Participant Transformations in the CLHE Continuing Track

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Introduction

Purpose and Background

The Colorado Trust’s Community Leaders in Health Equity (CLHE) initiative is an intensive equity and health equity leadership training and development program for Coloradans impacted by multiple forms of oppression and health inequities. CLHE was designed and implemented by Transformative Alliances LLC and funded by The Colorado Trust (The Trust). The initial round of CLHE was 18 months (2018 – 2019), and then a subset of participants chose to engage in a second round, called the Continuing Track. The Continuing Track ran from 2019 – 2022 and focused on community organizing and concrete skill building, as well as deepening analysis to equip participants to move into praxis, advocating for health equity at the community level.

The American Institutes for Research® conducted a developmental and outcome evaluation of CLHE’s Continuing Track to document the program’s activities and concepts and understand how participants engaged with the program and each other. Short term outcomes anticipated from the Continuing Track included participants increasing their knowledge and awareness of how to take action on issues of power, privilege, and oppression; increased knowledge in community organizing, advocacy, and fundraising; and relationships developed and/or strengthened. Anticipated intermediate outcomes included increased self-efficacy for action toward equity, and increased engagement in personal and community action toward equity.

This brief presents the main findings from the analysis of data related to the participants’ personal transformations that occurred because of their involvement in the CLHE Continuing Track. The intention is to shed light on the ways in which participants absorbed and reflected on the concepts and skills they were exposed to throughout the duration of the program.
Methods

The evaluation team extracted data collected through focus groups, the participant feedback survey, and participant reflections to analyze the different ways in which 22 participants (59% monolingual English speakers, 18% monolingual Spanish speakers, and 23% bilingual speakers) reported changes in their attitudes, beliefs, and actions as a result of participating in both the initial CLHE program and the Continuing Track. These data were analyzed using descriptive statistics and a qualitative analysis was conducted on focus group and reflection data, coding according to the following framework:

- **Individual**: a change within participants’ own attitudes, beliefs, and actions
- **Family**: a change in how participants partake in and interact with their families
- **Community**: a change in actions related to participants’ broader communities
- **Institution**: a change in how participants approach their work or interaction with larger institutions

This analytic framework allowed the evaluation team to consider the multifaceted ways in which participants reported on change within themselves, as well as ways that their knowledge and actions spread to the families, communities, and institutions in which they live and engage. After identifying high-level findings, feedback was elicited from participants on both the findings and the framework, to inform the final analysis.

Findings

The primary findings are reported here according to the analytic framework. Sixty-five comments from focus groups and reflections were analyzed; over half of comments (56%, n=37) centered on individual-level changes, eight percent (n=5) focused on family-level changes, a quarter of comments related to community level changes, and 11 percent (n=7) aligned with institutional-level changes. Further, 40% of comments (n=26) were from Spanish speakers.
Individual-Level Changes

New Knowledge Acquired
Participants learned and expanded their understanding of concepts of health equity, social justice, and oppression.

- As a result of participating in the Continuing Track, all survey respondents (100%; n = 16) learned something new about social power, privilege, and oppression; health equity; and how inequities and social factors affect health.

- Intersectionality was a particularly impactful concept. Participants shared that they had not previously thought about how some aspects of their identity could be privileged, whereas other aspects of their identity were simultaneously marginalized. This opened new ways of relating to others.

Increase in Self-Efficacy
Participants indicated a greater sense of confidence in themselves and their abilities after participating in the Continuing Track. They graduated from the program feeling empowered and motivated to make changes in both their personal lives and their communities.

- Participants reported increased awareness of implicit/unconscious bias, and they learned to recognize internalized oppression, impacting how they viewed themselves and their self-confidence.

- Participants commented that the program not only taught them about health equity, social justice, and oppression but also ultimately intended to empower participants who recognized themselves as belonging to marginalized groups. In the participants’ opinion, the program accomplished both goals.

Empathy and Openness Toward Others
Given their experience with the program, participants felt they had a greater capacity to empathize and a greater willingness to engage with others whom they may have overlooked before.
• Some participants recognized that they came into the program with assumptions about the social identities of other participants, but the program **challenged these assumptions**.

• Participants noted that they are **now more comfortable in spaces with others** from different backgrounds and experiences and in practicing empathy.

• This empathy extended to participants who may have been hesitant to interact with one another initially because of differences in language preference. One participant shared that even when monolingual speakers could share only a smile and brief greeting between one another, the **respect modeled by the facilitators and reflected by the participants** during convenings encouraged them to not shy away from these spaces.

**Family-Level Changes**

**Better Relationships With Children and Partners**

Although family-level changes were reported with the least frequency (five times), it was notable that it was Spanish-speaking participants who exclusively mentioned them. These changes included the following:

> I’m less judgmental of people and give them more grace, instead of being surprised that people don’t understand something or believe something or think something the way that I feel. I’m more apt to have a conversation rather than just make a judgment.
The program expanded participants’ capacity to understand and facilitate conversations with their family about their experiences in the United States. This included a new awareness of how cultural and generational differences may lead to disagreements between parents and their children.

Participants reported having more empathy toward their children and changing the way they parent and educate their children.

**Community-Level Changes**

**Greater Number of Social Ties Within the Cohort**

The CLHE Continuing Track cohort met together over four years; it is not surprising that meaningful relationships developed between the participants as a result. These relationships often extended into spaces outside the convenings, enabling the possibility of future collaboration among participants.

- Participants reported expanding their personal and professional networks, especially with those from other communities.
- Participants are connected on social media, where they share activities, fundraisers, and other civic engagement events with their Continuing Track network.

**More People Equipped to Lead Community Efforts**

Along with a general increase in individual self-efficacy, some participants further expressed that they now felt equipped to be leaders in their communities.

- Participants agreed that the program expanded their vocabulary and advocacy skills, which then increased their effectiveness when engaging with community members.
- Survey respondents reported an increase in their intentions to carry equity work into their communities. By the end of the program, 79% reported they would take knowledge back to their community.

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**Institution**

**Community**

**Family**

**Individual**

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*Escucho las clases que les están dando a los niños en la escuela ahorita, de high school o de preparatoria, nuestros hijos saben mas de lo que podemos pensar nosotros, y cuando llegan a la casa, queremos ponerlos en la misma cajita que estamos nosotros y ahi esta la desintegracion muchas veces de las familias porque no tenemos el vocabulario para poder hablar con ellos de lo que ellos estan aprendiendo desde tan pequenos.*

[I listen to the classes that are being taught to children in school right now, high school or preparatory, our children know more than we can think, and when they come home, we want to put them in the same little box that we are in and there often lies the disintegration of families because we don’t have the vocabulary to be able to talk to them about what they are learning from such a young age.]
– 86% said they would continue to work on their CLHE project, and
– 71% said they would participate in advocacy efforts.

Institutional-Level Changes

Sharing New Knowledge with Colleagues at Work
Many participants reported being inspired to share what they learned with their colleagues at work and other organizations with which they are associated. By doing so, participants may help transform organizational and institutional practices, policies, and culture.

- Participants noted bringing content and materials back to their workplaces to ensure the consideration of equity when making decisions and/or providing services.
- Witnessing how the CLHE facilitators accommodated different learning styles and modeled soft skills, such as conflict resolution and accountability, also were valuable skills that participants acquired and found useful integrating into their workplace.

Improving Services to Participants’ Communities
Participants who were already employed by community organizations reported improvements in the way they approach their work. This finding highlights the likelihood that CLHE is catalyzing a positive ripple effect: Participants are graduating from the program more empowered, knowledgeable, and motivated to teach their clients about the systemic nature of the issues they face. This change in the way they work with clients can further empower those who come through the organization’s doors to disrupt oppressive practices.

- Participants who entered the program with experience working in the community discerned the value of practicing humility and curiosity when presented with ideas different from their own.
- Participants who work in nonprofit organizations feel more equipped with the content, facilitation, and advocacy skills needed to better service their community.

Most of my advocacy and social justice work has been from within an institution. I had this assumption that in order to do something, it had to be very planned and very well thought out and orchestrated. [. . .] And, honestly, a lot of the cool things I've done in my community have been like me and five other moms [. . .] And it's not an organization or institution. [. . .] I didn't recognize all the power in individual community members. And I feel like this has really helped me remember that, to learn that.
Conclusion

Analysis of the CLHE Continuing Track data suggests that participants experienced valuable shifts in their own attitudes, beliefs, and actions, how they participate in and interact with their families and broader communities, and how they approach their work. Although each individual participant experienced unique changes, there were overwhelmingly positive shifts that expanded participants’ self-understanding, worldviews, and social networks.

Final reporting on the complete CLHE evaluation will be available in spring 2023.

For more information about the CLHE program, please visit https://www.coloradotrust.org/strategies/community-leaders-in-health-equity/.