HOW THE HEALTHCONNECT FELLOWSHIP LIFTED A NETWORK OF ADVOCATES TO IMPROVE CHILDREN’S HEALTH
What if we invested in people to bring expertise and build connections needed to shift systems, so that all children could live a healthy life from the start?

In May 2017, Mid-Iowa Health Foundation (MIHF) offered seven professionals already advocating to improve children’s health an opportunity to join the newly created HealthConnect Fellowship. The fellowship gave each participant funding, training, coaching, and a cohort of peers, and then let their efforts blossom—often in ways never anticipated.

MIHF didn’t have an exact model to follow. What it knew was that its role in the community needed to expand. As a funder, it needed to listen to the community and work together with those being funded to seize moments of opportunity. It needed to support leaders who are facilitators and collaborators—people who know how to influence change within larger systems. It needed to create a “tipping point” throughout the community toward policy and practice changes that will impact the current and long-term health of kids.

Children’s lives have changed as a result of the fellows’ work. Over two years, we have also celebrated success as fostering new relationships, being invited to the right tables, bringing expertise and a voice to those tables, learning from failures, pivoting to new paths, and driving new policies.

This report is an invitation from MIHF and the seven HealthConnect Fellows to become a part of our journey as we build the foundation for expanded and sustained efforts in the future.

MIHF thanks the seven fellows who worked incredibly hard to move their issues forward over the past two years, the many partners who provided direction and support, the organizations who gave the fellows space and trust to do this work, and our board of directors who believed in this mission.

You are invited to experience what we have learned and to find opportunities to join this work. Because in fellowship, we can lead lasting change for our children.
The fellowship was intended to be a personal journey for the fellows to grow and expand their capabilities. But MIHF also wanted the work to impact the organizations and networks in which each fellow is a part of.

Each fellow works in a slightly different structure, with some fellows representing nonprofits, others working as contractors for coalitions, and others working for larger organizations. Each fellow was awarded $50,000 for two years, which was not enough to fund a full-time position but enough to elevate an individual within their organization or network and to show the value of advocacy work.

“Our goal was to propel this work into the future,” says Suzanne Mineck, president of MIHF. “We recognized that if we fully funded a fellow’s position and then the organization loses that funding in a couple of years, the fellow could be without a job. We needed to give the organizations a push.”

Mid-Iowa Health Foundation (MIHF) launched the HealthConnect Fellowship by acknowledging that programs or strategies cannot fully address all of the social determinants of health on a scale that will change our community. Connected systems work together to impact a child’s health, making solutions even more complex.

Relationships that leverage experiences, knowledge, and resources are needed to build a sustained movement that will improve children’s health over time.

By selecting seven advocates who were each working on different issues related to children’s well-being, MIHF strove to foster learning across issues and influence policy and practice changes that collectively can shift systems.

DESIRED OUTCOMES

The fellowship focused on creating changes in systems now and on building capacity and commitment for the future.

These measures of progress guided our efforts: 1) the fellows’ increased capacity and expertise in transforming systems and practices as they each advanced specific campaigns, 2) the development of skills to build and sustain an expanded network of children’s health advocates, and 3) the dissemination of information to share our experience with our community.

The fellowship intentionally built capacity in the following three ways:

1. INDIVIDUALS: Lifting up leaders in health advocacy

The fellows selected to apply were already strong advocates in their work in organizations that focused on issues aligned with MIHF’s priorities. The fellowship gave them an opportunity to work on one issue with guidance and resources. The goal was to invest in growing their knowledge, skills, and resources to carry their issues forward beyond the two-year period.

“We intentionally did not say, ‘We want you all to work on this one issue together,’” says Denise Swartz, senior program officer at MIHF. “We wanted to support them in the work they were already doing, build their capacities, and spur their organizations on to continued advocacy.”

2. ORGANIZATIONS: Creating capacity for advocacy

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3. COMMUNITY: Prioritizing issues that improve children’s health

Each fellow took on a different issue that addressed the social determinants of children’s health. Working as a cohort, they could support each other in furthering their separate issues, as well as finding points where their issues intersected, and they could work together to lead greater change.

MIHF also was intentional about building a network of stakeholders dedicated to children’s health to increase access to thought leadership and to strengthen a sense of community among all children’s health advocates.
The community was invited to participate in these trainings with national experts:

- October 2017: Framing 101 presented by the Topos Partnership
- April 2018: Resilience community sessions presented by Andrew Zolli
- May 2018: System of Advocacy presented by Community Catalyst
- June 2019: Stepping Forward Summit presented by The Harwood Institute

At the Community Catalyst session, participants were invited to apply for mini-grants to move their area of capacity they identified in the System of Advocacy model forward, with funding from MIHF, the Community Foundation of Greater Des Moines, and United Way of Central Iowa. Projects proposed included evaluating a pilot program, building a community engagement campaign, and encouraging people to vote.

Along their journey, the fellows and mentors were encouraged to share what they were learning, their struggles, new research, and opportunities for action with the community. Blogs capturing some of these insights are featured at www.midiowahealth.org/healthconnect/

“While we were supporting individual fellows and knew the impact their work could have, we wanted to do it in a collaborative cohort environment and to elevate that concept of advocacy through relationships across the community,” says Denise.

“The HealthConnect Fellowship program has enabled coalition members to expand their depth of knowledge and expertise in many areas, including children’s mental and behavioral health. Paired with the

RICK KOZIN joined the HealthConnect Fellowship as he was retiring as the director of the Polk County Health Department. With a background in community organizing and advocacy, Rick was a perfect match to help develop leaders who could move important issues forward in the community. Rick served as Lead Mentor, although at times he referred to himself as “Lead Agitator.” In addition to helping MIHF plan and lead the fellows’ trainings and meetings, Rick held many one-on-one coaching sessions with each fellow to guide their efforts and work through challenges. The fellows identified their sessions with Rick as one of the most valuable elements of the fellowship.

**STRUCTURE FOR THE FELLOWSHIP**

MIHF spent a lot of time planning the initial structure for the fellowship and how to launch the fellows on their journey, but it also was intentional about building the journey around what the fellows needed along the way. A couple approaches helped define this path:

**THE FOUNDATION’S ROLE**

The Atlantic Philanthropies paper on “Five Ways Foundations Can Better Support Policy Campaigns and Build Lasting Advocacy Capacity” established how MIHF would operate through the fellowship. It established a framework with these concepts:

- **Commit** support for a policy campaign and goal with space beyond the traditional annual timeline for funding.
- **Identify** the supports advocates need but aren’t getting.
- **Make sure** funding can evolve to meet the demands of the policymaking process.
- **Expand** the evaluation approach to understand what happened, why it happened, what was learned, and what work still remains.
- **Make capacity** decisions with advocates, building on what is learned in each campaign or action.

“I think clearly this is a logical extension of where the foundation has operated,” says Rick Kozin, a mentor to the fellows. “I would argue, there’s no going back. It’s not just the next step. It is a qualitative leap at multiple levels in terms of the role the foundation plays and the shift in power.”

**THE FELLOW’S ROLE**

The Community Catalyst System of Advocacy was an approach for how each fellow could build their campaigns to lead to system change. The approach focuses on starting with an opportunity and then moving through the inter-connected steps of developing a campaign, defining communications and gathering resources, analyzing policy and advocating, building coalitions and stakeholder alliances, and organizing at the grassroots level, all leading to system-level change.
messaging work and trainings of the Topos Partnership, we have been more strategic and unified in our coalition’s advocacy leading to success in our goals,” says Dave Stone, advocacy officer at United Way of Central Iowa.

Inviting a larger network to participate also helped the fellows move their campaigns forward: “For example, inviting key community partners to the Topos Partnership training on framing helped equip our partners with the information and tools to develop strategically framed messaging campaigns. By bringing community partners into the fold, it was easier to secure their buy-in to utilize the resources and techniques,” fellow Mary Nelle Trefz says.

**KEY TRAININGS AND MEETINGS**
The launch sessions encouraged the fellows to use different lenses to view advocacy work and helped the fellows identify the specific campaigns they would work on. Over two years, workshops and experts provided guidance on how to break down issues into specific strategies and expanded the fellows’ skills.

Just as important as trainings were opportunities for the fellows to talk with each other about what they were working on, the challenges they were experiencing, and the successes they were having. MIHF initially thought the fellows would meet quarterly, but the cohort asked to meet more often.

“We tried to be present and very involved in conversations and learning with the fellows along the way to make sure we weren’t in another room identifying what it was they needed, where they were struggling, and where there was a big gap,” says Suzanne.

“The fellowships came about after a robust conversation about what issues need to be tackled in our community and how we might create capacity to do so. The board and staff recognized that our way of impacting that need was by creating our pilot Fellowship Initiative.”

— Joseph Jones
*MIHF Board Member*
M any national and international fellowships offer professionals a space to explore and grow over a set time. The HealthConnect Fellowship is unique in focusing on local issues around children’s health and in encouraging collaboration among the fellows. Unlike most grants, the fellowship also provided flexibility—shifting to what the fellows needed for support and pushing the fellows to switch directions to pursue new opportunities to create change when necessary.

The following factors made the fellowship unique in its approach:

**SELECTION OF FELLOWS**
While Greater Des Moines offers access to many leadership programs and executives are eager to mentor the next generation, the HealthConnect Fellowship is different in its narrow focus on children’s health issues. MIHF selected the fellows based on what they’d seen in their work already.

“It’s the idea that somebody comes from outside and says to you, ‘We’ve heard about you. We’ve seen you perform. We really think this is something you would find useful,’” says Fellow Eric Burmeister.

**COLLABORATION**
At the request of the fellows, the planners convened the fellows more often than they expected. While the workshops and technical assistance continued to be valuable, many fellows needed space to talk through how to use their tools in different situations.

“We were a bit surprised by how much the fellows needed connections and support from their peers,” says Suzanne. “We added tools for their work, and those trainings were meaningful, but the relationships, the support, and their peers challenging them to reimagine their issues through a different lens has been most meaningful.”

The collaboration helped the fellows acknowledge the value of their work as they celebrated small victories and to make greater strides as they talked through barriers and new strategies. In addition to the fellows meeting every few weeks, some also began to meet weekly to work on specific issues. Three fellows pooled their money to work with the Topos Partnership on how to frame and message issues that impacted all of their work.

“It’s not just work I’ve cranked out individually,” says Fellow Mary Nelle Trefz. “It’s been bounced off these genius people who have these great skill sets different and complimentary to mine, so when I have that opportunity, I’m more confident about stepping up to the plate.”

“The fellowship created space for each of us in our own way, but particularly collective conversations,” says Fellow Becky Miles-Polka. “Our time where we could come together as a cohort became increasingly valuable.”

**FUNDING**
MIHF provided funding to directly support the fellows in their work.

Funding went toward the fellows’ salaries so they could carve out time to work on their issue. Having a budget also gave each fellow flexibility to go in the directions they felt were best for the issue they were working on and to think creatively about going to conferences, hiring consultants, launching public awareness campaigns, conducting studies, or implementing other ideas. Some fellows found having a budget challenging when they weren’t used to having funding for their work, and they felt pressure to make sure the funds were used most effectively.

**ABILITY TO SHIFT**
From the start, MIHF encouraged the fellows to be open to changing directions, plans, or tactics when political environments or other factors shifted. A session with Ralph Smith, managing director for the National Campaign for Grade-Level Reading, focused on how to be “opportunistic,” going where there is energy to make progress.

“In general, funders don’t say that,” says Denise. And yet, nearly every fellow altered their approach or strategy at least once.

“There was still an overarching focus of their work and the vision for what they believed could look different for children in our state,” says Suzanne. “But there

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“Why the Fellowship Is Unique

“We didn’t come in with a pre-identified path for each fellow to follow. We wanted them to dive in and figure out where they needed to go. It was this idea of being opportunistic and allowing them to see within their space where they needed to go.”

— Suzanne Mineck
President, Mid-Iowa Health Foundation
are many paths to get from point A to C. We typically fund one path, whether that continues to be the best path or is realistic.”

With a nimble, responsive, and opportunistic structure, every fellow’s journey was different than what they envisioned from the start. The following pages describe how each fellow’s journey unfolded.

“The flexibility was important. You don’t just find that. It’s not like anyone says, ‘Here’s some money. Go change social issues.’ I’m grateful for Mid-Iowa Health Foundation’s leadership, because, through the fellowship, you’re more accountable to the issue than you are to some arbitrary funder or deadline. You’re more flexible.”

— Fellow Andrea Dencklau

“We recognized that human beings were doing the work. It was that person, not just an organization, and that person needed to be supported, needed to have capacity built, needed obstacles cleared, needed to be valued, needed to be lifted up, so they can do the good work they’re doing.”

— Denise Swartz
Senior Program Officer, Mid-Iowa Health Foundation

“The HealthConnect Fellowship sparks action where it is most needed—in our communities. Through peer learning and support, fellows are combining efforts and transforming their work to have a greater impact on people’s lives. It has been so rewarding to witness the fellows’ ability to combine existing expertise with new learning to become outstanding leaders in their fields!”

— Meg Bostrom
Topos Partnership
THE JOURNEY
Lisa was invited into the fellowship because of how interconnected her work is with the other fellows’ projects. Her work also models how to change systems to address childhood trauma.

“Lisa is the epitome of a generator, cultivator, and leader of long-term strategic thinking when it comes to improving the health and well-being of Iowa’s kids. It was not only her level of expertise, but also her ability to be in community with others to create that change,” says Suzanne Mineck, president of Mid-Iowa Health Foundation.

Lisa was already working on integrating research on how adverse childhood experiences (ACEs) impact health outcomes in the pediatric sector and wanted to expand the work into the prenatal space. The fellowship gave her time to dedicate to this project.

Along her fellowship journey, Lisa wrestled with whether to focus on implementing programs to influence practice change or advocating for policies to influence systems change. She found opportunities to move forward in both directions.

THE ISSUE
More than half of Iowa adults have experienced at least one of eight types of ACEs and one in six have reported four or more ACEs. Recent studies show that not only are individuals’ lives impacted by early traumatic experiences in childhood, but the effect can span generations as these experiences are woven into genetic code. Connecting with a mom in the prenatal setting can address stressors and improve health outcomes for mom and child.

Many organizations, especially those already providing services to families after the birth of a child, are expanding into prenatal care. “In some cases, they’re already trying to figure out how to do it on their own, or doing it without getting paid, because they know the outcomes will not be effective if they don’t,” Lisa says.

Lisa’s fellowship focused on the systems changes necessary to connect expecting mothers to evidence-based, wrap-around services, and she is advocating with policymakers and funders to support home visiting services starting before a baby is born. Her work is informed by research, using data from Iowa’s Pregnancy Risk Assessment Monitoring System, which is documented in a white paper about ACEs and prenatal care.

SUCCESSES
Lisa has seen success in several ways.

Lisa connected with EveryStep about using the 1st Five model in a prenatal care setting. The idea was that a nurse case manager would screen an expecting mother for risk...
factors at a prenatal visit, and if the mother identified stressors and needs for support, EveryStep would coordinate and connect to services, including home visiting. EveryStep already had a program developed and was providing similar services to mothers after birth but lacked funding to launch the prenatal part. Lisa helped tweak the Nine2Thrive program to align with best practices and MIHF funded a pilot phase with Broadlawns Medical Center. Lisa is working with EveryStep to evaluate the project to support future funding.

Another success was that the Iowa ACEs Coalition included prenatal home visitation on its 2019 legislative agenda and spent the session educating legislators about the importance of family support services. An ACEs prenatal collaborative is identifying opportunities to partner across public and private sectors and to continue research in this area.

The prenatal work coincided with efforts to educate the pediatric field on ACEs and trauma-informed practices. She worked with a contractor to develop a pediatric provider curriculum and a Trauma-Informed Pediatric Care Guide, giving providers the tools and messages to become champions in the pediatric practice. She also has led efforts to develop a web-based learning module for this field.

LESSONS LEARNED
Lisa remembers Ralph Smith, managing director of the National Campaign for Grade-Level Reading, talking about positive stressors in collaborations and how tension can be a helpful tool to make sure the work is right. “I don’t mind making waves,” Lisa says, “and I’m getting much better at doing it in a productive way.”

She also has become more comfortable with never feeling like she’s accomplished enough to keep up. “I remember our mentor Rick Kozin saying, ‘You are never going to be able to work fast enough and you are going to have to get over it,’” she says. “I was feeling like a hamster going around and around, and it helped to step back and think what’s the strategic way to do it, not the competitive way to do it.”

Her work in helping to connect Gov. Kim Reynolds with First Lady Tonette Walker of Wisconsin to talk about ACEs also became a lesson on how important fostering connections outside of the legislative session is to moving policies forward, even though the one meeting took a year and a half of planning. Lisa encourages students in the social work classes she teaches to see the value of their relationship-building skills beyond just providing direct care.

BENEFITS OF THE FELLOWSHIP
Even though Lisa coordinates a collaborative effort, she can feel isolated as a contractor. The fellowship gave her time to learn while getting paid and created a sense of having coworkers, especially with Chaney Yeast and Mary Nelle Trefz, whom she now meets with nearly every week.

“It’s the ability to not just make new connections but to have deepened relationships,” says Lisa. “I can process ideas or challenges or come up with grand schemes for the work.”

The fellowship also allowed Lisa to leverage more resources for the prenatal pilot, to bring on a student intern who is helping evaluate this pilot project, and to be invited to more meetings to engage with health leaders.

THE FUTURE
Lisa plans to advocate to expand prenatal education and family support, potentially replicating the Nine2Thrive model she worked with EveryStep to launch. She is looking into public and private funding to support its expansion and plans to continue to advocate with elected officials on the importance of supporting expecting mothers.

One challenge has been connecting with health care providers, and she is looking at how to expand the audience for trainings on childhood trauma and health outcomes to include the broader health care field. She also is coordinating partnerships to develop trainings on ACEs and resiliency for educators after a new Iowa law requires them to have training on the topic once a year.

She is hopeful that the recent law requiring educators to be trained on ACEs shows that stakeholders are willing to make greater changes. Through the fellowship, she’s become more comfortable offering her expertise to those decision makers. “I’ve gotten over asking for permission part,” she says.
Connecting systems, connecting families

Andrea Dencklau
Senior Policy Associate, Youth Policy Institute of Iowa

PROJECT:
Keeping youth in foster care connected to family

THE JOURNEY
Andrea had spent a year facilitating the process for central Iowa stakeholders to develop a plan to address youth homelessness and wanted to continue to bring people together to have conversations that led to systems change. The fellowship came at a perfect point.

Her initial focus was on youth homelessness, but at the messaging training with Topos Partnership, she realized she needed to narrow her focus to make her issue clearer to others. Conversations with Rick Kozin, a mentor to the fellows, helped her center on ensuring young people have solid connections to people they can count on for support and nurturing as a strategy to prevent youth from aging out of foster care and to prevent homelessness.

Then, a few months into the fellowship, Andrea had two opportunities: 1) Congress passed The Family First Act, providing states with the opportunity to use federal funds to prevent children and youth from entering foster care, and 2) Results Count formed as an initiative to bring public and private partners together to address race equity in a changing child welfare system. Andrea seized the chance to support these efforts and provide resources as the child welfare and justice systems implemented new policies. Her goal is to make sure the state implements best practices to keep youth connected with whom they consider family.

THE ISSUE
While talking with young people in group care, Andrea remembers hearing a case worker ask about one youth: “Is he ready to be with family?” Andrea was shocked to hear that question. The better question, she says, should be: “Is the family ready for him? Do they have the tools and supports they need to provide him with love, nurturing, and support? And what’s our role in that?”

“All kids need families. But we have to pay particular attention to kids in foster care,” says Andrea. “They need to be connected to people who love them and have a sense of belonging if their lives are going to improve in other ways.”

When they are in foster care, young people can struggle to stay connected to family or other people important to them. For example, when a child moves into group care or a shelter, often their connections with family, job, or school are disrupted. In addition, African American family members may be more quickly dismissed as unsuitable to provide care because of cultural differences and bias.

“I realized what kind of shift would need to occur for our system to truly invest in the health and well-being of our children and youth,” Andrea says. “It’s not just resources. There’s a real philosophical shift that needs to take place.”

SUCCESSES
Andrea found an important role to play as a connector among providers, families, young people, and stakeholders. Her strength is to ask questions and listen to those who have experienced the system.

“You have to set aside your ego as a professional that we have the answers,” she says. “I have a graduate degree in social work, but that doesn’t mean I...
For example, in meeting with individuals who review cases involving African American families in the Department of Human Services (DHS), she heard that they were concerned about whether DHS was considering culturally responsive evidence-based practices as it implements the Family First Act. Andrea encouraged the group to turn their concerns into action and helped them develop formal recommendations they have now submitted to DHS leadership.

“I think the fellowship has given me the confidence and the backing to speak up,” she says, recognizing that not everyone in the room is thinking the same thoughts. As a result, she has been asked to participate in more meetings where decisions are made about the child welfare system. The fellowship also has allowed her to be a valued partner in facilitating conversations, with a budget to host discussions and commission focus groups.

Her organization convened stakeholders to discuss the barriers and solutions to family identification and engagement practices, and through these meetings, the group created a process to identify and track family connections, including a tool Andrea developed that is now being used by some organizations to identify, from the youth’s perspective, who is important to that youth and get them connected.

Andrea also has presented at two Children’s Justice Initiative conferences and created two cards for juvenile court judges to use to raise the importance of supportive connections to improve permanency for older youth in care. After her first presentation, the majority of judges indicated that they would ask youth to be in the courtroom or have direct conversation with youth and ask more questions about what support they need.

“She’s been able to see the big picture and know where opportunities are and how to feed the right voice to inform those opportunities,” says Suzanne Mineck, president of Mid-Iowa Health Foundation.

LESSONS LEARNED
Andrea gets frustrated by the large shift that must happen to have a system that better supports youth in foster care. Having time and space to listen has been important, especially to build relationships with and inform people who are creating policies or providing direct services to youth who don’t have time to mull over how to do things differently. She’s also learned the value in making connections with many people, not just the one person in charge, realizing that people make decisions at many points in a system.

BENEFITS OF THE FELLOWSHIP
Having ownership of her budget allowed her to spend on what she felt was important to drive the work, such as hosting a summit or commissioning a study. “The loose structure was super liberating to me,” Andrea says, “but at the same time, nerve wracking because what if it doesn’t work? What if it makes no strides for kids? It’s hard to quantify the difference you’re making, because it’s not measured by how many kids are served.”

THE FUTURE
Andrea has commissioned a kinship study that will capture interviews from families, social workers, young people, and caregivers to better understand the role of the caregiver in accessing the services and support needed to make kinship caregiving successful. She hopes the study inspires new policies at the state level and will work to publish the study. She also is planning a skills-based workshop for DHS and providers grounded in healing-centered engagement and is participating on the Coalition for Families and Children Vision Team to imagine a better child welfare system.

In August 2019, the city of Des Moines was awarded a $1.8 Youth Homeless Demonstration Grant from the Department of Housing and Urban Development (HUD) based on the initial community plan that Andrea facilitated. Andrea will continue to work with stakeholders to elevate the needs of foster youth and ensure new policies and programs are centered on partnerships with young people.

“I think Andrea is the perfect example of not needing any teaching on how to do advocacy or why it’s important,” says Suzanne. “The fellowship was about watching her step in to lead and lead in a really powerful way.”

Andrea sees the future work as immense but critical: “Our society seems to dismiss how important healthy, nurturing relationships are to the foundation of ‘health’ and ‘well-being.’ We have to get back to basics and support these critical connections so young people can thrive. So many problems families face are due to social and economic barriers that are pressed upon them. What if we remove these barriers and helped level the playing field from the start? Maybe we can prevent kids from entering these broken systems in the first place.”

400 approximate number of youth that age out of foster care annually in Iowa without achieving permanency Iowa Department of Human Services

25% approximate percentage of foster youth that will become homeless at some point before age 21 Iowa Aftercare Services Network

Family conflict is a significant cause of homelessness among youth and young adults.

2019 MID-IOWA HEALTH FOUNDATION REPORT: HealthConnect Fellowship 11
Josh Hellyer, policy and communications coordinator for the Polk County Housing Trust Fund (PCHTF), was approached by Mid-Iowa Health Foundation (MIHF) about joining the fellowship because of his work in using data to justify and bring clarity to the need for affordable and healthy housing. Josh also was supporting Healthy Homes Des Moines, an effort to provide housing repairs to low-income homeowners to minimize hospital visits related to pediatric asthma. As head of PCHTF, Eric Burmeister saw that Josh had a lot of skill in advocacy but was reluctant to do it.

“The advocacy hat was always the one least comfortable for Josh, but that doesn’t mean he wouldn’t ultimately make a good public policy leader in this community,” says Eric. “The fellowship was to nurture the skill and the connection with the community.”

Eric also recognized the value in Josh participating in the fellowship, even though that meant shifting some work. “I was more concerned about whether he develops into someone who is valuable to the community,” he says.

But about six months into the fellowship, Josh moved out of state. MIHF did not want to lose the partnership with PCHTF, so Eric took on the work. In the transition, Eric focused on a new opportunity: influencing how the city of Des Moines implements its new neighborhood revitalization plan.

“It wasn’t just about keeping Healthy Homes alive,” says Eric. “It’s about recognizing there are other conversations to be had where Polk County Housing Trust Fund could and should and is at the table where health issues come into play.”

Eric has been executive director for nine years, moving PCHTF from a passive grant funder into an advocate for affordable housing. Coming into the role outside of the nonprofit space, he’s had to learn the research around the issues, and in that process, has come to better appreciate how housing impacts one’s health.

“If a property owner falls in the extremely low-income category (less than 80 percent median area income) and needs assistance with a roof, a sewer line, windows, or another major project, PCHTF can help them make those repairs. Healthy Homes Des Moines expanded its service to consider not just the physical condition of a house, but also environmental concerns that can impact health.

“How do you move upstream so a kid doesn’t even have to get sick before someone asks questions? It was a paradigm shift for how the Trust Fund thinks about how to allocate money,” says Eric, and that’s led the organization to form new partners within the health care system.

Josh’s work focused on how to embed health considerations into the rental code that inspectors would look for when inspecting rental properties. The change would require the city to have more capacity to inspect properties and enforce code, and thus far, the city’s limited budget hasn’t allowed it to hire more inspectors.
Inheriting this project from Josh, Eric has had the challenge of maintaining this work with other priorities. In addition, the city is in a process of revamping its zoning code and neighborhood redevelopment plans, with a focus on maintaining and increasing home values. Several factors have made it difficult to find success.

Still, Eric has seen progress: The city of Des Moines successfully passing the local option sales tax has re-opened the door on discussions to expand rental code, with potential funding to support it. Eric expects that new inspectors will be brought on board. PCHTF is working on a plan to train new rental inspectors on rental code that can impact tenant health, even though the code is not mandated, and is working with developers to voluntarily make changes, such as using laminate flooring instead of carpeting.

"I think we’ve made our case to the community that there is this connection between housing and health,” says Eric. “I think we’re past having skepticism in the community. The next thing is what can we do about it and what are we going to do about it when the problem is so big.”

**LESSONS LEARNED**

A lesson Eric has absorbed through his experience in advocacy is that, at a certain point, you can change topics or jobs, “but really it becomes about the connections you have with the community that makes you so effective.”

**BENEFITS OF THE FELLOWSHIP**

The fellowship is ensuring that health is a consideration in conversations around housing. Eric sees this as especially needed in an environment where conversations primarily focus on increasing housing values and neighborhoods with poor housing conditions are being overlooked.

**THE FUTURE**

Eric recognizes that two years is not enough time to create the large-scale change that’s needed to address this issue. One major challenge he sees for Des Moines is the aging stock of houses and the extent of repairs needed to make the homes healthy, which would require billions in investments to address.

"Long-term change in this area will require a constant drum beat of health and housing advocates reminding policy makers that the health of Des Moines residents can be improved by improving their living conditions,” says Eric. “The ‘cost’ to the city by including health-related requirements in its rental code is nothing, and the cost of inspectors to enforce the code is minimal, compared with the quality of life considerations for tenants.”
THE JOURNEY
In her consulting role, Becky focuses on how to improve children’s ability to read and succeed at school. One key strategy is to foster healthy child development. With a past that includes working in maternal and child nursing, she also has a strong tie to working on children’s health issues.

“I was interested in joining the fellowship to have some concentrated time to go deep on a subject where I would hopefully effect some change,” Becky said.

Becky’s initial idea was to lead efforts to integrate data between health care and education systems, so providers could have a more complete picture of a child. But soon into the fellowship, she discovered that Early Childhood Iowa was working on developing a system with a cross-department state team. The news left her wondering where to focus next.

Shortly after, Suzanne Mineck, president of Mid-Iowa Health Foundation (MIHF), presented Becky with an opportunity to work on Medicaid reimbursements for home assessments and remediation to help children manage chronic asthma. “Becky had all the knowledge and experience to be the one perfectly positioned to push this forward,” says Suzanne.

Still, the learning curve was steep, and Becky had to start by learning the research and meeting with key stakeholders, with support from a former CEO of a managed-care organization (MCO) that had left the state and the national Green & Healthy Homes Initiative technical assistance team.

THE ISSUE
A child must know how to read by the end of third grade. After that, they must read to learn. The Campaign for Grade-Level Reading focuses on ensuring low-income children can build critical reading skills by addressing factors, such as chronic absenteeism, summer learning loss, and school readiness. Becky had been part of a team looking at how health determinants—such as asthma care, oral health, and nutrition—impact early school success.

Healthy Homes Des Moines received a technical assistance grant from the national Green & Healthy Homes Initiative to try to gain Medicaid reimbursement for home assessment and remediation for children with chronic asthma. The assessment identifies asthma triggers and provides home repairs and family education to support children with asthma or at risk for the illness.

Becky’s goal was to foster relationships with MCOs and make a case for why this change was in their best interest. Although she was not an expert in this area, Becky says, “I have a lot of expertise in change initiatives and helping guide a group of people through a process to arrive at a common vision.”

SUCCESSES
Becky met with leaders at three MCOs and had the entire agenda at the Iowa Medicaid Enterprise meeting where MCOs meet monthly. She even secured an agreement with one MCO to launch a pilot in Polk County just before that organization...
pulled out of Iowa’s market. With instability among MCOs and uncertainty with the upcoming election for governor, Becky’s efforts with the MCOs were put on hold. She continued to work with the technical assistance team from Green & Healthy Homes and local stakeholders to evaluate the current operating model of Healthy Homes Des Moines.

During the fellowship, with support from the technical assistance team, she was able to review public and program data from Healthy Homes Des Moines to create a business case for expanding the program from a local to regional to statewide effort based on emergency room visits and hospitalizations across the state. The work revealed that the current operating structure needed to be more streamlined and costs reduced to make the program sustainable long-term.

Serving as liaison between Green & Healthy Homes and Healthy Homes Des Moines, Becky then helped vet service providers, which resulted in the decision to have EveryStep become the lead organization for implementing the program. The next step is to identify a sustainable payment mechanism for home assessments and remediation. At the time of this report, strategic partnership conversations had reignited with one of Iowa’s two MCOs and the MCO indicated readiness to move forward with a pilot project with EveryStep in Des Moines. Becky will be working with Green & Healthy Homes to create a funding model that all parties can support.

“We watched Becky put together a big giant puzzle of people who need to be involved and to garner that collective vision and to help others see what their role is in that collective vision,” Suzanne says. “That’s system-building work. It’s hard work.”

Becky also has served as a leader for other fellows on how to build relationships to change systems.

“Beyond all the data and all the facts, all the subject matter expertise and talk about systems, it’s about people,” says mentor Rick Kozin. “It’s about identifying people who can make decisions and figuring out how to build relationships with people.”

LESSONS LEARNED

Becky experienced what Ralph Smith, her boss, describes as “being opportunistic.” When her original project didn’t work out, “I was worrying about this investment the foundation was making in not only me, but the work.” Then this new project arose that fit her goals.

“Probably my biggest aha was that the Iowa Department of Human Services and the Iowa Medicaid Enterprise existed in such a politically charged environment, and that relationship and trust building would take much longer and be far more difficult than I anticipated.” Yet, she found that once she got in the door to present her business case, the leaders were receptive to her ideas.

“I have also learned that I don’t want to give up on the progress we made over the course of the fellowship,” she says.

BENEFITS OF THE FELLOWSHIP

As an independent contractor with a team working across the nation, Becky is limited in having face-to-face time with colleagues. The fellowship gave her a chance to connect with other advocates and to view issues through different lenses. She’s even asked other fellows to present their work with her national network, while she’s built new relationships nationally and locally.

The fellowship funding also helped Becky attend national leadership convenings to gain new ideas. She attended The Harwood Institute last fall and that gave her renewed optimism for what is possible during difficult times. She brought that spirit back to the group, providing a restorative yoga session when many fellows were feeling deflated.

THE FUTURE

Becky is unsure what the future holds and is comfortable with that unknown. She knows that EveryStep needs to build capacity in taking on the lead service provider role. She also knows the Healthy Homes Des Moines program needs to continue to reduce costs and to re-engage MCOs to make a new case.

“In my professional capacity, I often serve as a coach and mentor to a network of local leaders throughout the state,” she writes. “At heart, I love to learn and then to share new ideas with others. I didn’t imagine when I started that I would have the opportunity to experience one of the steepest learning curves of my career as I accepted the new project. While I have at times felt stymied and frustrated by the slow pace of progress and the lack of control over key relationships to move the initiative forward, the benefits of working with the technical assistance providers and our Des Moines team has been incredibly rewarding.”

1 of children in central Iowa are not reading at grade level by the end of third grade. Those children are four times more likely to not graduate from high school.

1 Iowa Department of Education
2 Annie E. Casey Foundation
THE JOURNEY
Dawn had applied to Mid-Iowa Health Foundation (MIHF) to fund Al Éxito and didn’t get the grant. Instead, she was offered another opportunity: a chance to join the HealthConnect Fellowship. With many efforts happening at Al Éxito, Dawn was hesitant to join another thing, but the fellowship gave her time to focus on an issue that needed to be addressed.

“I received a universal call to action,” she said.

Dawn isn’t sure how she made time for the fellowship with a big charge for her role—building the leadership potential of Latino/a youth across Iowa—but she found the experience transformative. The turning point was during the Topos Partnership training when she realized that the issues she is working on as a small nonprofit are issues others don’t even realize exist.

“I’m so entrenched in it,” she says. “The concept that our kids are every day worried about their parents’ status is my existence, personally and professionally, so having it reflected back at me what the reality is out of my bubble has been really helpful.”

THE ISSUE
The summer before the fellowship began, Dawn was leading a radio program and asked the Latino students on the show to write down a list of everything they wanted to discuss. Mental health came to the top of everyone’s list. “It couldn’t have been any clearer,” Dawn said.

Stress is caused by several issues: living within two cultures, the uncertainty of being undocumented or parents being undocumented, an ever-changing and highly publicized debate about their rights to belong to this country. For those nearing adulthood and dreaming of the future, they may face additional obstacles and are often not allowed to express who they are.

“We’ve had an increase in suicide attempts, and when you constantly ask kids, ‘How are you doing?’ they say, ‘I’m stressed,’” Dawn says. Seven current students in Al Éxito are on suicide watch.

The fellowship allowed Dawn to hire consultants to conduct a study of youth mental health of Al Éxito students. 156 students from 11 programs completed a survey and 60 students from seven programs participated in focus groups.

From the study, Dawn led several overnight camps for students to review the study and identify areas that impact them. Fifteen students self-selected to join the Al Éxito Latinx Mental Health Youth Taskforce that prepared presentations and met with stakeholders on these issues that need to change:

1. Education, not punishment, in instances of discrimination
2. A better understanding and changes to attendance policies for Latinx youth
3. An increase of training for cultural humility classrooms and teacher bias
4. Access to more systems of support in schools for mental health, academic support, and college preparedness

PROJECT:
Advocate for more inclusive policies and practices in school districts to address the mental health needs of Latino students

Dawn Martinez Oropeza
Executive Director, Al Éxito

A call to action for Latino youth
SUCCESSES
The biggest success is giving kids with mental health challenges more tools to support them, says Dawn. Al Éxito is incorporating stress-reducing exercises into its curriculum and the students are advocating with school administration and city leaders for strategies to improve their well-being. They met with Ryan Wise, director of the Iowa Department of Education, and when the Make It Okay mental health exhibit came to the Science Center of Iowa, three of Al Éxito’s youth planned the youth-focused learning session.

Even though Dawn has struggled to keep the students engaged with many competing priorities in their lives, she says, “The students surprised themselves with their ability to make an impact for other Latinx students.”

Mentor Rick Kozin has noticed that Dawn’s process of leading youth toward larger system change is a natural skill for her. “Dawn does it because she listens to them and recognizes their strengths and is comfortable with that,” he says.

With concrete data and personal stories gathered through the fellowship process, Dawn has inspired greater champions within her board of directors and in the community, reducing the isolation she once felt in advocating for Latinx youth.

The Iowa Office of Latino Affairs started a statewide Latinx Mental Health Facebook group to share information and resources. Dawn was invited to join the Des Moines Public Schools attendance policy advisors’ group and to present at several local and national meetings. She and her students presented at the national Free Minds, Free People conference to researchers and educators from around the world.

“This fellowship gave Latinx issues a broader group of potential supporters, including schools and community leaders, because of the recent focus on mental health,” Dawn says. “Mental health opened the door to allow us to share our stories, data, and action steps to address our needs.”

LESSONS LEARNED
The fellowship changed Dawn’s understanding of advocacy.

She had her first opportunity to advocate at the state Legislature when MIHF notified her about bills being introduced that would require educators to receive annual education on adverse childhood experiences and trauma-informed care. Dawn spoke up at a subcommittee meeting about adding cultural humility language to the bill.

Her view of advocacy has also expanded, recognizing the importance of building champions who she can lift up to be a voice for these issues and to be at tables where decisions are made.

“Having the Latinx Mental Health survey results allows Al Éxito to have a greater, more informed conversation with partners,” says Dawn. “The image of Al Éxito changed in the opinion of schools and partners from a very narrow, small Latino after-school program to a knowledgeable, experienced resource for educators across the state.”

BENEFITS OF THE FELLOWSHIP
The benefits of the fellowship are “the wealth of knowledge and the experience of the people around the table,” Dawn says. “I wouldn’t have been invited to any of those tables.” The fellowship not only gave her networking opportunities, but also connected her to experienced advocates and resources, who helped her become a stronger advocate.

THE FUTURE
With a sharp increase in the number of students reporting that they’ve experienced racial attacks, Dawn is hugely concerned. Since the fellowship started, her surveys show a 33 percent increase in racial slurs and attacks on Al Éxito students in school.

But the fellowship has helped her reconsider where to focus her efforts to have impact and how to structure her board to encourage stronger advocates. She is working with a consultant to create a final version of curriculum that incorporates mental health awareness and will continue to focus on pre-service teacher training and economic disparities of Latinx students in schools.

“Having the Latinx Mental Health survey results allows Al Éxito to have a greater, more informed conversation with partners,” says Dawn. “The image of Al Éxito changed in the opinion of schools and partners from a very narrow, small Latino after-school program to a knowledgeable, experienced resource for educators across the state.”

40.5% of students feel stressed about potential deportation every day.

TOP CONCERNS:
- family separation
- identity
- school and policy
- financial

Al Éxito Mental Health Study
THE JOURNEY

The fellowship offered Mary Nelle an opportunity to deepen the advocacy work she already led in her job at Child & Family Policy Center. She was excited about the program’s innovative model, intentional focus on children’s health issues, and the opportunity to work as a cohort.

Despite her experience advocating for children, she was surprised by the amount of time she spent gaining clarity on what she would focus on for this fellowship. Part of the challenge was that she juggled so many issues and wasn’t used to time and resources focused on one area.

“As advocates, we often get ‘too busy’ or have too many competing demands, too little time, and too few resources to advocate in the manner that we know would be best,” says Mary Nelle. “The resources, time, and space provided through this fellowship gave me a sense of what it was like to implement closer to an ideal advocacy strategy.”

THE ISSUE

Ultimately, Mary Nelle defined her issue as optimizing the care and services children on Medicaid receive. As Iowa’s Medicaid program became managed by private organizations, Mary Nelle became a voice to inform how those programs deliver care to make sure children’s needs are considered as decisions are made.

In her first year, Mary Nelle focused on framing Medicaid as a children’s health insurance program. She educated elected officials and stakeholders on the important health services the program provides and how that can lead to better outcomes long-term. In her second year, she moved toward identifying and implementing specific strategies that would optimize care and services to children.

She’s advocated to have a pediatric advisory board, where experts on children’s issues would make recommendations to managed care organizations (MCOs) to ensure best practices are being used.

She also has defended Medicaid from policies that would restrict access or harm children. “The political environment over the past two years has been a challenging one,” she says. “Medicaid faced threats at the state and federal levels, which have made optimizing the care and services children on Medicaid receive simultaneously more difficult and also more important.

“There’s limited bandwidth among elected officials to devote resources to anything but putting out fires, but if we don’t raise those questions, if we don’t make those asks, nobody will.”

SUCCESSES

When most stakeholders are focused on
Putting out fires within the system, Mary Nelle has struggled to find successes with her efforts, and yet, she has seen success with decision makers bringing up kids more often in conversations about Medicaid, a sign that her awareness efforts are paying off.

She has also been a part of advocating for these achievements in Iowa and at the federal level:

• Preventing legislation that would have taken away access to Medicaid or restructured the Affordable Care Act
• Forming a partnership with the Iowa Medicaid Enterprise to explore creating a pediatric advisory board
• Renewing CHIP for an unprecedented 10 years
• Waiving the five-year waiting period for legal permanent residents to access Medicaid prenatal and maternity services
• Establishing a children’s mental health care system in Iowa

One of her biggest wins was being invited to Iowa Medicaid Enterprise’s Process Improvement Working Group. As the only non-provider representative invited to attend those meetings, Mary Nelle prioritized her schedule to be there every Friday afternoon for four hours, but her time to present was continually pushed back to future meetings. Finally, she expressed her frustration at the end of a meeting and was given an impromptu chance to speak.

Having practiced her elevator speech in preparation for this moment, she made her case for changes that the rest of the stakeholders engaged in.

Now she is organizing a Medicaid Matters coalition that has been meeting monthly since January and represents 40 organizations focused on strengthening and improving Medicaid. A survey after the first meeting showed an overwhelming desire from those who attended to continue to meet and work together as a group to advocate for policies. She was surprised to see this level of interest after several unsuccessful attempts to build a coalition over six years.

“I think we are going to be well positioned going into the 2020 session because of work this group is going to do,” she says.

LESSONS LEARNED
The fellowship pushed Mary Nelle to operate in a different way by having time and space to get the strategy and message right from the start and building deeper connections with advocates working on similar issues. “I’m seeing the value in maybe not being the jack of all trades in children’s health and mapping out where the opportunity is and aligning resources there,” she says.

She’s also been pushed to see herself as a leader. She recalls mentor Rick Kozin asking the fellows to reflect on qualities of a leader and her response was, “I genuinely never thought about this or considered myself as a leader.” Instead, she describes herself as “a facilitator trying to figure out what’s missing and the right people and the right resources to fill that gap.”

“Being recognized as a leader by my peers and other members of the community challenged me to see myself as a leader and to assume a leadership role as a child health advocate,” she says.

Benefits of the Fellowship
Having a cohort gave her renewed energy and support: “This work is extremely rewarding, but it can also be really hard, and it can be really isolating,” says Mary Nelle. “I don’t want to diminish the benefit of having a support network of just the most brilliant and thoughtful people. It’s like a warm blanket I can wrap myself around.”

While every fellow worked on specific issues, their work overlapped and gave Mary Nelle a chance to see new perspectives on the many issues she advocates for. She especially began to work closely with fellows Lisa and Chaney as they provided support for each other’s work.

“It’s absolutely made all of our work so much better,” she says. “We have different strengths. I feel like my work is armed with Chaney’s policy expertise and Lisa’s strategic coalition-building expertise. I have this army.”

“There’s now that strength, that confidence,” says Suzanne Mineck, president of Mid-Iowa Health Foundation, in reflecting on Mary Nelle’s journey, “and maybe that comes both with time and space for self-reflection and feeling that army around you.”

The Future
Mary Nelle sees success in getting decision makers to talk about kids when making decisions about Medicaid, but she’s now working on the follow through in having them implement their promises. She’s trying to determine how to have accountability without losing relationships.

She also wants to see greater focus on maternal depression screenings during well-child visits and, after conducting focus groups with the business community, is working on a case for business leaders to support Medicaid.

“The first rule of system change is that change will take at least twice as long as you anticipate,” says Mary Nelle. “In order to accomplish longer-term system change, we will need to maintain our efforts and a persistence as child health advocates, expanding our network of advocates, and working together to elevate the importance of addressing children’s health and developmental needs.”
THE JOURNEY
The fellowship was a good match for Chaney, who already was advocating for children’s health issues for Blank Children’s Hospital. The harder part was narrowing her focus for the project. She eventually landed on an issue that had the potential for bipartisan support: children’s mental health.

Even within that issue, Chaney had to decide whether to focus on issues, such as improving the array of mental health services or supporting better crisis intervention. The workshop with Topos Partnership gave her a chance to try to articulate what she was passionate about. “The Topos workshop was a way to narrow down what I felt I could bring to the table in a way other advocates could not,” says Chaney.

This Topos workshop launched a long journey for Chaney, in partnership with Mid-Iowa Health Foundation (MIHF), mentor Rick Kozin, and other fellows, who supported her in finding one concise, engaging message that would unify the charge as the key strategy to bringing about a children’s mental health system in Iowa.

THE ISSUE
In the 2018 legislative session, Chaney pushed the governor’s office and the Legislature to implement trauma-informed practices and build up services for children’s mental health. But as the legislative session was winding down and support for mental health shifted in unexpected ways, Chaney saw a flurry of activity from mental health advocates, pediatricians, parents, and service providers who were pushing for specific changes or funding. “There were probably 10-15 different messages on children’s mental health, and I think we confused legislators and made it feel overwhelming, because they didn’t know where to start, because the experts were giving them so many different paths to take,” Chaney says.

The different messages illustrated one of the biggest issues in Iowa: There was no children’s mental health system. Parents, schools, primary care providers, and law enforcement even today scramble to help when a child shows signs of poor mental health. State and federal funding restrictions make it difficult for families to access the treatment and support services.

Chaney re-centered her efforts on building that coordinated, collaborative effort. In the interim period leading up to the next session, she worked to identify a broad message that everyone could get behind, while still being able to talk about their individual issues or needs, to drive the effort toward a children’s mental health system. The message broadly spoke to the “shared responsibility” to fix the patchwork of children’s mental health services, the importance of developing brain architecture to future mental health, and the impact adversity has on the developing brain.

This message became invaluable as Erin Drinnin, community impact officer of health at United Way of Central Iowa, and Kim Scorza, CEO and president of Seasons Center, brought together organizations across the state who wanted to make sure Gov. Kim Reynolds considered the Children’s Mental Health Board’s...
recommendations when she proposed two bills. That coalition formed with Chaney’s support when she saw a desire from two other groups to have the children’s mental health voice heard apart from the broader conversation of mental health service needs for all Iowans. The coalition began to use Chaney’s messaging to make its case.

While funding is one of the biggest needs to improve mental health services for kids, the coalition recognized that they needed to first support Gov. Reynolds’ policy bills that would establish the structure for a children’s mental health system.

**SUCCESSES**

The meticulous process of developing broader statements on the importance of children’s mental health to the future prosperity of the state and creating a pyramid visual that explained where various services fit into a system paid off as Chaney watched other mental health advocates refer to the pyramid when testifying to legislators.

“Chaney did a good job of gently illustrating where there was dissonance among message in the previous session and what the advantages were of rowing together,” says Denise Swartz of MIHF. “Other people did convene some of those tables, but Chaney being at those tables and delivering that message again and again really drove that willingness to all come together.”

In May 2019, Gov. Reynolds signed into law the governance structure for a children’s mental health system that includes making sure kid needs are represented in making decisions and outlines the services regions must offer.

In addition to strong messaging, this achievement also stemmed, in part, from cultivating relationships with the governor’s office and becoming a trusted resource on the issues of childhood trauma and mental health. “I felt like we established that trusting relationship with the governor’s office, so we could provide additional input for the children’s mental health bills,” says Chaney.

“I think Chaney has been a phenomenal role model to the other fellows when it comes to positive stressors and identifying where there is intersection and where she can bring others along in being part of something,” says MIHF President Suzanne.

“It’s that confidence in leadership but also a tone that she uses that is approachable at all levels,” Denise says. “Whether she’s connecting with grassroots organizations or the governor’s office, she models that authentic leadership.”

**LESSONS LEARNED**

“I think what I thought initially versus what I think now is very different,” says Chaney about the fellowship experience. “It made me slow down and really strategize how to create common messaging that all advocates all over the state could get behind regarding children’s mental health, and in hindsight, that type of slow, detailed, really thinking out what the message would be and how it would be used has been one of the greatest wins we’ve had.”

Chaney was eager to have messages ready by the first session of her fellowship, but after several painstakingly long sessions with Topos, she realized it would take longer to get to a point that unified many advocates. In the process, she saw how valuable that collaboration was: “I always knew collaboration was important, but in the sense of how do we get everyone working in the same direction, how do we make sure we have a common loud voice rather than these smaller voices running off on our own, that is a huge takeaway.”

This process is one she plans to replicate in her future work.

**BENEFITS OF THE FELLOWSHIP**

**THE FUTURE**

Now that the children’s mental health policy bill passed, Chaney is working with stakeholders on how to gain funding to fully implement the system. They have pulled in a few states to understand how they fund their children’s mental health system. Iowa’s system is more complicated, and she expects she will not find one model that can be replicated, but that she’ll have to spend time finding that common platform that unifies everyone.

She is working with Topos on developing two to three talking points around funding that can be distributed to mental health advocates across the state to continue to speak with one voice.

The fellowship has also strengthened her relationships within her organization and with local, state, and national partners that can help fuel future work.

“In the business of public policy, strategic relationships are a valuable currency,” says Chaney. “Suzanne, Denise, and Rick have made me a rich woman! My ultimate goal is to use that currency to build a better future for children and families in Iowa.”

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80% of children with mental health needs in Iowa never receive treatment.

National Center for Children in Poverty
Each fellow achieved important successes for children’s health and well-being. While advancing specific issues matters, lasting systemic change is best achieved through leadership, capacity building, and strategic engagement of a community.

Most fellows—86 percent—say the experience was “above and beyond expectations” in ways including, strengthening personal capacity, building intentional connections, and stimulating insights that moved advocacy work forward.

Here are a few of the overall results of this initiative.

“What has been interesting about this journey in my leadership development is that I didn’t have to be named a formal leader to be influential and to guide the collaborative. I have navigated my ability to influence our policy issue by looking for opportunities where I identified barriers to our collective success. I examined ways in which I, personally, could help the team address the barriers and then I acted to leverage the power of the network. I measured my effectiveness by the outcomes of my actions and responses of the members of the collaboration. I certainly didn’t get it right every step of the way, but I learned from my missteps and I learned when to ask for the opinions of others.”

— Fellow Chaney Yeast

A BOLDER VOICE ON CHILDREN’S ISSUES
Most fellows describe having more confidence to raise their voices. They developed this strength by having time and space to prepare for moments when they had an opportunity to speak, as well as having a cohort to back them.

“Systems work can be really horribly depressing and tiring and kind of lonely, and so most people don’t want to talk about it,” says Fellow Andrea Dencklau. “Having allies with you saying, ‘I’m thinking about that same thing,’ pushes you and gives you the confidence to speak up a little more boldly.”

“What confidence, comes a bigger voice and a more inclusive voice,” says Mid-Iowa Health Foundation President Suzanne Mineck. “We are just starting to see ripples from that.”

A NEW GENERATION OF LEADERS
“What is important to me is not just the issues or the work. It is that that the fellowship be about building capacity, investing in people, in organizations, and in leaders. Issues come and go, but the strategy for the long haul is in building capacity,” says Mentor Rick Kozin.

Rick became involved in the fellowship while in the process of retiring from the Polk County Health Department. He was concerned about the lack of leaders coming up in the health and public health fields. The fellowship experience showed him that the fellows knew what they were doing, but they needed to see themselves as leaders in their roles. The fellowship modeled how leadership could show up in different ways beyond the traditional idea of “taking charge,” and that by facilitating and connecting with others, the fellows were leaders.

“They are the experts. That’s why they were selected for this fellowship,” says Suzanne. “We saw them as the people who could push the issues. But it’s been wonderful to see some of them step into that space where we already saw them.”

GREATER FOCUS ON MESSAGING
Most of the fellows felt an “aha!” moment at the Topos Partnership training when
The organizations with staff participating in the fellowship noted these outcomes:

“We’ve had the experience with fellowships in the past—opportunities for staff to learn and implement ideas along with peers in other states—but there’s been something very special about the HealthConnect Fellowship. The chance to work closely with peers within our own community has been invaluable. It’s proven to be an investment not just in an individual staff member, but also an investment in our organization as a whole.”

— Anne Discher
Executive Director,
Child & Family Policy Center

“While already passionate about child health and well-being issues, Andrea has grown her confidence and advocacy skills through the fellowship. The fellowship has created opportunities for us to pursue research and advocacy efforts that we would not have considered previously. Moreover, organizationally, we are more focused and intentional with our public policy and messaging efforts—improvements that are directly tied to our involvement with Mid-Iowa Health Foundation and the HealthConnect Fellowship.”

— Carol Behrer
Executive Director,
Youth Policy Institute of Iowa

they tried to articulate the issues they were working on and couldn’t talk about their issues in a way that made sense to others. That training showed them the value of clearing out all the information they wanted to convey and to focus on what clear and concise messages would engage their audiences and unify other advocates around their issues. Many fellows noted wanting to take that approach with other issues they work on in the future.

“In hindsight, that detailed work to slow down and think about our message, that was so valuable to us and valuable to success we achieved,” says Fellow Chaney Yeast.

“My background is in research and policy analysis, not marketing and communications,” says Fellow Mary Nelle Trefz. “So taking the time and effort to develop a messaging campaign is not an area that I have focused much time or attention on until I saw the success and impact of a messaging campaign led by one of the other fellows. I quickly began to understand: It doesn’t matter if I have the perfect data point or the most compelling analysis. If my information isn’t packaged in a way that is accessible and resonates with my target audience, it will never be heard.”

A BROADER UNDERSTANDING OF ADVOCACY

“With a lens on systems of oppression and institutional discrimination, it is a challenge not to be overwhelmed and defeated on how to make change in the time frame, and with limited capacity and resources available. The fellowship provides the opportunity to build the relationships and mentorship needed to figure out how to address the challenges and where to focus attention,” says Fellow Dawn Martinez Oropeza.

With time and space to think about their issues, the flexibility to shift strategies, and collaboration with other child advocates, the fellows found new opportunities, often outside of the traditional idea of lobbying legislators for policies.

Suzanne describes advocacy as seeing many different levers across many overlapping systems and how can you pull one or tweak another to make larger improvements across the entire community. “I think many of the fellows have been able to widen the lens to see those levers,” she says.

For example, some fellows built relationships with partners they wouldn’t have approached before or asked to be at certain tables making decisions about how the system works.

“The other fellows have helped me view my project goals through many different lenses: A lens of strategy and a lens of opportunism, a lens of idealism and a lens of realism, and a lens of cultural humility,” says Fellow Lisa Cushatt.

PROGRESS IN A DIFFERENT WAY

The HealthConnect Fellowship was meant to accelerate action, create equity, and catalyze innovative solutions to the most pressing health needs of children in our community.

All of the fellows believed they moved their issues forward and made an impact on children’s health. The fellowship even taught the fellows to celebrate their success more often. Yet with ambitious goals, the fellows and MIHF felt larger-scale progress took longer and was harder than they expected.

“I don’t think any of them will tell you they’re satisfied with their progress,” says Rick. “They should feel really good about their progress, but there’s a lot of work that needs to be done, and I think they’re better prepared to do that, and I think there’s improved climate where they’re at.”
An Invitation to Our Community

The first two years of the HealthConnect Fellowship were intended to create a “tipping point” towards sound policy and practice changes that will positively and equitably impact the current and long-term health of children. Now we ask ourselves: How do we leverage the leadership and knowledge gained over two years to create greater opportunities for the future?

“No matter how good, seven won’t tip it,” says Mentor Rick Kozin. “More people need to be part of the conversation.”

Mid-Iowa Health Foundation recognizes the power of relationships in leveraging a range of experiences, knowledge, and resources to build a sustained movement. We offer this report as an invitation to our community to consider what these lessons learned mean to you and to find new ways to advance your work in the future.

Together we must honor our different perspectives and our shared vision for central Iowa’s children.

Together we must build the time and space to strategize on how to make progress and to pivot to opportunities as they arise.

Together we must celebrate the strides we are making and to learn from the times we fail.

“The HealthConnect Fellowship required us to be flexible, to give up traditional power as a funder, and just say, ‘Tell us what you need,’” says Denise. “It’s been flexing certain muscles we’ve been building for the past 35 years in a bigger way, and it applies to the way we look at all of our work.”

“Everyone who sits around this table is so mission driven and believes so deeply in this work. I don’t think of it as a choice. Kids need us and we’re going to continue to fight the fight.”

— Fellow Mary Nelle Trefz

“It’s a rare opportunity for a nonprofit organization to be able to spend time focusing on innovation, connections, and impactful relationships. One of the highlights of my board service is supporting the creation of the HealthConnect Fellowship. Witnessing the growth and professional development of the fellows provides the knowledge that this amazing group of advocates for children and health issues has emerged as a result of the program.”

— Libby Jacobs
Mid-Iowa Health Foundation Board Chair

“The power that one person can have: It’s not that you do it alone or that you’re better or more important than anyone else, but it’s that you were the one to bring it up and forced the conversation.”

— Fellow Andrea Dencklau

We invite you to learn about the HealthConnect Fellowship and opportunities to advocate for children’s health issues.

www.midiowahealth.org/healthconnect

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