OUR HEALTH, OUR FUTURE

Center for Health Progress's 10-year Journey of Building Power

JUNE 2025

Written by Sonia Sarkar DrPH, MPH in collaboration with CHP.

CENTER FOR HEALTH PROGRESS

Introduction

An energetic crowd representing a mosaic of communities across Colorado gathers on the steps of the statehouse. Colorful signs -- some in Spanish, some in English -- wave high, calling for protection of Medicaid, a stop to healthcare cuts, and refusal to let billionaires and CEOs drive decisions that impact millions of others. These weren't the lobbyists or paid spokespeople that traditionally drive state policy-making. They were parents, immigrants, union members, and more -- members and partners of the Center for Health Progress (CHP), gathered to confront and address lawmakers directly about the broken healthcare system that profits off their illness and debt.

Sporting bright orange T-Shirts that proclaim: *Corporate Greed Has No Place In Healthcare,* CHP members step up in front of a banner that speaks to a self-determined future. Theresa Trujillo,

> ***"Change does not come from politicians or corporations suddenly growing a conscience. Awareness is the first step but action, especially collective action, is what forces real change" – Theresa Trujillo, CHP Co-Executive Director***

CHP co-executive director and emcee of this gathering, shares the purpose behind this action: "Change does not come from politicians or corporations suddenly growing a conscience. Awareness is the first step but action, especially collective action, is what forces real change."

CHP's organizers clap and bear witness as other members share their experiences: hospitals suing families over a bill they didn't know they owed, skipping care due to lack of insurance, the fear of being judged or ignored. Today, though, CHP was exercising its collective power to change the narrative. They could not be ignored.

Background

This scene in the spring of 2025 reflected a significant transformation for CHP. Originally founded as a traditional policy advocacy organization, CHP focused throughout the early-mid 2010s on changing policies in Colorado via a common top-down approach to addressing health inequities -- pushing for expanded health insurance and improved healthcare services through relationships with coalitions and policy officials, relying on a narrow scope of expertise of paid health care policy staff.

Truly achieving health equity, however, requires structural shifts in power. In a 2018 *Health Affairs* article, researchers Manuel Pastor, Veronica Terriquez, and May Lin outline why: socioeconomic inequities lie at the core of health disparities, and community organizing is a "vehicle for unleashing

the collective power to uproot [them].” Long-term change for impacted communities means looking not just at specific policies or campaign tactics, but also the extent to which those activities are designed, led, and sustained by the very people with lived experience of both socioeconomic and health inequities.

Today, CHP is a statewide community power building organization that advances structural and policy changes across the state to improve health equity by addressing its root causes and concentrating resources where needs are greatest. CHP works with community members directly impacted by health inequities, including immigrants, people of color, rural Coloradans, people living in poverty, and frontline workers inside the healthcare system. The organization has community organizers on the ground in Fort Morgan, a rural community on the Eastern Plains, Metro Denver, Colorado’s largest urban center, and in Pueblo, a small urban center in Southern Colorado.

Why This Matters

This case study examines CHP’s journey to today: a power-building organization focused on health equity at a time when the communities it organizes and the analysis it is bringing are increasingly under threat. Across the country, communities of color, immigrant/refugee communities, and low-income communities are under attack on multiple fronts: racist and xenophobic surveillance, persecution, and deportation; attempts to eliminate Medicaid funding; prioritization of wealthy corporate elites over democratic rule.

But while these forces are magnified in our present context, they are not new -- the U.S. healthcare industry has long prioritized profit over equitable outcomes. Systemic healthcare industry practices that extract money from patients to maximize revenue -- including excessive billing, medical debt collection, and claims denials -- are especially harmful to communities of color. A 2020 report from the Urban Institute found that 27% percent of Black households and 21% of Latino households held medical debt compared to 17% of White households.

Extractive pay practices perpetuate a vicious cycle for many patients: financial security is a determinant of health, and medical debt traps families in an impossible cycle of tradeoffs between medical bills or essentials such as food or utilities. These hardships are exacerbated for the uninsured or underinsured, including immigrant and refugee communities as well as other communities that face structural racism. In addition to these material hardships, significant evidence points to how

healthcare corporatization and financialization results in harms ranging from adverse health events to increased alienation and mental health burden.

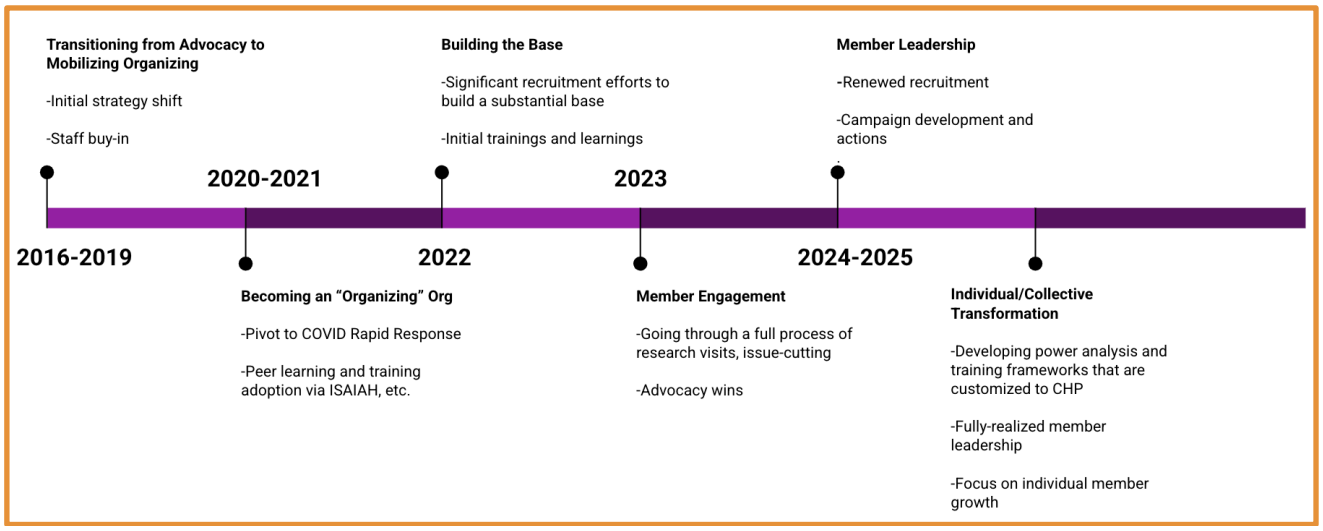
Despite the commonality of these experiences, systems change within public health and healthcare is typically viewed and implemented via a top-down advocacy lens. There are few existing efforts to create an organized power base of individuals with lived experience of the harms caused by healthcare institutions' corporate practices, and who can, in turn, hold healthcare institutions accountable and demand change.

There are many reasons for this scarcity. One example is that community organizing is generally under-recognized and underfunded as a change lever, particularly in industries where there is not already a long-standing movement infrastructure (i.e. labor). Second, there are few scaled narratives that compellingly push back on dominant healthcare messaging -- for example, the idea that a nonprofit hospital that provides essential care is also a private corporation that should be held accountable around its treatment of patients. Third, historical harms caused by structural racism and economic extraction have weakened civic spaces particularly for communities of color.

Despite these challenges, there is widespread acknowledgement across the country -- across race, class, gender, and other identities -- that our healthcare system is frequently extractive and ineffective. How might we organize this deep frustration and lived experience in a way that enacts real change? This case includes only a brief snapshot of the role that community organizing can play in building collective power to advance health and well-being. However, we hope that the insights included here can serve as a blueprint to other organizers, funders, movement allies, and grassroots organizations seeking to transform health in their communities.

CHP's Power Building Evolution

To understand CHP's success in building a powerful, multiracial base, it is crucial to look at their evolution over time, as well as the key strategic decisions that drove that evolution. The figure below captures key milestones and pivot points for the past 10 years of CHP's work:



2016-2019 – From Advocacy to Mobilizing

From 2016 to 2019, CHP began laying critical internal groundwork to shift its orientation from policy advocate to power-building organization. This move was driven by several motives, including an interrogation into the limitations of the organization's existing theory of change, an understanding that involving affected populations in change efforts would lead to more equitable and relevant policy solutions, and an analysis of the ecosystem, which uncovered very limited community organizing capacity in the healthcare advocacy space. The first step in this transition began with hiring an experienced community organizer and building staff awareness and buy-in around community organizing as an overarching organizational strategy. Staff utilized materials and analysis from other community organizing groups such as ISAIAH, a multiracial, faith-based coalition in Minnesota, to inform CHP's own thinking. Some existing staff were skeptical of this pivot, raising questions about strategy and feasibility, which resulted in some staff leaving the organization. However, through intensive discussion and reflection, as well as continued political education, several team members decided to commit to this new approach of centering community leadership and expertise.

The organization moved to operationalize its commitment in 2016, when CHP hired two full-time organizers, one based in Fort Morgan and one in Pueblo. This increased capacity enabled the organization to begin building a membership base in earnest -- a new stream of work that could sit alongside, reinforce, and eventually drive the organization's ongoing advocacy for health equity-

focused legislation (ranging from expanded Medicaid access to support for social determinants of health and protection of civil rights). New member recruitment was not easy -- awareness of CHP's work was low, and the communities of immigrants and refugees where outreach took place were understandably skeptical or hesitant about a new entity. Utilizing existing community relationships held by organizers, however, as well as an approach to recruiting that centered 1:1 meetings where organizers could dig into members' fears and aspirations, the base began to grow. By the end of 2019, CHP had increased its membership base by 25%.

As the organization grew its base, it also needed to grapple with what it means to build a multiracial, cross-class base. This included identifying organizing approaches and narratives that could center the shared aspirations embedded among members' distinct experiences and self-interests. One example of this was CHP began engaging healthcare providers who were similarly frustrated with the corporatization of healthcare. Particularly in Denver, CHP staff recruited clinicians and engaged them on their specific self interest in organizing as well as their positional power within the healthcare system. This allowed healthcare providers to build deep relationships with non-providers around a shared vision for change.

2020-2021 – Foundations for Community Organizing

Plans to build upon the mobilization successes of the past several years were quickly met with the realities of the COVID-19 pandemic and its disproportionate impact on CHP members and their communities. The pandemic laid bare what CHP had been saying for years: that Colorado's healthcare system was not built for working-class people, immigrants, or communities of color. CHP pivoted quickly, shifting operations online, but also deepening its critique of how pandemic responses ignored the most vulnerable. This year solidified their emerging framework around narrative power—who gets to define crisis, whose pain is visible, and whose health matters. CHP's rapid response efforts focused on ensuring vaccine access and support for members facing significant economic hardship.

In 2020, CHP member leaders, staff, and Board members developed and launched a comprehensive strategic framework to guide its work over the next five years. This strategic plan clearly articulated goals to build grassroots power to win and co-govern a member-led agenda that holds corporate healthcare targets accountable and create a democratically run member-based organization at scale. In turn, in 2021, CHP started to center its emerging statewide base in its policy advocacy efforts at the state legislature. CHP shifted more resources to its organizing staff, including through hiring an additional organizer and decreasing its policy staff, and directed its policy staff to be in more direct relationship with its grassroots base. Joint organizing across CHP's emerging statewide base contributed to a bill passing that established the first subsidy program in Colorado to make health insurance more affordable for undocumented immigrants.

2022 – Building the Base

This was the year CHP walked the talk internally, undergoing a broader cultural shift as it continued base building. The organization adopted a co-executive director model and began intentionally distributing leadership and decision-making across staff and members, including changing its bylaws and organizing model to center the decision making of grassroots leaders. Trainings began incorporating frameworks like the "Three Faces of Power" (see below) to better equip members to contest not just policies but systems. CHP's new vision took root: no more lobbying on behalf of communities from a safe distance—instead, they would help build the capacity and leadership communities to lead and fight for themselves. 2022 marked the next phase of CHP's organizing era.

Despite significant lobbying from healthcare industry actors, CHP worked in partnership with like-minded organizations to pass the Cover All Coloradans, which expanded Medicaid to undocumented kids and pregnant people. This victory was made possible through increased member leadership and recruitment, as CHP's organizers brought their stories, leadership, and insights to shape the organization's push for accountability with state officials.

2023: Intensive Member Engagement

With its new model in place, CHP launched bold campaigns that directly targeted the structural causes of health inequity. The "Care Not Courts" campaign took aim at corporations directly– Colorado hospitals, particularly UCHealth—for suing low-income patients over medical debt. CHP organized member testimony, direct actions, and press campaigns to reframe medical debt as systemic violence, not personal failure. This campaign occurred as CHP joined People's Action, a national organizing coalition of several state-based and local power-building organizations.

The organization also began to refine and expand its trainings and power analysis - ensuring language access in both Spanish and English, as well as identifying what content was (or was not) resonating with members. Members began to identify issue areas to conduct research on them via conversations with relevant public and private decision-makers: mental health access, language justice, and

accountability for Omnisalud, Colorado's insurance program for undocumented individuals, to actually reach the individuals it was intended for. Member leaders began attending and leading direct actions with target actors.

In 2023, CHP's community leaders didn't just show up at the State Capitol — they led. From testifying at hearings to briefing lawmakers, CHP members were on the front lines of the policy fights that mattered most to them. The beginning of the year saw members engaging in an "issue cut" - examining data from the research visits to identify high priority campaigns. The organization also identified a new group of Core Leaders to acknowledge members with significant investment in the organization, including high attendance at all CHP events, canvassing and training; monthly leader check-ins, paying organizational dues, and being on the campaign team for a set amount of time with consistency.

The organization's work was pivotal in advancing policy conversations around debt justice, hospital accountability, and immigrant access to care. Their partnership with People's Action on national campaigns also expanded CHP's reach and visibility, situating Colorado's grassroots health justice movement in a broader national context. At this point in their trajectory, members of the CHP team described the experience of watching collective consistency grow across member leadership. Rather than the organization's power-building hinging on a small number of staff and leaders to carry the work forward, new leaders began fully owning the work: for example, thirty organizers showing up to an action with a policy official -- not only being fully bought-in to attending the action, but also driving the strategy for it. These increasingly larger and larger demonstrations of commitment built CHP's

2024-2025: Individual and Collective Transformation

CHP entered 2024 in a dramatically different place than it had been just five years ago. The organization's leadership helped push through HB24-1380, a landmark bill to regulate and bring transparency to debt practices across all industries in Colorado, including hospitals. This win came despite significant pushback from healthcare institutions including UCHealth, which came to recognize CHP as a visible power player in the space. One dimension of power that CHP built during this time was a relationship with the state Attorney General's office, which sought out CHP's leaders' experience and perspectives when it came time for amendments to the bill. In addition, the organization's grassroots leaders developed co-governing relationships with state officials at the Division of Insurance, legislators, and corporate targets. In early 2025, after months of meeting with

UCHealth executive leadership, CHP leaders directly negotiated to win one of the "Care Not Courts" campaign's core goals: a stop to debt collection practices targeting low-income Coloradans.

CHP's sphere of influence was directly connected to their ability to articulate the personal impact these extractive practices can have. Rocio, a Center for Health Progress member leader, detailed her personal experience of this double jeopardy:

> ***"Over the last 20 years, I have done everything possible to keep track of my healthcare appointments, keep track of what I owe, pay my bills, ask for what financial assistance is available for me and my family. When I had wages taken out of my paycheck for my medical bills, I couldn't afford diapers for my child and I had to figure out how to get food for my family. Now I hesitate to get care for myself and I'm constantly fearful that one health issue will make my family slide backwards… I keep hearing that the healthcare system cares about people, but the policies that are supposed to help us don't actually work for me and my family." – Rocio, CHP Member Leader***

Internally, at a Members Assembly in the fall of 2024, member-leaders drove the agenda with a focus on restorative healing and individual agency. One key highlight of this shift was a focus on individual and collective transformation that moves beyond a single issue or campaign. Additionally, members began to identify specific measures of power that they had accrued over the past several years -- from relationships with policy decision-makers to becoming trusted coalition leaders and experts across Colorado.

KEY ANALYSIS AND INSIGHTS

As CHP has traveled along this path for the past several years, it has examined several learning questions. What should the organization's ultimate north star -- as well as its theory of change -- be, and how should members inform it over time? What tactics and activities will create greatest "stickiness" with members, and thereby allow the organization to continue building power? What is the role of internal governance and decision-making?

Through review of dozens of Center for Health Progress documents, check-ins and interviews with CHP member leaders and staff, as well as observational site visits of organizational trainings and assemblies, we are highlighting three key insight areas that hopefully provide insight to other power-building organizations, as well as the private and public funders that seek to support them:

1. **Successful power-building requires an interactive theory of change**

   The core topic lens of CHP has widened over time: from focusing on specific state-level politics, to then a broader frame of health equity, to now a clear articulation of the role that corporate greed plays in healthcare, economic justice, and civic engagement. Importantly, this direction has been directly informed by and decided on by its members. High level policy work tends to dominate much of the conversation about health equity -- and yet, it overlooks the daily realities facing individuals and families. One example of this can be seen in CHP's decision to pursue a campaign to hold healthcare institutions accountable around medical debt and other extractive financial practices. In a survey conducted with CHP members in Pueblo, 50% of respondents expressed that they had existing medical debts of payments preventing them from seeking additional care, and 54% worried about how they would pay for a visit to the doctor or to the hospital.

   CHP has also been intentional about using the Three Faces of Power, a tool adapted from academic literature and articulated by The Grassroots Power Project (see Appendix A). This theory outlines the stages of building power, from 1) organizing people and resources to influence decisions to 2) creating infrastructure to influence the agenda and 3) changing narratives and worldviews to shape what is possible. This approach also helps shape CHP's logic model regarding how its various pillars of work connect together (see Appendix B).

   One example of member-driven change that speaks to the third face of power can be seen in CHP's more recent focus on individual transformation. At the 2024 CHP Member Assembly, members spoke about the importance of stepping into their own power -- believing in their own expertise and exercising agency rather than feeling like systemic challenges are beyond their control. This speaks to a model for change that is unique to community organizing: true power arises not just from issue-centric actions (although that analysis remains), but from a refusal to accept that only those with formal authority have the ability to shape community conditions. This

shift also reflected a move away from dominant narratives regarding personal responsibility (this is my fault; I am lacking) to system understanding and collective action (the system is at fault; we have the power to address it).

2. Successful power-building requires ongoing iteration and analysis

There are very few organizing entities in the United States that focus explicitly on the role of corporate greed in healthcare. As a result, CHP needed to evolve both its organizing model as well as the content of its organizing analysis. The organization's fundamental organizing model contains the following elements:

- Outreach: Deep listening about issues, through canvassing, surveys, one-to-one meetings, and community meetings, which also identifies people with the belief and energy to make change,
- Recruitment: Creating engaging entry points into the organization so people want to get involved in addressing the collectively-identified issues,
- Engagement: Creating a social and action-oriented home for its grassroots leaders, through formal roles, leadership opportunities, and ritual,
- Training: Training grassroots leaders and pushing them to publicly declare they want to be public leaders,
- Action: Teams made up of leaders conducting research, strategizing, shaping narrative, and developing and implementing campaigns via tactics to win policy advocacy change and build power.

However, testing content and identifying what resonates with CHP's base has required revisiting several elements. Healthcare can be extremely technical and theoretical: CHP has spent significant time exploring how to clearly parse and communicate the ways in which financialization and corporatization of health connect to the actual needs of people on the ground. Across trainings, the organization has increasingly centered the voices and perspectives of members, developing a body of political education content. This shift from "telling" members what to think about systemic harms, to instead having them drive the curriculum and content of the organization, demonstrates the intersection between an interactive theory of change, democratic decision-making, and evolving power analysis.

The organization has also integrated the organizing concept of *agitation* - the deliberate practice of challenging individuals to confront their beliefs, attitudes, and behaviors so that they move from passive concern to active leadership. This approach initially was met with some resistance within CHP's base and even staff -- seen as unnecessarily provocative, or even in conflict with a culture of care and encouragement. This was particularly true among white leaders with class privilege who felt discomfort naming who is responsible for harm within a system -- a challenge to

achieving the level of transparency and accountability necessary within a multiracial organizing base.

With collective commitment to agitation, however, as well as the repeated practicing of the principle, members began to embrace discomfort and acknowledge that agitation is necessary to move beyond the sticking points that can arise within an organization focused on building community and cohesion.

Select themes from agitation meetings between members, staff, and new recruits between 2021-2024 include:

- Explicit communication and accountability regarding tasks and commitments -- did it actually happen? If it didn't, why not?
- Continuous identification of an organizer's self interest in this collective work
- Identification of leadership potential and inquiry into why an individual may be holding themselves back from pursuing that leadership potential
- Invitation of candid feedback on an experience, working relationship, etc.
- Checking on members' integration of their own internal experiences and the broader analysis they are engaging with

3. Successful power-building requires democratic decision-making

Another key insight from CHP's evolution is the ways in which their organizational structure has adapted to the organization's goals and values. Unlike traditional nonprofit structures, which tend to operate in a hierarchical structure that prioritizes technical knowledge or professional management training, community organizing challenges organizations to match external power-building with internal decision-making as well.

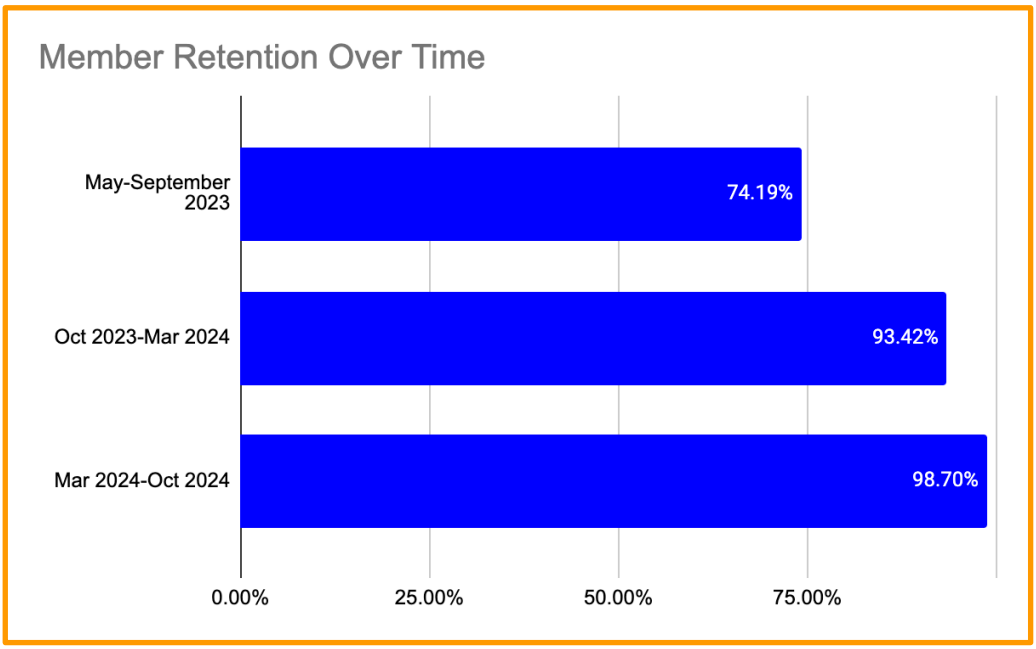
At the beginning of CHP's journey, the division between staff (including full-time, paid organizers) and member-leaders was more obvious -- staff were often still setting strategy and then bringing ideas to members for their feedback. As time went on, however, members began taking on more and more responsibility: identifying and prioritizing issues impacting the base, conducting research visits with elected officials and hospital and insurance decision-makers, designing and carrying out campaigns, and recruiting and developing new incoming members.

In interviews, members cited the following facilitators of this transition over time:

- Openness to ideas, brainstorming, based on member feedback and input -- something they felt that made CHP distinct from other civic groups they had been a part of
- Deep relationships with other members and staff, particularly enabled by the use of 1:1s in which members identified their own self interest in this work
- The use of agitation to explore why they might have fears or other barriers preventing them from stepping up

- Direct invitation into rooms and conversations with decision-makers who had previously felt inaccessible
- Establishing small wins within power relationships with officials that then made the larger wins seem more feasible

One indicator of this increased engagement can be seen in retention over the past two years, which increased from 74% to nearly 100% as indicated by Figure 2 below:



THE FUTURE OF CHP

Center for Health Progress continues to evolve. As members increasingly refine their analysis of the enabling conditions that impact their lives, they are considering if their ability to build power and impact change is limited by focusing on a single issue/industry (health) rather than taking a comprehensive upstream approach. Economic justice, in particular, is increasingly the frame through which the organization is viewing the harms of the healthcare system and beyond -- how can CHP build power to combat the multitude of ways in which capitalism and corporate greed harms its leaders and their communities?

At a time when federal and state policies and funding retraction are causing significant harms for immigrant, refugee, BIPOC communities, and all working and everyday people, the work that CHP is doing is an example of the very real impact of community organizing. Power-building is still a

significantly under-leveraged and underfunded strategy, and yet it remains one of the only effective pathways forward when other institutions and systems of change have been constrained.

Calls To Action

1) FOR OTHER COMMUNITIES INTERESTED IN POWER-BUILDING: CHP's experience shows that real power-building begins when communities most impacted by inequities are centered not just as stakeholders but as true decision-makers. While many organizations focus on upstream determinants of health and advocacy work, community organizing is still rarely explored as a strategy for true change. The work can start small: committing to a strategic shift, hiring organizers, and then recruiting emerging leaders who can then activate dozens of other community members (see Appendix C). Over time, that relational infrastructure enables wins -- from holding hospitals accountable to shaping legislation.

2) FOR FUNDERS: CHP's transformation is a case study of what's possible when both private and public funders support organizing as a long game. Traditional nonprofit metrics prioritized by philanthropy don't always capture the early, crucial work of building a multiracial, cross-class base — like deep relational work, overcoming individual responsibility narratives, or ensuring language access. These investments yield exponential wins, however, driven by a powerful base that is sustained beyond a singular campaign and ripples across communities. Funders committed to health equity should consider grantmaking not only to support programs, but to build movement infrastructure that centers community leadership and can counter the current moment. Specifically, multi-year, flexible commitments rooted in trust enable power-building organizations to make necessary evolutions in their power analysis and governance -- ultimately leading to measurable increases in the power to influence narrative, policy, and living conditions.

CHP's member leaders continue to drive the next iteration of its campaigns. Over the next few years, they have aspirations to take on Colorado's inequitable tax code, pursue broader hospital accountability measures, require that corporations pay their fair share into the public safety net, and defend Medicaid, all while building more and more powerful public leaders in their base. If you are interested in plugging into this work, please contact one of CHP's staff members. Contact information can be found at www.centerforhealthprogress.org.

Appendix A:

1 Organizing people and resources to influence decisions

Short Term Focus
Visible Power

Influence:

- Policies, laws, rulings, regulations made by public officials, administrators, etc.
- Elections

Actions:

- Educate (e.g., research reports)
- Advocate and lobby
- Support issue-focused organizing campaigns
- Register voters

2 Building infrastructure to influence what's on the agenda

Short + Long Term
Hidden Power

Influence:

- Which issues are being addressed
- Who is at the decision making table

Actions:

- Build collective capacity (e.g., developing leaders and skills)
- Build infrastructure (e.g., establishing grassroots orgs and coordinated alliances and networks)
- Shift or expand the political agenda

3 Changing narratives + worldviews to shape what is possible

Long Term Focus
Invisible Power

Influence:

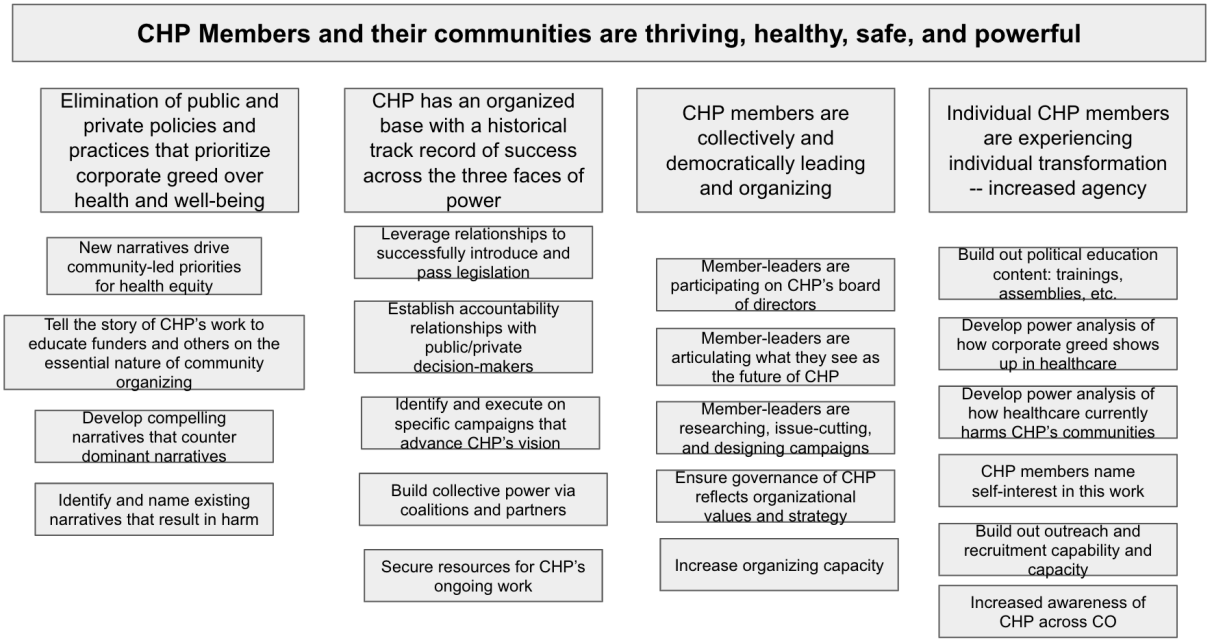
- How people consciously and unconsciously think about and interpret the world around them and what they see as possible

Actions:

- Define and reinforce key themes that bridge the issues on our agenda
- Activate key values and beliefs to shape public debate
- Challenge current dominant narratives

Adapted from Grassroots Power Project

Appendix B:


CHP Members and their communities are thriving, healthy, safe, and powerful
Elimination of public and private policies and practices that prioritize corporate greed over health and well-being
New narratives drive community-led priorities for health equity
Tell the story of CHP's work to educate funders and others on the essential nature of community organizing
Develop compelling narratives that counter dominant narratives
Identify and name existing narratives that result in harm
CHP has an organized base with a historical track record of success across the three faces of power
Leverage relationships to successfully introduce and pass legislation
Establish accountability relationships with public/private decision-makers
Identify and execute on specific campaigns that advance CHP's vision
Build collective power via coalitions and partners
Secure resources for CHP's ongoing work
CHP members are collectively and democratically leading and organizing
Member-leaders are participating on CHP's board of directors
Member-leaders are articulating what they see as the future of CHP
Member-leaders are researching, issue-cutting, and designing campaigns
Ensure governance of CHP reflects organizational values and strategy
Increase organizing capacity
Individual CHP members are experiencing individual transformation -- increased agency
Build out political education content: trainings, assemblies, etc.
Develop power analysis of how corporate greed shows up in healthcare
Develop power analysis of how healthcare currently harms CHP's communities
CHP members name self-interest in this work
Build out outreach and recruitment capability and capacity
Increased awareness of CHP across CO

Appendix C: Network Analysis - Fort Morgan