Background

Through the Health Equity Partnership Initiative (HEPI), KHF aimed to build the foundation for a movement to address the root causes of health inequality in Kansas. This 3-year initiative funded 10 organizations to build long-term partnerships with each other, KHF, and other organizations working in their issue areas. Grantees addressed systems and policies that affect disparities in the areas shown in Exhibit 1.

Exhibit 1. HEPI grantees worked across a variety of issue areas to address root causes of health inequity

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Project Title</th>
<th>Issue Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas Appleseed</td>
<td>Cross-Systems Advocacy for Vulnerable Kids and Families</td>
<td>Systemic problems in the child welfare and juvenile justice systems in Kansas</td>
</tr>
<tr>
<td>ACLU Foundation of Kansas</td>
<td>Advancing Racial Justice in Kansas</td>
<td>Race and criminal justice reform, discrimination against immigrant populations, and voting rights</td>
</tr>
<tr>
<td>Seed House - La Casa de la Semilla</td>
<td>Seeds of Freedom: Growing Racial Justice in Kansas</td>
<td>Racial justice, economic justice, and youth and young adult leadership development</td>
</tr>
<tr>
<td>Children's Alliance of Kansas</td>
<td>Keeping Kids Safe and Healthy: Improving the Kansas Child Welfare System</td>
<td>Children and youth, mental health, health, substance abuse, economic justice</td>
</tr>
<tr>
<td>Kansas Head Start Association</td>
<td>KHSA Early Childhood Parent Advocacy Project</td>
<td>Adverse childhood experiences (ACEs)</td>
</tr>
<tr>
<td>NAMI</td>
<td>Capacity Building for Grassroots Advocacy</td>
<td>Mental health system in Kansas</td>
</tr>
<tr>
<td>Kansas Advocates for Better Care</td>
<td>No Time to Lose</td>
<td>Health for older adults, long-term health care and services (access, quality), mental health</td>
</tr>
<tr>
<td>El Centro, Inc.</td>
<td>Organized Voices Build Healthy Communities</td>
<td>Immigration reform, voter engagement</td>
</tr>
<tr>
<td>Thrive Allen County</td>
<td>Thrive Allen County: Building a Rural Health Advocacy Network</td>
<td>Rural health</td>
</tr>
</tbody>
</table>
Increasing Health Equity in Kansas

In Year 1 of the initiative, grantees focused on building organizational infrastructure and capacity; nurturing leadership; and building and strengthening connections with each other, other organizations, and KHF.

In Years 2 and 3, grantees continued building capacity and partnerships while also implementing advocacy strategies to advance health equity (Exhibit 2).

Evaluation Approach

We identified five evaluation questions: three related to process and implementation and two related to outcomes (Exhibit 3).

Key considerations for using findings

- Data are self-reported by grantees
- Grantees vary in size, mission, and strategy. Grantee-level differences in outcomes may be due to these differences in organizational make-up.

Exhibit 2. The HEPI theory of change depicts KHF’s vision for the link between capacity building, health equity advocacy efforts, and health equity outcomes

Exhibit 3. Evaluation Focus and Questions

<table>
<thead>
<tr>
<th>Evaluation Focus</th>
<th>Evaluation Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Process/Implementation</strong></td>
<td>EQ1. To what extent have the organizational capacity-building activities proposed by grantees been implemented as planned?</td>
</tr>
<tr>
<td></td>
<td>EQ2. To what extent have network-building activities been implemented?</td>
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<tr>
<td></td>
<td>EQ3. To what extent have health equity advocacy strategies been carried out by grantees?</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td>EQ4. To what extent has organizational capacity increased among the grantees?</td>
</tr>
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<td></td>
<td>EQ5. To what extent has the network of organizations working toward health equity increased and strengthened?</td>
</tr>
</tbody>
</table>

Bold Teal Text: This brief highlights findings related to EQ3 through EQ5.
Key Findings

EQ4: How did grantees’ organizational capacity change?

Investing in these Kansas organizations that were well-positioned to affect health equity increased their organizational capacity (Exhibit 4). Grantees’ organizational capacity was measured before and at the end of the grant according to the four capacity domains set forth in TCC Group’s Core Capacity Assessment Tool (CCAT): adaptive, leadership, management, and technical capacities (TCC Group, 2009).

Exhibit 4. HEPI grantee cohort capacity increased over the 3-year period

At the outset, the CCAT provided a capacity-building plan customized to each grantee, and grantees carried out capacity-building activities accordingly across the life of the Initiative (Exhibit 5). Exhibit 5 highlights the total number of capacity-building activities that grantees engaged in over the course of the initiative.

Exhibit 5. Total number of capacity-building work activities, by type

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Core Capacity Assessment Tool (CCAT)

CCAT baseline: 8/1/2017 - 8/15/2017
CCAT follow-up: 9/1/2019 - 9/13/2019

TCC Group developed the CCAT to understand where an organization stands in terms of the four core capacities below. It provides a report based on anonymous responses from senior leaders (management and board members) outlining the organization’s strengths and suggestions for improvement.

Adaptive Capacity is the ability of an organization to learn, and to assess, respond to, and create change internally and externally.

Leadership Capacity is the ability of all organizational leaders to create and sustain the vision; and to inspire, provide direction, make decisions, and innovate on the path to achieving the organizational mission.

Management Capacity is the organization’s ability to effectively and efficiently use organizational resources.

Technical Capacity is the organization’s ability to implement all of the key organizational and programmatic functions.
The CCAT also measured grantees’ Lifecycle Stage before and at the end of the grant. Based on the level of capacity grantees built in various areas of organizational development, lifecycle stage is a growth marker that informed the strategic recommendations from TCC Group. According to TCC Group, effective organizations are continually moving through these lifecycle stages as they grow, scale, and respond to changing environments. Four grantees moved to the impact expansion phase in 2019 (Exhibit 6).

**Exhibit 6. Movement in lifecycle stage among HEPI grantee organizations**

<table>
<thead>
<tr>
<th>2016</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact Expansion</td>
<td>Impact Expansion</td>
</tr>
<tr>
<td>4 grantees</td>
<td>8 grantees</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>Infrastructure</td>
</tr>
<tr>
<td>Development</td>
<td>Development</td>
</tr>
<tr>
<td>4 grantees</td>
<td>2 grantees</td>
</tr>
<tr>
<td>Core Program</td>
<td>Core Program</td>
</tr>
<tr>
<td>Development</td>
<td>Infrastructure</td>
</tr>
<tr>
<td>2 grantees</td>
<td>2 grantees</td>
</tr>
</tbody>
</table>

Source: TCC Group."KHF Peer Learning Session" presented at final HEPI cohort convening 12/15/19

Grantees shared that HEPI’s initial emphasis on capacity-building was a key factor to their later success in Year 2 and Year 3. Exhibit 7 offers a selections of quotes from grantee focus groups. Conducted at the end of the grant cycle, focus groups provided grantees with an outlet to openly share their feedback and accomplishments as a result of HEPI.

**Exhibit 7. Grantees found capacity-building focus to be crucial to their success**

- “[We have built] our capacity to be at a level where everything is in place for us to have a lot of impact.”
- “…policies and procedures and succession planning and all these really foundational items that we have never had in place before, we have now. And that has really been beneficial to us during this massive transition this year and will continue to be moving forward.”
- “Having that first year of capacity building…I loved that that was built into this grant...we usually don’t have as organizations that time to really look at ourselves and see where we’re struggling…”
- “It would have been so different if we didn’t have that year to build capacity…it allowed us to moved forward in a really strategic way.”

Source: End-of-grant focus group, November 15, 2019

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** Lifecycle stage definitions**

TCC Group categorizes an organization’s growth stage according to the following milestones:

- **Core Program Development**
  - organization has developed a set of programs centered around its mission and has been consistent in achieving results for the populations it serves

- **Infrastructure Development**
  - organization has developed the infrastructure necessary to support core programs and expand its reach

- **Impact Expansion**
  - organization has expanded its impact through activities that connect its programs and leadership partners and allies through collaboration, strategic alliances, joint policy and advocacy efforts

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**Insights from TCC Group**

“Grantees affirmed something we, as capacity builders, already know: progress is not always indicated by higher CCAT scores.”

“Grantees feel they are not only more aware of their capacity building needs, but also that their current needs are different than they were in 2016.”

—TCC Group, CCAT Cohort Takeaways presentation, 2019
EQ5: How did the grantees’ networks change?

The Health Equity Partnership Initiative increased and strengthened networks among organizations working on health equity-related issues by bringing together the 10 grantees and their partners from across the state under this grant (Exhibit 8). Regular cohort conference calls and meetings were built into the management structure of the grant, and grantees also hosted their own events, like Energize Kansas, a grassroots advocacy convening held in July 2019. Considered their “capstone” achievement, Energize Kansas brought together a diverse group of partners for a powerful and cohesive experience.

Exhibit 8. HEPI partners work in communities across the state of Kansas

In the first two years of the initiative, grantees grew their partners by an average of 10 per quarter, with fewer in Year 3, reflecting their shift to focus on their issue area work later in the initiative (Exhibit 9).

Exhibit 9. Number of partners added by each grantee, by year

“There were professional ways we were connected, but also personally too – I donated my daughter’s artwork to the recent NAMI event because I learned about their work.”
—Grantee, 2019 focus group

“Everyone in this room has such a passion for health equity that if KHF calls, we’re going to do anything we can, whether we benefit from that funding or someone else.”
—Grantee, 2019 focus group
Making Connections

“It’s hard to quantify in a way that would make a researcher really impressed. Because it’s a thousand little things...like [this person] invited me to participate in a conference call on an issue that intersected with us, and I didn’t just call from my office. I went to her office, so we had a chance to talk and discuss it and share notes during the call....”
—Grantee at 2019 focus group

“We felt compelled to step up for each other in this room and talk about how our piece – our issue – intersected with others. There were countless times I submitted testimony or took other actions...and spoke up because of these relationships.”
—Grantee at 2019 focus group

The HEPI network consists of 954 unique organizations. More than half of those organizations are partners made as a result of HEPI. Grantees had, on average, 95 partners each at the end of the grant, ranging from 26 to 172, depending on the nature of their work. The HEPI network not only expanded over the course of the initiative, but it became stronger and increasingly dense as well. For example, 25.3% of grantees “new” partnerships in Year 3 were connections with organizations already in the network.

Exhibit 10. HEPI Network in Years 1, 2, and 3: The number of new partnerships increased over the grant period
**EQ3:** To what extent did grantees carry out their issue area work?

Grantees implemented advocacy campaigns and strategies to advance their issue areas, advancing solutions to the issue at organizational, local, and state policy levels. Grantees tracked their activities and reported earned media placements, partner mobilization, government policymaker education, and decision-maker advocacy activities in Years 2 and 3 of the Initiative (Exhibit 11).

**Exhibit 11. Total number of HEPI advocacy-related activities, by category**

<table>
<thead>
<tr>
<th>Earned Media Placements</th>
<th>Organizational Decision-maker Advocacy</th>
<th>Government Policymaker Education</th>
<th>Partner Mobilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1159</td>
<td>344</td>
<td>287</td>
<td>449</td>
</tr>
</tbody>
</table>

Source: Monthly grantee progress reports

**Exhibit 12. Examples of each type of activity**

- **Earned media placements**
  - Grantees kept a record of an impressive number of earned media placements over the course of the grant. Exhibit 13 includes just a few clippings of the many news stories featuring grantee representatives.

- **Advocacy with organizational decision-makers**
  - “Partnered with the Mexican Consulate to educate, raise awareness, and offer a solution for potential legal residents to get aid in becoming US citizens.” - El Centro
  - “Children’s Alliance executive director Christie Appelhanz was invited to serve as the keynote speaker at the Success by 6 annual meeting. This provided an opportunity to share our policy platform and HEPI priority with key decision makers throughout NE Kansas.” - Children’s Alliance
  - “Discussion [with YWCA of Northeast KS] about broad racial justice issues and our specific campaigns for increased citizen participation and criminal justice reform.” - ACLU

- **Government policymaker education**
  - “Talked [with] Senator Roberts’ staff regarding specific Head Start funding issues and opportunities in Kansas. Sen. Roberts’ office was able to secure a commitment for terminated funding to remain in Kansas.” (KS Head Start)
  - KABC testified in committees for successful passage and amending of 4 bills. Secured hearing on 5th bill but did not win passage. Met with representatives individually to discuss amendments to legislation regarding abuse of elders, background checks on workers, electronic monitoring, and reporting of abuse by EMT workers
  - Introduced Kansas representatives and senators to Kansas Appleseed, our Strengthen Families Rebuild Hope coalition of independent advocacy organizations, and discussed general reform priorities with them.

- **Partner mobilization**
  - 40 organizations mobilized by CEP, including HEPI partners, sponsored and participated in the 2019 WEALTH Day of Advocacy and Education at the Capitol
  - Thrive mobilized the Sunflower Foundation to speak at the Kansas Trails Day on the Hill at the Capitol on the importance of trails in economic development strategies, recruitment of medical physicians and residents, and improving quality of life.
  - Seed House worked with St. Mark UMC to activate participation in the Black community to engage with issues surrounding the November election.

Source: Monthly grantee progress reports
Impact of HEPI

The HEPI cohort have become leaders in health equity work in Kansas.

Over 500 partnerships were forged as a result of this effort.

Grantees’ organizational capacity demonstrably grew as a result of HEPI.

Several grantees leveraged HEPI into additional funding for their organization—some into the millions of dollars.

Exhibit 13. Examples of earned media placements by HEPI grantees

Grantees kept a record of an impressive number of earned media placements over the course of the grant. Pictured above are just a few examples of news stories featuring grantee representatives.

Notable Policy Successes

Grantees achieved a few notable policy successes

» Helping to pass a bill to increase protected income for Medicaid beneficiaries.
  • The first raise in over 10 years.
  • Raised protected income from $727 a month to $1177 a month, a life changing amount for many.

» Helping to block the passage of the Adoption Protection Act
  • Would have allowed discrimination against same sex couples in the adoption process.