

Analytically, the overall focus was on teasing out strategy-level findings, lessons and recommendations. In particular, the analysis focused on comparing the findings of the different data collection tools and types of information by using four pre-defined rubrics tied to the public will-building stages and the common message.

EVALUATION RUBRICS FOR MEASURING THE PUBLIC WILL-BUILDING STAGES



» EVALUATION FINDINGS

The evaluation findings of PHC are presented in three sections:

1. Analyzing the reach of the strategy as a whole and through its many parts
2. How different participants in PHC moved through the stages of building public will¹ and the strategies used most frequently to build that will
3. Key data on the questions that framed the evaluation.

The findings in this section begin with the reach of the strategy followed by findings related to the participants in the strategy. Finally, the report addresses the major findings relevant to evaluation questions one through four. Evaluation question five (about how The Trust's decision-making influenced implementation) are covered in a separate report that specifically discusses lessons and recommendations for funders. It is important to note that the findings in each of the respective sections are not mutually exclusive but rather overlap in complementary ways.

Section 1: The Reach of the Strategy

The following graphic shows the number of people reached via different channels throughout the PHC strategy.



886,306 People reached via electronic communication and traditional media

85% 558 of 656 zip codes reached across paid media, mobilization and grantee efforts

25,619 Reached in person by grantee messengers



52,091 Unique visitors to PHC website

13,802 Visited PHC website at least twice

6,614 Publicly supported PHC on website



72.4 MILLION

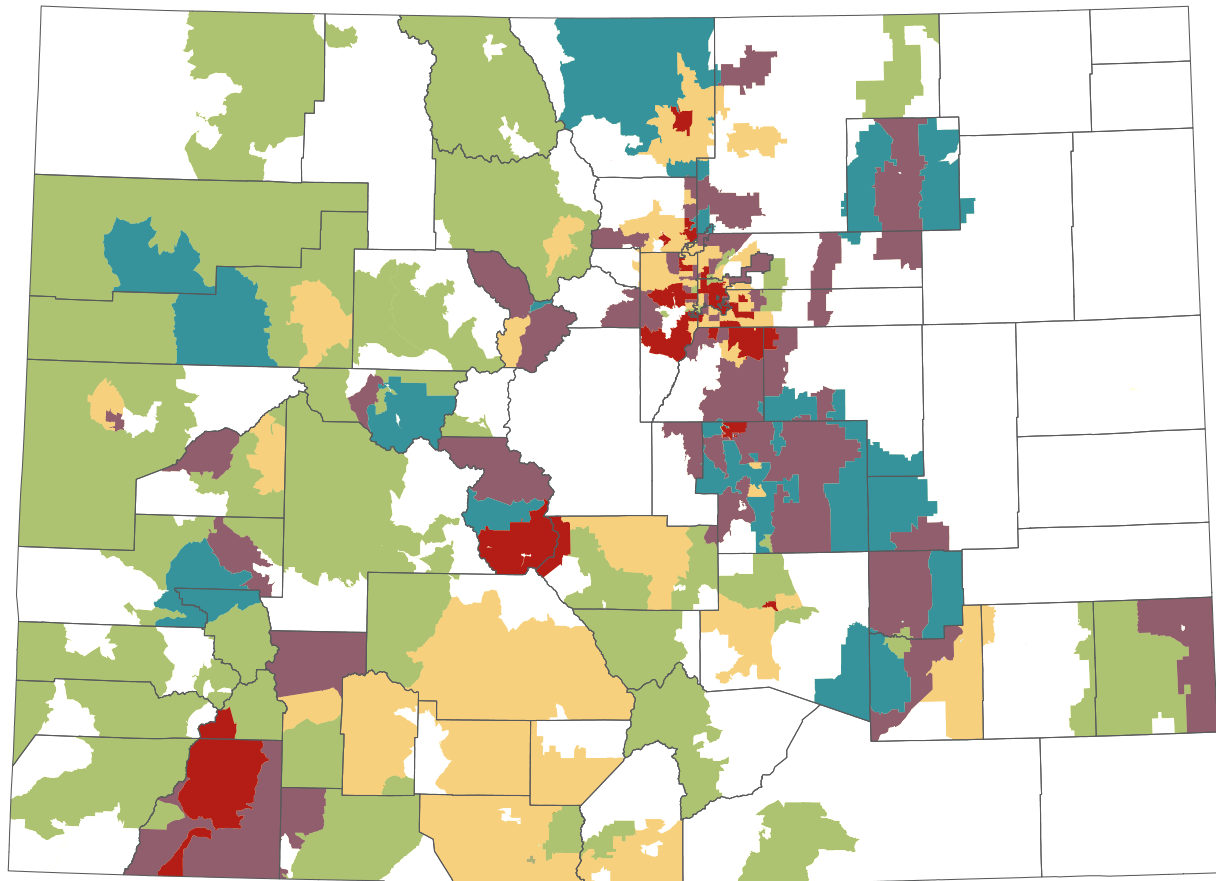
Paid media impressions per month, across two campaigns



9,000 Conversations at 2013 Street Team events

25 Street Team Events 2012-13

AVERAGE NUMBER OF PEOPLE REACHED* STATEWIDE THROUGH NOVEMBER 2013: GRANTEES AND PHC



Coloradans Reached per Zip Code



*The average number of people reached was calculated by taking the total number of reported reach across all grantees in a given zip code. Each grantee's number represented an average across all of their specific areas of activity, rounded to the nearest whole number. This measure represents a total of all these averages across the grantees.

Data source:
PHC grantee learning reports 2011-13

Section 2: Strategy Participants

In order to examine how people moved through the stages of building public will in the evaluation, participants in the strategy were analytically divided into five groups:

1. *Grantee staff*: Individuals directly employed by grantee organizations
2. *Professional partners*: Individuals engaged in advocacy for access to health as part of their professional life or through a relatively formal volunteer commitment (e.g., teachers, child care providers, public health workers, physicians, nurses, public health officials and professional advocates)
3. *Community volunteers*: Individuals who were not professional partners, but engaged through a personal interest in supporting access to health in Colorado (e.g., mothers of young children, retirees, people who have had challenging health care experiences, etc.)
4. *Grantee audiences*: Key populations that were identified by The Trust and directly engaged by the grantees, including women (especially mothers), Latinos, African-Americans, low- and middle- income families, retired and non-working Coloradans, uninsured Coloradans and Coloradans in poor health

5. *Engaged public*: Members of the public engaged through the paid media and mobilization campaign.

This section explores how each group was affected by the various strategies employed by The Trust and grantee organizations, including how they were engaged, their level of engagement, and how far or whether they moved along the public will-building spectrum. The level of engagement was explored by asking about the different types of actions each group took, including posting on social media, speaking at community forums and engaging people in conversations about access to health.

The evaluation paid particular attention to a group called “messengers”—a mix of professional partners and community volunteers who participated in training offered by one or more grantees and were then supported by grantees to take actions as part of PHC.

Grantee Staff




The grantees were the foundation of the public will-building strategy. It was their ability to use the message, train others on the message, understand and implement a public will-building strategy and build will themselves that determined PHC’s success. The grantee organizations varied in organization type as well as in how new the strategies were to the organization. Organizations ranged from health care providers and public health organizations to public education organizations, community mobilizers, leadership programs and advocacy organizations (For more detail on the grantees, please see table entitled “Grantees and their Core Strategies to Build Will” on p. 8).

Compared to the other participant groups, grantee staff were more likely to believe they were making a difference with regards to access to health. When asked how the work made a difference, they were most likely to report changing awareness, building understanding and building conviction to take action. Specifically, half of the grantee staff believed they were making a difference by helping Coloradans access health services, which was not a priority of the public will-building strategy. However, this should be balanced against the consistent theme in open-ended comments that grantee staff felt they were changing the conversation, which was a priority for building public will (i.e., changing who is talking, what people are hearing, and how they think about and understand the health care system).

Grantee staff were more likely to use the message in their work than other participants, with 91 percent of analyzed grantee materials showing message use. Specifically, when grantee staff used the message (in whole or in part), they were more likely to use the “value” component than any other message component, and less likely to use the “vision” component than any other component. In terms of demographics, grantee staff were more diverse than other participants overall, with 31 percent minorities; but they were also younger, with more than 50 percent of staff under age 40, and better educated, with more than 90 percent reporting college degrees.

GRANTEE STAFF FINDINGS

Grantees felt they were changing the conversation about the health care system

 changing who was talking	 what people were hearing	 how people thought about and understood the health care system
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Grantee staff were more likely to believe they made a difference

Most likely of all participants to report changing awareness, building understanding and building conviction to take action

More likely to use the message than other participants:

91%

compared with 42% of community volunteers and just 25% of professional partners

Most likely to use the “value” statement in their messages than any other message component and **less likely to use the “vision” statement** than any other message component

Staff demographics:
 N = 52, based on the grantee staff and volunteer messenger surveys deployed in April/May 2012 and repeated in April 2013.

Belief in making a difference:
 N = 52, based on the grantee staff and volunteer messenger surveys deployed in April/May of 2012 and repeated in April 2013.

Message use:
 N = 75, based on message examples submitted in September 2012 and March 2013 learning reports.

Professional Partners

The majority of the messengers engaged by the grantees fell into the “professional partners” participant group. This group includes over 160 organizational partners that helped grantees implement their strategies and represented a wide mix of professions, including early childhood education, K-12 education and local government. Though diverse in background, these individuals shared a common, professional interest in engaging and supporting access to health. In terms of demographics, this group had a high education level, with more than 90 percent holding a Bachelor’s degree or higher; and they were mostly female, with 70 percent women. They also had less racial/ethnic diversity than grantee staff, with just 20 percent minorities.

PROFESSIONAL PARTNER FINDINGS



70%
WOMEN



>90%
HAVE A B.A. OR GRADUATE DEGREE



20%
MINORITIES

Professional partner demographics: N = 120, based on the April 2013 and May 2012 organizational partner surveys, the April/May 2012 and April 2013 grantee staff and volunteer messenger surveys and the 2013 fieldwork interviews in areas of intense effort.



“ I do post a lot of info to our listserv...as well as our Facebook page. I think it's slowly changing some minds who were opposed to ACA, but I'm not really sure if the message is always well received. ”

COMPARED TO GRANTEE STAFF: Less likely to believe they made a difference

Less diverse

Belief in making a difference: N = 36, based on messenger survey only.

Respondents were asked to describe the difference they made as a result of the actions they took through PHC, such as disseminating the PHC message to their networks. They were most likely to report a wide variety of direct service or individual health-related actions, such as increasing the number of people enrolled in public health programs or sharing information on healthy living. Some professional partners did engage in system-focused activities, such as advocating for Medicaid expansion or health care workforce capacity; overall, however, they were less likely than grantee staff to believe they made a difference on access to health.

Professional partners also had a number of ways to engage in PHC. Some participated in intensive multi-day trainings, while others attended one-time trainings and only accessed support materials or participated in networking activities. In interviews, professional partners noted that public speaking was one of their key skills for building public will, making them better able to craft and deliver messages. They also reported that their professional knowledge mattered and made them better messengers on access to health issues. However, professional partners were the least likely of all the participant types to use the PHC messaging, possibly because their talking points were more focused on specific policy issues or populations.

Throughout the evaluation, a number of surveys were conducted with the professional partners. In the surveys, they had an opportunity to talk about the actions they were taking to build support for access to health for all Coloradans. Findings showed that those who attended message training with a grantee organization took more types of actions than those who did not. There was, however, a great deal of variation in the types of actions they took, ranging from talking to people about access to health, to telling their health story, to creating programs and activities where they could engage their audiences.

PROFESSIONAL PARTNERS



25%
MESSAGE USE
Least likely to use the message

Their talking points
were more focused on specific
policy issues or population needs.

» **FOSTERING A NETWORK**

One of the intended outcomes of the public will-building strategy as a whole was to develop, strengthen and expand a network of organizations working together on access to health. To assess this, grantee organizations were asked to report on whether they were partnering with other grantees to implement their strategies.

Halfway through the grant period, there was evidence that at least three grantees were engaged in joint implementation of strategies, while most other grantee organizations were providing support to multiple other grantees. Three other grantees were geographically isolated and only tangentially engaged with other grantees. By the end of the grant strategy, however, the grantee network had grown notably denser, with previously unconnected grantees sharing information and offering support, including those outside the Denver metro area. The grantees had also engaged a network of over 150 other organizations throughout the state in helping to implement their public will-building strategies.

Overall, professional partners engaged through PHC benefited from learning new and easy-to-share information while also gaining commensurate skills to engage other people in conversation about access to health. However, for many of them, the work of the grantees may have only incrementally changed their ability and level of engagement in building public will around access to health. Many of the more active professional partners may well have been at the “personal conviction” phase of public will-building, if not already at the “reinforcement” phase (believing their actions are making a difference) when the grantees engaged them.

Community Volunteers

While the majority of grantee messengers fell into the category of professional partners, a small subset of respondents—40 in the messenger survey—could not be identified as professionals in fields related to access to health, and thus were categorized as community volunteers. These volunteers were much more diverse than even grantee staff; less well-educated than other participant groups, with approximately 75 percent having a college degree (compared with 90 percent or more in the other participant groups); older than other participants, with 62 percent over age 60; and had more variation in employment status compared to other participants.


COMMUNITY VOLUNTEER FINDINGS

 **62% OVER AGE 60**

 **75% HAVE A B.A. OR GRADUATE DEGREE**

Community volunteer demographics: N = 40, based on the April 2013 grantee staff and volunteer messenger survey.

More variation in employment status compared to other participants
Includes many moms, retirees, and faith-based leaders with no professional reason to engage in access to health issues

 **Much more diverse**
than either grantee staff or professional partners

Motivated by personal passion & experiences where the health care system failed them

As noted in the graphic, community volunteers' awareness and motivation came from personal passion and experience. This group included many moms, retirees and faith-based leaders without a professional reason to engage in access to health issues. Exclusive to this participant group was the decision to share a personal experience about the health care system in response to broader questions about the importance of taking action during interviews with the evaluation team. Their message use was more frequent as well, with almost half (42 percent) of community volunteers using one or more components of the message framework in their talking points, compared to only a quarter of professional partners.

“People should be able to get the health care they need when they need it. We educated people on their right to health care and what [health reform] is. Our key message was everybody has the right to health care.”
-Community volunteer trained by a grantee

Community volunteers participated in a variety of types of training, including multi-day trainings from different grantees as well as coaching and role-playing opportunities.

Of the community volunteers who reported taking action, over two-thirds reported taking at least eight different kinds of actions. As with the other participant types, there was variation in the types of actions they took, including talking to people they already knew as well as new audiences, using social media, telling their story, participating in community meetings and speaking with elected officials.

As the above graphic shows, the community volunteers might themselves have been small in total number, but their reach was powerful: these volunteers reached, on average, more than 70 people each in person, and over 170 people each via electronic means. While some of these findings rely on self-reported data, the descriptions of how these volunteers got the word out were detailed and multifaceted, suggesting they reached many people in individualized ways.

When asked how they made a difference, some of the community volunteers' descriptions strongly aligned with the concepts of building public will while others were motivated by other reasons to engage in the campaign, resulting in those volunteers reporting a very different meaningful difference—that they believed they had helped people learn the information they needed to take personal actions to improve their own health.

COMMUNITY VOLUNTEER REACH

Small group, but significant reach

70+
people in-person

170+
mixed in-person
and electronic reach

The average self-reported reach from community volunteer interviewees

Community volunteer reach:
N = 16, based on the 2013 fieldwork interviews.

» THE VALUE OF FAITH LEADERS

Faith-based organizing combines a mobilizing infrastructure with the social capital of faith communities, whose values are naturally aligned with social justice. Many faith leaders have a passion for making a difference in their community, and also their own constituency that they can engage.

Within PHC, faith leaders were invaluable partners and provided a strong example of the kinds of approaches that can be effective when engaging different audiences. In general, these faith leaders had a high level of engagement, including a willingness to organize and speak at events, talk to people, post on social media and give opening prayers at advocacy events. They were also highly likely to mirror the access-to-health messaging and to believe they were making a difference as a result of their actions.

Due to their leadership roles, most faith leaders had significant reach, including one respondent who reached 300 congregants in person and three others who reported reaching a total of 8,500 congregants through a mix of in-person and electronic outreach. In short, faith leaders were invaluable to the strategy, extending the reach of the movement.

Grantee Audiences

One of the fundamental assumptions of a public will-building strategy is that those most engaged by the strategy will engage a broader audience. Within PHC, this broader audience was engaged directly through grantee strategies, such as community forums and story collection, or indirectly through the actions of community volunteers and professional partners. Due to the largely “surface level” of involvement of these audiences, as well as the fact that many do not share contact information during their involvement, this grantee audience is a difficult group to reach for evaluation purposes. Further, during the fieldwork interviews, it was quickly evident that many potential “audience” members were actually professionals in related fields, advocates or community volunteers engaging as messengers.

Grantee audiences were recruited in many different ways, from leveraging existing email lists of interested advocates to seeking out trusted brokers in communities of interest and leveraging their networks. Not surprisingly, audience response and actions varied across the events as well, although many people contacted in follow-up phone calls two weeks after attending forums in 2013 reported learning and taking at least some action. Some of the audience members also shared the sense of empowerment they felt after participating in the forums:

“I have access and a voice. [Legislators] really do want to hear what we have to say. That our ideas matter. ... Citizens like me have more access than we realize [to] our legislators and we can talk to them [about] getting health care.”

“I just think it was an overall great experience and empowering to me as a woman who is directly affected by the Medicaid legislation that was passed.”

In some forums, audiences were less likely to report feeling empowered and more likely either to talk about something they learned or share some of their ongoing frustrations. One grantee’s forum left audience members feeling more informed about the Patient Protection and Affordable Care Act (ACA) while another forum resurfaced concerns about the ACA. Essentially, while some forums moved participants to conviction or built their knowledge (the third and fourth stage of building public will as outlined on p. 7), some did not succeed in building public will towards access to health.

» THE RIPPLE EFFECT

The evaluation found that the people grantees engaged often reported that they went on to engage others, sharing what they had learned. The “ripple effect” was difficult to capture due to the challenge of reaching these audiences, but the evaluation was able to talk to nine people who represented the “ripple.” In one example, a woman who listened to a friend talk about her experience reported that after talking to her friend, she got involved, following through on an action her friend encouraged—to talk with policymakers about the importance of mental health care. She also believed that she made a difference with this action.

Another ripple example looked quite different. Neighbors of one grantee’s community volunteers who talked with them about what they had learned all reported learning about healthy living and opportunities to volunteer in their neighborhood. One is now planning to sign up to volunteer. A second reported that she appreciated the information and has been meaning to contact the grantee organization to learn more about their program. The third didn’t remember being asked to take action. While it was clear the audience members had information about healthy living and about the volunteer opportunity, there was no evidence they were more aware of access-to-health barriers or motivated to get involved with broader access-to-health issues.

Engaged Public

The final participant group represents the broader public engaged through the paid media and mobilization campaign, including the paid advertisements, PHC website, Facebook page and street teams.

Given that the paid media and mobilization strategy was primarily to build awareness and knowledge, rather than conviction, the use of the common messaging was critical to the success of the strategy. Over time, the use of the messaging evolved across the campaign, transitioning from most often using just a clear “ask statement” to steadily using most, if not all, of the components of the framework. The paid media and mobilization strategy was creative in how the message framework was adapted, using humor, real-life examples and personal stories to highlight the message themes.

The total reach of the paid media advertisements—which targeted women, Latinos and seniors—generated 72.4 million impressions (impressions being the number of times key audiences were exposed to PHC messages). This was much larger than the number of people who visited the website, which was more than 50,000 unique visitors. There was fall-off in the number of people who took ensuing actions—either visiting more pages, returning more than once or taking another action. The most frequent action taken was “supporting the PHC campaign,” followed by “suggesting a question” or “proposing a solution.” More money was spent on the first phase of the paid media and mobilization campaign, but a more effective street-team approach was used in the second phase. After the first phase, the street team model was substantially revised, with expanded training, greater familiarity with the messaging, and the use of electronic tablets to show the website and sign up people to support PHC. These revisions contributed to the higher number of individuals engaged in the second phase, particularly in taking action on the website.

Table 2: Paid Media Impressions, Website Usage and Actions through Dec. 31, 2013

Involvement with the Campaign	Description	Through July 2012 (Phase 1)	Through Dec 2012 (Phase 2)	% Change
Unique visitors to the website	Shows awareness of the campaign.	22,555	52,091	131%
Repeat visitors to the website	Shows interest in learning more—among these individuals, they viewed an average of 4.25 pages per visit.	5,800	13,802	138%
Email addresses shared with the campaign	Shows interest in learning more through the email campaign; collected through the website and by street teams.	4,026	8,854	120%
Publicly supported the campaign	Shows willingness to take the action of publicly signing up in support of the campaign as individuals or organizations.	1,798	6,614	268%
Took other actions on the website	Shows a willingness to take more intensive actions, such as posting or subscribing to the campaign (15.7% of those who shared email addresses, up from 7.5% in 2012).	303	1,387	358%

There was a high level of engagement through social media, consisting primarily of “likes” or comments on Facebook posts/photos. Comments were both pro-ACA and anti-ACA, although the general tone of many posts showed frustration, exasperation, confusion and disbelief, regardless of the individual’s support for the law. Over 20 percent of commenters included a personal story used to contextualize their health care viewpoints.

Section 3: Evaluation Questions

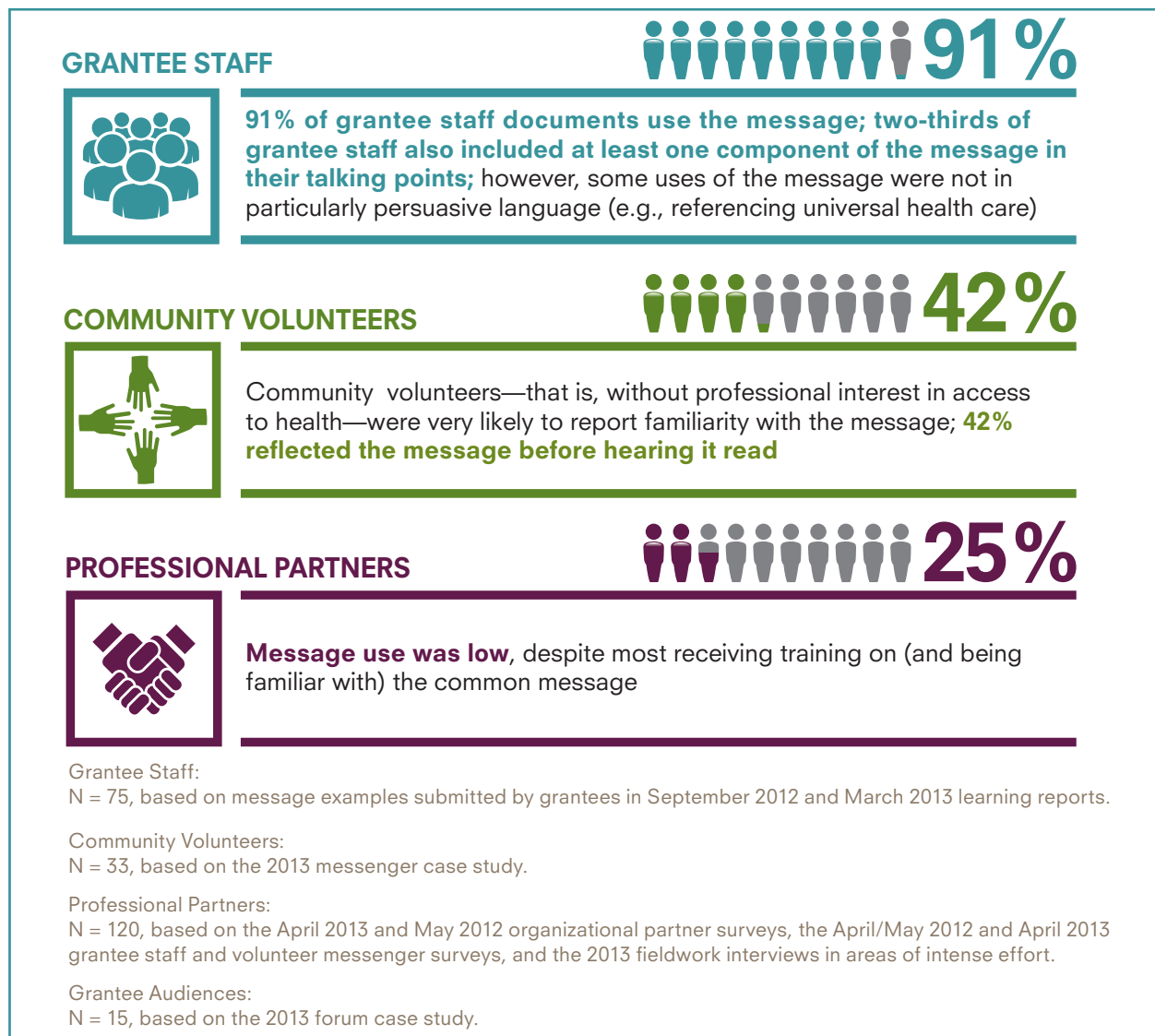
The following findings build on the participant-level results and help paint a more complete picture of PHC, both the strategies used across the many different grantees and participant groups and the resulting outcomes. Where appropriate, findings within each evaluation question are discussed by participant type.

EVALUATION QUESTION #1:

How well do grantees convey the message and train others to convey the message? What strategies used by the grantees were most effective in training others?

The use of the common messaging was one of the most consistently reported types of evaluation information throughout the strategy, as it was a priority of the strategic learning and adaptation efforts of The Trust and grantees. This part of the strategy was also heavily supported, including coaching for all grantees, sample materials, regular research to assess and determine if the message continued to be effective, and trainings both at grantee convenings and in other meetings. Ultimately, message use across the full breadth of the strategy was inconsistent in 2011 and 2012, but became more consistent in 2013.

MESSAGE USE BY STRATEGY PARTICIPANTS



Many of the organizations that embraced the messaging early in the grant cycle and found ways to adapt it into a variety of materials were organizations with advocacy or community mobilizing experience. However, a subset of grantees never fully embraced the messaging—for example, at one forum in June 2013, there was no evidence of message use—while some waited until late in the grant cycle to begin using it.

The grantees used a wide variety of messenger preparation strategies, from single and multi-day trainings to individual coaching to creating opportunities for messengers to role-play and practice using the message. The most effective at training messengers to use the message were those that involved both group message trainings and additional, more individualized coaching or opportunities to practice using the message, whether that involved providing sample messages or one-on-one coaching in customizing the message for a particular use.

Overall, while it was clear that the majority of grantees used the messaging and the majority of their audiences reported familiarity with at least one part of the message, there was less evidence that the message was used consistently and continuously (one of the original outcomes associated with the public will-building strategy).

EVALUATION QUESTION #2:

Where are messengers, organizations and audiences on the public will-building spectrum?

- Are they aware of access to health and the access-to-health messages?
- Are they motivated to learn more about access to health?
- Are they taking actions in support of access to health?
- Do they believe their actions are making a difference?

Overall, evaluation findings suggest that grantees successfully engaged the various participant groups in a wide variety of activities; subsequently supported them in taking action; and believed they made a difference toward building public will around access to health. However, there is also evidence that engagement differed significantly by group. Survey results suggest that the grantee staff and community volunteers were the most engaged participants in the strategy—these two groups were significantly more likely to believe they made a positive difference than the professional partners, grantee audiences and engaged public. Grantee staff were most likely to report changing awareness, building understanding and building conviction to take action toward access to health. Community volunteers were more likely to be highly aware of access-to-health issues and motivated to take action, with over two-thirds of those who took actions reporting that they took at least eight different kinds of actions. As with the professional partners, grantee audiences and engaged public, there was variation in the types of actions they took, including talking to people they already knew as well as new audiences, using social media, telling their story, participating in community meetings and speaking with elected officials.

In comparison to professional partners, community volunteers had almost 10 times more in-person reach and engagement, suggesting the unique value of community volunteers as messengers that grantees could recruit to help them build public will (see the visual on the next page for additional comparisons between the two volunteer types). The community members each engaged, on average, over 70 individuals in-person and 170 individuals through digital means. On the other hand, professional partners had greater electronic reach due to their use of email lists, one of which was as large as 27,000 emails. While self-reported numbers may be exaggerated, the descriptions of how both the community volunteers and professional partners engaged others around access to health were detailed and multifaceted, suggesting they reached people in many individualized ways.

40 COMMUNITY VOLUNTEERS* VS. 120 PROFESSIONAL PARTNERS*

	<p>Demographics differed. Community volunteers were older, had lower levels of education and were more diverse.</p>
	<p>Community volunteers were significantly more likely to use the message in their talking points, and likely to be familiar with the message box components and report using them.</p>
	<p>Community volunteers reached more people. The community volunteers' self-reported reach was quite high, particularly among the faith-based community members, within their congregation reach.</p>
	<p>Community volunteers were more likely to believe they made a difference. As compared to professionals, the community volunteers were much more likely to believe the actions they took made a difference. They also used language when talking about their actions that aligns well with the concepts of building public will, something not seen with professionals.</p>
	<p>Engagement in training differed. Grantees who trained both groups had a higher level of engagement from their community volunteers than their professional volunteers.</p>

Why were Community Volunteers more successful?

MOTIVATION

Community volunteers were motivated for personal, not professional, reasons. During interviews, they shared their personal experiences with the health care system, often unprompted, as their motivation for getting involved.**

APPROACH

Most community volunteers engaged through community mobilizing and were heavily supported to take action.

Professional partners were most often engaged through less intensive means, such as advocacy campaigns with emails and action alerts.**

* Identified from the April/May 2012 and April 2013 messenger surveys.

** Interview data.

One possible cause for the very high level of engagement by community volunteers is that the three grantees primarily responsible for training these volunteers had the advantage of long-term infrastructures in place to recruit, train and support volunteers/members. But while this was true, they were by no means the only grantees with that type of infrastructure. Two other organizations both had pre-existing messenger development infrastructures, yet their professional messengers were not nearly as engaged as the community volunteers. Specifically, within one organization's messenger development model, the same resources were offered to all—yet the community volunteers demonstrated the greatest level of engagement and belief that they made a difference.

The findings consistently point in one direction: community members without professional reasons to engage in an access-to-health action were the most valuable audiences to engage in public will-building. They wanted to learn, they were willing to take many types of action, they reported that they can reach many people and they believed they made a difference, which suggests that they will continue to take action.

Findings also suggest that taking in-person actions led to a greater sense of having made a difference on access to health than taking electronic actions, such as posting on Facebook. The most common way messengers reported making a difference was by helping educate others about health care access, an outcome that could be achieved at the most basic level of engagement. Most messengers were optimistic that their outreach efforts had made at least a modest impact on others' awareness of issues surrounding access to health. The next most common response to how interviewees made a difference centered on encouraging others to spread the message, either to advocate for access-related issues to their networks or to complete a specific task, such as contacting elected officials.

Among those who did not believe they made a difference, some acknowledged that it was due to not taking action, supporting the findings from the survey. However, a few messengers responded that they were unable to see any tangible outcomes as a result of their activities. For these individuals, uncertainty about the usefulness or ultimate goal of their activities hindered their ability to feel that their actions were meaningful. This response reinforces the importance of proactively taking steps to help messengers see that what they are doing matters, not just assuming the actions they take will be self-reinforcing.

» FOSTERING MOVEMENT THROUGH THE PUBLIC WILL-BUILDING SPECTRUM

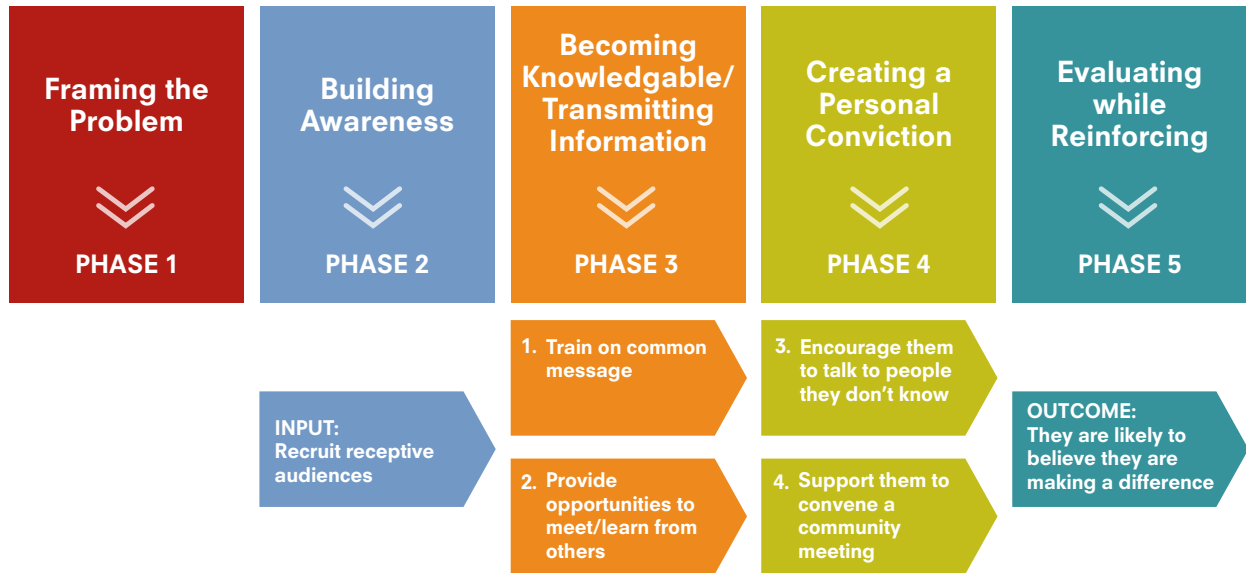
The evaluation also sought to understand the strategies and mechanisms that helped move participant groups through the public will-building spectrum. The most common strategies employed by the grantee organizations were:

- Forums: Public meetings designed to engage audiences and move them through the public will-building stages, such as community leader-focused dialogues around access to health, weekend events that brought together professional partners and community members and congregation-driven forums.
- Story collection and storytelling: The collection and dissemination of health stories from Coloradans to public will-building audiences. Some story collection strategies left participants feeling empowered and ready to take action, while other processes left participants frustrated and wondering how their story would be used.
- Messenger development: Training and support to assist their target audiences, the professionals and community members who, through this strategy, became the grantees' key messengers, responsible for engaging a broader audience. Grantees used multiple tactics, including intensive multiday trainings, one-on-one meetings and webinars. The different types of preparation led to varying levels of message use, actions taken and belief that they made a difference.

The effectiveness of each of these three public will-building strategies varied greatly across the different models implemented by grantees, though the evaluation did not find that any one of these overarching strategies (forums, storytelling or messenger development) were better than the others. In fact, the frequency of participation in more than one of these strategies suggests that there is value in implementing them all.

The evaluation also found that specific types of preparation were more likely to support people in taking many types of actions and, moreover, that specific actions were more likely to lead to people believing they made a difference. Notably, looking only at professional partners and community volunteers, and taking into account their demographics, the chart below outlines a promising method for moving someone through the stages of building public will.

MOVEMENT THROUGH THE STAGES OF BUILDING PUBLIC WILL FOR ACCESS TO HEALTH



The chart highlights the most important factors to move someone from knowledge to conviction (seen through the many types of actions they are taking) and in moving from conviction to reinforcement (believing their actions are making a difference). Individuals who had evidence of greater knowledge and engagement in training were active as access-to-health messengers and tended to participate in more skilled messenger activities, such as training others to be messengers, hosting forums or community organizing. Conversely, individuals who had less messenger training and skill development tended to take action on a more informal level, receiving and sharing information with colleagues and friends but not perceiving themselves as advocates, per se.

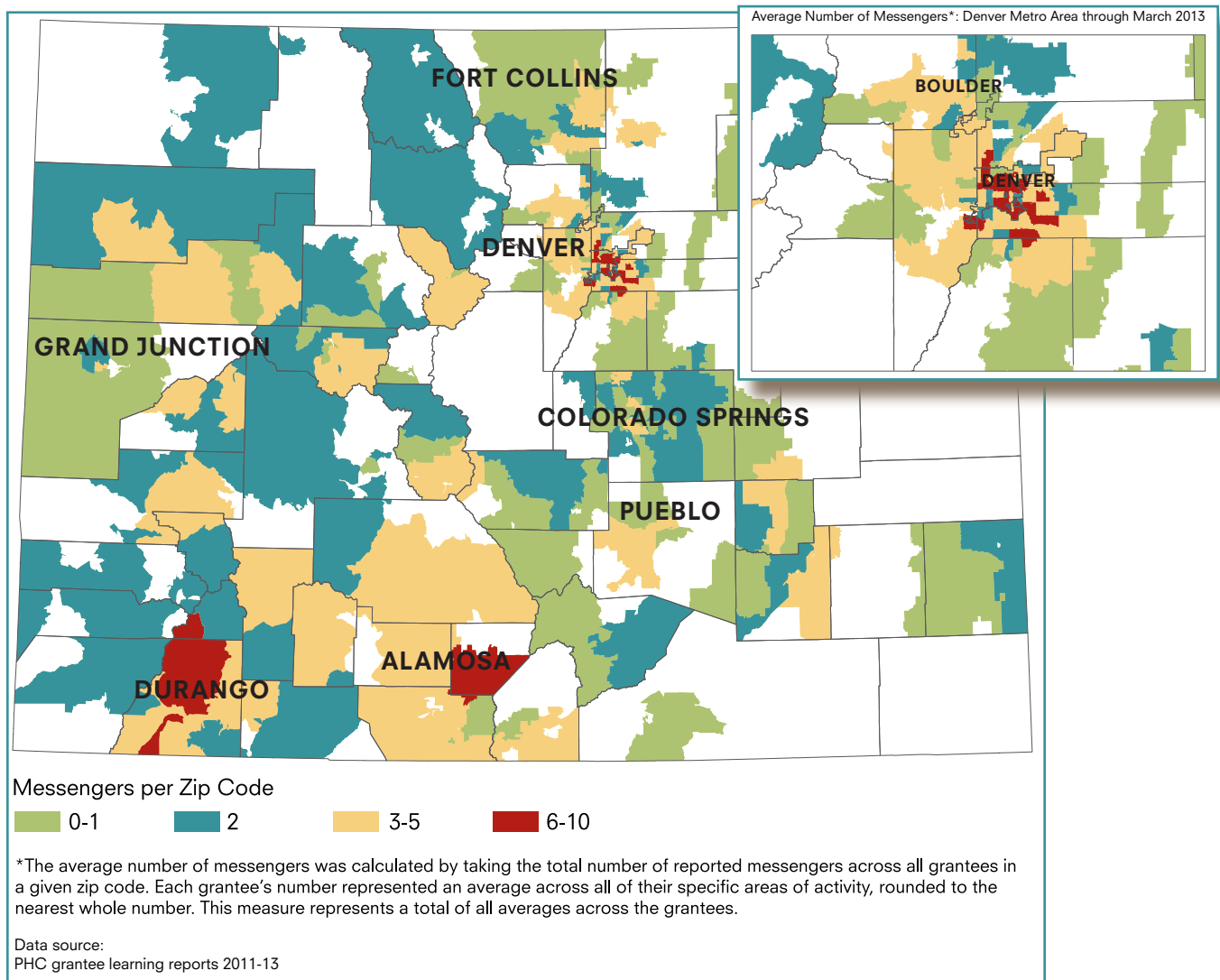
EVALUATION QUESTION #3:

What was the impact on target audiences from messengers (grantee and non-grantee) taking action in areas of intense effort?

The messengers, including grantee staff, professionals and community volunteers, were distributed nearly statewide with the exception of the eastern plains and some of the central mountain areas (see the Messengers Map). While the Denver metro area had the majority of messengers, high levels of engagement were seen in Fort Collins, Durango, Alamosa and, to a lesser extent, Boulder, Grand Junction and Colorado Springs.

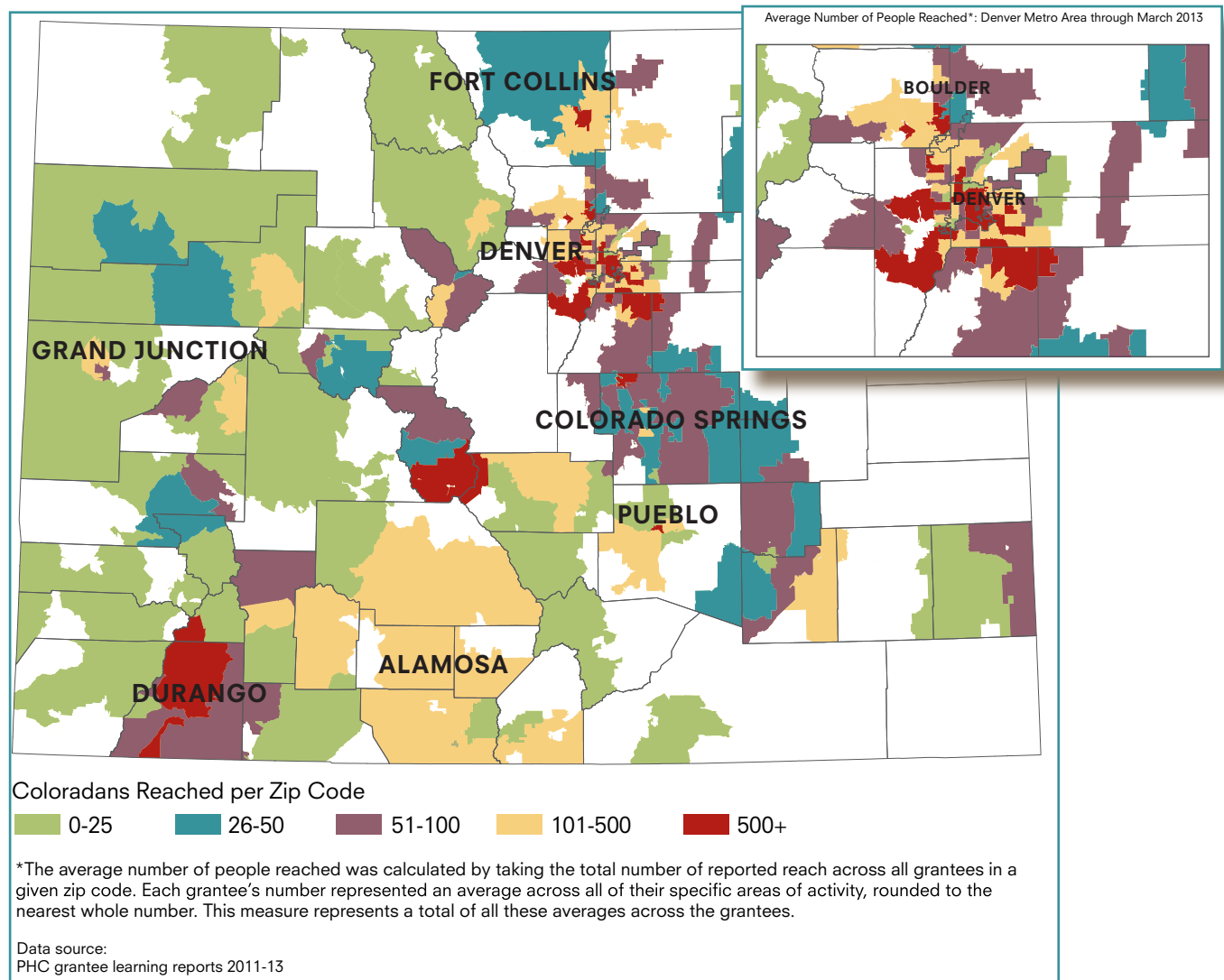
Specific to the Denver metro area, the northeast neighborhoods of Park Hill and Stapleton along with Aurora’s northwest neighborhoods had a particularly high number of messengers, and had messengers from many different grantees (see the Reach Map). The collective efforts in these neighborhoods included community forums, faith-based forums, volunteer opportunities, story collection, door-knocking and information in flyers and neighborhood newsletters.

MESSENGERS MAP: AVERAGE NUMBER OF MESSENGERS* STATEWIDE THROUGH MARCH 2013 AS REPORTED BY GRANTEES (*call-out box shows Denver metro area in more detail*)



More important than where messengers were located was where their audiences could be found, given that the purpose of the messengers was to identify and support individuals capable of building public will. Statewide, the audiences were well distributed, with over 100 people reached in zip codes in Grand Junction, Pueblo, Colorado Springs, Fort Collins, Summit County and on the eastern plains. Despite having only one highly active grantee (and less intensive engagement from three other grantees), the San Luis Valley was one of the more actively engaged areas of the state. The Durango area was also very active; however, there was not a lot of evidence to suggest that community members without a professional interest in access to health were engaged in that area. In the Denver metro area, the reach numbers were high, not only in the central area where the majority of messengers were located, but also in the southwest, southeast and northwest areas.

REACH MAP: AVERAGE NUMBER OF PEOPLE REACHED* STATEWIDE THROUGH MARCH 2013 AS REPORTED BY GRANTEES (call-out box shows Denver metro area in more detail)



ENGAGEMENT IN MULTIPLE STRATEGIES

The high number of overlapping grantee activities available in the northeast Denver neighborhoods resulted in participants engaging through multiple grantees: nearly a quarter of the fieldwork interviews included individuals who had engaged through at least two grantees. The overlap was complex and no one strong pattern emerged. Some attendees engaged through trainings and then one or more other community activities. Other attendees went to multiple forums. Some were long-time volunteers with one grantee and assisted another grantee.

The mix of ways that participants engaged suggests that overlapping grantee activities have value; namely, audiences may want multiple ways to participate in a public will-building strategy. At the same time, this leads to the question of what the consequences might be for the audiences of some of the forums that were in areas otherwise isolated from the public will-building strategy. Many of the grantee forums in rural areas occurred in communities where other opportunities to “join the conversation” about access to health may have been lacking.

Beyond the overlap of grantee activities, the paid media and mobilization campaign was intended to connect, amplify and augment the grantee strategies. However, in practice, there was little if any evidence of overlap between the audiences engaged through grantee strategies and the paid media and mobilization campaign. These two components were part of the overall integrated strategy, but, when implemented, engaged audiences independently of one another. This is not necessarily a negative finding; rather, it may indicate that people engaged through the campaign are likely to be new engagements, people who otherwise may not have been reached.

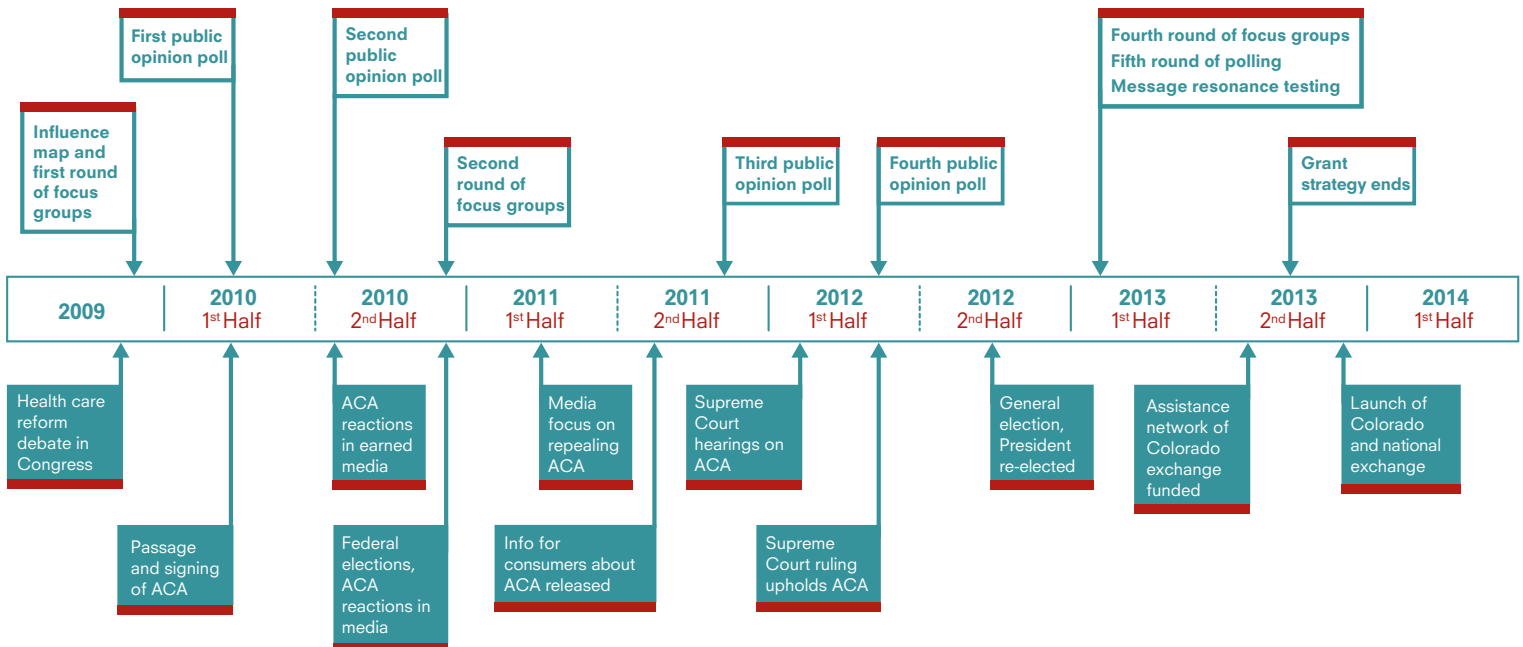
It does, however, suggest that the PHC website and resources did not become a mechanism for grantees to keep their audiences engaged. Similarly, audiences who were engaged through the PHC website either didn't have nor used the opportunity to build their level of conviction by engaging through grantee strategies. Given the repeated evidence that more intensive and personal strategies are more effective, the lack of connection could be seen as a lost opportunity to move the audiences of the PHC website further through the public will-building stages.

EVALUATION QUESTION #4:

How did external factors contribute to the overall implementation of the public will-building strategy?

The Trust used influence mapping, focus groups and public opinion polling to understand the external environment during the development and implementation of the strategy, and early learning by The Trust about the external environment was useful in guiding strategy decisions. In addition, critical political events directly related to access to health occurred throughout the development and implementation of the strategy, most notably passage of the ACA in 2010.

VISUAL TIMELINE OF PROJECT HEALTH COLORADO-COMMISSIONED RESEARCH AND ACA-RELATED EVENTS AND MEDIA COVERAGE



When The Trust first began exploring the idea of a public will-building strategy, the health care reform debate at the national level was not active and the ACA had not yet been introduced. In early 2010, as the dialogue nationally became more and more active around health care reform and then the ACA was passed, The Trust used its influence mapping, focus groups, public opinion polling and ongoing tracking of the external environment to decide to move forward with the same public will-building strategy as planned.

Once the strategy was well underway, The Trust was aware of, and responsive to, the opportunity presented by the ACA to engage in a broader dialogue about health care reform. From late 2010 through the end of the grant period, The Trust responded to grantee requests for information about the ACA and released its own statements in response to such things as the Colorado health insurance exchange planning and milestones, the one-year anniversary of the ACA and the Supreme Court decision on the ACA. The Trust also released many blog posts providing information about how the ACA relates to such things as provider roles, affordability, business owners, specific populations experiencing health disparities and other topics. As the environment around the ACA shifted after the 2012 election, The Trust also repeated the polling and focus groups and added a message-testing survey, taking the time to identify how the environment had changed and the implications for the message framework.

Though The Trust was responsive to the external environment as it implemented the strategy, there is no evidence that the overall strategy, once embarked on, was shifted significantly in response to the ACA, media coverage of the ACA or the other issues in the political and public environment. The external environment provided context for the strategy, and focus groups, polling and message-testing helped to understand that context, rather than act as drivers of the strategy.

In contrast, grantees reported a much greater awareness of and responsiveness to shifts in the external environment, either providing opportunities or acting as barriers to their work. Grantees were mixed in their views on how the ACA affected their work, but had much stronger opinions about its influence than Trust staff shared. For some grantees, talking about the ACA required careful planning so as not to come across as biased either way and alienate their audiences. However, multiple grantee staff members shared that the ACA and its many shifts and changes along the way was an opportunity to provide new and fresh information:

“Helping people understand how the ACA would affect local programs and policies was a running theme and complemented our goals nicely.”

In particular, the 2012 Supreme Court (SCOTUS) ruling was repeatedly referenced as both a barrier and opportunity:

“When SCOTUS upheld the ACA, we were able to capitalize on that opportunity to use the common messaging framework and to share some powerful stories about why the ACA matters.”

“The Supreme Court issues created some feeling among our volunteers that the message box, and our work with the [The Trust], was highly political and they were not in favor of our involvement.”

“I think leading up to the Supreme Court decision, we were all very worried that we might need to significantly alter our content, especially on a presentation that was JUST finally getting up and running.”

“I’d say the SCOTUS upholding [the ACA] was the most significant event in the external environment for us in the grant, because it helped push the dialogue further, faster, making our PHC work and getting members more engaged easier.”

Survey respondents also shared a variety of influences from the external environment that were not specific to health care, but affected how they implemented their strategies. The 2012 election was particularly highlighted:

“Clearly the political campaign affected our strategy. We felt that our message could be misunderstood as a political statement.”

The election was also seen as an opportunity after it was over:

“After the political campaign was over, we could be stronger in our message and support of the Project Health Colorado initiatives. We started promoting the website, linking to the website in different ways and stating our support of the right to get the care you need.”

Other issues fighting for public attention also affected grantees’ strategies, both positively and negatively. A couple survey respondents talked about the lack of interest from the media for anything but breaking news, which meant health stories were often not of interest. In 2012 and 2013, the public’s attention was being captured by gun violence issues, which one grantee was able to leverage by connecting the issue to health care. Immigration issues affected another grantee’s strategy due to the challenges it created in accessing the Latino community. Even within the issue of health care, grantee staff reported sometimes having trouble being heard due to all the other competing health care efforts that sought to engage the same audiences as the grantees.

This distinction between how The Trust and the grantees related to the external environment suggests that while an overarching funding strategy can remain somewhat detached from changes in the external environment, the day-to-day implementation of the strategy requires higher levels of attention and responsiveness.

» RECOMMENDATIONS

Based on a set of findings that suggest the public will-building strategy was, overall, successful at engaging people throughout Colorado and moving them through the stages of building public will, the recommendations that follow focus on how to sustain key components or expand upon the more successful elements of the overall strategy. Recommendations are accompanied by tips and advice from grantee staff, collected at the end of the strategy through a survey.

1. **Maintain diversity and depth of engagement in public will-building strategies, rather than narrowing to a few key strategies.**

Future advocacy and public will-building funding strategies may want to consider not just the diversity of grantee strategies that will be funded, but also the likelihood that audiences of one strategy can engage in the activities of another. In the case of PHC, the geographic overlap of grantee strategies allowed for intensive engagement. However, had the same strategies been dispersed statewide, the overlapping engagement that was seen in this evaluation would not have been possible, as most of the overlapping activities were in-person engagements.

Advice from Grantee Staff

Many comments in the final grantee survey emphasized the importance of the diversity of voices included within a public will-building campaign, in terms of audiences, organization types and sizes, strategies and other partners who could have been included.

“Infuse the project with voices from other industries—marketing, management consulting, business. It seems to me health care organizations tend toward group-think and that won't help meet your goals.”

2. **Explore future strategies that engage faith leaders and community volunteers, leveraging organizations that can demonstrate past success in these areas.**

The reach of community volunteers and particularly faith leaders was quite high, but the successful engagement of faith leaders and community volunteers only occurred in three organizations’

strategies, all of which had existing systems in place for this type of engagement. Future strategies might benefit from identifying and supporting organizations that can demonstrate a network of engaged community volunteers (including faith leaders) and that have mechanisms to continue to recruit and support them.

3. Assess the added value of a common messaging framework and develop a narrower, more strategic deployment of the framework if it continues to be used.

Message use among the grantees, while slow to initially develop, was consistent (though not universal) by the end of the strategy. Message use among grantees' participants was much less consistent, particularly among the professional partners and organizational partners. Yet, in contrast to the findings on message use, training on a common messaging framework was one of the most important strategies for moving someone from building knowledge to having a conviction to taking many different types of action. In this context, it is difficult to suggest that the common message framework was either highly successful and should be continued or very problematic and should be discontinued. Instead, the evaluation recommends careful consideration of the value of a common messaging framework, where it has the greatest value in the strategy and the specific participants who should be the targets for encouraging message use.

Advice from Grantee Staff

Quite a few comments from grantee staff in the final survey mentioned that using the common messaging taught the grantees and their messengers the important advocacy skill of "message discipline":

"Thinking about our messages in a thoughtful manner and utilizing the Spitfire message box approach has ensured that our messages aren't 'all over the place' but instead are focused, specific and consistent."

Other suggestions from grantees included having a clear understanding of the target audience, including culturally appropriate messaging and creating opportunities for more resonant messaging in the future. Allowing for message flexibility, while maintaining the core concept or intent, is one method grantees specifically proposed for creating space for culturally and linguistically adaptive statements in order to reach diverse target audiences.

4. Continue to create supportive infrastructure for grantee cohorts, but more actively manage them as multiple parts of one overall approach.

While the different components of the PHC strategy collectively supported and amplified the work of grantees, a more cohesive approach to developing the infrastructure could have fostered stronger alignment. Ideas that might help with this include campaign huddles, engaging the different partners in joint learning debriefs, creating shared coaching plans for each grantee, different coaches participating on each other's coaching calls (or doing joint coaching) and doing more joint planning for major events. Some level of cross-training for consultants may also be useful, to allow them to better align advice where grantee needs overlap their areas of expertise.

Advice from Grantee Staff

Some grantee staff emphasized that future funders should prioritize collaboration and grantee engagement, including multiple respondents stating that funders should require collaboration. Some grantee staff emphasized the importance of a funder doing up-front assessment and being very aware of the needs of each grantee, so that technical assistance and training could be tailored to each organization's needs. Others talked about the overall value of having outside support and even asked for more support:

"Coach the grantees to utilize all the resources available."

"Provide a plethora of skilled, available resources... which will help push your grantees to new levels."

5. Early on, clearly communicate expectations regarding participation in strategy-level activities, including those that may emerge over the course of the strategy.

There is ample evidence to suggest that the grantees and funder benefited from participation in strategy-level activities, such as grantee convenings. However, engaging in these activities required a commitment of time and resources that sometimes exceeded initial expectations, particularly among grantees. Future strategies should clearly communicate expectations about participation in the known activities and requirements, but also the need to be adaptable to activities and opportunities that may materialize (sometimes unexpectedly) over the course of the strategy. As foundations undertake more innovative work, it may be that future strategies will also include emerging expectations that diverge from, or more fully clarify, the original plan. Working with grantee organizations that not only understand these expectations, but possess an organizational culture of adaptability, may greatly enhance their capacity to fully engage in the strategy and ultimately achieve better outcomes.

Advice from Grantee Staff

Some of the grantee comments about how to better communicate expectations focused on two-way dialogues, including during the process of negotiating funding amounts. This type of individualized conversation may help in assessing the culture fit and build a common base of understanding about what it means to participate in the grant strategy. Other comments mentioned simply wanting more help from the funder up front to understand what resources would be needed to participate in the many activities:

“Help us create realistic expectations. We always want to do everything and propose way too many things with the proposals. Talking with other grantees, we learned that we were not the only ones with unrealistic expectations of the time commitment spent at [Colorado Trust] trainings, events, evaluation meetings, etc. Give us a more realistic estimate of the time we'll need to spend with the funder and adjust our budgets accordingly—giving us the money and time to attend the events you want us to attend.”

6. Identify ways to sustain the engagement of audience members once the grant period is over.

As noted in the findings, many of the audiences engaged had mechanisms for sustaining involvement beyond the grant period. However, for some grantees' audiences, particularly forum audiences outside the Denver metro area, accomplishing this is much less likely. Continuing to involve these audience members does not, by default, require sustaining the strategy or grantee project that originally engaged them. As future funding strategies are planned, incorporating mechanisms for engaged audiences to continue to take action after the strategy has concluded may be one way of leveraging the momentum already gained through the overall public will-building investment.

7. Build adaptability and information collection into future evaluations of complex strategies, greatly increasing the chance that the evaluation can still answer the important questions.

The evaluation design for this public will-building strategy was developed over a year into the strategy, allowing for investigation into how the strategy was being implemented, not just how it was described on paper. Yet even with that careful attention to the on-the-ground reality of the strategy, the evaluation had to adapt as the strategy developed, in order to capture meaningful information and answer the originally proposed questions.

Adaptability in an evaluation design is critical when the strategy itself is adaptive. However, conducting an impact evaluation rather than a developmental evaluation in an adaptive setting requires a different approach to adaptation. It was the evaluation team's experience that each step of the adaptation required careful assessment of whether the changes to the evaluation would decrease the ability of the evaluation to answer the originally posed questions on the impact of the strategy, or create limitations on the comparability across data sources.

The need for adaptability, but also comparability over time and across audiences/strategies, argues for rich, diverse information to be collected whenever possible, as having greater depth of information allows for more adaptability in analysis approaches as unexpected outcomes or shifts in strategy emerge.

» CONCLUSION

Galvanizing community members, professional partners, institutional leaders and the broader public in supporting access to health is a considerable enterprise. Building public will for access to health—a contentious and often politically divisive issue—necessitates a shift in behaviors and attitudes so that shared priorities develop and belief becomes action.¹ This task is complex and requires an array of different partners pulling together to achieve a common vision.

For three years, through a combination of communications, advocacy, leadership, media and network-building efforts, Project Health Colorado made in-roads into this enterprise. Notably, the evaluation found that grantees engaged in a conversation on access to health with more than 25,000 Coloradans in person and more than 500,000 through electronic means. Alongside the grantees' reach, the paid media and mobilization campaign generated more than 50,000 unique visitors to the website and engaged more than 6,500 people in public support of Project Health Colorado.

The evaluation also found that engagement strategies such as story collection, messenger development and some of the community forums were effective at moving audiences through the public will-building stages. As the findings from this report suggest, progress has been made in building public will for access to health in Colorado. More individuals are paying attention to access-to-health issues, learning more about it and willing to take actions in support. Certainly, while considerable work lies ahead, Project Health Colorado has helped propel the movement forward.

» ENDNOTES

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