NCRP: How is the Colorado Health Foundation evolving to meet the needs of underserved Coloradans?

CHF: The Colorado Health Foundation is a private foundation that funds across the state. As one of the largest health foundations in the country, our work is centered on ensuring health is in reach for a person, family or a community. We believe health is a basic human right, and that health status shouldn’t be dependent on where you live, how much money you make or the color of your skin.

We recently redefined our organizational vision and strategic direction to focus on achieving health equity in all communities across Colorado. Our cornerstones (upon which our work and that of our partners is based) ensure that we reach Coloradans who are low-income and those who have historically had less power or privilege, that everything we do is with the intent of creating equity and that we are informed by the community and those we exist to serve.

NCRP: How did Colorado’s various communities inform the development and implementation of your updated strategic framework?

CHF: More than two years ago, our chief executive Karen McNeil-Miller was new in her role. During a whirlwind listening tour, we went to every corner of the state to learn about what being healthy means to Coloradans. What we heard changed us.

Then, and now, in every community – and in every conversation we have as staff – we hear one thing over and over: That having good health within reach means something different for every Coloradan because not all of us have the same opportunities to be healthy. That is the problem that our strategy is focused on solving.

Today, community engagement and input remain critical to our success. It’s both an outcome we strive for and a process we orient our staff and work around. Every decision and action we take must be community-informed, and we expect that of our partners, too.

Our program officers now are guided by an engagement model designed to ensure that we can continually understand community perspectives, dynamics and trends. We want to meet communities where they are.

Recently, several of our program officers gathered together to discuss how their experiences on the ground are taking shape. One shared: “This work is challenging but it is also a relief. It used to feel like I didn’t have the full picture. The model has created an opportunity for me to do my work with a much better understanding of the community so that I can make better, more informed decisions.”

NCRP: Why is it important to build the capacity of individuals and organizations advocating for health equity in the state?

CHF: For equity to be a reality, voices must be heard and skills such as strong leadership and civic engagement must be developed to promote fair opportunities for all Coloradans to be healthy.

There is strength in numbers, and we know that Coloradans have the power to drive lasting policy change that reflects their interests and priorities. Building the collaboration and leadership skills needed to address health inequities and essentially work together to solve health challenges will only strengthen our communities.

NCRP: What makes your cross-cutting, locally focused work different from “traditional grantmaking”?

CHF: There are a number of differences in how we approach our locally focused work, which we have begun in four communities:

- We are committing resources and time well beyond grant funding to include policy advocacy and strategic communications in specific communities for the long term.
- Our program officers show up in these communities regularly to listen, learn and find ways to invest at the right time and in ways that truly promote a community’s resilience based on its needs.
- We intend to help community members build local capacity around important skills such as leadership and how to engage in advocacy. We also hope to cultivate networks or foster those already in place so that community solutions to promote better health can become a reality over time.