



The Field of Advocacy Organizations in Kansas

Final Survey Analysis March 4, 2016



Table of Contents

Introduction & Methodology	3
Guiding Questions for Analysis	4
Theory of Change	6
Survey Analysis	7
Field Frame	8
Field Skills & Resources	15
Composition	24
Adaptive Capacity	26
Connectivity (including SNA)	28
Organizational Characteristics	74
“Good” advocacy organizations	82
Conclusion	85
Appendix A	86
Appendix B	108
Appendix C	131

Introduction & Methodology

**Survey data collected
between
December 2, 2015 –
January 29, 2016**

**Total responses = 201
Response Rate = 42%**

The purpose of this survey was to locate and map advocacy capacity across Kansas.

The Kansas Health Foundation (KHF) works with many advocacy organizations across the state, but recognized that its knowledge of advocacy capacity in health and other issue areas in Kansas was incomplete. In addition, KHF recognized that knowing **who** does advocacy work is one piece of the puzzle—another important piece is understanding how those organizations interact and are connected.

Innovation Network used snowball sampling to broaden the group of

organizations taking the survey, asking respondents to identify collaborators in their work. The survey was then re-launched to these named collaborators. Between December 2, 2015, and January 29, 2016, the survey was launched four times. In total, 484 organizations received the survey, with 201 responses, a **42% response rate**.

Seventeen of the 201 organizations dropped out of the survey immediately following the demographics section, so in the following pages, the n for many results is 184. We note throughout when this varies.

Round	Launch Date	# of Organizations Receiving Survey	# of Organizations that Responded	Response Rate
1	December 2, 2015	315	127	40%
2	December 14, 2015	95	46	48%
3	January 11, 2016	51	21	41%
4	January 22, 2016	23	7	30%
Total		484	201	42%

This report was edited in December 2016 to allow for broader distribution. Confidential information in the text and maps was anonymized, but no other changes were made.

Guiding Questions for Analysis

1. **What is an advocacy field?**
2. **Is there an advocacy field in Kansas?**
3. **What does the field of advocacy organizations look like in Kansas?**

The Kansas Health Foundation's interest in building an advocacy field in Kansas lends itself to three questions:

1. What is an advocacy field?
2. Is there an advocacy field in Kansas?
3. If yes, what does the field of advocacy organizations look like in Kansas?

This analysis answers these and other questions.

What is an advocacy field?

To frame this work, we drew from Tanya Beer's (Center for Evaluation Innovation) advocacy field-building evaluation framework (furthered by Jewlya Lynn, Spark Policy Institute) that outlines five dimensions of an advocacy field.

For the field-building framework laid out by Tanya Beer et al, please see http://www.innonet.org/resources/files/Advocacy_Public_Policy_Grantmaking.pdf

For the extension by Jewlya Lynn, please see http://www.evaluationinnovation.org/sites/default/files/Spark-Evaluating_Change_In_Advocacy_Fields.pdf

Field Frame	A common frame of reference through which organizations identify themselves as a field and part of a shared enterprise.
Field Skills & Resources	The array of advocacy skills needed to make progress on a wide variety of policy issues throughout all stages of the policy process.
Composition	The variety of voices that can participate meaningfully and have influence in the policy process. This may include representing different demographic, socio-economic, geographic, disability, and sector interests.
Adaptive Capacity	The ability to conduct sound political analysis, select the tactics best suited for a particular situation, and adapt to the shifting moves of the opposition, allies, and potential allies.
Connectivity	The capacity of different actors to communicate and cooperate in a way that allows field skills and resources to be marshaled in increasingly productive ways over time.



Guiding Questions for Analysis

1. What is an advocacy field?
2. Is there an advocacy field in Kansas?
3. What does the field of advocacy organizations look like in Kansas?

Is there an advocacy field in Kansas?

In short answer: yes. There is an expansive field of organizations doing advocacy in Kansas, who are connected, and many of whom work in health. These organizations collaborate in different permutations on a host of different issues.

What does the field of advocacy organizations look like in Kansas?

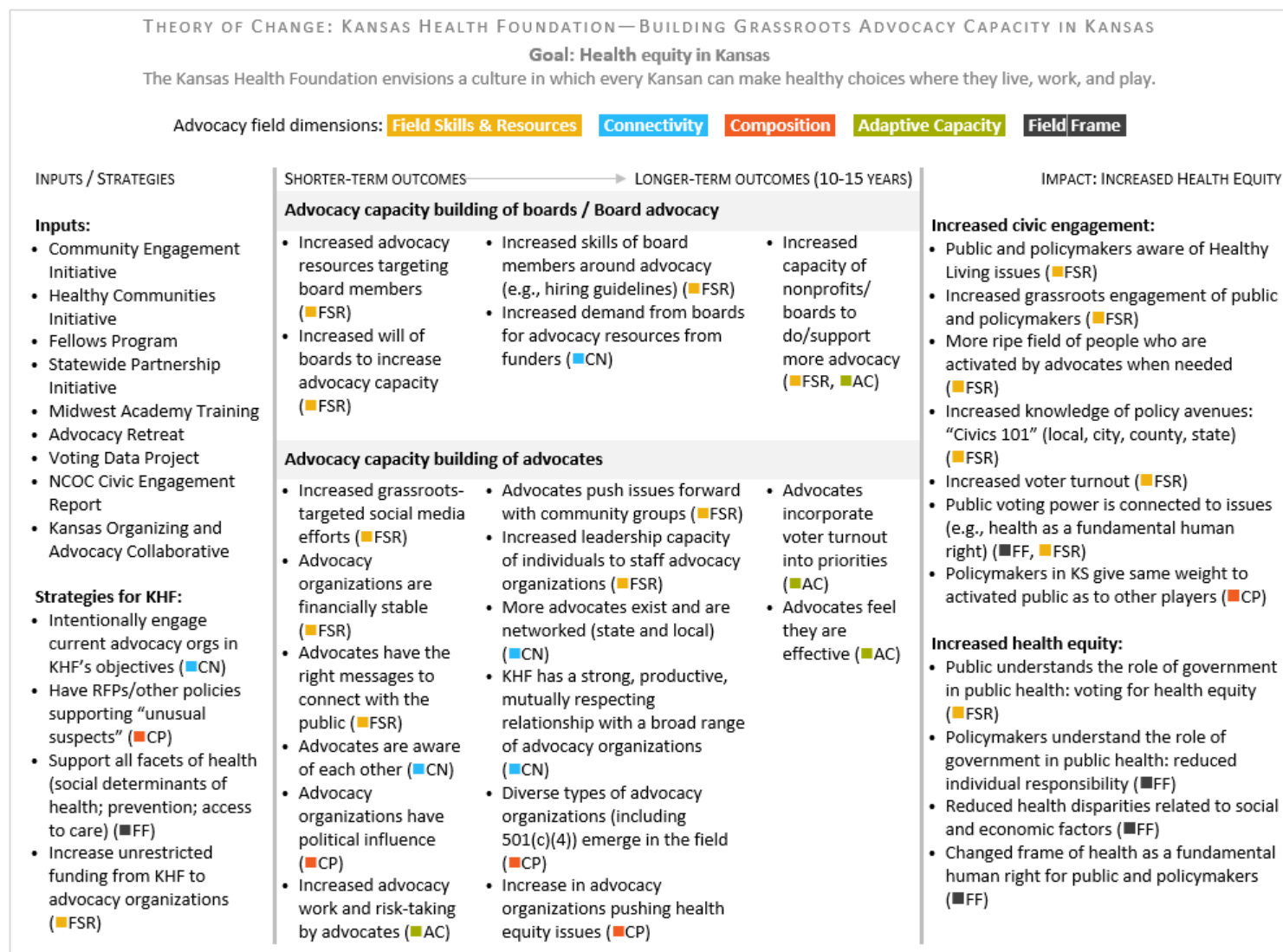
The bulk of this report will dive into this third and final question. Those that responded to this survey were single- and multi-issue organizations; organizations with no staff and organizational budgets under \$100,000, to organizations with thousands of staff and organizational budgets of more than \$10 million. These diverse organizations make up the field of advocacy organizations in Kansas.

We will look at the advocacy field via the five dimensions of an advocacy field. By understanding more about the baseline of these advocacy field dimensions, the Kansas Health Foundation is better poised to observe changes in the field and understand the movement and development of the field vis-à-vis its own interventions to build advocacy capacity in Kansas.

Theory of Change

In March 2015, Innovation Network and the Kansas Health Foundation met to discuss the desired outcomes and strategies contributing to building grassroots advocacy capacity in Kansas. Over the next few months, these thoughts were refined into a theory of change, outlining incremental changes that lead to the goal of health equity in Kansas.

The Theory of Change (TOC) is also organized by the five dimensions of an advocacy field. As we explore the survey results, we will indicate which pieces of the theory of change are informed by the results.



NOTE: A full-page version of this Theory of Change is in **Appendix A**.



Survey Analysis

Each of the five advocacy field dimensions was assessed by questions in the survey. In this section, we will review each field dimension, strategies and outcomes in the Theory of Change that reflect that field dimension, what survey questions inform that field dimension, and our assessment of the baseline of that advocacy field dimension.

The first page of each field dimension is denoted by a different colored header, for ease of navigation.

Checkmarks next to strategies and outcomes from the Theory of Change mean that these components are informed by the survey.

Following the assessment of the advocacy field dimensions are results of descriptive survey questions that look at the organizational characteristics of these different groups, as well as comparisons between organizational characteristics to try to help answer the question: **What makes a good advocacy organization?**

NOTE: The survey in its entirety can be found in **Appendix A**.



Field Frame

While health is the most popular issue area of this field, under 50% of the organizations name it as a focal area. Over three-quarters of the organizations report they contribute to **health equity** in Kansas. There is more to be learned about the glue binding this field.

TOC Strategies:

- ✓ Support all facets of health (social determinants of health; prevention; access to care)

TOC Outcomes:

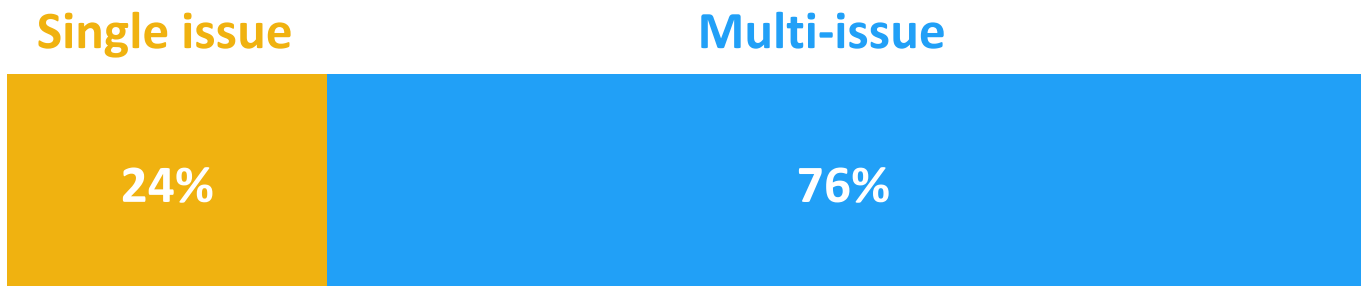
- > No related outcomes

Related survey questions:

- > Question 13: **Is your organization a single issue or multi-issue organization?**
- > Questions 14-21: **What issues does your organization address? Within that/those issue(s), what is your area of focus?**
- > Question 24: **Your organization thinks about its work as improving health equity in Kansas** (Strongly disagree – Strongly agree)
- > Question 24: **Your organization has a good sense of what organizations with similar goals are doing and trying to achieve** (Strongly disagree – Strongly agree)

Field Frame

Question 13: Is your organization a single issue or multi-issue organization?



n = 106

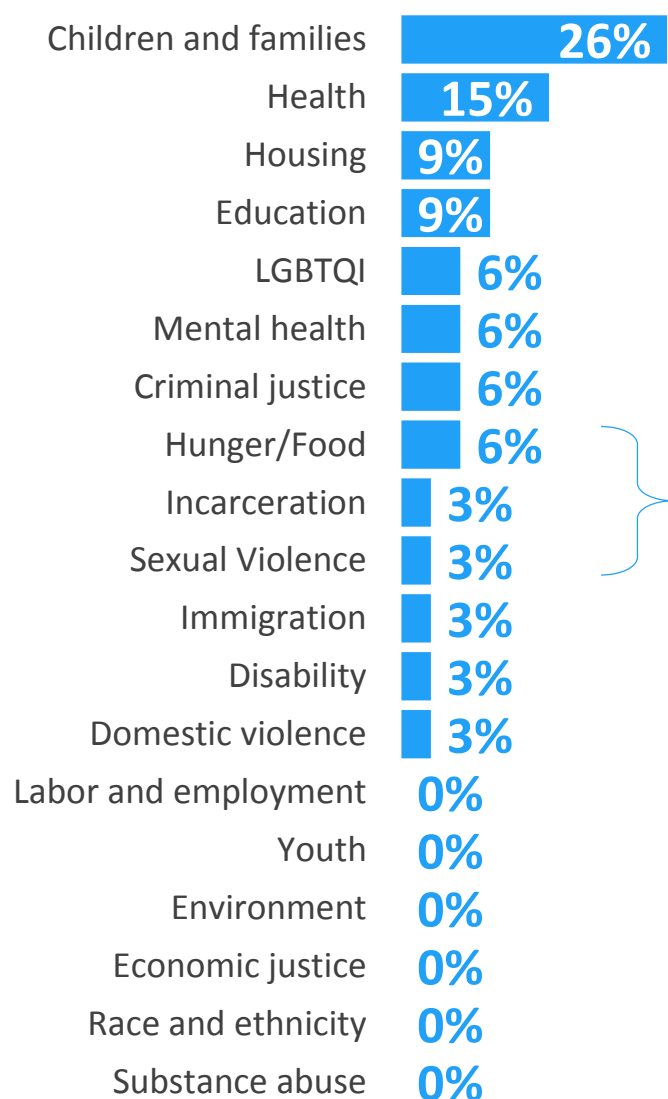
More than three-quarters of the survey respondents are multi-issue organizations.

This is important—later in our analysis, we will describe the connectivity of the field of advocacy organizations in Kansas. **Multi-issue organizations tend to be better connected than single issue organizations**, with implications for their ability to leverage the work of others and keep informed as to the general goings-on in the field and to their specific issues of concern.

Field Frame

Question 14: What issue does your organization address?

*SINGLE ISSUE ORGANIZATIONS ONLY



n = 33

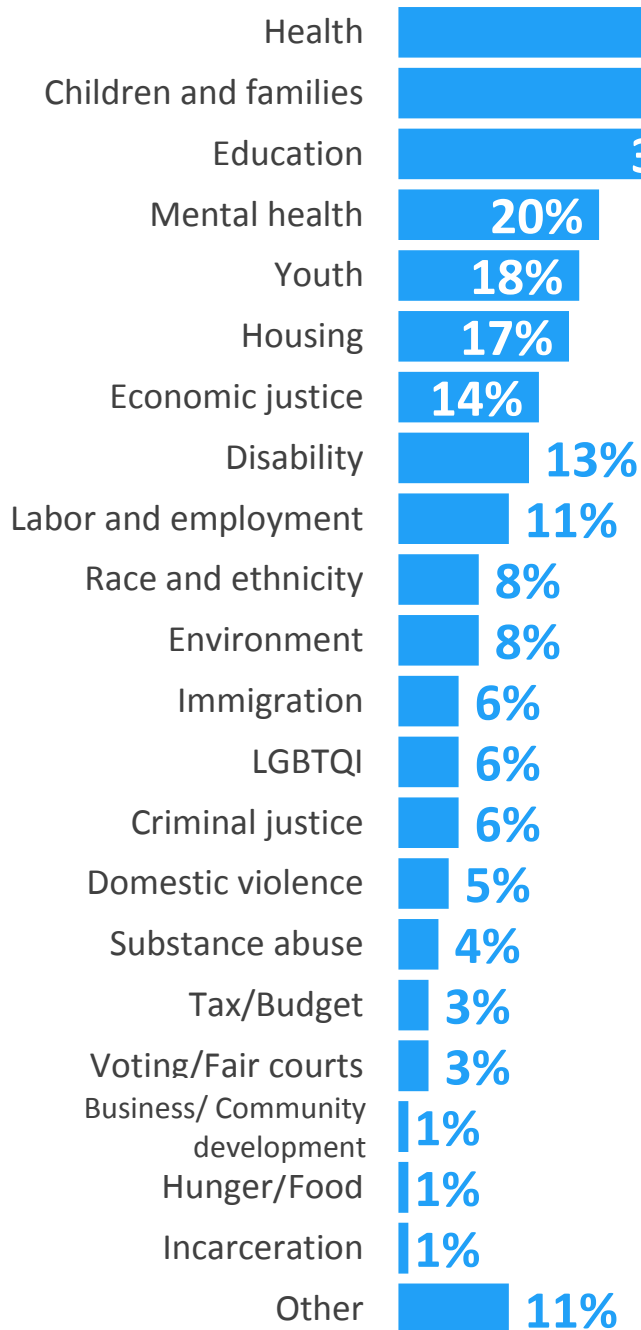
About one quarter (26%) of single issue organizations are focused on **children and families**. Health, housing, education, and LGBTQI issues are the next most common areas that single-issue organizations focus on.

The original list of answer choices for this question did not include hunger/food, incarceration, or sexual violence (bracketed, left). Respondents who chose “Other” described these focal areas later, and so they were added to this list.

Field Frame

Question 15: What issues does your organization address?
(Pick up to 5 issues.)

***MULTI-ISSUE ORGANIZATIONS ONLY**



Most multi-issue organizations are health-oriented in addition to having other focal areas. Children and families and education were also common issue areas.

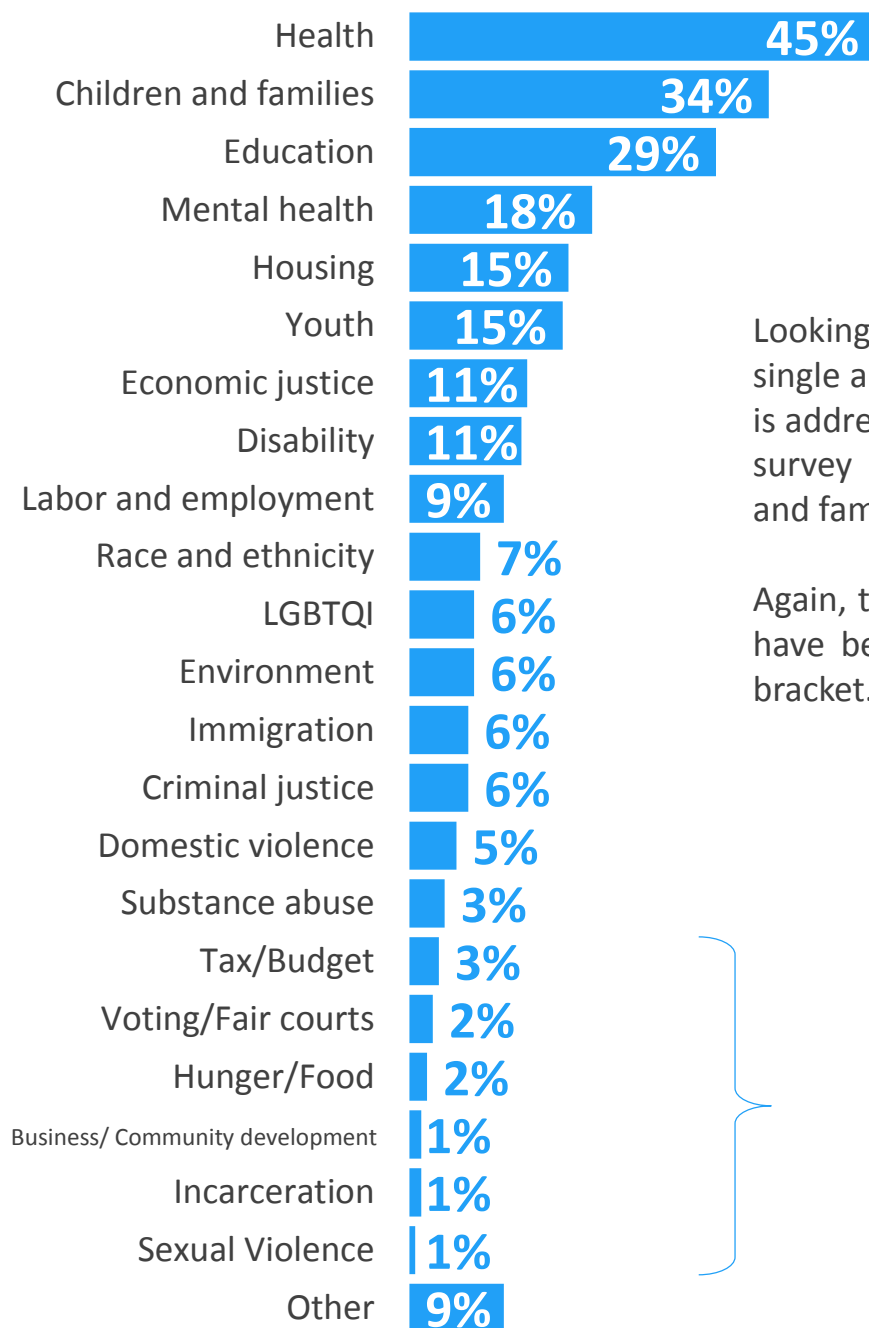
There were a number of organizations reporting “Other” as their focal area. Where possible, those were further categorized. Additional categories (bracketed) include tax/budget, voting/fair courts, business/community development, hunger/food, and incarceration. Categories in “Other” include issues like agriculture, art and social justice, and transportation, as well as unnamed issue areas.

n = 144

Field Frame

Questions 14 & 15: What issues does your organization address?

***SINGLE AND MULTI-ISSUE ORGANIZATIONS COMBINED**



Looking at the issues of focus by both single and multi-issue organizations, health is addressed by just under half (45%) of the survey respondents, followed by children and families (34%), and education (29%).

Again, those issue areas from “Other” that have been added in are indicated by the bracket.

n = 177

Field Frame

Questions 16-21: Within each issue, what is your area of focus?

Issue areas named within these top issues were categorized and are reported below. For the full list, please refer to **Appendix B**.

Health		Housing	
Food and nutrition	26	Affordable housing	13
Access to healthcare	20	Access to housing	4
Education	13	Homelessness	4
Medicaid	13	Funding	3
Children and families		Landlord/tenant relations	3
Family/Parenting support programs	22	Home maintenance	3
Early care and education	12	Youth	
Poverty	7	Programs and services	5
Food and nutrition	7	Education	4
Child abuse/trauma prevention and care	7	Positive environment	4
Education		Foster care	3
Funding	17	Juvenile justice reform	3
Early childhood education	14	Safety	3
Life skills	4	Tobacco	3
Workforce development	4	Economic justice	
Mental health		Tax reform	6
Care and services	13	Housing	4
Early childhood	7	Farming	3
Funding	5	Workforce development	3
Quality care	5		

n = 177

Field Frame

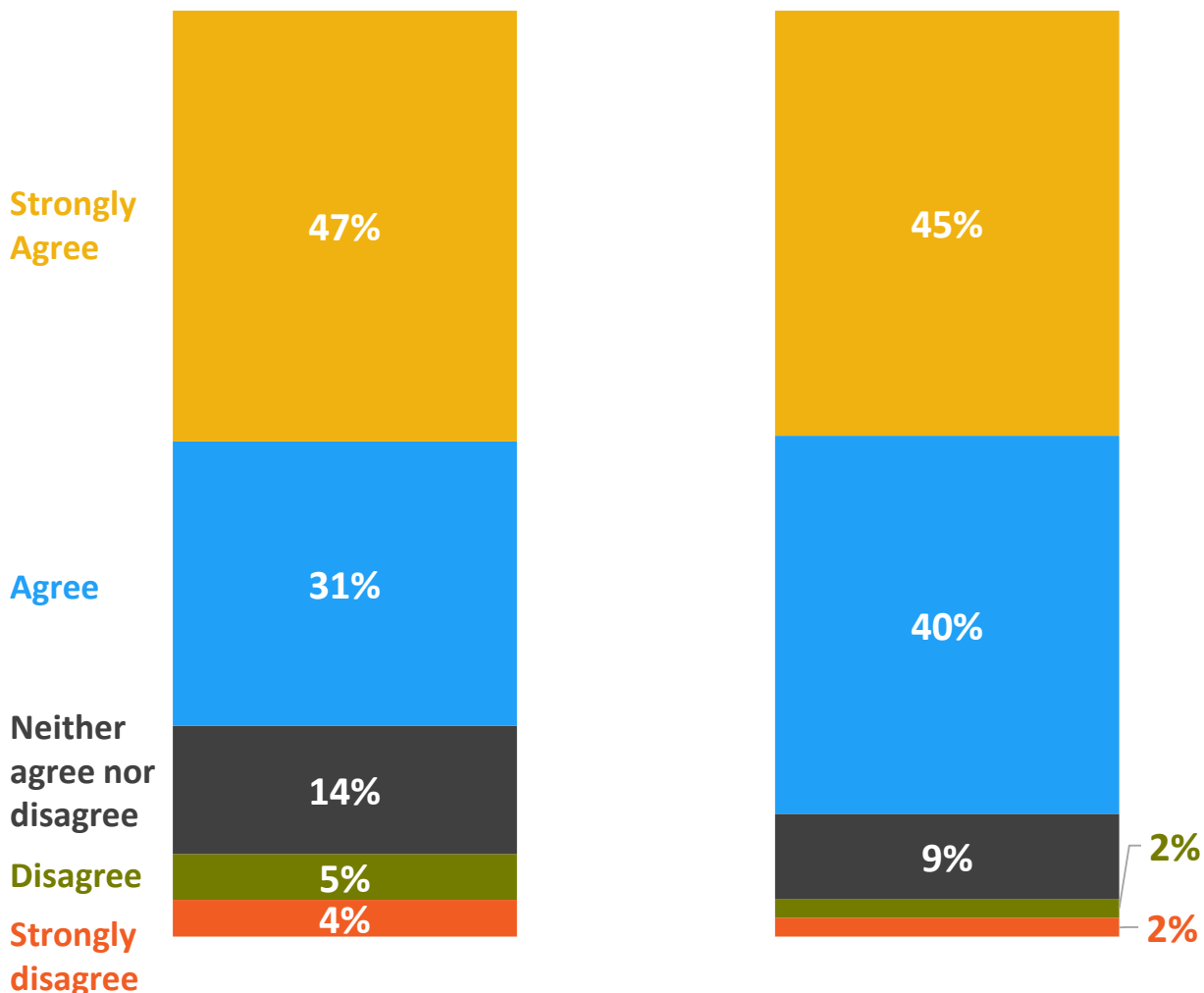
Question 24: Your organization thinks about its work as improving health equity in Kansas

Question 24: Your organization has a good sense of what organizations with similar goals are doing and trying to achieve

Most organizations reported that they do think about their work as improving health equity in Kansas, and that they are well informed about the goings on in the field.

Your organization thinks about its work as improving health equity in Kansas.

Your organization has a good sense of what organizations with similar goals are doing and trying to achieve.



n = 131



Field Skills & Resources

Individual donors and foundations resource much of the advocacy in the field. Organizations are strong in awareness-raising strategies, but less so in will-building strategies or those that target decisionmakers. Boards are supportive of the advocacy work of their groups.

TOC Strategies:

- > Increase unrestricted funding from KHF to advocacy organizations

TOC Outcomes:

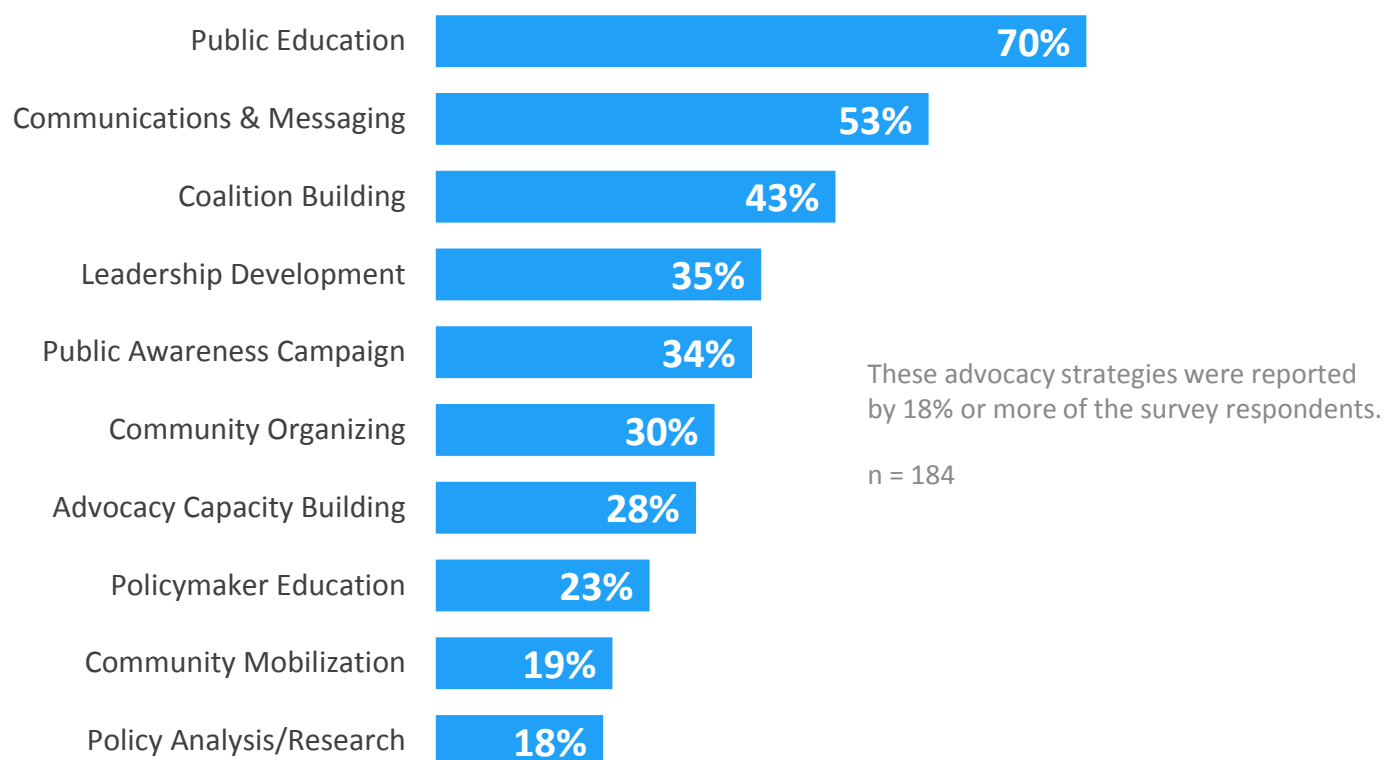
- ✓ Increased advocacy resources targeting board members
- ✓ Increased will of boards to increase advocacy capacity
- ✓ Increased capacity of nonprofits/boards to do/support more advocacy
- ✓ Increased grassroots-targeted social media efforts
- ✓ Advocacy organizations are financially stable
- ✓ Advocates have the right messages to connect with the public
- ✓ Advocates push issues forward with community groups
- > Increased skills of board members around advocacy (e.g., hiring guidelines)
- > Increased leadership capacity of individuals to staff advocacy organizations

Related survey questions:

- > Question 2: **Which advocacy tactics, skills, or strategies does your organization use the most? Which advocacy tactics, skills, or strategies does your organization want to develop further?**
- > Question 6: **Where does your advocacy funding come from?**
- > Question 7: **Do you believe you have the funding necessary to successfully advocate for your work?**
- > Question 8: **Is there agreement between your board and staff about your advocacy efforts?**
- > Question 9: **Is your board supportive of your organization's advocacy efforts?**

Field Skills & Resources

Question 2: Which advocacy tactics, skills, or strategies does your organization use the most?
(Pick up to 5.)



Public education is the most widely used advocacy strategy, followed by **communications & messaging**.

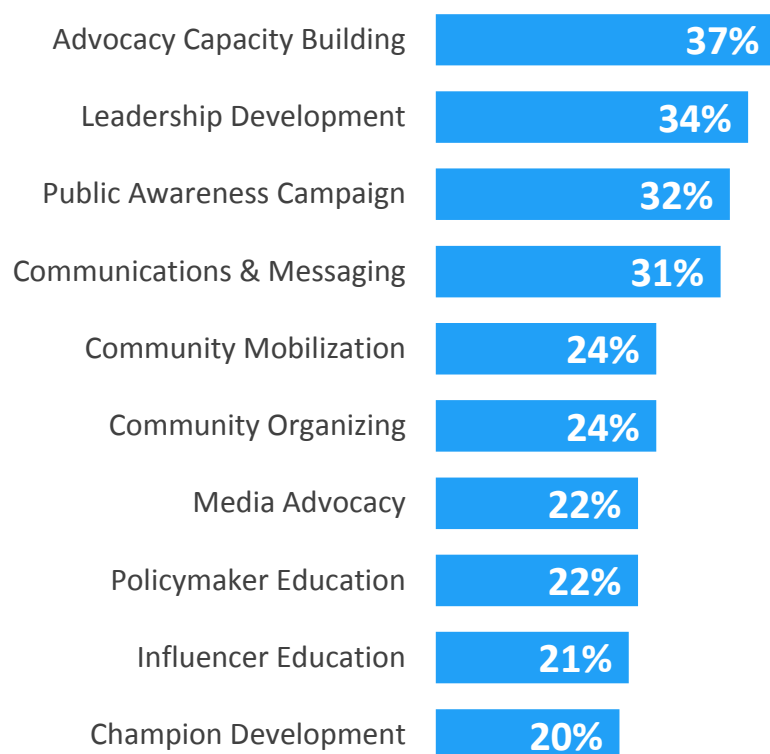
Public-oriented strategies: Six of these advocacy strategies target the public: public education, leadership development, public awareness campaigns, community organizing, advocacy capacity building, and community mobilization.

Influencer-oriented strategies: Three target influencers: communications & messaging, coalition building, and policy analysis/research.

Decisionmaker-oriented strategies: One strategy targets decisionmakers: policymaker education. There are other decisionmaker-oriented strategies that are not being used as much.

Field Skills & Resources

Question 2: Which advocacy tactics, skills, or strategies does your organization want to develop further?
(Pick up to 5.)



These advocacy strategies were reported by 20% or more of the survey respondents.

n = 184

Organizations are most interested in developing **advocacy capacity building** and **leadership development** skills.

Public-oriented strategies: Half of these strategies target the public: advocacy capacity building, leadership development, public awareness campaigns, community mobilization, and community organizing.

Influencer-oriented strategies: Three of these strategies target influencers: communications & messaging, influencer education, and media advocacy.

Decisionmaker-oriented strategies: Two of these strategies target decisionmakers: policymaker education and champion development.



Field Skills & Resources

The following two pages display “bubble charts” that map the advocacy strategies used and needed the most by the responding organizations. The bigger the circle, the more organizations reported that strategy (numbers in the charts are absolute, not percentages).

Organizations that took the survey are using more advocacy strategies in the public and influencer columns, and fewer in the decisionmaker column.

Green advocacy strategies are awareness-raising strategies.

Teal advocacy strategies are will-building strategies.

Gold advocacy strategies are action-oriented strategies.

The X-axis denotes audiences targeted by the strategies (public, influencers, and decisionmakers), and the Y-axis shows levels of engagement (awareness, will, and action).

Organizations are quite diverse in their needs, naming advocacy strategies across the map, though many of the most desired strategic guidance falls into the amorphous middle ground of will-building. Many organizations are engaging in awareness-raising strategies (lots of educating all audiences), but they do not feel they need as much guidance in this area.

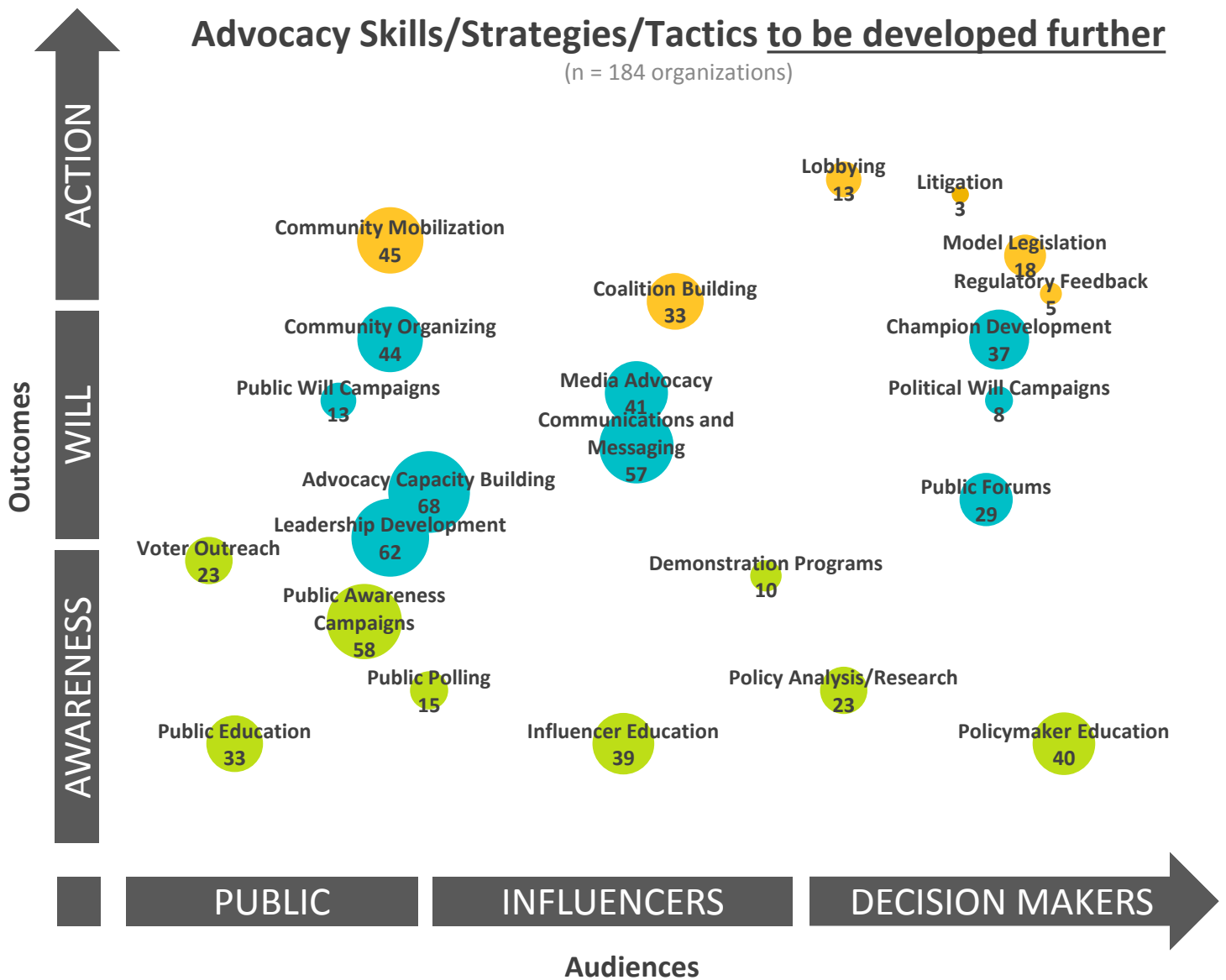
Field Skills & Resources

A majority of the organizations are doing public education and many do other awareness-raising work as well. There is a significant minority engaging in lobbying (action strategy targeting decisionmakers).



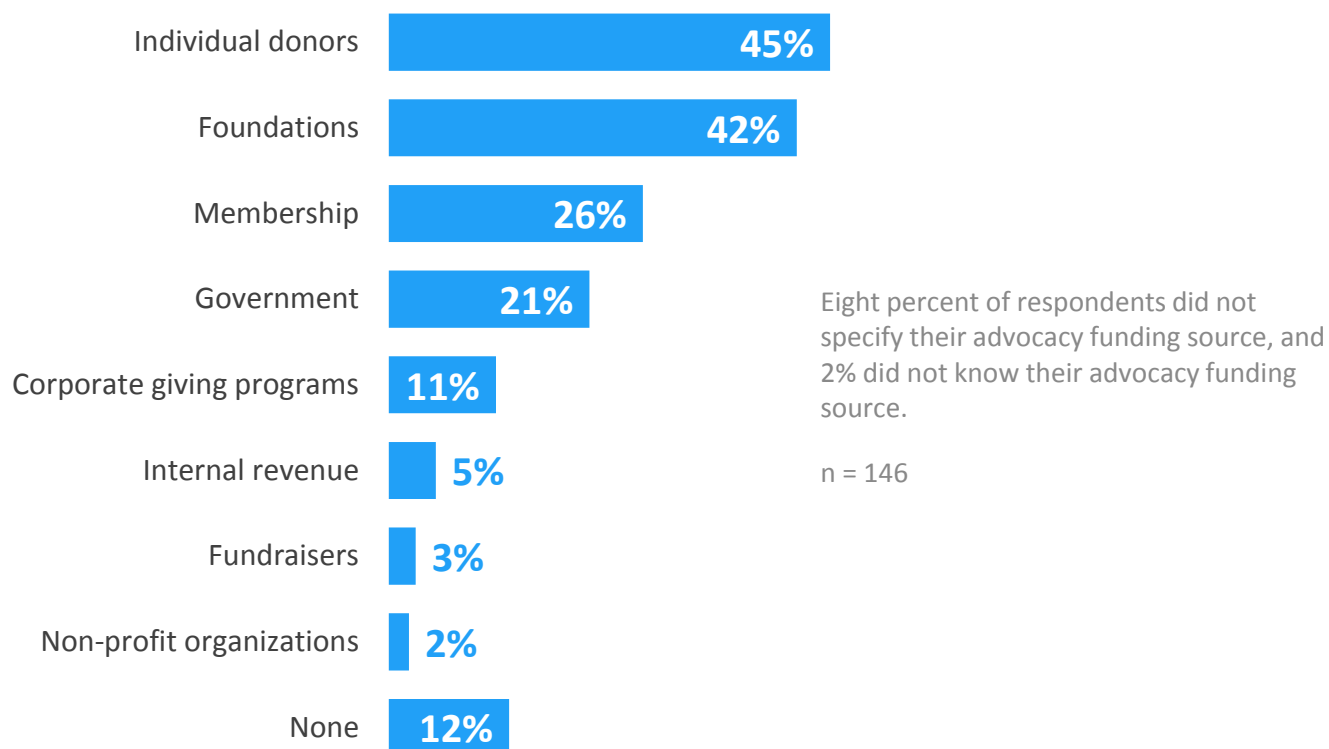
Field Skills & Resources

Organizations do not report needing help raising awareness, except perhaps for guidance around public awareness campaigns. Will building is an area where many organizations are hungry to build capacity.



Field Skills & Resources

Question 6: Where does your advocacy funding come from?
(Check all that apply.)



Nearly half the organizations (45%) received their advocacy funding from **individual donors**, closely followed by 42% of organizations funded by **foundations**. Membership funds 26% of these organizations' advocacy work, and 21% receive advocacy funding from the government.

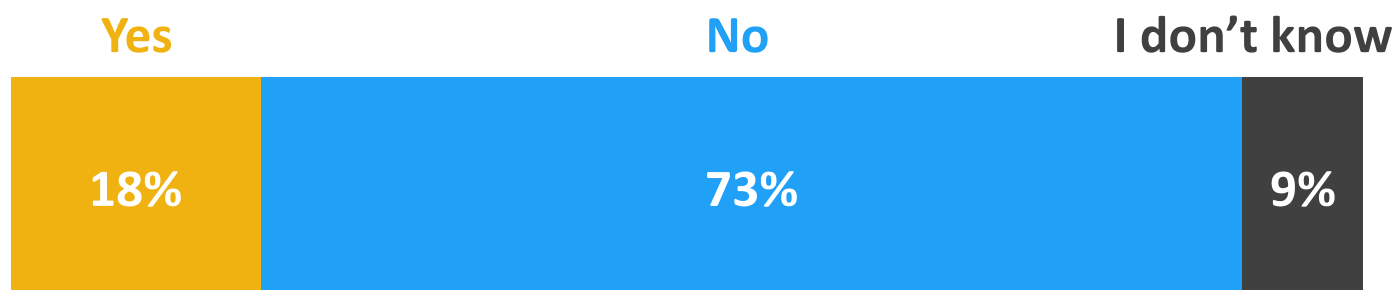
Several organizations received funding from sources that were not offered as answer choices, but which are displayed in the above chart (internal revenue, fundraisers, and nonprofits).

This pattern held true for organizations who dedicated 50% or more of their funding towards advocacy in the past year. Of the 36 organizations for whom this was true, 64% received funding from individual donors, 58% from foundations, 39% from membership fees, 28% from the government, and 17% from corporate giving programs.

"None" refers to organizations that do not receive any funding for advocacy at this time.

Field Skills & Resources

Question 7: Do you believe you have the funding necessary to successfully advocate for your work?



n = 146

Approximately 18% of the organizations said that they have adequate funding to advocate successfully, 73% said they do not have adequate funding to advocate successfully, and 9% do not know.

Please see **page 81** for more information on organizations who felt they had enough advocacy funding versus those who did not think their funds adequate.

Field Skills & Resources

Question 8: Is there agreement between your board and staff about your advocacy efforts?

Question 9: Is your board supportive of your organization's advocacy efforts?



More than 80% of organizations said that their board and staff agree on their organizations' advocacy efforts.



n = 146

Almost all (98%) of the organizations who responded to the survey have board members who are supportive of their organization's advocacy efforts.

The remaining 3% reported that their board members are not supportive but are tolerant of their advocacy work.

None of the organizations reported having unsupportive board members who want the organization to cease all advocacy efforts.

These percentages do not add up to 100% due to rounding.



Composition

Organizations in the field believe that they generally represent vulnerable or underserved communities. Fewer feel that they can influence decisionmakers or that decisionmaker champions advance their issues—potentially a gap in the composition of the field.

TOC Strategies:

- ✓ Have RFPs/other policies supporting “unusual suspects”

TOC Outcomes:

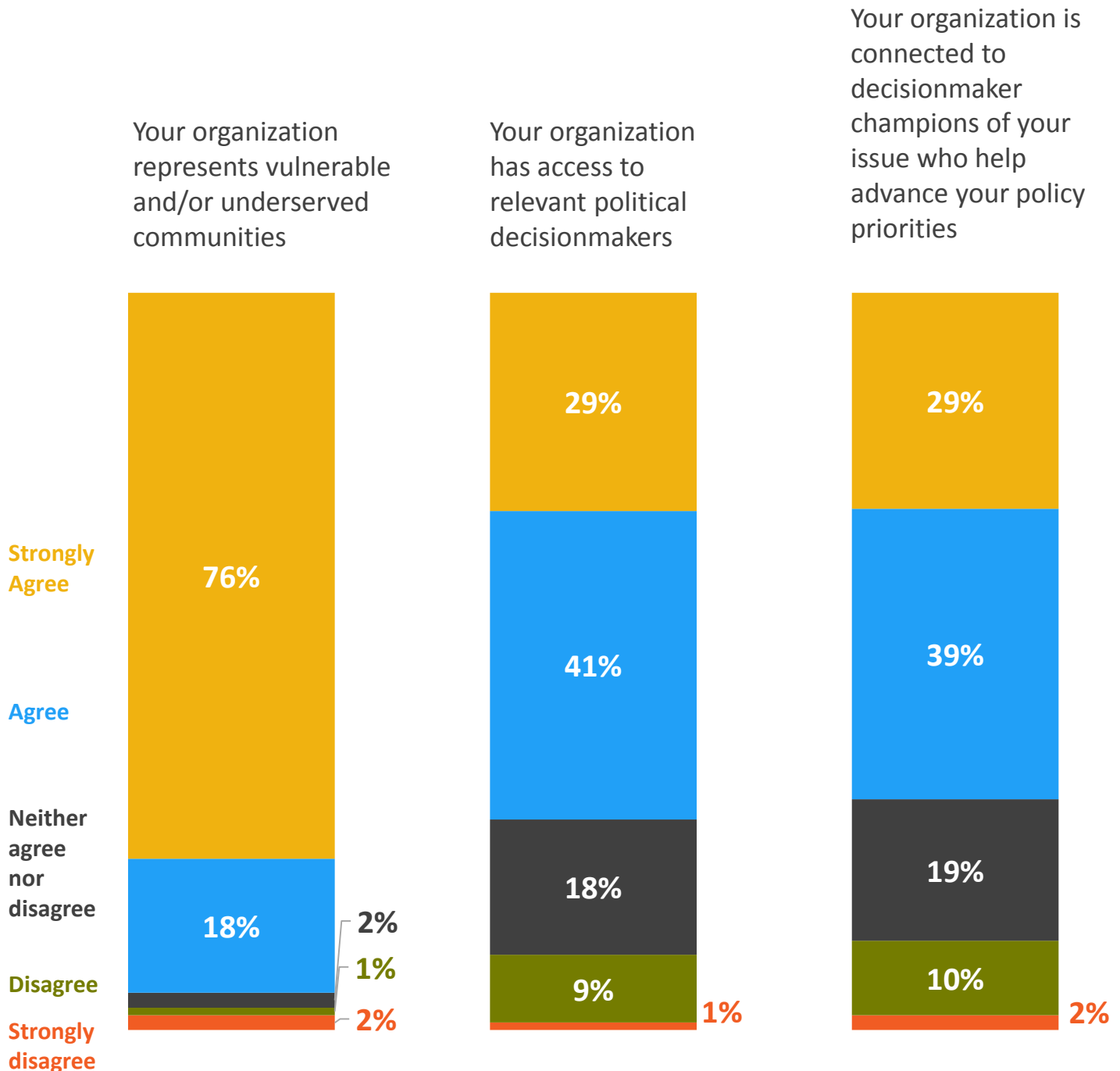
- ✓ Advocacy organizations have political influence
- ✓ Diverse types of advocacy organizations (including 501(c)(4)) emerge in the field
- ✓ Increase in advocacy organizations pushing health equity issues

Related survey questions:

- > Question 24: **Your organization represents vulnerable and/or underserved communities** (Strongly disagree – Strongly agree)
- > Question 24: **Your organization has access to relevant political decisionmakers** (Strongly disagree – Strongly agree)
- > Question 24: **Your organization is connected to decisionmaker champions of your issue who help advance your policy priorities** (Strongly disagree – Strongly agree)

Composition

Question 24. (See below)



"I don't know" was not included in these charts, so they do not equal 100%.

n = 131



Adaptive Capacity

Advocates felt overwhelmingly positive about the factors that signal the field's adaptive capacity. They believe their organizations are strong and they can predict friends and foes effectively.

TOC Strategies:

- > No related strategies

TOC Outcomes:

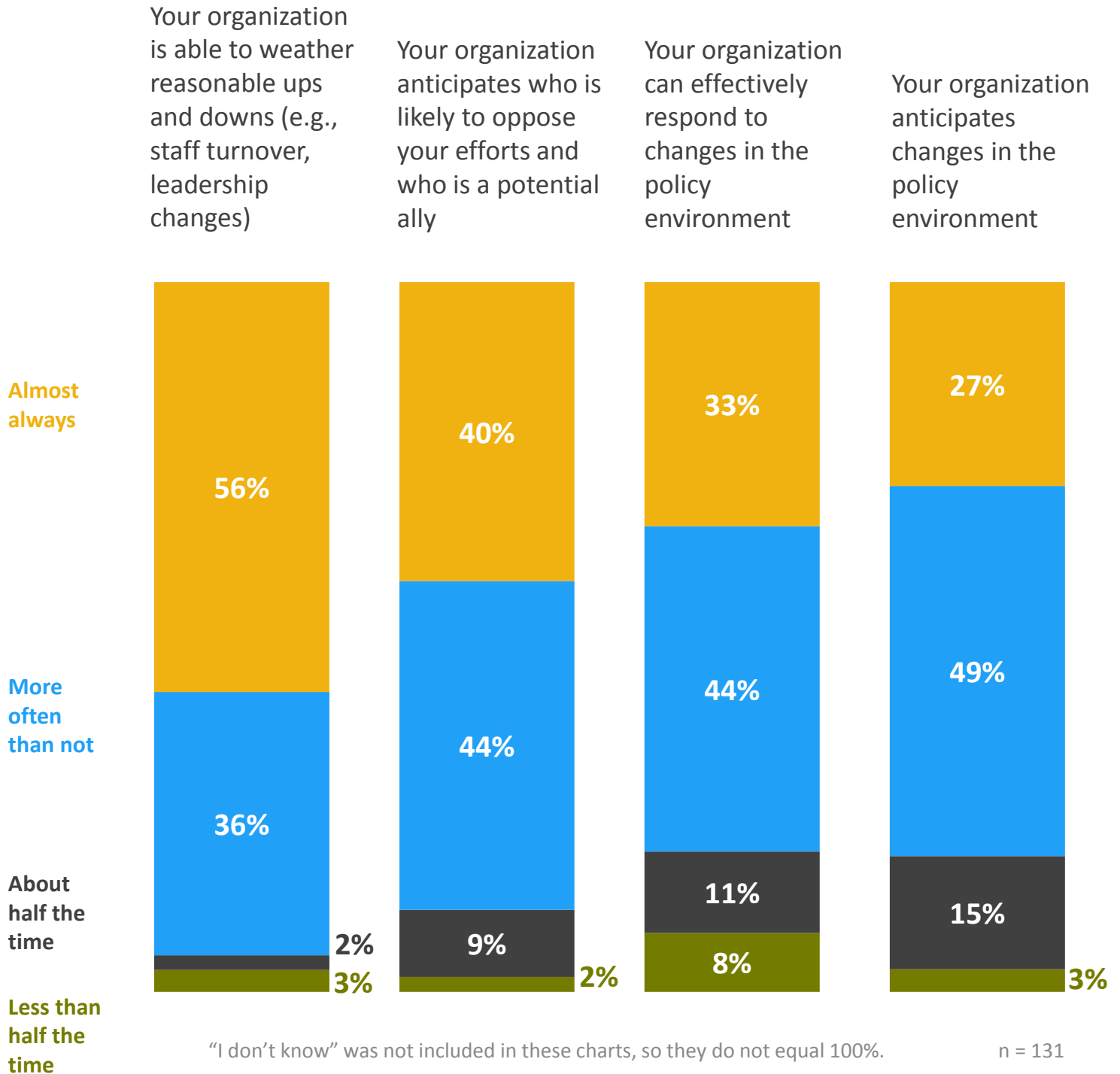
- ✓ Increased capacity of nonprofits/boards to do/support more advocacy
- ✓ Advocates incorporate voter turnout into priorities
- ✓ Advocates feel they are effective
- > Increased advocacy work and risk-taking by advocates

Related survey questions:

- > Question 25: **Your organization is able to weather reasonable ups and downs (e.g., staff turnover, leadership changes)** (Almost never – Almost always)
- > Question 25: **Your organization anticipates who is likely to oppose your efforts and who is a potential ally** (Almost never – Almost always)
- > Question 25: **Your organization can effectively respond to changes in the policy environment** (Almost never – Almost always)
- > Question 25: **Your organization anticipates changes in the policy environment** (Almost never – Almost always)

Adaptive Capacity

Question 25. (See below)





Connectivity

This advocacy network seems to fall between centralized and not centralized—there are some key organizations that act as central hubs for the field, but many silos and fragmentation of the field also exists.

TOC Strategies:

- ✓ Intentionally engage current advocacy organizations in KHF's objectives

TOC Outcomes:

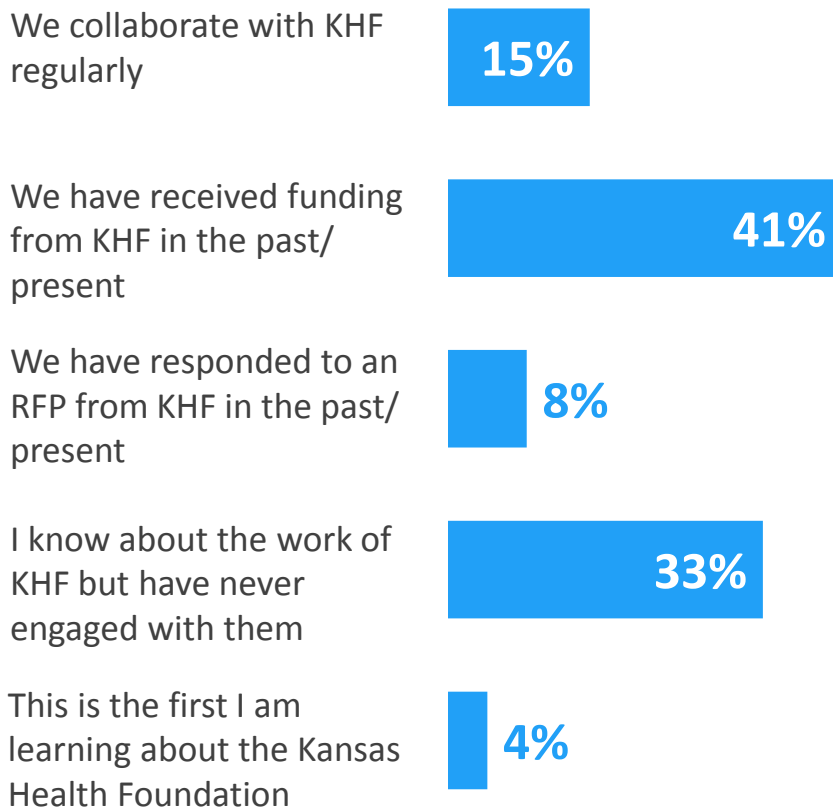
- ✓ Advocates are aware of each other
- ✓ More advocates exist and are networked (state and local)
- ✓ KHF has a strong productive, mutually respecting relationship with a broad range of advocacy organizations
- > Increased demand from boards for advocacy resources from funders

Related survey questions:

- > Questions 41-42: **How would you characterize your relationship with the Kansas Health Foundation?**
- > Questions 27-36: **With which organizations have you collaborated with the most on your advocacy efforts in the last 12 months?**
- > Question 37: **On what issues have you collaborated [with those organizations] in the past 12 months?**
- > Question 39: **Thinking about the past 12 months, how often do you leverage each other's strengths to advance your issues of interest in your community?**
- > Question 39: **Thinking about the past 12 months, how often do your organizations connect with each other to learn and strategize?**

Connectivity

Question 41. How would you characterize your relationship with the Kansas Health Foundation?



n = 131

Over half of the survey respondents are organizations that **have a relationship** with the Kansas Health Foundation: they collaborate regularly or have received funding from KHF in the past (56%).

An additional 37% have not yet had a relationship with the Kansas Health Foundation.

Connectivity

Question 41 versus Questions 14-15. How would you characterize your relationship with the Kansas Health Foundation? What issues does your organization address?

*PERCENTAGES OUT OF TOTAL n = 123

	This is the first I am learning about the Kansas Health Foundation	I know about the work of the Kansas Health Foundation but have never engaged with them	We have responded to an RFP from the Kansas Health Foundation in the past/present	We have received funding from the Kansas Health Foundation in the past/present	We collaborate with the Kansas Health Foundation regularly	Total organizations by issue area
Health	2%	15%	4%	27%	11%	72
Children and families	2%	11%	3%	21%	7%	54
Education	2%	15%	2%	15%	3%	45
Other	0%	9%	2%	8%	7%	31
Mental health	2%	5%	3%	10%	3%	28
Housing	3%	6%	2%	8%	3%	27
Youth	1%	3%	1%	9%	6%	24
Economic justice	0%	5%	2%	7%	2%	19
Disability	0%	2%	2%	7%	3%	17
Labor and employment	1%	5%	0%	4%	2%	14
Race and ethnicity	0%	5%	0%	4%	1%	12
LGBTQI	0%	5%	1%	2%	1%	10
Environment	0%	3%	0%	3%	2%	10
Immigration	0%	2%	1%	2%	2%	9
Criminal justice	0%	3%	1%	2%	2%	9
Substance abuse	1%	2%	0%	2%	0%	6
Domestic violence	0%	1%	0%	4%	0%	6

n = 123

This chart compares organizations' relationship with KHF with their issue areas. From top to bottom, issue areas are ordered from most popular to least popular. As most respondents are multi-issue organizations, they are represented across different issue areas. The highlighted values indicate the greatest concentration of responses. **The issue areas that were most popular among respondents were often split—many respondents were or are grantees of KHF, but many also have never engaged with KHF.** All the issue areas from youth up are focused on by at least 20% of the organizations.

Only a few organizations (12%) had not heard of KHF in the past.

Connectivity

Question 41 versus Questions 14-15. How would you characterize your relationship with the Kansas Health Foundation? What issues does your organization address?

*PERCENTAGES OUT OF TOTALS FOR EACH ROW

	This is the first I am learning about the Kansas Health Foundation	I know about the work of the Kansas Health Foundation but have never engaged with them	We have responded to an RFP from the Kansas Health Foundation in the past/present	We have received funding from the Kansas Health Foundation in the past/present	We collaborate with the Kansas Health Foundation regularly	Total organizations by issue area
Health	3%	26%	7%	46%	18%	72
Children and families	4%	26%	7%	48%	15%	54
Education	4%	42%	4%	40%	9%	45
Other	0%	35%	6%	32%	26%	31
Mental health	7%	21%	14%	43%	14%	28
Housing	15%	26%	7%	37%	15%	27
Youth	4%	17%	4%	46%	29%	24
Economic justice	0%	32%	16%	42%	11%	19
Disability	0%	18%	12%	47%	24%	17
Labor and employment	7%	43%	0%	36%	14%	14
Race and ethnicity	0%	50%	0%	42%	8%	12
LGBTQI	0%	60%	10%	20%	10%	10
Environment	0%	40%	0%	40%	20%	10
Immigration	0%	33%	11%	22%	33%	9
Criminal justice	0%	44%	11%	22%	22%	9
Substance abuse	17%	33%	0%	50%	0%	6
Domestic violence	0%	17%	0%	83%	0%	6

n = 123

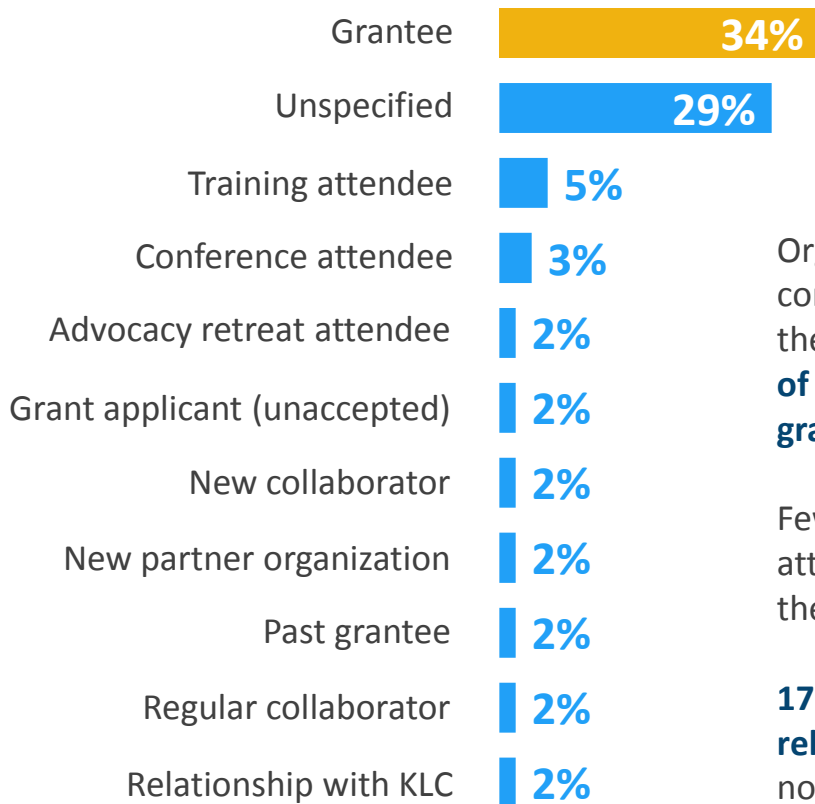
This chart looks at each row independently and percentages are out of the total for each row. For example, **46% of the organizations who focus on health have received funding from KHF**. Highlighted values show the **top response by row (by issue area)**.

Many respondents are current or former grantees of KHF, though in some issue areas, many organizations have never engaged with KHF. This is true for in education, labor and employment, race and ethnicity, LGBTQI, environment, immigration, and criminal justice.

Fifteen percent of housing advocates reached by this survey had not known about KHF.

Connectivity

Question 42. How would you characterize your relationship with the Kansas Health Foundation? Feel free to elaborate on your relationship with the Foundation in any way.



Organizations had the chance to further comment further on their relationship with the Kansas Health Foundation. **Many (34%) of those who provided extra detail are grantees of KHF.**

Fewer organizations shared that they attend trainings (5%) or had other ties to the Foundation.

17% of the organizations have no direct relationship with the Foundation. This is not reflected in this chart.

n = 59

Connectivity

Question 42. How would you characterize your relationship with the Kansas Health Foundation? Feel free to elaborate on your relationship with the Foundation in any way.

Survey respondents shared that:

...they admire the Foundation's work and appreciate the Foundation's support

"I'm impressed with the comprehensive and evidence based approach you take for your work."

"The support (financial and otherwise) that we receive from KHF has been and remains invaluable. It has positively impacted the ability of our organization to expand its advocacy efforts, which ultimately, allows us to be more successful in these efforts."

...one organization expressed its optimism for the Foundation's engagement in advocacy efforts

"I am pleased (relieved) that the Foundation is now engaging more intentionally in advocacy and building advocacy capacity. None of us can afford to be quiet any longer. The future of our entire state is at stake."

...ten organizations shared that they seek new or deeper relationships with KHF

"I have heard great things about your organization but never knew how we could collaborate and/or partner. I would love the opportunity."

...one organization feels its mission and KHF's focus are diverging

"It appears the Health Foundation's focus and our mission are not aligning as well as in the past."

...one organization suggested expanding KHF's service area

"I'd like to see KHF expand their service area."



Connectivity

The remainder of the questions on connectivity are explored through a **social network analysis (SNA)**. On the following pages are many “maps”—diagrams of organizational connections between the groups that took this survey, and even some that did not participate.

In this survey, respondents were asked to list up to ten other organizations they collaborate with, and to indicate the relevant issues they collaborate on. They also described their interactions with those organizations over the past year: how often did they leverage each other’s strengths? How often did they connect to learn and strategize?

Any social network analysis works best with a 100% response rate. As stated

earlier, the response rate for this survey was 42%. While this is an excellent response rate for a survey, it means that the SNA is not as robust as it could be. For example, some organizations were named as collaborators but did not themselves complete the survey, so we are unsure of which groups they consider to be their primary connections. Other respondents filled out part of the survey but dropped out before completing the SNA component and were not named by any other groups, so we do not know whether they are linked into the Kansas advocacy network. That being said, **the maps do begin to provide a clear picture of who is connected to whom, who the main players are in the Kansas advocacy space, and who is less hooked into this network.**

Connectivity

Each of these maps shows something different that can be pulled out from the connectivity data collected in the survey. Please note: SNA is a more jargon-filled analysis technique than most. We include both the technical names of each map, as well as layperson explanations of what each map means.

Each map includes all of the organizations included in the SNA, so the placement of an organization in one map will be the same for all of the maps.

When looking at the maps, you will see five distinct groups: three small groups of advocates at the top of each page; the large group of advocates taking most of each page; and the columns of unconnected organizations at the bottom of each page. These unconnected organizations did not provide any information for the SNA and so their relationship to the field is unknown.

The main maps included on the following pages are:

SNA technical name	Descriptive name	Description
Degree	The most connected groups	This map shows the organizations with the most direct connections to other organizations. The larger and darker the circle, the more connections were reported to and by that organization in the survey.
In-degree	The groups most often identified as a partner	In this map, the larger and darker circles are the organizations most identified by other organizations as a partner.
Out-degree	The groups most often identifying partners	The larger and darker circles are the organizations that cited the most partners that they work with. These organizations are the self-described networkers of the advocacy world in Kansas.
Betweenness	The groups that connect one organization to another	This map shows the organizations who are able to easily act as a bridge and connect one organization to another. The larger and darker circles are the organizations who act as the best bridges.

Connectivity

SNA technical name	Descriptive name	Description
Hubs	The groups that are most connected and can connect one groups to another	This map shows which organizations are hubs. Hubs are nodes within the network that have high degree and high betweenness. They are both well connected to other nodes, and can act as a bridge connecting disparate groups together. The darker the circle, the more connected the node is. The larger the circle, the higher the betweenness.
-	Well-connected	This map shows just the organizations who have the most connections. “Most connections” is defined as those organizations who have connections with ten to 21 other groups.
-	Not well-connected with eccentricity	<p>This map shows just the organizations that have the fewest connections. “Fewest connections” is defined as those who have connections with one to nine other organizations. The larger and darker circles are organizations that have the farthest connections to other organizations within this network. Practically speaking, these organizations on the outskirts of the field will have a harder time getting information about goings-on in the field, for example.</p> <p>For the definition of eccentricity, please see Appendix C.</p>
-	Not well-connected with betweenness	This map shows just the organizations who have the fewest connections (again, connections with one to nine other groups). The larger and darker circles are organizations that act as the best bridges within this network.
-	Issue network maps	These are a series of issue-specific maps. Health, Housing, Immigration, and each of the other issue areas has a related map that is included. The green lines indicate which organizations are working with each other. The unconnected organizations are those that are not working on that issue.



Connectivity

There are many questions to consider as you review these maps that may have implications for your work. This list of questions (and ways to consider the answers) is not exhaustive but is a good start to processing these network maps.

- > **Who are the connectors and bridges?** These organizations may be good places to insert information or resources to increase the possibility of them spreading through the field.
- > **Who is well-networked?** Partnering with those organizations could also help KHF have a broader reach.
- > **Who is not a hub but should be?** Resourcing those organizations to build their infrastructure or organizational capacity may help them better link into the field.
- > **Who is not networked but should be?** Connecting these groups to others working in similar issue areas or connecting them to the connectors and bridges of the field can better link them into the field.
- > **What parts of Kansas are covered by the field? Are there gaps?** For example, the small groups of connected organizations correspond to different parts of Kansas. Can these groups be connected to fortify a state-wide housing network?
- > **Who are the hubs?** Resourcing organizations that are directly connected to hubs can strengthen “backup” groups in the event that the hub fails or changes direction. If a hub fails or otherwise forgoes its hub role, the network can become fragmented.
- > **Which organizations are single issue?** Multi-issue organizations tended to be more connected than single issue groups, so facilitating connections from single to multi-issue organizations might open the door for single issue groups to be more connected to those working on different but related issues.
- > **What strategies or resources make the connectors influential?** Less connected organizations may benefit from using or accessing similar strategies or resources.



Connectivity

There are some overarching thought questions that may help as well in reviewing these maps.

- > **If desired, how can KHF contribute to a more interconnected and/or intersectional advocacy field?** These issues do not operate in a vacuum in real life. They all influence each other. All of the most connected organizations in this analysis have a breadth of issue areas they work on. Are there ways to connect the more siloed advocates to others working on different but related issues? What do these organizations need to broaden their reach to connect with others and to dig deeper into the connections in their own issue areas?
- > **Does KHF want to share this information outside of the Foundation?** The issue-specific network maps may be a good resource for peripheral organizations to learn more about their issue area hubs, or hubs of different issue areas that are related to their work.

One point to make is the difference between networks that are centralized and not centralized. Centralized networks are dominated by one or a few very central nodes. If these nodes are removed or damaged the network quickly destabilizes. A less centralized network has no single point of failure and is resilient in the face of anticipated and unanticipated stressors. **This advocacy network seems to be somewhere between these two extremes. There are no true hubs, but the field is still somewhat organized around a few key organizations.**

Following is descriptive information about the findings of each map contained in the following pages. This information includes the type of map and what is notable about the map—for example, who is important and who is not rising to the top as a networked advocate. After each description is the relevant map.

Each map is word-searchable in PDF form. For a full list of organizations in the SNA and the values assigned to each of the characteristics measured in the maps, please see **Appendix C**.



Connectivity

1. Degree

One organization (Organization A) rises to the top when it comes to connections. Nineteen organizations named this organization as a collaborator, specifically in the issue areas of Health, Children and families, and Education. These three issues also are the top three issues on which organizations in this survey most often focused.

Organization A did not fill out the SNA portion of the survey, and so they did not list anyone as collaborators.

There are six other well-connected organizations.

- > Organization B
- > Organization C
- > Organization D
- > Organization E
- > Organization F
- > Organization G

Well-connectedness is a cumulative representation of how many organizations these groups cited as partners, and how many partners each of them cited.

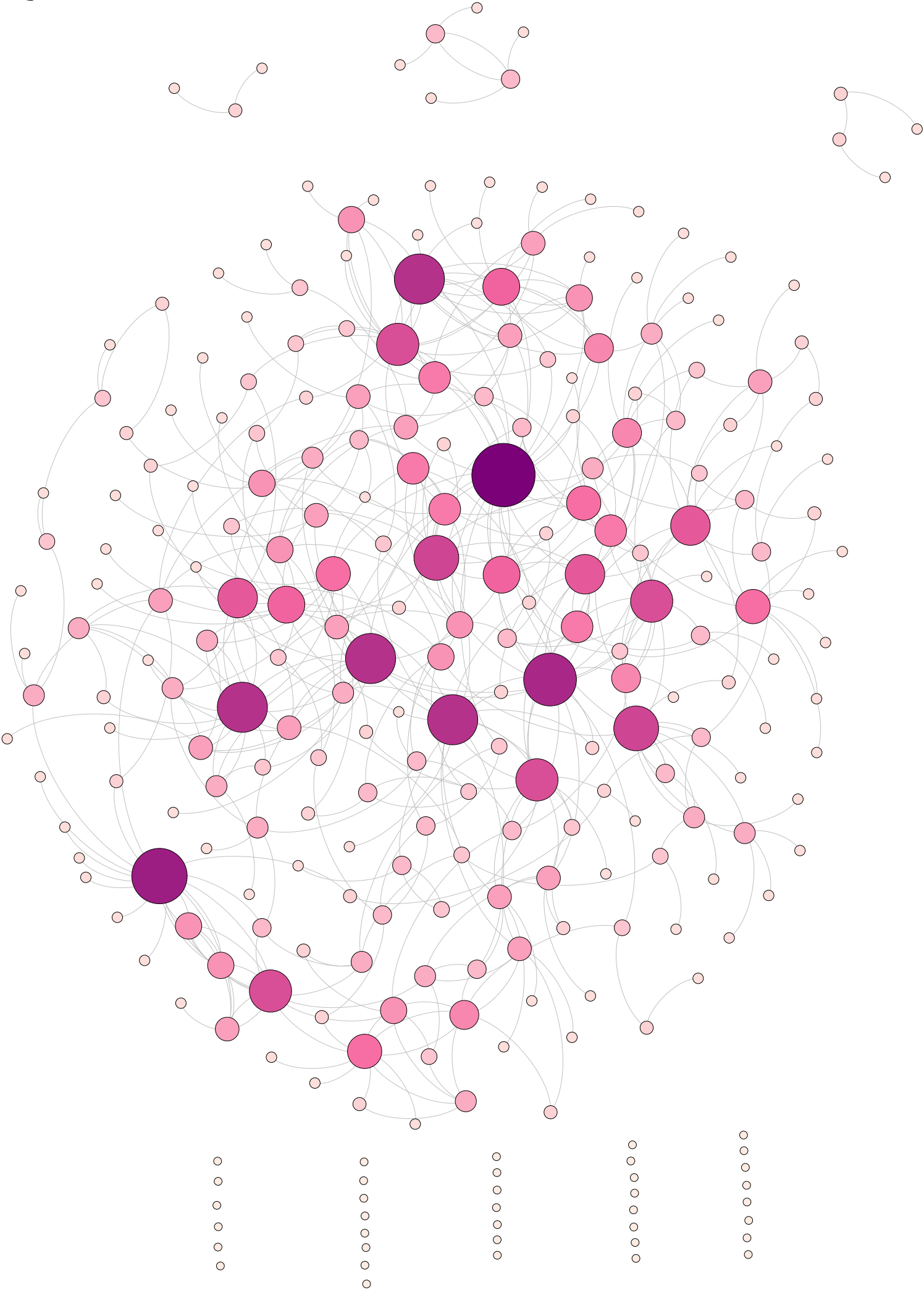
The top seven most well-connected organizations work on five or more issues, including those issues that the most

organizations cited working in. These organizations also have formed their own network of partners within each issue area.

Thought questions:

- > **What are the primary advocacy organizations in Kansas?**
- > **Are there other groups you are surprised are not represented here?**
- > **Given what you know about these organizations, what do you think they are doing well that would warrant other organizations to partner with them?**
- > These are the organizations that also happen to work on multiple issues. Single issue organizations are not as well connected. **Can benefits accruing to single issue organizations for better networking within the field outweigh the costs of putting more resources towards this network?**
- > **If a single issue organization does not have the capacity to network further within its issue area or with others in the field, are there other ways to provide support to these groups to ensure they have access to information and resources?**

Degree





Connectivity

2. In-degree

Again, the same top organization in the Degree map (Organization A) rises to the top as the most cited collaborator by the other groups in the SNA.

There are five other well-connected organizations. They are all multi-issue, health-focused organizations.

- > Organization B
- > Organization H
- > Organization I
- > Organization E
- > Organization J

Thought questions:

- > **What are the go-to organizations for information in the advocacy network?**
- > **Are there other groups you are surprised are not represented here?**
- > **Given what you know about these organizations, what do you think they are doing well that would warrant other organizations to partner with them?**

3. Out-degree

A different organization, Organization G, dominates as a networker, at least on paper. They named the greatest number of collaborators of any organization surveyed.

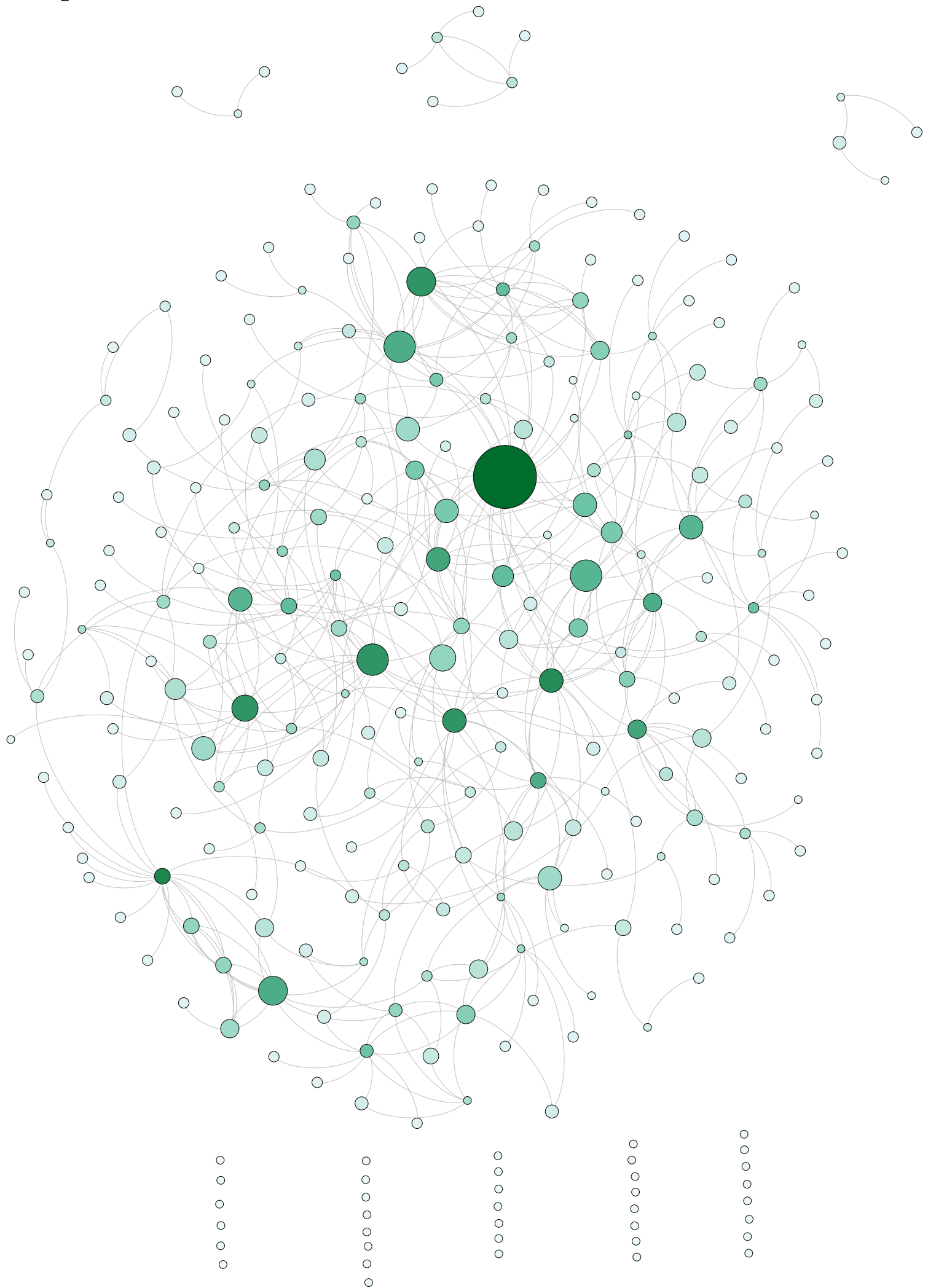
There are four “second tier” organizations that also named many collaborators.

- > Organization K
- > Organization D
- > Organization C
- > Organization L

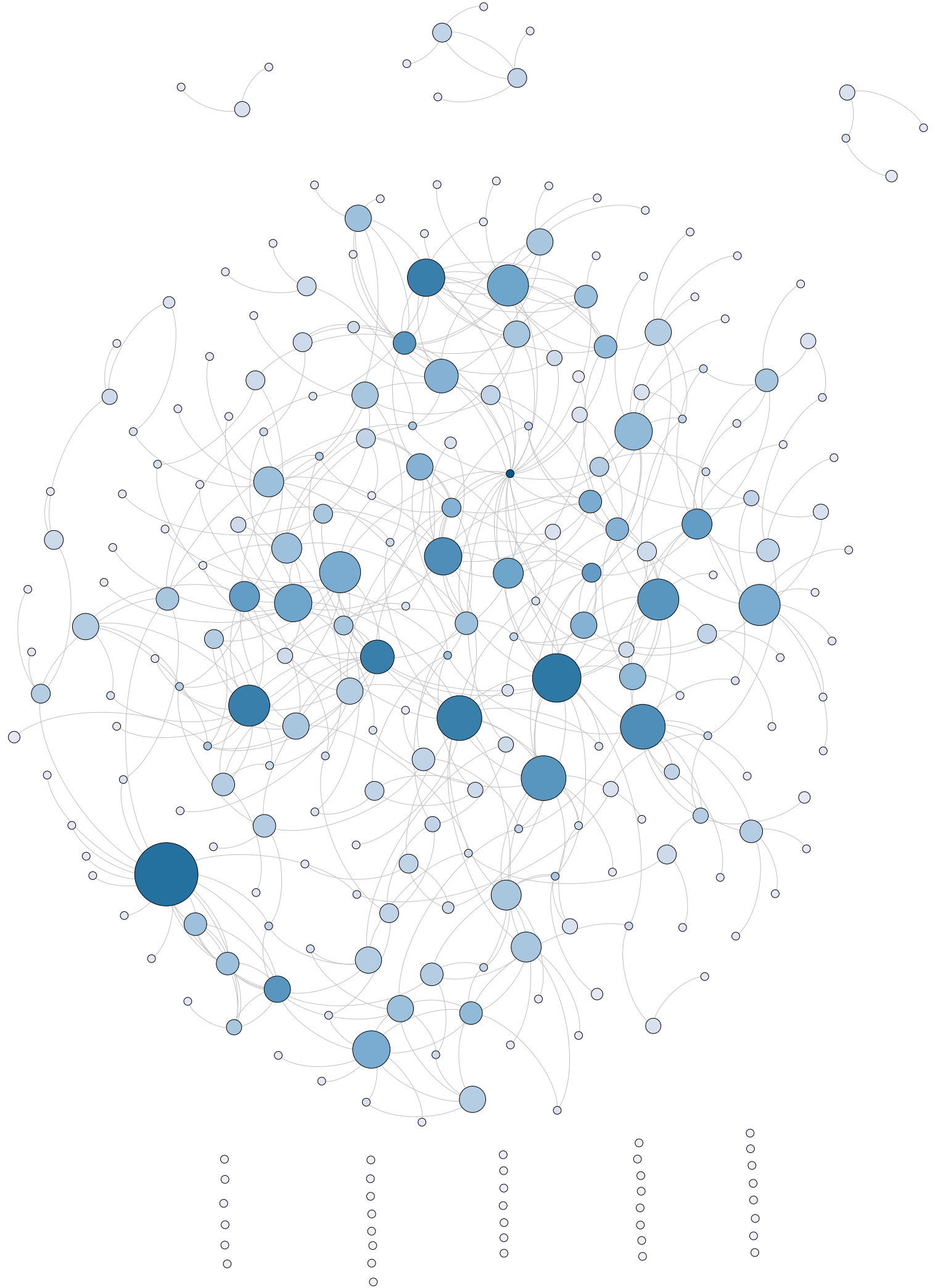
Thought questions:

- > **What are the primary advocacy organizations in Kansas?**
- > **Are there others you are surprised are not represented here?**

In-degree



Out-Degree





Connectivity

4. Betweenness

There are five organizations that act as the best connectors between different groups in Kansas.

- > Organization B
- > Organization M
- > Organization N
- > Organization H
- > Organization O

Thought questions:

- > **Which organizations come to mind when you think of groups in Kansas that are excellent collaborators across various issue areas?**

5. Hubs

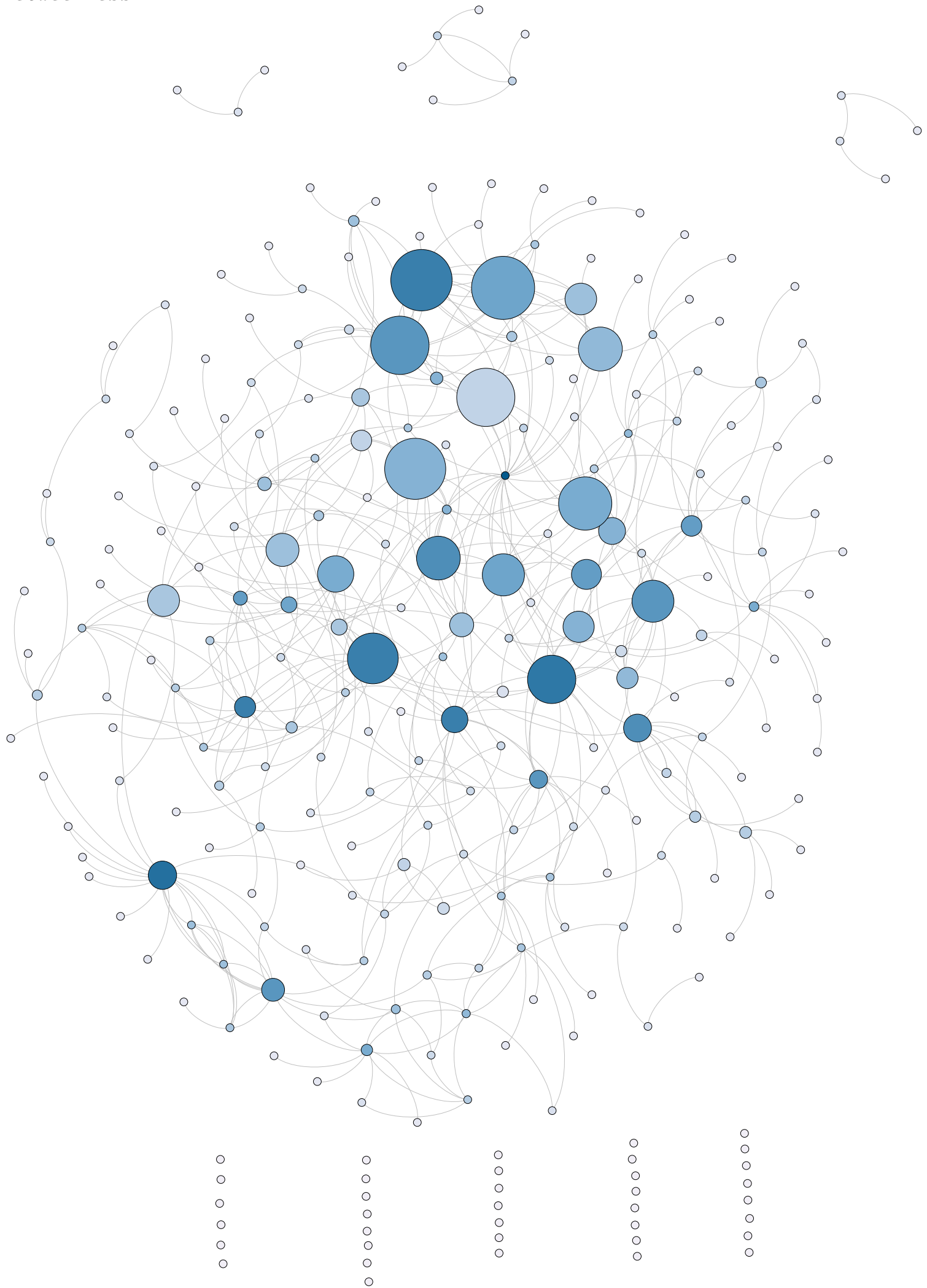
There aren't true hubs in this network, but there are a handful of organizations who are close to being hubs. They have a high rating for betweenness but only medium connectivity.

Organization O is the closest this network has to a hub, followed by two other "second tier" organizations: Organization H and Organization M. These organizations can have more influence than most others over both the speed and direction in which information flows through their network.

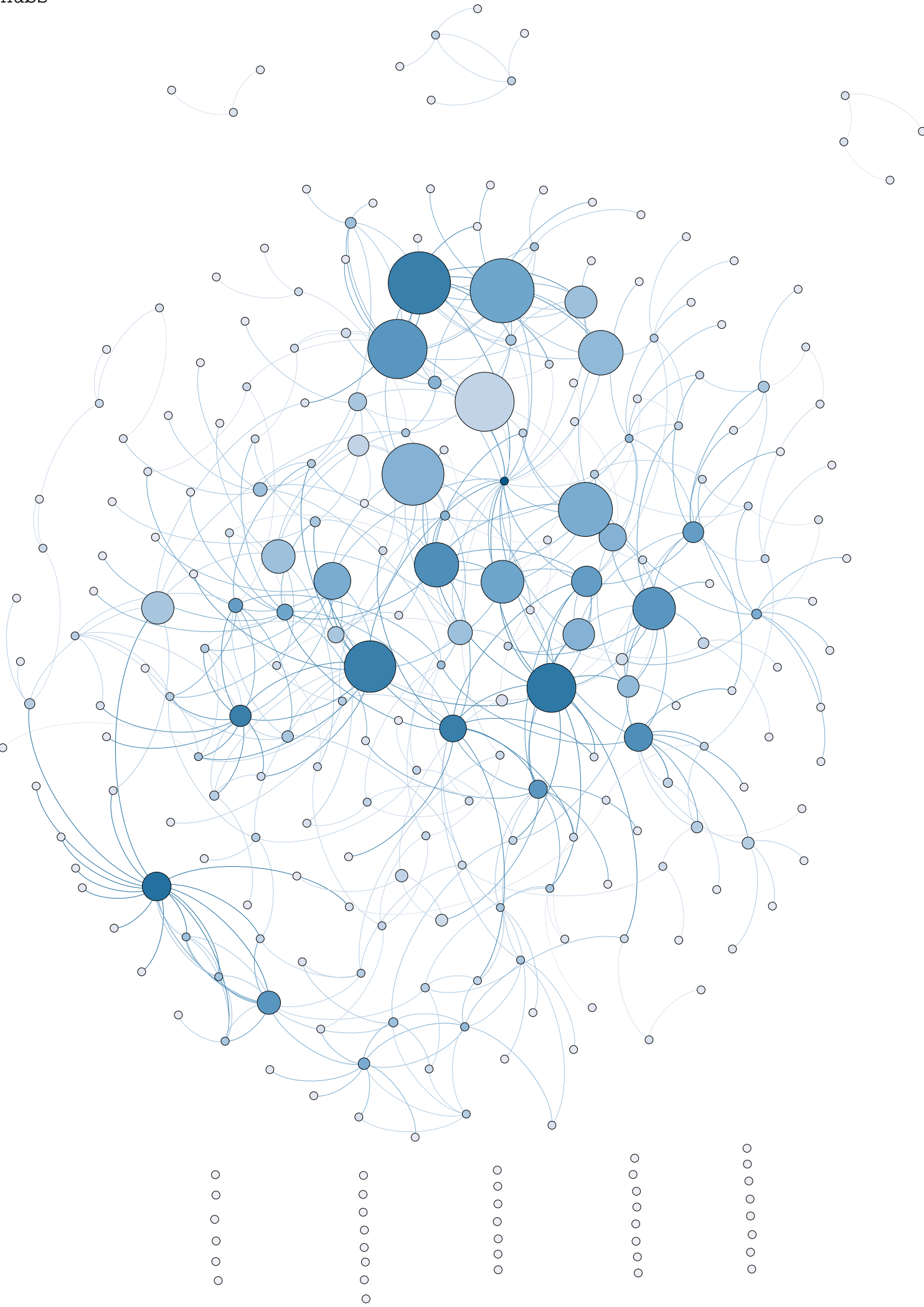
Thought questions:

- > **What do advocacy networks tend to look like? Are they often organized around hubs or are they often decentralized—or a mix of both?** It may be helpful to consider other advocacy networks as you think about hub organizations and the connectivity of the field of advocates in Kansas.

Betweenness



Hubs





Connectivity

6. Well-connected

The 20 organizations that have connections to 10 to 21 other organizations are shown in this map. There are three distinct groups. The larger group is centered around Organization A (they were also the top organization in the Degree and In-degree maps). The smaller group is based on Organization G's connections (the top organization in the Out-degree map). One final group, Organization P, stands alone to the right.

7. Not well connected with eccentricity

The rest of the 214 organizations in this SNA are shown in this map because they have connections to one to nine other groups. The larger and darker circles represent organizations that have the farthest connections to all other nodes in this already not well connected network. **This means that these organizations are not well connected, and their ability to gather information from others in the network is cumbersome and time intensive.**

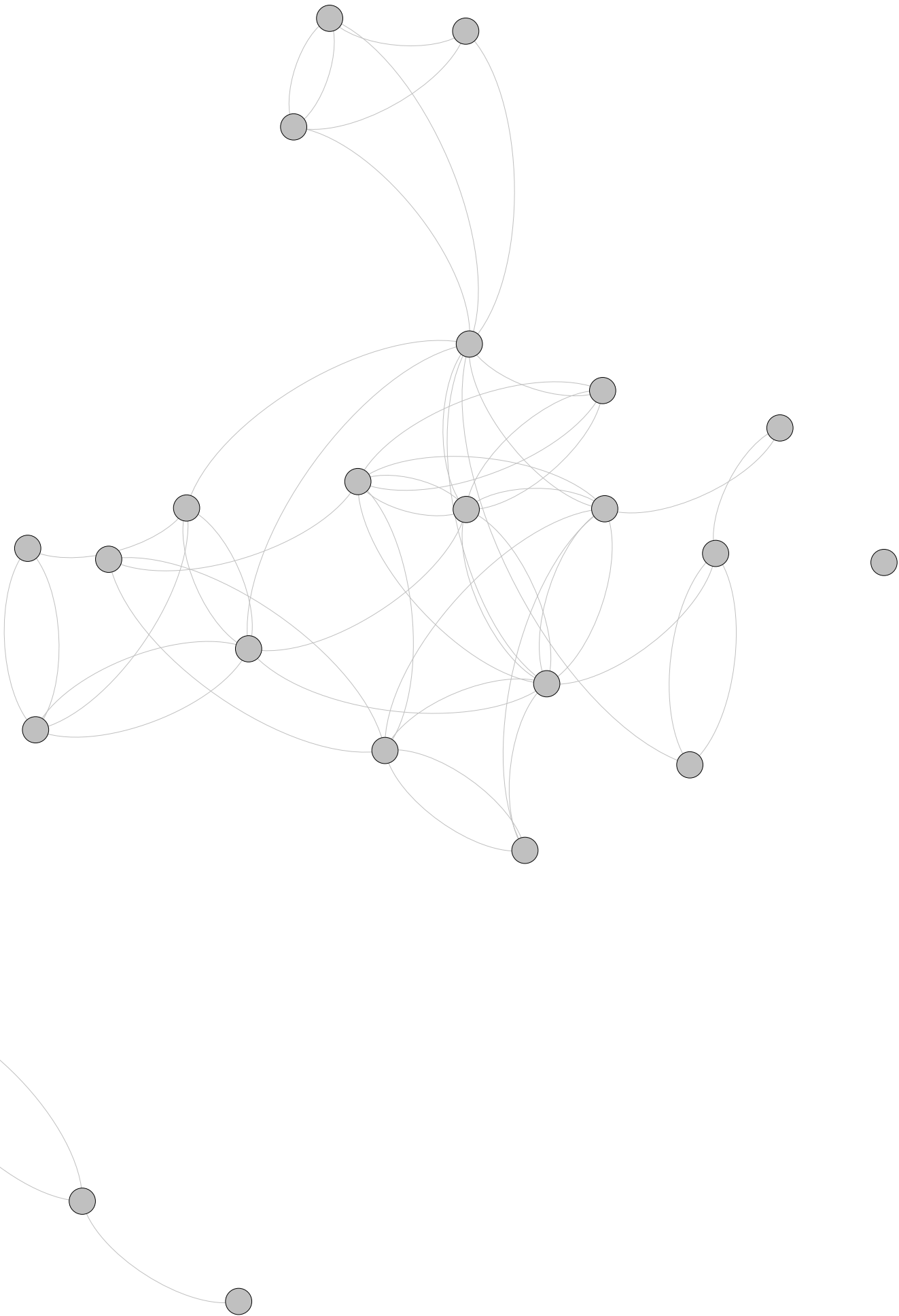
Some of these organizations are:

- > Organization Q
- > Organization R
- > Organization S
- > Organization T
- > Organization U
- > Organization V
- > Organization W

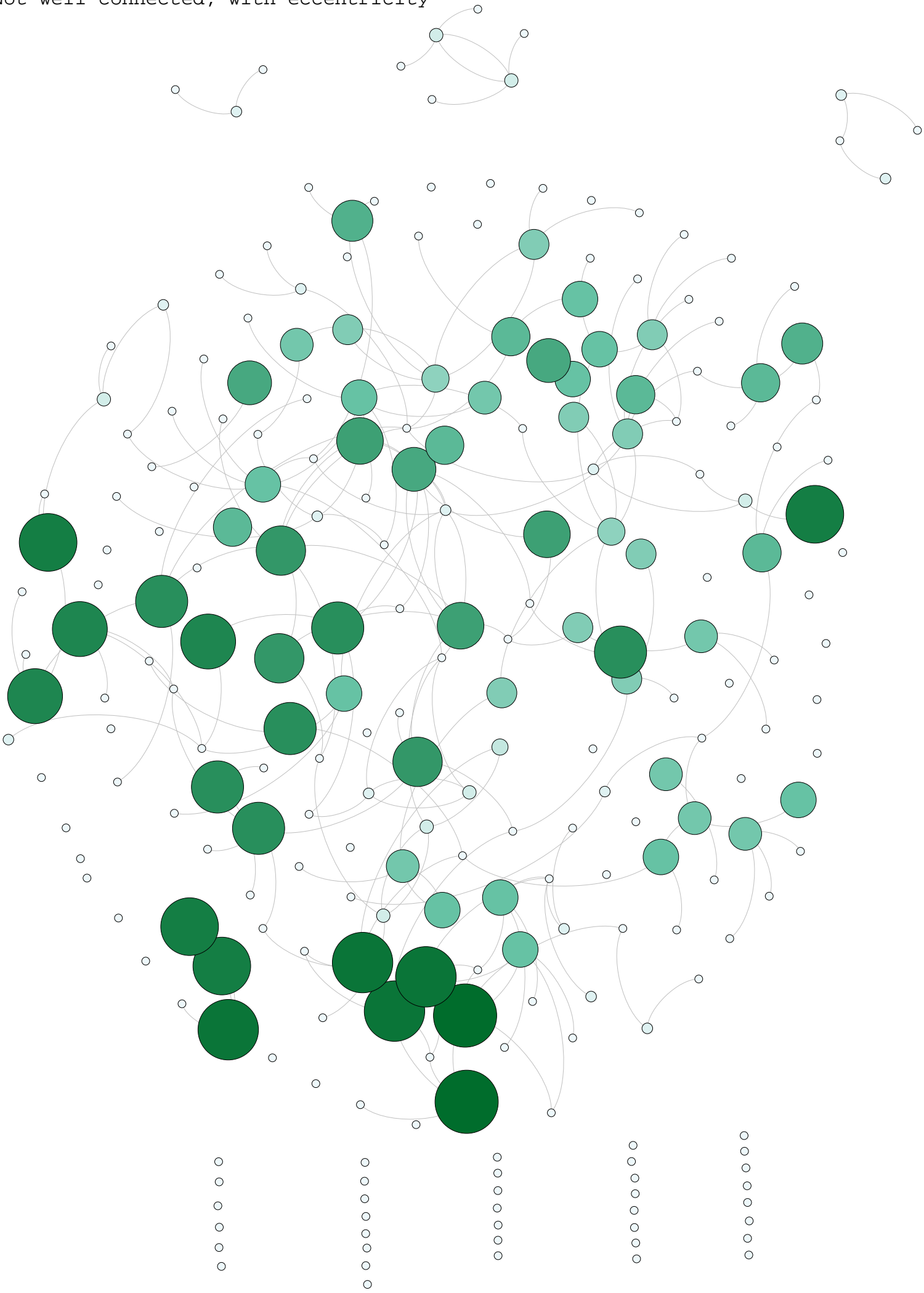
Thought questions:

- > **Many of the issues these not well-connected advocates work on are niche issues. Are there ways to connect e.g. LGBTQI or domestic violence advocates to advocates working on other, better-networked issues like health, mental health, or housing?**

Well-connected



Not well-connected, with eccentricity





Connectivity

8. Not well connected with betweenness

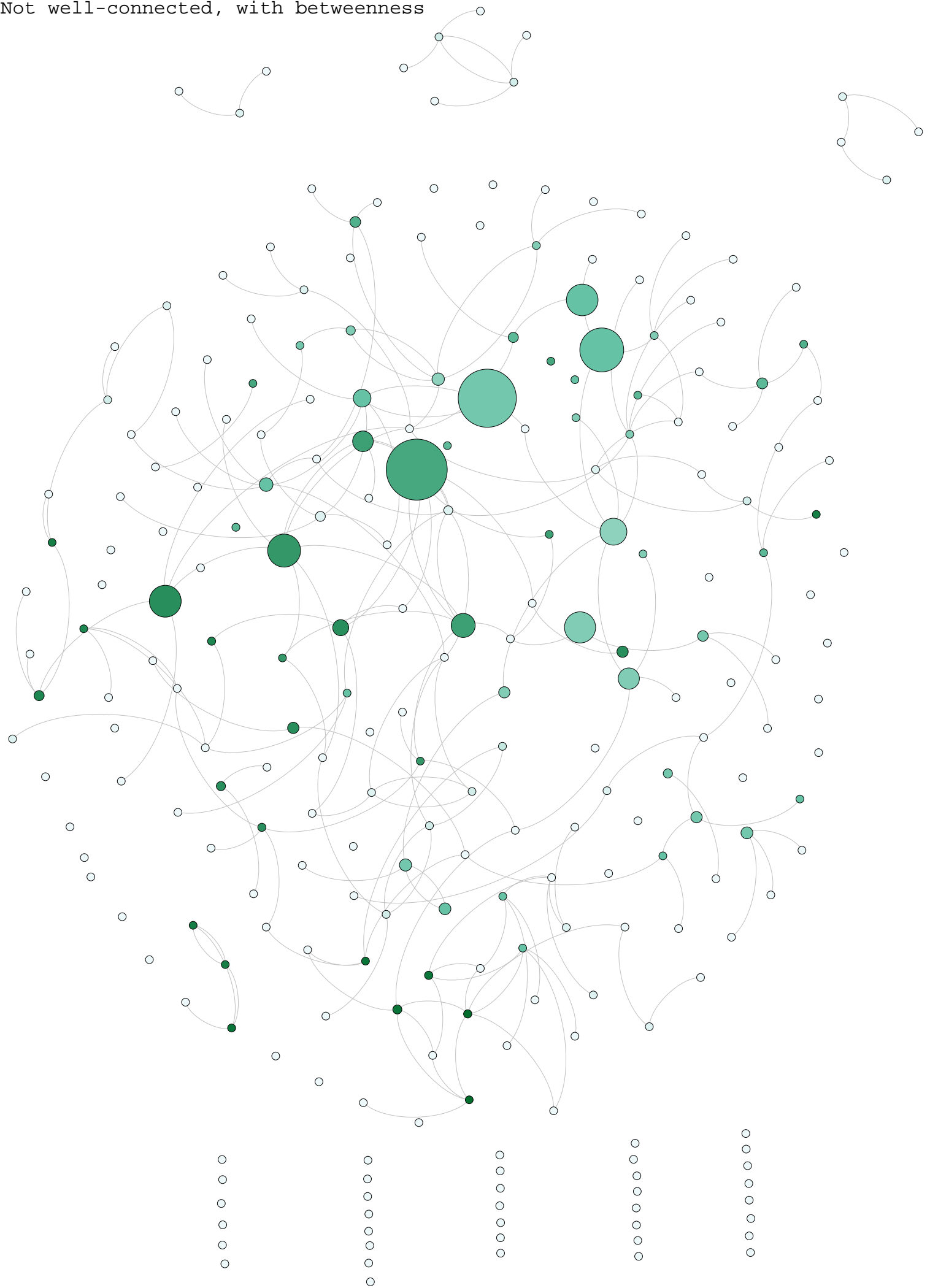
Within the group of not well-connected organizations, two groups stand out as connectors: Organization O and Organization N.

Of note is that these two groups are also identified as the connectors for the broader field of advocates in Kansas, for both less-connected and more-connected organizations.

Thought questions:

- > **What makes an organization a good bridge? Are there characteristics that can be developed in other organizations?** If these connectors were not able to function at their optimal capacity, the network would have great difficulty transmitting information. This would be especially problematic in a network of organizations that is already not very well connected.

Not well-connected, with betweenness





Connectivity

Issue Network Maps

The next series of maps look at organizations working in specific issue areas with each other. Green lines indicate which organizations are working on this issue with each other.

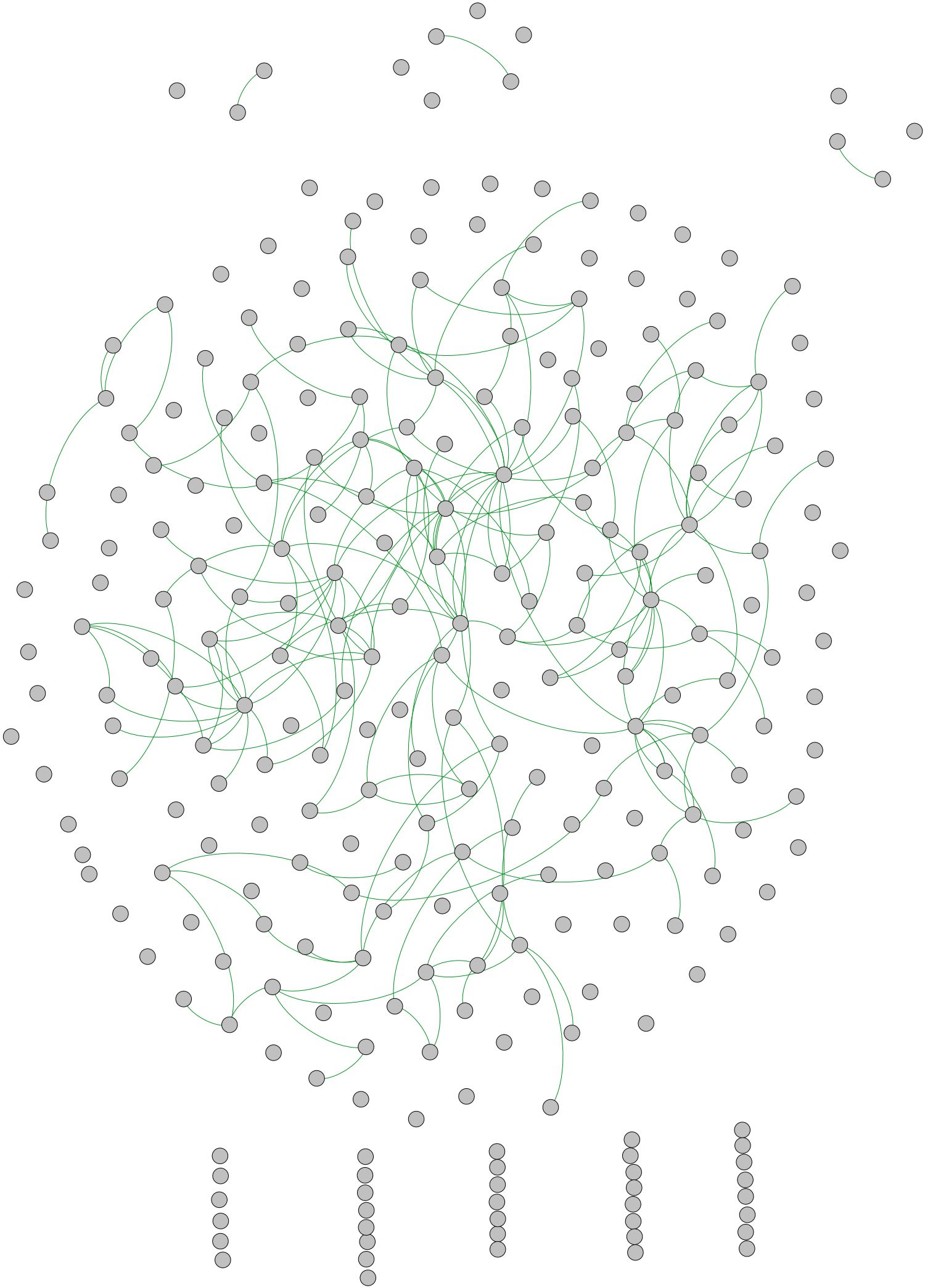
Health

Health advocates are generally well connected, and are the least siloed group of advocates. They make up the biggest portion of advocates within the overall field.

While the health advocates are well connected, there are three small clusters of health advocates who are not connected to the larger group at all.

There are a number of clusters with five primary organizations in the middle:

- > Organization A
- > Organization X
- > Organization Y
- > Organization F
- > Organization Z





Connectivity

Issue Network Maps

Children and families

Children and families advocates do not comprise as much of the advocacy field as health advocates do. With fewer advocates in the field working on children and families issues, it is easier to see the clusters of advocates and the extent of the connections within this field. Overall, the organizations working in this issue area are generally well connected, but there are more fragmented clusters in this issue than for health.

There are a number of clusters with four organizations in the middle.

- > Organization A
- > Organization F
- > Organization G
- > Organization B

Education

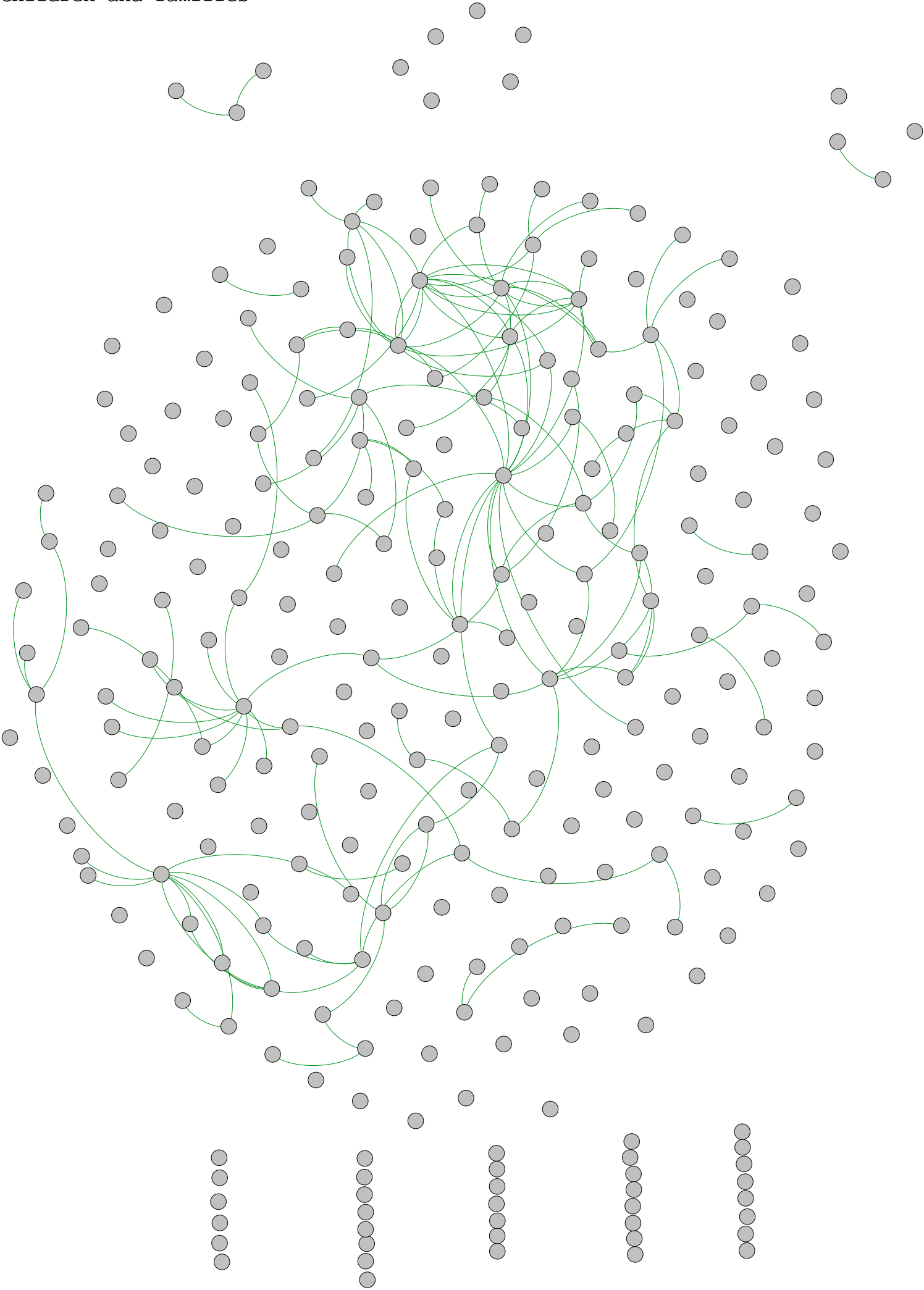
Education advocates comprise even less of the field than children and families or health advocates. This subfield is still generally well connected, but also has silos.

Most of the connections are concentrated around:

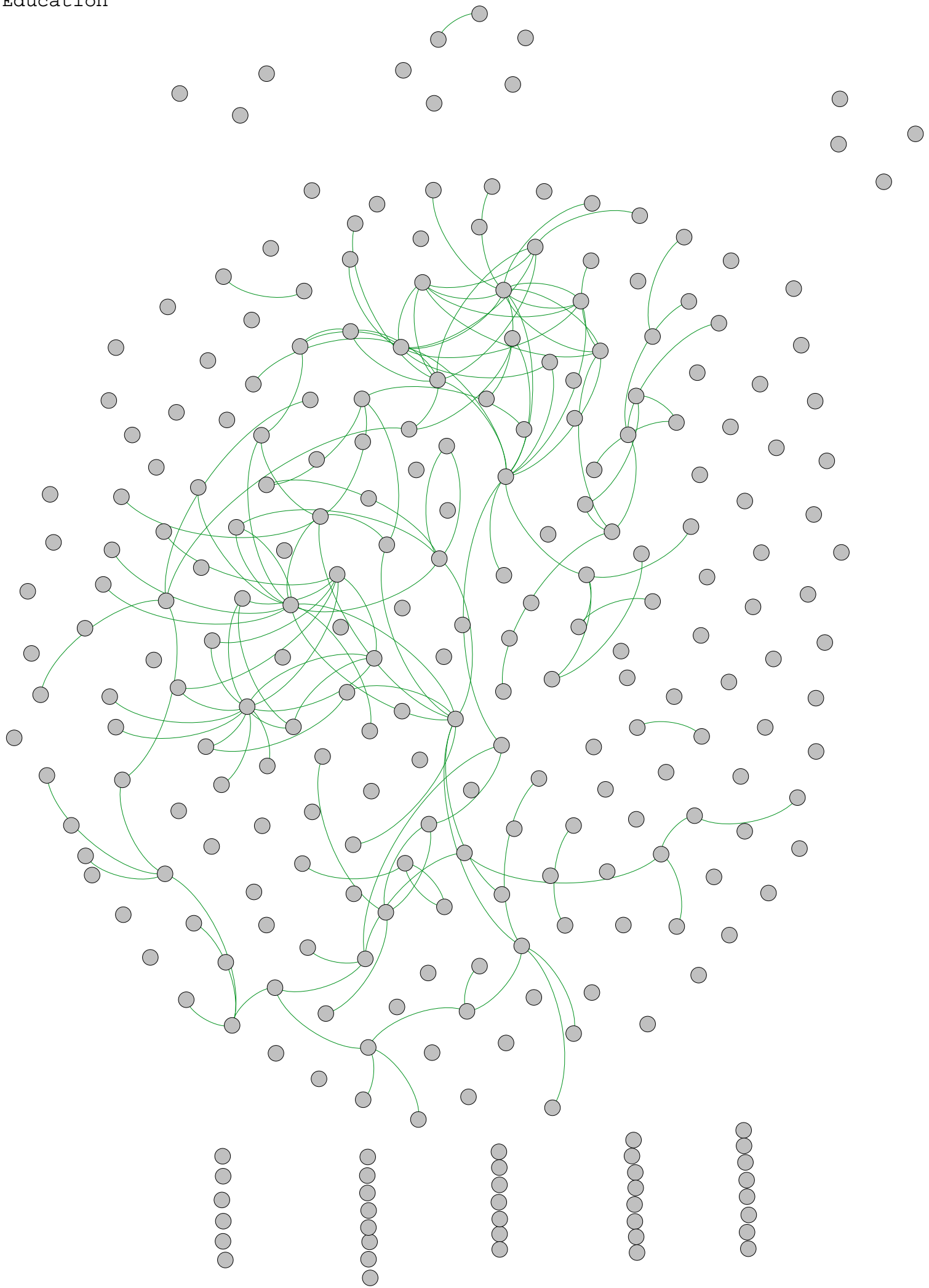
- > Organization AA
- > Organization A
- > Organization M
- > Organization D
- > Organization F

The subset of education advocates below Organization D seem to be the least connected organizations in the field.

Children and families



Education





Connectivity

Issue Network Maps

Mental health Mental health advocates are concentrated around four organizations:

- > Organization F
- > Organization Z
- > Organization G
- > Organization E

Outside of these four groupings, connections are mostly siloed.

Housing Housing advocates are siloed. They are not as well connected to each other as health or children and families advocates.

There are three centralized housing clusters with these organizations in the middle:

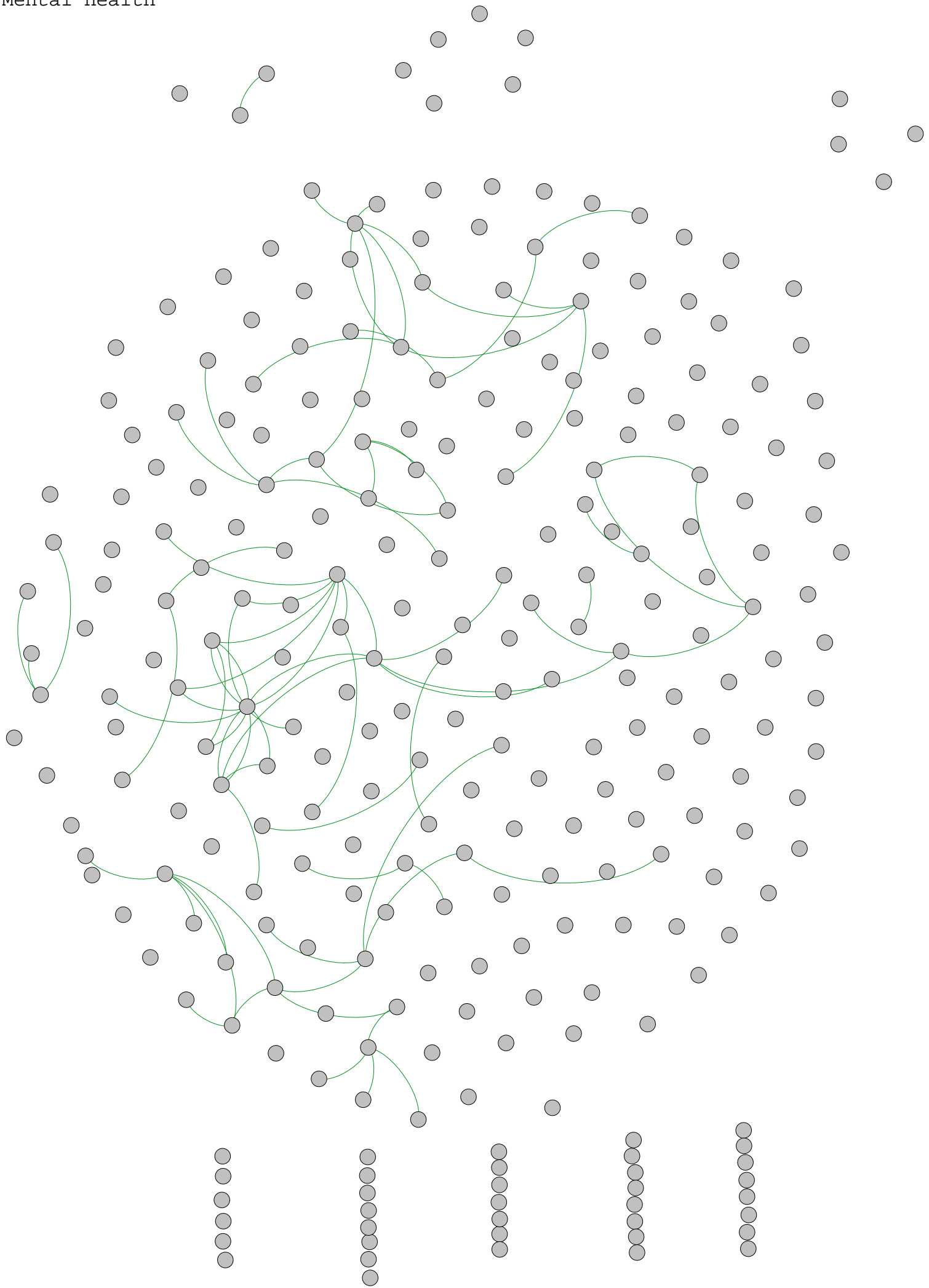
- > Organization G
- > Organization P
- > Organization F

Criminal justice Criminal justice advocates concentrate around these organizations:

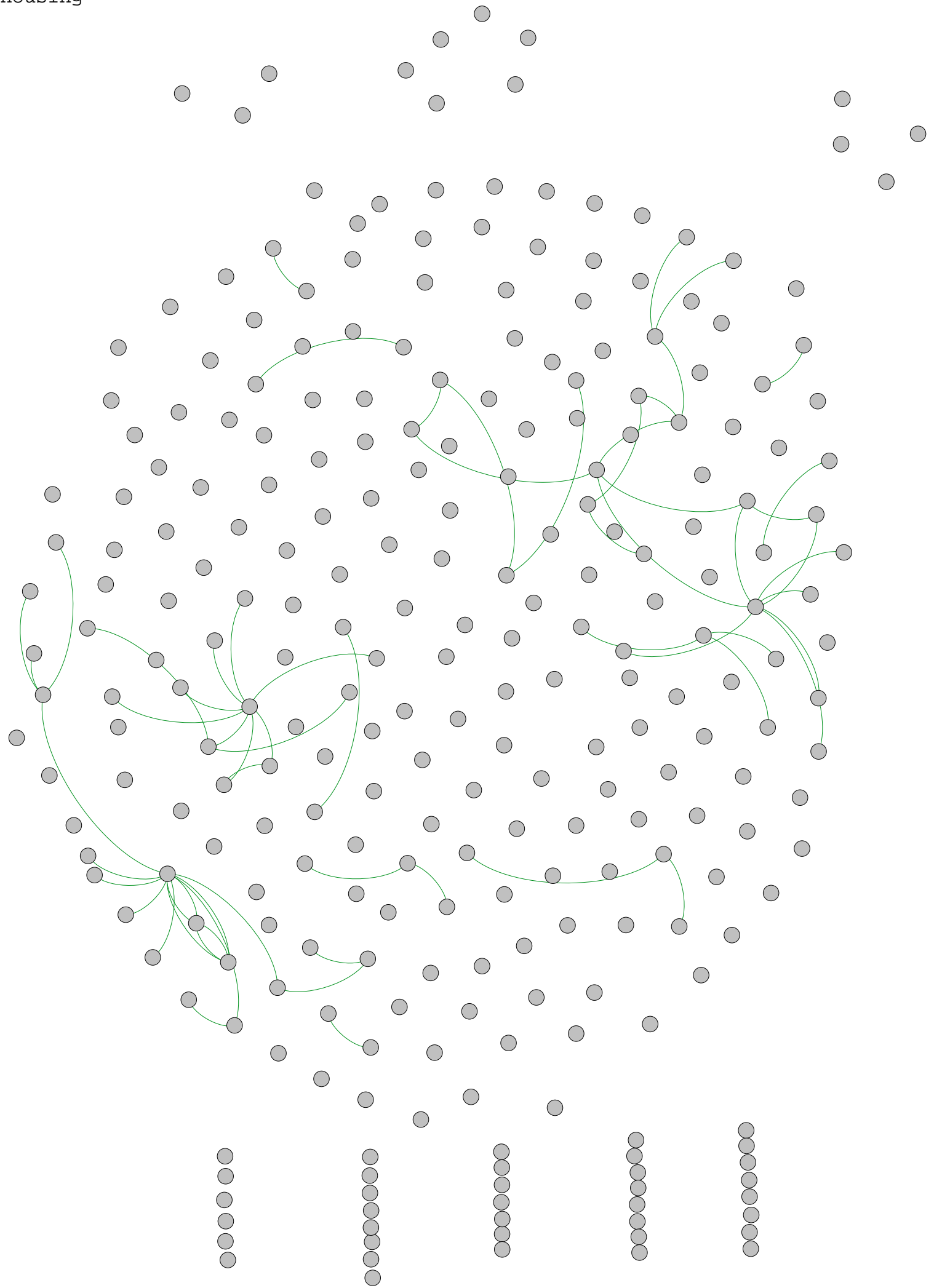
- > Organization G
- > Organization F
- > Organization K
- > Organization AB

Organization G's network of criminal justice advocates is connected to Organization K's network, which is in turn connected to Organization F's network. Organization AB's network of advocates are siloed from these three groups. There are smaller groups of advocates, no bigger than three in each group, which are cut off from the bigger criminal justice network.

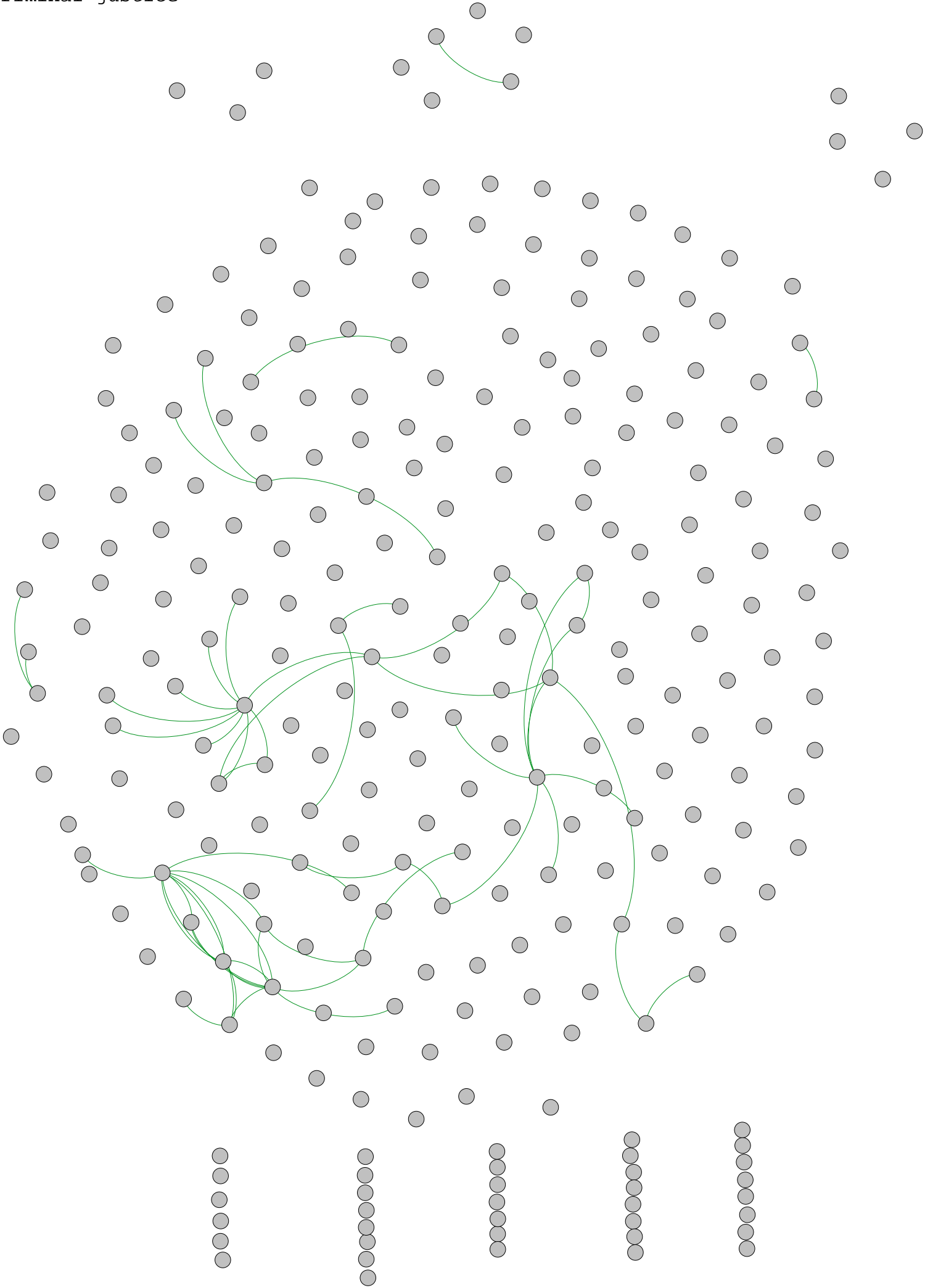
Mental health



Housing



Criminal justice





Connectivity

Issue Network Maps

Disability

Disability advocates concentrate heavily around Organization F. There are smaller hubs jutting from Organization F with Organization Z and Organization E at the center. It appears that Organization Z and Organization E are gateway organizations connecting more peripheral organizations to Organization F.

Domestic violence

Very few advocates work on domestic violence. The most well connected organizations working in this issue area are:

- > Organization G
- > Organization V
- > Organization W
- > Organization J

It appears that these four organizations predominantly work with each other and do not branch out to the other organizations in the field.

The remaining advocates work in teams of two or three, and are fragmented from each other.

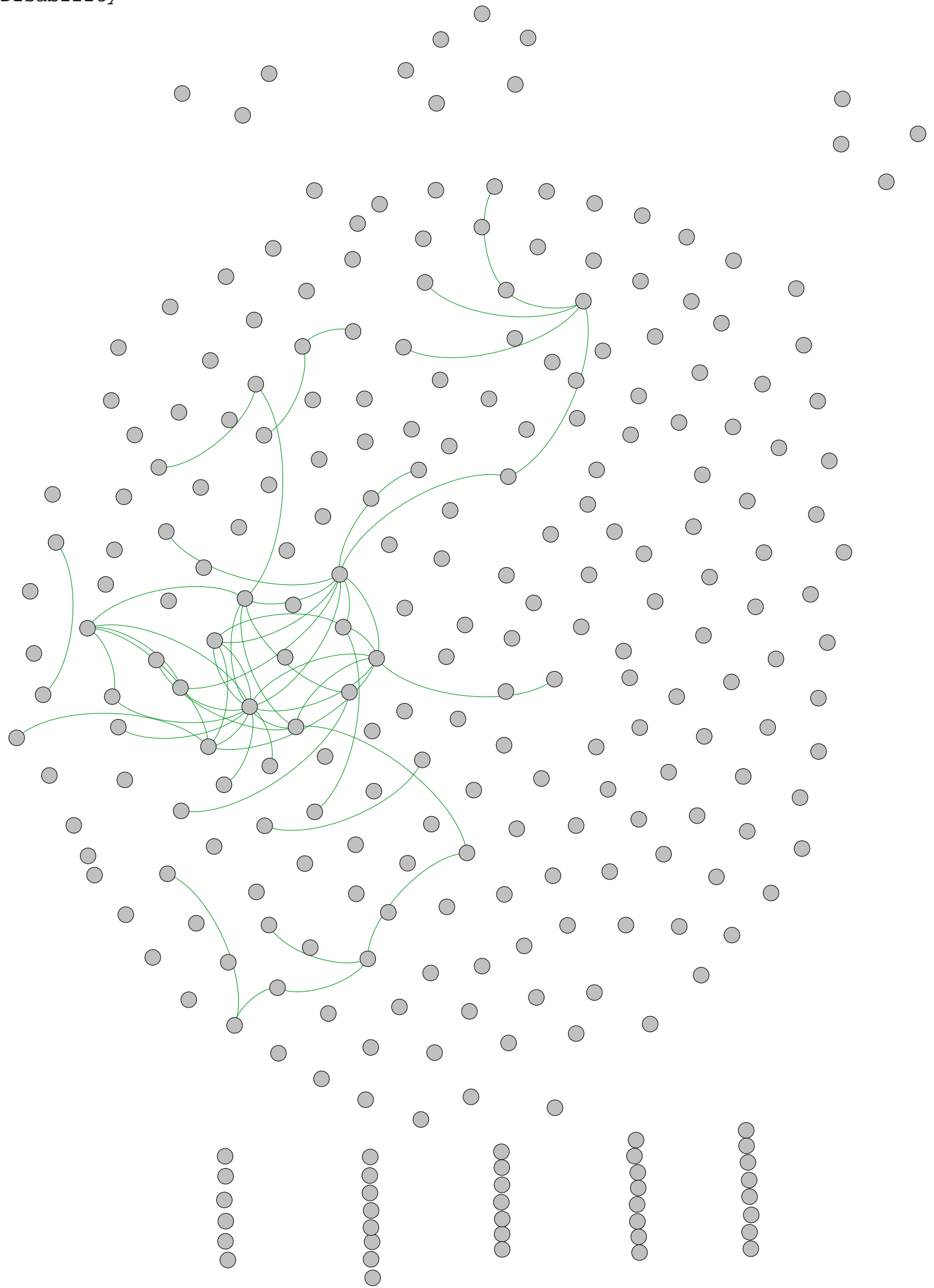
Economic justice

There are four main clusters around which the majority of economic justice advocates tend to cluster:

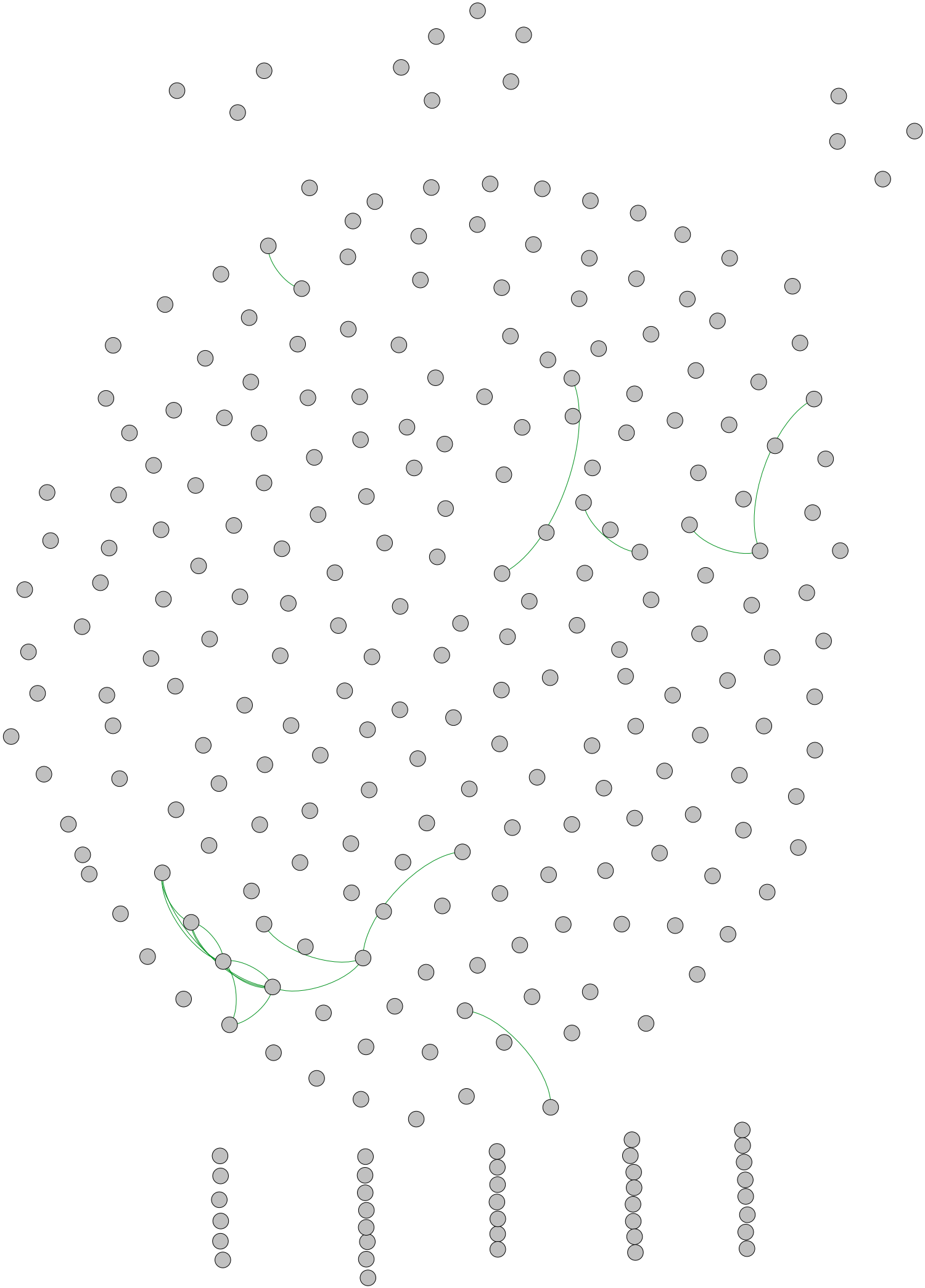
- > Organization G
- > Organization AF
- > Organization Z
- > Organization AC

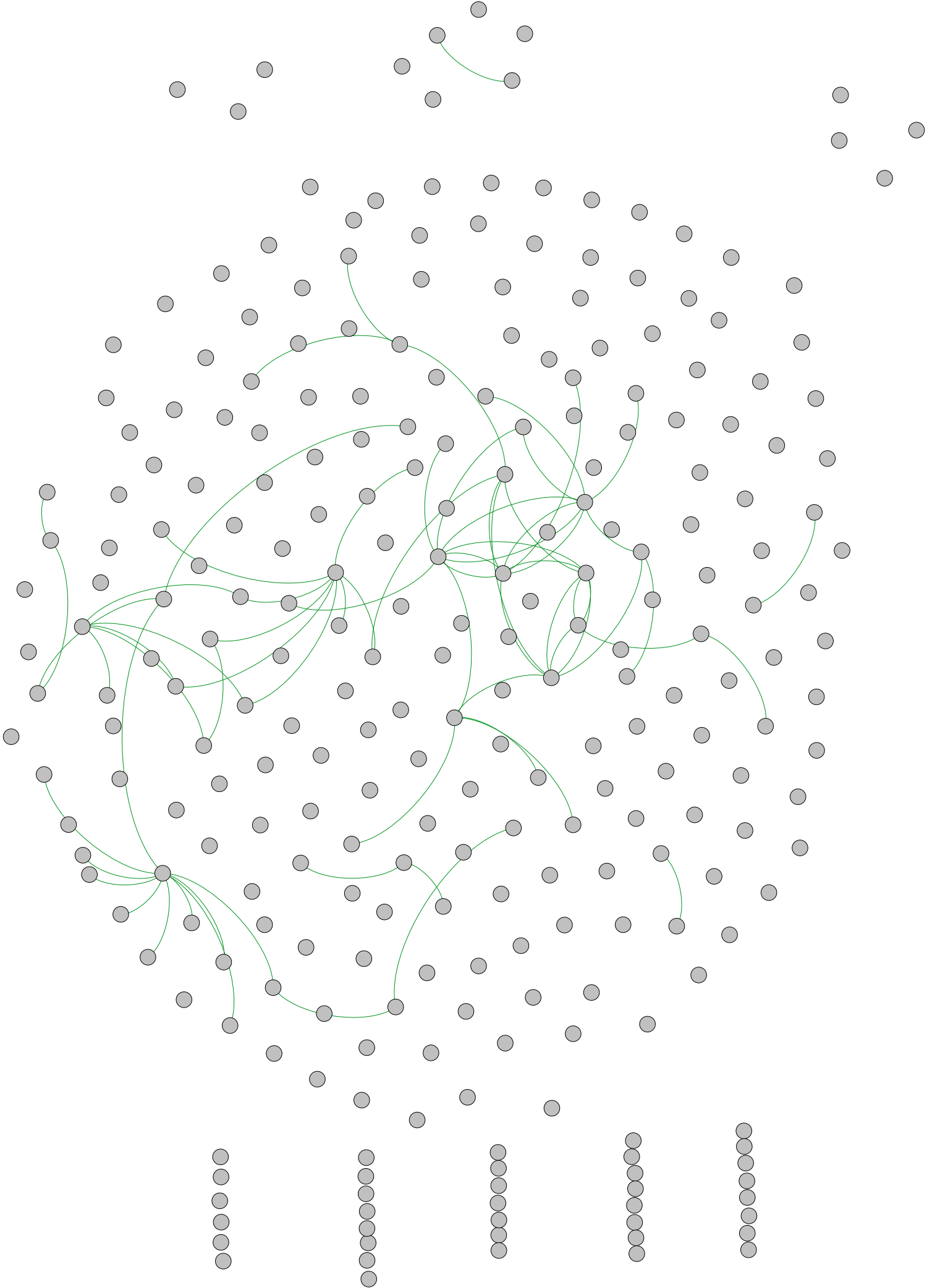
Organization G's cluster is fragmented from the other three, which are all larger clusters of advocates. These three larger clusters are loosely connected by one or two mutual partners.

Disability



Domestic violence





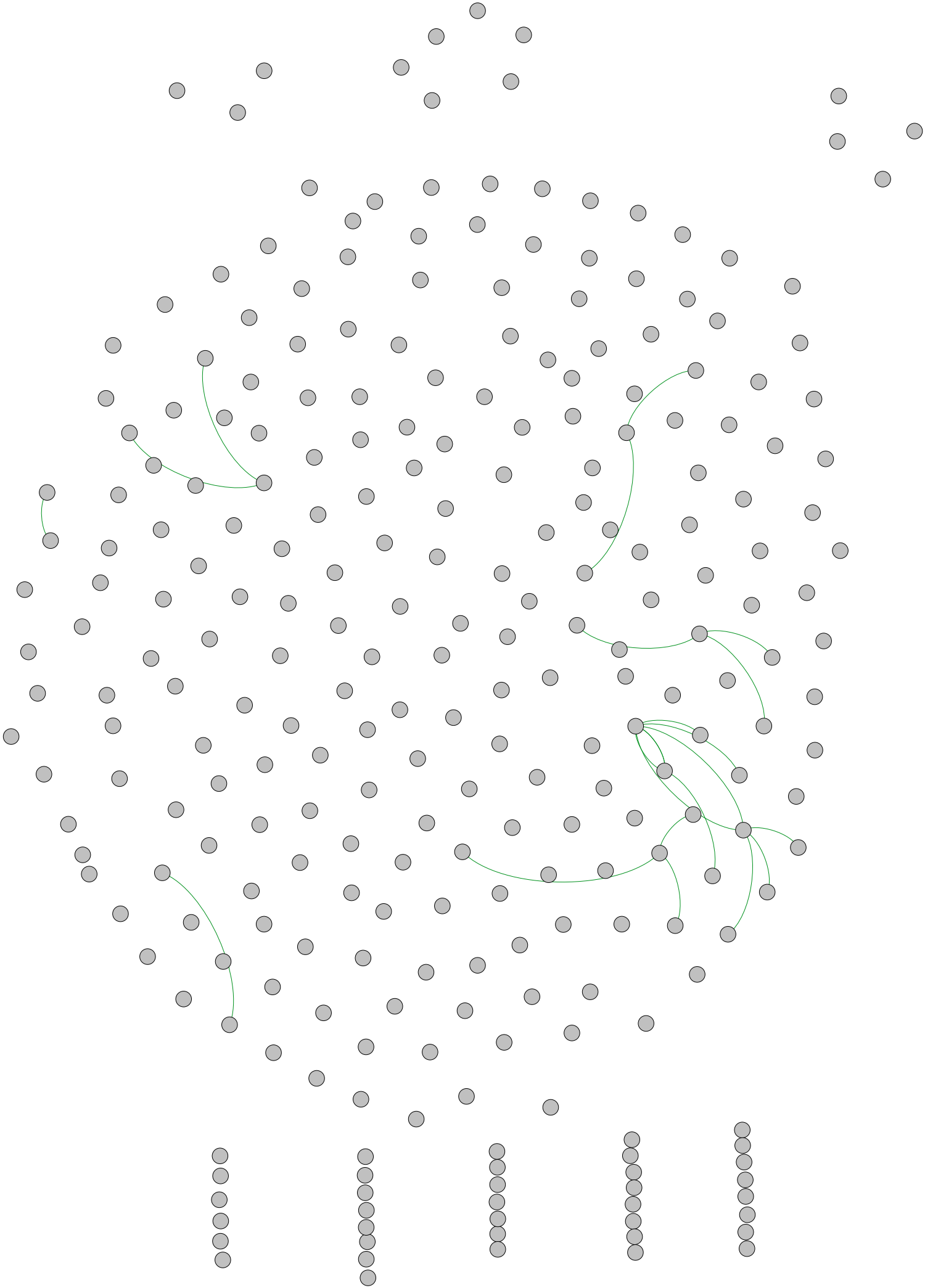


Connectivity

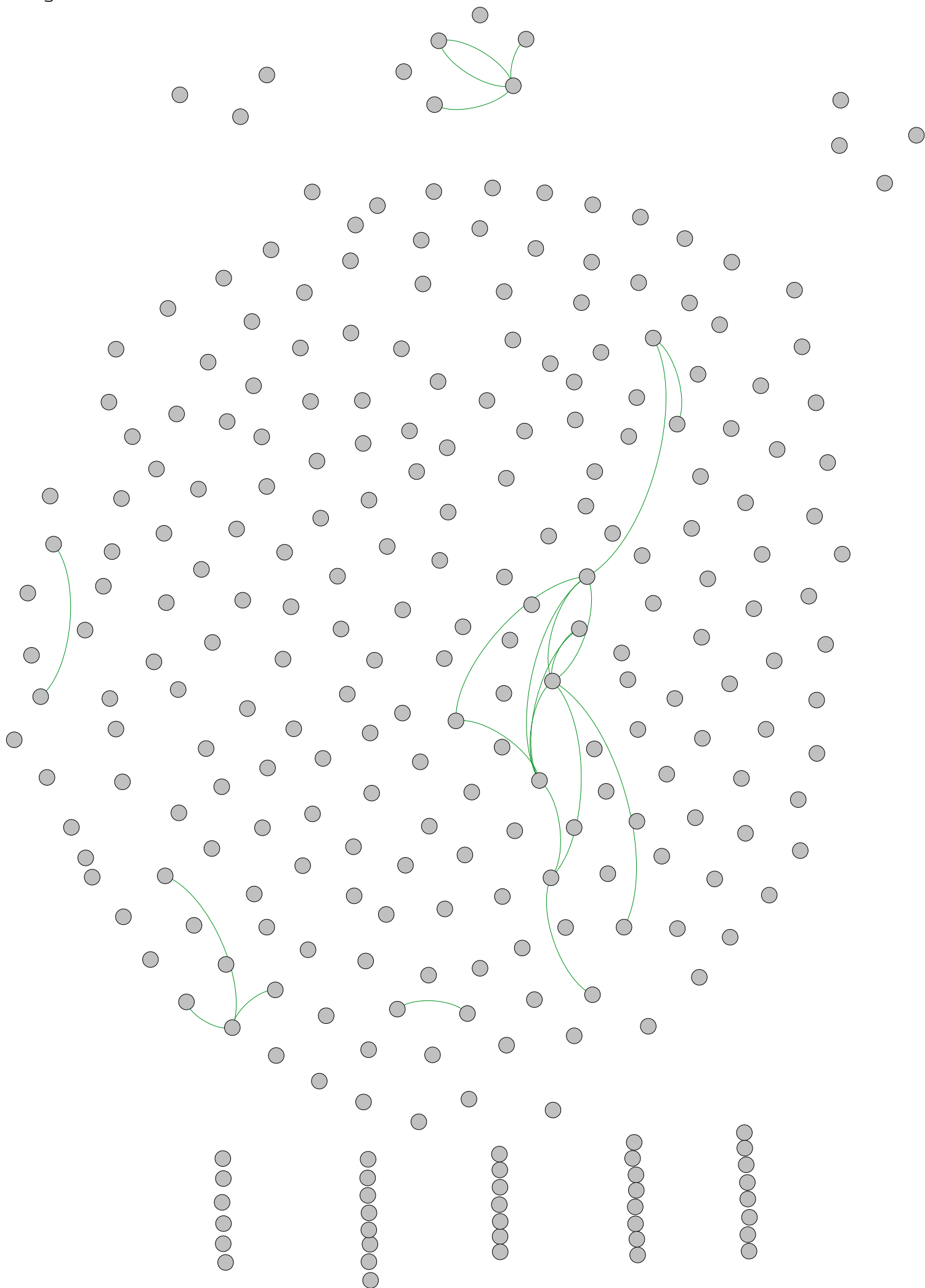
Issue Network Maps

Environment	There is one concentration of environmental advocates around Organization L. The rest of the advocates in the field work in teams of two or three, and are largely fragmented from this larger cluster of advocates.
Immigration	The majority of immigration advocates seem to concentrate around Organization C and Organization K. These advocates are well connected. However, there are four smaller groups of immigration advocates who are largely working in silos and are fragmented from this larger group.
Labor and employment	The majority of labor and employment advocates concentrate around Organization Z and Organization F. While it appears there is more connectivity for advocates outside of these two main clusters, they are still working in silos and are not connected to larger groups outside of the two- to four-organization formations.
LGBTQI	<p>The majority of LGBTQI advocates are situated mainly around organizations who are focused on LGBTQI rights:</p> <ul style="list-style-type: none">> Organization AD> Organization U> Organization R <p>LGBTQI advocates seem well connected with each other. There are only two small two-organization teams that are fragmented from this larger group.</p>

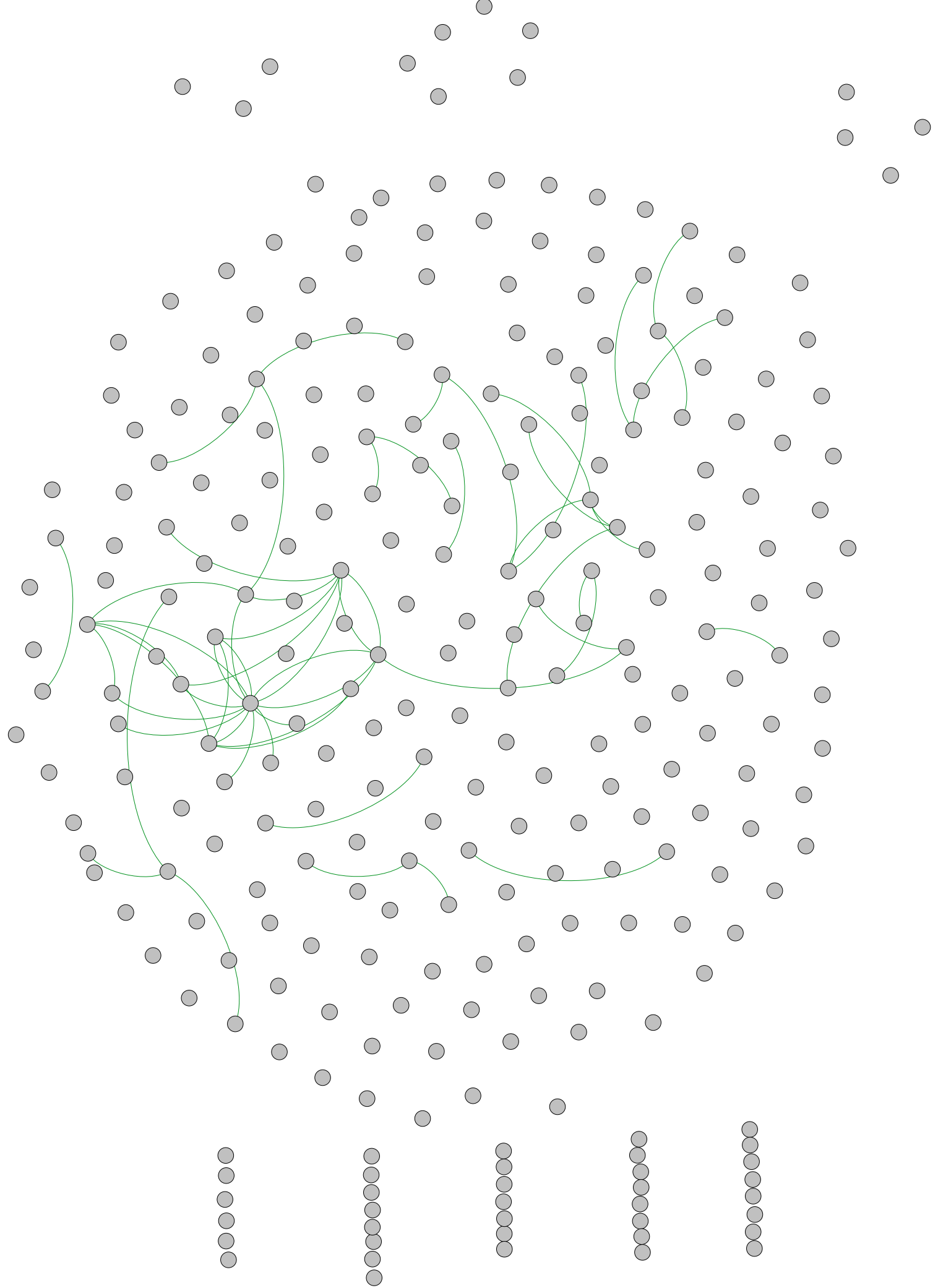
Environment

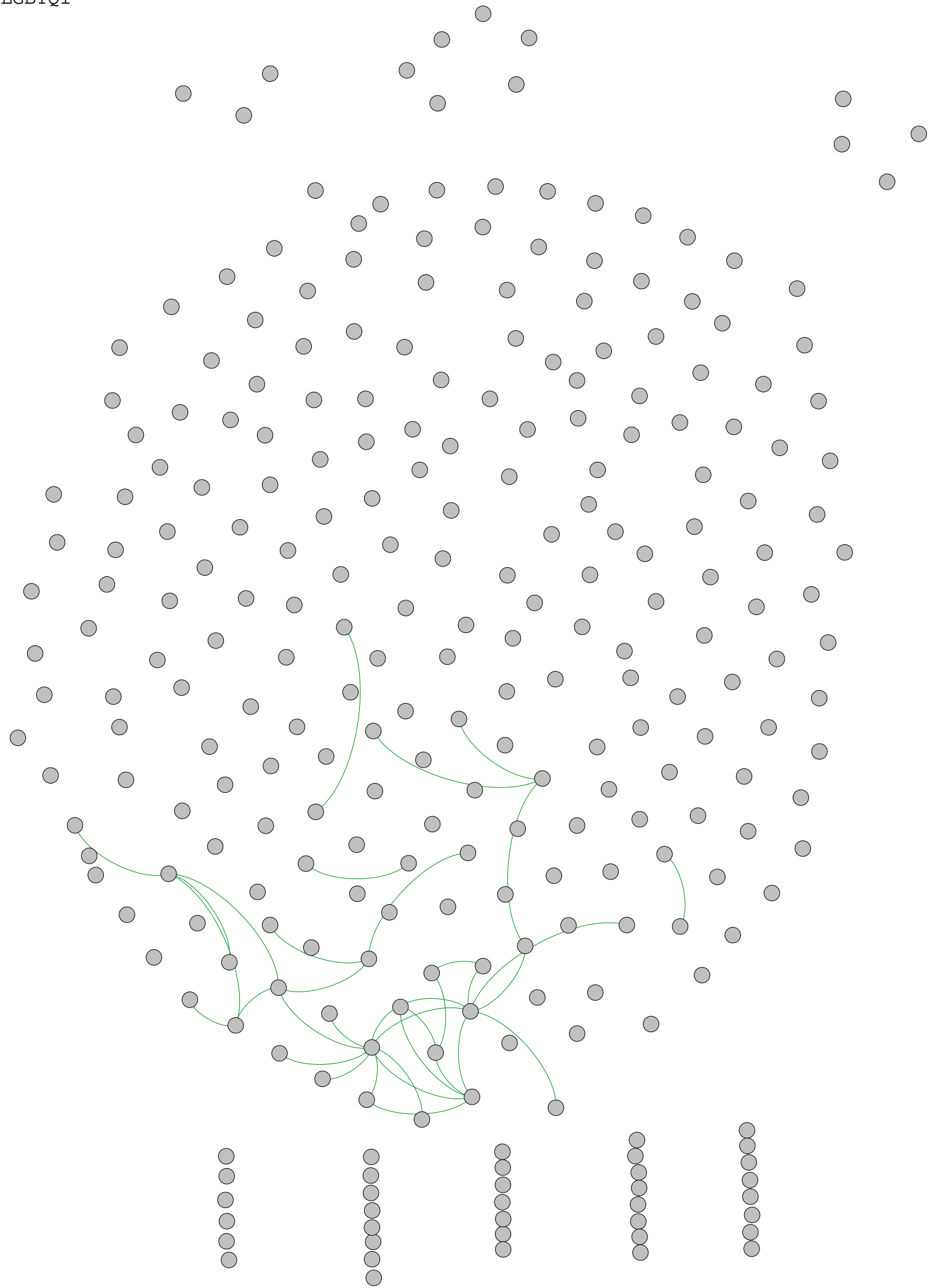


Immigration



Labor and employment







Connectivity

Issue Network Maps

Race and ethnicity

The main group of advocates are clustered around Organization K. This issue is not as connected as it could be. Outside of this cluster, the rest of the race and ethnicity advocates are working in two-organization teams, fragmented from this larger group.

Substance abuse

The substance abuse advocates are not well connected to each other. They work primarily in two- to three-organization teams and are all fragmented from each other.

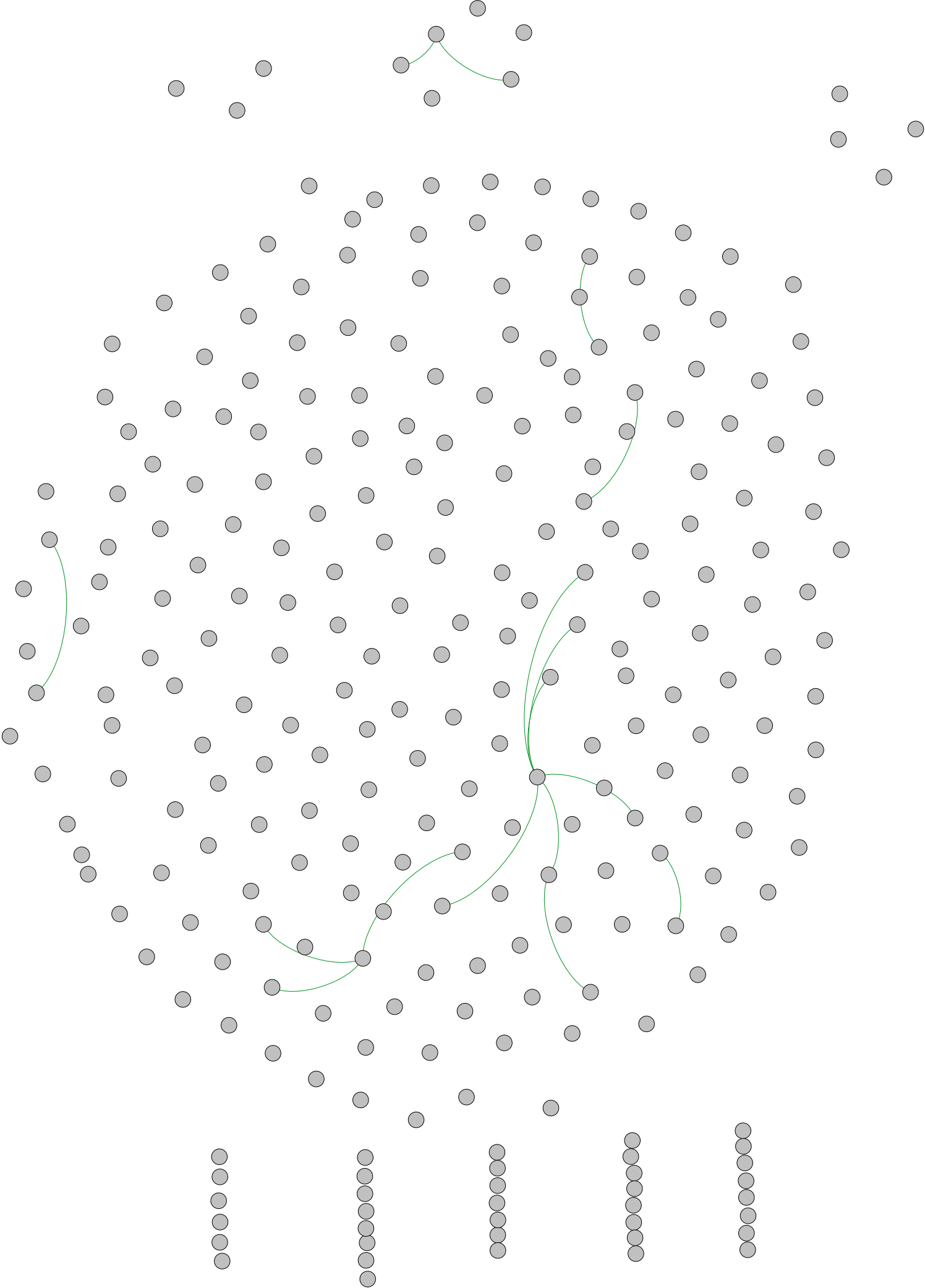
Youth

Youth advocates are concentrated around four organizations.

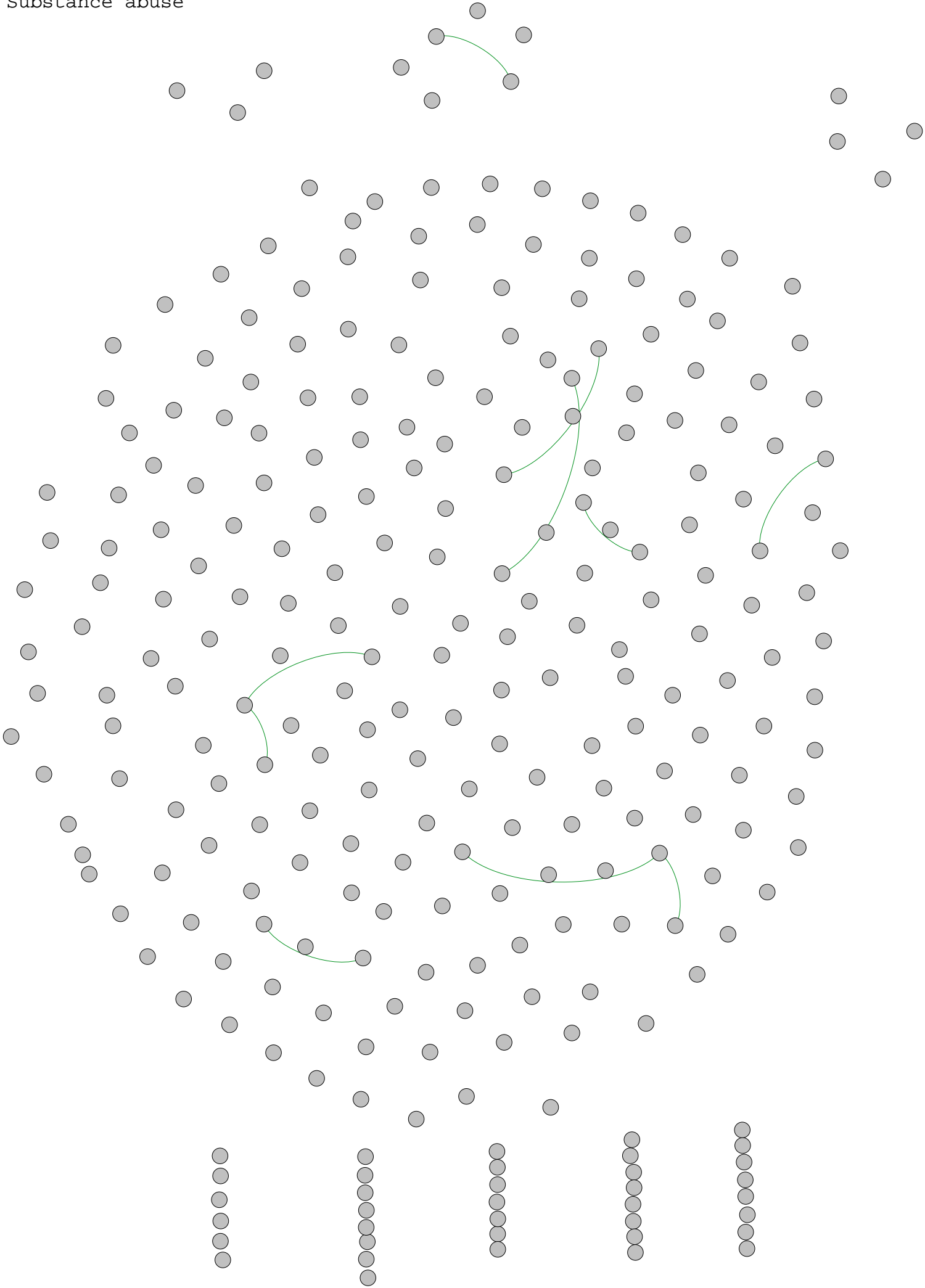
- > Organization M
- > Organization AE
- > Organization F
- > Organization C

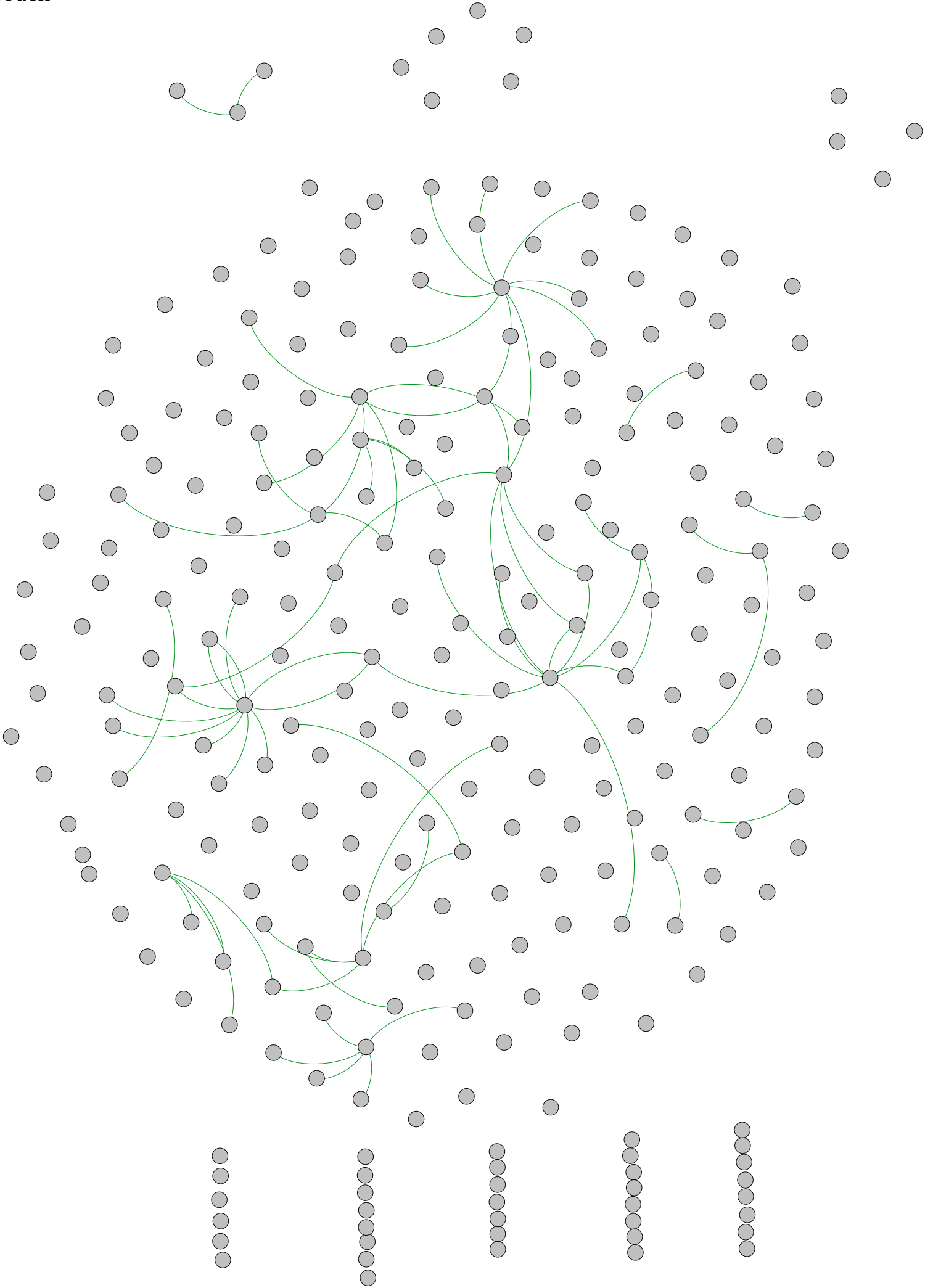
Organization G also has a cluster, which is fragmented from the other three larger groups, which appear to be well connected to each other. There are also smaller groups of advocates working in teams, but who are not connected to the larger clusters of advocates working in this field.

Race and ethnicity



Substance abuse







Organization Characteristics

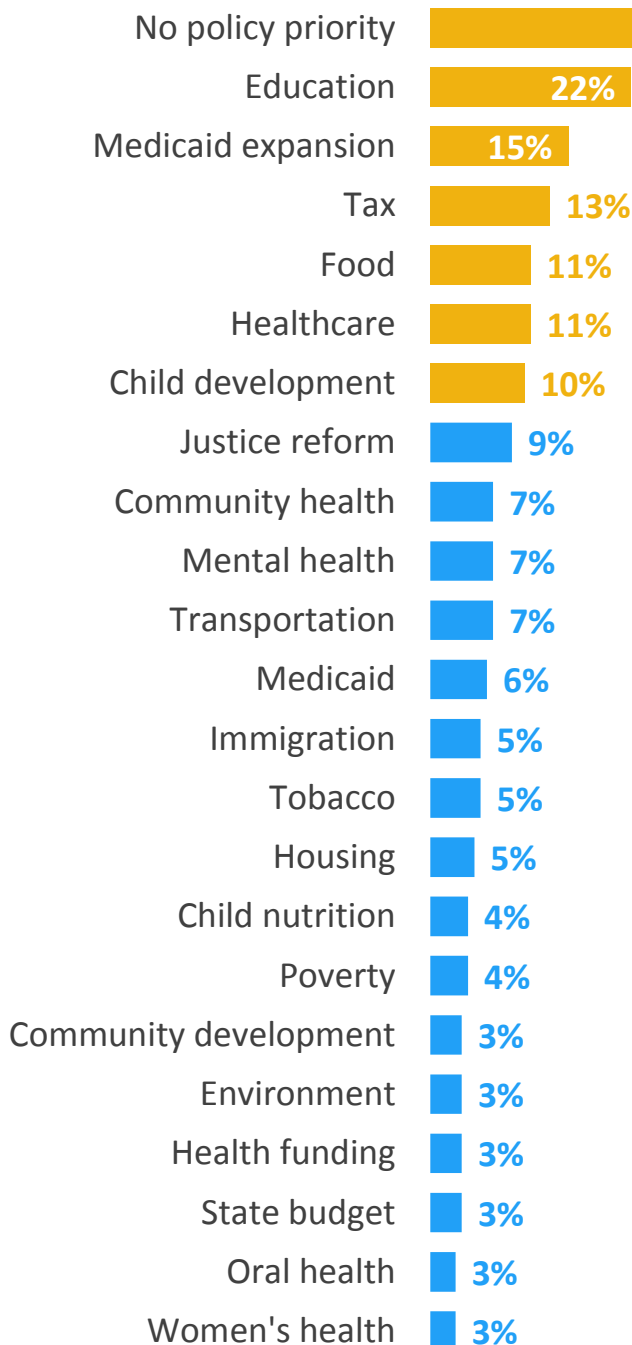
These final questions in the survey look at demographic and other characteristics of the organizations that are important, but cannot be assessed via the advocacy field dimensions. Following these questions are comparisons between some of these questions in an attempt to learn more about what makes a good advocacy organization.

Related survey questions:

- > Question 3: **What are your top policy priorities for the next year?**
- > Question 4: **What populations or constituencies do you engage with most in your advocacy work?**
- > Question 5: **What is your biggest advocacy success over the last year?**
- > Question 10: **How many full-time staff does your organization employ?**
- > Question 11: **What is your annual organizational budget?**
- > Question 12: **How much of your annual organizational budget has gone towards advocacy work in the past year?**
- > Question 23: **What geographic area best describes your organization's focus area?**

Organization Characteristics

Question 3: If you are working towards policy change, what are your top (1-3) policy priorities for the next year?



The advocates responding to the survey seem relatively unfocused or unenthusiastic when it comes to working towards a policy priority in Kansas. Close to half (42%) of respondents did not report working towards a policy priority in 2016.

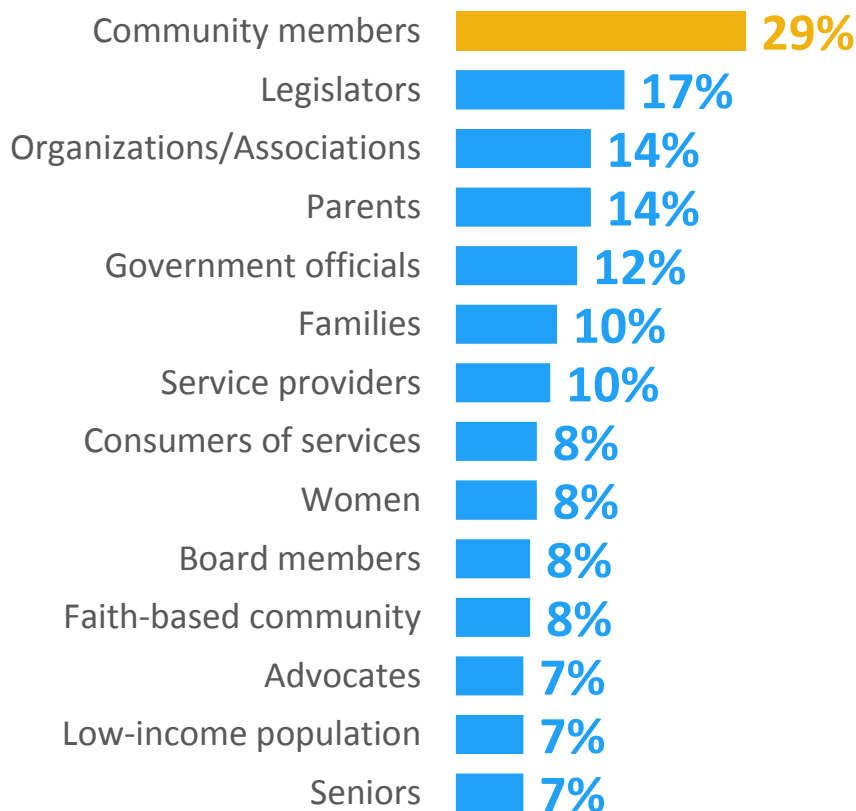
For those organizations that did name a policy goal they will put resources towards this year, focal areas are education, Medicaid expansion, taxes, food, other healthcare issues, and child development.

There were many other policy priority areas named, but they only garnered the support of one to two percent of the surveyed organizations. The full list of named policy focal areas can be found in **Appendix B**.

n = 146

Organization Characteristics

Question 4: What (1-3) populations or constituencies do you engage with most in your advocacy work?



n = 146

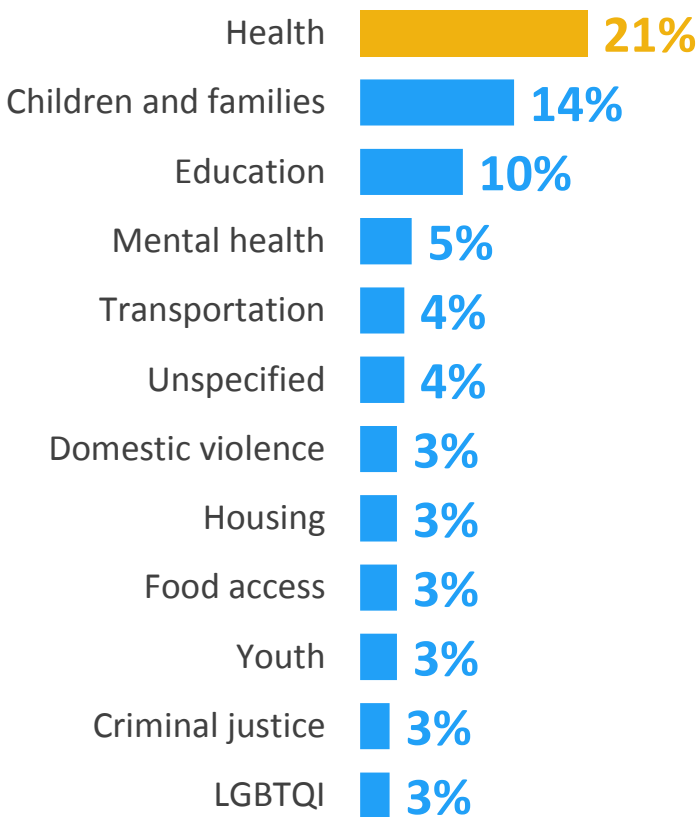
Over a quarter (29%) of the organizations engaged with their **community members**, followed by 17% of organizations who engaged with **legislators**, and 14% who engaged with **organizations/associations** and **parents**.

Nearly half (49%) of the organizations targeted the public, followed by 34% who targeted influencers, and 16% who targeted decisionmakers.

As with policy priorities, there were many other constituencies named. The full list of named populations or constituencies can be found in **Appendix B**.

Organization Characteristics

Question 5: In short answer, what is your biggest advocacy success over the past year?
(Open-ended)



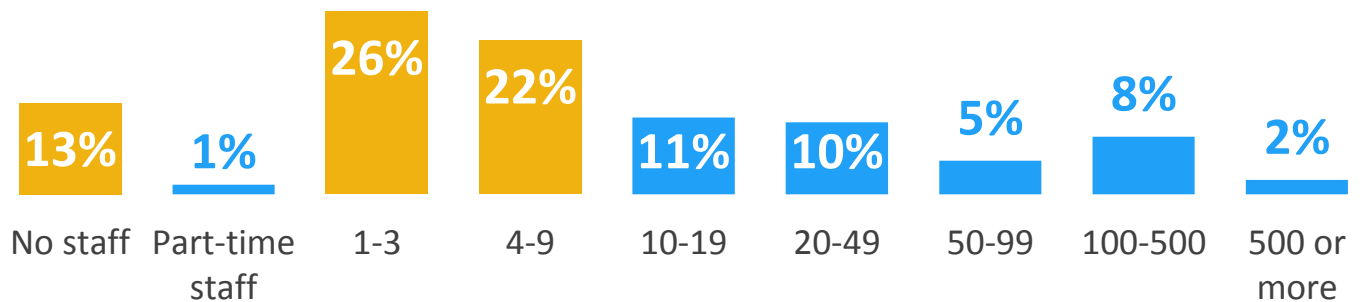
n = 146

Over a fifth (21%) of organizations indicated that their biggest advocacy success over the last year was related to health issues, followed by issues connected to children and families (14%), and issues around education (10%).

The full list of issue areas where these organizations felt they saw advocacy success in the past year can be found in **Appendix B**.

Organization Characteristics

Question 10: How many full-time staff does your organization employ?
(Open-ended)



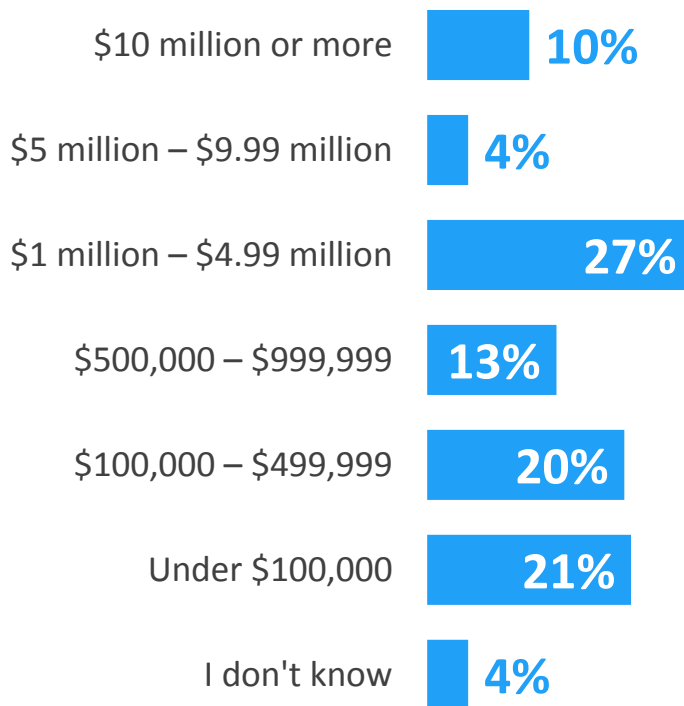
n = 144

A whopping 70% of organizations responding to the survey have 1-50 full-time staff. Breaking this down further shows that advocacy organizations in Kansas tend to be quite small.

Nearly half (48%) of the organizations employ 1-9 full-time staff, 21% employ 10-50, and 17% employ 50 or more full-time staff. **13% of organizations engaging in advocacy in Kansas are not staffed.**

Organization Characteristics

Question 11: What is your annual organizational budget?



n = 144

There is variability across the organizations with respect to their annual budget.

Over half (54%) of these organizations operate with an annual budget of under \$1 million. As many of these organizations employ few staff, this is unsurprising.

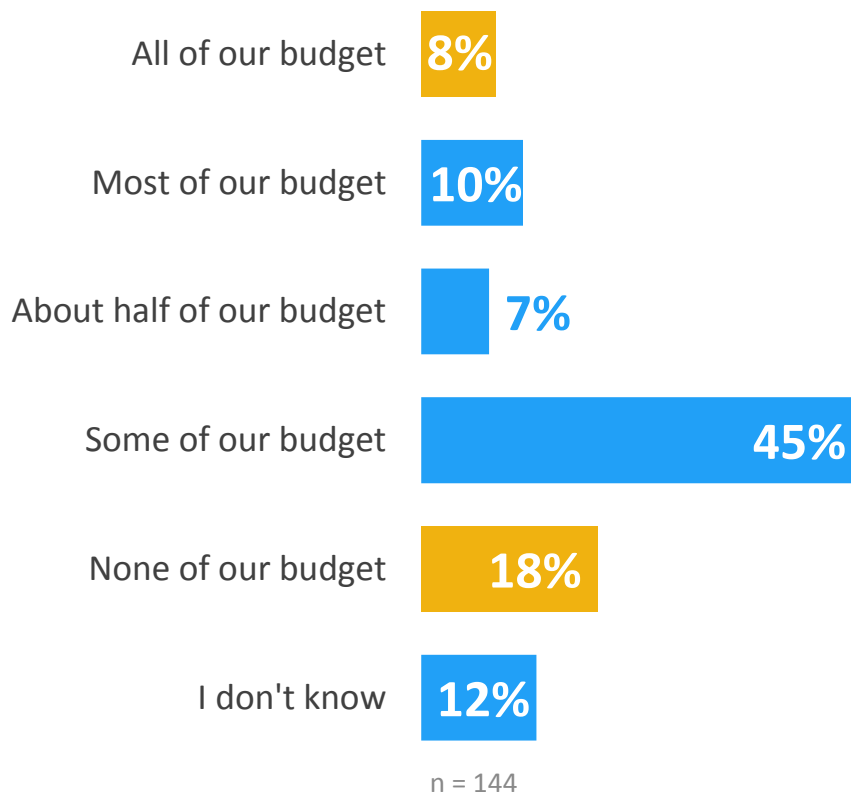
Around a quarter (27%) of the organizations operate with an annual budget of \$1 million to \$4.99 million. 10% of organizations have an operating budget of \$10 million or more.

These results closely mimic our findings in our State of Evaluation 2012 research project, which asks the same question of all nonprofits nationwide.

The State of Evaluation report can be found at www.stateofevaluation.org.

Organization Characteristics

Question 12: How much of your annual organizational budget has gone towards advocacy work in the past year?



There are some organizations that describe all of their activities as advocacy. 8% percent of surveyed organizations put their full budget towards advocacy.

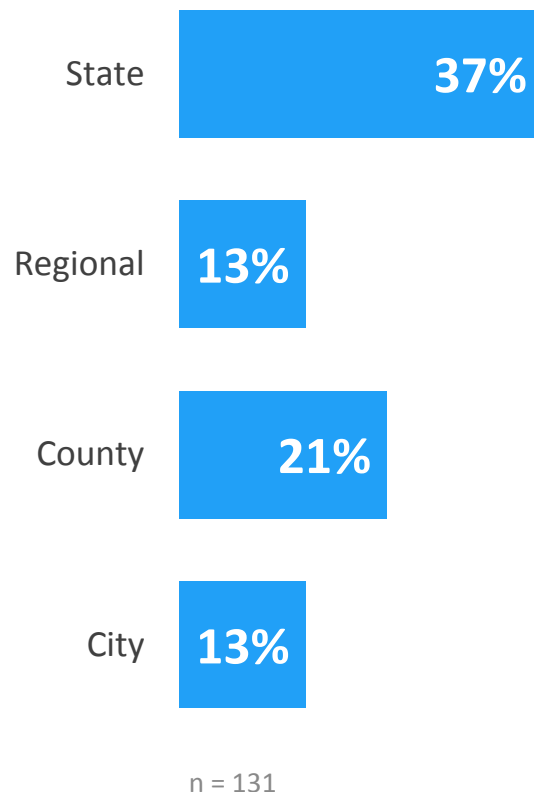
On the other hand, 18% reported putting no financial resources towards advocacy in the past year.

About half of the organizations fell on the lower end of resourcing advocacy work this past year—45% reported allocating some of their budget to advocacy, while one-quarter put half or more of their budget towards advocacy work.

In responding to this question (and many others), respondents were provided an advocacy definition they could refer to in the survey.

Organization Characteristics

Question 23: What geographic area best describes your organization's focus area?



Many of these organizations report focusing on the entire state of Kansas (37%).



Organization Characteristics

What makes a good advocacy organization?

Are there any common characteristics shared by “good” advocacy organizations? What makes a “good” advocacy organization?

Looking across various organizational characteristics, there were a few that stood out as indicators of strength.

For the data tables supporting these findings, please see **Appendix B**.

Annual Organizational Budget

An organization’s ability to weather reasonable ups and downs is higher among organizations with a larger organizational budget.

More organizations with larger annual organizational budgets (\$10 million or more) identified that they “almost always” anticipate changes in the policy environment. Comparatively, there is an even spread across budget sizes of organizations that identified that they “more often than not” anticipate changes in the policy environment.

More organizations with a budget or \$10 million or more have received funding from KHF. A greater number of organizations with smaller budgets have never engaged with KHF.

Most organizations with an annual budget of \$10 million or more tend to focus on regional and county areas. Also, more than half (52%) of organizations with a budget under \$100,000 work at the state level.



Organization Characteristics

What makes a good advocacy organization?

Adequate Advocacy Funding

Overall, there does not seem to be a relationship between the strategy an organization uses and whether they believe they have adequate funding for their advocacy efforts. **However, for two strategies, there was a marked difference: community organizing and influencer education.**

Organizations that said they **did not** have adequate advocacy funding were far **more likely** to engage in **community organizing** than those who did have enough (35% versus 19%, respectively).

Organizations that said they **did** have enough advocacy funding were far **more likely** to engage in **influencer education** than those who did not have enough (30% and 15%, respectively).

A greater percentage of organizations who have adequate advocacy funding indicated that they “almost always” anticipate changes in the policy environment and effectively respond to changes in the policy environment.

Of the organizations who have adequate funding for their advocacy efforts, 50% have received funding from or are currently funded by KHF.



Organization Characteristics

What makes a good advocacy organization?

Number of Staff

Organizations with part-time staff use the following advocacy strategies the most:

- > Public education
- > Coalition building
- > Community mobilization

Organizations with 500 or more staff use the following strategies the most:

- > Influencer education
- > Advocacy capacity building

More organizations with larger staff said that they “almost always” anticipate changes in and effectively respond to changes in the policy environment.



Conclusion

We hope that these results have been enlightening for you as you continue to build the advocacy field in Kansas. **There is plenty of work to do, but an advocacy field exists that is connected in many ways.** Hopefully this data can serve as your baseline as you continue your efforts in the field.

In summary, our assessment of the five dimensions of the advocacy field in Kansas is below.

Field Frame	While health is the most popular issue area of this field, under 50% of the organizations name it as a focal area. Over three-quarters of the organizations report they contribute to health equity in Kansas. There is more to be learned about the glue binding this field.
Field Skills & Resources	Individual donors and foundations resource much of the advocacy in the field. Organizations are strong in awareness-raising strategies, but less so in will-building strategies or those that target decisionmakers. Boards are supportive of the advocacy work of their groups.
Composition	Organizations in the field believe that they generally represent vulnerable or underserved communities. Fewer feel that they can influence decisionmakers or that decisionmaker champions advance their issues—potentially a gap in the composition of the field.
Adaptive Capacity	Advocates felt overwhelmingly positive about the factors that signal the field’s adaptive capacity. They believe their organizations are strong and they can predict friends and foes effectively.
Connectivity	This advocacy network seems to fall between centralized and not centralized—there are some key organizations that act as central hubs for the field, but many silos and fragmentation of the field also exists.



Appendix A

Included in Appendix A are:

- > Kansas Health Foundation Building Grassroots Advocacy Capacity in Kansas Theory of Change (2015)
- > The Field of Advocacy Organizations in Kansas survey questions

Goal: Health equity in Kansas

The Kansas Health Foundation envisions a culture in which every Kansan can make healthy choices where they live, work, and play.

Advocacy field dimensions: **Field Skills & Resources** **Connectivity** **Composition** **Adaptive Capacity** **Field Frame**

INPUTS / STRATEGIES**Inputs:**

- Community Engagement Initiative
- Healthy Communities Initiative
- Fellows Program
- Statewide Partnership Initiative
- Midwest Academy Training
- Advocacy Retreat
- Voting Data Project
- NCOC Civic Engagement Report
- Kansas Organizing and Advocacy Collaborative

Strategies for KHF:

- Intentionally engage current advocacy orgs in KHF's objectives (■CN)
- Have RFPs/other policies supporting "unusual suspects" (■CP)
- Support all facets of health (social determinants of health; prevention; access to care) (■FF)
- Increase unrestricted funding from KHF to advocacy organizations (■FSR)

SHORTER-TERM OUTCOMES**LONGER-TERM OUTCOMES (10-15 YEARS)****IMPACT: INCREASED HEALTH EQUITY****Advocacy capacity building of boards / Board advocacy**

- Increased advocacy resources targeting board members (■FSR)
- Increased will of boards to increase advocacy capacity (■FSR)
- Increased skills of board members around advocacy (e.g., hiring guidelines) (■FSR)
- Increased demand from boards for advocacy resources from funders (■CN)
- Increased capacity of nonprofits/boards to do/support more advocacy (■FSR, ■AC)

Advocacy capacity building of advocates

- Increased grassroots-targeted social media efforts (■FSR)
- Advocacy organizations are financially stable (■FSR)
- Advocates have the right messages to connect with the public (■FSR)
- Advocates are aware of each other (■CN)
- Advocacy organizations have political influence (■CP)
- Increased advocacy work and risk-taking by advocates (■AC)
- Advocates push issues forward with community groups (■FSR)
- Increased leadership capacity of individuals to staff advocacy organizations (■FSR)
- More advocates exist and are networked (state and local) (■CN)
- KHF has a strong, productive, mutually respecting relationship with a broad range of advocacy organizations (■CN)
- Diverse types of advocacy organizations (including 501(c)(4)) emerge in the field (■CP)
- Increase in advocacy organizations pushing health equity issues (■CP)
- Advocates incorporate voter turnout into priorities (■AC)
- Advocates feel they are effective (■AC)

Increased civic engagement:

- Public and policymakers aware of Healthy Living issues (■FSR)
- Increased grassroots engagement of public and policymakers (■FSR)
- More ripe field of people who are activated by advocates when needed (■FSR)
- Increased knowledge of policy avenues: "Civics 101" (local, city, county, state) (■FSR)
- Increased voter turnout (■FSR)
- Public voting power is connected to issues (e.g., health as a fundamental human right) (■FF, ■FSR)
- Policymakers in KS give same weight to activated public as to other players (■CP)

Increased health equity:

- Public understands the role of government in public health: voting for health equity (■FSR)
- Policymakers understand the role of government in public health: reduced individual responsibility (■FF)
- Reduced health disparities related to social and economic factors (■FF)
- Changed frame of health as a fundamental human right for public and policymakers (■FF)



Appendix B

Included in Appendix B are:

- > Supplemental information for Questions 16-21: Issue areas
- > Supplemental information for Question 3: Policy focal areas
- > Supplemental information for Question 4: Populations and constituencies
- > Supplemental information for Question 5: Biggest advocacy success
- > Supplemental tables comparing various questions in survey to learn more about advocacy organizations

Questions 16-21: Issue areas

Org type	Children and families	98
Both	Family/Parenting support programs	19
Both	Early care and education	8
Multi-issue only	Poverty	7
Both	Food and nutrition	5
Both	Child abuse/trauma prevention and care	4
Both	Education	4
Both	Mental health	4
Both	Workforce development	3
Single issue only	Childcare	0
Multi-issue only	Healthy lifestyle	4
Multi-issue only	Positive environment	4
Multi-issue only	Programs and services	4
Both	Adoption/Foster care	3
Multi-issue only	Board/Staff diversity	3
Multi-issue only	Healthcare	3
Multi-issue only	Tobacco	3
Multi-issue only	Advocacy	2
Multi-issue only	Resources	2
Multi-issue only	Safety	2
Multi-issue only	Access	1
Single issue only	Funding	0
Multi-issue only	Affordability	1
Multi-issue only	Children and families	1
Multi-issue only	Disability	1
Multi-issue only	Economic security	1
Multi-issue only	Housing	1
Multi-issue only	Prevention	1
Multi-issue only	Public awareness	1
Multi-issue only	Quality	1
Multi-issue only	Self-sufficiency	1
Multi-issue only	Unspecified	1
Multi-issue only	Volunteer	1
Multi-issue only	Social security	1
Multi-issue only	Staff training	1
Criminal justice		26
Multi-issue only	Justice reform	5
Both	Re-entry services	2
Multi-issue only	Mass incarceration	3
Multi-issue only	Juvenile justice reform	2
Multi-issue only	Mental health/substance abuse care	2
Multi-issue only	Victim support	2
Multi-issue only	Ban the box	1
Single issue only	Death penalty	0
Single issue only	Recidivism reduction	0
Single issue only	Incarceration awareness	0
Multi-issue only	Debtors imprisoning	1

Questions 16-21: Issue areas

Multi-issue only	Disability criminalization	1
Multi-issue only	Discrimination prevention	1
Multi-issue only	Mentally ill criminalization	1
Multi-issue only	Prevention programs	1
Multi-issue only	Sentencing reform	1
Multi-issue only	Criminal justice projects	1
Multi-issue only	Child welfare	1
Multi-issue only	Prisoners rights	1
Disability		32
Multi-issue only	Programs and services	6
Both	Funding	3
Multi-issue only	Disability rights	3
Multi-issue only	Emergency support	3
Both	Employment/Career development	2
Multi-issue only	Evidence-based support	3
Both	Healthcare	2
Multi-issue only	Prevention	3
Multi-issue only	Access	2
Multi-issue only	Physical accessibility	2
Multi-issue only	Financial literacy support	1
Multi-issue only	Seclusion and restraint policy	1
Multi-issue only	Special educators	1
Domestic violence		11
Both	Advocacy	2
Multi-issue only	Counseling	4
Multi-issue only	Treatment and care	2
Single issue only	Legal support	0
Single issue only	Programs and services	0
Multi-issue only	Child development	1
Multi-issue only	Communication skills	1
Multi-issue only	Housing	1
Economic justice		37
Multi-issue only	Tax reform	6
Multi-issue only	Housing	4
Multi-issue only	Farming	3
Multi-issue only	Workforce development	3
Multi-issue only	Family/Parenting support programs	2
Multi-issue only	Financial literacy	2
Multi-issue only	Income equality	2
Multi-issue only	Mental health	2
Multi-issue only	Advocacy	1
Multi-issue only	Awareness	1
Multi-issue only	Child development	1
Multi-issue only	Economic security	1
Multi-issue only	Emergency support	1
Multi-issue only	Entrepreneur support	1
Multi-issue only	Mental health	1

Questions 16-21: Issue areas

Multi-issue only	Poverty	1
Multi-issue only	Predatory lending	1
Multi-issue only	Public transportation	1
Multi-issue only	Self-sufficiency	1
Multi-issue only	Utility maintenance	1
Multi-issue only	State budget	1
Education		102
Both	Funding	14
Multi-issue only	Early childhood education	14
Multi-issue only	Life skills	4
Both	Workforce development	3
Multi-issue only	Community	3
Multi-issue only	Sex education	3
Multi-issue only	Academic improvement	2
Multi-issue only	Art education	2
Multi-issue only	Child abuse prevention	2
Multi-issue only	Evidence-based models	2
Multi-issue only	Healthy schools	2
Multi-issue only	Jobs	2
Multi-issue only	Mentorship	2
Multi-issue only	Policy	2
Multi-issue only	School readiness	2
Both	Support for educators	1
Single issue only	Adult education	0
Multi-issue only	Affordable education	1
Multi-issue only	Anger management	1
Multi-issue only	Certificate programs	1
Multi-issue only	Childcare provider	1
Multi-issue only	Children	1
Multi-issue only	Children with special needs	1
Multi-issue only	Communication	1
Multi-issue only	Community college	1
Multi-issue only	Diversity	1
Multi-issue only	Dropout rates	1
Multi-issue only	Education achievement gaps	1
Multi-issue only	Education programs	1
Multi-issue only	Employment for people with disabilities	1
Multi-issue only	Empowering students	1
Multi-issue only	Environment	1
Multi-issue only	Food	1
Multi-issue only	Foster families	1
Multi-issue only	GED	1
Multi-issue only	Healthy homes	1
Multi-issue only	Higher education	1
Multi-issue only	K-12	1
Multi-issue only	Leadership development	1
Multi-issue only	LGBTQI	1

Questions 16-21: Issue areas

Multi-issue only	Medicaid Expansion	1
Multi-issue only	Mental health	1
Multi-issue only	Parenting education	1
Multi-issue only	Physical education	1
Multi-issue only	Post-secondary education	1
Multi-issue only	Post-secondary education	1
Multi-issue only	Poverty	1
Multi-issue only	Public schools	1
Multi-issue only	Quality of life	1
Multi-issue only	Schools	1
Multi-issue only	Self-sufficiency	1
Multi-issue only	Services	1
Multi-issue only	Sustainability	1
Multi-issue only	Teacher/child relationships	1
Multi-issue only	Unspecified	1
Multi-issue only	Water	1
Multi-issue only	Learning environment	1
Multi-issue only	K-12	1
Multi-issue only	Policy	1
Environment		27
Multi-issue only	Sustainable agriculture	4
Multi-issue only	Transportation	4
Multi-issue only	Outdoor education/activity	3
Multi-issue only	Water	3
Multi-issue only	Education	2
Multi-issue only	Natural resource preservation	2
Multi-issue only	Pollution	2
Multi-issue only	Waste reduction	2
Multi-issue only	Environmental sustainability	2
Multi-issue only	Funding	1
Multi-issue only	Policy	1
Multi-issue only	Air	1
Health		185
Both	Food and nutrition	23
Both	Access to healthcare	17
Multi-issue only	Education	13
Multi-issue only	Medicaid	13
Multi-issue only	Physical wellness	12
Multi-issue only	Children	8
Both	Women's health	4
Multi-issue only	Prevention programs	7
Multi-issue only	Tobacco use	7
Both	Transportation	6
Multi-issue only	Mental health	6
Multi-issue only	Community development	5
Multi-issue only	Healthcare quality	5
Multi-issue only	Healthy lifestyle	4

Questions 16-21: Issue areas

Multi-issue only	Home and Community Based Services	3
Multi-issue only	Seniors	3
Both	Home services	2
Both	Oral health	1
Multi-issue only	Disabilities	2
Multi-issue only	Environment	2
Multi-issue only	Equity	2
Multi-issue only	Health workers	2
Multi-issue only	Housing	2
Multi-issue only	Insurance coverage	2
Multi-issue only	Public health	2
Multi-issue only	Social determinants of health	2
Multi-issue only	Water	2
Multi-issue only	Safety-Net	2
Multi-issue only	Child abuse/neglect	2
Both	Sexual violence	1
Multi-issue only	Adolescents	1
Multi-issue only	Domestic violence	1
Multi-issue only	Employment	1
Multi-issue only	Evidence-based service	1
Multi-issue only	Foster care	1
Multi-issue only	Health navigation	1
Multi-issue only	Health prevention	1
Multi-issue only	Health promotion	1
Multi-issue only	Healthcare	1
Multi-issue only	Healthcare awareness	1
Multi-issue only	Healthcare providers	1
Multi-issue only	Healthcare system	1
Multi-issue only	Immigrants	1
Multi-issue only	Managed Care	1
Multi-issue only	Policy	1
Multi-issue only	Pollution	1
Multi-issue only	Screening and referral	1
Multi-issue only	Self-advocacy	1
Multi-issue only	Service availability	1
Multi-issue only	Unspecified	1
Multi-issue only	Workforce development	1
Multi-issue only	Church-state separation	1
Multi-issue only	Health home services	1
Single issue only	Health equity	0
Single issue only	Sexual violence	0
Single issue only	Vision care	0
Housing		52
Both	Affordable housing	9
Multi-issue only	Access to housing	4
Multi-issue only	Homelessness	4
Single issue only	Funding	0

Questions 16-21: Issue areas

Multi-issue only	Landlord/tenant relations	3
Multi-issue only	Home maintenance	3
Both	Community development	1
Multi-issue only	Emergency assistance	2
Multi-issue only	Homelessness	2
Multi-issue only	Senior housing	2
Multi-issue only	Supportive housing	2
Multi-issue only	Tobacco use	2
Multi-issue only	Abandoned property	1
Multi-issue only	Accommodation rights	1
Multi-issue only	Domestic violence	1
Multi-issue only	Education	1
Multi-issue only	Health	1
Multi-issue only	Home-based services	1
Multi-issue only	Housing services	1
Multi-issue only	Long-term care workforce	1
Multi-issue only	Neighborhood safety	1
Multi-issue only	People with disabilities	1
Multi-issue only	Policy advocacy	1
Multi-issue only	Property acquisition	1
Multi-issue only	Safety	1
Multi-issue only	Schools	1
Multi-issue only	Trauma informed care	1
Multi-issue only	Unspecified	1
Multi-issue only	Zoning ordinance	1
Multi-issue only	Fire prevention	1
Labor and employment		33
Multi-issue only	Workforce development	7
Multi-issue only	People with disabilities	4
Multi-issue only	Living wage	3
Multi-issue only	Diversity	2
Multi-issue only	Financial empowerment	2
Multi-issue only	Healthcare	2
Multi-issue only	Workforce referral	2
Multi-issue only	Access to jobs	1
Multi-issue only	Barriers to employment	1
Multi-issue only	Credit enhancement tools	1
Multi-issue only	Cultural competency	1
Multi-issue only	Economic development	1
Multi-issue only	Employment opportunities	1
Multi-issue only	Entrepreneurship	1
Multi-issue only	Income benefits	1
Multi-issue only	Mental illness	1
Multi-issue only	Recruitment	1
Multi-issue only	Self-advocacy	1
LGBTQI		21
Multi-issue only	Religious freedom	3

Questions 16-21: Issue areas

Multi-issue only	Tobacco use	3
Both	Awareness	1
Both	Support and advocacy	1
Multi-issue only	Anti-discrimination ordinances	1
Multi-issue only	Challenging narratives	1
Multi-issue only	Community voice	1
Multi-issue only	Education	1
Multi-issue only	Foster care/adoption	1
Multi-issue only	Marriage equality	1
Multi-issue only	Physical wellness	1
Multi-issue only	Reproductive healthcare	1
Multi-issue only	Research and evaluation	1
Multi-issue only	Safety	1
Multi-issue only	Sex education	1
Multi-issue only	Transgender	1
Multi-issue only	Youth	1
Mental health		54
Both	Care and services	12
Multi-issue only	Early childhood	7
Both	Funding	4
Multi-issue only	Quality care	5
Both	Awareness	3
Multi-issue only	Counseling	4
Multi-issue only	Access	3
Both	Insurance coverage	2
Multi-issue only	Drug regulation	2
Both	Emergency support	1
Multi-issue only	Patient's civil rights	2
Multi-issue only	Policy	2
Multi-issue only	Housing	1
Multi-issue only	Law enforcement	1
Multi-issue only	Poverty	1
Multi-issue only	Prevent criminalization	1
Multi-issue only	Prevent institutionalization	1
Multi-issue only	Social emotional learning (SEL)	1
Multi-issue only	Workforce development	1
Other		22
Multi-issue only	Economic development	3
Multi-issue only	State budget	3
Multi-issue only	Tax reform	3
Multi-issue only	Art	2
Multi-issue only	Research	2
Multi-issue only	Community organizing	1
Multi-issue only	Education	1
Multi-issue only	Fair farming practice/support	1
Multi-issue only	Federal farm policy	1
Multi-issue only	Fiduciary abuse	1

Questions 16-21: Issue areas

Multi-issue only	Prevention	1
Multi-issue only	Religious freedom	1
Multi-issue only	Voting rights	1
Multi-issue only	Election	1
Race and ethnicity		18
Multi-issue only	Equitable care	3
Multi-issue only	Public transportation	3
Multi-issue only	Community dialogue	2
Multi-issue only	Criminal justice reform	2
Multi-issue only	Diversity	2
Multi-issue only	Racial equity	2
Multi-issue only	Communication	1
Multi-issue only	Culturally competent staff	1
Multi-issue only	Education and support	1
Multi-issue only	Women empowerment	1
Substance abuse		9
Multi-issue only	Treatment and care	4
Multi-issue only	Counseling	3
Multi-issue only	Drug abuse	2
Youth		52
Multi-issue only	Programs and services	5
Multi-issue only	Education	4
Multi-issue only	Positive environment	4
Multi-issue only	Foster care	3
Multi-issue only	Juvenile justice reform	3
Multi-issue only	Safety	3
Multi-issue only	Tobacco	3
Multi-issue only	Disability	2
Multi-issue only	Health	2
Multi-issue only	Physical education	2
Multi-issue only	Poverty	2
Multi-issue only	Workforce development	2
Multi-issue only	Access	1
Multi-issue only	Advocacy	1
Multi-issue only	Diversity	1
Multi-issue only	Food policy	1
Multi-issue only	Funding	1
Multi-issue only	Healthcare	1
Multi-issue only	Leadership development	1
Multi-issue only	LGBTQI	1
Multi-issue only	Mental health	1
Multi-issue only	Policy	1
Multi-issue only	Quality	1
Multi-issue only	Resources	1
Multi-issue only	Risk reduction/prevention	1
Multi-issue only	Seclusion and restraint policy	1
Multi-issue only	Trauma informed care	1

Questions 16-21: Issue areas

Multi-issue only	Unspecified	1
Multi-issue only	Development	1
Immigration		22
Both	Policy reform	4
Multi-issue only	Access to services	7
Multi-issue only	Education/awareness	5
Multi-issue only	Driver's licenses/IDs	2
Multi-issue only	Cultural development	1
Multi-issue only	Law enforcement	1
Multi-issue only	Empowering undocumented	1
Multi-issue only	Legal support	1

Question 3: Policy focal areas

Policy priority categories	# of responses	% of responses
No policy priority	61	42%
Education	32	22%
Medicaid expansion	22	15%
Tax	19	13%
Food	16	11%
Healthcare	16	11%
Child development	15	10%
Justice reform	13	9%
Community health	10	7%
Mental health	10	7%
Transportation	10	7%
Medicaid	9	6%
Immigration	8	5%
Tobacco	8	5%
Housing	7	5%
Child nutrition	6	4%
Poverty	6	4%
Community development	5	3%
Environment	5	3%
Health funding	5	3%
State budget	5	3%
Oral health	4	3%
Women's health	4	3%
Economic development	3	2%
Government accountability	3	2%
LGBTQI rights	3	2%
Safety-Net Services	3	2%
Employment	3	2%
Civil rights	2	1%
Disability	2	1%
Financial security	2	1%
Public engagement	2	1%
Workplace health	2	1%
Child safety	1	1%
Cyber security	1	1%
Human trafficking	1	1%
Medicare expansion	1	1%
Program funding	1	1%
Religious freedom	1	1%
Unspecified	1	1%
	146	100%

Question 4: Populations and constituencies

Population/Constituencies categories	# of responses	% of responses
Community members	43	29%
Legislators	25	17%
Organizations/Associations	20	14%
Parents	20	14%
Government officials	18	12%
Families	15	10%
Service providers	14	10%
Consumers of services	12	8%
Women	12	8%
Board members	11	8%
Faith-based community	11	8%
Advocates	10	7%
Low-income population	10	7%
Seniors	10	7%
Professionals	9	6%
People with mental/physical disabilities	9	6%
Youth	8	5%
Coalitions	7	5%
Community leaders	7	5%
Children	6	4%
Minorities	6	4%
Schools	6	4%
Business community	5	3%
Caregivers	5	3%
Educators	5	3%
Immigrants	5	3%
LGBTQI	5	3%
Community partners	4	3%
Law enforcement	4	3%
Unspecified	4	3%
Volunteers	4	3%
Artists	3	2%
Associations	3	2%
Commissioners	3	2%
Donors	3	2%
Foundations	3	2%
Hospitals	3	2%
Latinos	3	2%
Men	3	2%
State agencies	3	2%
Business leaders	3	2%
Health/Social service leaders	3	2%
Administrators	2	1%
Court	2	1%
Faith leaders	2	1%
Homeless	2	1%

Question 4: Populations and constituencies

Influencers	2	1%
Public officials	2	1%
Students	2	1%
Teachers	2	1%
Underserved	2	1%
Advisory Committee	1	1%
Decisionmakers	1	1%
Disability groups	1	1%
Farmers	1	1%
Food producers	1	1%
Funders	1	1%
Health departments	1	1%
Lobbyists	1	1%
Media	1	1%
Nurses	1	1%
Prison inmates	1	1%
Researchers	1	1%
Social workers	1	1%
Sponsors	1	1%
State Board of Education	1	1%
Uninsured/underinsured	1	1%
	146	100%

Question 5: Biggest advocacy success

Advocacy success	# of responses	% responses
Health	31	21%
Children and families	21	14%
Education	14	10%
Mental health	7	5%
Transportation	6	4%
Unspecified	6	4%
Domestic violence	5	3%
Housing	5	3%
Food access	5	3%
Youth	5	3%
Criminal justice	4	3%
LGBTQI	4	3%
Disability	3	2%
Environment	3	2%
Economic Justice	2	1%
Immigration	2	1%
Other (Homelessness)	2	1%
Other (Religious freedom)	2	1%
Other (Women empowerment)	2	1%
Other (Art leadership)	1	1%
Other (Farming)	1	1%
Other (Fiduciary abuse against senior)	1	1%
Other (Leadership development)	1	1%
Other (Shelter for misc group)	1	1%
Other (State budget)	1	1%
Other (Tax)	1	1%
	146	100%

Advocacy tactics, strategy, skills, or strategies organizations use the most	\$10 million or more	\$5 million – \$9.99 million	\$1 million – \$4.99 million	\$500,000 – \$999,999	\$100,000 – \$499,999	Under \$100,000
Number of references	15	6	39	19	29	30
Public Education	60%	100%	64%	79%	66%	70%
Communications & Messaging	73%	50%	54%	47%	45%	53%
Coalition Building	53%	33%	36%	63%	55%	50%
Leadership Development	27%	0%	38%	42%	38%	30%
Public Awareness Campaigns	40%	33%	31%	32%	21%	43%
Community Organizing	20%	33%	18%	32%	38%	40%
Advocacy Capacity Building	27%	33%	26%	42%	31%	33%
Policymaker Education	27%	33%	28%	37%	31%	17%
Community Mobilization	0%	17%	15%	26%	17%	40%
Policy Analysis/Research	20%	17%	21%	5%	34%	17%
Lobbying	27%	0%	23%	5%	21%	23%
Influencer Education	13%	0%	26%	11%	17%	7%
Public Forums	0%	33%	8%	16%	14%	23%
Media Advocacy	7%	17%	18%	11%	21%	10%
Demonstration Programs	7%	33%	10%	5%	7%	7%
Champion Development	7%	0%	8%	11%	7%	10%
Regulatory feedback	13%	17%	10%	5%	0%	0%
Voter Outreach	0%	17%	10%	5%	0%	3%
Public Polling	0%	0%	0%	0%	0%	7%
Litigation	13%	0%	5%	0%	3%	0%
Other	0%	0%	0%	5%	0%	10%
Political Will Campaigns	0%	0%	0%	0%	3%	0%
Public Will Campaigns	0%	0%	0%	0%	0%	0%
Model Legislation	0%	0%	3%	0%	0%	0%

How would you rate the following statement: Your organization is able to weather reasonable ups and downs.	\$10 million or more	\$5 million – \$9.99 million	\$1 million – \$4.99 million	\$500,000 – \$999,999	\$100,000 – \$499,999	Under \$100,000
Almost always	80%	75%	59%	47%	50%	58%
More often than not	20%	25%	41%	42%	38%	42%
About half the time	0%	0%	0%	5%	4%	0%
Less than half the time	0%	0%	0%	5%	8%	0%

How would you rate the following statement: Your organization anticipates who is likely to oppose your efforts and who is a potential ally.	\$10 million or more	\$5 million – \$9.99 million	\$1 million – \$4.99 million	\$500,000 – \$999,999	\$100,000 – \$499,999	Under \$100,000
Almost always	53%	33%	38%	21%	52%	48%
More often than not	47%	33%	44%	68%	40%	44%
About half the time	0%	0%	16%	11%	8%	7%
Less than half the time	0%	33%	3%	0%	0%	0%

How would you rate the following statement: Your organization can effectively respond to changes in the policy environment.	\$10 million or more	\$5 million – \$9.99 million	\$1 million – \$4.99 million	\$500,000 – \$999,999	\$100,000 – \$499,999	Under \$100,000
Almost always	47%	100%	30%	11%	23%	48%
More often than not	47%	0%	61%	42%	46%	36%
About half the time	7%	0%	6%	37%	12%	8%
Less than half the time	0%	0%	3%	11%	19%	8%

How would you rate the following statement: Your organization can effectively respond to changes in the policy environment.	\$10 million or more	\$5 million – \$9.99 million	\$1 million – \$4.99 million	\$500,000 – \$999,999	\$100,000 – \$499,999	Under \$100,000
Almost always	53%	0%	33%	21%	19%	21%
More often than not	47%	100%	55%	42%	58%	54%
About half the time	0%	0%	12%	32%	15%	21%
Less than half the time	0%	0%	0%	5%	8%	4%

How would you characterize your relationship with the Kansas Health Foundation?	\$10 million or more	\$5 million – \$9.99 million	\$1 million – \$4.99 million	\$500,000 – \$999,999	\$100,000 – \$499,999	Under \$100,000
This is the first I am learning about the Kansas Health Foundation	0%	0%	3%	6%	4%	4%
I know about the work of the Kansas Health Foundation but have never engaged with them	23%	25%	25%	18%	39%	54%
We have responded to an RFP from the Kansas Health Foundation in the past/present	0%	25%	6%	24%	4%	4%
We have received funding from the Kansas Health Foundation in the past/present	54%	50%	47%	35%	43%	27%
We collaborate with the Kansas Health Foundation regularly	23%	0%	19%	18%	11%	12%

What geographic area best describes your organization's focus area?	\$10 million or more	\$5 million – \$9.99 million	\$1 million – \$4.99 million	\$500,000 – \$999,999	\$100,000 – \$499,999	Under \$100,000
State	20%	0%	30%	26%	61%	52%
Regional	73%	50%	39%	11%	7%	11%
County	7%	50%	24%	47%	14%	15%
City	0%	0%	6%	16%	18%	22%

Advocacy tactics, strategy, skills, or strategies organizations use the most	Yes, have adequate advocacy funding	No, do not have adequate advocacy funding
Public Education	56%	69%
Policy Analysis/Research	26%	20%
Community Mobilization	22%	21%
Demonstration Programs	0%	9%
Public Polling	4%	2%
Communications & Messaging	52%	50%
Public Forums	7%	16%
Model Legislation	0%	1%
Lobbying	19%	21%
Community Organizing	19%	35%
Other	0%	4%
Influencer Education	30%	15%
Voter Outreach	0%	7%
Litigation	0%	5%
Political Will Campaigns	4%	1%
Regulatory Feedback	15%	4%
Advocacy Capacity Building	41%	33%
Policymaker Education	37%	25%
Media Advocacy	11%	15%
Champion Development	11%	8%
Leadership Development	26%	38%
Coalition Building	48%	45%
Public Awareness Campaigns	26%	34%

How would you rate the following statement: Your organization is able to weather reasonable ups and downs.	Yes, have adequate advocacy funding	No, do not have adequate advocacy funding
Almost always	67%	54%
More often than not	33%	40%
About half the time	0%	3%
Less than half the time	0%	3%

How would you rate the following statement: Your organization anticipates who is likely to oppose your efforts and who is a potential ally.	Yes, have adequate advocacy funding	No, do not have adequate advocacy funding
Almost always	52%	43%
More often than not	38%	45%
About half the time	10%	10%
Less than half the time	0%	2%

How would you rate the following statement: Your organization can effectively respond to changes in the policy environment.	Yes, have adequate advocacy funding	No, do not have adequate advocacy funding
Almost always	55%	29%
More often than not	41%	48%
About half the time	5%	13%
Less than half the time	0%	10%

How would you rate the following statement: Your organization anticipates changes in the policy environment.	Yes, have adequate advocacy funding	No, do not have adequate advocacy funding
Almost always	45%	27%
More often than not	41%	53%
About half the time	14%	15%
Less than half the time	0%	4%

How would you characterize your relationship with the Kansas Health Foundation?	Yes, have adequate advocacy funding	No, do not have adequate advocacy funding
This is the first I am learning about the Kansas Health Foundation	0%	3%
I know about the work of the Kansas Health Foundation but have never engaged with them	30%	36%
We have responded to an RFP from the Kansas Health Foundation in the past/present	0%	10%
We have received funding from the Kansas Health Foundation in the past/present	50%	36%
We collaborate with the Kansas Health Foundation regularly	20%	14%

Advocacy tactics, strategy, skills, or strategies organizations use the most	No staff	Part-time staff	1-3 staff	4-9 staff	10-19 staff	20-49 staff	50-99 staff	100-500 staff	500 or more staff	
Public Education	74%	100%		66%	59%	81%	80%	57%	83%	33%
Lobbying	16%	0%	21%	31%	13%	7%	14%	25%	0%	0%
Communications & Messaging	63%	50%	45%	47%	56%	60%	71%	67%	67%	0%
Other	16%	0%	0%	3%	0%	0%	0%	0%	0%	0%
Regulatory Feedback	0%	0%	0%	13%	6%	0%	29%	8%	0%	0%
Litigation	0%	0%	0%	6%	6%	0%	14%	8%	0%	0%
Model Legislation	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%
Political Will Campaigns	0%	0%	0%	3%	0%	0%	0%	0%	0%	0%
Public Forum	32%	50%	18%	13%	13%	0%	14%	8%	0%	0%
Champion Development	11%	0%	8%	13%	0%	7%	0%	0%	33%	0%
Policymaker Education	5%	50%	29%	38%	25%	20%	14%	42%	0%	0%
Coalition Building	32%	100%	47%	56%	63%	27%	14%	50%	67%	0%
Public Awareness Campaign	47%	0%	34%	9%	38%	53%	43%	42%	0%	0%
Demonstration Programs	5%	0%	11%	6%	6%	7%	14%	17%	33%	0%
Media Advocacy	11%	0%	18%	9%	19%	27%	0%	17%	0%	0%
Policy Analysis/Research	16%	50%	24%	31%	19%	0%	0%	25%	33%	0%
Influencer Education	5%	0%	13%	25%	25%	13%	14%	0%	100%	0%
Community Organizing	42%	0%	39%	31%	13%	27%	29%	17%	0%	0%
Advocacy Capacity Building	37%	0%	34%	25%	31%	47%	29%	8%	100%	0%
Community Mobilization	21%	100%	34%	25%	13%	0%	14%	0%	0%	0%
Public Will Campaigns	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Public Polling	11%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Leadership Development	37%	0%	47%	28%	31%	40%	14%	33%	33%	0%
Voter Outreach	0%	0%	3%	9%	6%	13%	0%	0%	0%	0%

How would you rate the following statement: Your organization is able to weather reasonable ups and downs	No staff	Part-time staff	1-3 staff	4-9 staff	10-19 staff	20-49 staff	50-99 staff	100-500 staff	500 or more staff	
Almost always		53%	50%	53%	41%	69%	73%	86%	82%	33%
More often than not		47%	50%	36%	55%	23%	27%	14%	18%	33%
About half the time		0%	0%	3%	3%	0%	0%	0%	0%	33%
Less than half the time		0%	0%	8%	0%	8%	0%	0%	0%	0%

How would you rate the following statement: Your organization anticipates who is likely to oppose your efforts and who is a potential ally.	No staff	Part-time staff	1-3 staff	4-9 staff	10-19 staff	20-49 staff	50-99 staff	100-500 staff	500 or more staff
Almost always	56%	50%	43%	52%	15%	9%	50%	55%	50%
More often than not	31%	50%	46%	41%	69%	64%	33%	45%	50%
About half the time	13%	0%	11%	3%	15%	27%	0%	0%	0%
Less than half the time	0%	0%	0%	3%	0%	0%	17%	0%	0%

How would you rate the following statement: Your organization can effectively respond to changes in the policy environment.	No staff	Part-time staff	1-3 staff	4-9 staff	10-19 staff	20-49 staff	50-99 staff	100-500 staff	500 or more staff
Almost always	29%	50%	39%	27%	8%	45%	67%	45%	50%
More often than not	50%	50%	39%	40%	77%	45%	17%	55%	50%
About half the time	7%	0%	8%	23%	15%	9%	17%	0%	0%
Less than half the time	14%	0%	14%	10%	0%	0%	0%	0%	0%

How would you rate the following statement: Your organization anticipates changes in the policy environment.	No staff	Part-time staff	1-3 staff	4-9 staff	10-19 staff	20-49 staff	50-99 staff	100-500 staff	500 or more staff
Almost always	14%	0%	31%	41%	0%	18%	33%	55%	50%
More often than not	50%	100%	54%	34%	77%	55%	67%	45%	50%
About half the time	29%	0%	9%	24%	23%	18%	0%	0%	0%
Less than half the time	7%	0%	6%	0%	0%	9%	0%	0%	0%

How would you characterize your relationship with the Kansas Health Foundation?	No staff	Part-time staff	1-3 staff	4-9 staff	10-19 staff	20-49 staff	50-99 staff	100-500 staff	500 or more staff
This is the first I am learning about the Kansas Health Foundation		6%	0%	6%	0%	8%	10%	0%	0%
I know about the work of the Kansas Health Foundation but have never engaged with them		50%	0%	39%	39%	8%	0%	43%	33%
We have responded to an RFP from the Kansas Health Foundation in the past/present		6%	0%	8%	7%	23%	0%	14%	0%
We have received funding from the Kansas Health Foundation in the past/present		25%	50%	42%	32%	54%	60%	43%	100%
We collaborate with the Kansas Health Foundation regularly		13%	50%	6%	21%	8%	30%	0%	33%



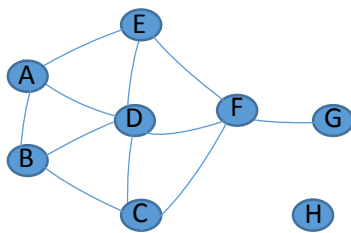
Appendix C

Included in Appendix C are:

- > SNA terminology
- > List of organizations included in SNA and values associated with the included maps

Appendix C: Social Network Analysis Terms

- > **Node:** An individual organization within the larger network.
- > **Edge:** The line between two nodes that represents a link/relationship between them.
- > **Network:** A collection of nodes linked together by edges.
- > **Isolate:** Nodes that have not engaged with the larger network.
- > **Hub:** The most connected node(s) in a subgroup of the network. Hubs tend to high degree and high betweenness centrality.
- > **Bridge/Connector** – A node who is connected to multiple groups or nodes, and act as the intermediary. They bridge disparate groups or nodes together, and are able to transmit information from one group or node to another.



- > A, B, C, D, E, F, G, and H are individual nodes, but together they comprise a larger network.
- > H is an isolate.
- > D is the hub for its own subgroup of nodes comprised of A, B, C, E, and F.
- > F is a bridge/connector connecting node G to the cluster that has D as a hub.

- **Directed network:** A network comprised of nonreciprocal connections (ex: A is connected to B, but B is not connected to A).
- > **Undirected network:** A network comprised of reciprocal connections (ex: A is connected to B, and B is connected to A. Think Facebook friends – as long as one party verifies the connection, then we can assume the connection goes both ways).
- > **Degree:** Measures nodes based on how many connections they have to other nodes.
- > **In-degree:** This is specifically related to directed networks. It measures nodes based on how many times other nodes identify as having a connection to it.
- > **Out-degree:** This is specifically related to directed networks. It measures nodes based on how many times it identifies having connections to other nodes.
- > **Betweenness Centrality:** Measures the number of times a node acts as a bridge along the shortest path between two other nodes. While node D has many direct ties, node F has few direct connections. Yet in many ways, F has one of the best locations in the network – it is between two groups. F plays a 'broker' role in the network. The good news is that F plays a powerful role in the network, the bad news is that it is a single point of failure. Without F, node G would be cut off from information and knowledge in node D's cluster. A node with high betweenness has great influence over what flows – and does not – in the network.
- > **Closeness Centrality:** Focuses on how close each node is to all other nodes in the network. Nodes with high closeness centrality are those who can reach many other nodes in few steps. Nodes E and C has fewer connections than D, yet the pattern of their direct and indirect ties allow them to access all the nodes in the network more quickly than any other node. They have the shortest paths to all others – they are close to the rest of the nodes. They are in an excellent position to monitor the information flow in the network – they have the best visibility into what is happening in the network.
- > **Eccentricity:** Focuses on how far each node is to all other nodes in the network. Nodes with high eccentricity are those with longer distances to some other nodes in the graph, and therefore are most likely towards the periphery of the network. Nodes A and B have the farthest path to all others. Because they are far, they are not able to monitor the flow of information in the network, and chances are, some pieces of information might not reach them at all.