

Detailed findings:

Health Policy & Advocacy Landscape

Building a robust, inclusive, and effective advocacy ecosystem
Greater Cincinnati | Ohio | Kentucky | Indiana

October 2023

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Understanding the health policy and advocacy ecosystem

At [Interact for Health](#), we believe that people deserve a just opportunity to live their healthiest lives, regardless of who they are or where they live. To achieve lasting impact requires changing the policies that affect people's health, well-being and quality of life.

In the Spring 2023, Interact for Health commissioned a study to better understand the current landscape of health policy and advocacy at the local-level in [Greater Cincinnati](#) as well as at the state-level in Ohio, Indiana, and Kentucky – with the ultimate goal of working together to cultivate a robust, inclusive, and effective health policy and advocacy ecosystem.

The survey was conducted by [Innovation Network](#). Detailed findings from this study are shared in this document. Key data and insights can be found in the [learning brief](#). A glossary of relevant terms can be found in the Appendix.

The power of understanding the ecosystem lies in a variety of perspectives, particularly of the people and partners that constitute it. We invite you to join us in dialogue around two key learning questions:

1

How do the findings align with your experience of this ecosystem?

2

What will it take to build a robust, inclusive, and effective health advocacy ecosystem across Ohio, Kentucky, and Indiana and in Greater Cincinnati?

About this study

Sample: Innovation Network sent the survey to a snowball sample of **317 organizations**. A total of **93 unique* responses** were received (29% response rate). Of the respondents, 24 are or have been Interact for Health's grantees. Interact for Health also participated in the survey. Not all respondents completed the entire survey; the number of respondents (N) is included for each finding presented.

Analysis: Data shared here were analyzed to look at:

- 1) Trends across all respondents and by geographic area of focus*** (charts found on slides 5 – 31).
- 2) Most notable differences by organizations' key characteristics** (call-out boxes found on slides 5 – 31). Due to the relatively small number of responses by geographic area of focus, we conducted these analyses across areas.
- 3) How well organizations are connected** to the rest of the ecosystem, and what **organizational characteristics** are **associated with increased connectivity** (found on slides 32 – 43).

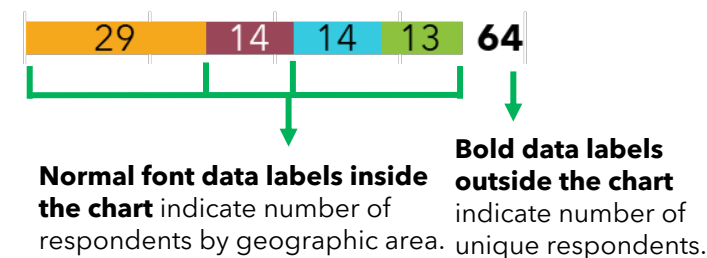
This document also offers **key findings, displayed individually for each geographic area of focus*** (found on slides 44 – 60).

Limitations: While many organizations across the ecosystem completed the survey, this study represents **only part of the larger ecosystem**. It was also fielded at a **point in time** (April – May 2023), and we know that the ecosystem is fluid and constantly evolving.

* Respondents were asked if they work at the local-level in 1) Greater Cincinnati and/or at the state-level in 2) Ohio, 3) Kentucky and/or 4) Indiana. Nine respondents reported working across these geographies – either at the local-level in multiple counties as well as at the state-level (e.g., organization X works in Franklin County, IN as well as Indiana statewide) or in multiple states (e.g., organization Y works in Ohio and Kentucky state-wide).

Responses were analyzed overall and by each of the four main geographic areas. In analyses by main geographic areas, these organizations are counted in each geographic area (Duplicate N). In the overall analysis, they are counted once (Unique N).

A nonprofit organization



About the respondents:

Who is in the ecosystem?

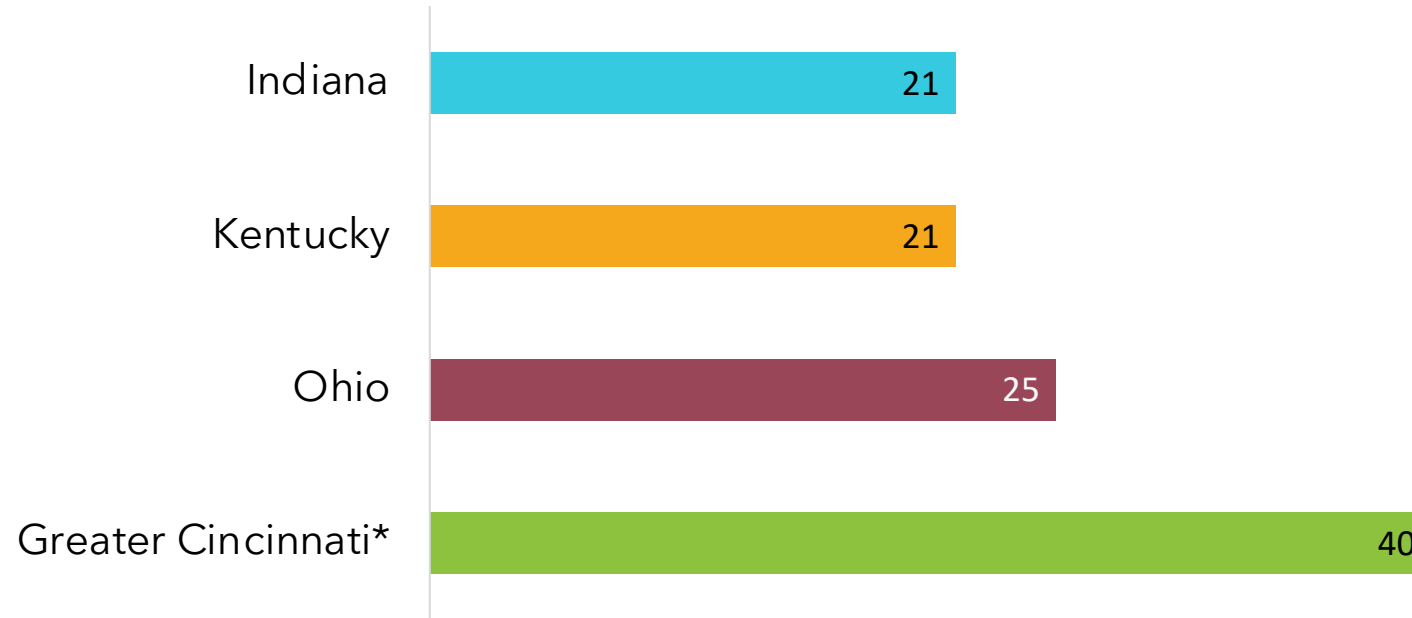
Pursuing multiple strategies to achieve social change requires people and groups with diverse skills, capacities and focuses, from those that directly influence decision-makers to those that inform and organize communities and people who experience the greatest injustices in health outcomes.

This section shares analyses for:

- Geographic area of focus
- Organization type
- Organization legal entity
- Affiliate status
- Annual budget
- Primary activity
- Percent of resources spent on advocacy and/or policy work
- Issue areas

In which areas does your organization operate?

(Unique N=93, Duplicate N=107)



Notable differences

Organizations focused on Greater Cincinnati:

- **More frequently have a budget of \$5M or more** (45% vs. OH: 24%, KY: 29%, and IN: 29%).
- **Less frequently reported advocacy, policy work, and/or community organizing as their primary activity** (23% vs. OH: 48%, KY: 43%, IN: 38%).
- **More frequently dedicate less than 25% of their resources to advocacy and/or policy work** (68% vs. OH: 36%, KY: 29%, IN: 19%).
- **More frequently engage and/or represent a Black, Indigenous, and People of Color (BIPOC)** group** (81% vs. OH: 55%, KY: 40%, IN: 35%).

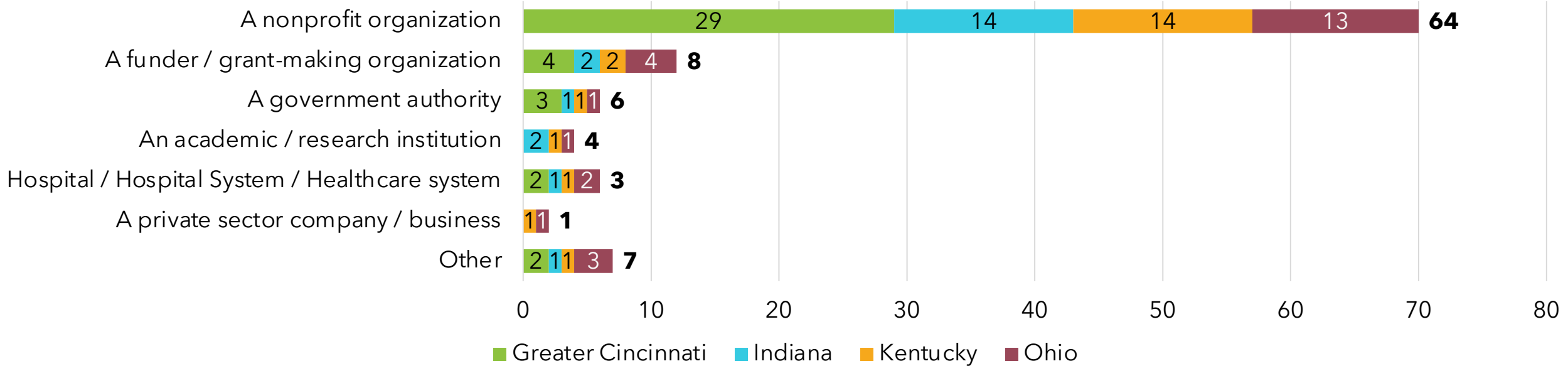
*For a full list of counties included in Greater Cincinnati, please visit <https://www.interactforhealth.org/where-we-work/>.

**We use the term BIPOC to indicate the following racial and ethnic groups: 1) Black or African American, 2) Hispanic or Latinx, 3) American Indian or Alaska native, 4) Middle Eastern, North African, or Arab American, 5) Asian or Asian American, and 6) Native Hawaiian or Pacific Islander.

Which of the following best describes your organization?

(Unique N=93, Duplicate N=107)

Bold number indicates number of unique respondents.

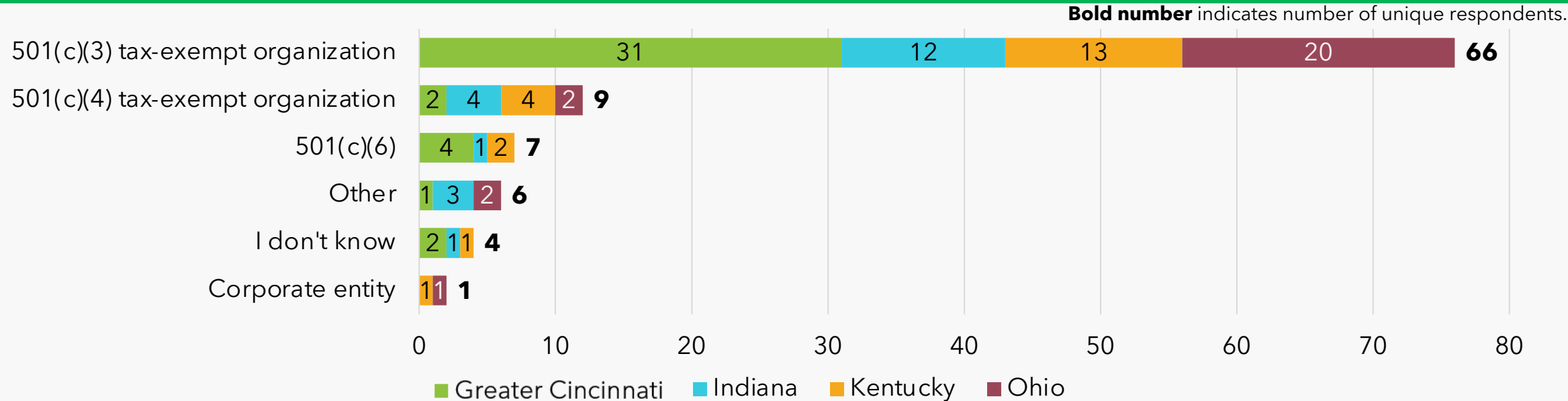


Notable differences

- **Advocacy approaches more frequent in nonprofits:**
 - Capacity building (88% of nonprofits have used this approach in the past 2 years vs. 77% of other organizations)
 - Organizing (72% of nonprofits have used this approach in the past 2 years vs. 62% of other organizations)
 - Lobbying (62% of nonprofits have used this approach in the past 2 years vs. 50% of other organizations)
 - Political will campaigns (29% of nonprofits have used this approach in the past 2 years vs. 15% of other organizations)
 - Voter engagement (45% of nonprofits have used this approach in the past 2 years vs. 19% of other organizations)
- **Advocacy approaches less frequent in nonprofits:**
 - Research (62% of nonprofits have used this approach in the past 2 years vs. 85% of other organizations)
- **A smaller proportion of nonprofits engage and/or represent BIPOC groups** (50% vs. 65% of other organizations).
 - **Those that do, are more likely to have BIPOC leadership** (36% vs. 13% have leadership over half of whom are from a BIPOC group).

What type of legal entity is your organization?

(Unique N=93, Duplicate N=107)



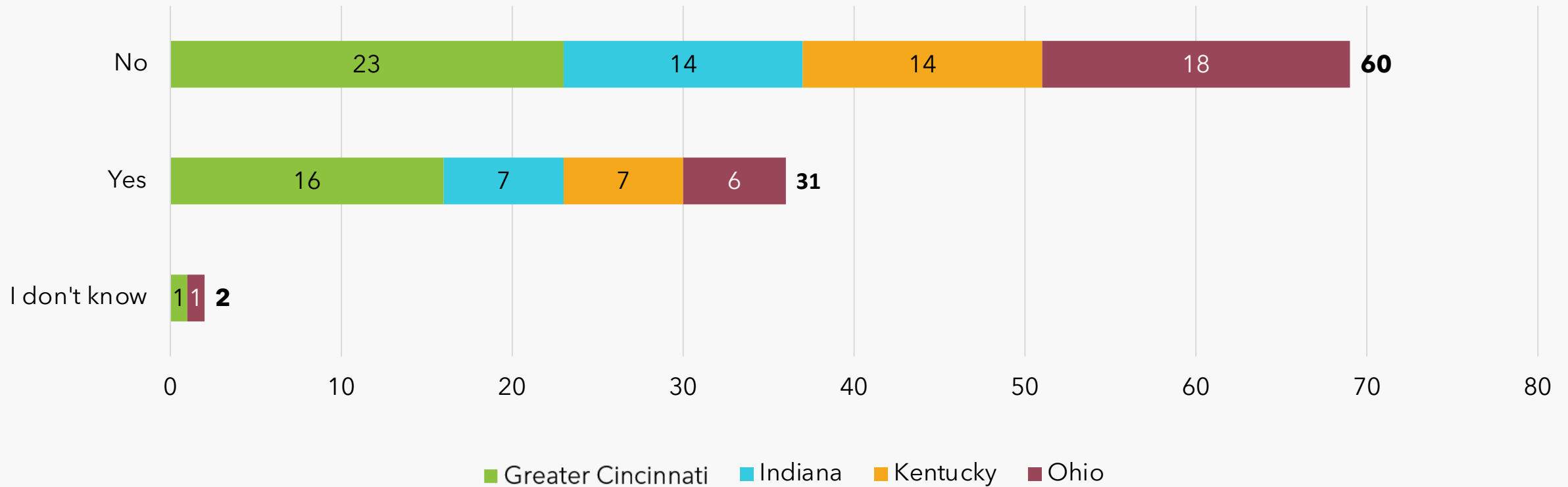
Notable differences

- **A smaller proportion of 501(c)3 organizations reported advocacy, policy work, and/or community organizing as their primary activity** (33% vs. 56% of other organizations).
- **A bigger proportion of 501(c)3 organizations dedicates less than 25% of their resources to advocacy** (50% vs. 22% of other organizations).
- **Advocacy approaches less frequent among 501(c)3 organizations:**
 - Public education and awareness (20% of 501(c)3 organizations has used this approach in the past 2 years vs. 36% of other organizations)
 - Model legislation (43% of 501(c)3 organizations has used this approach in the past 2 years vs. 56% of other organizations)
 - Lobbying (52% of 501(c)3 organizations has used this approach in the past 2 years vs. 76% of other organizations)
 - Communications (85% of 501(c)3 organizations has used this approach in the past 2 years vs. 100% of other organizations)

Is your organization an affiliate of a larger group?

(Unique N=93, Duplicate N=107)

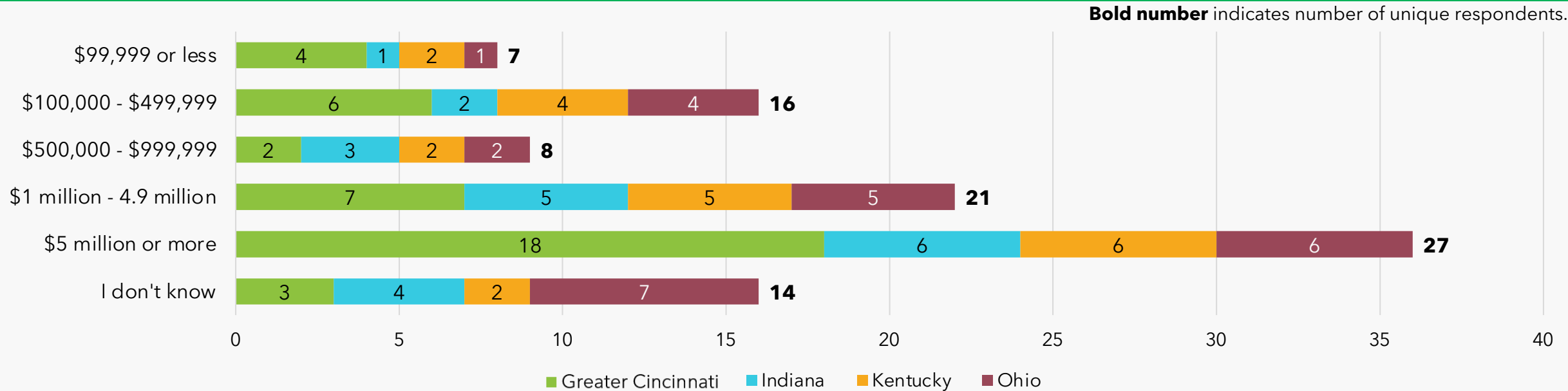
Bold number indicates number of unique respondents.



There was no analysis comparing organizations that were affiliates versus not.

What is the size of your organization's annual budget?

(Unique N=93, Duplicate N=107)



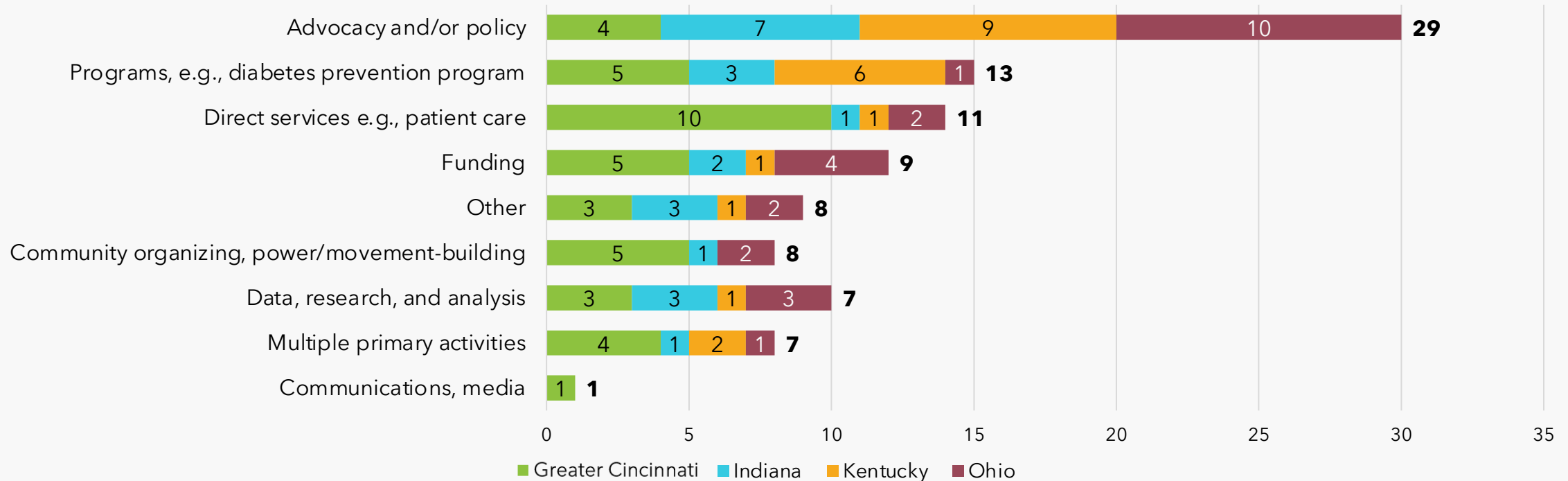
- **Organizations with budget of \$1M or more less frequently report advocacy, policy work, and/or community organizing as their primary activity** (25% vs. 55% of other organizations) **or devoted over 75% of their resources to advocacy and/or policy work** (9% vs. 32% of other organizations)
- **Advocacy approaches more frequent in organizations with budgets of \$1M or more:**
 - Champion development (81% of organizations with budget of \$1M or more used this approach in the past 2 years vs. 56% of other organizations)
 - Research and analysis (72% of organizations with budget of \$1M or more used this approach in the past 2 years vs. 60% of other organizations)
 - Model legislation (53% of organizations with budget of \$1M or more used this approach in the past 2 years vs. 37% of other organizations)
- **Advocacy approaches less frequent in organizations with budgets of \$1M or more:**
 - Grassroots organizing (63% of organizations with budget of \$1M or more used this approach in the past 2 years vs. 80% of other organizations)
 - Political will campaigns (23% of organizations with budget of \$1M or more used this approach in the past 2 years vs. 33% of other organizations)
 - Public will campaigns (26% of organizations with budget of \$1M or more used this approach in the past 2 years vs. 43% of other organizations)
- **Organizations with budgets of \$1M or more target their state legislature and state executive branch more often** (93% and 72% had these targets in the past 2 years vs. 77% and 57% of other organizations).
- **Organizations with budgets of \$1M or more represent Black or African American groups more frequently** (51 vs. 39% of other organizations).

Notable
differences

What best describes the primary activity of your organization?

(Unique N=93, Duplicate N=107)

Bold number indicates number of unique respondents.

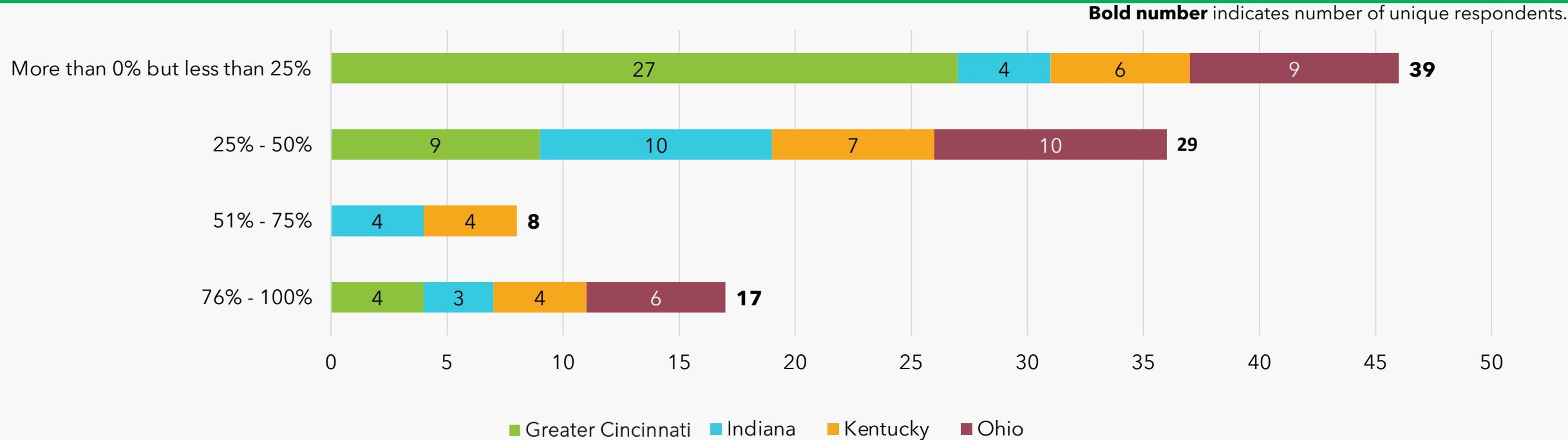


Notable differences

- **Organizations that reported advocacy, policy work, and/or community organizing as their primary activities** (advocacy organizations) **less frequently have budgets of \$5M or more** (8% vs. 42% of other organizations).
- **44% of advocacy organizations dedicate half or less than half of their resources to advocacy.**
- **Advocacy organizations target their state legislature and state executive branch more often** (94% and 77% have these targets vs. 78% and 55% of other organizations).
- **Advocacy organizations are less likely to engage and/or represent BIPOC groups** (60% vs. 35% of other organizations).
 - If advocacy organizations do serve a specific racial/ethnic group, they less frequently have over 25% of their leadership from a BIPOC group (31% vs. 54% of other organizations).
- **Advocacy organizations less frequently serve children or youth** (26% vs. 41% of other organizations).

What percentage of your organization's resources are dedicated to advocacy and/or policy work?

(Unique N=93, Duplicate N=107)



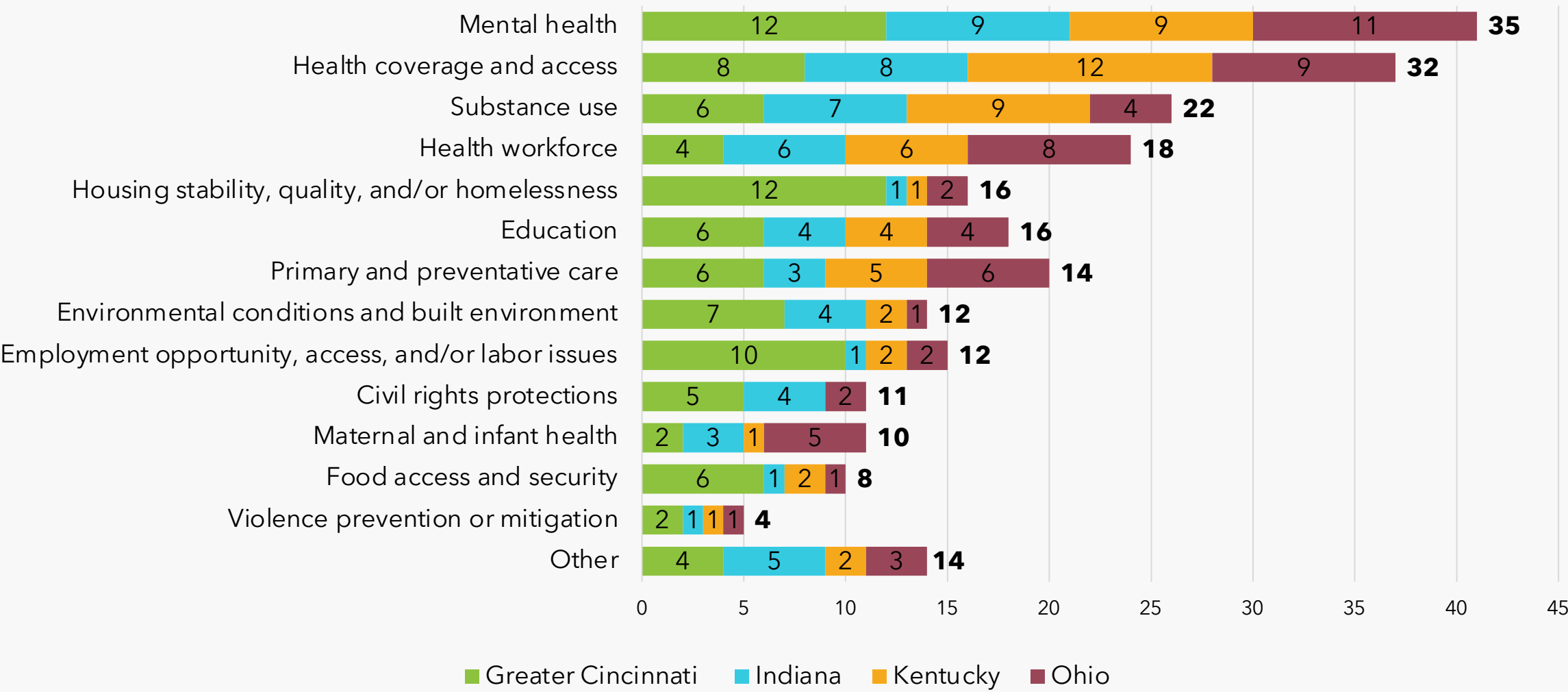
Notable differences

- **Organizations that dedicate 25% or more of their resources to advocacy and/or policy work less frequently have budgets of \$5 M or more** (21% vs. 38% of other organizations)
- **Almost half of organizations that dedicate 25% or more of their resources to advocacy and/or policy work focus on health coverage** (44% vs. 24% of other organizations).
- **Organizations that dedicate 25% or more of their resources to advocacy and/or policy work target their state executive branch more often** (75% vs. 48% of other organizations) but **their local legislature less frequently** (49% vs. 67% of other organizations).
- **Organizations that dedicate 25% or more of their resources to advocacy and/or policy work less frequently serve BIPOC groups** (49% vs. 64% of other organizations).

What are the primary issue areas* your organization focuses on in your advocacy and/or policy work?

(Unique N=90, Duplicate N=103)

Bold number indicates number of unique respondents.



There was no analysis comparing organizations across issue areas.

*Respondents could select up to 3 issue areas among those listed.

Priority populations:

How does the ecosystem engage communities and populations?

Advocacy and policy efforts that center communities and people who experience the greatest injustices in health outcomes are more likely to tackle the root causes of inequities that lead to long-lasting change and build community power.

This section shares analyses for:

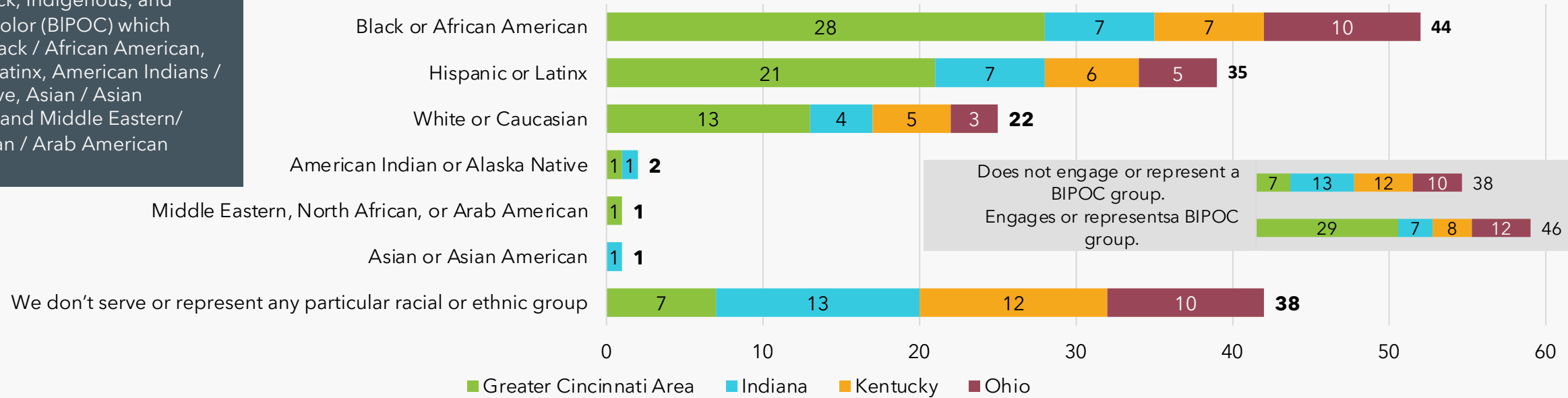
- Racial/ethnic groups engaged and/or represented by organizations
- Ways organizations that engage the racial/ethnic groups prioritize in strategic decision making (i.e., agenda setting, governance)
- Percentage of organizational leadership from a Black or African American, Hispanic/Latinx, and/or white groups.
- Lived experience groups that organizations engage and/or represent
- Ways organizations engage the lived experience groups they prioritize in strategic decision making such as agenda setting, governance, etc.

Which of the following racial and ethnic groups are populations* that your organization seeks to engage and/or represent in your advocacy and/or policy work?

(Unique N=85, Duplicate N=98)

BIPOC: Black, Indigenous, and People of Color (BIPOC) which includes Black / African American, Hispanic / Latinx, American Indians / Alaska Native, Asian / Asian Americans, and Middle Eastern/ North African / Arab American groups.

Bold number indicates number of unique respondents.



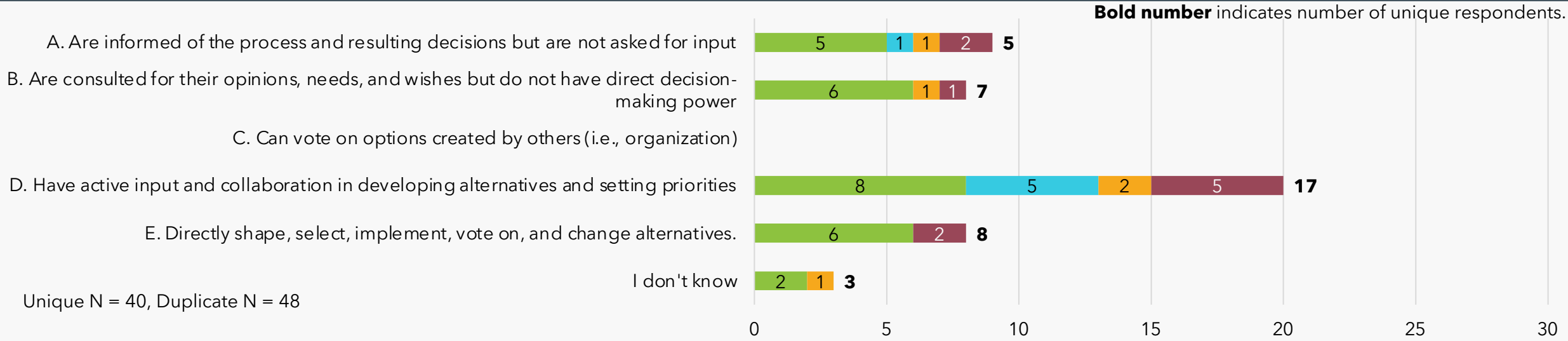
Notable differences

- **Organizations that engage and/or represent BIPOC groups** (BIPOC organizations) **have budgets of \$1M or more as frequently as other organizations** (52% vs. 50% of other organizations).
- **Advocacy approaches less frequent in organizations that engage and/or represent BIPOC**
 - Lobbying (48% of BIPOC organizations used this approach in the past 2 years vs. 71% of other organizations)
 - Model legislation (37% of BIPOC organizations used this approach in the past 2 years vs. 58% of other organizations)
 - Political will campaigns (17% of BIPOC organizations used this approach in the past 2 years vs. 34% of other organizations)
- **More organizations that engage and/or represent BIPOC report targeting government branches at the local level:**
 - Legislative: 70% of BIPOC organizations targeted this branch in the past 2 years vs. 39% of other organizations
 - Executive: 50% of BIPOC organizations targeted this branch in the past 2 years vs. 34% of other organizations
 - Judicial: 20% of BIPOC organizations targeted this branch in the past 2 years vs. 11% of other organizations
- **Organizations that engage and/or represent BIPOC more frequently focus on individuals with low income or children and youth** (50% and 48% vs. 18% and 24% of other organizations)

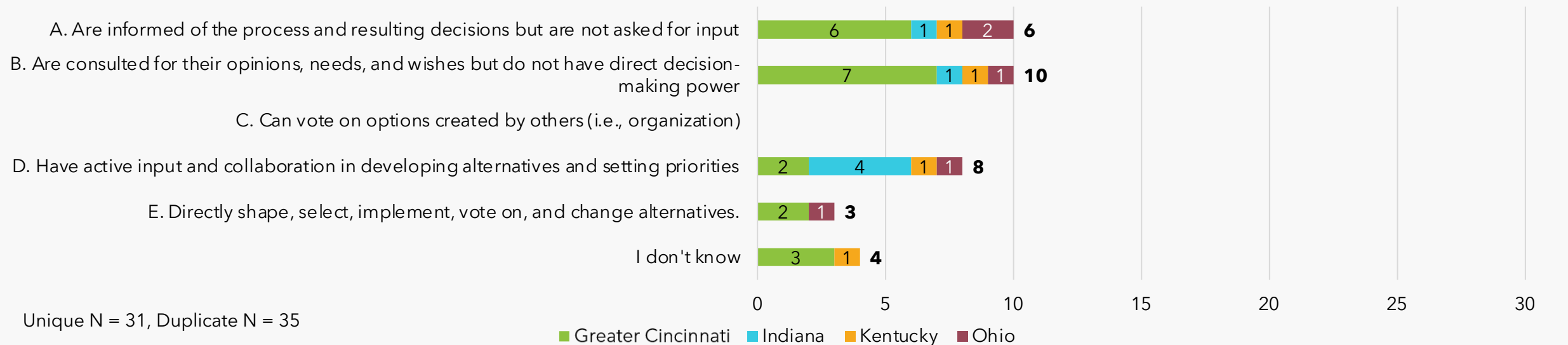
*Respondents could select all the groups they engage and/or represent, among those listed. "Other" responses were recoded to the most relevant group..

For each of the racial/ethnic groups that your organization engages/represents in your advocacy and/or policy work, please indicate how your organization engages (1) this group in strategic decision-making*

Black and African American

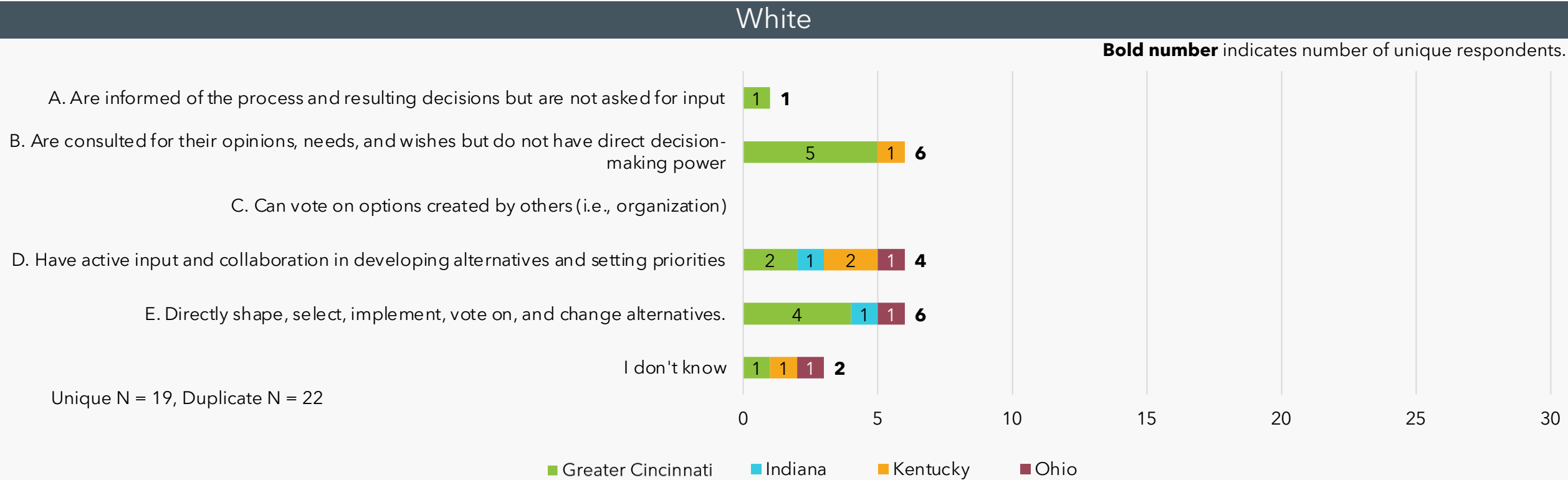


Hispanic/Latinx



*Only organizations who engage and/or represent a specific racial and/or ethnic group answered this question.

For each of the racial/ethnic groups that your organization engages/represents in your advocacy and/or policy work, please indicate how your organization engages this group in strategic decision-making*




There was no analysis comparing organizations across racial/ethnic group engagement.

If you selected C, D, or E, for any of these racial and/or ethnic groups,
please share an example describing what this engagement looks like
(Optional question)

For respondents who engage BIPOC groups in participatory decision-making, we asked to provide a brief description of what that looks like. Respondents indicated that they:

- Asked for input and involvement from the groups on organizational strategic planning, strategies, policy issues, and/or priorities (7).
- Used advisory or issue committees to gather input on priorities, policy issues, and/or strategic direction from these groups (6).
- Surveyed their constituencies (3).
- Gathered input through regular meetings with communities (3).
- Conducted focus groups with these groups (3).
- Conducted needs assessments with community input (2).
- Gathered input through listening or feedback sessions (2).

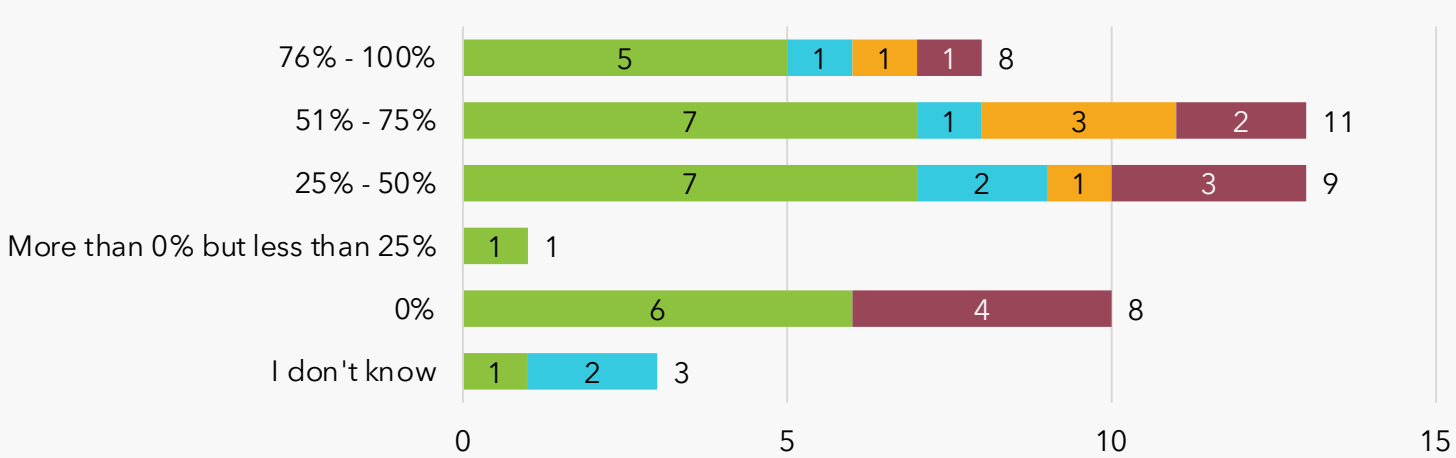
Respondents also described engagement in terms of cultivating/maintaining a diverse staff and board who have decision-making power or input in organizational priorities (3).



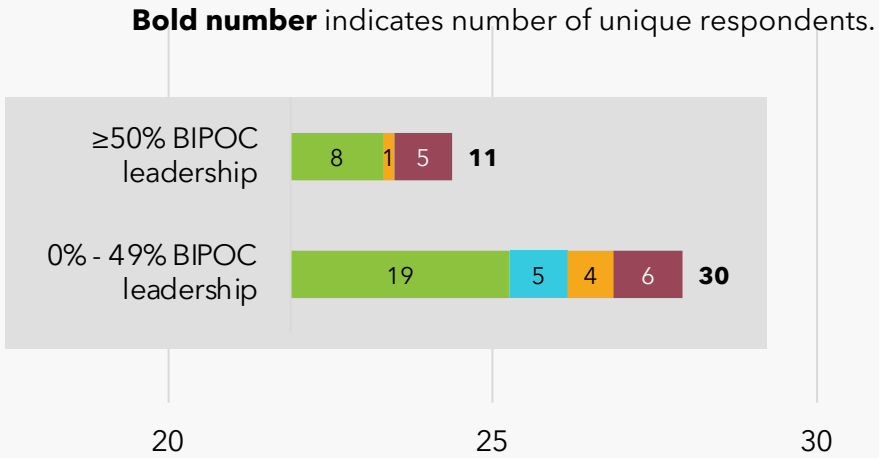
"[We conduct] the community health needs assessment process. [The process] completed every three years, engages community members and/or organizations representing or providing services to racial/ethnic groups for input in identifying and prioritizing community health needs for all 16 hospitals."

Please indicate what proportion of your organizational leadership (e.g., CEO/executive director and other senior executives/C-suite) are from each of the following racial or ethnic groups*

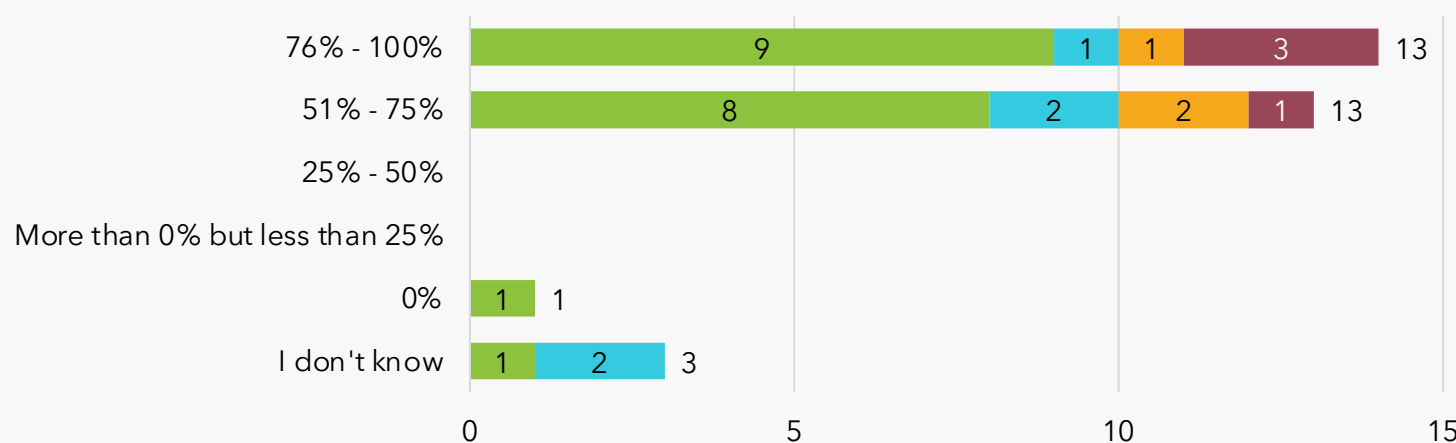
Black and African American



Unique N = 40, Duplicate N = 48



Hispanic / Latinx



Unique N = 31, Duplicate N = 35

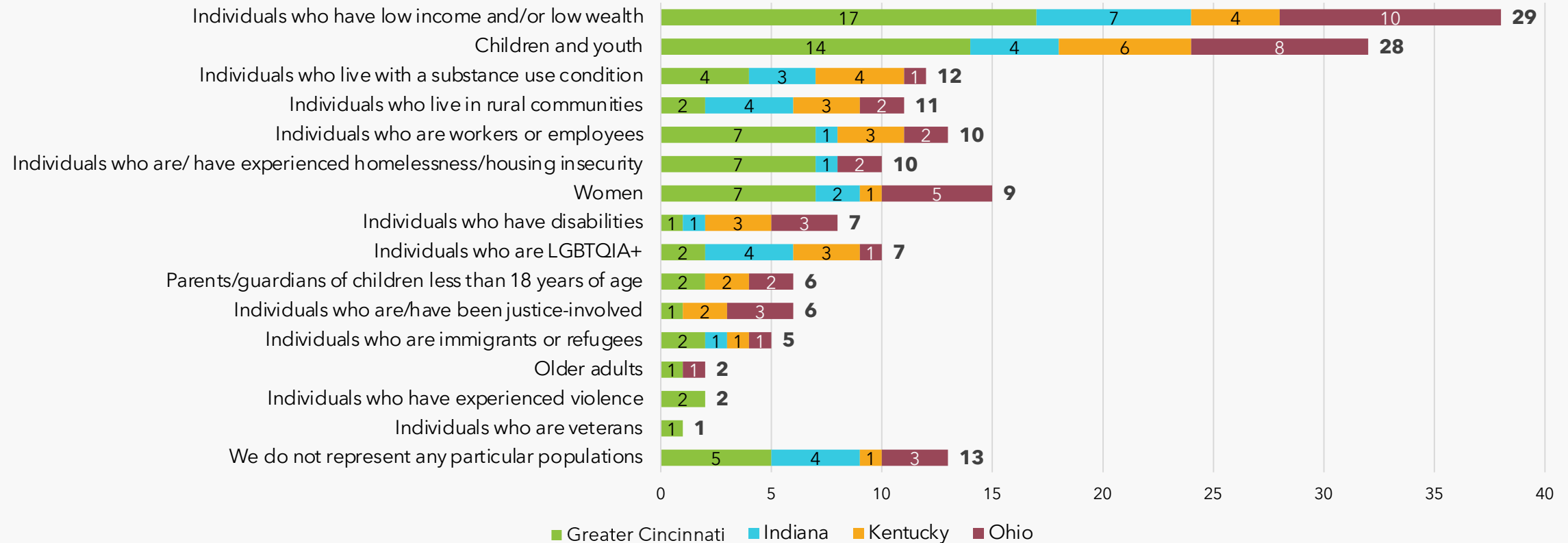
■ Greater Cincinnati ■ Indiana ■ Kentucky ■ Ohio

*This data is only available for organizations who stated that they do engage/represent a specific racial or ethnic group.

Which of the following populations and/or communities* experiencing inequities your organization seeks to engage/represent in your advocacy/policy work?

(Unique N=81, Duplicate N=94)

Bold number indicates number of unique respondents.

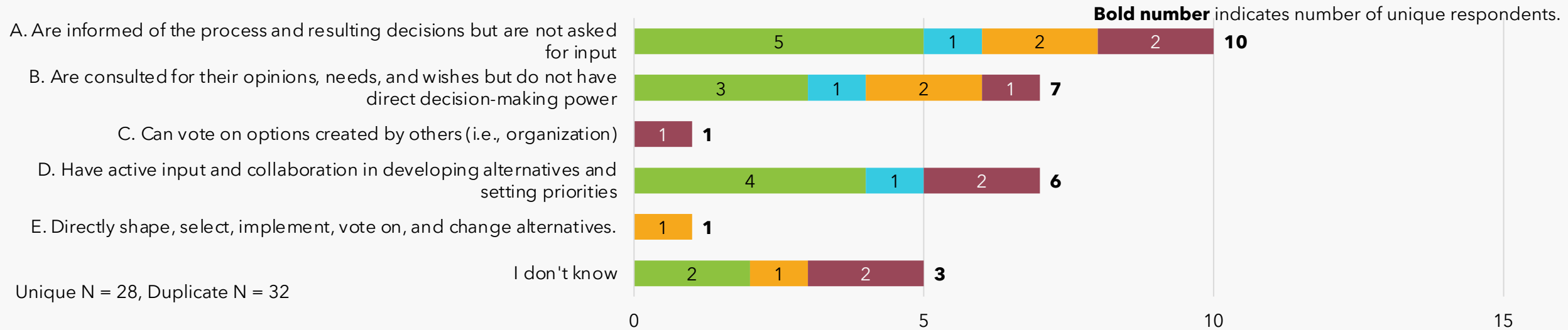


Notable differences

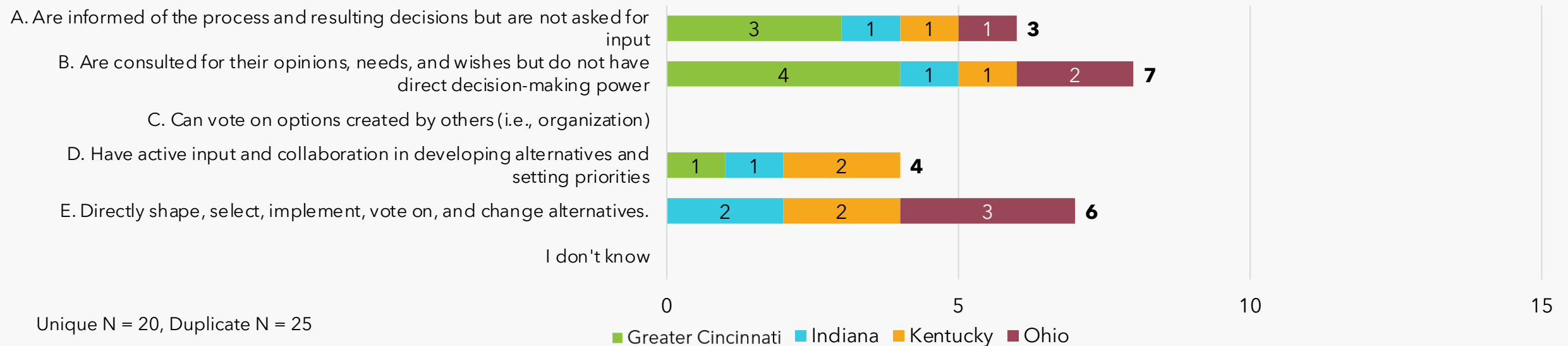
- **Organizations engaging people with low income spend a lesser proportion of their resources on advocacy and/or policy work.** 17% of organizations engaging people with low income spend half or more of their resources on advocacy and/or policy work vs. 36% of other organizations.
- Organizations engaging **people with low income less frequently have budgets of less than \$1M** (0% of organizations engaging people with low income have budgets of less than \$1M vs. 14% of other organizations)
- Organizations engaging **children and youth more frequently dedicate over 75% of their resources to advocacy and/or policy work** (29% of organizations engaging children and youth dedicate over 75% of their resources to advocacy and/or policy work vs. 15% of other organizations).
- **No** organizations engaging **children and youth** reported **community organizing as their primary activity**

For each of the lived experience populations and/or communities that your organization engages/represents in your advocacy/policy work, please indicate how your organization engages this group in strategic decision-making*

Children and youth



Individuals who are experiencing or have experienced a mental health condition/challenge

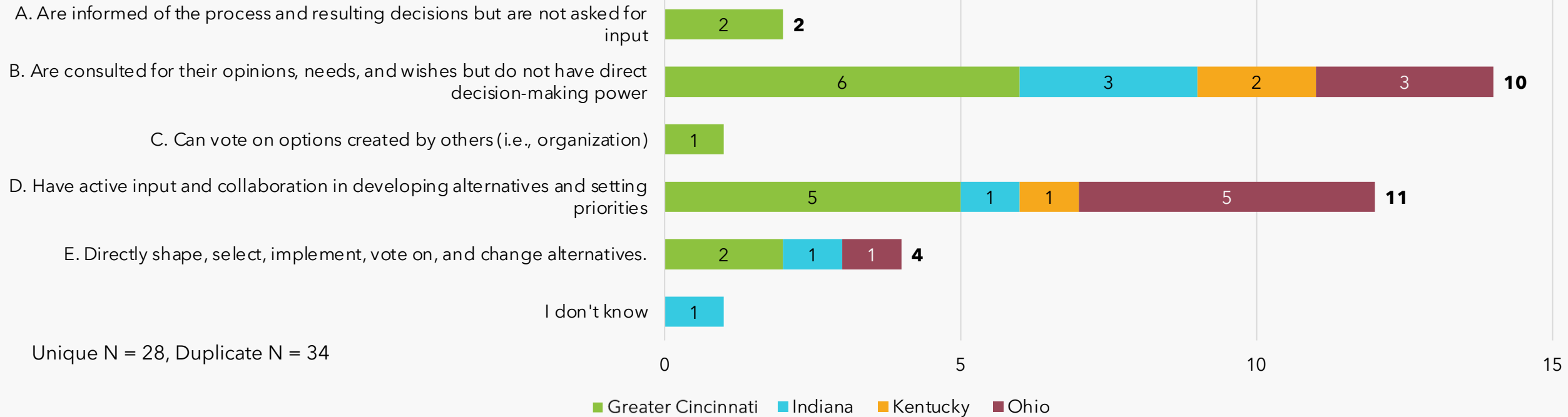


*Only organizations who engage and/or represent a specific lived experience group answered this question.

For each of the lived experience populations and/or communities that your organization engages/represents in your advocacy/policy work, please indicate how your organization engages this group in strategic decision-making*

Individuals who have low income and/or low wealth

Bold number indicates number of unique respondents.



There was no analysis comparing organizations across lived experience group engagement.

If you selected C, D, or E, for any of these lived experience populations and/or communities, please share an example describing what this engagement looks like

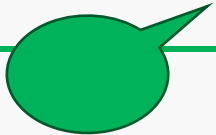
(Optional question)

For respondents who engage lived experience populations and/or communities in decision-making, we asked for a brief description of what that looked like. Respondents indicated that they:

- Asked for input and involvement from these groups on organizational strategic planning, strategies, policy issues, and/or priorities (9).
- Used advisory or issue committees to gather input on priorities, policy issues, and/or strategic direction (4).
- Gathered constituency input through listening or feedback sessions (3).
- Gathered input through regular meetings with communities (2).
- Solicited testimony from priority populations (2).
- Connected priority populations with decisionmakers to address them directly (2).

Respondents also described engagement in terms of cultivating/maintaining a diverse staff and board who have decision-making power or input in organizational priorities (5).

"Our Center for Family Voice has developed a Family Action Network of more than 60 parents (and growing) with young children across the state that we invest in their training, learn from them and create feedback loops with them to create our agenda alongside their expertise and other experts."



What is the most important need that must be met/biggest opportunity to strengthen the health advocacy and/or policy field in your area/state?

(Optional Question)

When asked to describe the most important need that must be met/biggest opportunity to strengthen the health advocacy and/or policy field in their geographic area of focus, respondents wanted to see:

- More funding for advocacy work, capacity-building, and coalitions support, especially sustained funding for policy change, as achieving related goals requires long timelines (10).
- More engagement of people with lived experience and/or people affected by an issue in advocacy and policymaking, along with support to organizations to increase their engagement (8).
- More building of political will among decisionmakers so that they can help advance legislation, provide testimony, and champion issues with other decisionmakers (8).
- More collaboration between diverse organizations/groups (4).
- More coalition work and coalition-building (3).
- Access to better data and research to support policy change (2).
- Increased organizational capacity to provide more support on issues of focus (2).

"We need additional capacity to engage Kentuckians with lived experience in this work. It is time consuming to provide the technical assistance and support each individual needs to be meaningfully involved."



The page features several large, solid green geometric shapes. In the top-left corner, there is a triangle pointing towards the top-right. In the top-right corner, there is a triangle pointing towards the top-left. On the right side, there is a large, complex shape composed of several triangles, with one prominent triangle pointing towards the bottom-left.

Advocacy tactics and targets:

How does the ecosystem work?

A robust advocacy and public policy ecosystem thrives when diverse partners are skilled in a broad spectrum of strategies and tactics needed to make progress on a wide variety of policy issues across all stages of the policy process – from base building to passing, implementing and sustaining a policy win.

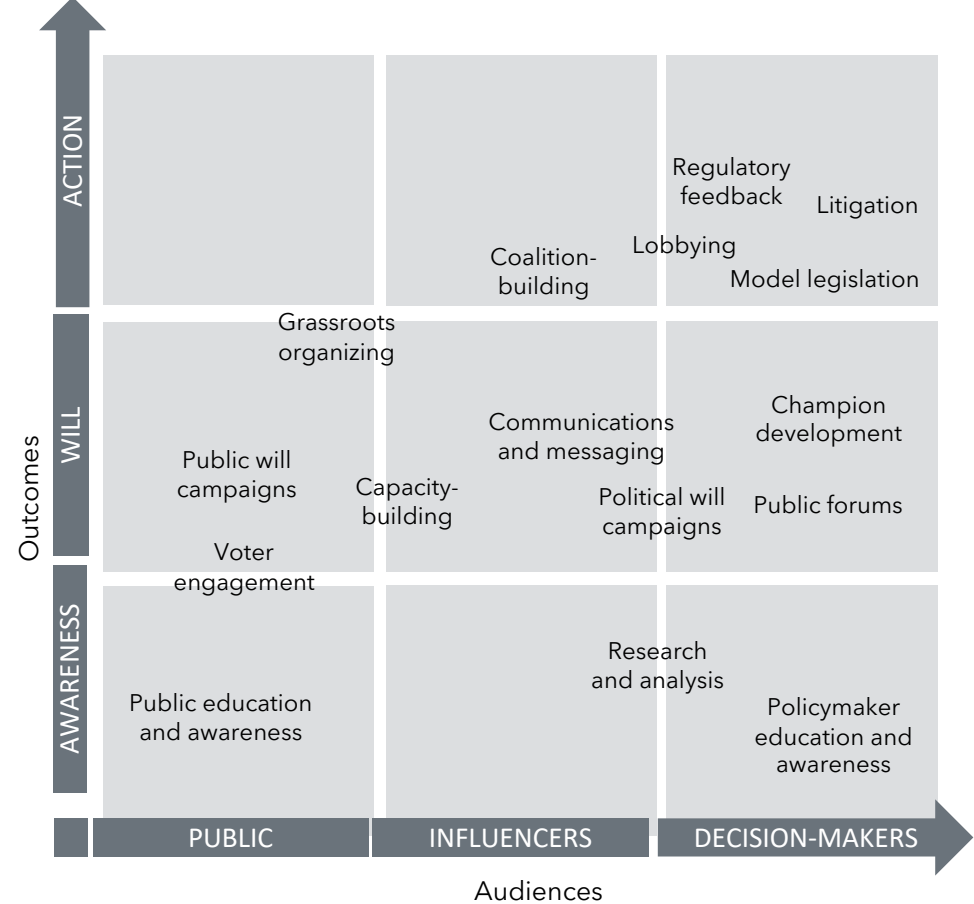
This section shares analyses for:

- Advocacy approaches
- Advocacy targets
- Coalition membership

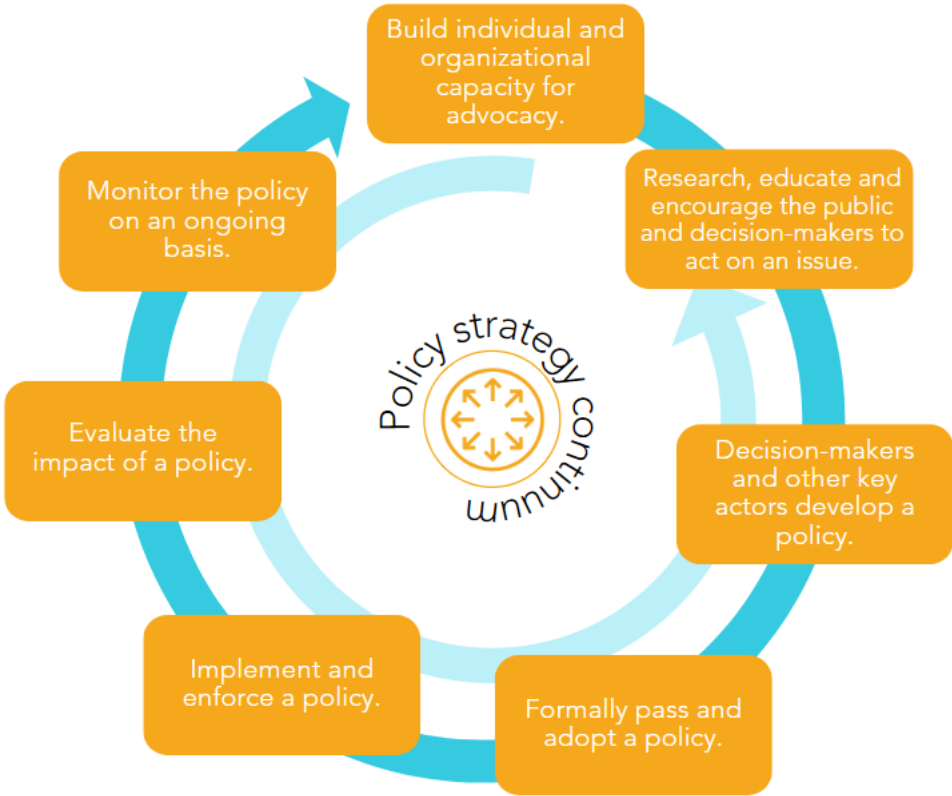
Understanding advocacy and policy efforts

Advocacy and policy work are complex and multi-faceted. We find the frameworks below helpful in contextualizing this study findings related to the ecosystem’s advocacy approaches and targets.

Advocacy strategy framework (2). This framework illustrates what an advocacy strategy is set to achieve by clarifying the audiences it targets (on the x-axis) and outcomes it seeks to obtain (on the y-axis). The chart below shows an adapted version of the framework we used for this study.

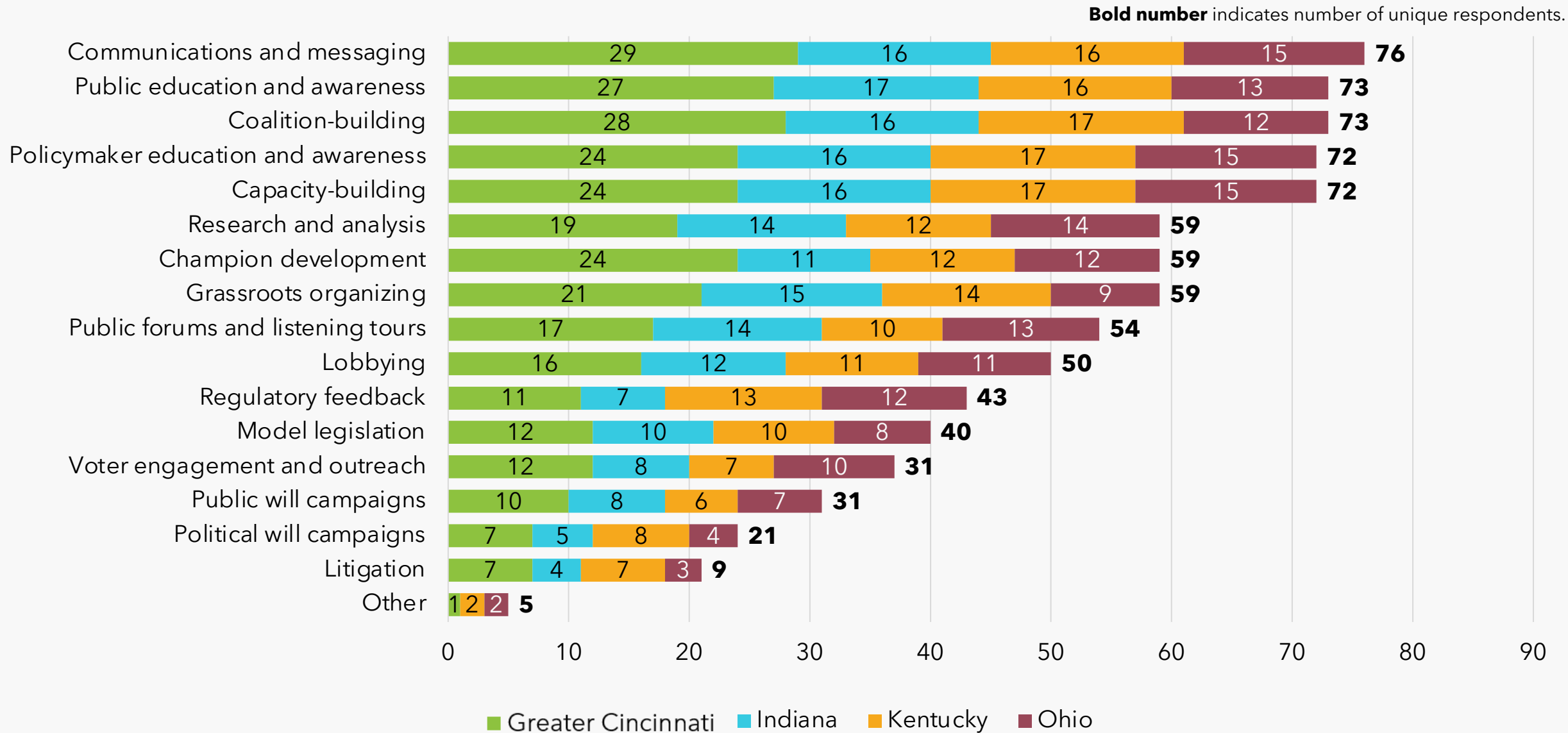


Policy strategy continuum (3). While ‘passing a policy’ is often what comes to mind when thinking about advocacy and policy work, the policy strategy continuum outlines key strategies that are all important to ensuring best practice, equitable policies are developed, adopted, and maintained and their long-term impact realized.



In which of the following advocacy approaches has your organization engaged, in the past two years?

(Unique N=85, Duplicate N=98)



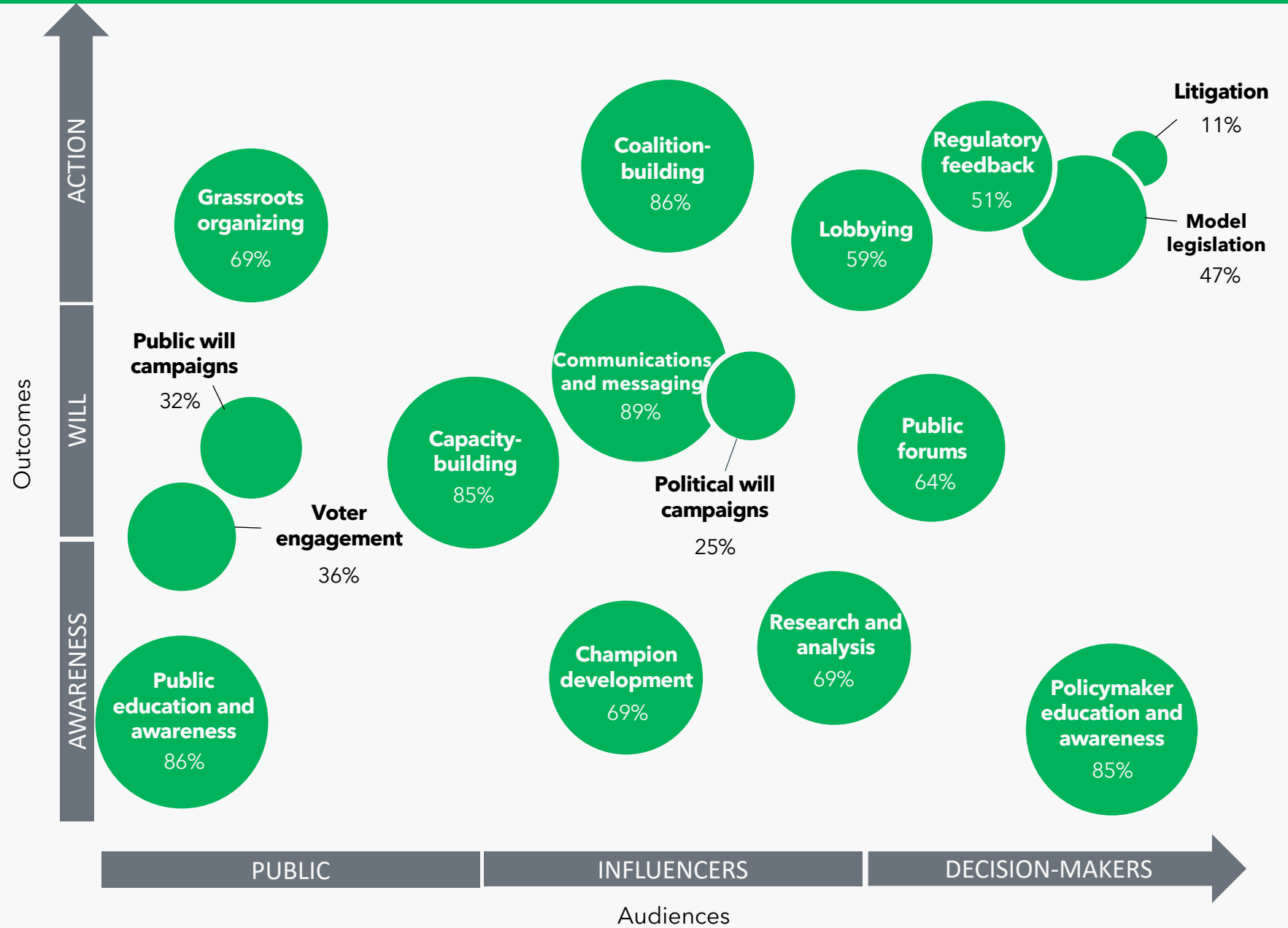
There was no analysis comparing organizations by tactics and strategies used.

In which of the following advocacy approaches has your organization engaged, in the past 2 years?

(Unique N=85)

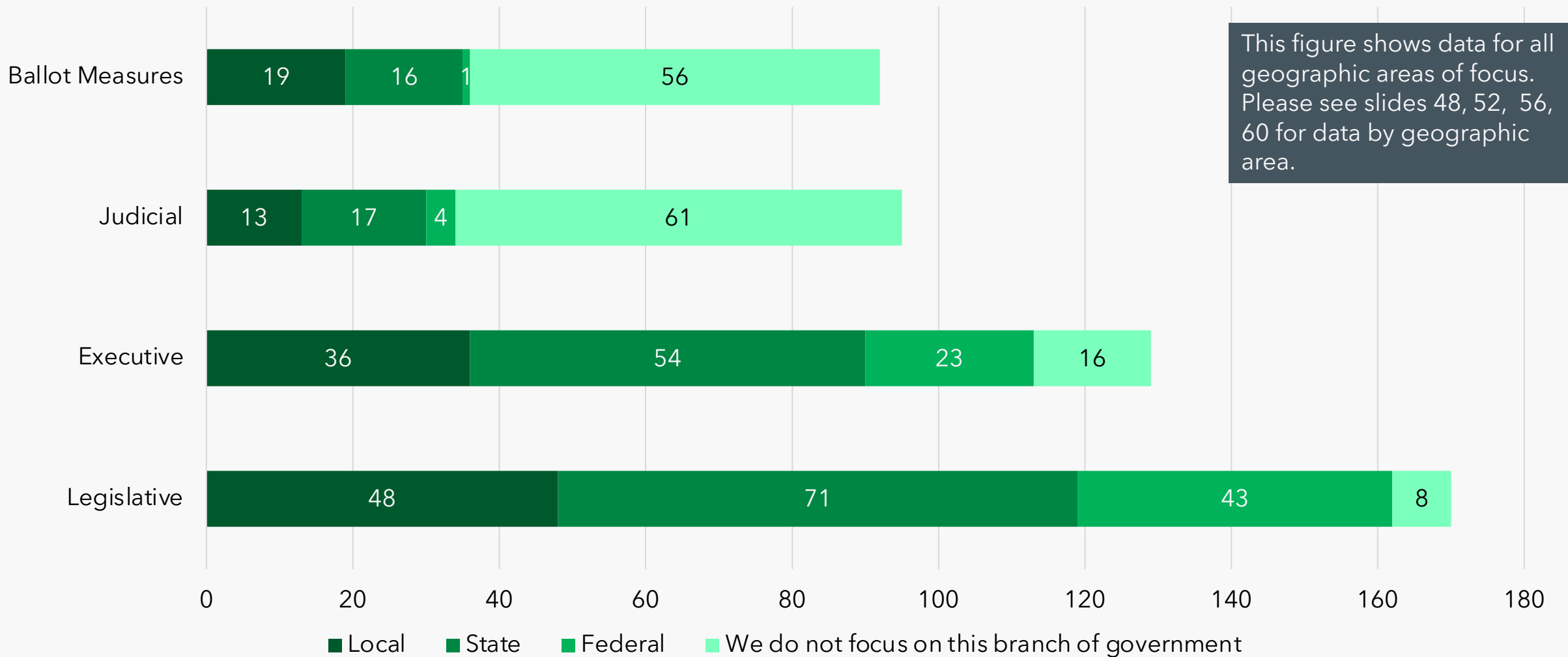
Advocacy approaches employed by organizations by their targeted audiences and outcomes. (2)

This figure shows data for all geographic areas of focus. Please see slides 48, 52, 56, 60 for data by geographic area.



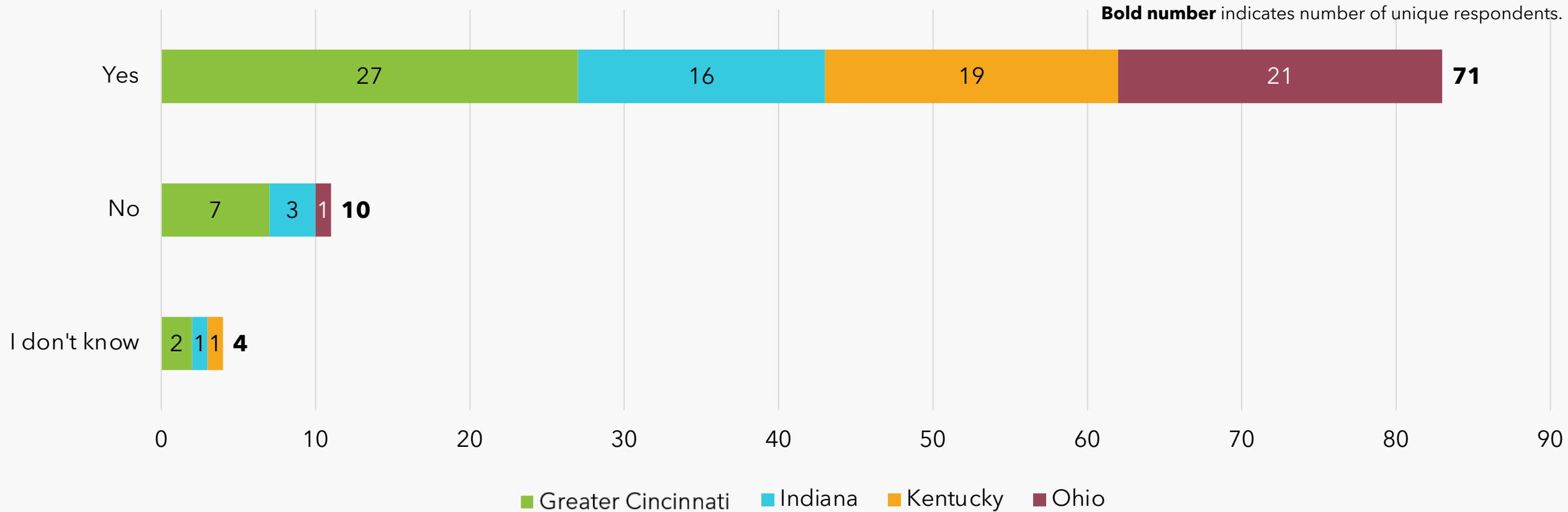
Which of the following branches of government have been a focus of your advocacy and/or policy work over the past 2 years?

(Unique N=85)



There was no analysis comparing organizations across advocacy targets.

For your advocacy and/or policy work, does your organization participate in any collaborative work/coalitions on health advocacy?
(Unique N=85, Duplicate N=98)



There was no analysis comparing organizations in coalitions versus not.

If you answered YES to the previous question, what is the name of this collaborative/coalition?

We present here all names that organizations shared. These include both coalitions' names and names of organizations that are not coalitions.

Coalitions named more than once

- Advocates for Ohio's Future (4)
- Kentucky Voices for Health (4)
- Indiana Behavioral Health Coalition (3)
- Kentucky Mental Health Coalition (3)
- ThriveKY (3)
- All-In Cincinnati (2)
- Bloom (2)
- Breathe easy (2)
- Coalition for a Smoke Free Tomorrow (2)
- Coalition for Healthy Communities (2)
- Foundation for a Healthy Kentucky (2)
- Indiana Public Health Association (2)
- Mental Health and Addiction Advocacy Coalition (2)
- Ohio Hospital Association (2)
- Regional Behavioral Health Workforce Coalition (2)
- Top 10 (2)

Coalitions named once

- 874K Disabilities Coalition
- 988 Advocacy Coalition

- All Children Thrive
- All Hands On Deck
- Alliance for Early Success
- All-in Coalition
- American Hospital Association
- American Public Health Association
- Appalachian Children Coalition
- Breast Coalition
- BREATHE
- Call for Care Coalition
- Care Response group
- Career Tech
- Catholic Health Association
- CEO Alliance on Mental Health
- Chambers of Commerce
- Children's Budget Coalition
- Children's Hospital Association
- CHNA / CHIP Process
- Clermont Co. DV prevention Taskforce
- Coalition for a Smokefree Tomorrow
- Coalition To End Tobacco Targeting

- Coalitions within the Lake Cumberland District
- Health Department 10 county service area
- Counties' Drug Free Coalitions
- County substance use prevention coalitions
- Creating Healthy Communities
- Environmental State Committee
- Equal Districts/Equal Democracy
- Equality Pay\$
- Face It Movement
- Faith in Indiana
- Friends of the African Union
- Hamilton Co. WeTHRIVE
- Hamilton County ARC
- Hamilton County Lead and Healthy Housing
- Hamilton County Oral Health Coalition
- Health by Design
- Health Policy Institute of Ohio
- Health Youth Ambassadors
- Healthcare Anchor Network
- Heights Movement
- HIV Modernization Movement
- Homeless Housing Coalition of Kentucky

If you answered YES to the previous question, what is the name of this collaborative/coalition?

Coalitions named once (cont'd)

- Homeless Housing Coalition of Kentucky
- Hoosier Housing Needs Coalition
- Humco Public Health
- Hunger-Free Schools OH Coalition
- Indiana Addictions Issues Coalition
- Indiana Alliance of YMCAs
- Indiana Coalition on Human Services
- Indiana Human Services Coalition
- Indiana Justice Reinvestment Advisory Council
- Indiana Recovery Network
- Indiana Suicide Prevention Network
- Int'l Association of People with Disabilities
- Kentucky Coalition for Healthy Children
- Kentucky Immunization Registry Workgroup
- Kentucky Interagency Council on Homelessness
- Kentucky Oral Health Coalition
- Kentucky Public Health Association
- Kids for Safe Schools
- Kentucky Health Department Associations
- Kentucky Mental Health Coalition
- Live Work Play Cincinnati Coalition
- LiveWell coalitions
- Long Covid
- Medicaid Unwinding All Hands Coalition
- Multi-System Youth Coalition
- National Collaborative for Infants and Toddlers
- National Farm to School Network
- Nicotine Action Alliance
- NKY Agency for Substance Use Policy
- NKY Office of Drug Control Policy
- Ohio Children's Hospital Association
- Ohio Consumers for Health Coverage
- Ohio Healthy Homes Network
- Ohio Interagency Council for Youth
- Ohio Lead Free Kids Coalition
- Ohio Voices
- ORC 340 Revised Coder Workgroup
- Parity Coalition
- Purdue Extension
- Recovery Ohio
- Regional Economic Development Organizations
- Smoke Free Kentucky
- Suicide Prevention Coalition
- The Health Collaborative Behavioral Health Continuity of Care Workgroup
- Thriving Families Safer Children Kentucky
- Tobacco End Game
- Tobacco Free Indiana
- Tobacco Free Ohio Alliance
- We Ohio Domestic Violence network
- Workforce collaboration with Community College
- Yes local schools and businesses



Relationships and partnerships:

How does the ecosystem work together?

No one individual or organization can do this alone. Collaboration and coordination in the advocacy and policy ecosystem can make efforts more effective, strategic, and sustainable. It's crucial for those working in these spaces to identify and engage with partners and allies, build relationships, share information, and coordinate and collaborate on actions.

This section shares analyses for:

- Relationship maps for respondents and their partners
- Characteristics of more / less connected organizations

Understanding the relationships and networks section

WHY?

Partnerships data was collected to start exploring the key relationships and networks within the ecosystem. These are important in advocacy and policy work, as they reveal which organizations are more likely to collaborate, share resources, or hold power in shared decision-making spaces.

HOW?

The survey asked respondents to list the top five organizations or groups they partner or collaborate with for advocacy and/or policy work, and what these relationships look like. Overall, 67 respondents reported relationships to 243 unique other organizations for a total of 287 reported relationships. We conducted social network analysis to determine 1) how well organizations are connected to the rest of the ecosystem, and 2) what organizational characteristics are associated with increased connectivity.

We used a software called Kumu (4) to both visually map and calculate relevant metrics on the ecosystem relationships and networks. Analyses were conducted across geographic areas only.

MAPS

Slides 34 - 36 show relationship maps for all organizations that responded to the survey and their named partners. In each map:

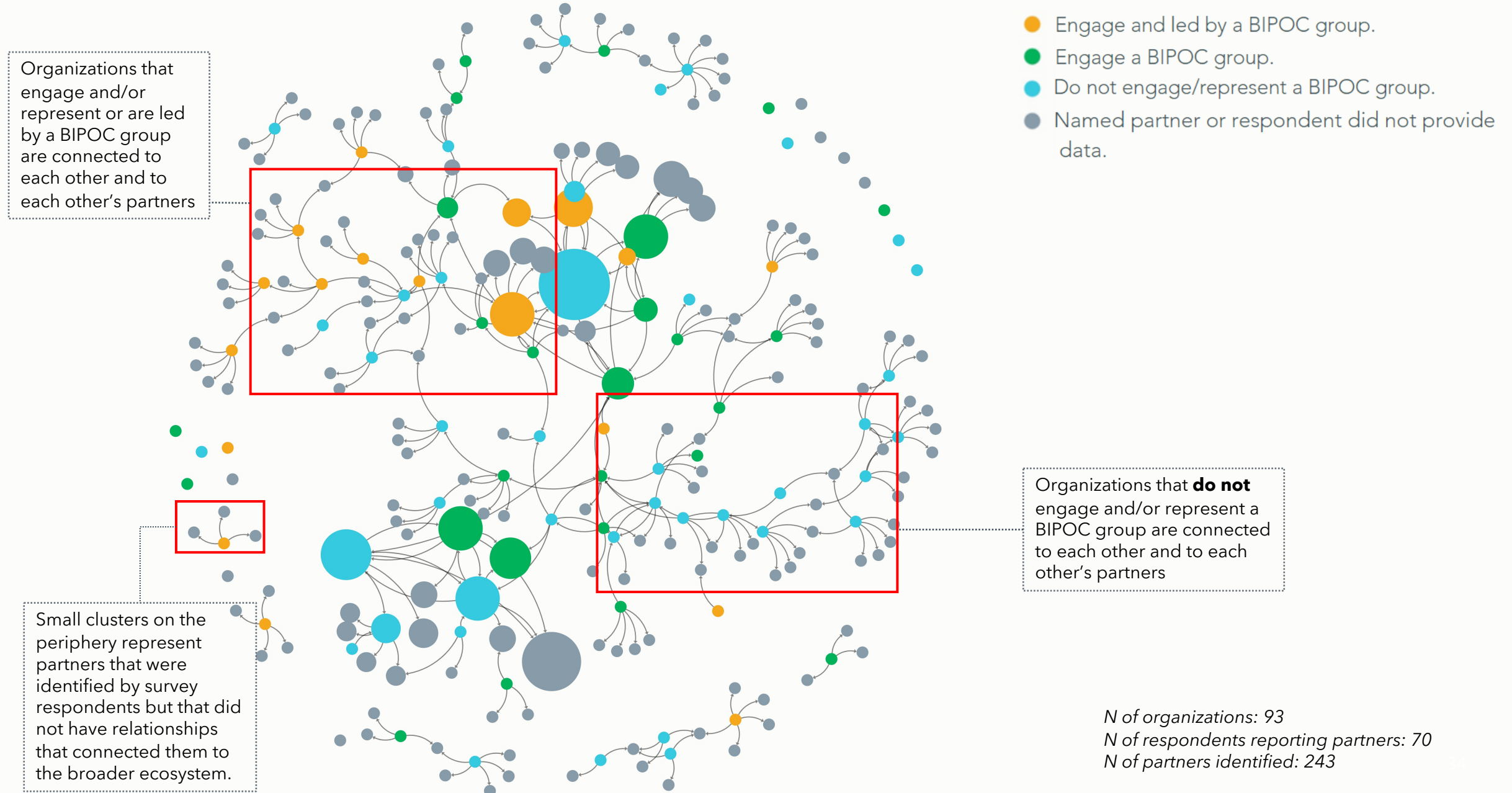
- The size of the dots (nodes) representing organizations are proportional to how much influence over and power within the system organizations' have. A bigger nodes represents more influence/power.
- The nodes' colors represent organizations' characteristics. Each map plots a different characteristic.

METRICS

Slides 37 - 38 compare connectivity scores by organizational characteristics.

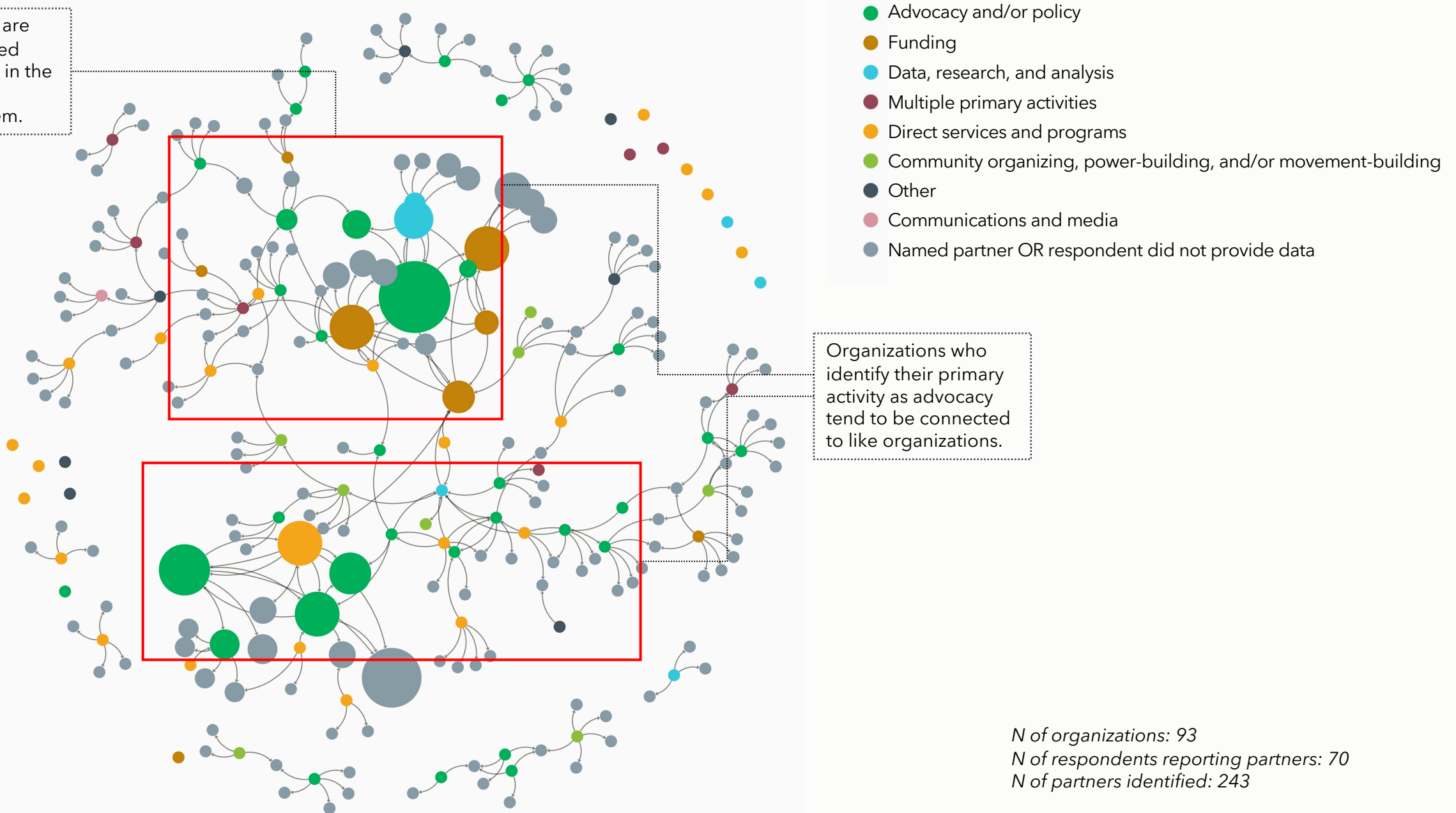
Slides 39 - 42 share key characteristics for the ten most / least connected organizations.

Relationship map by whether respondents and their partners engage/represent a BIPOC group.



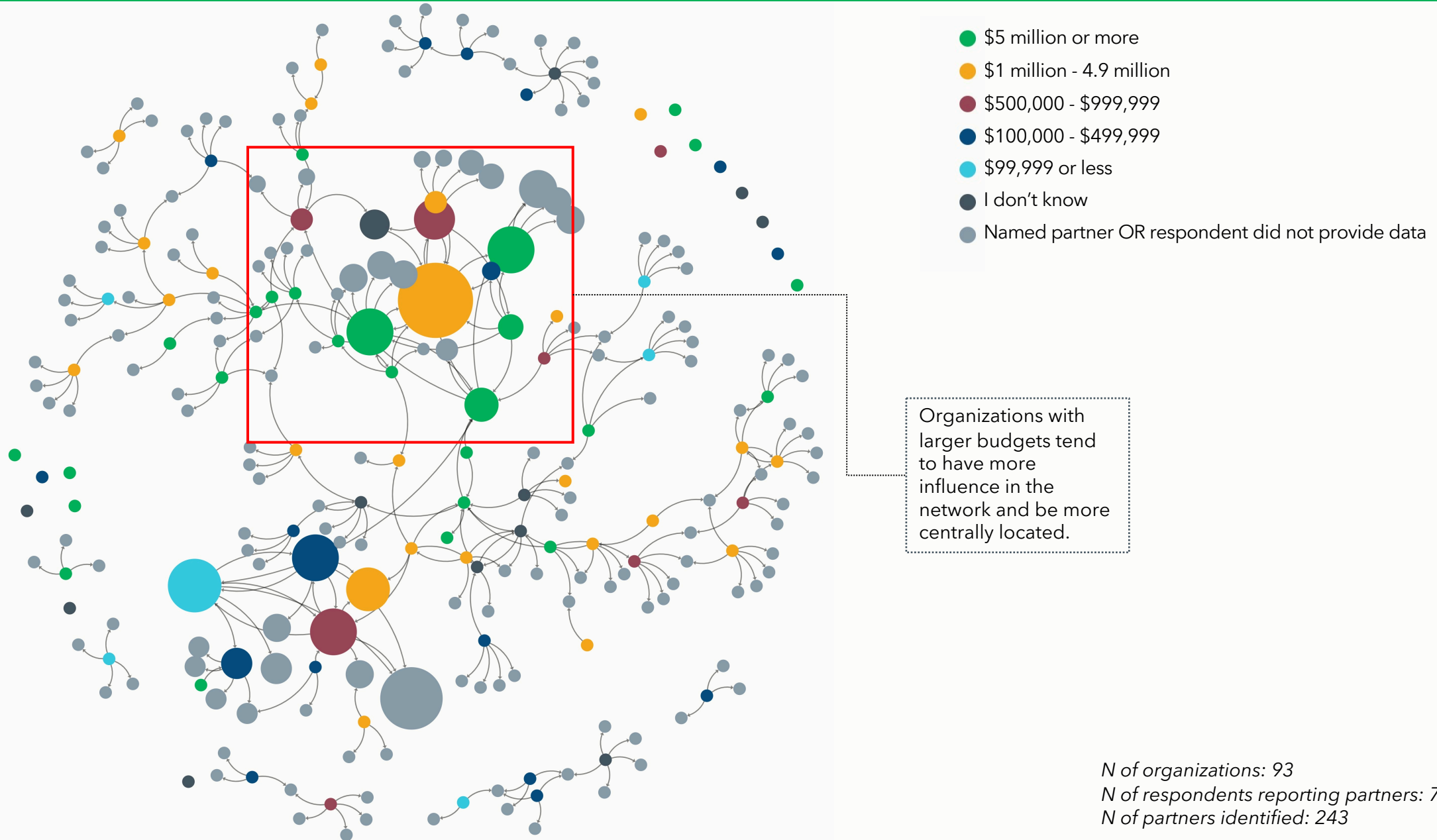
Relationship map by respondents and their partners' primary activity

Funders are positioned centrally in the overall ecosystem.



N of organizations: 93
N of respondents reporting partners: 70
N of partners identified: 243

Relationship map by respondents and their partners' annual budget



Connectivity

(Unique N = 67)

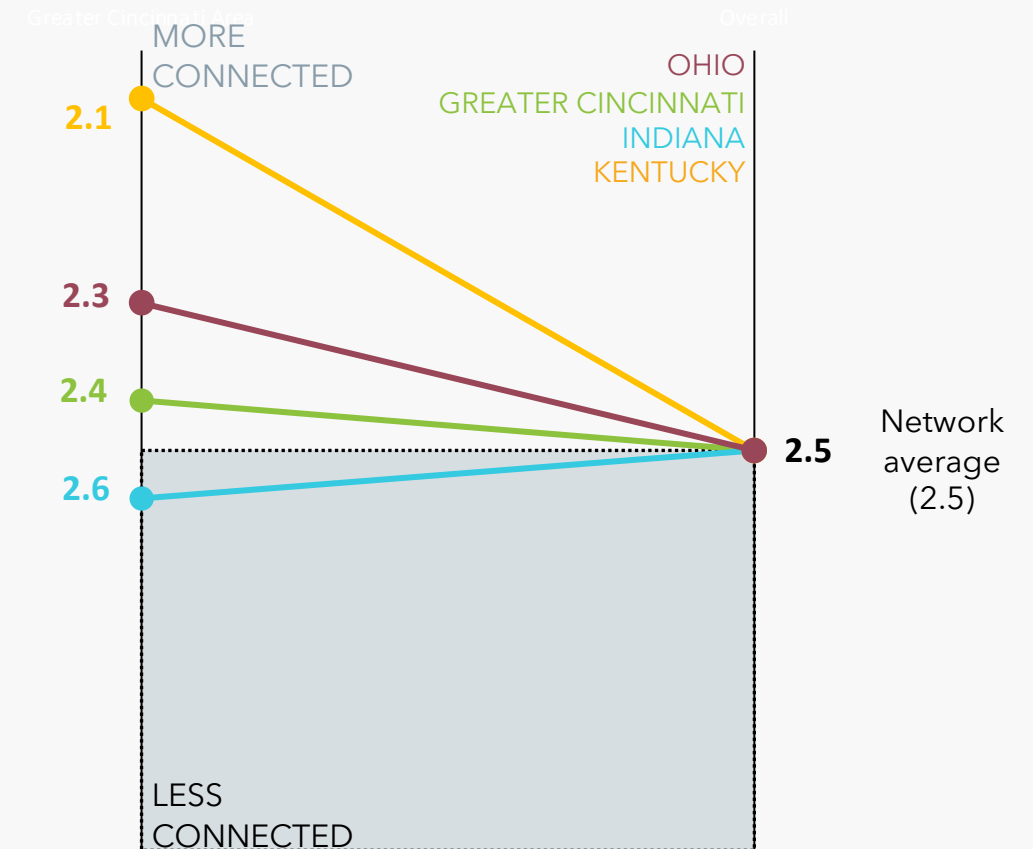
Connectivity

To better understand the network and each respondent's place within it, the following social network analysis metrics were calculated:

- Degree centrality: number of connections each organization has
- Closeness centrality: average distance of each organization from others in the network
- Betweenness centrality: number of times an organization is in the shortest path between other organizations in a network (this potentially indicates organizations that mediate/control the flow of information in a network)
- Eigenvector centrality: measure of influence; relative scores are assigned to all nodes in the network based on the concept that connections to high-scoring nodes contribute more to the score of the node in question than equal connections to low-scoring nodes. A high eigenvector score means that a node is connected to many nodes who themselves have high scores.

Respondents were ranked 1-4 for each metric. A respondent's rank across all metrics was then aggregated to give an overall "connectivity score" from 1-4 where 1 indicates a highly connected organizations, and 4 indicates less well-connected organizations within the network.

Respondents' connectivity score by geographic region.

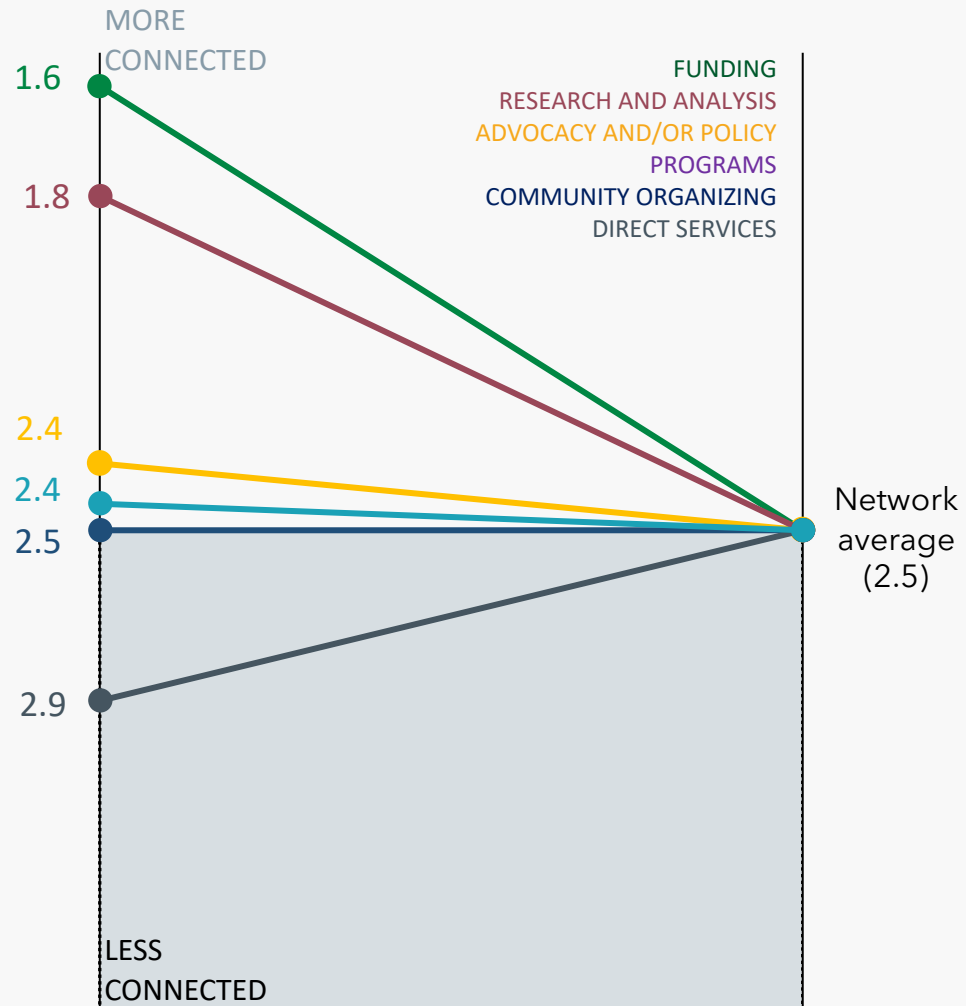


Note: y-axis compressed to emphasize smaller differences between regions.

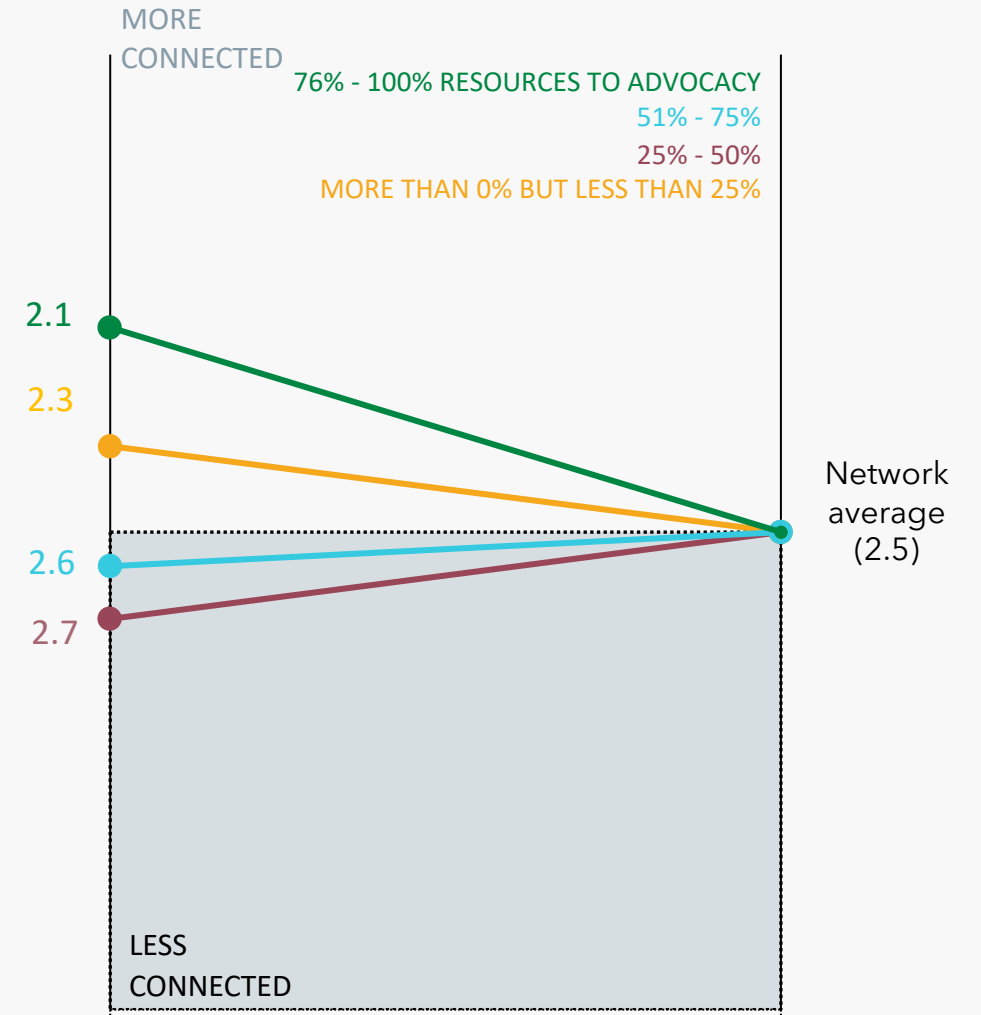
Connectivity

(Unique N = 67)

Respondents' connectivity score by primary organizational activity.



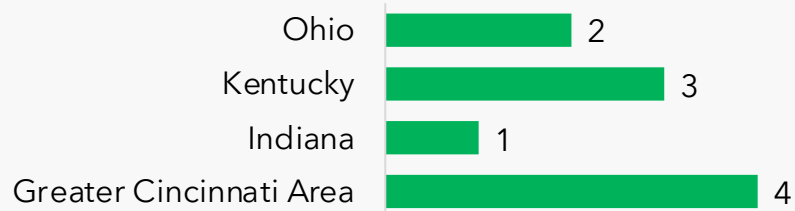
Respondents' connectivity score by percent of organization resources spent on advocacy and/or policy work.



Characteristics of 10 most connected organizations

(Unique N = 68)

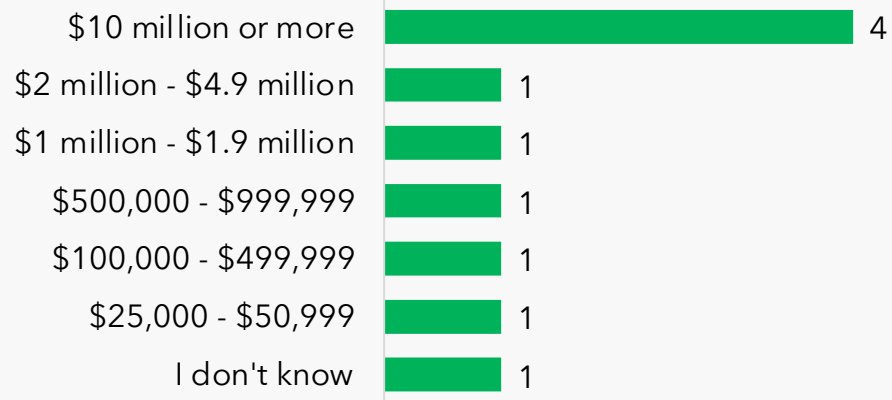
Geographic area



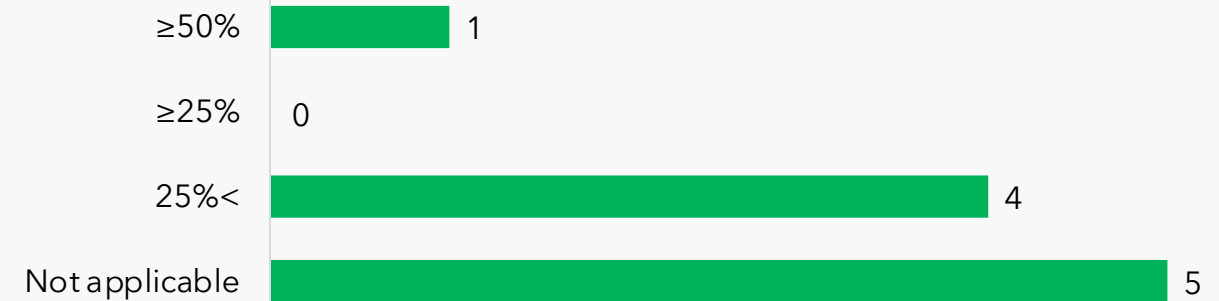
Primary activity



Annual Budget



Percent of leadership from BIPOC groups

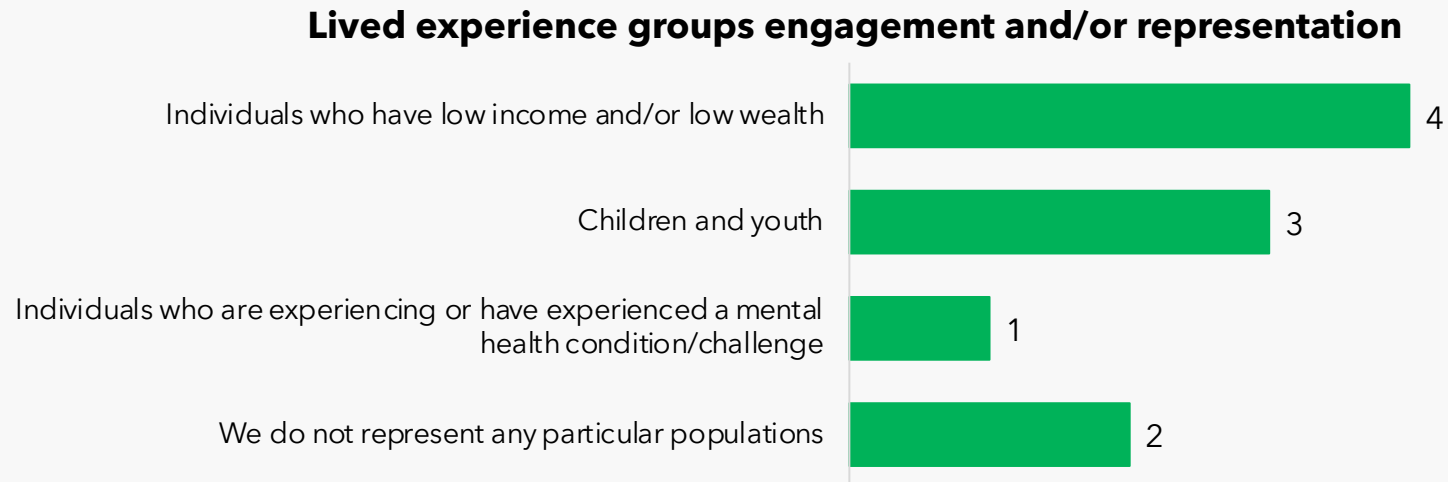
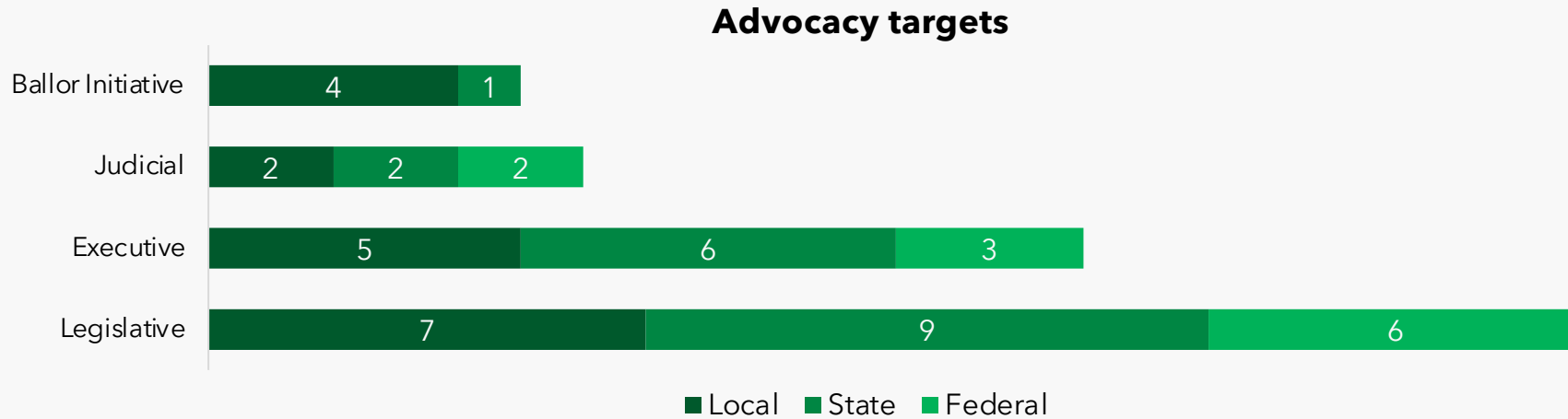


"Not applicable" are respondents who did not select a BIPOC group as a priority population.

BIPOC group engagement and/or representation

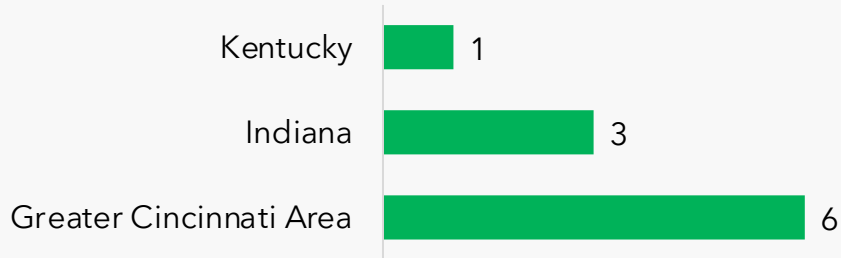


Characteristics of 10 most connected organizations

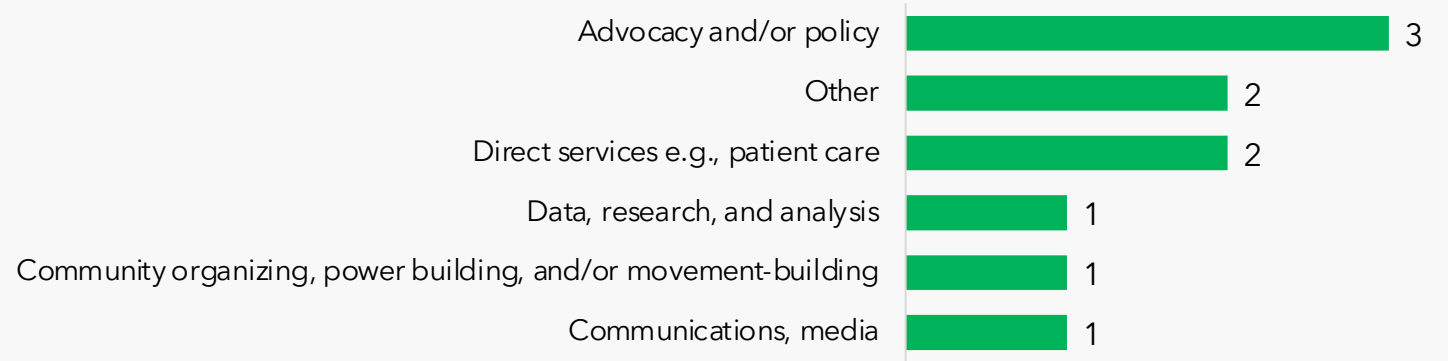


Characteristics of 10 least connected organizations

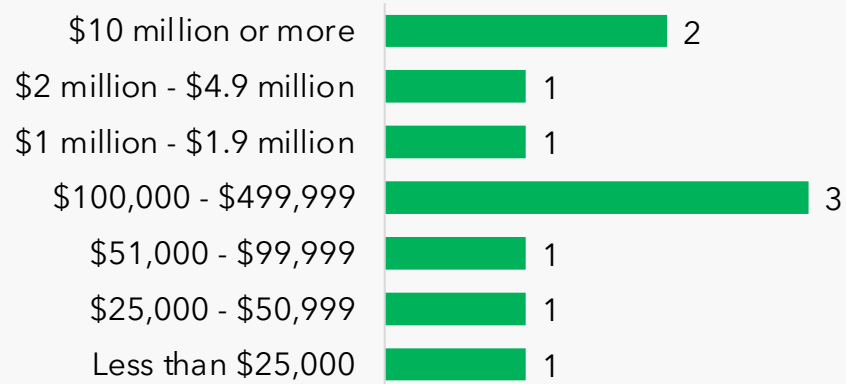
Geographic area



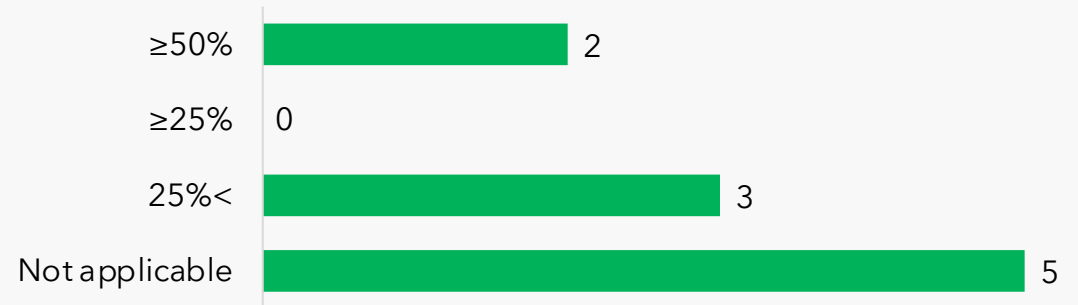
Primary activity



Annual Budget

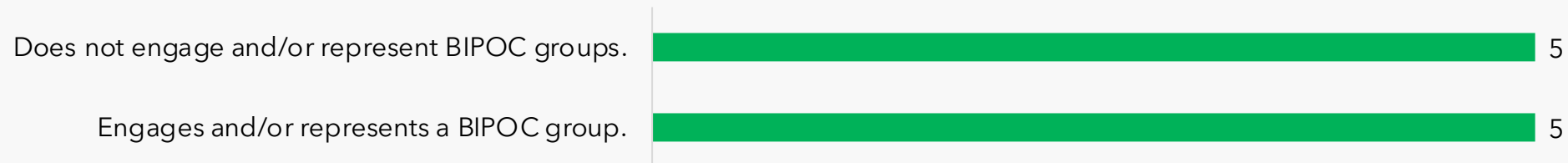


Percent of leadership from BIPOC groups



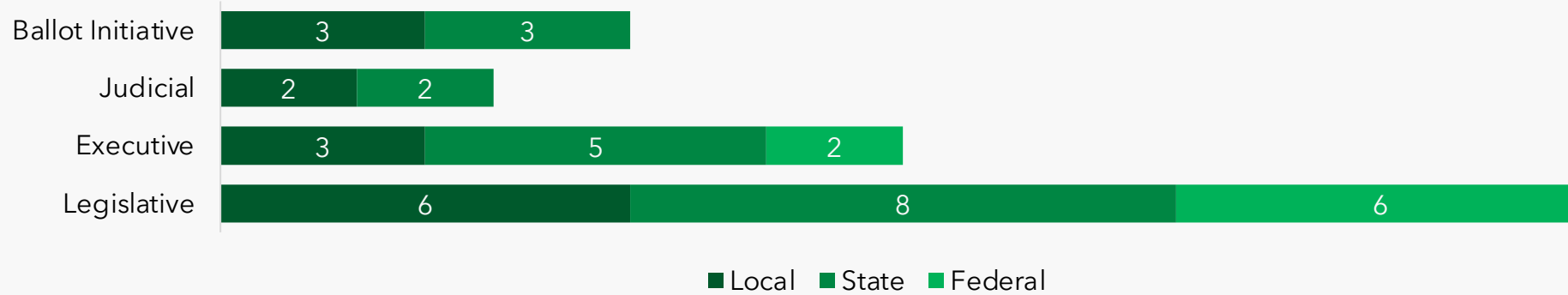
"Not applicable" are respondents who did not select a BIPOC group as a priority population.

BIPOC group engagement and/or representation

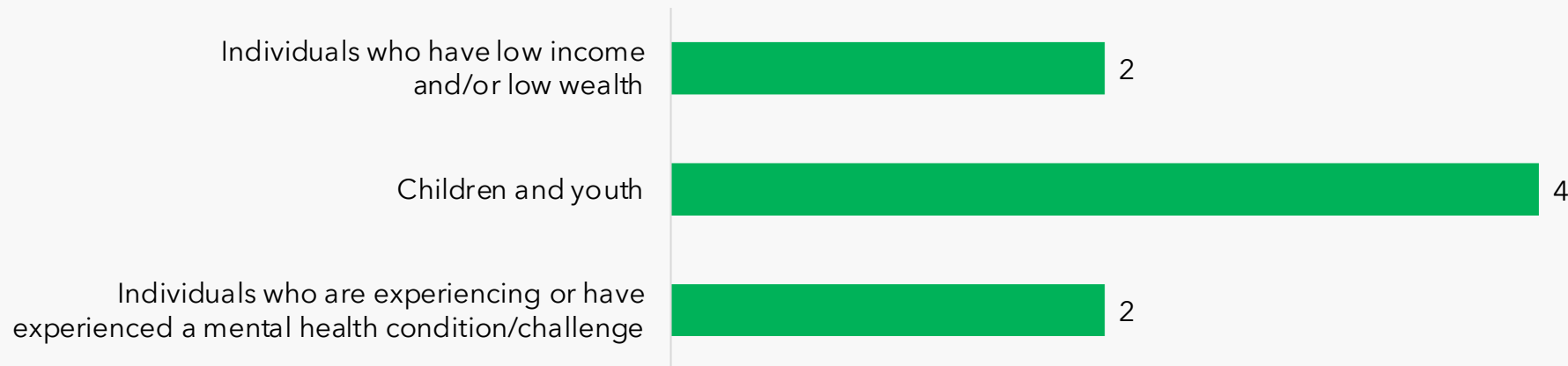


Characteristics of 10 least connected organizations

Advocacy targets



Lived experience groups engagement and/or representation*



*Two respondents selected populations other than the ones included in this chart.

The slide features several large, solid green geometric shapes. In the top-left corner, there is a triangle pointing towards the center. In the top-right corner, there is a smaller triangle pointing towards the center. A large, complex green shape occupies the bottom-right portion of the slide, consisting of several interconnected triangles and polygons. The main text is positioned on the left side of the slide, with the title 'Data by geographic area' in a large, green, sans-serif font. Below the title, the text 'This section shares analyses for:' is in a smaller, bold, black, sans-serif font. Underneath this, there is a bulleted list of four items: 'Greater Cincinnati', 'Ohio', 'Kentucky', and 'Indiana', each preceded by a small black dot.

Data by geographic area

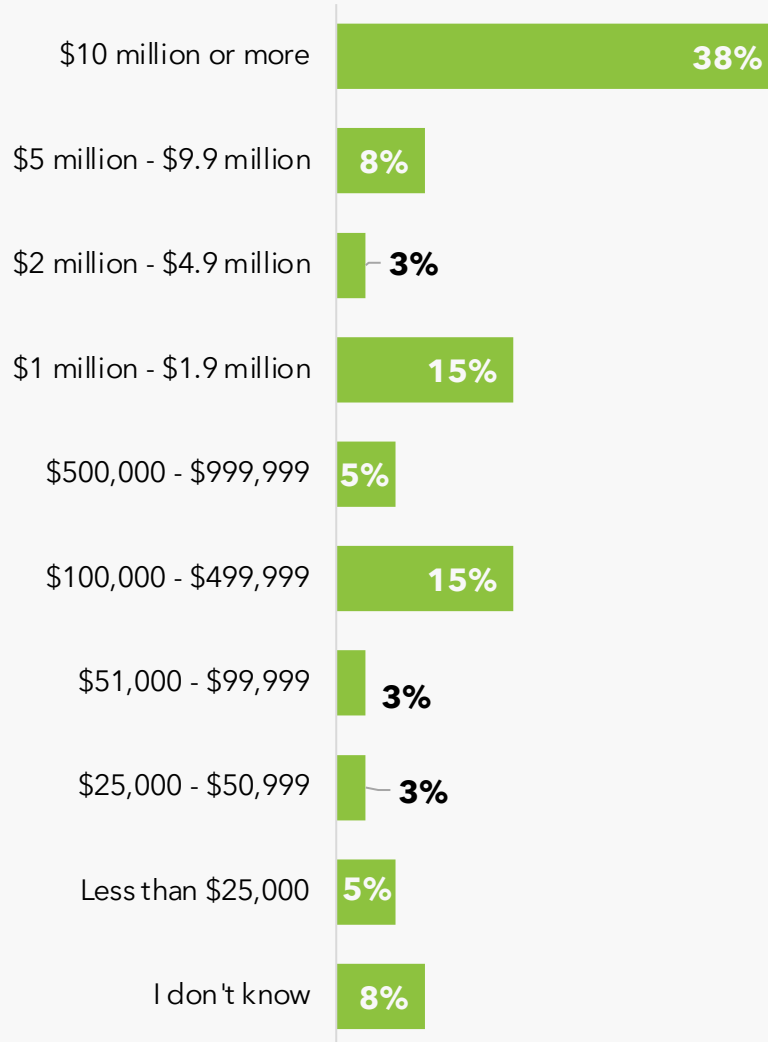
This section shares analyses for:

- Greater Cincinnati
- Ohio
- Kentucky
- Indiana

Greater Cincinnati

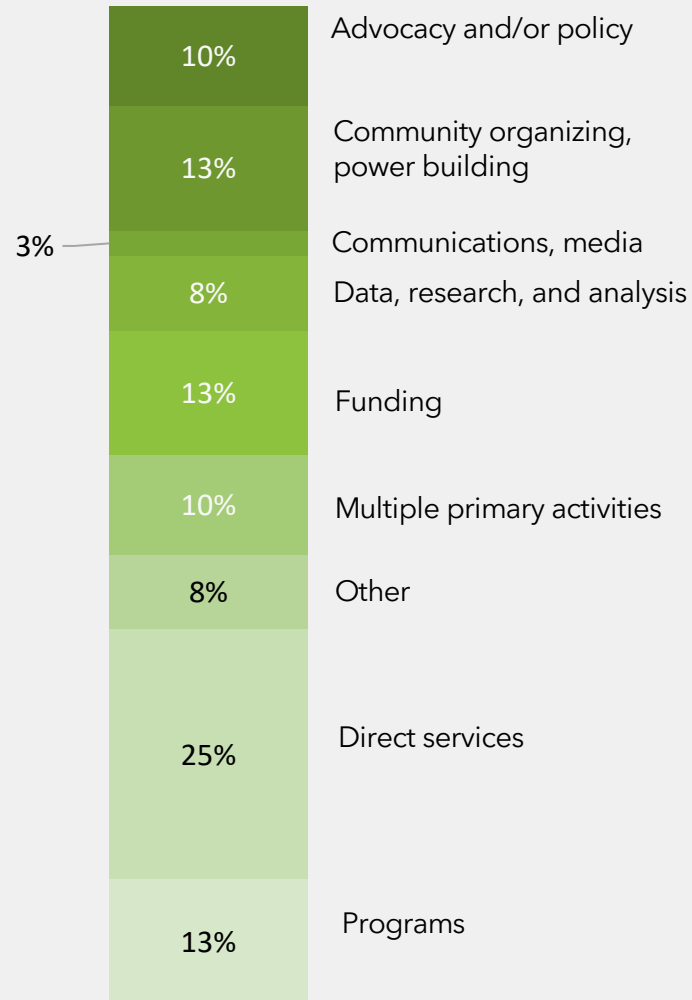
Annual budget

N = 40



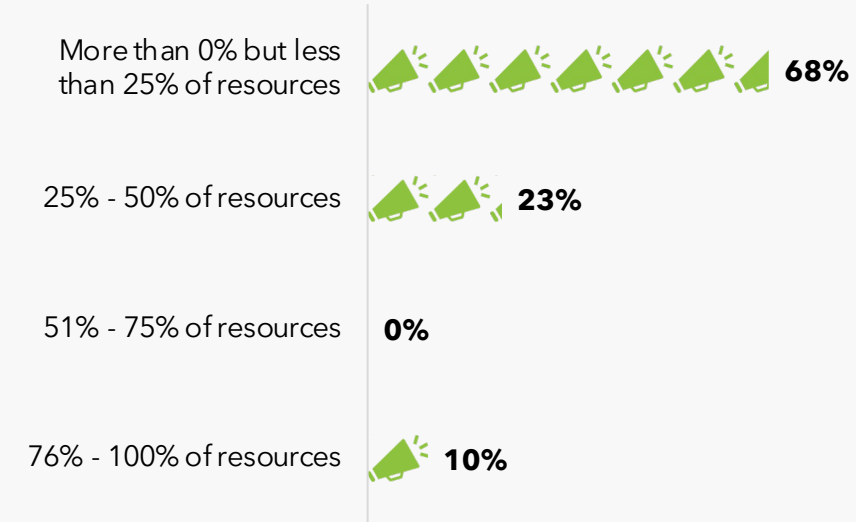
Primary work of organizations

N = 40



Proportion of organizational resources dedicated to advocacy and/or policy work

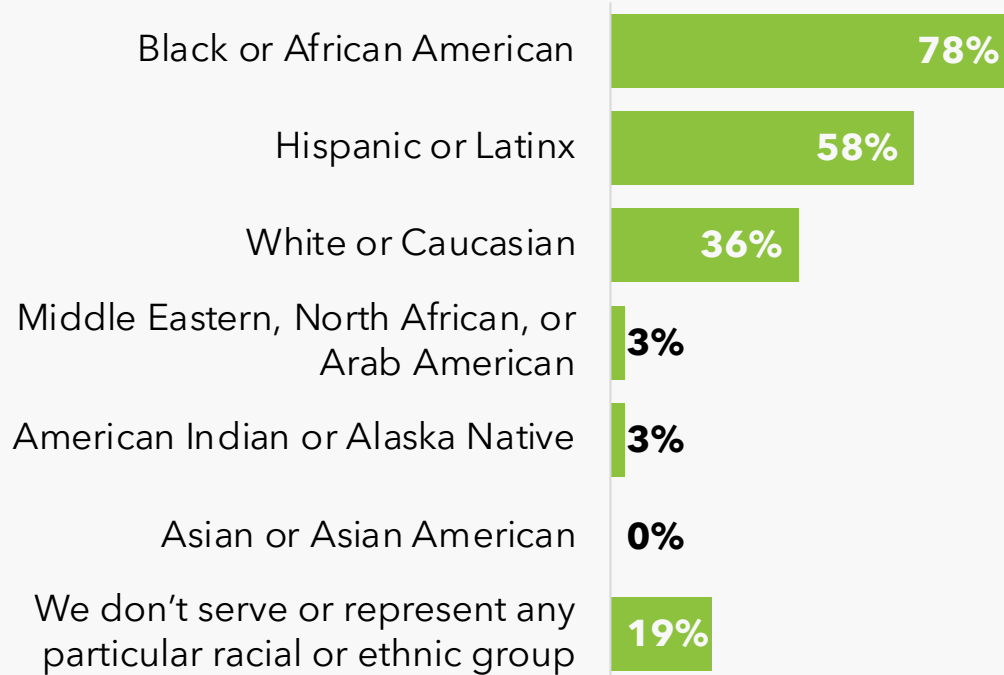
N = 40



Greater Cincinnati

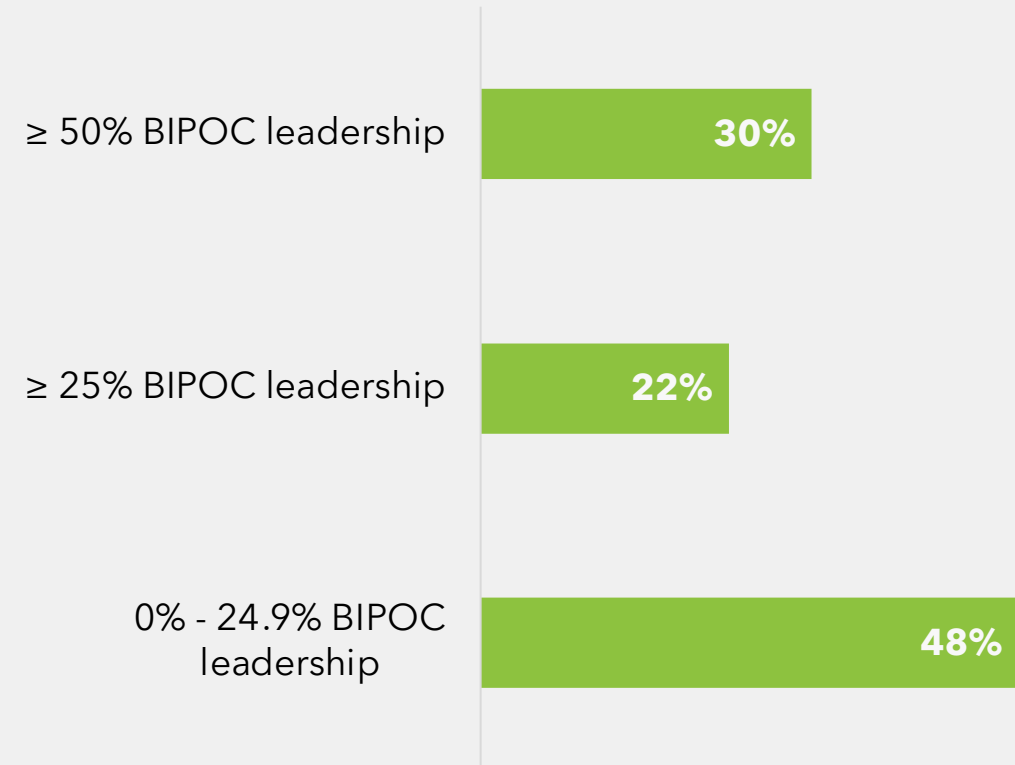
Racial/ethnic groups engaged and/or represented by organizations*

N = 36



Organizational leadership by racial/ethnic group**

N = 27



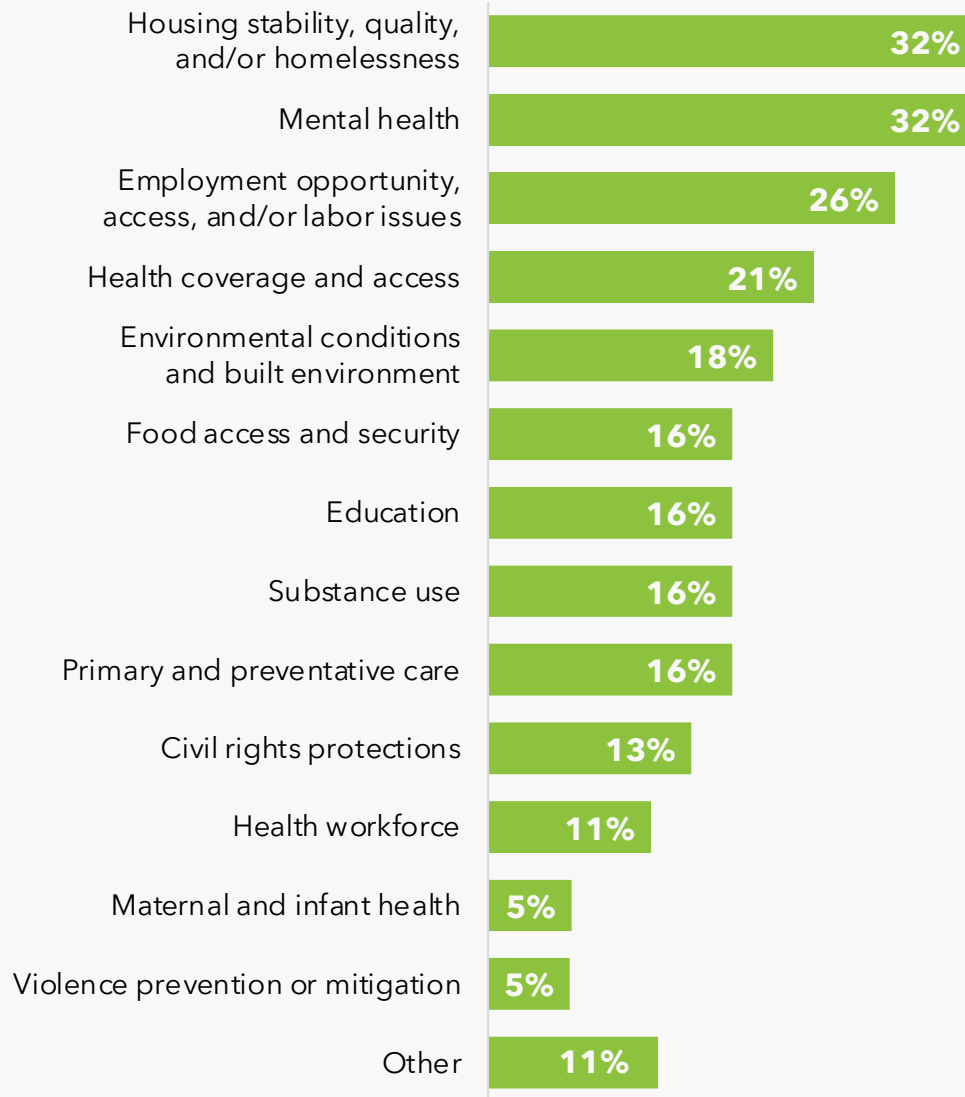
*Respondents could select all the groups they engage and/or represent, among those listed. "Other" responses were recoded to the most relevant group.

**Only organizations who engage and/or represent a specific racial and/or ethnic group answered this question.

Greater Cincinnati

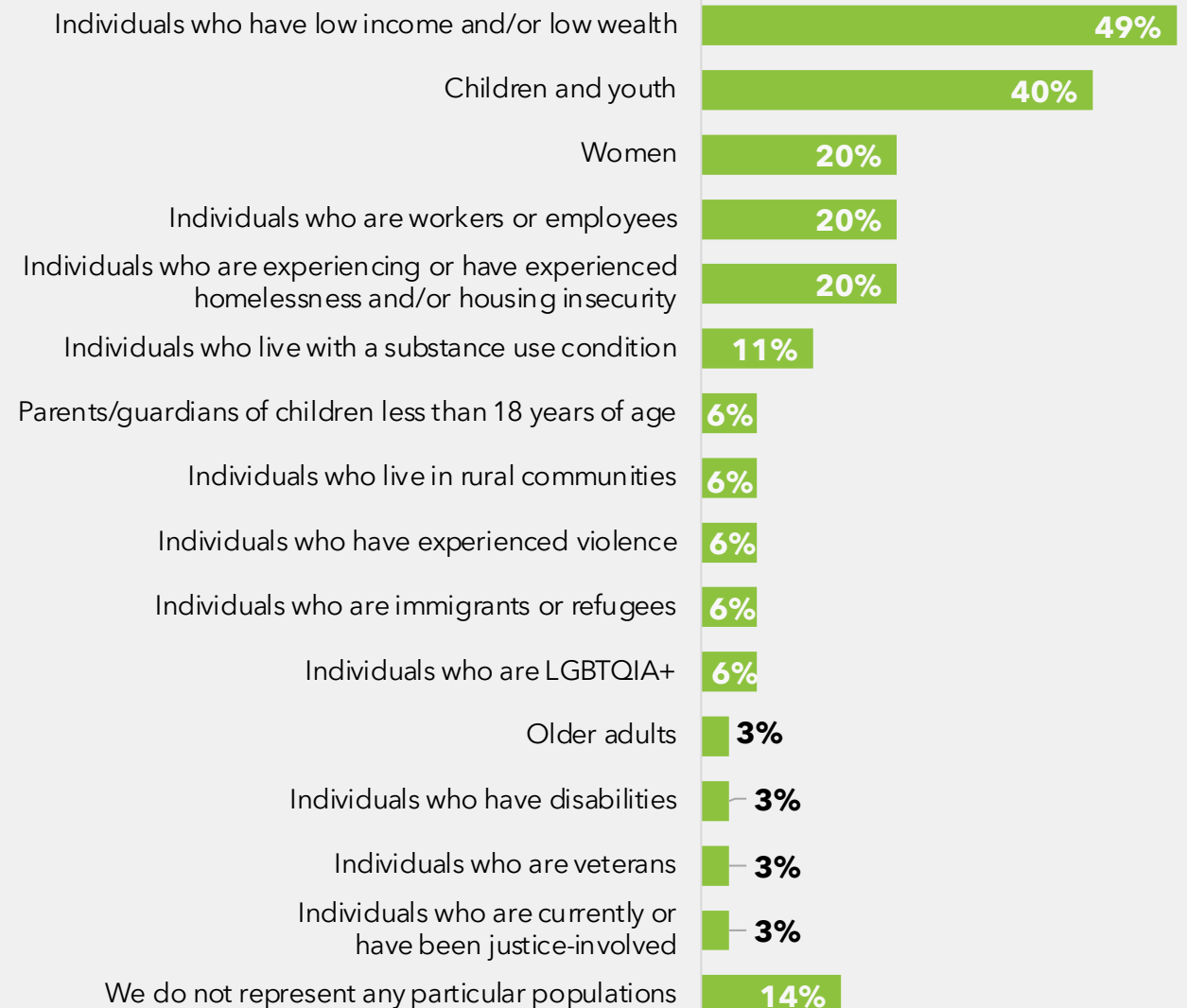
Issue areas organizations focus on*

N = 38



Lived experience groups engaged and/or represented by organizations**

N = 35



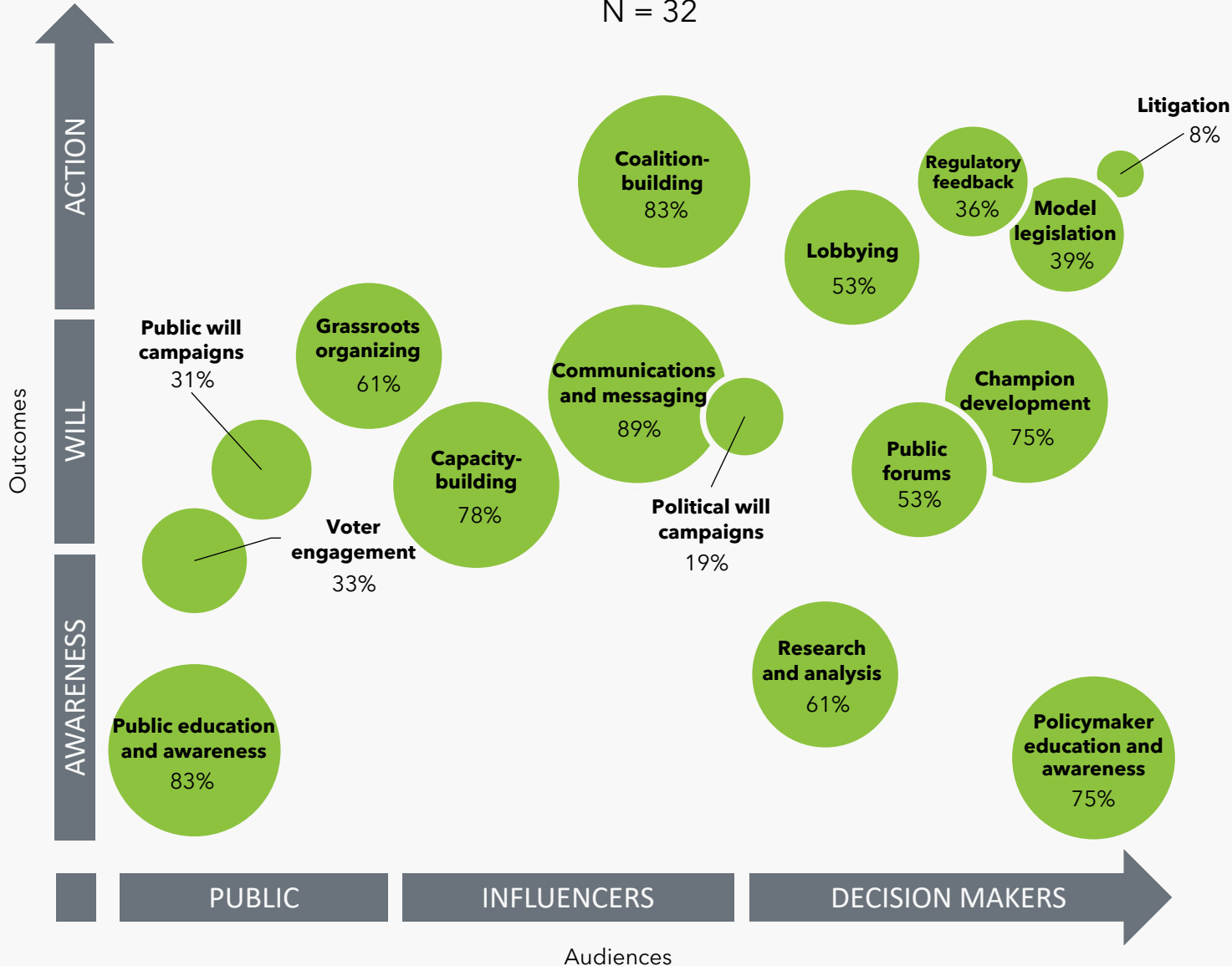
*Respondents could select up to 3 issue areas among those listed.

***Respondents could select up to 3 groups among those listed. "Other" responses were recoded to the most relevant group.

Greater Cincinnati

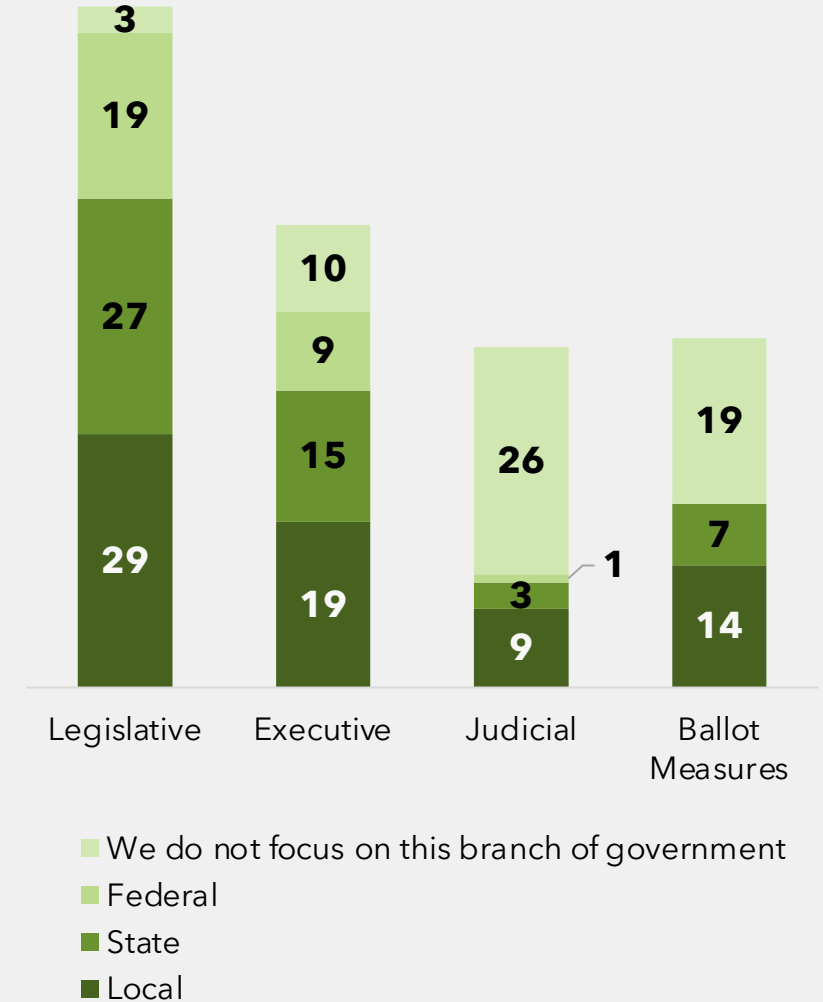
Advocacy approaches employed by organizations by their targeted audiences and outcomes. (2)

N = 32



Targets of organizational advocacy efforts by branch of government.

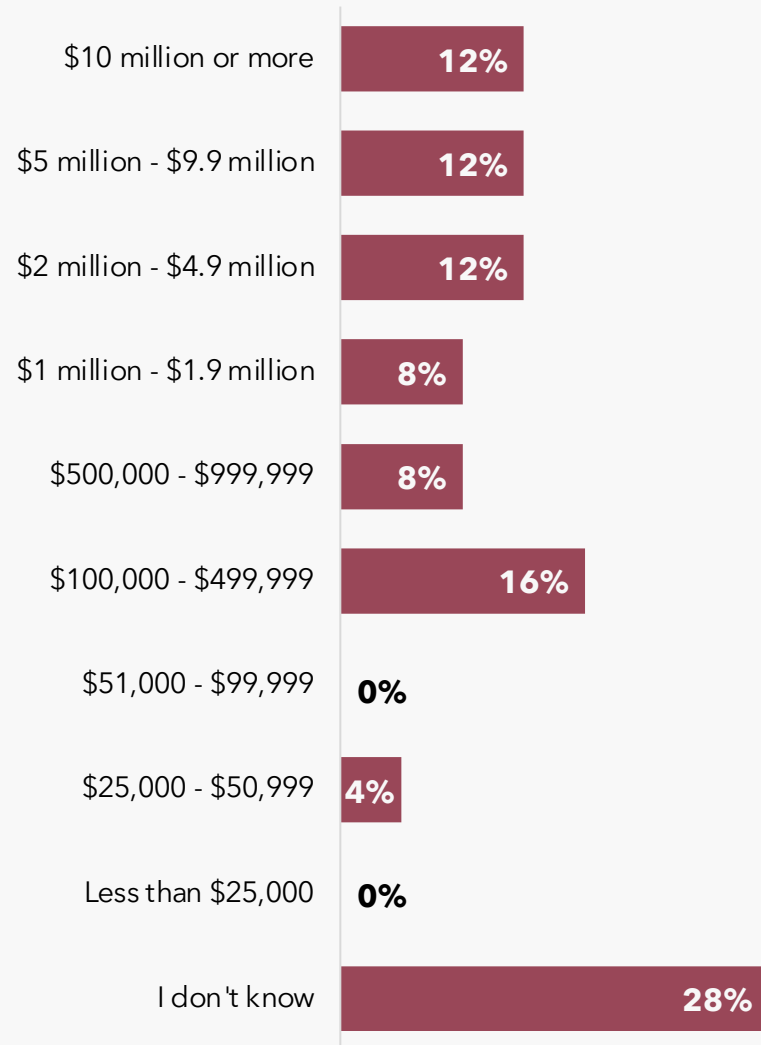
N = 36



Ohio

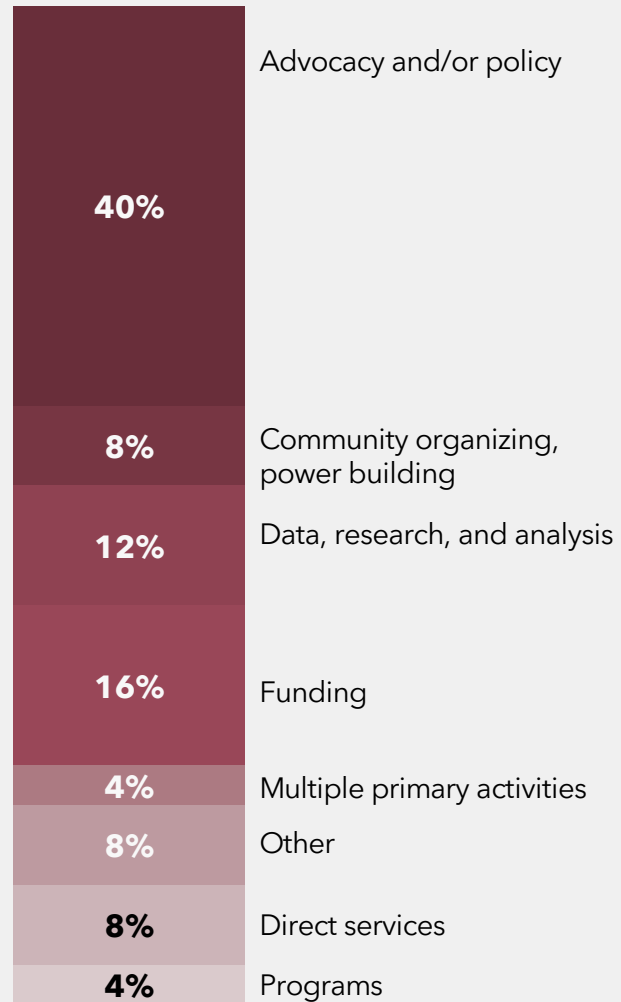
Annual budget

N = 25



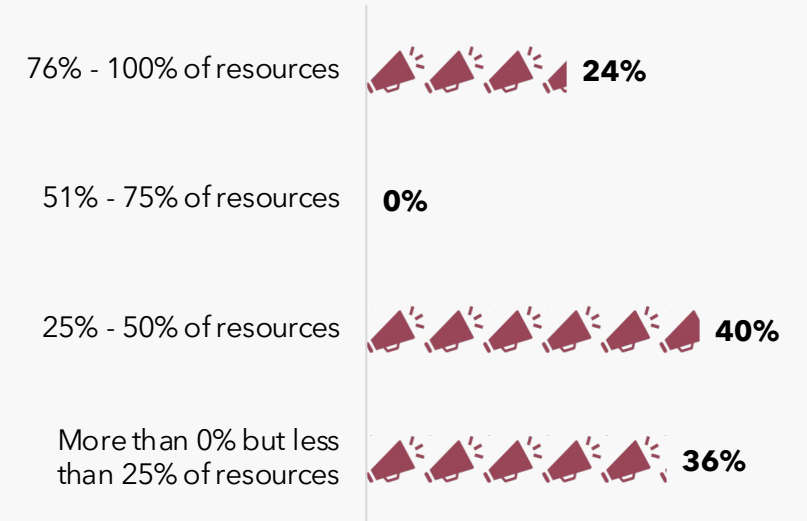
Primary work of organizations

N = 25



Proportion of organizational resources dedicated to advocacy and/or policy work

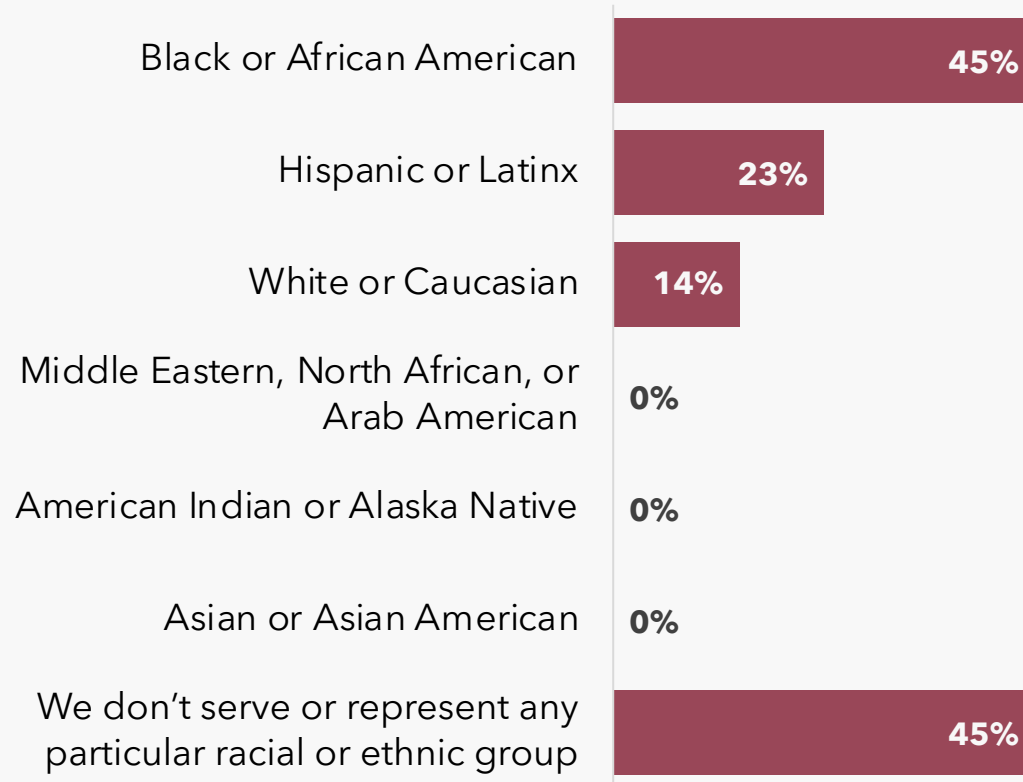
N = 25



Ohio

Racial/ethnic groups engaged and/or represented by organizations*

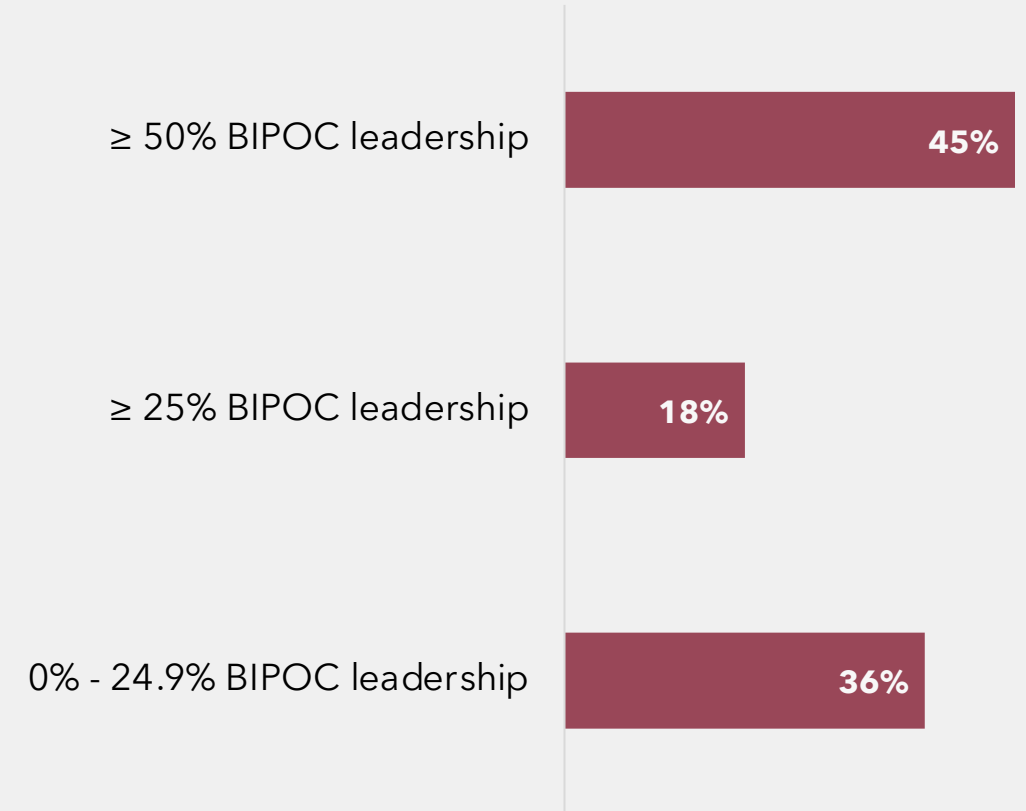
N = 22



*Respondents could select all the groups they engage and/or represent, among those listed. "Other" responses were recoded to the most relevant group.

Organizational leadership by racial/ethnic group**

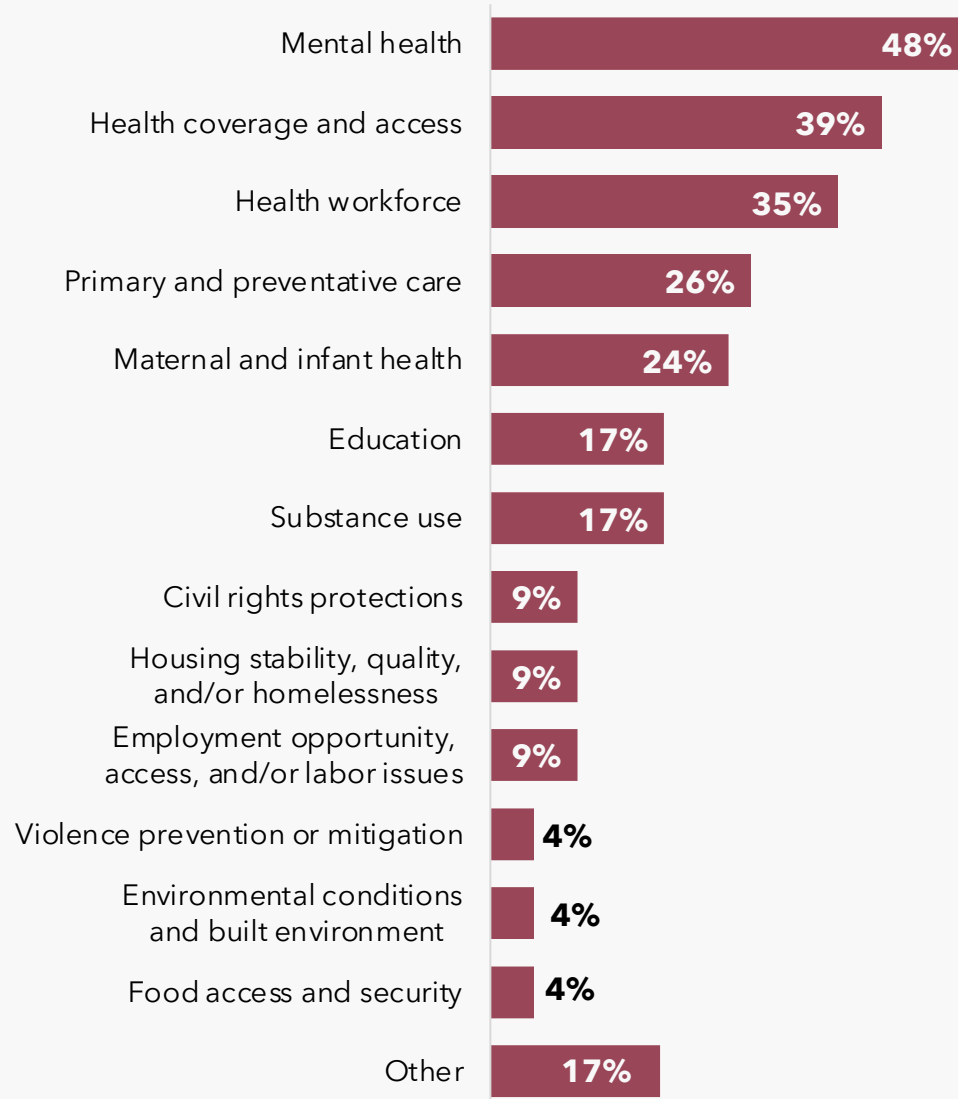
N = 11



**Only organizations who engage and/or represent a specific racial and/or ethnic group answered this question.

Fig X. Issue areas organizations focus on

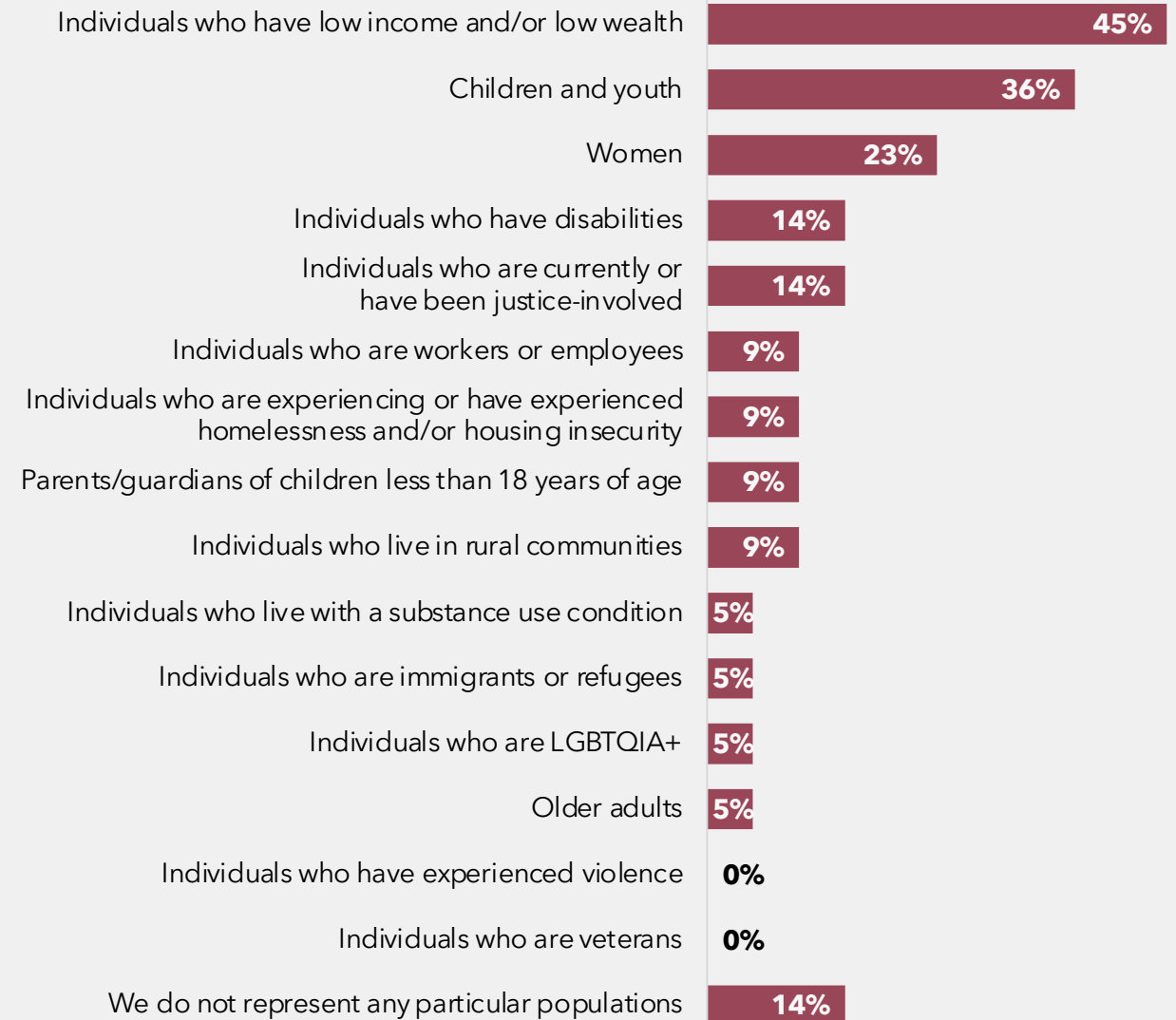
N = 23



*Respondents could select up to 3 issue areas among those listed.

Fig X. Lived experience groups engaged and/or represented by organizations

N = 22

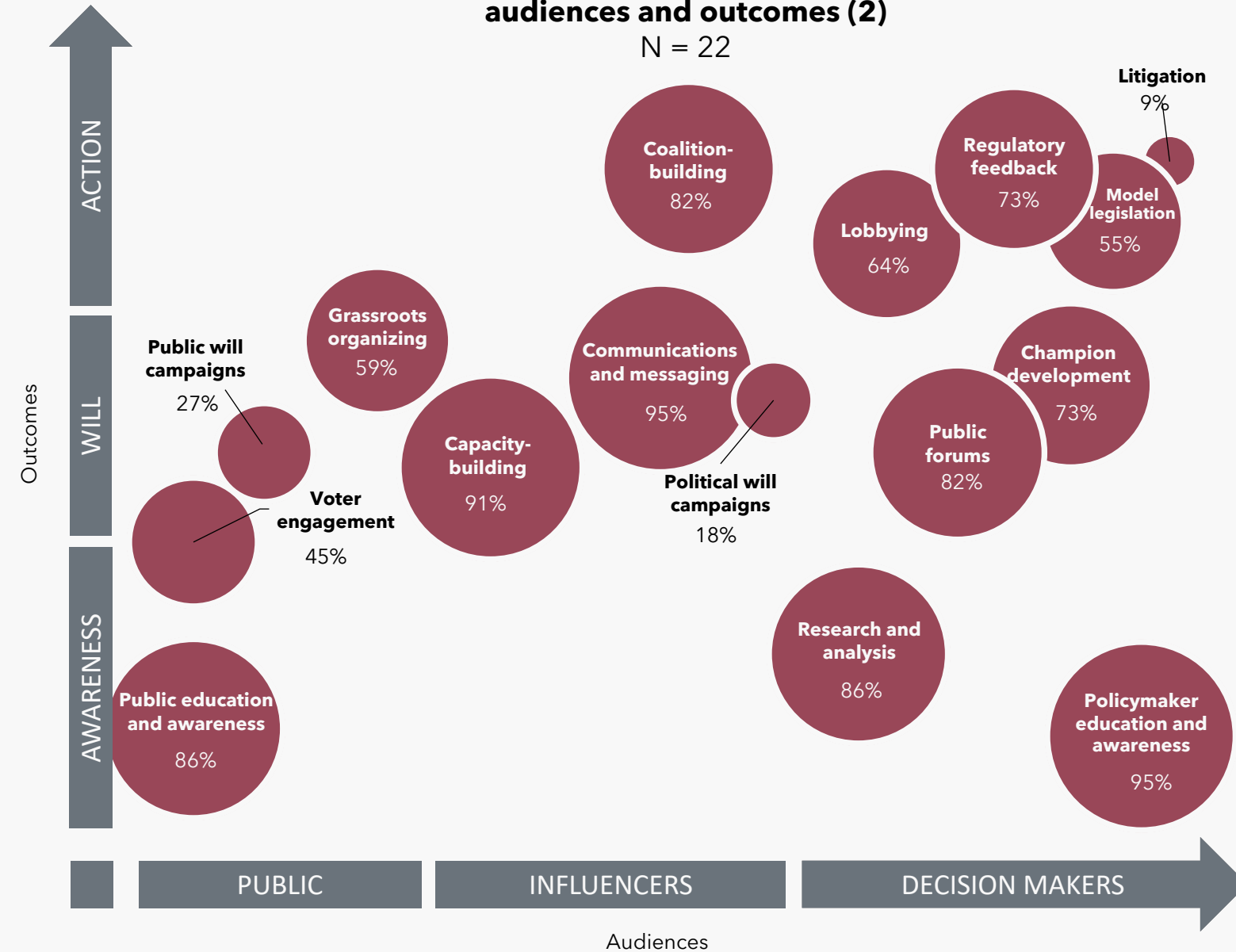


***Respondents could select up to 3 groups among those listed. "Other" responses were recoded to the most relevant group.

Ohio

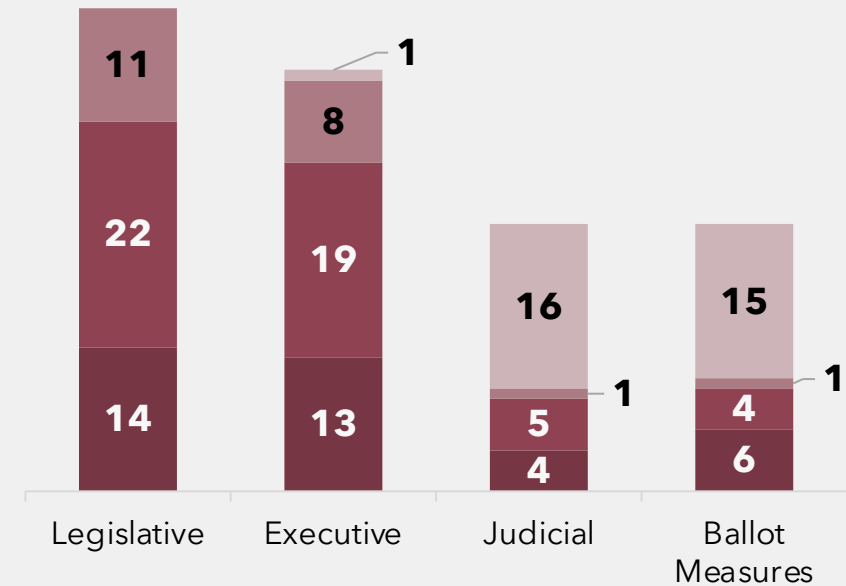
Advocacy approaches employed by organizations by their targeted audiences and outcomes (2)

N = 22



Targets of organizational advocacy efforts by branch of government.

N = 22

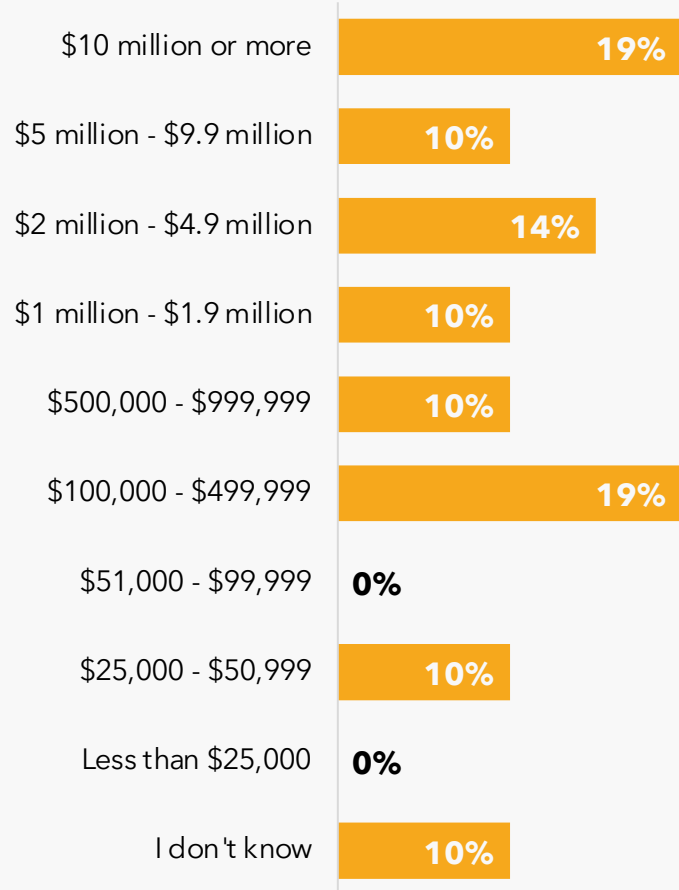


- We do not focus on this branch of government
- Federal
- State
- Local

Kentucky

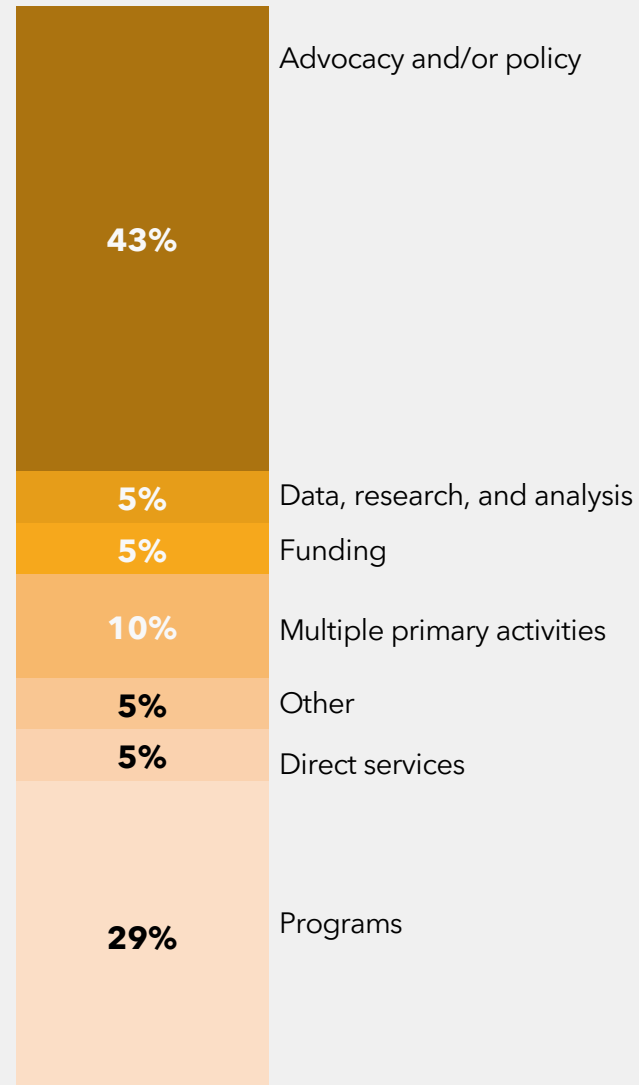
Annual budget

N = 21



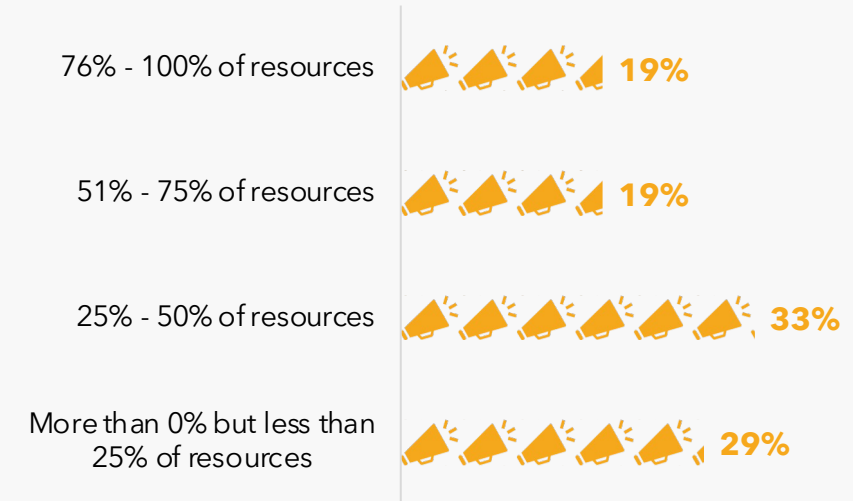
Primary work of organizations

N = 21



Proportion of organizational resources dedicated to advocacy and/or policy work

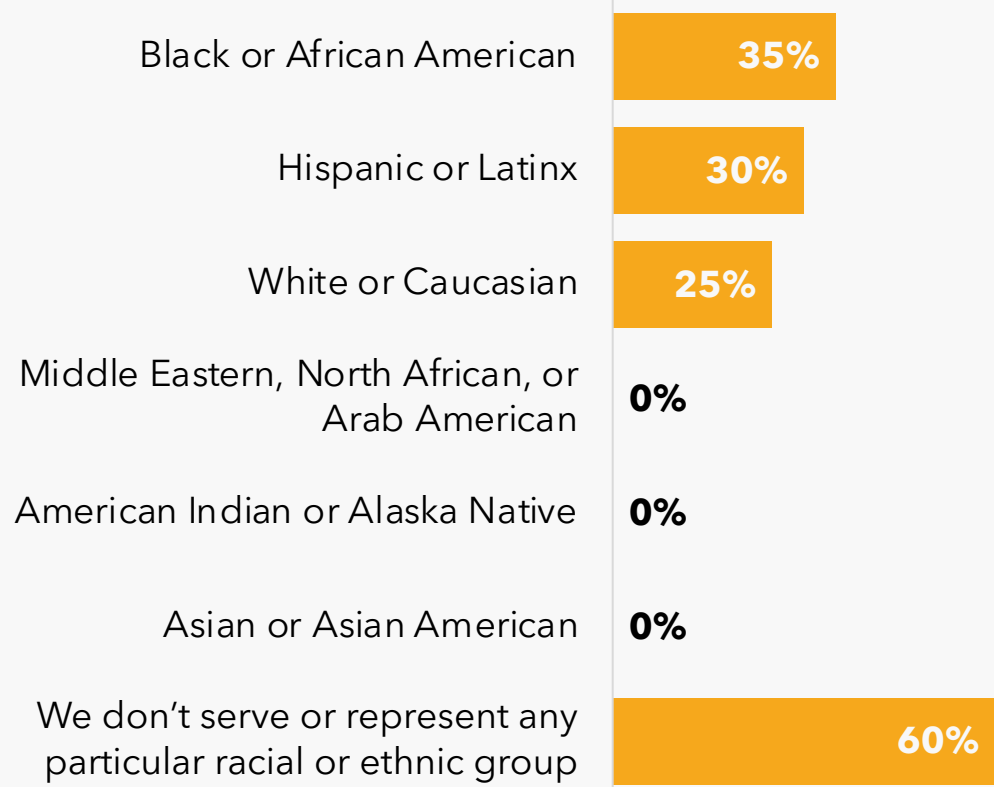
N = 21



Kentucky

Racial/ethnic groups engaged and/or represented by organizations*

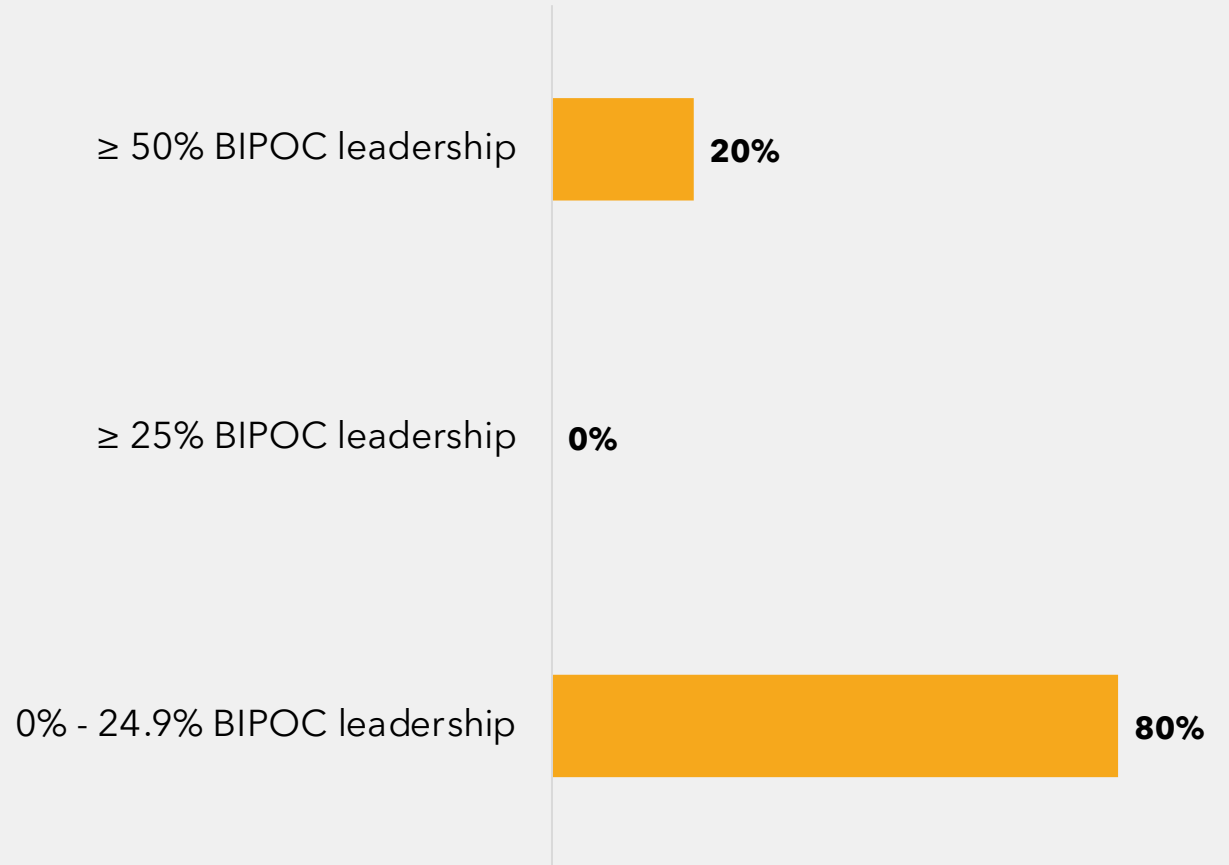
N = 20



*Respondents could select all the groups they engage and/or represent, among those listed. "Other" responses were recoded to the most relevant group.

Organizational leadership by racial/ethnic group**

N = 5

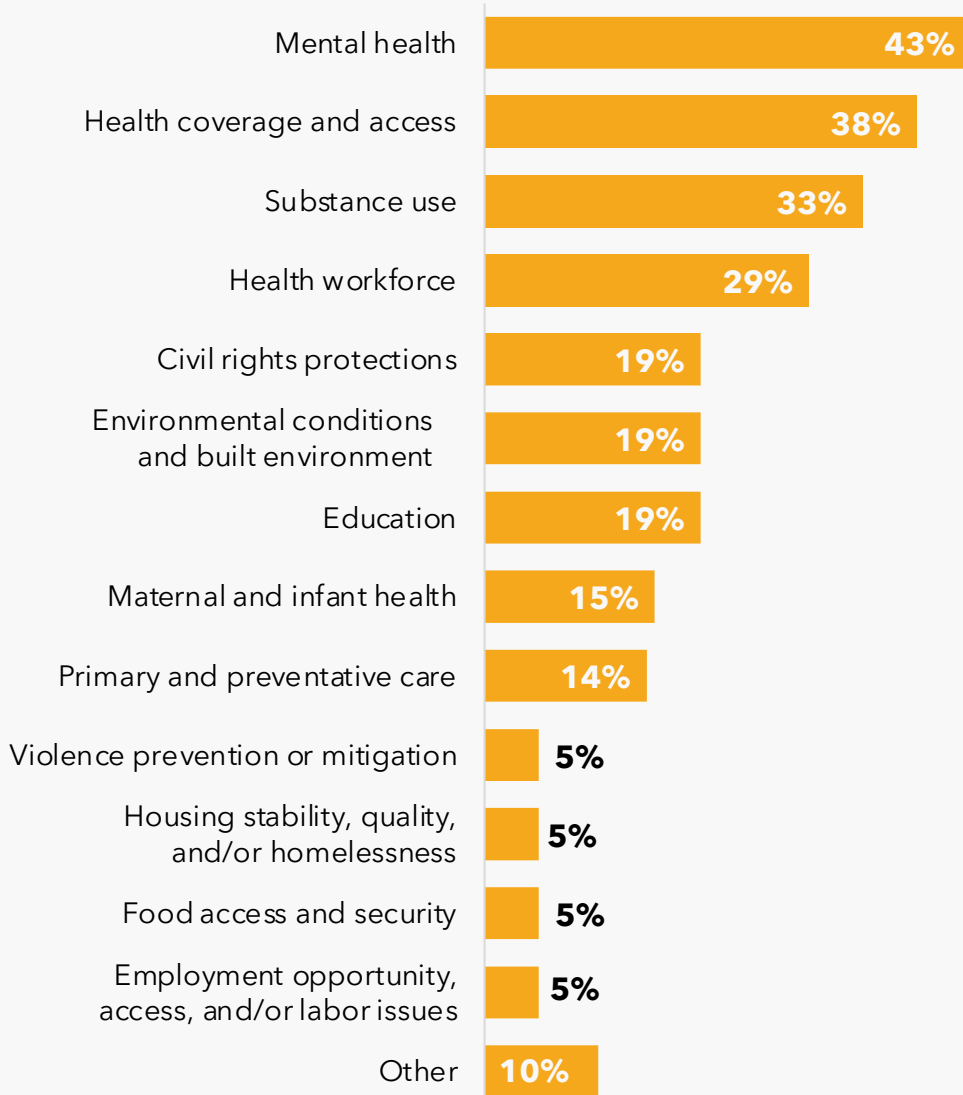


**Only organizations who engage and/or represent a specific racial and/or ethnic group answered this question.

Kentucky

Issue areas organizations focus on*

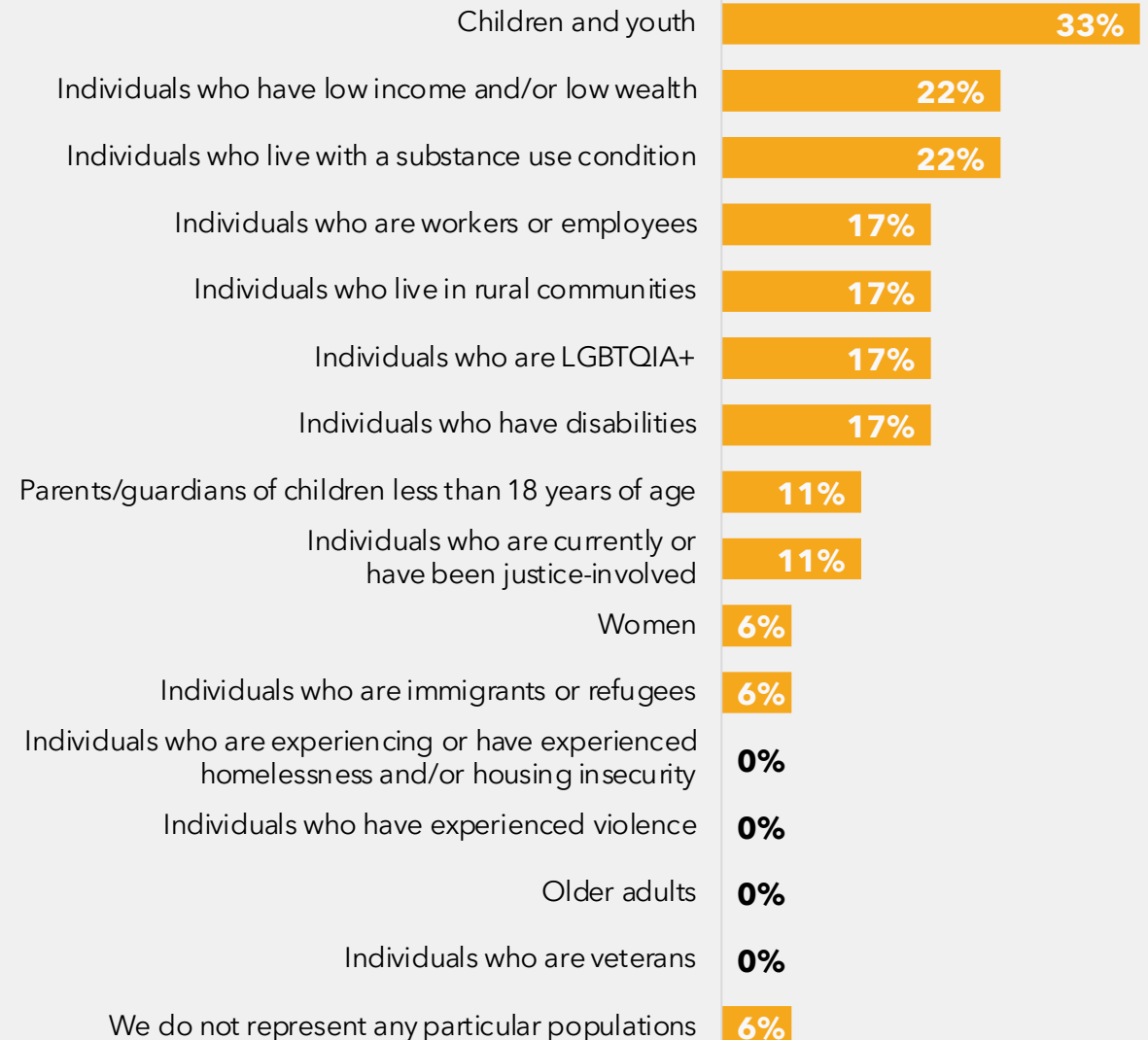
N = 21



*Respondents could select up to 3 issue areas among those listed.

Lived experience groups engaged and/or represented by organizations**

N = 18

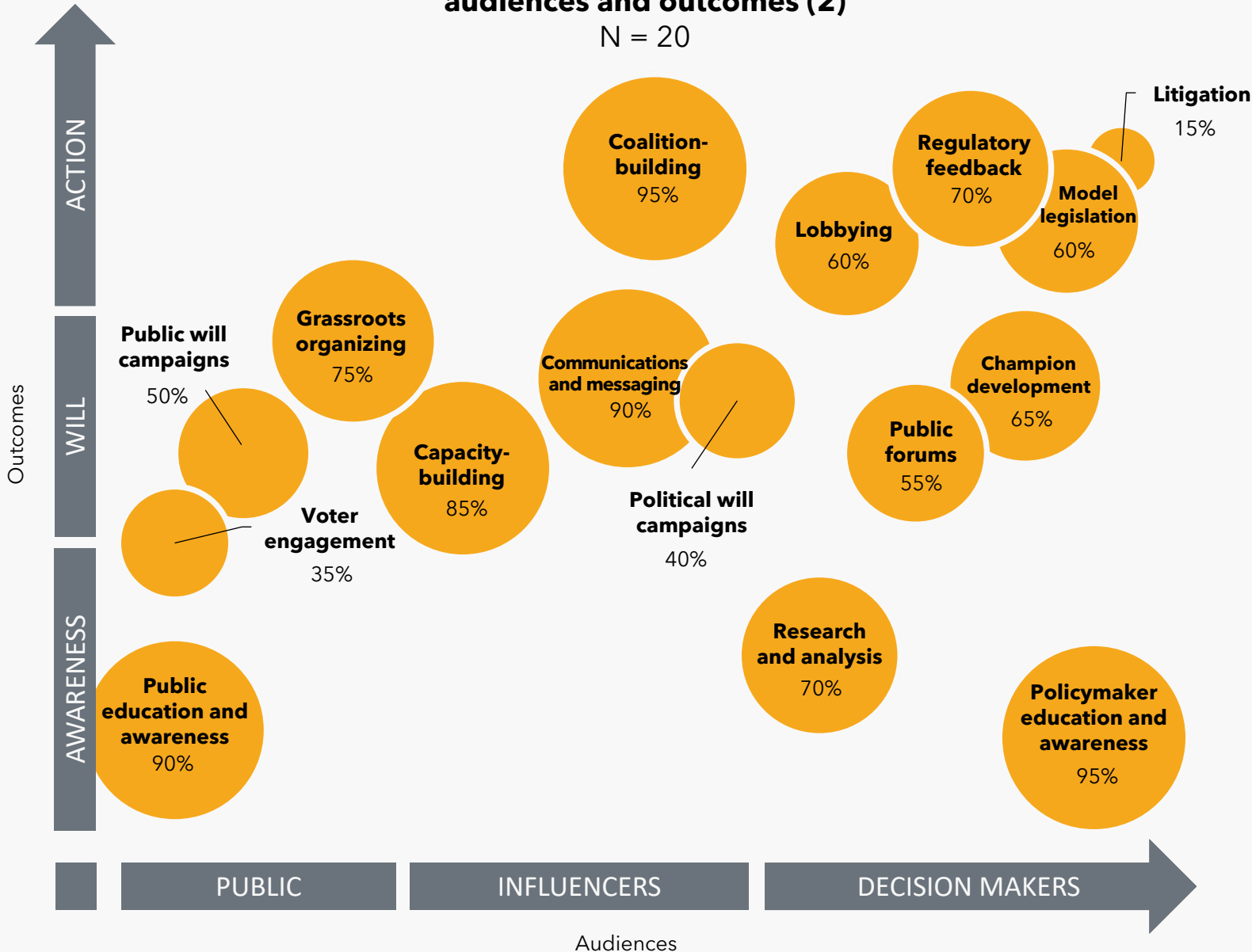


***Respondents could select up to 3 groups among those listed. "Other" responses were recoded to the most relevant group.

Kentucky

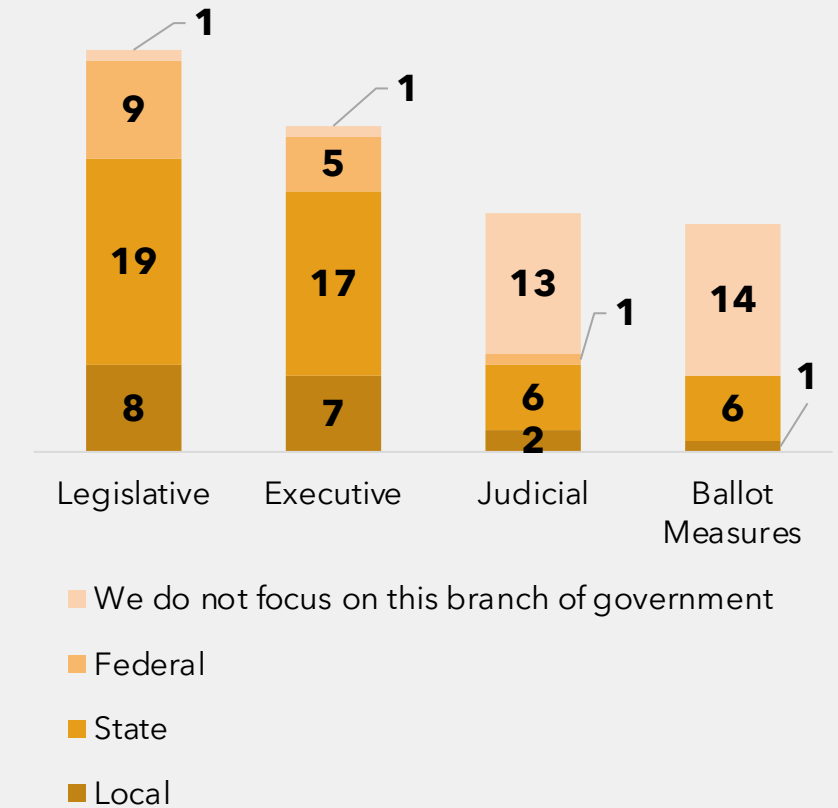
Advocacy approaches employed by organizations by their targeted audiences and outcomes (2)

N = 20



Targets of organizational advocacy efforts by branch of government*

N = 20

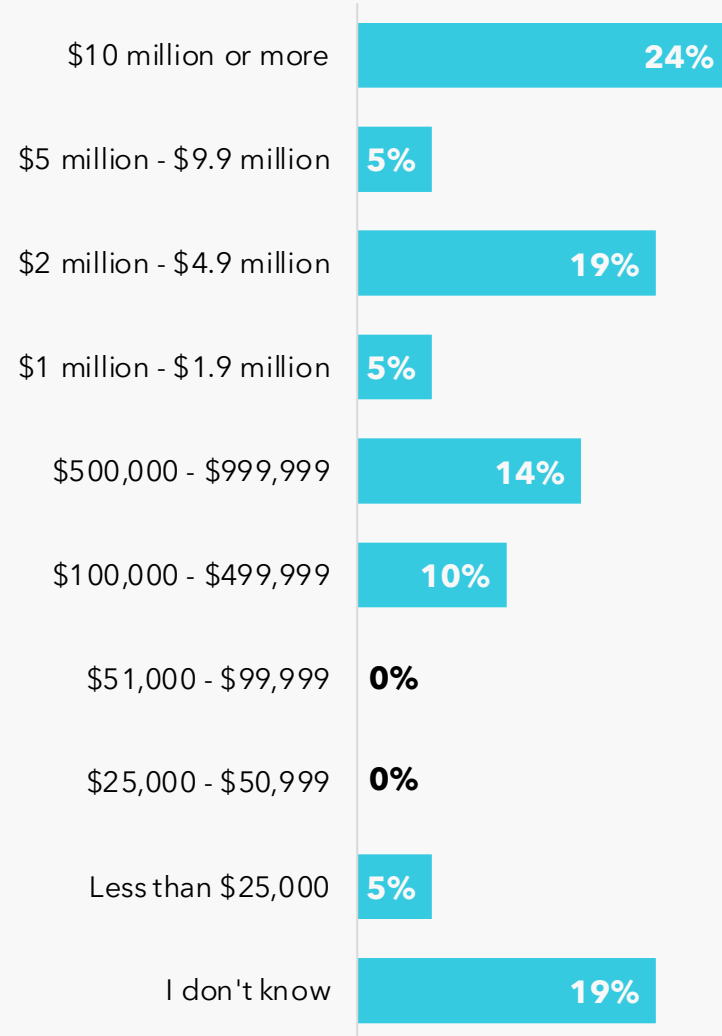


*Although Kentucky does not feature the power of initiative or referendum, ballot measures do play a role in Kentucky politics. Kentucky ballot measures come in two varieties, legislatively referred state statutes and legislatively referred constitutional amendments, which are both put on the ballot by the Kentucky state legislature.

Indiana

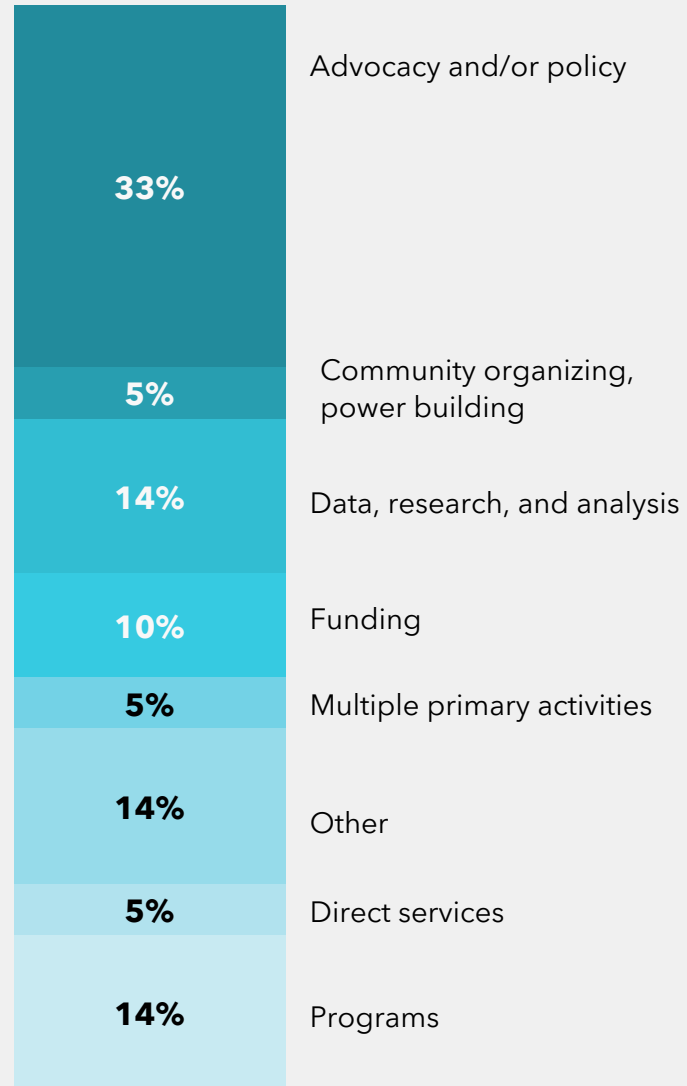
Annual budget

N = 21



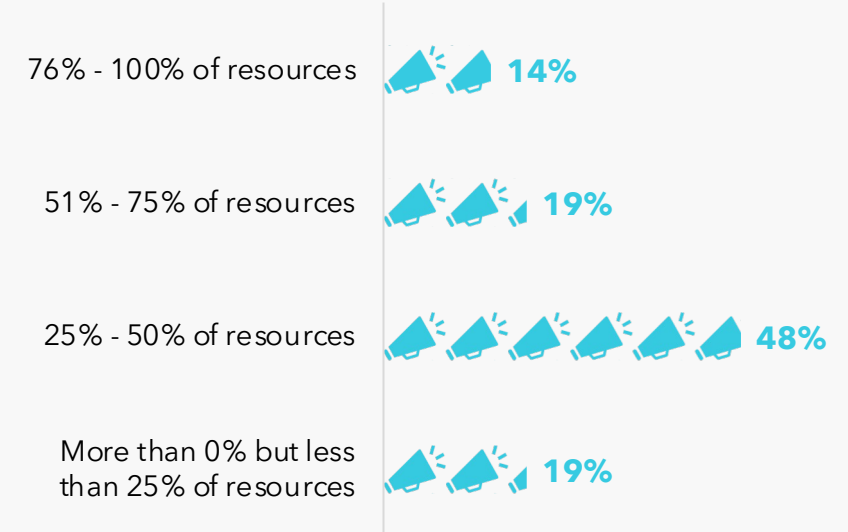
Primary work of organizations

N = 21



Proportion of organizational resources dedicated to advocacy and/or policy work

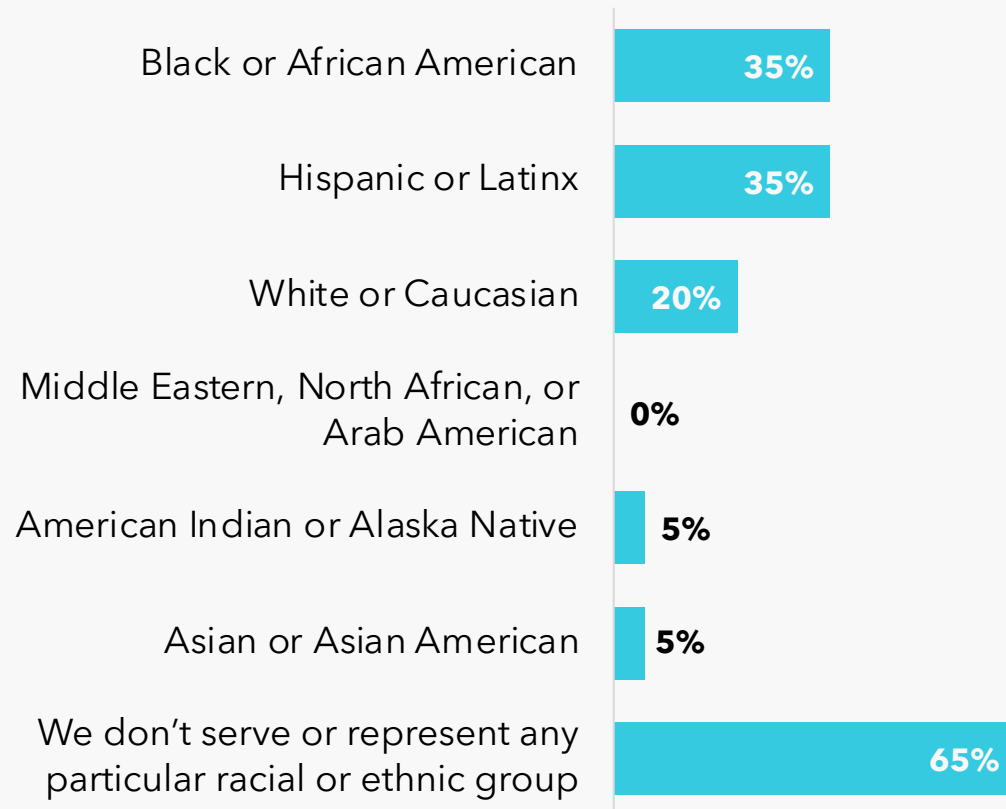
N = 21



Indiana

Racial/ethnic groups engaged and/or represented by organizations*

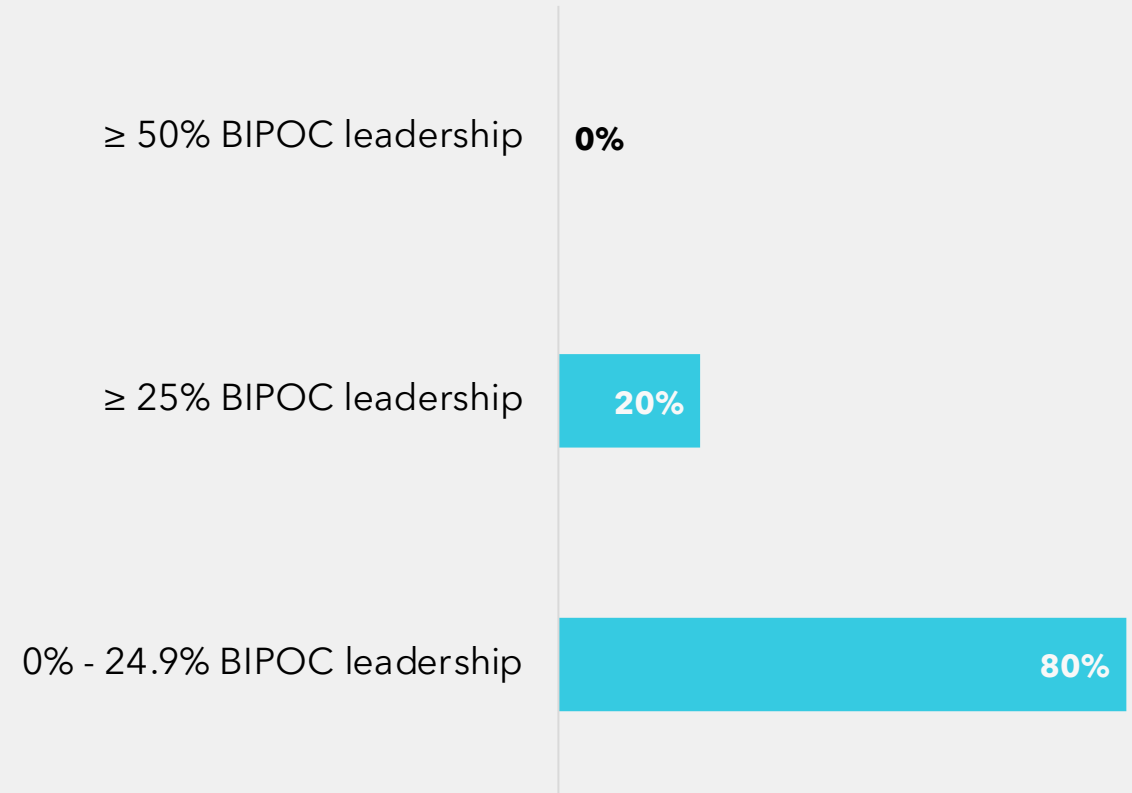
N = 20



*Respondents could select all the groups they engage and/or represent, among those listed. "Other" responses were recoded to the most relevant group.

Organizational leadership by racial/ethnic group**

N = 5

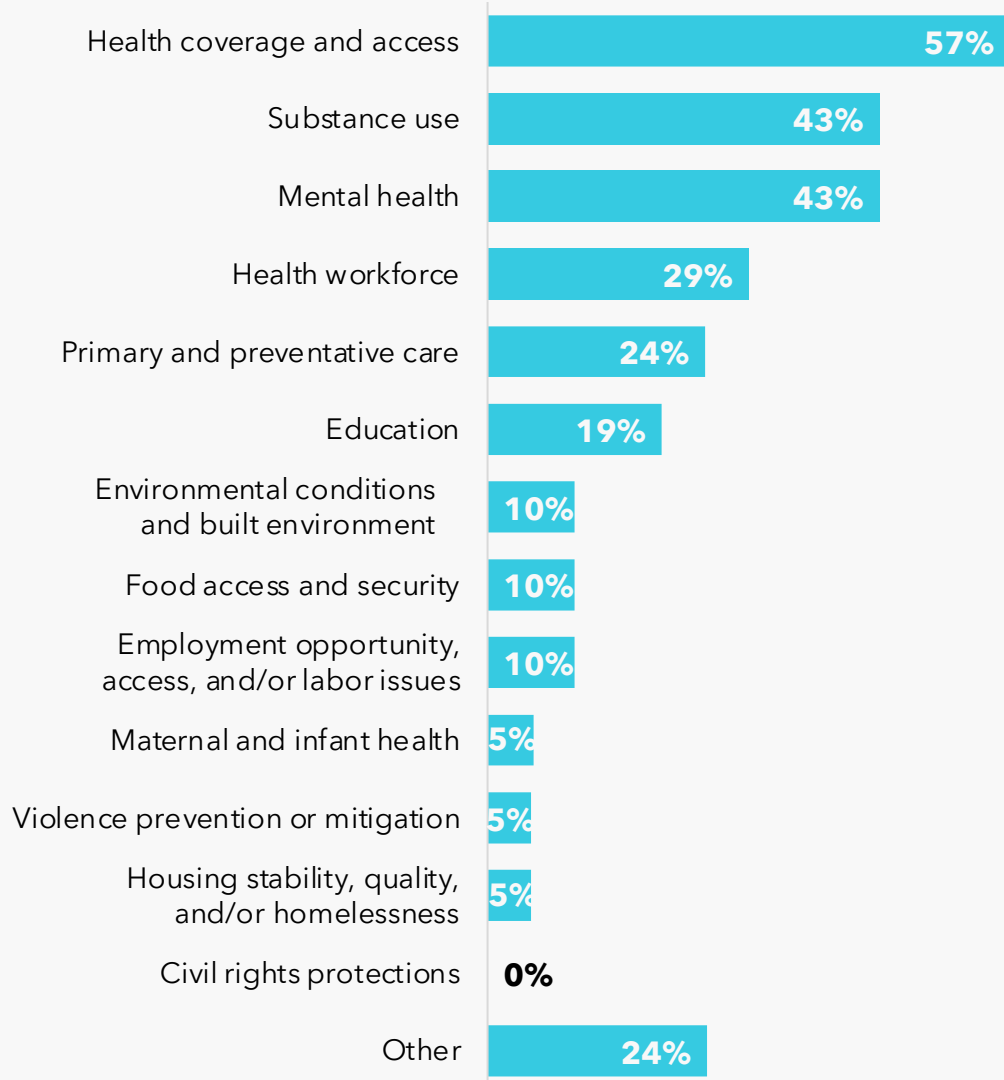


**Only organizations who engage and/or represent a specific racial and/or ethnic group answered this question.

Indiana

Issue areas organizations focus on*

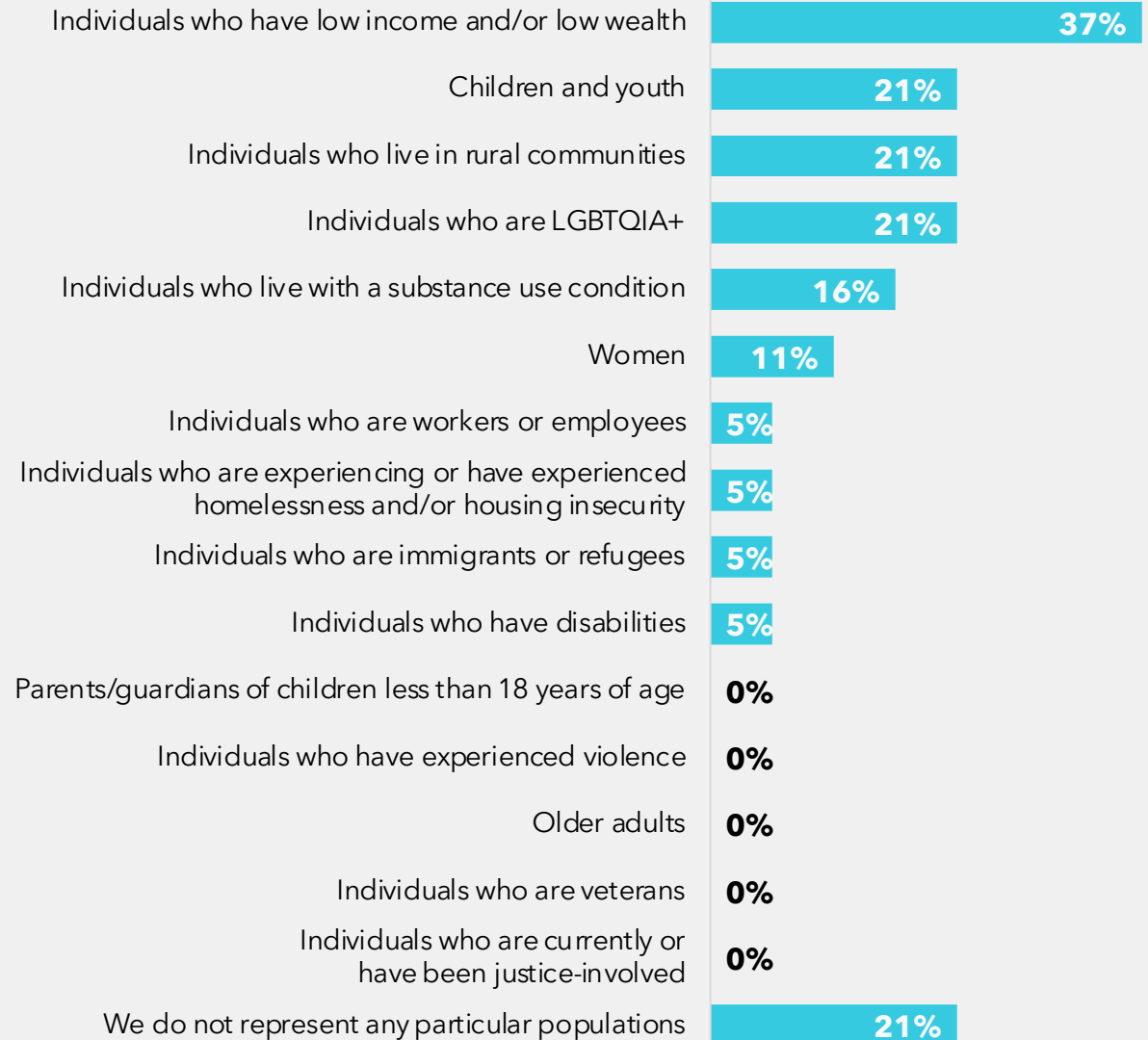
N = 21



*Respondents could select up to 3 issue areas among those listed.

Lived experience groups engaged and/or represented by organizations**

N = 19

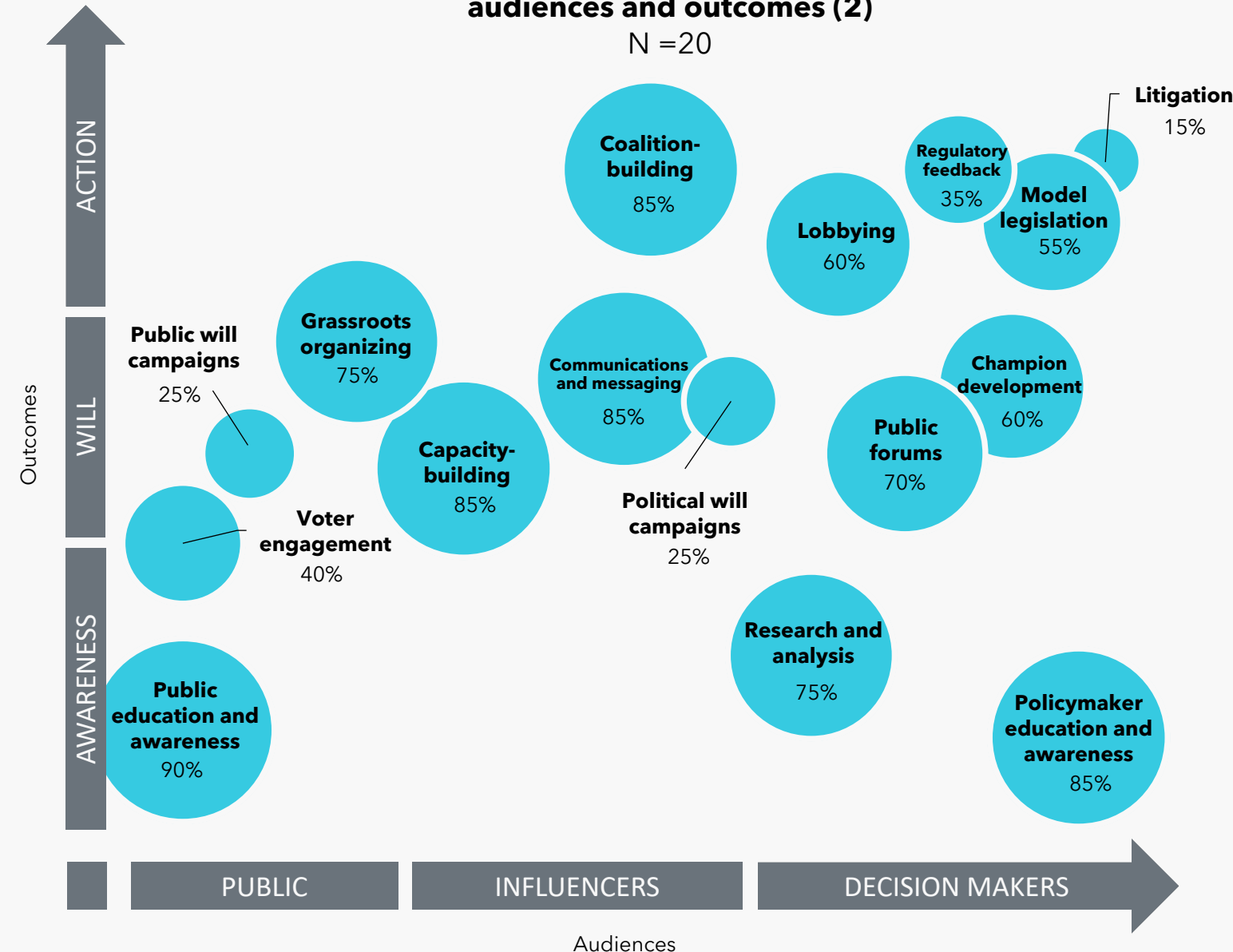


***Respondents could select up to 3 groups among those listed. "Other" responses were recoded to the most relevant group.

Indiana

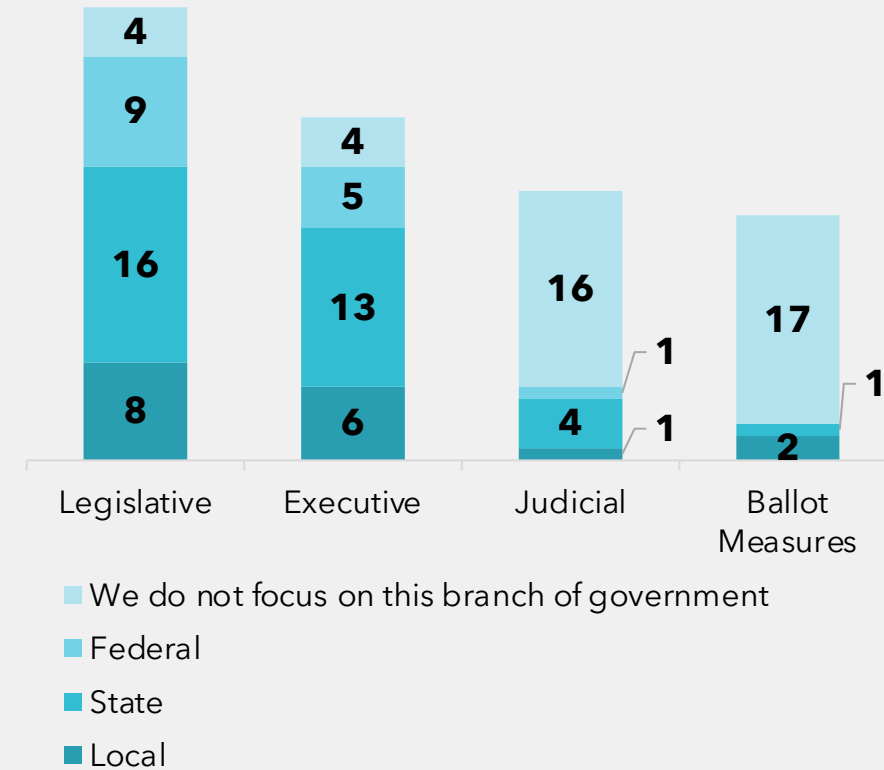
Advocacy approaches employed by organizations by their targeted audiences and outcomes (2)

N = 20



Targets of organizational advocacy efforts by branch of government*

N = 20



*Indiana is one of the 24 states that do not have initiative and referendum. Thus, Indiana citizens cannot qualify a ballot measure for the statewide ballot through collecting signatures, and there is no signature requirement for ballot measures in Indiana.

Appendix

Please also consult the:

- [Learning brief](#) for key findings across geographic area of focus
 - Please contact Kelley Adcock (kadcock@interactforhealth.org) for a database of survey respondents
-

This section contains:

- List of respondents
- Equity considerations for study methodology
- Reflections on researchers' perspective
- Advocacy and policy work approaches definitions
- Priority populations engagement levels

We deeply thank the organizations who participated in and completed the survey

- Advocacy Action Network
- Affordable Housing Alliance of Central Ohio
- All-In Cincinnati
- American Cancer Society Cancer Action Network
- American Heart Association
- American Lung Association
- Appalachian Children Coalition
- bi3
- Center for Closing The Health Gap
- Childhood Food Solutions
- Christian Theological Seminary
- Cincinnati Children's HealthVine
- Cincinnati Children's Hospital Medical Center
- Cincinnati Health Department
- Cincinnati USA Regional Chamber
- Citizens Action Coalition of Indiana
- Coalition on Homelessness and Housing in Ohio
- Communities United For Action
- Community and Economic Development Initiative of Kentucky at the University of Kentucky
- Cradle Cincinnati
- Dearborn County Health Department
- Emergency Shelter of Northern Kentucky
- Envision Partnerships
- Florence Livewell: Smoke free Florence
- Foundation for a Healthy Kentucky
- Greater Cincinnati African
- American Chamber of Commerce
- Greater Cincinnati Foundation
- Green Umbrella
- Groundwork Ohio
- Gund Foundation
- Health by Design/Indiana Public Health Association
- Health Policy Institute of Ohio
- Hispanic Chamber Cincinnati USA
- Hoosier Action
- Housing Opportunities Made Equal of Greater Cincinnati
- Human Intervention LLC
- Human Services Chamber of Hamilton County
- Indiana Alliance of YMCAs
- Indiana Council
- Indiana League of Women Voters
- Indiana Primary Health Care Association
- Indiana University
- Indiana University Health
- Interact for Health
- Kentuckiana Health Collaborative
- Kentucky Cancer Program East
- Kentucky Chamber of Commerce
- Kentucky Equal Justice Center
- Kentucky Psychological Association
- Kentucky Rural Health Assoc. Inc.
- Kentucky Tobacco Prevention & Cessation Program, Kentucky Department for Public Health
- Kentucky Voices for Health
- Kentucky Youth Advocates

We deeply thank the organizations who participated in and completed the survey

- KY Association of Regional Programs, Inc.
- Learning Grove
- Local Initiatives Support Corporation
- Mental Health & Addiction Advocacy Coalition
- Mental Health America of Indiana
- Mental Health America of Kentucky
- Mercy Health
- Midwest AIDS Training + Education Center of Indiana
- National Alliance on Mental Illness
- Urban Greater Cincinnati Network on Mental Illness
- National Alliance on Mental Illness Ohio
- Neighborhood Allies
- Northern Kentucky Chamber of Commerce
- Northern Kentucky Health Department
- NorthKey Community Care
- Ohio Commission on Minority Health
- Ohio Organizing Collaborative
- OneNKY Alliance
- Oral Health Ohio
- Peg's Foundation
- Planned Parenthood Southwest Ohio Region
- Preventing Tobacco Addiction Foundation - Tobacco 21
- Purdue University
- Richard M. Fairbanks Foundation
- Single Payer Action Network
- State of Indiana, Office of the Governor
- Susan G. Komen
- The Good Trouble Coalition Indiana
- The Health Collaborative
- The Prichard Committee for Academic Excellence
- Top 10 Coalition/YMCA of Greater Indianapolis
- Trazana A. Staples Alternative Stroke Recovery Fund
- Tri-State Trails
- UC Health
- United Way of Greater Cincinnati
- Universal Health Care Action Network of Ohio
- Urban League of Greater Southwestern Ohio
- Women4Change Indiana
- Women's Fund of the Greater Cincinnati Foundation
- Workforce Innovation Center at the Cincinnati USA Regional Chamber
- YWCA Greater Cincinnati

Reflections on researchers' perspective

Interact for Health and Innovation Network understand that data is not objective. Data collected may be influenced by research design, context, and most importantly, by the biases, motivations, and interests of the researchers and other actors that exercise influence over the data project. With that in mind, we think it is important to be explicit about the makeup of the team that conducted the study.

- All data collection, analysis, and interpretation in this report are the work of a team of two learning practitioners at Innovation Network and two staff at Interact for Health – one in a health policy program role and the other in a learning and evaluation role. All four individuals are cis-gender women. Three are white and one is mixed race, and two are foreign-born. Three additional cis-gender women at Interact for Health – one in a health policy program role and two in leadership roles – contributed to the interpretation of findings. One is Black and two are white.
- The Innovation Network team members are based in Washington DC and Minneapolis MN, while the Interact for Health team members are based around the Cincinnati, OH area.

We name our identities to be transparent that, in part, we are not representative of the groups involved in advocacy and policy work in the areas where this study was conducted. With these considerations in mind, we made every effort to collect and analyze our data responsibly and in a way that mitigates the biases we bring to this project.

Equity considerations

Interact for Health and Innovation Network are committed to use research and evaluation in service of equity (4) and health justice. While with imperfect results, we strived to conduct this study according to the Equitable Evaluation Framework™ (EEF) (5) principles. In these slides, we share 1) share how we adapted and aspired to apply the EEF principles to this study, and 2) offer authentic, brief reflections on how our aspirations translated into practice, what were the bright spots and areas of growth and opportunity. In reviewing the reflections, please keep in mind that they are point in time (October 2023) and we will continue to consider these topics as we disseminate the findings. Still, we wanted to share what has emerged for us so far, as a way to learn together and be in community with others who are also in the EEF practice.

Adapted EEF Principles	How we adapted and aspired to apply the EEF principles to this study	How our aspirations translated into practice, bright spots and areas of growth and opportunity
EEF Principle 1: Research and research work is in service of and contributes to equity.		
	<ul style="list-style-type: none">• The study will pay particular attention to the experiences of groups who have experienced systematic oppression including but are not limited to BIPOC, Hispanic / Latinx, low-income, and rural communities.• Data and findings from this study may be used to support the health advocacy ecosystem in Ohio, Kentucky, Indiana, and Greater Cincinnati to center populations most impacted by health inequities in decision-making and agenda-setting.	<ul style="list-style-type: none">• The study shed new light on how populations most impacted by health inequities partake in advocacy and policy organizations' strategic decision-making and leadership, which we hope will springboard discussions and actions to further center these groups in the ecosystem's direction-setting.
EEF Principle 2: Research work should be designed and implemented with the values underlying equity work.		
<i>Multiculturally valid</i>	<ul style="list-style-type: none">• Data collection instruments will utilize plain, accessible language and avoid the use of "jargon" and technical terms.• The study will strive to include organizations with less capacity, incentivizing their participation and the inclusion of their voice in the data.	<ul style="list-style-type: none">• The topic made it challenging to avoid jargon, particularly in the survey form. We clarified terms through a glossary and simplified the language as much as possible, especially in the dissemination products.• Due to time and budget limitations, we did not workshop the survey form language with study participants or translate the survey into Spanish.• While we strived to pare down the survey as much as possible, obtaining the desired information required a lengthy form, potentially hard to respond to for smaller organizations, with reduced bandwidth.

Equity considerations

Adapted EEF Principles	How we adapted and aspired to apply the EEF principles to this study	How our aspirations translated into practice, bright spots and areas of growth and opportunity.
EEF Principle 2: Research work should be designed and implemented with the values underlying equity work.		
<i>Oriented toward participant ownership</i>	<ul style="list-style-type: none">Interact for Health and Innovation Network will create both formal and informal touchpoints for study participants, particularly those representing Interact For Health’s priority populations, to provide input at different stages of the study, particularly the design. We will get feedback on a survey draft from key interviewees to incorporate their perspectives and learning interests. Findings will be shared with all identified learners.	<ul style="list-style-type: none">At the study design stage, we sought input from selected study participants.As the project developed, we clarified that the study primary owner/audience was Interact for Health. With this, and due to budget and time constraints, we switched to keeping study participants informed about the study progress, while centering related decision-making on Interact for Health only.We still plan to share findings with study participants and the broader advocacy and policy ecosystem.
EEF Principle 3: Research work can and should answer critical questions about:		
<i>Ways in which history, structures, and cultural context are tangled up in the issue under study</i>	<ul style="list-style-type: none">Data collection and analysis will tackle these questions and help describe how history, structure, and culture have shaped the health advocacy field in KY, IN, and OH.	<ul style="list-style-type: none">We realized it was aspirational for us to tackle these questions through a survey form. Budget and time constraints did not allow for qualitative methods.Through suggested reflection questions, invite study readers to consider findings through a structural lens.
<i>How does the issue under study relate to different populations</i>	<ul style="list-style-type: none">Data collection will include key socio-demographic information and the analysis will look at data by sub-groups.	<ul style="list-style-type: none">We dedicated a survey section to investigating how populations who have historically experienced oppression are engaged and/or represented, participate in decision-making, and are represented in organizations’ leadership.The unit of analysis for these questions were organizations, not individuals.While we disaggregated analyses wherever possible, the small number of respondents only allowed for limited interpolation.

Advocacy approaches definitions

Survey respondents were asked what advocacy and/or policy work approaches they employed in the past two years according to the following definitions:

Approach	Definition
Capacity-building for advocacy and policy work	Using financial support, training, coaching, or mentoring to increase the ability of an organization or group to lead, adapt, manage, and technically implement an advocacy strategy.
Grassroots organizing	<ul style="list-style-type: none">• Base-building: Bringing together people most impacted by an issue in relationship with each other and orienting them around a common identity often shaped by similar experiences, values, and long-term goals.• Leadership development of the grassroots base: Increasing the capacity (through training, coaching, or mentoring) of individuals to lead others to take action in support of an issue or position.• Community mobilization: Creating or building on a community-based groundswell of support for an issue or position.
Champion development/ influencer education	Recruiting high-profile individuals to adopt an issue and publicly advocate for it. This can include telling people who are influential in the policy arena about an issue or position and about its broad or impassioned support.
Coalition-building	Unifying advocacy voices by bringing together individuals, groups, or organizations that agree on a particular issue or goal.
Communications and messaging	<p>Transmitting information to target audiences to influence how an issue is presented, discussed, or perceived.</p> <ul style="list-style-type: none">• Narrative change and storytelling: Disrupting and re-shaping public discourse and/or widely held mindsets and beliefs on an issue or topic through storytelling, strategic communication, media, and art.• Media advocacy: Pitching the print, broadcast, or electronic media to get visibility for an issue with specific audiences.
Litigation	Using the judicial system to move policy by filing lawsuits, civil actions, and other advocacy tactics.

Advocacy approaches definitions

Approach	Definition
Lobbying	Communication with a legislator that expresses a view about specific legislation or appointment at the local, state, or federal level
Model legislation	Developing a specific policy solution (and proposed policy language) for the issue or problem being addressed.
Research and analysis	Systematically investigating an issue or problem to better define it or identify possible solutions. <ul style="list-style-type: none"> • Demonstration programs: Implementing a policy proposal on a small scale in one or several sites to show how it can work • Public polling: Surveying the public via phone or online to collect data for use in advocacy messages.
Policymaker education and awareness (including campaigns)	Telling policymakers and candidates about an issue or position and about its broad or impassioned support.
Political will campaign	Communications (in-person, media, social media, etc.) to increase the willingness of policymakers to act in support of an issue or policy proposal.
Public education and awareness (including campaigns)	Telling the public (or segments of the public) about an issue or position and about its broad or impassioned support. Communications with the public to increase recognition that a problem exists or familiarity with a policy proposal.
Public forums and listening tours/surveys to identify the public's priorities	Group gatherings, discussions, and data collection that are open to the public and help to make an advocacy case on an issue.
Public will campaign	Communications to increase the willingness of a target audience (non-policymakers) to act in support of an issue or policy proposal.
Regulatory feedback	Providing information about existing policy rules and regulations to policymakers or others who have the authority to act on the issue and put change in motion.
Voter outreach and engagement	Conveying an issue or position to specific groups of voters in advance of an election.

Priority population engagement levels

Survey respondents were asked how they engage racial/ethnic and lived experiences groups that they seek to provide services to in strategic decision-making according to the following definitions (1) and examples:

Engagement Level	A. Are informed of the process and resulting decisions but are not asked for input	B. Are consulted for their opinions, needs, and wishes but do not have direct decision-making power	C. Can vote on options created by others (i.e., organization)	D. Have active input and collaboration in developing alternatives and setting priorities	E. Directly shape, select, implement, vote on, and change alternatives.
Example	Every year we set a policy agenda. We do not seek input from this group, but we communicate the agenda to our constituencies (through our website, newsletter, etc.).	Every year we survey this group asking them about their needs. We consider the information among other sources and decision-making influences when developing our policy agenda for the year.	Every year our staff creates a list of potential policy issues for the organization's agenda. We survey this group asking them to vote for the most pressing issues. The most voted options constitute the agenda.	Every year we survey this group to understand their needs. We then convene representatives from the group to collectively decide which policy issues to prioritize.	Our policy agenda is set by this group / representatives from this group

Glossary

Health justice: Health justice is achieved when a person's health is no longer determined by who they are or where they live, and there are no unnecessary, avoidable, unfair, unjust or systemically-caused differences in health status.

Equity: Equity is the condition in which no unnecessary, avoidable, unfair, unjust, or systemically caused differences to exist between groups or individuals in a society based on race/ethnicity or lived experience [4].

Advocacy: The act of promoting a cause, idea, or policy to influence people's opinions or actions on matters of policy concern. Advocacy tactics can be used to advance or protect public policies at each level (local, state, and federal) and branch (legislative, executive, and judicial) of government.

Policy: The act of promoting public policy efforts at each level (local, state, and federal) and branch (legislative, executive, and judicial) of government that may lead to long-term changes in social and physical lives and conditions. These include not only the 'passing of policies', but strategies along a continuum of efforts (i.e., building capacity, education, policy implementation and enforcement, and evaluating impact).

Ecosystem: The range of organizations, coalitions, and other groups (not only "advocates") working towards change in Ohio, Kentucky, Indiana, and Greater Cincinnati.

References

- (1) Guo, C., Saxton, G. D. (2010). Voice-In, Voice-Out: Constituent Participation and Nonprofit Advocacy. *Nonprofit Policy Forum*, 1(1). <https://doi.org/10.2202/2154-3348.1000>
- (2) Coffman, J., Beer, T. (2015). The Advocacy Strategy Framework. Center for Evaluation Innovation. Retrieved from: <https://www.evaluationinnovation.org/wp-content/uploads/2015/03/Adocacy-Strategy-Framework.pdf>
- (3) Gardner, A., Brindis, C. (2017). *Advocacy and Policy Change Evaluation: Theory and Practice* (1st ed.). Stanford Business Books. <https://doi.org/10.1515/9781503602335>
- (4) Kumu [Relationship mapping software]. (2023). Retrieved from <https://kumu.io>
- (5) World Health Organization. (2018). Health systems: Equity. Retrieved from: <http://www.who.int/healthsystems/topics/equity/en/>
- (6) Dean-Coffey, J. (2017). Equitable Evaluation Framework™. Retrieved from Equitable Evaluation Initiative: <https://www.equitableeval.org/framework>

About Interact for Health

Interact for Health an independent foundation dedicated to improving the health of all people in 20 counties in Ohio, Kentucky and Indiana. They serve as a catalyst by promoting health equity through grants, education, research, policy and engagement. For more information, please visit www.interactforhealth.org.

About Innovation Network

Innovation Network is a 501(c)(3) consulting firm that provides research, evaluation, and learning support to organizations working for equitable social change. For more information, please visit www.innonet.org.

Thank you!

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